Finance and Performance Committee

Thu 26 February 2026, 09:30 - 12:30

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Apologies

Verbal *Chair*

1.2. Declarations of Interest and Board Members Declarations of Interest 2025/2026

Attached *All*

F&P_1.2_Board Members Register of Interest 2025-2026.pdf (3 pages)

09:30 - 09:30
0 min

2. CONSENT AGENDA BUSINESS

Verbal *Chair*

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 04 December 2025

Attached *Chair*

F&P_3.1_Minutes_F&P_04December.pdf (13 pages)

3.2. Committee Action Log

Attached *Chair*

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

09:30 - 09:30
0 min

4. ESCALATED ITEMS

4.1. Organisational Escalation Status Presentation. Finance and Performance Monitoring

Attached *Executive Director of Planning, Performance and Commissioning/Deputy Chief Executive and Executive Director of Finance, Capital and Support Services*

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0 min

5. ITEMS FOR ASSURANCE

5.1. Finance Report Month 10

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

F&P_5.1_Financial Performance Report Mth 10.pdf (21 pages)

5.2. Six Monthly Report on Continuing Health Care Costs

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

F&P_5.2_6 monthly report on CHC_February 2026 FINAL.pdf (9 pages)

5.3. Integrated Quality and Performance Report Month 09

Attached *Executive Director of Planning, Performance and Commissioning*

F&P_5.3_IQPR_Month_9_Summary_F&P.pdf (18 pages)
F&P_5.3a_IPR_25-26_Month_9_F&P.pdf (48 pages)

5.4. Integrated Quality & Performance Framework 2025/2026 Reporting Challenges

Attached *Executive Director of Planning, Performance and Commissioning*

F&P_5.4_IQPF_Challenges Update_Feb2026.pdf (2 pages)

5.5. Q3 Annual Delivery Progress Report

Attached *Executive Director of Planning, Performance and Commissioning*

F&P_5.5_Q3 2025-26 Delivery Plan Cover Paper F&P.pdf (23 pages)
F&P_5.5a_Q3 Progress against Plan 2025-26.pdf (108 pages)

5.6. Endoscopy Update (including JAG accreditation)

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

F&P_5.6_Endoscopy Update.pdf (5 pages)

5.7. In-reach Fragility

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

F&P_5.7_Planned Care In-reach Fragility.pdf (9 pages)

5.8. Capital and Estates Compliance Report

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

F&P_5.8_Capital & Estates Compliance update Feb 2026.pdf (18 pages)

5.9. Committee Risk Register

Attached *Director of Corporate Governance*

F&P_5.9_Committee Risk Register_Feb26.pdf (2 pages)
F&P_5.9a_Appendix A - Committee Risk Register.pdf (25 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. Internal Audit Reports: Primary Care Clusters Project Management Final Report and Core Financials Final Report

Attached *Director of Corporate Governance*

For Information

F&P_7.1a_Primary Care Clusters Final Internal Audit Report.pdf (8 pages)
F&P_7.1b_Core Financials Final Report.pdf (12 pages)

7.2. Getting it Right First Time (GIRFT) Report

Attached *Director of Primary, Community Care and Mental Health*

F&P_7.2_GIRFT review recommendations update.pdf (3 pages)

7.3. Highlight Report: Planning, Performance and Finance Sub-Committee 23.10.2025 and 27.01.2026

Attached *Director of Corporate Governance*

F&P_7.3_Planning Performance Finance Highlight Report 23 Oct 2025.pdf (4 pages)
F&P_7.3a_Planning Performance Finance Highlight Report 27 Jan 2026.pdf (4 pages)

7.4. Committee Governance Action Plan

Attached *Director of Corporate Governance*

F&P_7.4_Committee Effectiveness Continous Improvement Plan 2025-26.pdf (5 pages)

7.5. Work programme 2025/2026

Attached *Director of Corporate Governance*

F&P_7.5_ F&P Work Programme_2025-2026.pdf (2 pages)

7.6. PTHB Glossary

Attached *Director of Corporate Governance*

F&P_7.6_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*

8.4. Date of the next Meeting: 14 May 2026

Verbal *Chair*

8.5. CONFIDENTIAL ITEM

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

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26								Updated: February 2026
Position	**Name**	**Interest Category**	**Interest Situation**	**Relevant Dates from**	**Relevant Dates to**	**Description of Declaration**	**Comment**	**Date Returned**
INDEPENDENT MEMBERS								
PTHB Chair	**Carl Cooper**	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil	
Vice Chair	**Kirsty Williams**	Non Finanical personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025. Left the Health Board on 30 September 2025
		Non Finanical personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsiduary of Cardiff University	None	
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Finanical personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Vice Chair	**Rhiannon Beaumont-Wood**	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	None	16/02/2026
		Non Finanical personal interests	Loyalty Interests	May-23	Ongoing	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	Ongoing	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	30/05/2025
		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	01/05/2025
Independent Member (finance)	**Steve Elliot**	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current		Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	Remunerated	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	**Simon Wright**	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	18/06/2025
		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	

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	10/06/2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	**Christopher Walsh**	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	19/06/2025
		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	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 Giannai**	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	**Ian Thomas**	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	**Hayley Thomas**	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	**Pete Hopgood**	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025 Left the Health Board on 10 October

Family Health		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		2025
Executive Medical Director	**Kate Wright**	Non-Finanical professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025
Executive Director of People and Culture	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated	29/05/2025
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL	
Executive Director of Public Health	**Mererid Bowley**	Non-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).	14/05/2025
		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	18/06/2025
		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	Sep-22	Current	Parnter - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	
Director of Strategic Improvement and Transformation	**Lucie Cornish**	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson**	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton**	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	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	Nil	25/10/2025 Started with PTHB October 2025

FINANCE & PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 04 DECEMBER 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert Lewis	RL	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)
Simon Wright	SW	Independent Member (University)
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
Hayley Thomas	HT	Chief Executive Officer
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Kate Wright	KW	Executive Medical Director
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Mark McIntyre	MM	Deputy Director of People and Culture
Emlyn Pritchard	EP	Principal Pharmacist *(joined for item 5.5)*
Jayne Lawrence	JL	Assistant Director of Primary Care *(joined for item 5.4)*
Wayne Tannahill	WT	Associate Director of Capital, Estates and Property *(joined for item 5.8)*
Anthony Fenn	AF	Head of Technical Services/Estates *(joined for item 5.7)*
Helen Bushell	HB	Director of Corporate Governance/ Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
Stella Gwynne	SG	Deputy Board Secretary
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Paul Hooten	PHO	Executive Director of Nursing, Quality, Womens and Family Health

PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/089)

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

1.2 DECLARATIONS OF INTERESTS (F&P/25/090)

There were no Declarations of interests received in addition to those already recorded on the register.

2. CONSENT AGENDA BUSINESS (F&P/25/091)

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

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING (F&P/25/092)

The minutes of the meeting held on 21 October 2025 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/25/093)

The Action Log was presented that recorded updates with the following information provided:

D&P/25/009- Resolution on Colonoscopy reporting from Public Health Wales (PHW).

A timescale was yet to be confirmed for improvement across Colonoscopy reporting. NJ suggested that escalation be considered due to the length of time elapsed with no update.

The Committee **RECEIVED** the Action Log updates.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/094)

An update was provided against the organisational status, where it was confirmed that a substantive update was provided at the last board meeting in November; work continued within agreed board structures.

- The Planning Maturity Matrix had been reviewed by the Executive Committee, Planning, Partnerships and Population Health Committee and the Board and submitted to Welsh Government last week.
- Ongoing collaboration with Grant Thornton and partners; draft documents under review and the final report expected soon.
- Welsh Government Tripartite meetings: Held in November, potential announcements regarding escalation levels for NHS organisations.
- No change in escalation level for Powys; noted intervention team announced for Betsi Cadwaladr Health Board approximately two weeks ago.

When the maturity matrix is submitted, what response do we typically receive, and within what time frame?

The time frame for receiving a response from Welsh Government was unknown. Follow-up would be made with the Director of Planning at Welsh Government during the next planning and strategy touchpoint. Previous submission received a detailed response, including moderation of scores, but was significantly delayed. Welsh Government had requested input from four health boards during the last cycle with expectations for timing and nature of response remain unclear.

The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board.

5. ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 07 (F&P/25/095)

The Month 07 Finance Report was previously discussed in detail at the last Board meeting in November; The following key points were highlighted for the committee:

- Current Position: £2.9m overspent against the deficit plan of £28.3m.
- Savings: Shortfall against savings target, partially offset by operational underspend.
- Pressures: Additional costs due to NHS England tariff increase and unfunded National Insurance contributions.
- Joint Commissioning Committee: Forecast overspend contributed to overall position.
- Year-End Forecast: On track to deliver against deficit plan, assuming mitigation measures.
- Shortfall against savings estimated at £4.8m, offset by operational underspend.
- Additional pressures total £6m; £1m covered, leaving £5m gap to mitigate.

Members asked the following questions:
Could the key risks, not currently reflected in our position be provided and what action would be taken to mitigate the risks and it's impact on the forecast?
The Wye Valley NHS Trust (WVT) invoices were excluded from the current financial position. The invoices were not valid due to a lack of sufficient backing and were not considered a legitimate charge. During the previous year, a £5m invoice was treated as invalid during the year-end process. During the financial year a £8.1m invoice was received; and would be treated in the same way. The position was communicated clearly to Wye Valley and Welsh Government, who understand and acknowledge the stance. The following key points were also raised:

- Shewsbury and Telford Hospitals NHS Trust (SaTH) continued to have issues with reporting activity data.
- Quarter 1: Block contract agreed; invoices exchanged and paid.

- Quarter 2: Block contract agreed in principle; dispute of approx. £600k remains (PTHB seeks reduction for commissioning intentions not followed; hospital argues treatment delivered).
- Block contract continues for remainder of the year to inform position.
- Activity reporting would be resolved by January, enabling clearer financial position and resolution with the SaTH finance team.

Discussion was held around the current forecast and confirmed that block arrangements provided greater certainty in financial planning. Engagement was ongoing with all health boards affected by the current position, and the risk pool treatment remained unclear. This was confirmed to be included as a risk due to lack of clarity on future treatment.

It was confirmed that a meeting was held with external auditors as part of a post-audit review to discuss areas of strength and improvement. The Committee were informed that the Wye Valley issue had grown by £8.1m, bringing the total to £13.1m. It was confirmed that external auditors were being kept updated to ensure they can take a view on professional accounting judgment for year-end reporting. Auditors expressed concern at the scale of the issue and indicated it may prompt more active engagement with WVT and their external auditors.

The Committee:

- **RECEIVED** the financial report
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 and took **ASSURANCE** that the organisation had effective financial monitoring and reporting mechanisms in place.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 06 (INCLUDING MINISTERIAL ENABLING ACTIONS) (F&P/25/096)

The Month 06 Integrated Quality and Performance Report was previously discussed in detail at the last Board meeting in November; The following key points were highlighted for the Committee:

- Systems and standard operating procedures were in place to assure data quality.
- RAG rating were utilised for metrics; only one metric rated as poor, currently in escalation with ongoing work to resolve.
- Concern was raised due to a cluster of errors; teams were asked to conduct a systematic review of all metrics.
- The review would be led by the Deputy Director of Performance, working across both teams to determine whether systems need overhaul and ensure no further issues arise. The review would be completed by the end of January with immediate escalation should significant concerns arise. A full report was due to

the Executive Committee at the end of January, and to this Committee at its next meeting in February 2026.

The Committee discussed the emergency response times. The current median response time for Powys was approximately 11 minutes, compared to the All-Wales average of around 8 minutes. An observation was made that, rather than focusing solely on the time taken for an ambulance to arrive at the scene, it may be more appropriate to consider the total time from the initiation of the 999 call through to arrival at the hospital. This approach would provide a fairer representation of the impact of rurality on emergency care. It was suggested that work be undertaken to determine whether this data was available and could be incorporated into future reporting.

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

5.3 PUBLIC SECTOR PROMPT PAYMENT PERFORMANCE (F&P/25/097)

The Committee received an update providing assurance on actions being taken to address performance against the payment policy target. The update focused on key areas where the target was not currently being met, specifically agency invoices, local authority invoices, orthodontic provider invoices, continuing healthcare (CHC) and private provider invoices.

It was noted that actions were in place, being monitored and escalated as required. CHC and private provider invoices remained the most significant area of concern. Additional administrative support had recently been approved to improve timely processing of invoices, addressing issues highlighted at the previous year-end.

The committee was advised that, given the stage of the financial year, achieving the 90% payment policy target by year-end was unlikely. However, efforts would continue to get as close to the target as possible, acknowledging that this administrative target had not been met in previous years.

Independent Members asked the following questions:
How does Powys compare with other health boards in terms of achieving the payment policy target and are we likely to achieve it by 2026/27?
The aim was to achieve the payment policy target by 2026/27, with ongoing actions intended to support improvement. However, it was acknowledged that this was not guaranteed at this stage. It was further noted that most other health boards are believed to be meeting the target, and Powys remains an outlier in this regard.

Concern was raised regarding 67 invoices that had been missed in a batch and further assurance was required that this would not happen again. It was confirmed that the

missed batch was identified through internal review and checks within the finance team, demonstrating that existing controls were effective. Learning from this issue would be taken forward to prevent recurrence. Further updates on aged debt and implications of not meeting the target would be provided as part of ongoing monitoring and reporting.

The aged debt with local authority partners initially amounted to several million pounds. The organisation had since been working in a concerted effort to address and reduce the debt position. It was noted that the payment policy target was an administrative target rather than a statutory duty. While not legally binding, failure to meet the target carries reputational risks and could negatively impact relationships with suppliers and cash flow.

The Committee discussed the orthodontic service of which invoices were hand delivered, which was likely to be replaced in the future, but a timescale for the change was unknown. It was agreed that a short note providing clarification on the timescale would be circulated to the Committee after the meeting.

The Committee:

- **DISCUSSED** the report and
- **TOOK ASSURANCE** that the Health Board had appropriate systems in place to monitor performance and respond to relevant issues.

10:50: HB left the meeting
11:00 JL joined the meeting

5.4 OUT OF HOURS (OOH) PERFORMANCE REPORT (F&P/25/098)

The report outlined the mid-year position of Out of Hours (OOH) services. It was noted that confirmation had just been received regarding the Swansea Bay University Health Board (SBUHB) SLA for 2024/25, which was signed off in April 2025, confirmed that this year's contract would be signed within the next couple of days. The following key assurance elements were highlighted:

- Shropdoc continued to provide out-of-hours services with a rota fill rate consistently above 96%. Despite losing the Shropshire contract in October, Powys services remain unaffected.
- Disposition outcomes for Q1 and Q2 were consistent with previous trends, with most cases resolved by Shropdoc and minimal referrals to emergency or secondary care.
- Challenges persist in meeting home visit time standards due to rurality, but delays were reviewed for patient impact.
- The current Shropdoc contract runs until June 2026, with a direct award agreed until September 2027. A review of future out-of-hours models will begin in January, ahead of procurement for a new contract from October 2027.

- SBUHB SLA for Ystradgynlais remains stable, and future provision will form part of the wider model review.

Independent Members asked the following questions:
Would postponing the Better Together timeline affect the alignment between the development specification and procurement for out-of-hours services?
Work was underway in collaboration with transformation colleagues and other stakeholders to ensure alignment on the out-of-hours timeline.

Were there specific periods, such as Christmas, where fill rates may drop despite the overall annual average being strong?
Should rota gaps be presented, patient access would maintain through cross-cover arrangements with other bases, such as Newtown or Brecon. This would ensure continuous service availability. Work was underway with Shropdoc to secure assurance for the Christmas holiday period. Current indications were positive, although the bank holiday was presenting challenges. No concerns were escalated.

What was the longest wait time experienced against the one-to-two-hour target?
Shropdoc provided a graph showing patient wait times in 10-minute increments beyond the standard one-to-two-hour home visit requirement. Whilst delays had a significant impact on percentage figures, the numbers were relatively low. The cut-off point (around 20 minutes late) after which Shropdoc review affected cases to ensure no clinical impact on patient care. Further detail would be included in the end-of-year report.

For the 2026–27 SLA currently under discussion, what changes were expected to improve contracts and service delivery, particularly for the Ystradgynlais area?
The main challenges in Ystradgynlais related to district nursing cover, including complexities for palliative care, despite very low activity. SBUHB expect a 24-hour district nursing service, and updated activity data was awaited to inform ongoing discussions.

Further challenge related to non-face-to-face cover on weekends from Ystradgynlais Hospital. While SBUHB expects a doctor on-site, patient activity was minimal, and pathways were being followed without complaints. A primary care out-of-hours base was being opened but required further progress. Any formal service changes would include appropriate patient engagement.

Had losing the SaTH contract impacted the stability of ShropDoc out of hours provision, and would future bids in the open market remain attractive to providers, ensuring continuity of service?

EL confirmed a recent meeting had taken place with ShropDoc which confirmed Powys as their sole Commissioner. A discussion was held around the Organisations aims to develop additional SLAs and had implemented internal changes to manage varying service delivery sizes. Powys continue to monitor progress on development of new SLAs and continue to engage to support organisational changes.

11:20 EP joined the meeting

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that the OOH Commissioning Assurance Framework monitoring process was providing an appropriate framework to support OOH contract management.
- **NOTED** plans to progress procurement of continued General Medical Services (GMS) OOH service provision from 01 July 2026 onwards.

5.5 COMMUNITY PHARMACY ANNUAL REPORT (F&P/25/099)

The Committee were provided with an overview of the Community Pharmacy Annual Report and several key themes were highlighted.

Independent Members asked the following questions:

Were plans in place to staff Community Pharmacy Out of Hours over the Christmas period, given the problems experienced last year?

Challenges continued over the Christmas period due to limited capacity to compel contractors to open. Commercial openings had significantly reduced, which required repeated efforts to persuade pharmacies to provide services. The most affected areas were Brecon, Hay, and Talgarth, where securing openings remained particularly difficult.

The Committee queried the value of continuing the 56-day prescribing approach following mixed results, with prescription levels reverting despite implementation. A review highlighted dispensing practices and GP engagement as key factors, while Welsh Government focused on other barriers. Progress was noted in some areas, though challenges remained.

Discussion was held around the expansion of pharmacy clinical services, particularly common ailments, which had led to any measurable benefits for GP practices. It was acknowledged that there was evidence of reduced GP workload as a result.

The Committee discussed the status of electronic prescribing rollout, noting feedback from the Patients Forum and local GPs that while it may help in some areas, it would not resolve all issues. Communications regarding interim arrangements at Llanfyllin had recently progressed, with updates now being sent to patients.

Electronic Prescribing Service (EPS) rollout had progressed well, with all mid-cluster GP practices adopting it. The first dispensing practice had moved forward, but wider rollout faced challenges. Engagement remained strong, and progress compares favourably to England.

From the nine community pharmacists actively prescribing, with three more in progress, was this expected to grow further or had numbers plateaued?
Independent prescribing was expected to continue to develop, supported by government vision and funding allocations. The long-term vision included prescribing pharmacists supported by technicians delivering non-prescribing services, indicating steady progress toward enhanced pharmacy service models.

Were liaison visits structured and what happened to the intelligence gathered during these visits?
Monitoring visits to pharmacies were comprehensive and occur every two years unless a revisit was required. The visits review the entire core contract, staff training, advertising, and delivery of commissioned services, ensuring a robust process for compliance and follow-up actions.

How was patient feedback collected and how could it be better triangulated with service provision for future planning?
Patient feedback was primarily captured through the Pharmaceutical Needs Assessment (PNA), conducted every five years, with the next cycle scheduled for this year.

The Committee **RECEIVED** the Community Pharmacy Performance Report, took **ASSURANCE** on progress to date, **NOTING** areas of concern and plans for the next 12 months.

5.6 ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION (F&P/25/100)

EL provided a verbal update on the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation. The review originally planned for November had been delayed following preparatory discussions with the JAG team in October. A request for additional time for the newly implemented clinical specialty model to stabilise was confirmed. Accreditation was now scheduled for early 2026, with the formal review expected in quarter one of 2026/27. It was noted that progress continued as planned.

It was confirmed that no changes had been made to the criteria. The previous visit was positive overall, with the only issue being the delay in establishing new clinical leadership. This delay led to JAG postponing accreditation to allow time for the leadership model to be fully embedded, with a follow-up planned in the new year.

11:45: AF and WT joined the meeting

The Committee **RECIEVED** the JAG Accreditation Update.

5.7 HEALTH AND SAFETY 6 MONTHLY REPORT (F&P/25/101)

AF provided the Committee with an overview of Health and Safety and confirmed a new fire safety reporting process had been introduced.
The report highlighted significant capital investment from Welsh Government through former Environmental Financial Advisory Board (EFAB) and current Targeted Estates Fund (TEF), enabling compartmentation and fire door works across multiple sites. The annual assurance report noted issues around T-points, which were being addressed. Overall, there was a clear upward trajectory in fire safety improvements across the Powys estate.

The Committee discussed the figures based on Estates and Facilities Performance Management System (EFPMS) data, which showed significant improvement following compartmentation works at Welshpool, Knighton, and most recently Bro Dovey and Brecon. This upward trend was expected to continue and exceed the average due to the ongoing rolling investment programme under the TEF.

Was there any action the Committee could take to support improved compliance with fire drills, which appear to have slipped?
New fire doors had been installed across Brecon, though some defects were raised. Additional challenges related to theatres requiring positive atmospheric pressure, which initially created resistance against door opening but functions correctly once overcome. Staff education was essential, and the project team was addressing this through weekly updates to the hospital.

Were the overseas nursing programme occupants fully informed about procedures in the event of an incident and whether any lessons could be applied to future conversions?
Strict compliance with building control and fire service guidance had been ensured, aligned with upcoming Building Safety legislation. Enhanced standards had been applied, and residents had received clear documentation on reporting issues and evacuation procedures.

The Finance and Performance Committee **RECEIVED** the report and took **ASSURANCE** that appropriate monitoring and reporting mechanisms were in place through the Fire Safety Group.

5.8 CAPITAL PROGRAMME DELIVERY AND DECARBONISATION PROGRAMME (F&P/25/102)

The Committee received a high-level overview of the Capital Programme Delivery and Decarbonisation Programme. The following questions were asked by Independent Members:

Could the delivery of 44 Key Performance Indicators (KPIs) reported every six months be achieved, and could assurance be provided regarding medicine storage challenges at Bronllys given the limited physical space in the pharmacy area?
The 44 KPIs under Division 2 of the Digital Service Delivery Platform (DSDP) were under review. Two medicine storage concerns were noted, including heat affecting creams at Knighton Hospital; options such as cold zones were being explored. Bronllys pharmacy storage was already air-conditioned.

It was noted that the organisation must maintain a consistent approach to tracking progress despite changes in national reporting, ensuring compliance with technical standards while managing local expectations and influencing national guidance where needed.

The Committee discussed the need for a clear organisational approach to track KPIs and deliver climate adaptation targets. The Committee suggested that interim KPI updates should be shared by email with the Chair's agreement rather than waiting for the annual cycle.

Had the interim target of a 16% reduction from the 2018/19 baseline by 2025 been achieved?
The organisation had not met the 16% or 34% carbon reduction targets, though emissions had fallen by 16% due to the REFIT programme. Overall emissions had grown due to an 18% increase in staff and expanded services, but the organisation was not an outlier, as other health boards report similar challenges.

The Committee **RECEIVED** the changes to Decarbonisation targets from Welsh Government and the extant plan and update on Climate Adaptation. **NOTED** the Executive Committee approved the response model proposed for leadership, management, tracking and reporting of climate response on behalf of PTHB, returning for Board/Committee update on Climate Resilience, Decarbonisation and Climate Adaptation Plans, once developed.

5.9 CAPITAL PIPELINE OVERVIEW (F&P/25/103)

The Committee received an overview of the assurance on monitoring the capital programme. The total programme of £7.7m for 2025/26, which had rose to £16m in 2026/27. Delivery was on track, with spend weighted towards year-end. The capital team remained proactive in securing national slippage, which was reflected in the plan and may increase further this year.

The Committee **RECEIVED** the report and took **ASSURANCE** that an appropriate monitoring mechanism was in place for the Capital programme for 2025-26.

5.10 COMMITTEE RISK REGISTER (F&P/25/104)
SG Introduced the report and confirmed that the data presented was based on updates from executive leads in October, with the full register reported to the Board in November. PH provided the Committee with an update against SRR 001, reflecting actions agreed at the previous meeting. The Finance team had undertaken a review of the risk score and felt it was appropriate to retain it as a significant risk given the current financial position, break-even challenges, and Welsh Government expectations. The scoring was considered valid, though acknowledged as somewhat subjective. It was suggested that the framing of the financial risk, be revisited during the next comprehensive risk review to better reflect the broader context. A discussion was held about whether the decarbonisation risk on the register should be revisited and reframed. The suggestion was to consider the risk of failing to achieve future KPIs related to energy savings and decarbonisation, noting that this will depend on the KPIs set. It was agreed that this would be reviewed over the coming months. The Estate risk currently had the lowest risk appetite. It was agreed that the categorisation would be reviewed, however the risk score was unlikely to change, but the appetite would be reassessed. The Committee **RECEIVED** the strategic risks within the Committee's remit and took **ASSURANCE** that risks were being managed in line with Risk Management Framework.
6. ITEMS FOR DISCUSSION
There were no items for discussion.
7. CONSENT AGENDA
7.1 COMMITTEE WORK PROGRAMME (F&P/25/105)
The Committee **RECEIVED** the Committee Work Programme for 2025/26.
7.2 MID WALES JOINT COMMITTEE HIGHLIGHT REPORT (F&P/25/106)
The Committee **RECEIVED** the Mid Wales Joint Committee Highlight report.
8. OTHER MATTERS
8.1 ANY OTHER URGENT BUSINESS (F&P/25/107)
No urgent business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/108)
There were none.
8.3. COMMITTEE REFLECTIONS (F&P/25/109)
The following summary of business and reflections were provided by members: • Chaired very well; • Well-structured reports;

- Timely papers which have overlapped submission to the Board and back to committee

8.4 DATE OF THE NEXT MEETING (F&P/25/110)

The date of the next meeting was scheduled on 26 February 2026 at 09:30 via Microsoft Teams.

Meeting Closed at 11:29am

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							

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 - (26 FEBRUARY 2025)								
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.	Jun-25	May-26	At risk
02/09/2025	F&P/25/049	DPCCMH	MIUs	To provide the committee with a report on the MIU position and the feasibility of changes.	**26.02.2026 update:** Item was scheduled for Feb agenda, deferred due to internal developments. Chair and DCG to consider relevant timing for item in the 2026/267 work programme	Feb-26	TBC - 2026/27 work programme	At risk
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (26 FEBRUARY 2026) - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (26 FEBRUARY 2026)								
05-Dec-24	D&P/24/086	DPCCMH	In-reach Fragiity	It was agreed to bring an update report back to Committee in December 2025 to review the position.	**06.02.25 update** - item scheduled for December 2025 - to consider reports by exception in May and September if there are any significant changes/financial challenges impacting on in reach capacity. **01.05.2025 update** - A verbal update to be provided at the May 2025 Committee. (assurance report scheduled for Dec 2025) **10.11.2025 Update-** Item proposed to be deferred to Feb 2026 due to work pressures. **26.02.26 update** - item on agenda for Feb meeting.	Dec-25	Feb-26	Completed

Powys THB Finance Department
Financial Performance Report
Finance and Performance Committee

Period 10 (January 2026)
FY 2025/26

Date Meeting: 26 February 2026

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

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 10 OF FY 2025/26**
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 – 18 February 2026

PURPOSE:

This paper provides an update on the January 2026 (Month 10) 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 for 2025/26 of £33.3m and the underlying deficit of £44.7m.

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

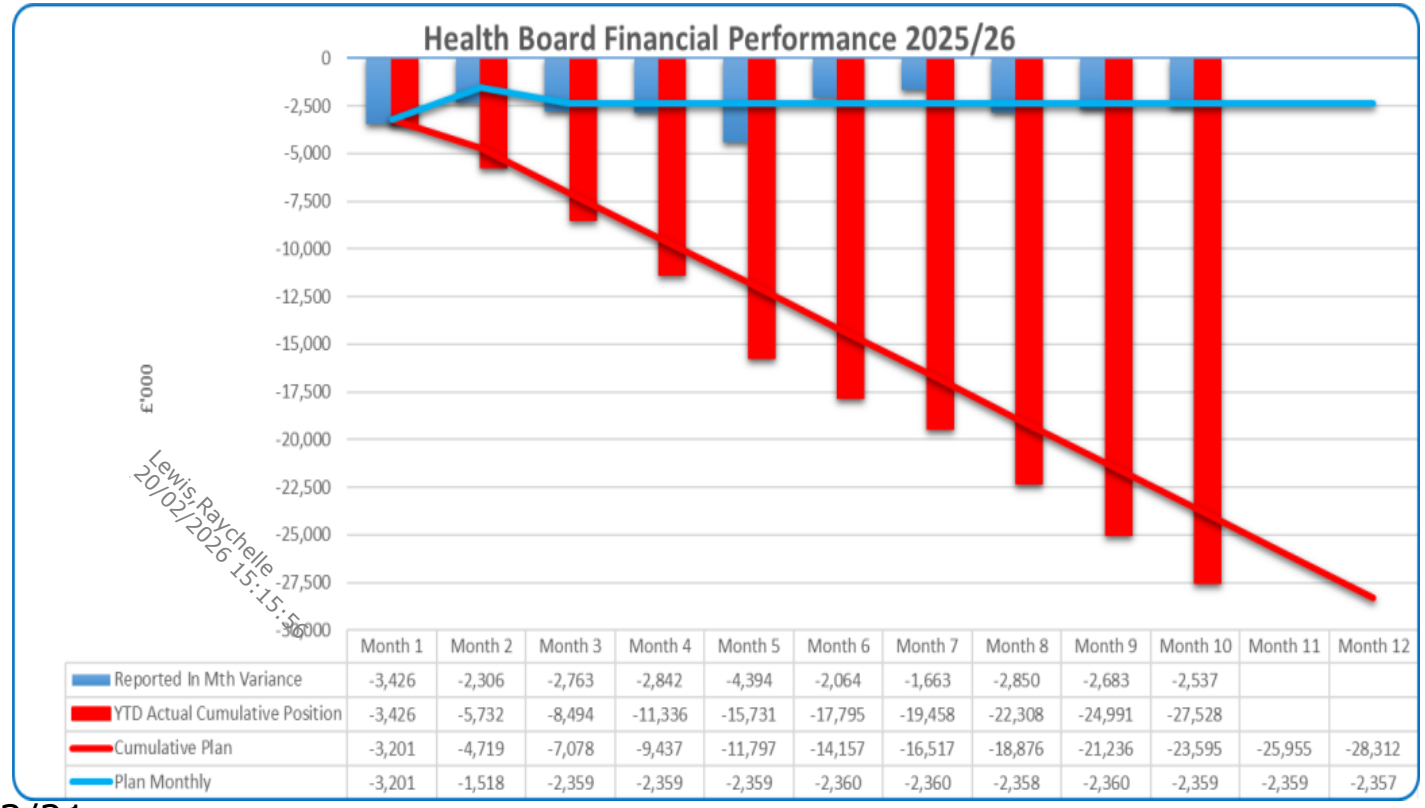
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy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

Approval/Assurance/Decision	Discussion	Information
✓	✓	

Summary Health Board Position 2025/26

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	-2,359	-2,537	↑
Reported Year To Date financial position – (deficit)/surplus	-23,595	-27,528	↑
Year end – (deficit)/surplus	-28,312	-33,312	↑

Capital		
	Value £'000	**Trend**
Capital Resource Limit	8,322	↑
Reported Year to Date expenditure	3,839	↑
Reported year end – (deficit)/surplus – Forecast	8,322	↑



	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	-3,426	-2,306	-2,763	-2,842	-4,394	-2,064	-1,663	-2,850	-2,683	-2,537		
YTD Actual Cumulative Position	-3,426	-5,732	-8,494	-11,336	-15,731	-17,795	-19,458	-22,308	-24,991	-27,528		
Cumulative Plan	-3,201	-4,719	-7,078	-9,437	-11,797	-14,157	-16,517	-18,876	-21,236	-23,595	-25,955	-28,312
Plan Monthly	-3,201	-1,518	-2,359	-2,359	-2,359	-2,360	-2,360	-2,358	-2,360	-2,359	-2,359	-2,357

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

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

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

At month 10, there is a £27.528m overspend. Compared to a planned deficit of £23.595m, (which is 10/12ths of the planned £28.316m deficit), this equates to the Health Board having an overspend of £3.933m.

The capital resource limit for 2025/26 is £8.322m, the forecast outturn is £8.322m; with a YTD spend of £2.617m.

Year to Date overspend of £3.9m compared to Plan

The YTD overspend is predominantly due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £3.2m
- JCC delivery - £0.7m
- Employers NI contribution - £0.9m

The balance of (£0.9m) underspend is an operational variance connected with savings and private providers overspend off-set by underspends elsewhere.

Revenue Variance Position 2025/26

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(376,322)	(376,322)	0
02 - Capital Donations	(108)	(108)	0
03 - Other Income	(6,943)	(8,978)	(2,036)
Total Income	**(383,373)**	**(385,409)**	**(2,036)**
05 - Primary Care - (excluding Drugs)	42,620	41,579	(1,041)
06 - Primary care - Drugs & Appliances	29,459	29,080	(379)
07 - Provided services -Pay	102,670	103,326	655
08 - Provided Services - Non Pay	19,691	17,903	(1,789)
09 - Secondary care - Drugs	1,162	1,114	(48)
10 - Healthcare Services - Other NHS Bodies	157,885	163,535	5,650
12 - Continuing Care and FNC	33,861	33,921	59
13 - Other Private & Voluntary Sector	5,305	8,167	2,861
14 - Joint Financing & Other	8,537	8,535	(2)
15 - DEL Depreciation etc	5,023	5,023	0
16 - AME Depreciation etc	754	754	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**406,968**	**412,937**	**5,968**
Reported Position	**23,595**	**27,528**	**3,933**

At Month 10, there is a £27.528m overspend against the forecast deficit of £23.595m giving the Health Board an overspend of £3.933m compared to Plan. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £5.650m overspent at M10. There is an unfunded cost pressure arising from price increase on non-elective tariffs in the English system, savings target shortfall, overspend with JCC and underspend with Welsh providers.
- Other private and voluntary sector is overspent YTD by £2.861m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.310m in the month, compared to M10 2024/25 it is £0.374m lower.
- CHC is overspent by £0.059m YTD. There are 393 packages of care, a net increase of 38 since Month 12 2024/25. There is a 15% increase in the number of days of CHC provided.
- There are underspends in primary care within dental and general medical services and in provider services – non-pay, due to accounting gains.

Health Board Provider Services

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

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(6,943)	(8,978)	**(£2,036)**
07 - Provided services -Pay	2,399	2,144	(255)	2,127	102,670	103,326	**£655**
08 - Provided Services - Non Pay	0	0	0	0	19,691	17,903	**(£1,789)**
Grand Total	**2,399**	**2,144**	**(255)**	**2,127**	**£115,419**	**£112,250**	**(£3,169)**
Directorate View							
Assistant Director Community Services	1,017	918	(100)	918	41,204	39,416	**(£1,787)**
Assistant Director MH/LD	541	433	(108)	422	20,621	26,391	**£5,770**
Assistant Director Women and Children	159	156	(4)	159	6,360	6,568	**£208**
Estates and Support Services	207	215	9	207	13,913	14,034	**£121**
Corporate and other Services	476	423	(52)	420	33,321	25,841	**(£7,481)**
Grand Total	**2,399**	**2,144**	**(255)**	**2,127**	**£115,419**	**£112,250**	**(£3,169)**

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

Explanation of Performance

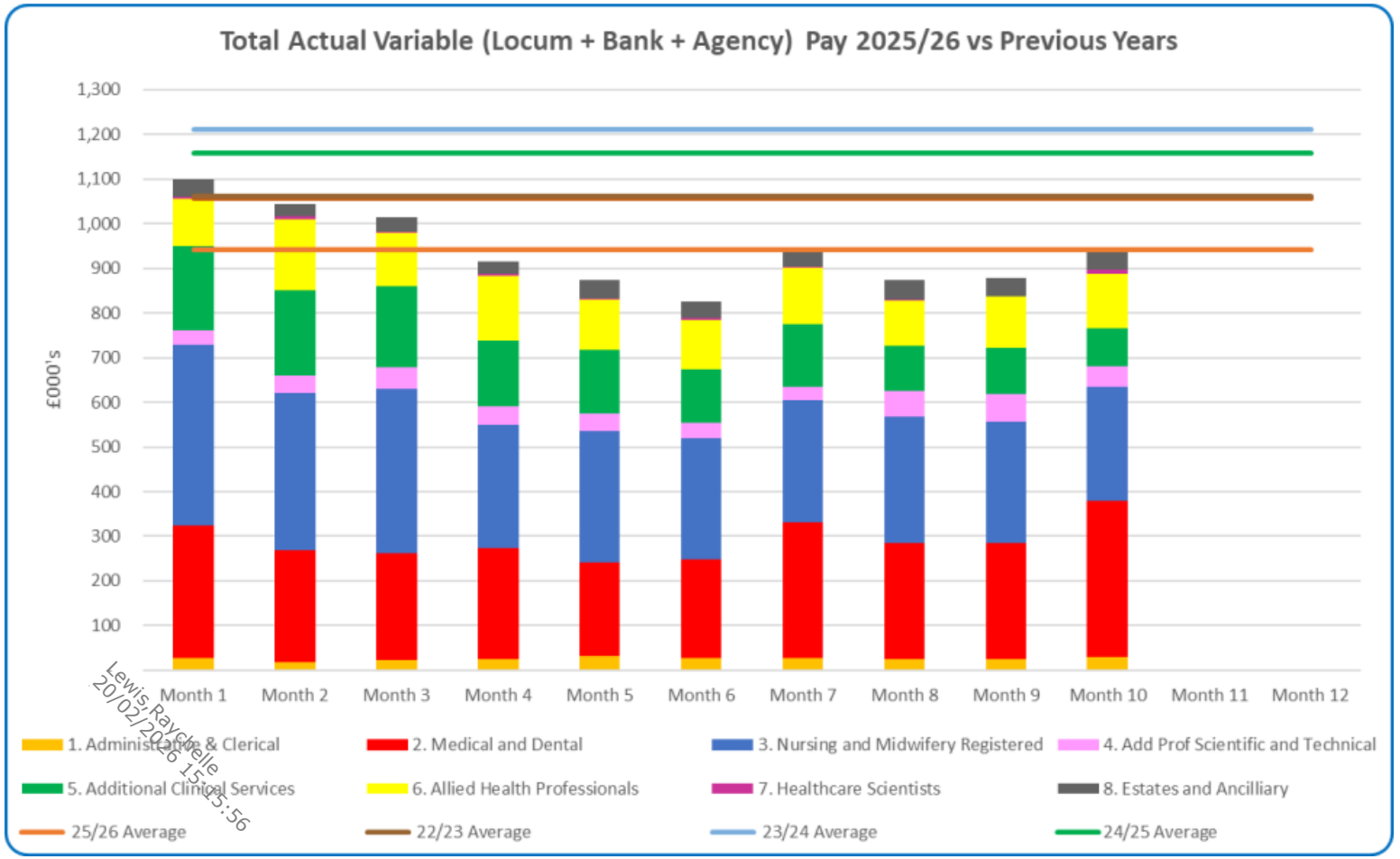
- The Month 10 position is showing an underspend of £3.169m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 20% (108 WTE) for MH&LD Services and 10% (100 WTE) for Community Services.
- Corporate and other Services are underspent. There are vacancies and financial reserves held centrally to off-set the overspends in MH&LD Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

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

Health Board Agency and Locum 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 January variable pay was in higher than the two prior months. It is £374k less than in month 10 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 5.6% of total forecasted pay in Month 9, against the Wales average of 1.9%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

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
Welsh LTAs for 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being negotiated. The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly with SaTH, WVT and RJAH. This has been delayed and escalated to Welsh Government on 10/09/25.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	42,175	41,051	(1,125)
English Providers	62,765	68,256	5,491
JCC	48,034	49,575	1,541
Other NHS Providers	4,134	4,040	(94)
Mental Health (LTAs Only)	777	614	(163)
Total	**157,885**	**163,535**	**5,650**

Risks

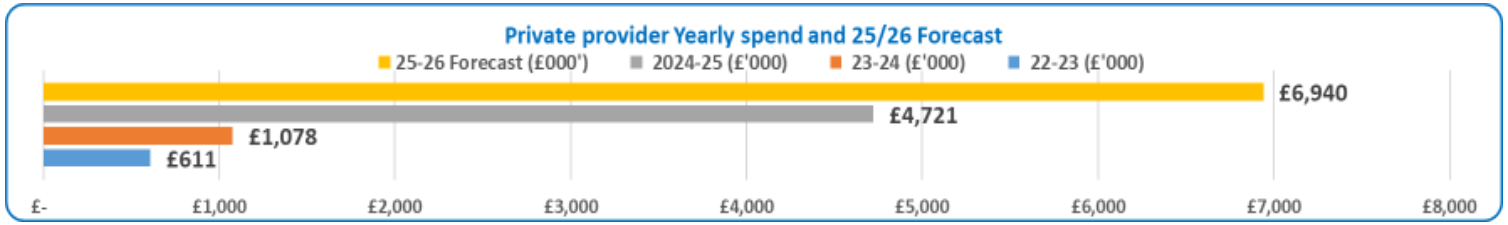
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

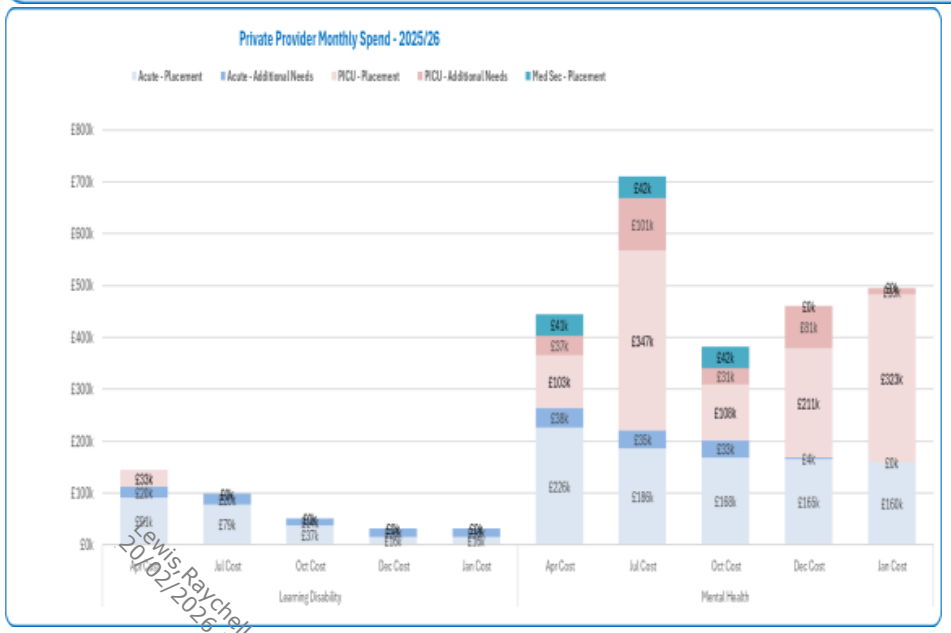
Performance

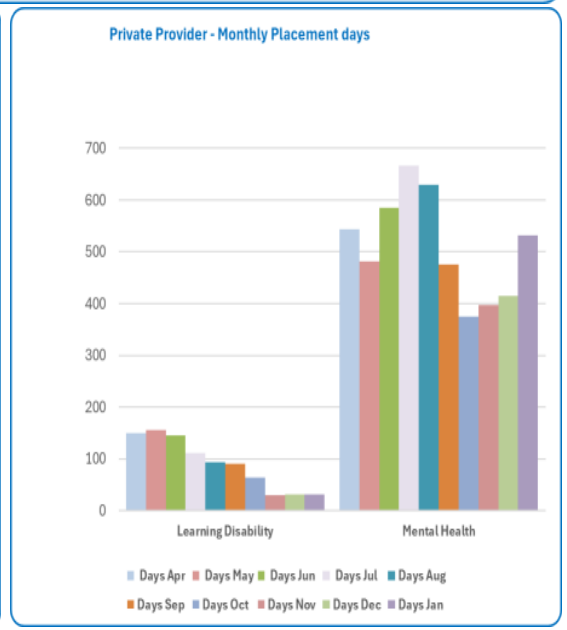
- *Welsh Providers* – there is an underspend due to reduced activity.
- *English providers*
  - There is an unfunded cost pressure arising from price increases in the English system for maternity and non-elective tariffs of circa an average 13%. This is estimated as £3.8m for the year, which is £3.2m of the YTD variance.
  - The other contributing factor is that the savings target is not currently forecast to be fully achieved (see later slide). This is £3.1m of the YTD variance.
  - Due to coding difficulties and delays in receiving activity information with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.
- *Joint Commissioning Committee* – the JCC overspend reflects two issues:
  - Powys share of JCC forecast overspend £0.8m
  - the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government.

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

As at M10, it is forecast that without successful mitigating action the costs will increase to £6.9m (£6.1m MH and £0.8m LD). This is a deterioration of £794k from M09. The number of open packages is 18 at the end of January, an increase of 7 in month.

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

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

What the table tells us

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

Risks

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

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:
  - 6,560 days within Powys community hospitals related to Health processes, 12,201 days to Social Care and 2,130 days to joint processes. Associated costs to date of £3.0m, £5.6m and £1.0m, respectively.
  - 7,248 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 5,481 days to Social Care and 1,006 to joint processes. Associated costs to date of £1.9m, £1.6m and £0.2m, respectively.

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

2025-26	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	2,514	£1.1	£1.4				5,470	£2.5	£3.0
PTHB Provider Assessment Delays	4,046	£1.8	£2.2	2,130	£1.0	£1.2	6,731	£3.1	£3.7
Subtotal PTHB Provider	**6,560**	**£3.0**	**£3.6**	**2,130**	**£1.0**	**£1.2**	**12,201**	**£5.6**	**£6.7**
Shropshire Community Bed Delays	247	£0.1	£0.1				124	£0.0	£0.0
WVT Community Bed Delays	489	£0.2	£0.3				562	£0.3	£0.3
DGH Bed Delays - England	4,640	£1.6	£1.9	645	£0.2	£0.3	3,788	£1.3	£1.6
DGH Bed Delays - Wales	1,872	£0.0	£0.0	361	£0.0	£0.0	1,007	£0.0	£0.0
Subtotal English & Welsh Providers	**7,248**	**£1.9**	**£2.3**	**1,006**	**£0.2**	**£0.3**	**5,481**	**£1.6**	**£1.9**
Total Opportunity Cost (at full cost)	**13,808**	**£4.9**	**£5.9**	**3,136**	**£1.2**	**£1.4**	**17,682**	**£7.2**	**£8.6**
						Total All	34,626	£13.2	£15.9

Note: There has been a service change in regard to responsibility in the Reablement service. Previously PCC led on Reablement and Enablement. In October 25 the responsibility for Reablement passed to the HB, and any delays relating to this are now being coded as Health delays when they were Social Care delays previously.

Performance and action:
This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The 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 has continued in FY25-26 and the savings related to SGLT-2 inhibitors are expected to continue this trend through M9-12 FY25-26.

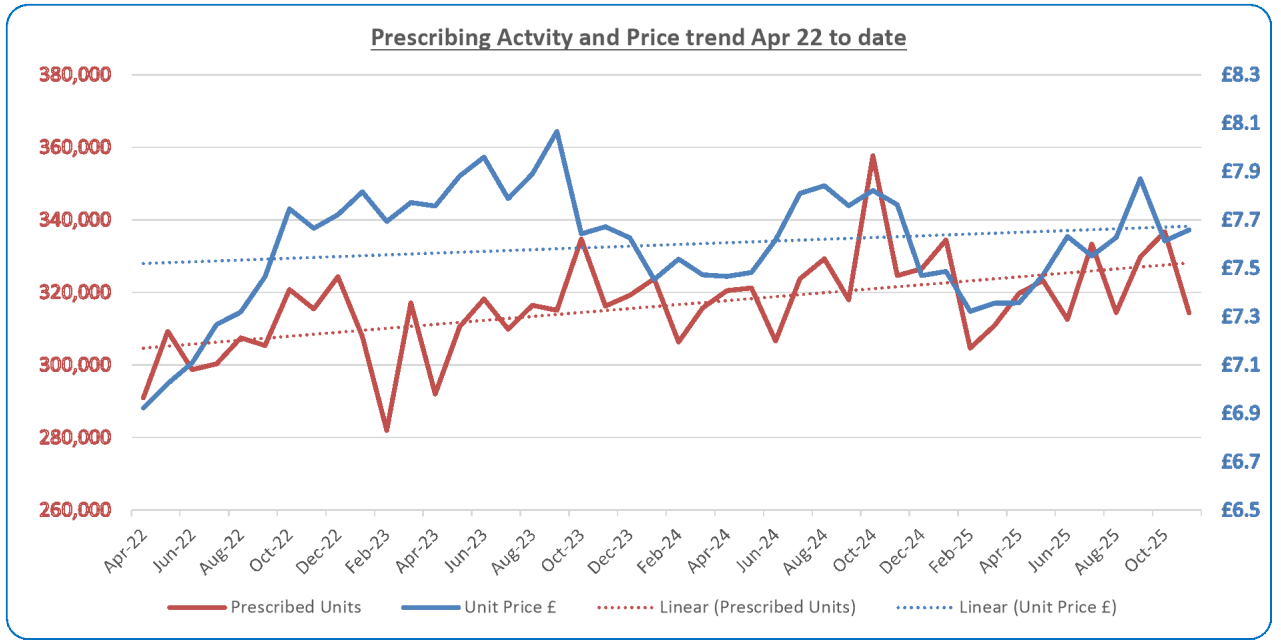
Status Update

Forecasting an underspend of £255k against a budget of £29.0m (incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-8, are -2.6% lower than FY24-25.

- Unit price decrease year on year of -0.1%
- Reducing £% in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate further into FY25-26 as the impact of reduced costs for SGLT-2 inhibitors come into the position.
- Prescribing activity year on year decrease of -0.7%

Prescribing cost increases	FY21-22	FY22-23	FY23-24	FY24-25	F'cast FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	28,962
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	28,707
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-2.6%
Yr on Yr increase £ Total	**-344**	**1,859**	**1,727**	**292**	**-781**
Yr on Yr increase £ Growth	475	655	747	1,032	-200
Yr on Yr increase £ Inflation	-819	1,204	980	-740	-580



Risks & Challenges

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

Medicines Management savings performance and actions

- Schemes forecasting £2.5m of savings, against a target of £1.5m.
- 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	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£749	£55	£127	20.4%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,628	£684	£1,306	30.2%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,579	(£12)	£2,865	14.5%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,610	(£48)	£309	13.4%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,818	(£730)	(£109)	(2.8%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,133	£196	£463	27.8%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£37,517**	**£146**	**£4,714**	**14.4%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**393**		**38**	**10.7%**
D2RA		**£696**	**£201**	**£7**	**£9**	**£0**	**(£9)**	(£7)	(100.0%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£2,959**	**(£295)**	**£176**	**6.3%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£40,476**	**(£158)**	**£4,884**	**13.7%**

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

As at month 10, there is an overspend of £0.059m on the budget of £33.861m against Continuing Care and FNC.

The number of CHC packages has increased by 38 to 393, since the 2024/25 outturn, which is an 11% increase. However, there has been a 15% increase in the number of days of CHC provided.

The table shows that a £0.146m 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 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.

Health Board 2025/26 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

	(£ '000s)									
	In-year 2025/26							Recurrent for future years		
Targeted Area	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	44	3,640	0	3,640	240	1	3,400	3,427	27
Medicine Management	1,500	6	2,488	0	2,488	988	0	1,500	2,488	988
MV and HP Programmes	1,000	1	757	0	757	-243	0	0	0	0
2% Recurrent	1,000	32	1,531	0	1,531	531	109	1,000	1,234	234
1% Non-recurrent	500	19	1,837	0	1,837	1,337	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	1,127	0	1,127	-1,953	0	1,420	1,127	-293
Commissioning (NHSE to Wales Targets)	7,100	14	7,044	0	7,044	-56	0	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	0	0	0	0
Commissioning (POCD)	1,500	2	847	0	847	-653	657	0	847	847
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	129	20,269	0	20,269	-2,811	2,845	9,320	10,322	1,002

Performance and Actions

- As shown in the table, green schemes with £20.269m savings are currently forecast, against the £23.080m target, giving a gap of £2.811m to be closed.
- The recurrent impact of saving schemes is £10.322m, compared to the £9.320m recurrent target. Currently an overachievement of £1.002m. This improves the Health Board's underlying deficit.

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

What the table tells us

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

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

WG Value & Sustainability Board

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

We are focused on this because:
The revised £28.312m 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
Joint Commissioning Committee Performance	(63)	Medium
Commissioning - Elective savings NHS England	(1,300)	Medium
Commissioning - High Cost Drugs	(400)	Medium
Commissioning - NSE parity of funding (WVT) 2024/25	(5,000)	Low
Commissioning - NSE parity of funding (WVT) 2025/26	(8,100)	Low
Mitigating Operational underspends do not continue	(600)	Medium
Total	**(15,463)**	
Opportunity	**£ '000**	**Likelihood**
Red Saving Schemes	1,500	Medium
Total	**1,500**	

Risks

- There is a potential risk of circa £1.700m for the THB relating to the level of activity undertaken by our providers and increase in the high-cost drugs.
- Wye Valley Trust raised an invoice for £5m in 2024/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m. Both amounts are shown as risks.
- There is a risk if mitigating operational underspends do not continue of £0.600m.

Risks Removed

Risk associated with non delivery of mitigations to offset estimated unforeseen cost pressures as they are now included in the adjusted forecast.

Risk associated with increased contribution to the Welsh Risk Pool as advised by NWSSP as WG has confirmed that it will fund this NR in 2025/26.

Risk associated with implementation of the Band2/3 HCSW Framework as WG has confirmed it will fund the costs in 2025/26.

Summary & Key Messages

1. At month 10, PTHB is reporting a £27.528m deficit. This comprises the evenly profiled forecast deficit £23.595m, with an overspend of £3.933m.
   - The overspend is due to unforeseen cost pressures amounting to £4.8m YTD, which have not been mitigated fully.
   - The £23.080m savings target is 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 and learning disability services (private providers).

2. The revenue forecast for 2025/26 has deteriorated by £5.000m to £33.312m as per the Accountable Officer letter in December.

3. The Health Board's planned underlying deficit has been reviewed and adjusted from £42.070m to £44.671m.

4. Other financial matters:
   - The Health Board has a £8.322m capital allocation, which it plans to spend fully.
   - Due to the £33.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.
   - 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 Q3 performance is 92.5%, a 1% improvement from Q2. 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 12th February 2026.

MMR Narrative

MMR Narrative M10

MMR Tables

MMR Tables M10

Capital 2025/26

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st January 2026
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.066	2.066	1.343
Decarbonisation Programme	0.643	0.643	0.272
TEF - Fire	0.415	0.415	0.200
TEF - Infrastructure	1.290	1.290	0.078
TEF - Decarbonisation	0.100	0.100	0.005
TEF - Mental Health	0.080	0.080	0.033
TEF - Infection Prevention Control	0.230	0.230	0.075
Mental Health Quality and Safety Schemes	0.435	0.435	0.079
DPIF - Medicines and Prescribing and Medicines Administration (ePMA)	0.127	0.127	0.127
DPIF - Digital Maternity Cymru	0.100	0.100	0.082
IRCF - North Powys Integrated Health and Wellbeing Hub - Fees	0.971	0.971	0.778
DPIF - RISP	0.077	0.077	0.000
End of Year Digital Funding 2025-26	0.678	0.678	0.400
End of Year Funding 2025-26	0.473	0.473	0.107
DR Detector	0.050	0.050	0.000
DPIF - Connecting Care	0.319	0.319	0.260
Llandrindod Integrated Health, Care & Wellbeing Hub	0.070	0.070	0.000
End of Year Equipment Funding - December 2025	0.198	0.198	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**8.322**	**8.322**	**3.839**

Cash Flow 2025/26

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	**629**	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,491**	**3,659**	**6,237**	**563**	**338**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	43,657	43,273	40,376	36,747	38,794	43,098	3,303
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	401	(73)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	3	1,054	143	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,000	2,249	3,022
Income from other Welsh NHS Organisations	771	499	737	586	798	510	941	621	717	897	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	560	657	1,271	651	703	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	45,934	45,525	41,507	40,690	41,412	47,025	9,738
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,220	2,872	2,789	3,134	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	767	0	1,047	652	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	3,043	0	3,184	1,463	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	441	456	452	552	450	450
Non Cash Limited Payments	134	145	155	141	144	135	135	180	201	99	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,394	10,314	10,458	10,380	10,400	10,400
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,019	24,875	27,822	24,135	27,039	26,960
Capital Payment	5,433	380	600	310	308	260	338	232	411	1,222	2,424	2,190
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,437	42,735	45,703	44,357	38,929	46,364	41,637	46,863	43,050
NET CASH FLOW IN MONTH	**45**	**(338)**	**1,016**	**(330)**	**1,238**	**231**	**1,168**	**2,578**	**(5,674)**	**(225)**	**162**	**(33,312)**
Balance c/f	**674**	**336**	**1,352**	**1,022**	**2,260**	**2,491**	**3,659**	**6,237**	**563**	**338**	**500**	**(32,812)**

Due to the £33.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.

Balance Sheet (SoFP)

	Opening Balance Beginning of Apr-25	Closing Balance End of Jan-26	Forecast Closing Balance End of Mar-26
Non-Current Assets	**£'000**	**£'000**	**£'000**
Property, plant and equipment	110,704	114,974	119,284
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	**111,054**	**115,324**	**119,634**
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	12,384	12,384
Other financial assets	0	0	0
Cash and cash equivalents	629	338	(32,812)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	**11,817**	**12,920**	**(20,230)**
TOTAL ASSETS	**122,871**	**128,244**	**99,404**
Current Liabilities			
Trade and other payables	50,135	49,874	41,833
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,358	3,358
Current Liabilities sub total	**53,938**	**53,232**	**45,191**
NET ASSETS LESS CURRENT LIABILITIES	**68,933**	**75,012**	**54,213**
Non-Current Liabilities			
Trade and other payables	720	720	720
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
Non-Current Liabilities sub total	**1,523**	**1,523**	**1,523**
TOTAL ASSETS EMPLOYED	**67,410**	**73,489**	**52,690**
FINANCED BY: Taxpayers' Equity			
General Fund	16,781	22,858	(2,251)
Revaluation Reserve	50,629	50,631	54,941
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	**67,410**	**73,489**	**52,690**

Core Financial Plan Year 1 2025/26

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

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

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

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

Underlying deficit

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

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

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

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

2025/26 Updated Forecast

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

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

Agenda item: 5.2

Finance and Performance Committee	Date: 26 February 2026
Subject:	**Continuing Health Care: Performance and System Challenges Update**
Approved and presented by:	Executive Director of Primary Care, Community and Mental Health
Prepared by:	Assistant Director Complex Care / Assistant Director CSG
Other Committees and meetings considered at:	Executive Committee – 04 February 2026

PURPOSE:

To provide an update to Finance and Performance Committee of the current operational pressures and financial performance in relation to Continuing Health Care/Complex Care.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

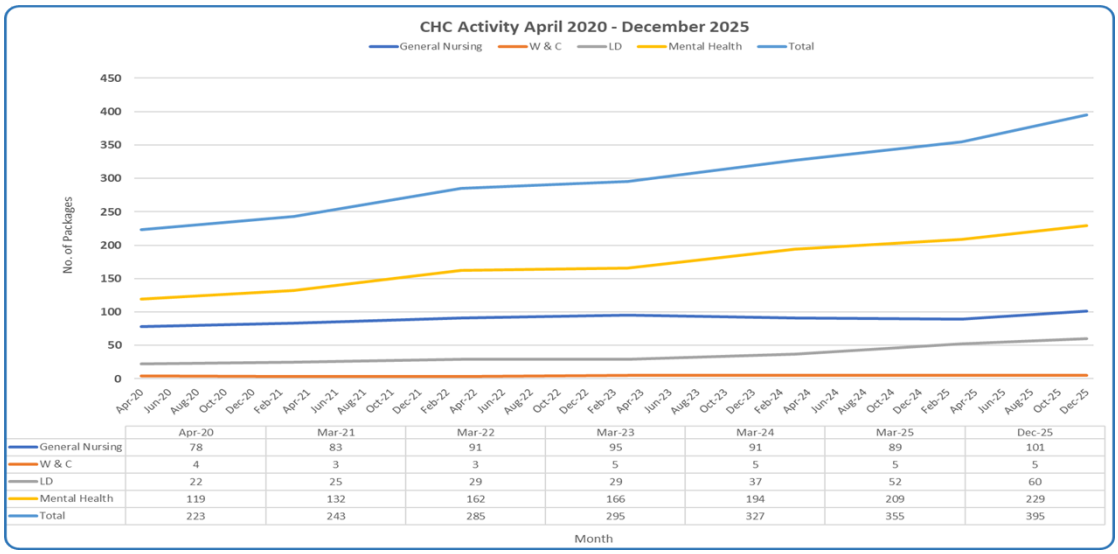
- **REVIEW and DISCUSS** the content of this report.
- **TAKE ASSURANCE** that plans are in place to effectively manage CHC and evolve the service based on expected national changes.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

EXECUTIVE SUMMARY:

The number of Continuing Healthcare (CHC) placements has significantly increased in recent years, doubling in numbers and costs, impacting on the workforce and capacity to remain within budgetary allocation. CHC as a whole has seen a growth in packages of 11.3% from March 25 to Dec 25. The greatest increases continue to relate to people with Learning Disabilities (LD) and Mental Health particularly within Elderly Medically Infirm (EMI). As shown below over the period April 20 to Dec 25 Mental Health has increased by 92%, LD 173% & General 23%.



	Apr-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25	Dec-25
General Nursing	78	83	91	95	91	89	101
W & C	4	3	3	5	5	5	5
LD	22	25	29	29	37	52	60
Mental Health	119	132	162	166	194	209	229
Total	223	243	285	295	327	355	395

LD cases had seen a significant increase in admission to hospital and although discharges are positive, it has pushed the costs onto CHC/joint funding budgets. The small number of complex cases tend to be lifelong, with small improvements, but limited cost reductions. The Health Board's collaborative working with statutory partners has continued, with discussions and scrutiny decisions undertaken as part of the Senior Managers LD Case Review Group. This approach offers the most complex cases the benefit of both health and social care commitment to good outcomes.

In the last year May 2024 - May 2025 there has been a 31.3% increase EMI, with a further 5.3% growth noted May 2025 – December 2025, in required placements for EMI with each new patient having a time-sensitive assessment, review and the case management requirement with new review systems in place. Health Board accountability remains and requires continuous oversight and management.

Primary Diagnosis	May 2024	May 2025	December 2025	Percentage increase – May 24-May25	Percentage Increase (May 2025 - Dec 2025)
EMI cases	115	151	163	31.3%	5.3%
Adult cases	80	90	92	12.5%	2.2%
FNC cases	53	67	79	26.4%	17.9%
LD cases	42	62	60	47.6%	-3.2%
Total	**290**	**370**	**395**	**27.6%**	**11.9%**

DIRECT PAYMENTS IN THE NHS

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

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

National Implementation

The programme focuses on:

- Developing eligibility frameworks for safe and equitable access.
- Establishing governance and financial frameworks for accountability, safeguarding, and probity.
- Creating guidance and training for staff and stakeholders.
- Implementing support models for individuals and families.
- Integrating health, social care, and education budgets for holistic support.

How We Will Proceed - Workstreams have been established to deliver:

- Commissioning Care & Support – contracting and workforce planning.
- Eligibility & Safety – decision-making and risk assessment.
- Advice & Coordination – support for DP recipients.
- Guidance & Training – operational policies and staff development.
- Governance & Finance – compliance, monitoring, and sustainability.

PTHB Role and Responsibility – The Health Board will lead the Finance and Governance workstreams, ensuring:

- Development of a financial framework covering payment processes, audit, and clawback.
- Delivery of a governance framework embedding safeguarding, risk management, and escalation procedures.
- Assurance to the Joint Commissioning Committee (JCC) and Welsh Government that DP arrangements meet statutory and regulatory requirements.
- Coordination with CHC leads and programme managers to align governance and finance with operational delivery.

Timeline

- Finance and governance frameworks ratified by end of February 2026.
- Guidance and training completed by March 2026.

Next Steps

- Finalise frameworks and secure approval.
- Establish monitoring and reporting mechanisms.
- Strengthen integrated working across health and social care.

GROWTH IN CHC DEMAND AND SPEND

CHC demand has grown by 38.6% (285 to 395) from financial year 2021/22 to Dec 2025 with cost increasing over the same time period by 88.7% (£19.7m to forecast £37.4m) £17.6m.

Area	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£783	£89	£161	25.8%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,564	£621	£1,242	28.8%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,433	(£158)	£2,719	13.8%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,540	(£118)	£240	10.4%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,835	(£713)	(£92)	(2.3%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,197	£260	£528	31.6%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£37,352**	**(£18)**	**£4,549**	**13.9%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**395**		**40**	**11.3%**
D2RA		**£696**	**£201**	**£7**	**£9**	**£0**	**(£9)**	(£7)	(100.0%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£2,984**	**(£270)**	**£201**	**7.2%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£40,336**	**(£297)**	**£4,744**	(78.9%)

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

FINANCIAL POSITION

Month 9 Forecast

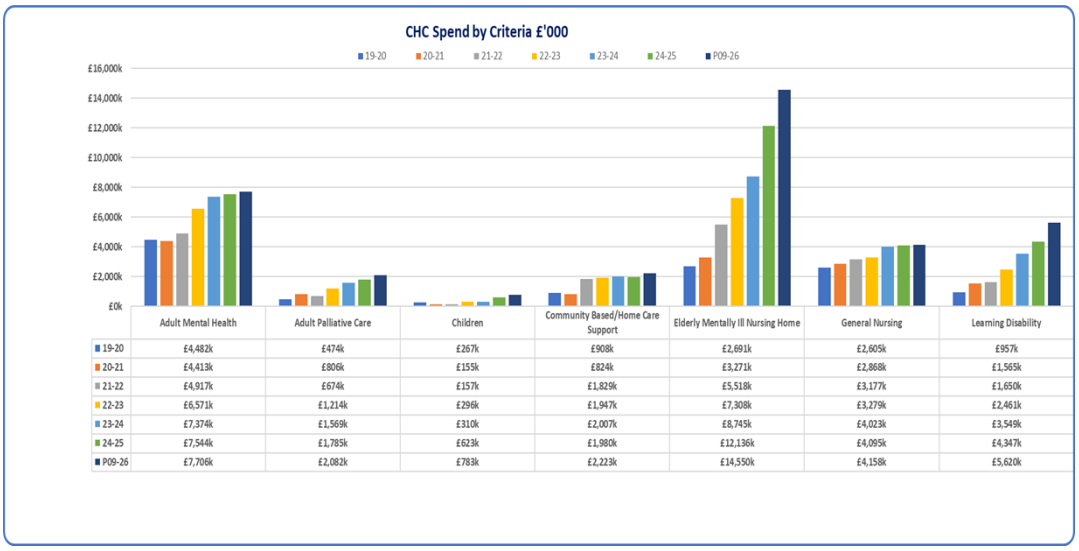
A06 - Asst Dir of Complex Care £'000

Area	WTE Bud	WTE Act	WTE Var	Avg	Budget to Date	Actual to Date	Variance to Date	Variance Last Month	Variance Change	Annual Budget	Forecast Spend	Forecast Variance	Forecast last month	Forecast change
41. Continuing Care	0	0	0	0	27,514	27,224	(290)	(741)	451	36,685	36,569	(116)	(1,200)	1,084
Grand Total	**0**	**0**	**0**	**0**	**27,514**	**27,224**	**(290)**	**(741)**	**451**	**36,685**	**36,569**	**(116)**	**(1,200)**	**1,084**

The CHC Budget is based on the 2024-25 forecast expenditure plus an inflationary uplift that has been added for 2025-26. The Month 9 position (excluding Children) is underspent by£290K and forecast to underspend by £116k. Patient numbers have increased by 4.2% to 395 at the end of December.

The current forecast outturn is £36.6m at month 9. This is due to an increase in the volume of CHC cases by 21 between months 8 an 9. It is noted that there were 10 further cases added that have now been deemed eligible from a point earlier in the financial year.

The table below higlights the growth in costs over the last 7 years. This is consistent with the trend across the rest of Wales, however the EMI and Adult Mental Health position in particular has had a significantly disproportionate impact for Powys.



	Adult Mental Health	Adult Palliative Care	Children	Community Based/Home Care Support	Elderly Mentally Ill Nursing Home	General Nursing	Learning Disability
19-20	£4,482k	£474k	£267k	£908k	£2,691k	£2,605k	£957k
20-21	£4,413k	£806k	£155k	£824k	£3,271k	£2,868k	£1,565k
21-22	£4,917k	£674k	£157k	£1,829k	£5,518k	£3,177k	£1,650k
22-23	£6,571k	£1,214k	£296k	£1,947k	£7,308k	£3,279k	£2,461k
23-24	£7,374k	£1,569k	£310k	£2,007k	£8,745k	£4,023k	£3,549k
24-25	£7,544k	£1,785k	£623k	£1,980k	£12,136k	£4,095k	£4,347k
P09-26	£7,706k	£2,082k	£783k	£2,223k	£14,550k	£4,158k	£5,620k

This is underpinned by the increased rise in assessed need for those in receipt of care home placement, where the dependency of such clients is ever higher. At the same time as assessed need is rising, the volume of individuals assessed as eligible also rose, driven in part by pressures in the urgent care system to support discharge into the community and increased patient flow

Overall, there are currently 395 funded packages of which 144 (34.8%) are jointly funded for MH/LD, and 105 funded packages for General health CHC of which 8 (7.6%) are also joint funded.

M09 Forecast VS M12 2425	General	MH	CHILDREN	LD	Total
2025/2026					
PACKAGES (current)	101	229	5	60	**395**
£'s	£8,572	£22,433	£783	£5,564	**£37,353**
Days	37,098	88,756	2,157	23,832	**151,843**
Avg cost per day	£231	£253	£363	£233	**£246**
2024/2025					
PACKAGES (current)	89	209	5	52	**355**
£'s	£7,897	£19,714	£623	£4,322	**£32,555**
Days	33,241	78,305	1,686	19,181	**132,413**
Avg cost per day	£238	£252	£369	£225	**£246**
Forecast Change					
PACKAGES (current)	12	20	0	8	**40**
£s	£675	£2,719	£161	£1,242	**£4,797**
Days	3,857	10,451	471	4,651	**19,430**
Avg cost per day	**(£7)**	**£1**	**(£6)**	**£8**	**£0**
Impact Breakdown					
Increase in Days (@24/25 £)	£916	£2,631	£174	£1,048	£4,769
Increase in Daily Fee	(£241)	£88	(£13)	£195	£28
	£675	**£2,719**	**£161**	**£1,242**	**£4,797**

The CHC financial position is subject to rapid change, depending on levels of demand, availability and cost of packages along with regular review numbers and

fee changes. The client numbers have seen a movement from 355 in 24/25 to 395 in the period, 11.3% growth in cases.

Savings Target
Of the Directorate's £500K savings target, £500K schemes are rated Green at Month 9. Performance to date is £376K (100%) against the £375K YTD Plan for identified savings schemes. The remaining £124K is expected to be delivered in Quarter 4. Current monitoring has identified no risk to achieving the full-year savings target.

VALUE & SUSTAINABILITY BOARD

Powys Teaching Health Board has embedded commissioning discipline and collaborative working as core principles of its Continuing Healthcare (CHC) delivery model, fully aligning with the objectives of the NHS Wales National CHC Programme.

Commissioning Discipline
Powys applies value-based pricing principles to ensure that every placement delivers quality outcomes at a sustainable cost. This is achieved through rigorous negotiation within agreed guardrails and benchmarking against national price bands. Evidence of this approach can be seen in the consistent application of fee uplifts aligned to national guidance (e.g., the 6.14% inflationary uplift applied in April 2025) and the proactive management of high-cost packages through joint funding arrangements and review panels. Monthly finance reports demonstrate that despite rising complexity and demand, Powys has contained fee growth within controlled parameters, avoiding unplanned escalation. For example, the CHC forecast overspend of £1.079M is primarily driven by volume and complexity rather than uncontrolled pricing, reflecting disciplined commissioning practices.

Collaboration
Integrated working with social care partners is embedded through shared decision-making processes. Powys operates a multi-agency review framework where local authority representatives participate in eligibility assessments and care planning, ensuring transparency and alignment of funding responsibilities, through both MH/LD and General CHC Teams, with attendance records from CHC training sessions, Senior Team LD/MH PTHB and PCC case review meetings, and the panel minutes confirm active participation from both health and social care teams, supporting the national goal of reducing variation and improving outcomes through partnership, whilst determining the most appropriate eligibility assessments and improving governance.

NATIONAL SERVICE CHANGE

Commissioning Care Assurance and Performance System (CCAPS) Framework

The National Collaborative Framework for Care Homes in Wales (NCCU) is now led by the NHS Wales Joint Commissioning Committee (JCC). It affects adults of working age with mental health needs and/or learning disabilities and will renew CCAPS for a new eight-year term commencing 1st April 2026. Part of this process includes additional work on quality assessment and monitoring which will be transferred from the JCC to the Health Board.

The impact on procurement and pricing for placements includes.

- Competitive tender process under Provider Selection Regime (PSR) Wales. Currently no Health Board is fully compliant with the new procurement law, which is being evaluated following recent changes.

- Providers must meet selection criteria and submit a core weekly price and an hourly rate for additional services.

- Annual pricing refresh with an inflation cap annually of 6.5%. This offers some positivity in that the current arrangements are varied and unknown until well into the financial year. A fixed cap offers some predictability for financial planning arrangements.

The changes being made by the JCC will have an impact on the Health Board :

- Health Boards will be required to manage all quality assurance processes (both placement and patient reviews will be required). This introduces new work for the teams and will require a review of the resource needed.

- Potential financial impacts around joint Local Authority/Health Board packages as the new arrangements will not include local authority lead commissioning. The Health Board must always be the majority holder and this is a new function.

- Increased commissioning requirements around contract issuing and management that will require expertise and dedicated resources.

- Positive impact on uplifts as the revised framework allows for an annual year-on-year agreed rate as opposed to current variances and delays in price refresh.

PTHB has given feedback to the JCC and to date, it is not expected that any resource to support the management function transfer will be available.
Whilst the above remains relevant there has been a noted agreement for the continuation now of both the Hospital Framework for a further 2 months which include contract extensions, reducing risks to Healthboard, around procurement process, and Care Home Commissioning Care Assurance and Performance System (CCAPS) Framework (CCAPS) set to continue.

DIGITAL PROGRESS

Welsh Government has allocated funding for the purchase and initial three-year licence of a CHC digital system. This funding is available only for the current financial year, creating a risk of loss if procurement is not completed by March. Each Health Board will receive its allocation and select a system, provided it meets national data definitions and enables comparable reporting for WG performance management. There is no current requirement for a single system across Wales, but interoperability and compliance are essential. Currently, CHC processes rely on

outdated systems such as NCCD and manual spreadsheets, which create inefficiencies, data gaps, and governance risks.

Demand for health and care services is rising as more people live longer with multiple conditions, requiring integrated physical and mental health care. Powys' rural geography makes local service delivery challenging, and digital tools can improve access. Workforce shortages and recruitment difficulties make services fragile, and digitalisation will help optimise staff time. Financial pressures, including overspending and reliance on agency staff, demand greater efficiency. CHC costs have doubled since 2020/21, and assurance and cost control are hindered by poor data systems. The proposed solution will provide a unified digital system for CHC and FNC that offers real-time dashboards and analytics, secure cloud-based data storage, automated reporting and benchmarking, and integration with finance, governance, and performance systems. It will enable person-centred care through online clinics, remote check-ups, and shared records. Efficiency gains will include reducing hospital stays and enabling same-day community care. The system will be scalable, interoperable, and compliant with data security standards, ensuring future-proofing and continuous improvement.

How We Will Implement

- Recommended approach: Full digital implementation across all health boards.
- Key capabilities: Advanced analytics, configurable reporting, and secure data migration.
- Supporting frameworks: National training and competency standards, consistent pricing, and governance with clear audit trails.
- Change management: Stakeholder engagement, a communications plan, and iterative improvements.
- Implementation plan: Avoid year-end pressures through a phased timeline covering procurement, configuration, migration, training, and go-live, with dual running during transition to ensure continuity.
- Risk management: Data security, interoperability, resistance to change, and training gaps will be addressed through a comprehensive risk register and contingency plans.

Next Steps

Immediate priorities include confirming the procurement group and timeline, agreeing data principles and a central storage approach, and identifying local data resources and gaps. Planning for API integration and Wales-wide benchmarking capability is essential, along with preparation for training, migration, and resource planning, which are not covered by WG funding. Stakeholder engagement and workshops will be scheduled to shape scope and options.

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			√		**Factors considered** • Patient safety • Clinical Effectiveness • Patient Experience • Workforce stress
Timely			√		
Effective			√		
Efficient			√		
Equitable			√		
Person Centred			√		
Workforce			√		
Leadership			√		
Culture			√		
Information			√		
Learn, Improve, Research			√		
Whole Systems Approach			√		

EQUALITY:

	No impact	Negative	Positive	Both	
Age	√				Equity of Access is intrinsic within the service area
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)	Service Risk Assessment is in place
Clinical			√		
Financial			√		
Corporate			√		
Operational			√		
Reputational			√		

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

Agenda item: 5.3

Finance and Performance Committee	**Date: 26 February 2026**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – December (Month 9) 2025/26.
Presented & Approved by:	Executive Director of Planning, Performance, and Commissioning.
Prepared by:	Deputy Director of Performance and Commissioning Head of Performance. Performance Management Analyst. Performance Management Support Officer.
Other Committees and meetings considered at:	Executive Committee - 18 February 2026

PURPOSE:

This Integrated Quality & Performance Report (IQPR) summary provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 containing information up until the end of December 2025 (month 9).

RECOMMENDATION(S):

The committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

SUMMARY:

This exception report provides the Finance and Performance Committee with the latest information to provide oversight and assurance of the Health Board's performance and delivery. The attached IQPR provides the more detailed position up until the end of December (Month 9).

Summary for Month 9

PTHB Provider Services

Planned care:

- Diagnostic waits – December reports slippage against the 8 week target. Breaches increased from 21 in November to 29 in December: 13 were for Echocardiograms, 9 Heart Rhythm tests, and 7 Non-Obstetric Ultrasound (NOUS) pathways. The diagnostic echocardiogram service remains ahead of recovery trajectory but faces challenges going into Q4 linked to in-reach fragility and staffing capacity. The key challenge for Heart Rhythm diagnostic compliance is fixed capacity which is both clinical and device constrained. NOUS services in December saw capacity reduce following sickness in the team resulting in a slight increase in breaches. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties and the winter period with the risks of sickness and inclement weather cancellations are key challenges to maintaining the positive improvement trajectory to year-end.

Table 1 – Diagnostic pathways - source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver8Weeks	PercentOver8Wks
Cardiology	Echo Cardiogram	62	13	21%
Cardiology	Heart Rhythm Recording	35	9	26%
Diagnostic Endoscopy	Colonoscopy	10	0	0%
Diagnostic Endoscopy	Cystoscopy	1	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	6	0	0%
Diagnostic Endoscopy	Gastroscopy	8	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	57	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	542	7	1%

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets of 52 and 104 weeks for outpatients and treatments respectively in December.

  Continued challenge remains with in-reach capacity and the number of patients waiting over 52 weeks continues to increase with 81 reported in December. This particularly includes the provision of Ophthalmology from Wye Valley NHS Trust, and 51 Ophthalmology pathways make up this cohort. It should also be noted that capacity focus continues to be prioritised on meeting the 52-week new outpatient target (stage 1) where there is a significant challenge in Rheumatology.

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

Stage of Pathway Description	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	Total
1: New outpatient appointment	2824	379	96		**3299**
2: Diagnostic or AHP test, intervention or result	106	42	46	17	**211**
3: Followup appointment or decision following previous event	3242	30	29	2	**3303**
4: Admitted diagnostic or therapeutic intervention/treatment	300	101	194	62	**657**
Total	**6472**	**552**	**365**	**81**	**7470**

- Ophthalmology pathways have seen performance improve to 82.4% in December for those patients that attended within their clinical target date or beyond 25% of their target date. This measure is particularly impacted by the in-reach fragility of Wye Valley NHS Trust into mid Powys.

- Therapies pathway breaches have reduced in December to 12 (27 in Nov-25). Three breaches were reported in Physiotherapy, 7 breaches in Podiatry, and a further 2 breaches in Adult Occupational Therapy. The breaches in Occupational Therapy are in Hand Therapy, and the service has a single clinician pan Powys with resultant fragility. An additional hand therapist (currently being recruited) is planned to increase capacity from January 2026.

Table 3 – Therapies – Source PTHB Digital

ServiceHeading	SubHeading	Total	TotalOver14Weeks	PercentOver14Wks
Physiotherapy	Adults	2098	3	0%
Podiatry	Routine	483	7	1%
Dietetics	Adults	199	0	0%
Physiotherapy	Paediatrics	91	0	0%
Speech Language	Paediatrics	85	0	0%
Dietetics	Paediatrics	55	0	0%
Speech Language	Adults	50	0	0%
Occupational Therapy	Adults	42	2	5%
Podiatry	Urgent	38	0	0%
Occupational Therapy	Paediatrics	11	0	0%
Occupational Therapy	Learning Disabilities	3	0	0%

- The Audiology measure for adults has not been achieved, and number of breaches have continued to increase for the last 6 months. The HB is now reporting 84 pathways over target in December (65 Nov-25). Three Paediatric breaches were reported against their respective 6-week target for the same month. The key challenge for adult audiology is a reported 75hrs of vacancies pan Powys in Band 4/5 admin and professional Head of Service roles. All clinical posts are advertised with bank and agency staff in place to support the waiting list, the service plans to recover by April 2026 following improved capacity. The Paediatric service remains fragile and has a specific single clinician pan Powys challenge e.g., annual leave or sickness directly impact service waiting times.

- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. November performance is reported as 7.3% against the 95% target. Waiting list information provided by Bowel Screening Wales for PTHB at the end of January reported a 7 week and 3-day total waiting time (7 weeks and 5 days All Wales average).

- Provider cancer pathways reported 58 new pathways in December and reported 88.2% of 17 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health

- Under-18s: Compliance in December remains excellent with 100% reported for assessments, and 91.2% reported for interventions. Under 18 care and treatment plans (CTP) reports a drop in performance (86.7%) missing the 90% target. The key challenge for compliance is staff capacity with a post vacant and long-term sickness (LTS) although the service confirms recruitment interviews in February and reprioritised workload to cover LTS.

- For Adults: Compliance for the same month meets targets for assessments achieving 80.5%, interventions reporting 96.5%, and adult psychological therapies reporting 84.3%. Of the adult mental health metrics only Adult Care and Treatment Plan (CTP) compliance does not meet the 90% target although improving to 82.7% compliance reported. Key challenges include the increased complexity of patients and the additional demand on the PTHB team linked to the shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) remains at 23.1% in December. Performance as predicted against the < 26-week cohort will remain poor in the short to medium term as due to the best practice change on referral acceptance the numerator of pathways is unfavourable against the total number of pathways reported. However key improvements and modernisation of the service including referral and waiting list management, improved process and scheduling has placed the service on a positive improvement trajectory.
- The service reported 7 children exceeding the 104 week threshold, noting that these patients were all cancellations/Was Not Brought. **All have been rebooked.**

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 6 minutes for senior clinician assessment.

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

- Welsh Government reported data for this measure was revised at Month 9. The revised performance data, made available on 12/02/2026, has significantly changed the reported compliance position of the Health Board.
- The PTHB Quality and Safety Team is currently reviewing the revised dataset and working to reconcile the updated values. Initial concerns relate to the inclusion of NRIs that had previously been closed prior to the introduction of the Datix NRI Submission Portal or downgraded within the reported figures.
- This measure and the associated data have been retained within the slide pack for transparency while the reconciliation process is underway.
- PTHB reporting 8 open cases. NHS Wales Performance and Improvement colleagues have been contacted to request updated list of open NRIs that they have for PTHB, awaiting a response.

Commissioned services

Planned care (RTT) NHS Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 185 breaches in November to 141 in December. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment and no patient reported waiting over 104 weeks. All providers show improvement for this snapshot and the measure continues to report special cause improvement.

- Waits over 104 weeks for November reduced further from 40 to 30 for Powys residents. BCUHB has 17 patients waiting over 104 weeks, ABUHB has 7, Cardiff & Vale reports 4, and CTMUHB has 2 pathways breaching the 104 targets.

Table 4 – Welsh RTT Performance for Powys responsible pathways

	Dec-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
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	65.8%	617		324		7		2539	55	
Betsi Cadwaladr University Local Health Board	57.2%	213		124		17		666	30	
Cardiff & Vale University Health Board	55.5%	118		84		4		357	19	
Cwm Taf Morgannwg University Health Board	55.8%	266		132		2		835	37	
Hywel Dda University Health Board	58.6%	442		258		0		1427	0	
Swansea Bay University Health Board	63.4%	498		255		0		1896	0	
Total	61.6%	**2154**		**1177**		**30**		**7720**	**141**	

Planned care (RTT) NHS England:

- Powys residents accessing services in England have consistently waited less time for treatment in 2025/26 except for at Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.

- Following the implementation of PTHB commissioning intentions, waiting times in Wye Valley Trust (WVT) are continuing to lengthen with the over 52-week cohort increasing to 225 pathways. No pathways were reported in November of exceeding the 104-week treatment target.

- The Shrewsbury & Telford Hospital NHS Trust (SATH) are not following Powys commissioning intentions and report an improved position with special cause improvement across all key wait bands in November. The over 52-week cohort size falls from 194 in October to 178 and except for PTHB and English minor providers SATH has the best under 26-week performance of all commissioned main providers reporting 71.6% of 4166 pathways waiting less than 26 weeks.

- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remain the most challenged English provider for long waits with a growing trend of over 104-week waiters and with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. In November, the Trust reported an increasing number of breaches over 104 weeks from 128 to 131. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits continue to exceed 300 weeks for complex spinal surgery. Funding allocated by Welsh Government is in place to support 2x mega clinics for 40x stage 1 longest waiters on RJAH spinal pathway (planned for March), clinically reviewing the patients face to face by Consultant/Advanced Practitioner to assess suitability for alternate pathway.

Table 5 – English RTT Performance for Powys responsible pathways

	Nov-25	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	74.8%	52		9		0		345
The Robert Jones and Agnes Hunt Orthopaedic Hospital	47.6%	1630		1022		131		4047
The Shrewsbury and Telford Hospital NHS Trust	71.6%	635		178		0		4166
Wye Valley NHS Trust	66.7%	689		225		0		3636
Total	62.2%	**3006**		**1434**		**131**		**12194**

Cancer Pathways:

NHS Wales Providers

- At the end of December, the provisional position reported a total of 242 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 203 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 39 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target with the longest wait reported as 254 days in Hywel Dda UHB for a urology pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 59% in December from 60% in November.
- The number of pathways going straight to test has fallen below the 12-month average (65%) reporting 62%.

NHS England Providers

- Shrewsbury and Telford NHS Trust (SATH) reported 79.7% compliance against the 62 days urgent suspected cancer pathway in November. 3 patients were reported waiting over 104 days across varied tumour sites. Cancer performance reports and improvement trend over 12 months.

- Wye Valley NHS Trust (WVT) performance reported in December that 92% of 13 Powys residents started treatment within 62 days with one breach in a gynaecological pathway reported.

Commissioned Emergency Care:

- The median target for Purple Arrest (Cardiac or respiratory arrest) was not achieved for Powys patients. In December, performance ranked 7th in Wales with compliance of 8 minutes and 49 seconds. This is significantly higher than All Wales performance which reported 7 minutes and 34 seconds.

- The median emergency response time for the red target for Powys patients was the worst reported performance of all health boards in December with a median time of 11 minutes and 17 seconds. This is significantly higher than All Wales performance which reported 9 minutes and 19 seconds.

- Median wait times for Powys residents who attend an emergency department was reported at 17 minutes average (across Welsh units only) to be triaged by a clinician and the wait was 54 minutes on average to assessment by a senior clinical decision maker in December.

- No commissioned service met the required national 4hr or 12hr targets in November for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Month 9 measures by escalation level.

From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). This has increased reportable measures to 50 with the red median directly replacing the now retired 8-minute response (no measure numbers have yet been allocated by Welsh Government).

Median emergency response time to Orange Now calls replaces Median emergency response time to amber calls from December 2025. It should be noted that this measure in Month 9 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.

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

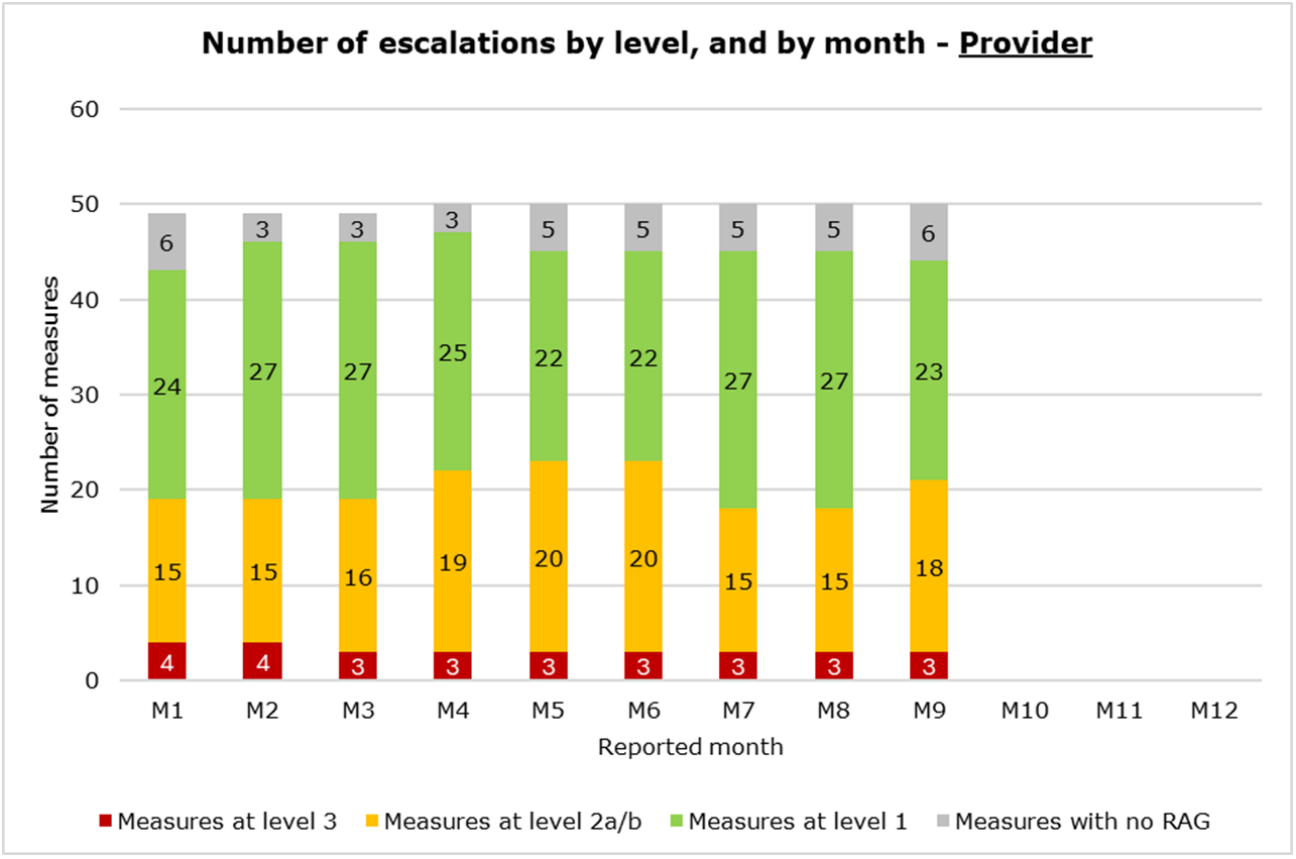
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment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

A further 15 measures are rated at level 2a, and 27 are achieving level 1 compliance e.g., no issues reported.

Six measures remain without a RAG rating:

- Smoking measures 1 and 2 have an annual compliance target, these as confirmed with the Director of Public Health will not be RAG rated until a full year's data is available. It should be noted that from 2026/27 the NHS Performance Framework will have quarterly uptake targets set by Welsh Government.
- Median emergency response time to Orange calls replaces Median emergency response time to amber calls from December 2025. It should be noted that this measure in Month 9 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.
- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

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



Enabling Actions

The Welsh Government has set out a number of enabling actions to support Health Boards to deliver against the expectations of the NHS Wales Planning Framework 2025-28. A summary of progress against the enabling actions is provided below; this summary will not be updated until the end of Q4 and the below table reflects as reported in month 8.

Q3 position.

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

Thematic area	Objective	RAG rating
Maximising value for money (4 actions)	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness.	2 - Amber 2 - Light green
Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	6 - Amber 2 - Light green 1 – Green 1 – No tumour site services delivered in PTHB 1 – No joint services delivered in PTHB.
Key to RAG rating: Green: complete Light green: on track Amber: delayed but will be achieved in year Red: will not be achieved in year		

In Q3 return, 3 enabling actions had been classified red and will not be achieved in year:

- Timely access to care: improvement in the implementation of High Volume Low Complexity Theatre Lists with initial focus on Cataract – 90% of lists to have 7 cataracts per list by end of Q2. Challenges of In-reach fragility, strengthening medical leadership and capacity within provider services. Assessment is full implementation will be into 2026/27.

  [Noted that on 17/02/26 all day insourced cataract lists in LWH (8 cataracts in both AM and PM sessions). Further insourced lists planned to 31/03/2026.]

- Timely access to care: ensure effective utilisation of theatre capacity – increasing session utilisation to GIRFT standard of 85% by March 2026. Due to unique PTHB provider service configuration, achievement of 85% will require significant transformation and will not be completed in 2025/26.

- Workforce productivity: ensure reduction in agency spend on HCSW, A&C, estates and ancillary staff to zero by 30th September 2025. No agency spend across A&C, estates or ancillary since 30th September 2025, agency use restricted to HCSW roles only. Bank capacity continues to strengthen with a further 10 HCSWs onboarded in Q3 building on 16 in Q2. This is expected to support further reductions in agency use through Q4.

Quality Outcomes Framework

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

The development of the QOF has been informed by research and learning from high-performing healthcare systems both nationally and internationally. It is designed to provide a clear and consistent picture, both locally and nationally, to support the identification, monitoring, and learning of quality and safety improvement priorities, as part of a Quality Management System (QMS) approach. The health board is required to ensure measures are included in Board level reporting from October 2025 to support assurance of service quality and help identify areas for strategic improvement. The Performance team are now including this report which is sourced directly from the NHS Performance and Improvement dashboard monthly.

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

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

- **RAMI** – linked to the above and requires further validation.

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

Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Sep-25	213.80		214.52		
Safe	Crude mortality rate (%)	Nov-25	5.61%	▼ -23.2%	7.31%		
Safe	Never Events reported to NHS P&I	Jan-26	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Dec-25	2.78%	▲ 63.9%	1.69%		
Safe	Percentage of discharges on D2RA Pathway 1	Dec-25	41.67%	▲ 2.4%	40.68%		
Safe	Percentage of discharges on D2RA Pathway 2	Dec-25	18.06%	▲ 166.3%	6.78%		
Safe	Percentage of discharges on D2RA Pathway 3	Dec-25	19.44%	▼ -47.9%	37.29%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Dec-25	18.06%	▲ 33.2%	13.56%		
Safe	RAMI (Risk adjusted mortality index) 2023	Nov-25	117.87	▼ -20.5%	148.20		
Safe	Safeguarding Adults - Lv1 training	Nov-25	92.48%	▼ -0.5%	92.98%		
Safe	Violence and Aggression (Wales)	Nov-25	93.92%	▼ -0.1%	94.01%		
Timely	Opthalmology R1 appointments attended within target date* (%)	Dec-25	82.40%	▲ 25.0%	65.93%		Outlier high
Timely	Patients starting first definitive cancer treatment* (%)	Nov-25		Not applicable to PTHB provider.			
Effective	Diabetes patients completing all eight care processes* (%)	Dec-25	49.11%	▼ -0.1%	49.18%		
Efficient	Agency spend for all staff groups as % of total pay bill	Nov-25	5.59%	▼ -11.8%	6.33%		

NEXT STEPS:

- NHS Performance framework was made available from 11/02/2026. This is currently being interpretated and the IQPR will report against these updated measures from month 2 26/27.

IMPACT ASSESSMENT

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

QUALITY:

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

Whole Systems Approach					

EQUALITY:

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

RISK ASSESSMENT:

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

Appendix One: NHS Performance Measures Scorecard (Month 9 – December 2025)

Quadruple aim 1

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	SPC Icon	Data Quality	Latest Ranking	All Wales	Level
Executive Director of Public Health	Prevention	1	% Attempted to quit smoking	5% annual target	5.45%			2.37%			4.48%						N/A		2nd	3.05%	Level 1
Executive Director of Public Health	Prevention	2	% of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	14.80%			11.05%			13.93%						N/A		6th	23.4%	Level 1
Executive Director of Primary Care, Community and Mental Health	Prevention	3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	4 quarter improvement trend	78.5%			81.7%			90.6%			78.7%			N/A		6th	87.9%	Level 1
Executive Director of Public Health	Prevention	4	% of children up to date with scheduled vaccinations by age 5	95%	89.6%			91.4%			87.6%						N/A		5th	88.0%	Level 2a
Executive Director of Public Health	Prevention	5	% of children receiving the HPV vaccination by the age of 15	90%	77.3%			77.9%			78.9%						N/A		3rd	74.9%	Level 2a
	Prevention	6	Flu Vaccines - 65+	75%	68.6%	69.2%	69.2%							44.9%	58.7%	64.1%	N/A		7th	68.6%	Level 2a
	Prevention	7	% uptake of COVID-19 vaccination for those eligible (Spring and Autumn booster)	75%	50.9%	50.6%		10.6%	41.9%	55.7%				19.7%	48.7%	58.5%	N/A		2nd	56.1%	Level 2a
Executive Director of Primary Care, Community and Mental Health	Prevention	8	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	90%	10.8%	8.3%	0.0%	0.0%	0.0%	10.3%	0.0%	6.3%	4.3%	5.3%	7.3%				6th	22.5%	Level 3
Executive Director of Nursing, Quality, Womens and Family Health	Prevention	9	% of well babies completing the hearing screening programme within 4 weeks	90%	90.4%	89.8%	92.3%	91.5%	85.7%	83.1%	91.2%	93.0%	98.9%	93.5%	97.3%				7th	98.2%	Level 1
	Prevention	10	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17	95%	98.8%	97.6%	98.4%	97.6%	95.9%	100.0%	97.5%	97.2%	93.0%	97.8%	97.4%	94.1%			6th	96.4%	Level 2a

Quadruple aim 2

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

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	SPC Icon	Data Quality	Ranking	All Wales	Level
Executive Director of Primary Care, Community and Mental Health	Services Delivered Close to Home	11	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	100% (2024/25)														1st	96.8%	Level 1
	Services Delivered Close to Home	12	% of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Improvement compared to the same month in the previous year	48.7%	50.0%	50.5%	50.5%	49.8%	50.1%	50.5%	50.8%	50.8%	50.6%	50.3%	49.1%			2nd	44.8%	Level 1
	Services Delivered Close to Home	13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and	61.7%	67.2%	75.0%	3.9%	10.0%	15.3%	25.0%	30.8%	37.3%	44.9%	49.3%	57.0%	N/A		5th	57.1%	Level 1
Executive Medical Director	Services Delivered Close to Home	14	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year	604	462	511	563	507	528	582	557	558	539	561	749			7th	22,096	Level 1
Executive Director of Primary Care, Community and Mental Health	Services Delivered Close to Home	15	Assessments <28 days <18	80%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			1st	94.3%	Level 1
	Services Delivered Close to Home	16	Interventions <28 days <18	80%	86.7%	91.2%	91.7%	85.7%	83.3%	93.8%	88.9%	82.8%	90.0%	88.0%	91.2%	91.2%			4th	87.6%	Level 1
	Services Delivered Close to Home	17	Assessments <28 days 18+	80%	58.0%	85.5%	98.0%	98.0%	92.9%	100.0%	83.6%	70.1%	82.4%	92.4%	91.3%	80.5%			5th	83.9%	Level 1
	Services Delivered Close to Home	18	Interventions <28 days 18+	80%	79.0%	96.2%	93.7%	87.5%	87.5%	100.0%	93.2%	96.1%	89.6%	92.7%	84.1%	96.5%			2nd	93.7%	Level 1

Executive Director of Planning, Performance and Commissioning	Access Hospital Services Quickly	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	47.9%	50.3%	47.0%	40.6%	46.0%	44.8%									7th	50.7%	Level 2a
		TBC	Median target for Purple Arrest: Cardiac or respiratory arrest	6-8 minutes median response time							00:07:22	00:09:07	00:14:15	00:10:23	00:11:50	00:08:49	N/A		7th	00:07:34	Level 2a
			Median emergency ambulance response time to red: emergency category calls	6-8 minutes median response time							00:11:26	00:11:31	11:28:00	00:09:47	00:11:17	00:11:17	N/A		7th	00:09:19	Level 2a
			Median emergency response time to Orange Now calls	12 month reduction trend												00:53:00	N/A		1st	01:18:45	Level 1
	Access Hospital Services Quickly	20	Median emergency response time to amber calls	12 month reduction trend	01:13:20	01:14:30	01:17:33	01:25:11	01:14:57	01:18:06	00:58:03	01:06:59	01:08:25	01:20:50	01:13:09				1st	01:42:53	Level 1
Executive Director of Planning, Performance and Commissioning	Access Hospital Services Quickly	21	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	4	4	4	4	4	5	7	6	6	6	6	5	N/A		PTHB is not nationally benchmarked against this measure		Level 1
	Access Hospital Services Quickly	22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less	5	5	4	4	5	6	7	7	6	7	7	6	N/A				Level 1
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	23	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%			1st	64.3%	Level 1
	Access Hospital Services Quickly	24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero	0	0	0	0	0	0	0	0	0	0	0	0			1st	10,193	Level 1
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	26	Number of diagnostic breaches 8+ weeks	0	70	79	79	81	99	139	144	123	132	60	21	29			1st	46,803	Level 3
	Access Hospital Services Quickly	27	% of children <18 waiting 14 weeks or less for a specified AHP	100%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.7%	99.6%	99.7%	100.0%	100.0%	100.0%			1st	83.8%	Level 1
	Access Hospital Services Quickly	28	Number of therapy breaches 14+ weeks (all ages)	0	3	2	0	6	85	20	37	56	47	40	27	12			3rd	5,010	Level 2a
	Access Hospital Services Quickly	29	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Month on Month Reduction	New Measure 2025/26			7	3	3	9	18	37	54	65	84	N/A		3rd	17,481	Level 2a
	Access Hospital Services Quickly	30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction	New Measure 2025/26			14	6	4	2	1	3	0	2	3	N/A		1st	3936	Level 2a
	Access Hospital Services Quickly	31	Number of patients waiting >52 weeks for a new outpatient appointment	0	0	0	0	0	0	4	0	0	0	0	0	0			1st	32,748	Level 1
	Access Hospital Services Quickly	32	Number of patient follow-up outpatient appointment delayed by over 100%	Reduction compared to the same month in the previous year	1134	1203	1318	1436	1487	1410	1353	1287	1221	1106	1024	1062			1st	278,898	Level 3
	Access Hospital Services Quickly	33	RTT patients waiting more than 104 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0			1st	5,252	Level 1
Executive Director of Nursing, Quality, Womens and Family Health	Access Hospital Services Quickly	34	Children/Young People neurodevelopmental waits	80%	24.4%	25.9%	29.9%	29.3%	24.1%	22.5%	25.2%	21.8%	19.5%	20.1%	23.1%	23.1%			4th	20.0%	Level 2a
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	35	Adult psychological therapy waiting < 26 weeks	80%	66.4%	68.2%	71.3%	69.8%	76.7%	82.4%	86.3%	87.8%	88.6%	88.4%	82.8%	84.3%			1st	52.3%	Level 1

Quadruple aim 3

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	SPC Icon	Data Quality	Ranking	All Wales	Level
Executive Director of People and Culture	Motivated and Sustainable Workforce	36	(R12) Sickness Absence	12 month reduction trend	5.27%	5.29%	5.31%	5.35%	5.34%	5.40%	5.41%	5.45%	5.47%	5.43%	5.44%	5.41%			6th (Nov-25)	6.32%	Level 2a
	Motivated and Sustainable Workforce	37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2024/25	8.18%	8.99%	9.65%	8.93%	9.74%	8.61%	8.85%	8.27%	8.36%	8.19%	9.09%				9th	5.61%	Level 1
Executive Director of Primary Care, Community and Mental Health	Motivated and Sustainable Workforce	38	Agency spend as a percentage of the total pay bill	12 month reduction trend	7.6%	9.9%	4.1%	7.0%	7.6%	7.2%	6.6%	4.9%	5.1%	6.1%	5.3%	5.3%			12th (Nov-25)	1.8%	Level 1
Executive Director of People and Culture	Training and Development	39	Performance Appraisals (PADR)	85%	81.7%	82.4%	82.0%	81.2%	80.7%	80.1%	79.3%	79.3%	81.0%	80.2%	79.6%	80.2%			7th (Nov-25)	77.0%	Level 2a

Quadruple aim 4

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

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	SPC Icon	Data Quality	Ranking	All Wales	Level
Executive Director of Allied Health Professions, Health Sciences and Digital	Effective Services	40	% of episodes clinically coded within one month post discharge end date	Maintain 95% target or demonstrate an improvement trend over 12 months	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	99.7%				2nd	82.4%	Level 1
	Effective Services	41	% of all classifications' coding errors corrected by the next monthly reporting submission	90%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%				1st	62.2%	Level 1
Executive Director of Primary Care, Community and Mental Health	Efficient Services	42	No of Pathways of Care delayed discharges	12 month reduction trend	70	56	53	53	50	57	51	66	77	71	62	55			2nd	1,401	Level 2a
	People Centred Care	43	% residents with CTP <18	90%	96.3%	95.7%	97.4%	92.4%	93.9%	97.9%	95.0%	93.6%	96.8%	95.0%	90.7%	86.7%			7th	94.4%	Level 2a
	People Centred Care	44	% residents with CTP 18+	90%	82.1%	82.5%	81.9%	89.8%	88.1%	85.3%	83.0%	83.1%	81.8%	82.8%	80.5%	82.7%			6th	82.9%	Level 2a
Executive Director of Nursing, Quality, Women and Family Health	People Centred Care	45	Number of service user feedback experience responses completed and recorded on CIVICA	Month on Month Improvement	469	376	444	438	499	398	475	491	589	621	580	518			8th	22,770	Level 2a
Executive Director of Nursing, Quality, Women and Family Health	Safe Services	46	HCAI - Klebsiella sp and Aeruginosa cumulative number	Health Board Specific Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	PTHB is not nationally benchmarked for infection rates				
	Safe Services	47	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000	Health Board Specific Target	8.79	3.26	2.98	9.05	4.45	2.98	2.23	2.77	2.48	2.27	2.22	1.98					
	Safe Services	48	HCAI - cumulative rate of C.Difficile cases per 100,000 population	Health Board Specific Target	19.60	17.96	15.68	9.05	8.90	14.92	17.80	14.20	19.29	22.00	21.14	20.73					
Executive Director of Primary Care, Community and Mental Health	Safe Services	50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	12 month improvement trend towards national target of 95%	69.1%	73.6%	68.2%	72.8%	68.8%	71.2%	68.8%	74.6%	61.3%	68.0%	65.9%	82.4%			1st	61.8%	Level 1
Executive Director of Nursing, Quality, Women and Family Health	Safe Services	53	No of patient safety incidents that remain open 90 days or more	12 month reduction trend	14	14	16	16	15	16	21	19	21	21	22	20			4th	218	Level 2a

Powys Teaching Health Board

Integrated Quality & Performance Report

Month 9 (December) - 2025/26
Updated on 19/02/2026

Contents

Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

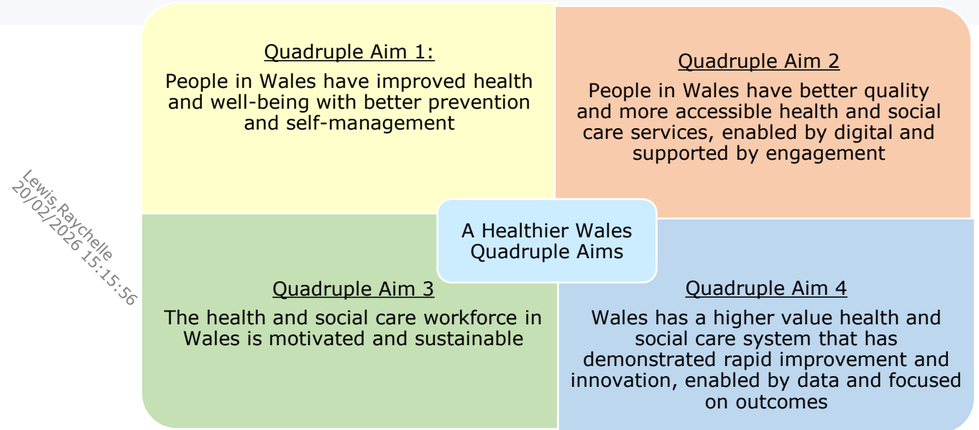
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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

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

What is the NHS Performance Framework?

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



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

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

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

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

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

Link to escalation descriptor slide

Summary of Performance Provider – Month 9

Planned care

- Diagnostic waits – December reports slippage against the 8-week target. Breaches increased from 21 in November to 29 in December: 13 were for Echocardiograms, 9 Heart Rhythm tests, and 7 Non-Obstetric Ultrasound (NOUS) pathways. The diagnostic echocardiogram service remains ahead of recovery trajectory but faces challenges going into Q4 linked to in-reach fragility and staffing capacity. The key challenge for Heart Rhythm diagnostic compliance is fixed capacity which is both clinical and device constrained. NOUS services in December saw capacity reduce following sickness in the team resulting in a slight increase in breaches. It should be noted that risks in relation to in-reach fragility and scale of service remain across all specialties and the winter period with the risks of sickness and inclement weather cancellations are key challenges to maintaining the positive improvement trajectory to year-end.
- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets of 52 and 104 weeks for outpatients and treatments respectively in December. Continued challenge remains with in-reach capacity and the number of patients waiting over 52 weeks continues to increase with 81 reported in December. This particularly includes the provision of Ophthalmology from Wye Valley NHS Trust, and 51 Ophthalmology pathways make up this cohort. It should also be noted that capacity focus continues to be prioritised on meeting the 52-week new outpatient target (stage 1) where there is a significant challenge in Rheumatology.
- Ophthalmology pathways have seen performance improve to 82.4% in December for those patients that attended within their clinical target date or beyond 25% of their target date. This measure is particularly impacted by the in-reach fragility of Wye Valley NHS Trust into mid Powys.
- Therapies pathway breaches have reduced in December to 12 (27 in Nov-25). Three breaches were reported in Physiotherapy, 7 breaches in Podiatry, and a further 2 breaches in Adult Occupational Therapy. The breaches in Occupational Therapy are in Hand Therapy, and the service has a single clinician pan Powys with resultant fragility. An additional hand therapist (currently being recruited) is planned to increase capacity from January 2026.
- The Audiology measure for adults has not been achieved, and number of breaches have continued to increase for the last 6 months. The HB is now reporting 84 pathways over target in December (65 Nov-25). Three Paediatric breaches were reported against their respective 6-week target for the same month. The key challenge for adult audiology is a reported 75hrs of vacancies pan Powys in Band 4/5 admin and professional Head of Service roles. All clinical posts are advertised with bank and agency staff in place to support the waiting list, the service plans to recover by April 2026 following improved capacity. The Paediatric service remains fragile and has a specific single clinician pan Powys challenge e.g., annual leave or sickness directly impact service waiting times.
- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. November performance is reported as 7.3% against the 95% target. Waiting list information provided by Bowel Screening Wales for PTHB at the end of January reported a 7 week and 3-day total waiting time (7 weeks and 5 days All Wales average).
- Provider cancer pathways reported 58 new pathways in December and reported 88.2% of 17 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health

- Under-18s: Compliance in December remains excellent with 100% reported for assessments, and 91.2% reported for interventions. Under 18 care and treatment plans (CTP) reports a drop in performance (86.7%) missing the 90% target. The key challenge for compliance is staff capacity with a post vacant and long-term sickness (LTS) although the service confirms recruitment interviews in February and reprioritised workload to cover LTS.
- For Adults: Compliance for the same month meets targets for assessments achieving 80.5%, interventions reporting 96.5%, and adult psychological therapies reporting 84.3%. Of the adult mental health metrics only Adult Care and Treatment Plan (CTP) compliance does not meet the 90% target although improving to 82.7% compliance reported. Key challenges include the increased complexity of patients and the additional demand on the PTHB team linked to the shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) remains at 23.1% in December. Performance as predicted against the < 26-week cohort will remain poor in the short to medium term as due to the best practice change on referral acceptance the numerator of pathways is unfavourable against the total number of pathways reported. However key improvements and modernisation of the service including referral and waiting list management, improved process and scheduling has placed the service on a positive improvement trajectory. The service reported 7 children exceeding the 104-week threshold, noting that these patients were all cancellations/Was Not Brought. All have been rebooked.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 6 minutes for senior clinician assessment.

Quality & Safety - Number of National Reportable incidents that remain open 90 days or more:

- Welsh Government reported data for this measure was revised at Month 9. The revised performance data, made available on 12/02/2026, has significantly changed the reported compliance position of the Health Board.
- The PTHB Quality and Safety Team is currently reviewing the revised dataset and working to reconcile the updated values. Initial concerns relate to the inclusion of NRIs that had previously been closed prior to the introduction of the Datix NRI Submission Portal or downgraded within the reported figures.
- This measure and the associated data have been retained within the slide pack for transparency while the reconciliation process is underway.

Summary of Performance Commissioned – Month 9

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 185 breaches in November to 141 in December. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment and no patient reported waiting over 104 weeks. All providers show improvement for this 'snapshot' and the measure continues to report special cause improvement.
- Waits over 104 weeks for November reduced further from 40 to 30 for Powys residents. BCUHB has 17 patients waiting over 104 weeks, ABUHB has 7, Cardiff & Vale reports 4, and CTMUHB has 2 pathways breaching the 104 targets.

Planned care (RTT) England:

- Powys residents accessing services in England have consistently waited less time for treatment in 2025/26 except for at Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Following the implementation of PTHB commissioning intentions, waiting times in Wye Valley Trust (WVT) are continuing to lengthen with the over 52-week cohort increasing to 225 pathways. No pathways were reported in November of exceeding the 104-week treatment target.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) are not following Powys commissioning intentions and report an improved position with special cause improvement across all key wait bands in November. The over 52-week cohort size falls from 194 in October to 178 and except for PTHB and English minor providers SATH has the best under 26-week performance of all commissioned main providers reporting 71.6% of 4166 pathways waiting less than 26 weeks.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remain the most challenged English provider for long waits with a growing trend of over 104-week waiters and with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. In November, the Trust reported an increasing number of breaches over 104 weeks from 128 to 131. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits continue to exceed 300 weeks for complex spinal surgery. Funding allocated by Welsh Government is in place to support 2x mega clinics for 40x stage 1 longest waiters on RJAH spinal pathway (planned for March), clinically reviewing the patients face to face by Consultant/Advanced Practitioner to assess suitability for alternate pathway.

Cancer Pathways:

Welsh Providers -

- At the end of December, the provisional position reported a total of 242 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 203 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 39 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target with the longest wait reported as 254 days in Hywel Dda UHB for a urology pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 59% in December from 60% in November.
- The number of pathways going straight to test has fallen below the 12-month average (65%) reporting 62%.

English Providers -

- Shrewsbury and Telford NHS Trust (SATH) reported 79.7% compliance against the 62 days urgent suspected cancer pathway in November. 3 patients were reported waiting over 104 days across varied tumour sites. Cancer performance reports and improvement trend over 12 months.
- Wye Valley NHS Trust (WVT) performance reported in December that 92% of 13 Powys residents started treatment within 62 days with one breach in a gynaecological pathway reported.

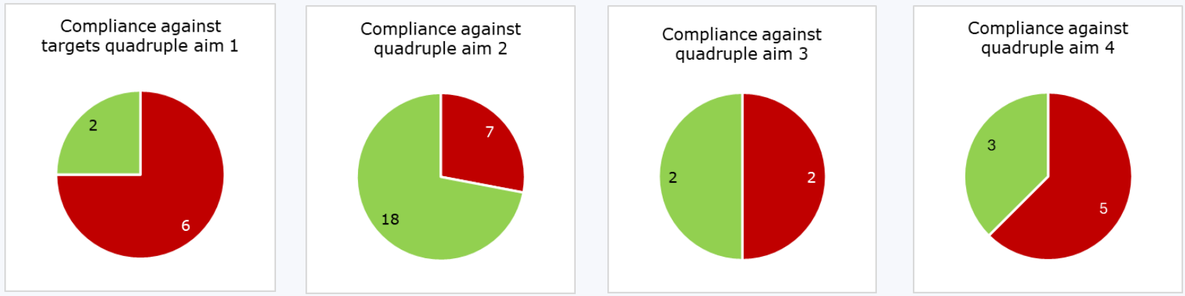
Commissioned Emergency Care:

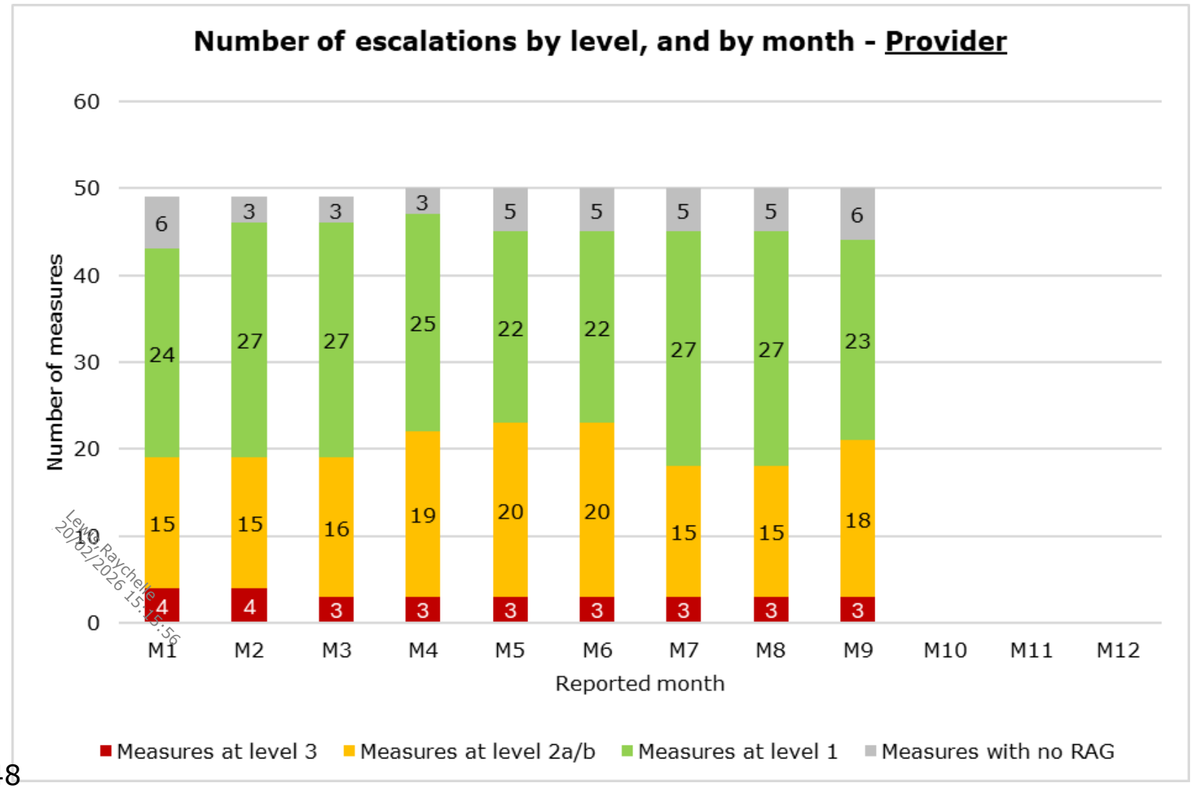
- The median target for Purple Arrest (Cardiac or respiratory arrest) was not achieved for Powys patients. In December performance ranked 7th in Wales with compliance of 8 minutes and 49 seconds. This is significantly higher than All Wales performance which reported 7 minutes and 34 seconds.
- The median emergency response time for the red target for Powys patients was the worst reported performance of all health boards in December with a median time of 11 minutes and 17 seconds. This is significantly higher than All Wales performance which reported 9 minutes and 19 seconds.
- Median wait times for Powys residents who attend an emergency department was reported at 17 minutes average (across Welsh units only) to be triaged by a clinician and the wait was 54 minutes on average to assessment by a senior clinical decision maker in December.
- No commissioned service met the required national 4hr or 12hr targets in November for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Visual summary of performance at month 9 (December 2025)

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

Compliance against NHS Performance Framework 2025/26 measures at month 9 by quadruple aim area.





- For Powys Teaching Health Board currently *50 quantitative measures are reportable of the *54 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.
- From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). This has increased reportable measures to 50 with the red median directly replacing the now retired 8-minute response (no measure numbers have yet been allocated by Welsh Government).
- Median emergency response time to Orange calls replaces Median emergency response time to amber calls from December 2025. It should be noted that this measure in Month 9 is not RAG rated against its target of 12-month reduction trend due to a lack of data points.

Level 3 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Nov-25 | Target: 90% | Actual: 7.3% | SPC icon	This measure remains in escalation due to poor target compliance. Although target compliance is very poor nationally this still triggers level 3 escalation internally following the Integrated Quality and Performance Framework rules with extra checks and engagement being carried out between the health board and Public Health Wales screening.	• Key challenge feedback following Public Health Wales assurance visit includes; • Single handed consultant service impacting waiting times for screening. • Ongoing insource requirement to support delivery which is further challenged by procurement processes. • Histology challenges with CTMUHB were flagged in June 2025 around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable. • Patient choice including appointment deferral resulting in 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.	• Appointment of new band 7 screening practitioner with CTMUHB from May 2025. • Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team. • In-source capacity utilised for both screening and symptomatic service. • Continue with regional planning discussions around endoscopy which in turn supports bowel screening. • Work ongoing with regional partners around the provision of sustainable services going forward. • Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement. • Action underway to improve PTHB local reporting for cross reference against BSW performance report. • PTHB/BSW next meeting 25/2/2026. • Head of Performance has requested from PHW additional clarity on methodology for booking SSP appointment and implication of patient deferral.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Dec-25 | Target: 0 | Actual: 29 | SPC icon	This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. • All health care providers in Wales are utilising insource to help negate increased demand challenges. • Heart Rhythm diagnostics has fixed monthly capacity both clinical and devices, when demand exceeds this breaches will occur. • NOUS - Fragility of service due to unplanned sickness • NOUS - Speciality consultant session for Ystradgynlais to be reviewed.	• Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity. • Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment). • Demand and Capacity workstream to assess system efficiency and implement improvements. • Continuous monitoring of waiting list. • Explore repatriation opportunities to increase scale of service • Implementation of new booking process through the Therapies Hub.

32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%**
	Period: Dec-25 | Target: < same month pre. year | Actual: 1062 | SPC icon
		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.	• Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
			• Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
			• Underperformance across in reach SLAs with associated impact on capacity.
			• Increased number of over 100% delays reported requiring further investigation.
			• De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26.
			• De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review.
			• Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.
				• Review of all non consultant led specialties including subspecialties data warehouse lookups to start Q4 2025/26.
				• Proactive action on validation with services has confirmed;
				  ◦ Significantly improved pathway management and validation for consultant led specialties.
				  ◦ Limited issues reported linked to system challenges (under assessment).
				  ◦ But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.
				• Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
				• Networks to move clinical practice in terms of SOS/PIFU.
				• Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions

4	**Percentage of children who are up to date with the scheduled vaccinations by age 5**								Measure not meeting target	• Reported queue numbers have increased following the introduction of the quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine on 1st January 2026, as those with previously declined consent for MMR were automatically included in the offer for the new MMRV vaccine.	• Enhanced COVER surveillance continues which includes:
											  ○ Data cleansing.
											  ○ Enhanced monitoring of practice queues lists.
											  ○ Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).
											• Primary Care Standard Operating Procedure developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.

	Period	Q2 2025/26	Target	95%	Actual	87.6%	SPC icon	N/A			
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15**								Measure not meeting target	• Obtaining signed parental consent forms can be challenging. • There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPrIS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.	• Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools. • Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate. • HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice. • 2025/26 programme has ended and will recommence in Q1 2026/27.
	Period	Q2 2025/26	Target	90%	Actual	78.9%	SPC icon	N/A			
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over**								Measure not meeting target	• Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. • There has been a change to a central procurement model for flu vaccines in September 2025. • The introduction of Welsh Immunisation System (WIS) as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies. • Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.	• Flu Vaccination Programme for over 65s started on 1st of October 2025. • Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys. • Opportunistic vaccination of eligible population through vaccination centres. • Public Health Wales led communication campaign, supported by local communications through health board channels, amplified through local networks. • The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service. • Continued monitoring of uptake data to direct additional action. • The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies
	Period	Dec-25	Target	75%	Actual	64.1%	SPC icon	N/A			
7	**Percentage uptake of the COVID-19 vaccination for those eligible**								Measure not meeting target.	• Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. • Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited. • Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination. • Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme, with ongoing challenges as we head into winter, mitigated by bank staff support. • Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.	• Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. • The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. • Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible. • Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. • Data currently being collected by the Vaccination Service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future. • Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 9 clinic locations across PTHB.
	Period	Dec-25	Target	75%	Actual	58.5%	SPC icon	N/A			

Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
10	**Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17** Period: Dec-25 | Target: 95% | Actual: 94.1% | SPC icon		• Low number volatility challenge e.g., 1 patient impacts compliance. • This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance. • The data is for babies that live in Powys but might have care elsewhere e.g. special care in an external hospital, whereby we have no control over the test timings. With relatively small numbers of birth the percentage figures fluctuate more noticeably.	• Addressing the slight reduction in performance with training from ASW specialist Midwife. Considering it only takes one patient to drop the % drastically. • Continue to utilise the courier service to enhance timely collection and deliveries to laboratory. • Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency. • Collection days have been amended to improve transport to the laboratory
NA	**Median target for purple arrest: Cardiac or respiratory arrest** Period: Dec-25 | Target: 6-8 minutes median response time | Actual: 00:08:49 | SPC icon: N/A	Measure not meeting target	• WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.	• Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services. • WAST/PTHB meeting 2/2 (Exec level): new integrated clinical services model to ensure addressing life-threatening illness or injury; urgent healthcare need; non-urgent health query; and health related transport need. New features of model include online digital advice, rapid clinical screening, remote integrated care, urgent community response, planned care and health transport.
NA	**Median emergency ambulance response times to red (emergency category calls)** Period: Dec-25 | Target: 6-8 minutes median response time | Actual: 00:11:17 | SPC icon: N/A	Measure not meeting target		
28	**Number of therapy breaches 14+ weeks (all ages)** Period: Dec-25 | Target: 0 | Actual: 12 | SPC icon	Measure not meeting target.	• Physiotherapy – musculoskeletal (MSK) capacity challenges due to unplanned sickness. • Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service). • Podiatry capacity challenge due to staff vacancies.	• Physiotherapy – MSK, agency to support capacity. • OT Hand Therapy – Second service therapist currently advertised, on track for recovery end of January 2026. • Podiatry – agency to support the service, vacancies currently advertised.
29	**Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)** Period: Dec-25 | Target: Month on Month reduction | Actual: 84 | SPC icon: N/A	Measure not meeting target.	• Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.	• All clinical posts advertised. • Bank and agency staff in place supporting waiting list. • Liaising with Swansea Bay UHB regards professional support for the service – start date end of February 2026 • Head of Physiotherapy currently operationally managing the service. • Expected improved performance from December 2025, working through backlog with recovery expected by April 2026.
30	**Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)** Period: Dec-25 | Target: Month on Month reduction | Actual: 3 | SPC icon: N/A	Measure not meeting target.		

Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Dec-25 | Target: 80% | Actual: 23.1% | SPC icon	Measure is not meeting target. • Data quality has been downgraded to average in month 9 following spot checks on the Welsh Patient Administration System by the Performance team.	• Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access. This approach has been agreed as a Start Well priority for consideration within the 2026/2027 funding cycle. • Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. This target was not achieved in month 9 due to staff sickness, resulting in 7 children exceeding the 104-week threshold. An improved performance position is anticipated in month 10 as staffing capacity stabilises and further validation processes have been introduced.	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel. • KPI's to ensure quality service is in place. • Robust scheduling, with the utilisation of joint appointments. • Commencements of improved clinic scheduling. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times. • Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer. • Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education and new families identified.
36	Percentage of sickness absence rate of staff Period: Dec-25 | Target: 80% | Actual: 5.41% | SPC icon	Measure is not meeting target.	• Rolling sickness absence seen a steady improvement since September 2024. • Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems. Rolling sickness absence rates remain the highest in the following staffing groups: • Additional Clinical Services – 6.40% • Nursing & Midwifery – 6.31% • Estates & Ancillary – 6.40%	• The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary. • All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy. • The managers training programme covers the managing attendance at work policy and manager responsibilities in detail. • The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates and is an ongoing programme of work. • P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation and between April and November 25 has seen 123 new participants in the MAC offer.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Dec-25 | Target: 85% | Actual: 80.2% | SPC icon	Measure is not meeting target.	• Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, compliance has been below the 24-month average over the last 3 months. Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.	• The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. • Communications have been issued across the organisation with tangible targets and offers of support to help drive forward compliance rates. • The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. • Targeted work will continue in directorates with lower compliance.

Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
42	**Number of Pathways of Care delayed discharges** Period: Dec-25 | Target: 12-month reduction trend | Actual: 55 | SPC icon	Measure not meeting target.	• Some apparent impacts from out of county surge in discharge. • Evidence of higher dependency in recent inpatient admissions. • Seasonal inpatient care setting fluctuations adding pressures. • High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging. • Complex patients including court of protection.	• Our Average Days Delayed has reduced by 4 days. • Our Average Length of Stay has reduced by 9 days. • Awaiting Social Worker Allocation delays have reduced significantly. • Weekly Multi Disciplinary Team deep dive into longest lengths of stay. • Reducing ambulance conveyance to Emergency Departments (ED) including delivering a seven-day single point of access and a seven-day community-based falls response. • Testing Therapy turnaround at front-door in two ED's. • Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway. • Staff engagement in OHFF Champion training and national project. • Revised board round process in development, aligned with OHFF training approach.
43	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults under 18's** Period: Dec-25 | Target: 90% | Actual: 86.7% | SPC icon	Measure not meeting target.	• North CAMHS capacity challenge as result of vacancy and long-term sickness absence.	• The two remaining team members and Team Lead had been allocated the long-term practitioner sickness caseloads and prioritised visits and Wales Applied Risk Research Network (WARRN) in November with concentration on CTP reviews in December. • The service plans to be compliant against target following prioritised visits from January 2026. • From February Practitioner returned from long term sick. • Interviews for the vacancy scheduled for February 2026.
44	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over** Period: Dec-25 | Target: 90% | Actual: 82.7% | SPC icon	Measure not meeting target.	• Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty and initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access. • Competing priorities and complexity of patients presenting at present has put additional pressure on teams. • Agency usage in the Community remains high with local delivery challenges for CTP recording as a result. • Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve.	• Continue to advertise vacant positions and there has been some success in removal of long-standing agency arrangements in some teams. • An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency. • The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning. PTHB MH&LD Division is now a 'demonstrator project' for this roll out, furthering open access approach and considering stepped care / OAAT (one at a time). As part of the proposed positive outcomes, it is anticipated that people using services will have increased recovery opportunities and confidence that they do not need to remain with MH Services for significant amounts of time but will be able to easily step in and out of services as and when needed. This in turn will increase staff capacity to review and comply with CTP target.
45	**Number of service user feedback experience responses completed and recorded on CIVICA** Period: Dec-25 | Target: Month on Month improvement | Actual: 518 | SPC icon	Measure not meeting target.		
53	**Number of patient safety incidents that remain open 90 days or more** Period: Dec-25 | Target: 12-month reduction trend | Actual: 20 | SPC icon	Measure not meeting target. National reporting methodology has changed when compared to the Month 8 IQPR.		

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q3 2025/26	4 Quarter improvement trend	78.7%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Nov-25	90%	97.3%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Dec-25	Improvement compared to the same month in the previous year	49.1%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Dec-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	57.0%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-25	Increase compared to the same month in the previous year	749	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Dec-25	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Dec-25	80%	91.2%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 and over	Dec-25	80%	80.5%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 and over	Dec-25	80%	96.5%	
21	Median time from arrival at an emergency department to triage by a clinician	Dec-25	15 minutes or less	5	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Dec-25	60 minute or less	6	N/A
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Dec-25	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Dec-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
27	Percentage of children <18 waiting 14 weeks or less for a specified AHP	Dec-25	100%	100%	

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
31	Number of patients waiting >52 weeks for a new outpatient appointment	Dec-25	0	0	
33	Number of patients waiting more than 104 weeks for referral to treatment	Dec-25	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Dec-25	80%	84.3%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Nov-25	Rolling 12-month reduction against a baseline of 2024/25	9.09%	
38	Agency spend as a percentage of the total pay bill	Dec-25	12-month reduction	5.3%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-25	Maintain the 95% target or demonstrate a 12-month improvement trend	99.7%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Nov-25	90%	100%	
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	Dec-25	12-month improvement trend towards national target of 95%	82.4%	

Non-RAG rated measures

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

1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q2 2025/26	5% cumulative annual target	4.48%	N/A
2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q2 2025/26	40% Annual Target	13.93%	N/A
N/A	Median emergency response time to Orange Now calls	Dec-25	12-month reduction trend	00:53:00	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Dec-25	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Dec-25		1.98	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Dec-25		20.73	

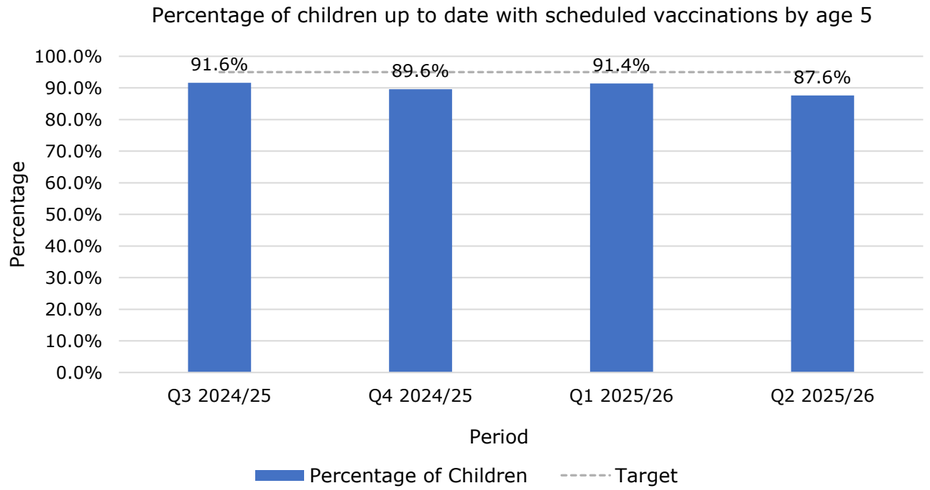
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 4**

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

Executive lead	Executive Director of Public Health	Lead Officer	Head of Service: Public Health Programmes & Services

Latest available	Q2 2025/26	Status of measure	Level 2a
Reported performance	87.6%	Benchmark position (Wales)	5th (88.0%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2025/26		



What the data tells us

- Reported uptake performance for Powys in Q2 (87.6%) remains below target (95%).
- Powys ranks 5th in Wales for scheduled vaccinations by age 5, the All-Wales average is 88%.

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Challenges

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

Actions & Mitigations

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

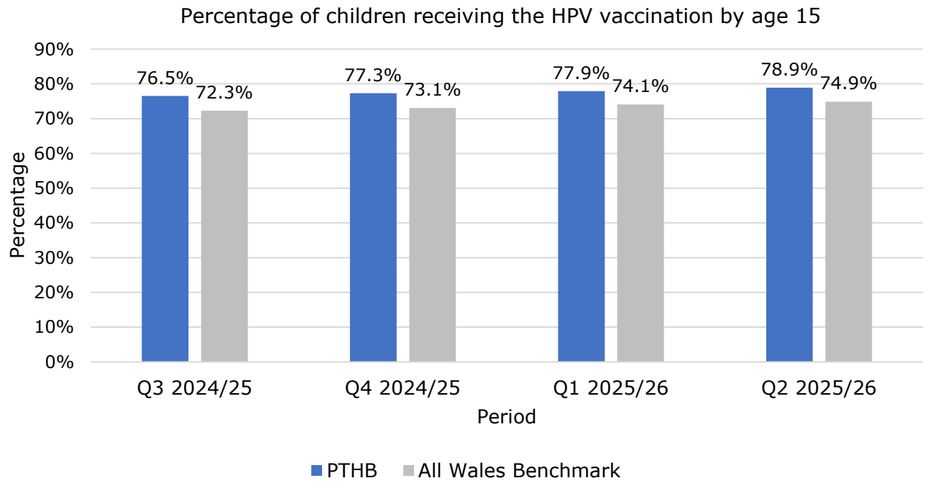
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 5**

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

Executive lead	Executive Director of Public Health	Lead Officer	Assistant Head of Public Health Nursing

Latest available	Q2 2025/26	Status of measure	Level 2a
Reported performance	78.9%	Benchmark position (Wales)	3rd (74.9%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q2 2025/26 reporting 78.9% compared to 77.9% in Q1 2025/26

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Challenges

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

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
- E-consent has been rolled out in Powys in 2025 with the aim of increasing the return rate of consent. Further evaluation of this approach to be undertaken.
- Work being undertaken by the School Nursing service and Child Health in relation to data cleansing to improve accuracy of data and uptake rates.
- Letters were sent in August 2025 to parents of children in school years 8-13 with a missing HPV, DTP, MenACWY or MMR record on CYPrIS inviting parents to contact PTHB with updated records or to attend drop-in vaccination clinics. Over 80 queries were made to the Immunisation Coordinator to either update records, make enquiries or to provide updated personal information.
- Drop-in clinics for young people who have missed their vaccination, were undertaken by the Vaccination Cetnre during August 2025 with over 100 vaccinations administered.
- Data cleansing and vaccination administration increased current HPV uptake by 5% (figures unverified)
- 2025/26 programme has ended and will recommence in Q1 2026/27.

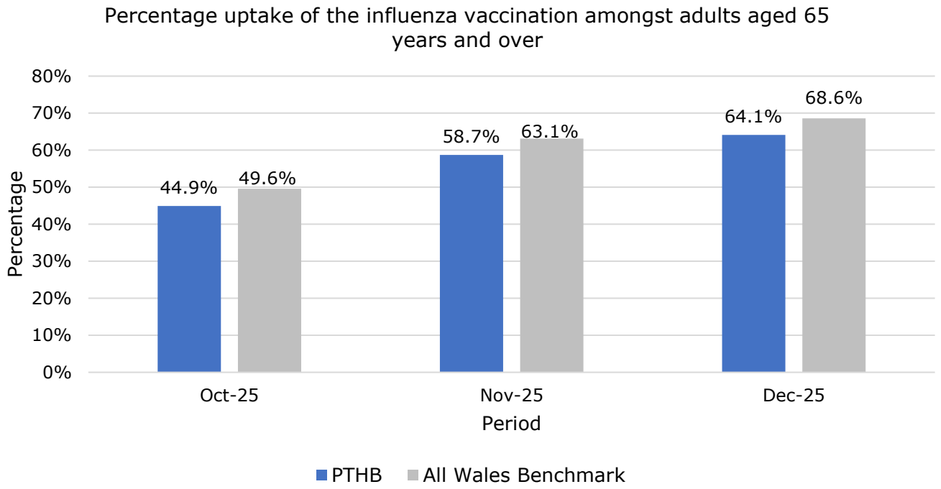
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 6**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	64.1%	Benchmark position (Wales)	7th (68.6%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- Autumn/Winter 2025/26 vaccinations commenced 1st October
- The vaccination levels are lower than Dec 24 (66.9%) yet remain below the All-Wales average and target of 75%.

Challenges

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

Actions & Mitigations

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

Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

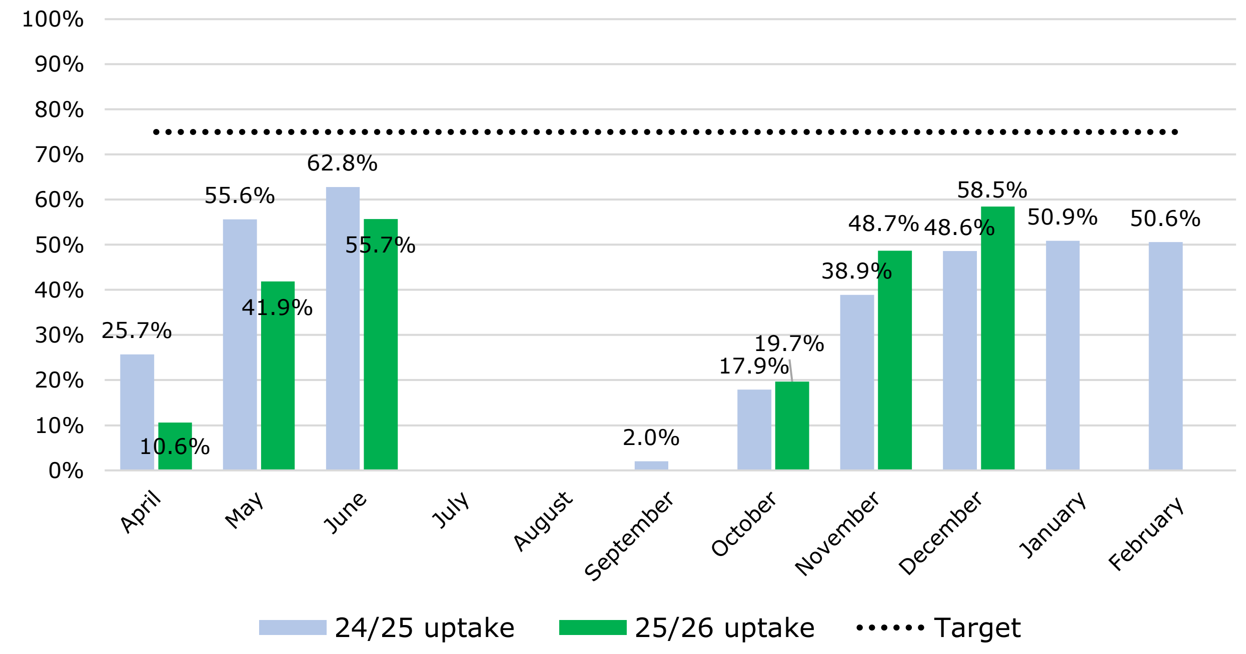
Access & Activity — **NHS Performance Measure – 7**

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

Executive lead	Executive Director of Public Health	Lead Officer	Head of Service: Public Health Programmes & Services

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	58.5%	Benchmark position (Wales)	2nd (56.1%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

- To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period.
- The Autumn/Winter 2025/26 programme started 1st October 2025 (Month 7)
- Uptake in 2025/26 remains above monthly uptake in 2024/25 (vaccination did not start until Oct-25 in 2025/26). Currently Powys ranks 2nd against the All-Wales position of 56.1%.

Challenges

- Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels.
- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment.
- Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited.
- Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination.
- Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme, with ongoing challenges as we head into winter, mitigated by bank staff support.
- Data Quality issues identified with WIS where patients are being recorded as Powys resident patients but are currently living in England with no accurate address update on the system.

Actions & Mitigations

- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes.
- The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for.
- Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Data currently being collected by the Vaccination Service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.
- Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 9 clinic locations across PTHB.

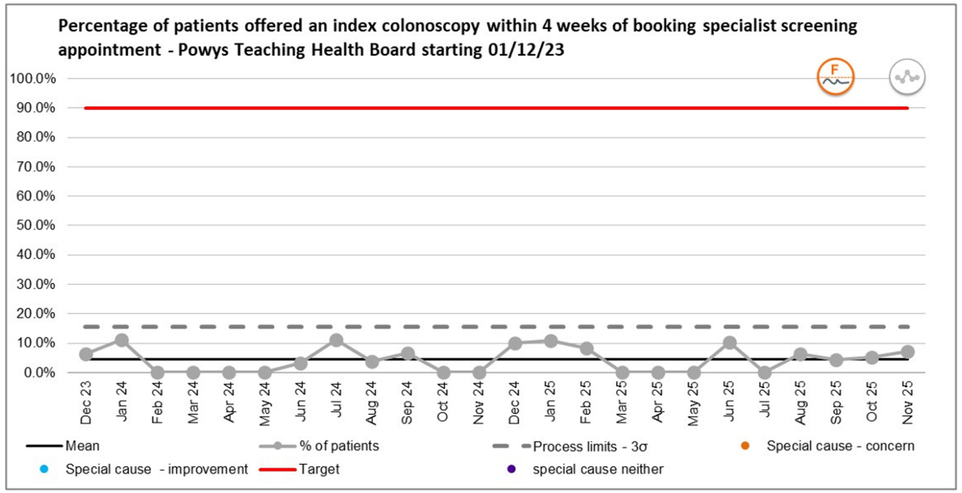
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 8**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director Community Services

Latest available	Nov-25	Status of measure	Level 3
Reported performance	7.3%	Benchmark position (Wales)	6th (22.5%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 7.3% in November 2025, All Wales performance is also challenged against this measure reporting 22.5% compliance for the same period.
- At the end of January (30/01/26) Bowel Screening Wales reported PTHB waiting times at:
  - 4 days for SP assessment.
  - 6 weeks and 6 days for the waiting time colonoscopy with holding list.
  - 7 weeks 3 days total waiting time.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality however was updated to average quality following positive checks on provided metric information.

Challenges

- Key challenge feedback following Public Health Wales assurance visit includes;
  - Single handed consultant service impacting waiting times for screening.
  - Ongoing insource requirement to support delivery which is further challenged by procurement processes.
- Histology challenges with CTMUHB were flagged in June 2025 around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable.
- Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays.
- Patient choice including appointment deferral resulting in 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.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH's.

Actions & Mitigations

- Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.
- Action underway to improve PTHB local reporting for cross reference against BSW performance report.
- PTHB/BSW next meeting 25/2/2026.
- Head of Performance has requested from PHW additional clarity on methodology for booking SSP appointment and implication of patient deferral.

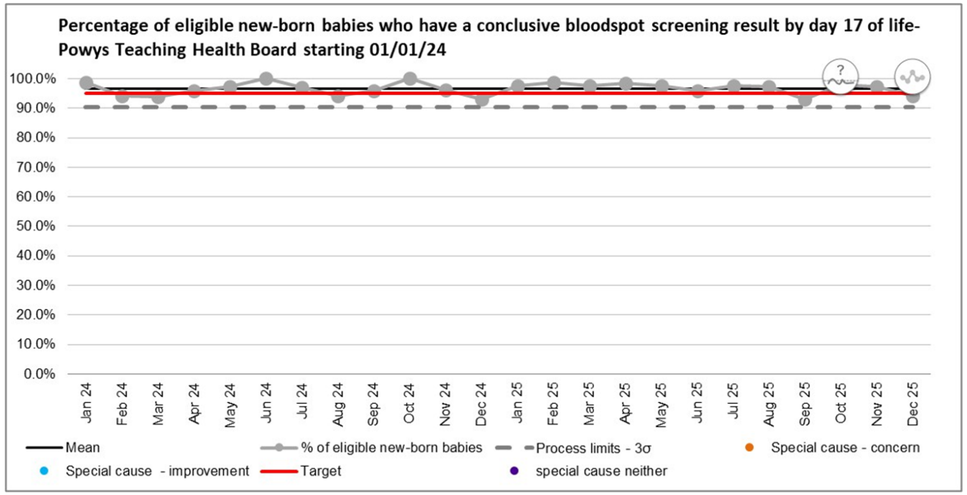
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 10** | **Frequency - Monthly**

Screening - Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Director for Midwifery, Women and Family Health

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	94.1%	Benchmark position (Wales)	6th (96.4%)
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		



What the data tells us

- Powys Performance reported 94.1% in December against the national target of 95%. The health board ranks 6th in Wales against an All-Wales position of 96.4% in December 2025

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Challenges

- Low number volatility challenge e.g., 1 patient impacted compliance.
- This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.
- The data is for babies that live in Powys but might have care elsewhere e.g. special care in an external hospital, whereby we have no control over the test timings. With relatively small numbers of birth the percentage figures fluctuate more noticeably.

Actions & Mitigations

- Addressing the slight reduction in performance with training from ASW specialist Midwife. Considering it only takes one patient to drop the % drastically.
- Continue to utilise the courier service to enhance timely collection and deliveries to laboratory.
- Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency.
- Collection days have been amended to improve transport to the laboratory.

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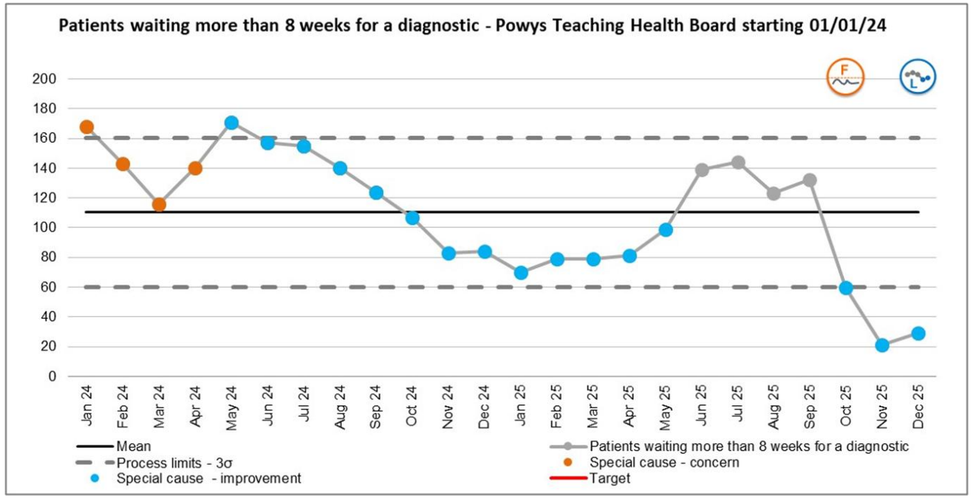
Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Dec-25	Status of measure	Level 3
Reported performance	29	Benchmark position (Wales)	1st (46,803)
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



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

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	62	13	21%
Cardiology	Heart Rhythm Recording	35	9	26%
Diagnostic Endoscopy	Colonoscopy	10	0	0%
Diagnostic Endoscopy	Cystoscopy	1	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	6	0	0%
Diagnostic Endoscopy	Gastroscopy	8	0	0%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	57	0	0%
Radiology – GP Referral	Non-Obstetric Ultrasound	542	7	1%

What the data tells us

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

- The health board has reported 29 breaches in December 2025, 22 breaches are for Cardiology, and 7 breaches are within non-obstetric ultrasound. This remains significantly improved from with performance remaining below the 24-month average and below the SPC lower control limit.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target but will be reviewed during Q4 for de-escalation if recovery trajectories continue to be achieved.
- With Echo Cardiogram breaches remains the same at 13 in December and the service remains ahead of its recovery trajectory for zero breaches by March 2026 although fragility with in-reach places compliance at risk.

Key data quality challenges/changes in 2025/26

1. Heart Rhythm Test Pathways
A review of diagnostic submissions in September found that a small number of heart rhythm test pathways had not been included in previous data submissions. Although these account for only around 2% of total diagnostic pathways, they do include cases that exceeded the 8-week target. These pathways have been managed appropriately in line with national Referral to Treatment (RTT) guidance and best practice but were unintentionally omitted from the data submitted to DHCW and Welsh Government. This issue has been escalated to the Powys Teaching Health Board (PTHB) Executive Team and the Welsh Government's Head of Planned Care. Following agreement, these pathways will be included in the submission from the end of October (Month 7).

2. Non-Obstetric Ultrasound Reporting
As part of the rollout of the Radiology Information System Programme (RISP) in Powys — which modernises the digital systems used in Radiology and strengthens data sharing across borders — there has been an increase in the number of pathways reported. Modernisation work at Llandrindod Wells Hospital, using the Wye Valley NHS Trust digital system, has improved reporting accuracy and completeness. As a result, total reportable pathways have increased, leading to better data quality and more comprehensive reporting for pathways managed by Powys Teaching Health Board.

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Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Cardiology - Challenges	No. of breaches	22

- 13 breaches in Echo Cardiograms and 9 within Heart Rhythm diagnostics.
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.
- Heart Rhythm diagnostics has fixed monthly capacity both clinical and devices, when demand exceeds this breaches will occur.

Cardiology - Actions & Mitigations

- Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment).
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal however delayed with extension to current insource provider until Q4.

Diagnostic Endoscopy - Challenges	No. of breaches	0

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers in Wales are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- CTMUHB currently triage all Endoscopy referrals.
- JAG 5 Year Assurance accreditation preliminary discussion with JAG has advised further time is required to embed the clinical leadership model – advise that the health board apply for JAG accreditation.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.
- Senior Clinical Nurse for endoscopy post will be vacant from February (retirement).

Diagnostic Endoscopy - Actions & Mitigations

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

Non-Obstetric Ultrasound - Challenges	No. of breaches	7

- Fragility of service due to unplanned sickness
- Speciality consultant session for Ystradgynlais to be reviewed

Non-Obstetric Ultrasound - Actions & Mitigations

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

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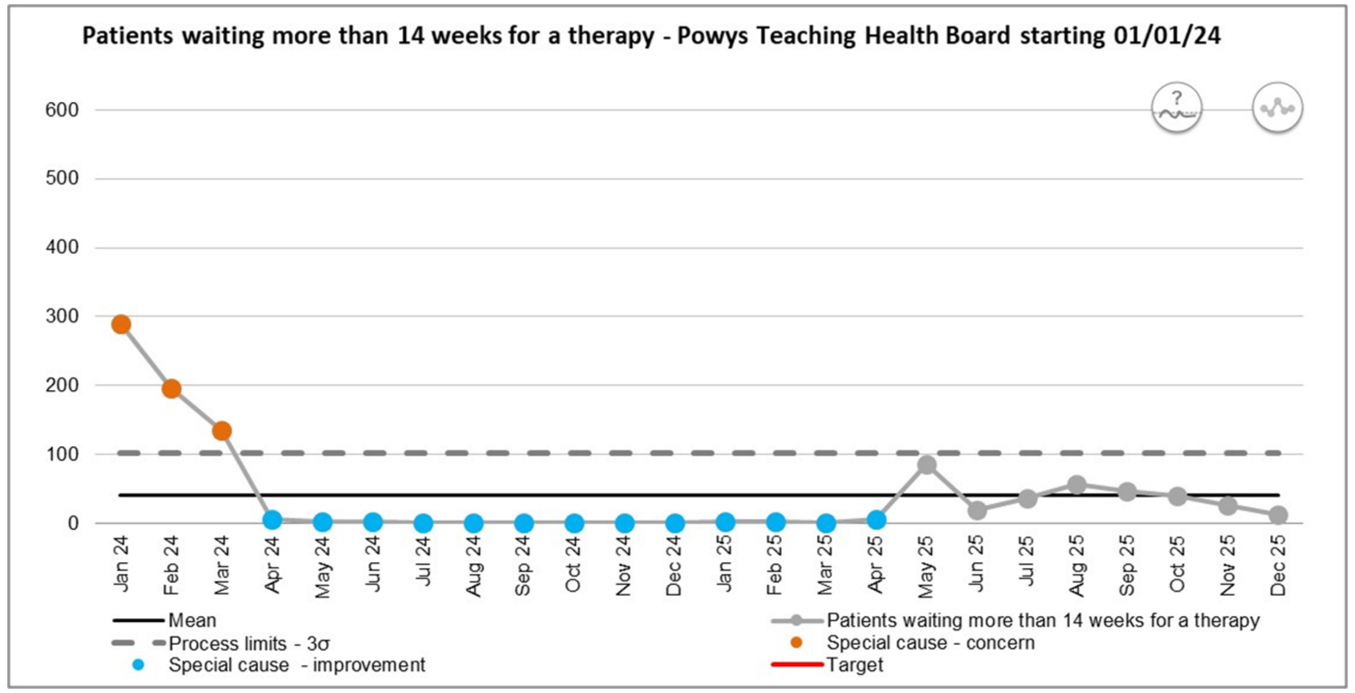
Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	12	Benchmark position (Wales)	3rd (5010)
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	199	0	0%
Dietetics	Paediatrics	55	0	0%
Occupational Therapy	Adults	42	2	5%
Occupational Therapy	Learning Disabilities	3	0	0%
Occupational Therapy	Paediatrics	11	0	0%
Physiotherapy	Adults	2098	3	0%
Physiotherapy	Paediatrics	91	0	0%
Podiatry	Routine	483	7	1%
Podiatry	Urgent	38	0	0%
Speech Language	Adults	50	0	0%
Speech Language	Paediatrics	85	0	0%

Challenges

- Physiotherapy – musculoskeletal (MSK) capacity challenges due to unplanned sickness.
- Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service).
- Podiatry capacity challenge due to staff vacancies.

Actions & Mitigations

- Physiotherapy – MSK, agency to support capacity.
- OT Hand Therapy – Second service therapist currently advertised, on track for recovery end of January 2026.
- Podiatry – agency to support the service, vacancies currently advertised.

What the data tells us

- For 2025/26 Audiology performance is assured via new measures:
  29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)
  30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)
- December 2025 12 pathways breached the 14-week target.
- 24-month SPC assurance is common cause variation

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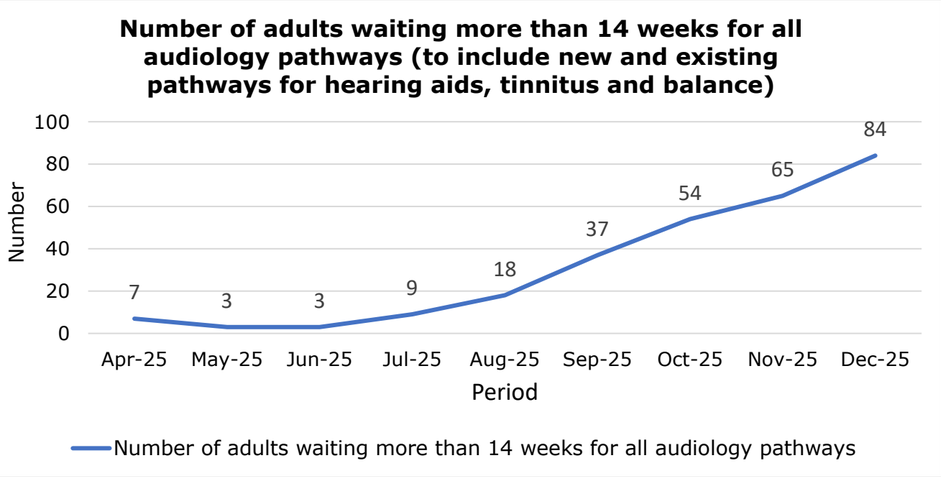
Access & Activity | **NHS Performance Measure – 29** | **Frequency - Monthly**

Planned Care & Cancer – Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	84	Benchmark position (Wales)	3rd (17,481)
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The measure is non-compliant in December against the month-on-month reduction target with 84 adults waiting in December compared to 65 in November 2025.

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Challenges

- Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.

Actions & Mitigations

- All clinical posts advertised.
- Bank and agency staff in place supporting waiting list.
- Liaising with Swansea Bay UHB regards professional support for the service – start date end of February 2026
- Head of Physiotherapy currently operationally managing the service.
- Expected improved performance from December 2025, working through backlog with recovery expected by April 2026.

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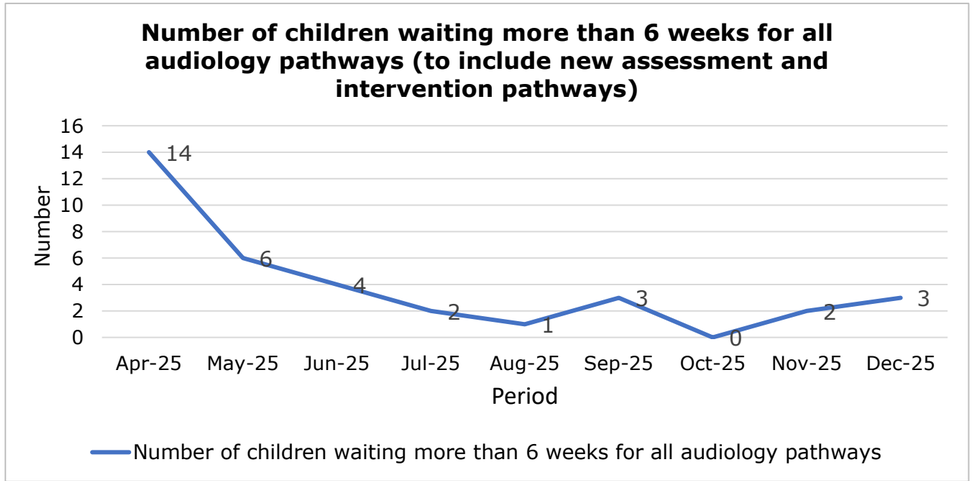
Access & Activity | **NHS Performance Measure – 30** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	3	Benchmark position (Wales)	1st (3936)
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The measure is non-compliant in December against the month-on-month reduction target with 3 patients waiting.
- Very limited breaches because of small fragile service with single practitioner.

*A data challenge was identified in November that the reported values locally were incorrect based on the health boards validation report. This error did not affect the National reported position by Welsh Government who source their Performance report from the DHCW. The table below reflects the corrected position.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Original	9	4	1	1	1	1
Revised	14	6	4	2	1	3

Challenges

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

Actions & Mitigations

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

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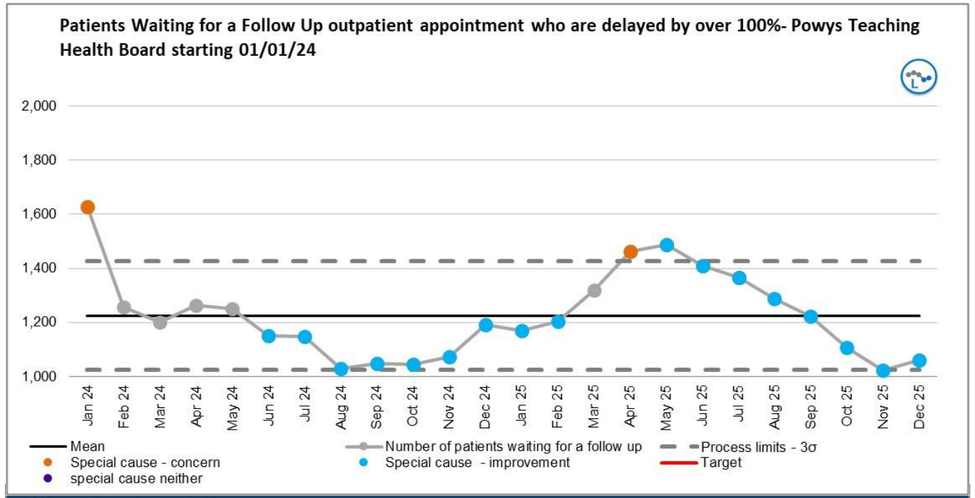
Access & Activity | **NHS Performance Measure – 32** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group/MH/Women & Children

Latest available	Dec-25	Status of measure	Level 3
Reported performance	1062	Benchmark position (Wales)	1st (278,898)
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

- In December 1062 FUP's were reported as overdue by 100% or over this is less than the equivalent period in December 2024 (1227).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

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Challenges

- Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
- Underperformance across in reach SLAs with associated impact on capacity.
- Increased number of over 100% delays reported requiring further investigation.
- De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26.
- De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review.
- Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.

Actions & Mitigations

- PTHB standardised service operating procedure for validation, and submission under development.
- New Power BI report initial version released September 2025, this report will now have a further consultation window with services.
- Review of all non consultant led specialties including subspecialties data warehouse lookups to start Q4 2025/26.
- Proactive action on validation with services has confirmed;
    - Significantly improved pathway management and validation for consultant led specialties.
    - Limited issues reported linked to system challenges (under assessment).
    - But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

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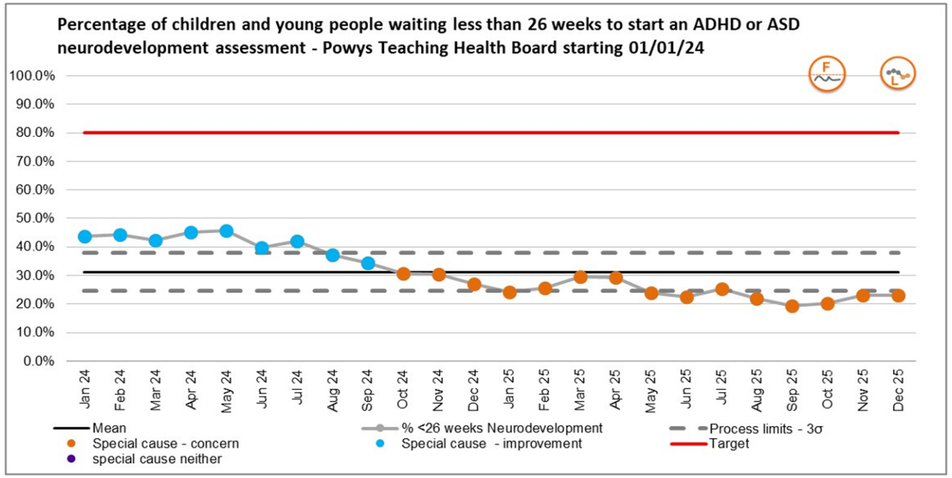
Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Director for Midwifery, Women and Family Health

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	23.1%	Benchmark position (Wales)	4th (20.0%)
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

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

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 905 pathways reported in December's snapshot 23.1% wait less than 26 weeks for their first assessment.

Challenges

•Since April 2022, the Neurodevelopmental (ND) service has been reliant on non-recurrent funding through the Regional Partnership Board (RPB) Revenue Integration Fund (RIF) (2022–2026), alongside Welsh Government Neurodivergence funding (2022–2026). These funding streams have enabled the recruitment of temporary staff to address the rising referral trajectory and the associated waiting list backlog. However, the funding does not fully meet the total staffing costs of the service, and confirmation and formal allocation of the funding into the base budget remains outstanding.

•Referral demand continues to be sustained at a significant level. While local systems and processes have been strengthened to improve the management and triage of referrals, ongoing pressure on the service remains. In response, there is a continued focus on whole-system management of population need, including the development of a proposal for a Powys-wide single point of access. This approach has been agreed as a *Start Well* priority for consideration within the 2026/2027 funding cycle.

•Establishing a sustainable and resilient staffing model remains a key priority, particularly during Quarter 4. The current operational objective is to maintain waiting times below 104 weeks. The service reported 7 children exceeding the 104-week threshold, noting that these patients were all cancellations/Was Not Brought. All have been rebooked.

•Data quality has been downgraded to average in month 9 following spot checks on the Welsh Patient Administration System by the Performance team.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. Open pathways being managed ongoing via ND Multi Disciplinary Team (MDT) panel.
- KPI's to ensure quality service is in place.
- Robust scheduling, with the utilisation of joint appointments.
- Commencements of improved clinic scheduling.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Year 2 commissioned jointly with education and new families identified.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of system generated letters in operation as well ass automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS).
- New referral form in progress and due to be published for use from December 2025.
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- MDT panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- Some temporary funding pots will cease in March 2026, and a Business Case has been developed to support the exit points of temporary funding for the required Neurodevelopmental Team.
- Performance team to carry out further waiting list validation in Q4 2025/26 following check and correct process in Month 10.
- Service to update conditions for sustainability assessment for presentation to Escalation Oversight Group, PEQs and Executive Committee.

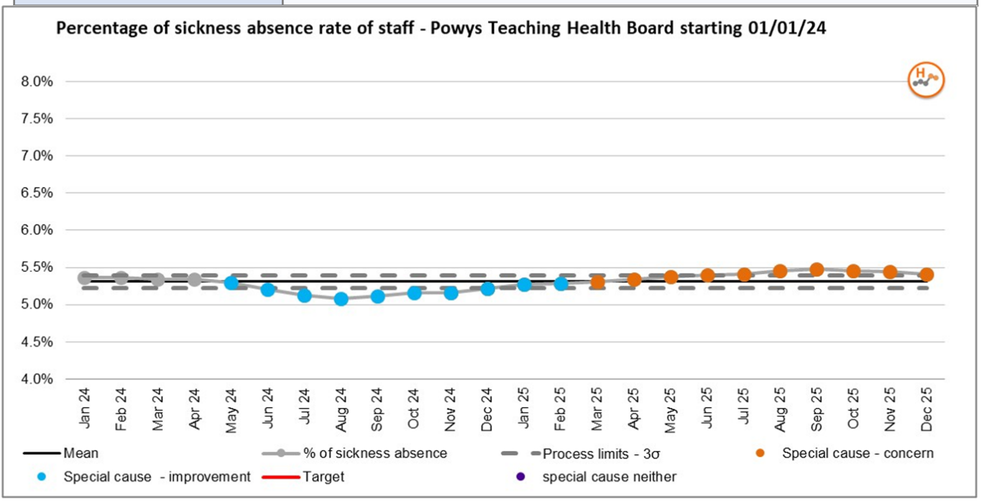
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce | **NHS Performance Measure – 36** | **Frequency - Monthly**

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	5.41%	Benchmark position (Wales)	6th (6.32%) (Nov-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.41% for December 2025
- The organisation benchmarks 6th and the All-Wales performance position is 6.32% for November 2025
- Special cause concern.

Challenges

- Rolling sickness absence seen a steady improvement since September 2024.
- Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems.

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

- Additional Clinical Services – 6.40%
- Nursing & Midwifery – 6.31%
- Estates & Ancillary – 6.40%

Actions & Mitigations

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

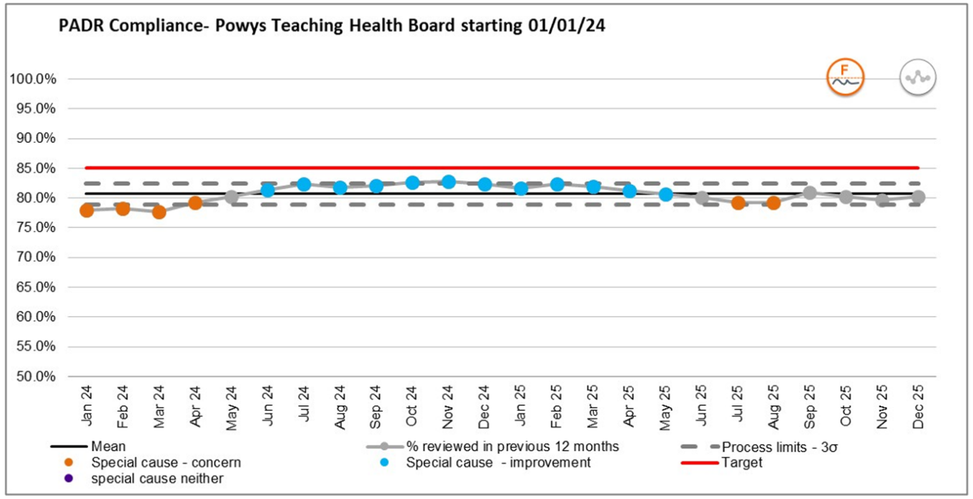
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

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

Executive lead	Executive Director of People and Culture	Lead Officer	Deputy Director of People and Culture

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	80.2%	Benchmark position (Wales)	7th (77.0%) (Nov-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB People and Cultures		
Recover by?			



What the data tells us

- PTHB PADR compliance is reported at 80.2% for December 2025.
- The last benchmark available for Wales in November showed PTHB benchmarking 7th out of 13 organisations with All Wales compliance of 77.0%.

Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, compliance has been below the 24-month average over the last 3 months. Directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- Communications have been issued across the organisation with tangible targets and offers of support to help drive forward compliance rates.
- The P&C BP team discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work will continue in directorates with lower compliance.

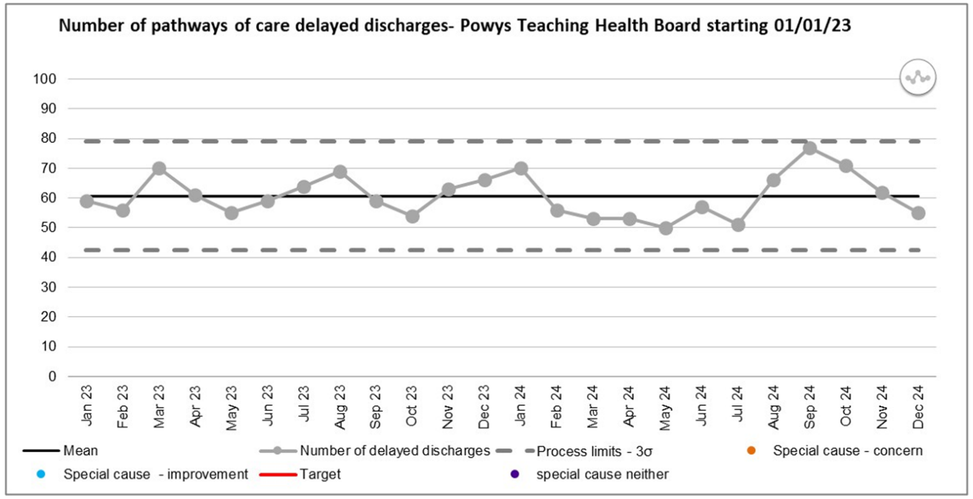
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 42** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	55	Benchmark position (Wales)	2nd (1,401)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB is non-compliant at the end of December with 55 delayed discharges.
- Relatively low numbers cause significant challenge for achieving a 12-month reduction target.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.

Challenges

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

Actions & Mitigations

- Our Average Days Delayed has reduced by 4 days.
- Our Average Length of Stay has reduced by 9 days.
- Awaiting Social Worker Allocation delays have reduced significantly.
- Weekly Multi Disciplinary Team deep dive into longest lengths of stay.
- Reducing ambulance conveyance to Emergency Departments (ED) including delivering a seven-day single point of access and a seven-day community-based falls response.
- Testing Therapy turnaround at front-door in two ED's.
- Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway.
- Staff engagement in OHFF Champion training and national project.
- Revised board round process in development, aligned with OHFF training approach.

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

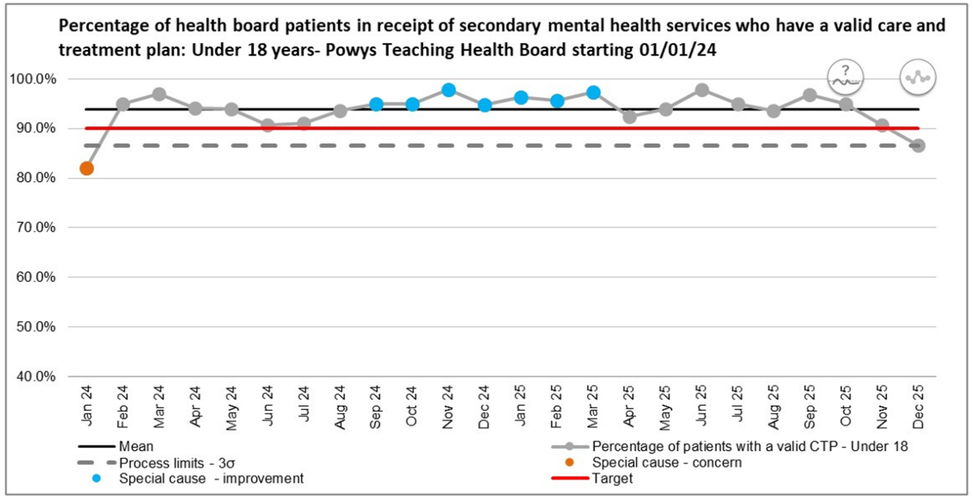
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 43** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Mental Health

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	86.7%	Benchmark position (Wales)	7th (94.4%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- CAMHS CTP compliance in December continue to has measured at 86.7%.
- PTHB benchmarked 7th against an All-Wales position of 94.4% in December.
- Data challenge around retrospective updates in CTP performance.

Lewis.Raychelle 20/02/2026 15:15:56

Challenges

- North CAMHS capacity challenge as result of vacancy and long-term sickness absence.

Actions & Mitigations

- The two remaining team members and Team Lead had been allocated the long-term practitioner sickness caseloads and prioritised visits and Wales Applied Risk Research Network (WARRN) in November with concentration on CTP reviews in December.
- The service plans to be compliant against target following prioritised visits from January 2026.
- From February Practitioner returned from long term sick.
- Interviews for the vacancy scheduled for February 2026.

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

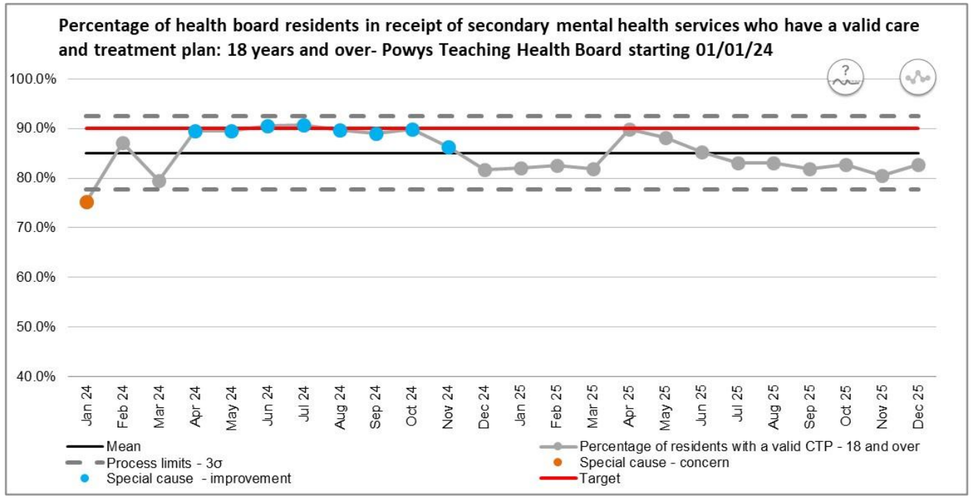
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Mental Health

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	82.7%	Benchmark position (Wales)	6th (82.9%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 82.7% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 82.9% in December.
- Data challenge around retrospective updates in CTP performance.

Challenges

- Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty and initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Competing priorities and complexity of patients presenting at present has put additional pressure on teams.
- Agency usage in the Community remains high with local delivery challenges for CTP recording as a result.
- Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve.

Actions & Mitigations

- Continue to advertise vacant positions and there has been some success in removal of long-standing agency arrangements in some teams.
- An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning. PTHB MH&LD Division is now a 'demonstrator project' for this roll out, furthering open access approach and considering stepped care / OAAT (one at a time). As part of the proposed positive outcomes, it is anticipated that people using services will have increased recovery opportunities and confidence that they do not need to remain with MH Services for significant amounts of time but will be able to easily step in and out of services as and when needed. This in turn will increase staff capacity to review and comply with CTP target.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and recommendations being delivered including comprehensive and wide scale training seeing quality improvement in co-production of care and treatment planning.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
    - Outpatient's Clinics have been revised to accommodate CTP reviews.
    - Compliance data and out of date reviews have been added as standard MDT agenda item.
    - Plans for Agency reduction in Community.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. A part 1 clinic workstream is underway plus review of the Part 1 scheme.
- Targeted work to improve has moved to focus on Older Adult Services.
- intervention and support has shifted to Brecon Team - will significantly increase overall position once interventions complete.
- Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken.
- Roll out of phase two duty SPOA – currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. PTHB is now a 'Demonstrator Area' to design and implement model of Open access, and consideration of stepped care 2.0 and 'One at a Time'.
- The service are working to a target of improvement closer to target by March 2026.

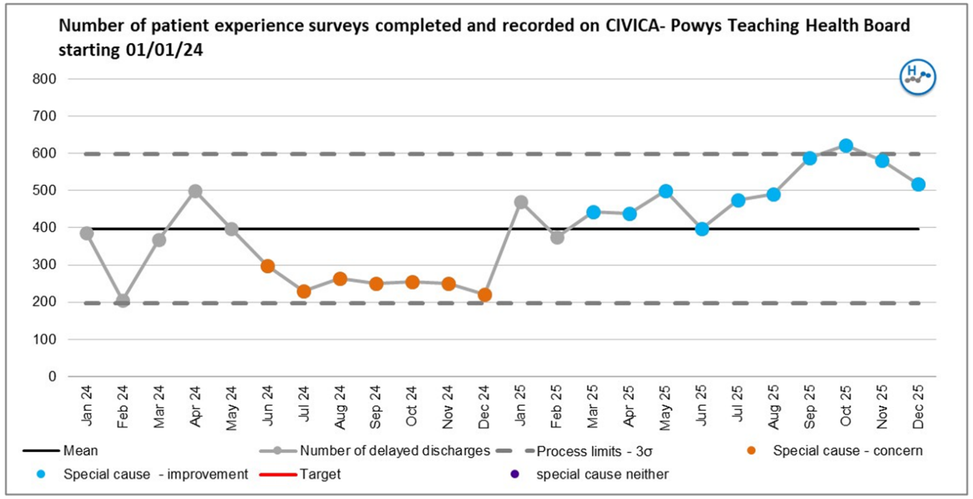
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Assistant Director Quality & Safety

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	518	Benchmark position (Wales)	8th (22,770)
Target	Month on month improvement		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			



What the data tells us

- Reported experience surveys have decreased in December 2025 with 518 surveys completed and recorded on CIVICA compared to 580 in November 2025.
- Patient experience surveys completed and recorded have improved significantly when compared to 2024/25 and report special cause improvement over the 24-month period.

Challenges

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.

Actions & Mitigations

- The People's Experience Framework Stakeholder group has been established.
- Those in receipt of commissioned care receive SMS notification to complete experience questionnaire, the findings are shared with commissioned providers along with reporting against quality reporting in relation to commissioned services.
- The number of staff trained to access Civica and utilise data has increased by 100% over the past quarter – resulting in improved capacity.

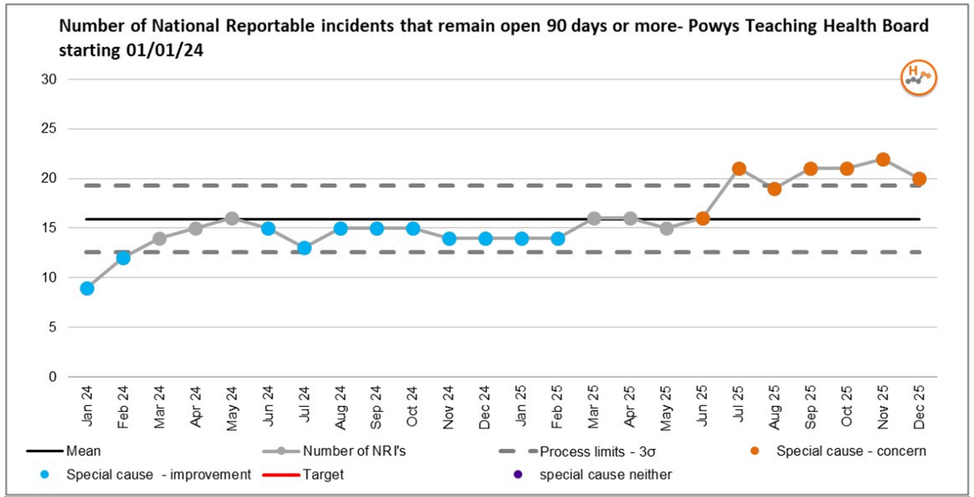
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 53** | **Frequency - Monthly**

Number of National Reportable incidents that remain open 90 days or more

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Lead Officer	Deputy Director of Nursing

Latest available	Dec-25	Status of measure	Level 2a
Reported performance	20	Benchmark position (Wales)	4th (218)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys has 20 nationally reportable incidents (NRI) that remained open over 90 days in December 2025.
- **Data quality currently downgraded to poor for month 9**
- Welsh Government reported data for this measure was revised at Month 9. The revised performance data, made available on 12/02/2026, has significantly changed the reported compliance position of the Health Board.
- The PTHB Quality and Safety Team is currently reviewing the revised dataset and working to reconcile the updated values. Initial concerns relate to the inclusion of NRIs that had previously been closed (2 prior to the new reporting portal rollout) or downgraded within the reported figures.
- This measure and the associated data have been retained within the slide pack for transparency while the reconciliation process is underway.

Challenges

Narrative for challenge unavailable while data reconciliation underway.

Actions & Mitigations

Narrative for actions and mitigations unavailable while data reconciliation underway.

Provider Service Assurance

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

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

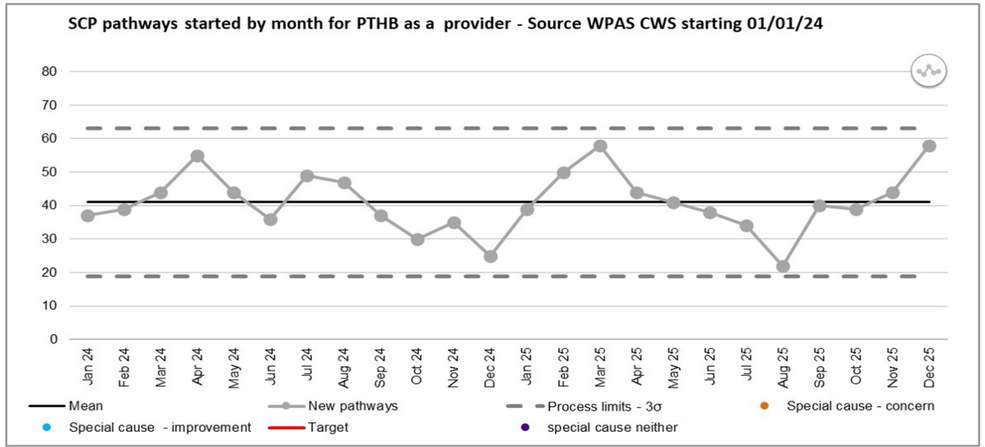
Access & Activity | **Local Measure** | **Frequency - Monthly**

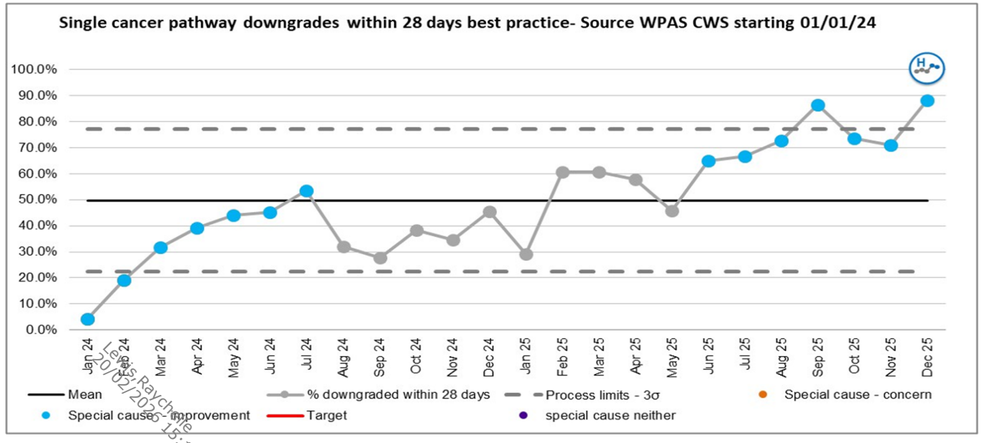
Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Lead Officer	Assistant Director of Community Service Group

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





What the data tells us

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

- Powys has reported 58 new pathways in December 2025 with 45 via primary care referral.
- The health board has reported a positive compliance of 88.2% for downgrades within 28 days of the 17 closed pathways in December.
- PTHB does not achieve the straight to diagnostic test 12-month improvement trend in December although compliance reported 75.0% of 8 pathways. It should be noted that compliance is volatile because of small numbers sent straight to diagnostics in Powys.
- Complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

Key challenges within PTHB align to the national issues:

- Shortages of Endoscopists particularly colorectal.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

Actions & Mitigations

- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Funding secured from National Planned Care Programme for additional dermatoscope for Llandrindod GP practice.

Source National SCP dataset	Target	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12
% of patients who are sent straight to test	12 month improvement trend	45.5%	58.3%	73.3%	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%	33.3%	18.8%	75.0%

Quality Outcomes Framework – Phase 1 measures

Source NHS Performance and Improvement.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Milestone - Launch of 14 QOF measures in Beacon (phase 1) by October for a consolidated view of quality standards. These standards are to be reported monthly to The Board.

Quality Standard	Measure	Latest period	Latest figure		Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Sep-25	213.80		214.52		
Safe	Crude mortality rate (%)	Nov-25	5.61%	▼ -23.2%	7.31%		
Safe	Never Events reported to NHS P&I	Jan-26	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Dec-25	2.78%	▲ 63.9%	1.69%		
Safe	Percentage of discharges on D2RA Pathway 1	Dec-25	41.67%	▲ 2.4%	40.68%		
Safe	Percentage of discharges on D2RA Pathway 2	Dec-25	18.06%	▲ 166.3%	6.78%		
Safe	Percentage of discharges on D2RA Pathway 3	Dec-25	19.44%	▼ -47.9%	37.29%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Dec-25	18.06%	▲ 33.2%	13.56%		
Safe	RAMI (Risk adjusted mortality index) 2023	Nov-25	117.87	▼ -20.5%	148.20		
Safe	Safeguarding Adults - Lv1 training	Nov-25	92.48%	▼ -0.5%	92.98%		
Safe	Violence and Aggression (Wales)	Nov-25	93.92%	▼ -0.1%	94.01%		
Timely	Opthalmology R1 appointments attended within target date* (%)	Dec-25	82.40%	▲ 25.0%	65.93%		Outlier high
Timely	Patients starting first definitive cancer treatment* (%)	Nov-25				Not applicable to PTHB provider.	
Effective	Diabetes patients completing all eight care processes* (%)	Dec-25	49.11%	▼ -0.1%	49.18%		
Efficient	Agency spend for all staff groups as % of total pay bill	Nov-25	5.59%	▼ -11.8%	6.33%		

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

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

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

Commissioned Service Assurance

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

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Access & Activity | **NHS Performance Measures – TBC** | **Frequency – Monthly**

Urgent & Emergency Care –

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

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

Median emergency ambulance response time to purple: arrest category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Dec-25	00:07:34	00:06:26	00:07:40	00:07:55	00:08:13	00:07:55	00:08:49	00:07:49

Median emergency ambulance response time to red: emergency category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Dec-25	00:09:19	00:08:45	00:08:56	00:09:01	00:10:40	00:10:19	00:11:17	00:09:20

What the data tells us

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

Purple Arrest (Cardiac or respiratory arrest) aim to increase return of spontaneous circulation (ROSC) and represents a broader strategy to improve out of hospital cardiac survival rates in Wales. WAST measured by ROSC rate, median and 90th percentile response, time it takes to identify a cardiac arrest, for CPR instructions to begin and for a defibrillator to arrive.
Red Emergency (at high risks of cardiac or respiratory arrest) aim to prevent deterioration into arrest with WAST measured on median and 90th percentile response and outcome measure (Pain, NEWS, Spo2).
Orange (likely to need diagnostics and transport to hospital or specialist care aim for rapid arrival at specialist or emergency care facility as soon as possible. WAST measured on median and 90th percentile response as well as stoke and STEMI care bundle.
Yellow (further clinical assessment to support clinical decision making for discharge at scene and/or alternative pathway and/or transport to treating facility) aim to prevent unnecessary escalation of care. WAST measured by median and 90th percentile response.
Green (high potential for Ambulance Service to manage care episode in its entirety or in collaboration with community service or planned care provider. WAST measured by median and 90th percentile.

Data is sourced from the Welsh Government Performance team.

- The data above contains information on the performance of the respective Welsh health board areas and will contain non-Powys responsible patient response times.
- Core target for both measures is Median response (6-8 minutes) e.g., any median time of 00:08:01 or higher is classed a missed target.
- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), in December performance at 08 minutes and 49 seconds even though it shows a significant improvement from November at 11 minutes 50 seconds (All Wales performance was 7 minutes 4 seconds). The value for December remains higher than all Wales value of 07 minutes and 34 seconds.
- Powys median emergency response time to red reported performance in December worsened to 11 minutes and 17 seconds from November with a median time of 10 minutes and 19 seconds and remains significantly higher than All Wales performance which reported 9 minutes and 19 seconds.

Challenges

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

Actions & Mitigations

- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- WAST/PTHB meeting 2/2 (Exec level): new integrated clinical services model to ensure addressing life-threatening illness or injury; urgent healthcare need; non-urgent health query; and health related transport need. New features of model include online digital advice, rapid clinical screening, remote integrated care, urgent community response, planned care and health transport.
- WAST Falls Desk operates daily from 7am-7pm with focus on providing early advice (nutrition, hydration, movement) and support patients to lift from the floor (where appropriate). 1465 incidents managed Nov – Dec 2025, 1197, patients provided with advice, 226 patients lifted from the floor following remote advice within 2 hours.
- PTHB to continue to work closely with WAST and seek to include qualitative as well as quantitative measures in future reports.
- PTHB continues to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
- Actions taken to reduce ambulance conveyance to ED:
  - PTHB Level 2 falls response and Single Point of Access .

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

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

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

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

Latest available	Dec-25	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

What the data tells us

- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- In Wales, the aggregated median wait time for triage is 17 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 54 minutes. The average has decreased slightly from November but not significantly.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.

Actions & Mitigations

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

Lewis.Raychelle
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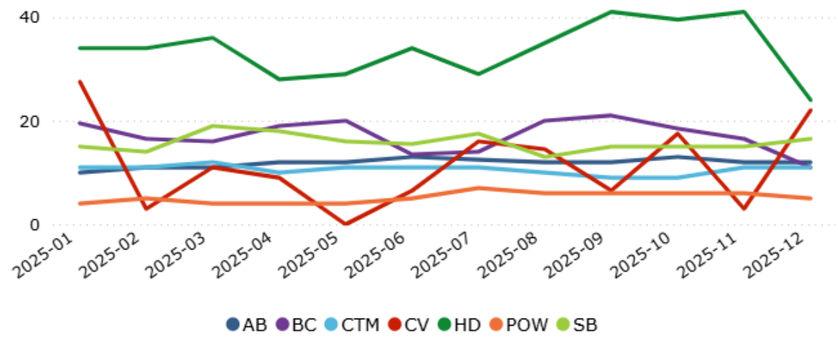
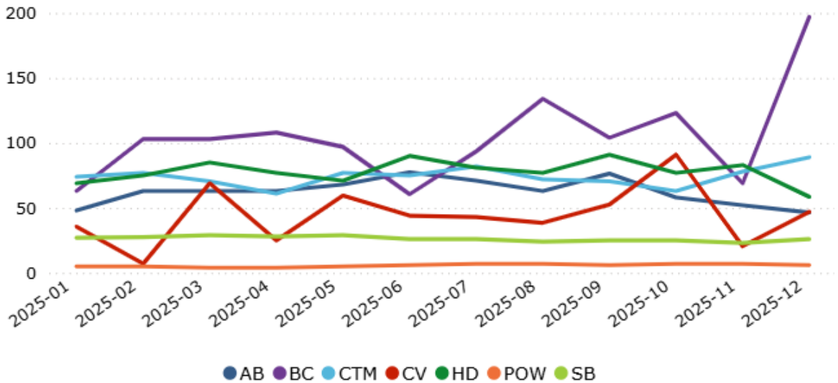
Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



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

Dec-25 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	20	47	148
BCUHB	11	17	197	130
CTMUHB	11	13	89	72
C&VUHB	22	5	47	73
HDUHB	24	25	59	71
SBUHB	17	23	26	23

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

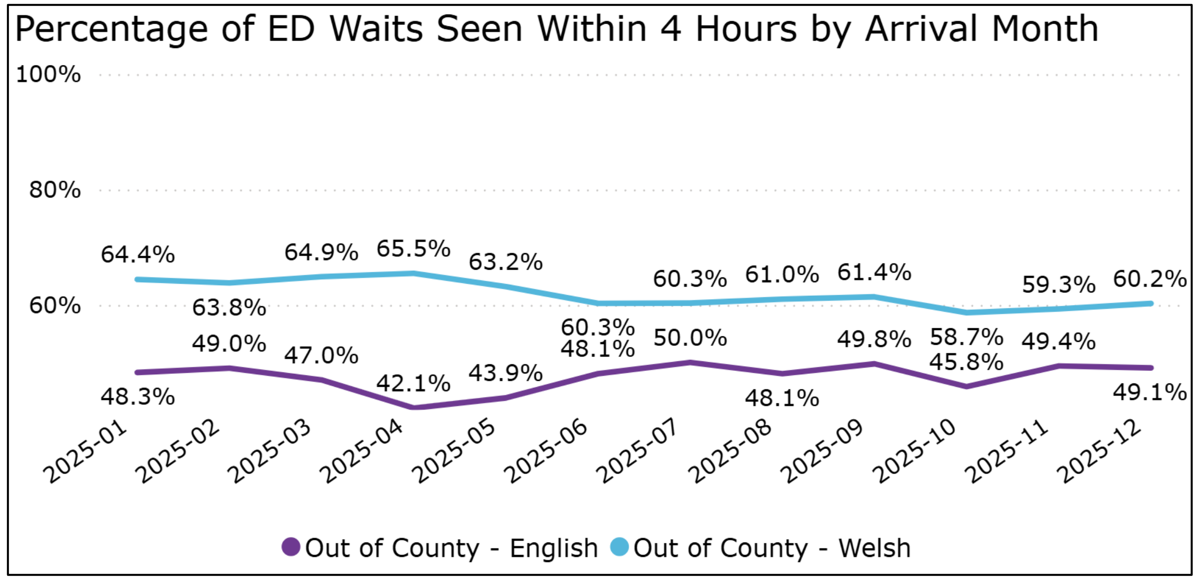
Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

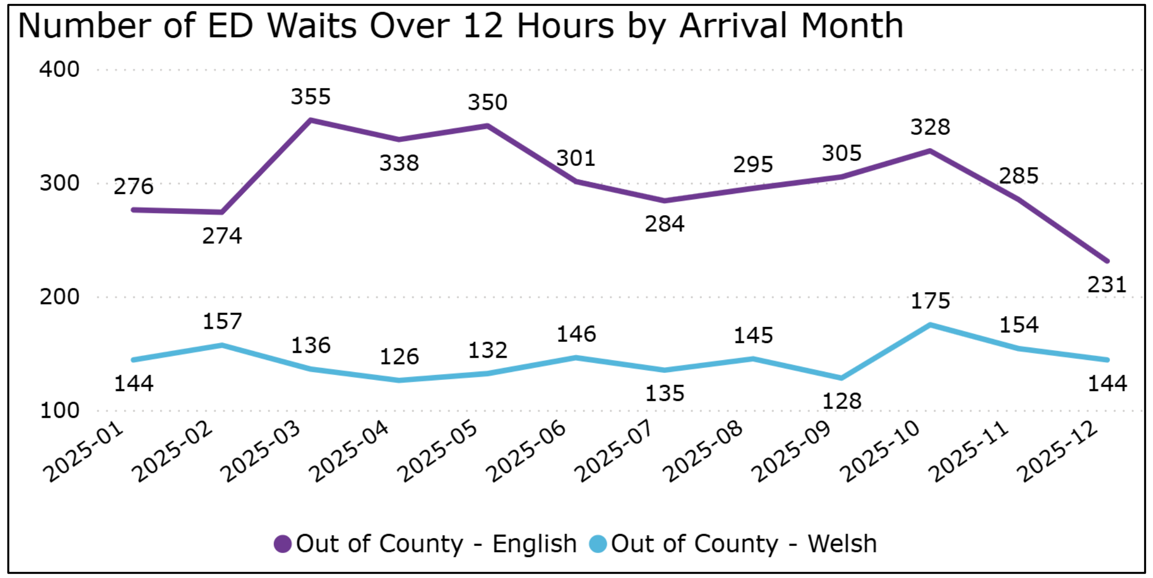
Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

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

Latest available	Dec-25	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		

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





What the data tells us

Welsh Emergency Access (A&E) providers
- Powys residents have seen slightly higher compliance in December improving to 60.2% from 59.3% in November for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs decreases slightly to 144 in December from 154 in November.

English Emergency Access (A&E) providers
- PTHB residents attending English emergency units see the longest wait with poor but stable compliance to the 4-hour target. 49.1% were reported in December as waiting less than 4hrs in their units.
- In December provisional data shows 231 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge.

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

Challenges

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

Actions & Mitigations

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

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Access & Activity | **NHS Performance Measures – 25** | **Frequency - Monthly**

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

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

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

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

HealthBoard	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12
Aneurin Bevan UHB												
Pathways With Treatment	15	15	16	9	16	14	24	14	16	16	16	18
Treated Within 62 Days	11	9	11	5	10	7	19	10	9	6	12	13
Breaching 62 Day Target	4	6	5	4	6	7	5	4	7	10	4	5
% Treated Within Target	73%	60%	69%	56%	63%	50%	79%	71%	56%	38%	75%	72%
Betsi Cadwaladr UHB												
Pathways With Treatment		1		3	2		3	1	4	2	1	7
Treated Within 62 Days				2	1		1				1	2
Breaching 62 Day Target		1		1	1		2	1	4	2		5
% Treated Within Target		0%		67%	50%		33%	0%	0%	0%	100%	29%
Cardiff And Vale UHB												
Pathways With Treatment	1						1			1	1	2
Treated Within 62 Days	1						1			1		2
Breaching 62 Day Target											1	
% Treated Within Target	100%						100%			100%	0%	100%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	4	3	5	3	2	5	7	3	8	2	6	2
Treated Within 62 Days	1	1	1			4	2	1	5	2	3	1
Breaching 62 Day Target	3	2	4	3	2	1	5	2	3		3	1
% Treated Within Target	25%	33%	20%	0%	0%	80%	29%	33%	63%	100%	50%	50%
Hywel Dda UHB												
Pathways With Treatment	9	6	6	10	9	11	10	7	6	8	14	4
Treated Within 62 Days	6	4	3	5	3	6	5	3	2	4	7	1
Breaching 62 Day Target	3	2	3	5	6	5	5	4	4	4	7	3
% Treated Within Target	67%	67%	50%	50%	33%	55%	50%	43%	33%	50%	50%	25%
Swansea Bay UHB												
Pathways With Treatment	11	5	7	7	6	5	6	2	14	6	4	6
Treated Within 62 Days	6	1	5	1	4	3	5	1	10	2	2	4
Breaching 62 Day Target	5	4	2	6	2	2	1	1	4	4	2	2
% Treated Within Target	55%	20%	71%	14%	67%	60%	83%	50%	71%	33%	50%	67%
Pathways With Treatment	**40**	**30**	**34**	**32**	**35**	**35**	**51**	**27**	**48**	**35**	**42**	**39**
Treated Within 62 Days	**25**	**15**	**20**	**13**	**18**	**20**	**33**	**15**	**26**	**15**	**25**	**23**
Breaching 62 Day Target	**15**	**15**	**14**	**19**	**17**	**15**	**18**	**12**	**22**	**20**	**17**	**16**
% Treated Within Target	**63%**	**50%**	**59%**	**41%**	**51%**	**57%**	**65%**	**56%**	**54%**	**43%**	**60%**	**59%**

What the data tells us

- At the end of December, the provisional position reported a total of 242 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 203 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 39 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target with the longest wait reported as 254 days in Hywel Dda UHB for an urology pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with performance falling to 59% in December from 60% in November.
- The number of pathways going straight to test has fallen below the 12-month average (65%) reporting 62%.

- **Data quality for reporting rated average - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour site breaches in December include Urological (9), Breast (3), Lower GI (2), Lung (2), and Gynaecological (1).
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed, Q2 review complete and Q3 review will start from February 2026.
- Open pathway influence remains challenging; the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathway.

Actions & Mitigations

- Breaches of greater than 146 days continue to be monitored with breach reports/pathway reports provided on a quarterly basis and reviewed.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.

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Access & Activity | **NHS Performance Measures – 25** | **Frequency - Monthly**

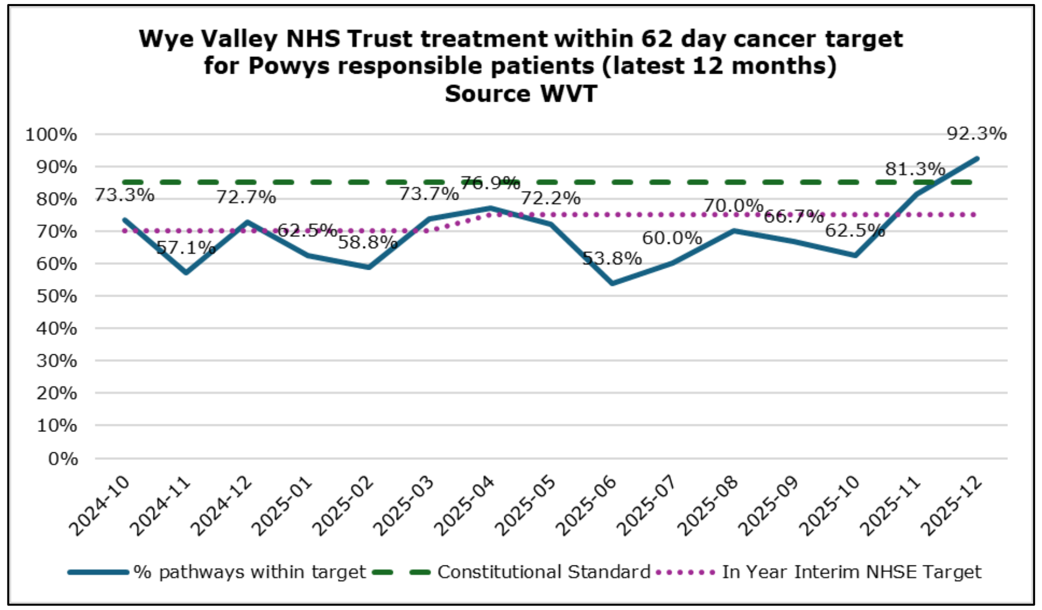
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

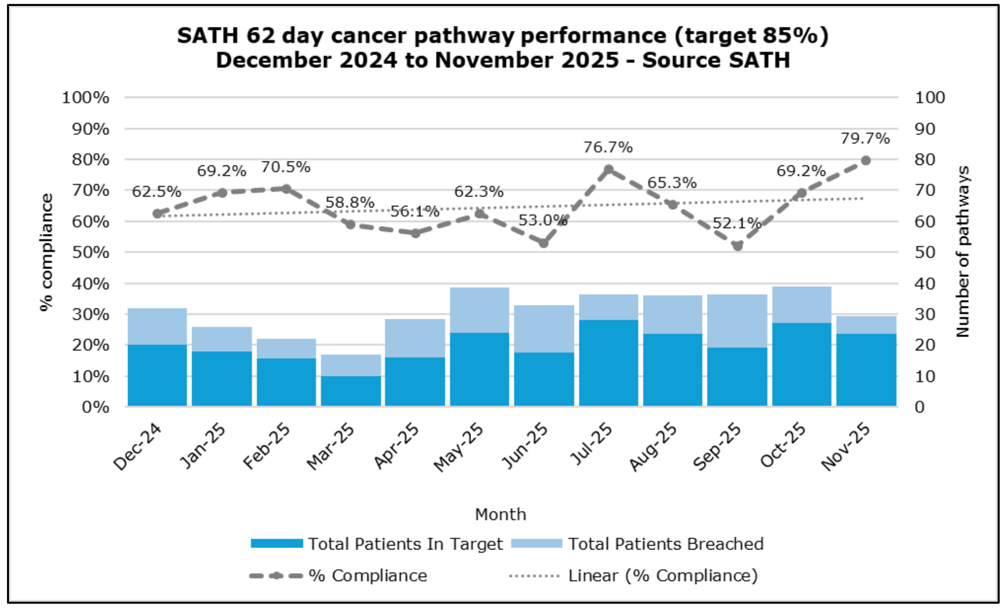
Executive lead	Executive Director of Planning, Performance and Commissioning	Lead Officer	Deputy Director of Performance and Commissioning

Latest available	Dec 25 WVT Nov-25 SATH	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting and trust IQPR's.		

NHS England Cancer Measures, and target

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





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

Nov-25	SATH	WVT	All English Providers	Target
28-day FDS	85.7%	84.2%	76.1%	75%
31-day DTT	95.5%	90.5%	92.5%	96%
62-day USC	70.2%	82.6%	68.8%	85%

Statistics » Cancer Waiting Times (england.nhs.uk)

What the data tells us

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

- Shrewsbury and Telford NHS Trust (SATH) reported 79.7% compliance against the 62 days urgent suspected cancer pathway in November. 3 patients were reported waiting over 104 days across varied tumour sites. Cancer performance reports and improvement trend over 12 months
- SATH overall compliance for all pathways (including non-Powys responsible) reported 85.7% against 28-day FDS, 95.5% for 31-day DTT, and 70.2% for 62-day USC (table 1).
- Wye Valley NHS Trust (WVT) performance reported in December that 92.3% of 13 Powys residents started treatment within 62 days.
- It should be noted that low numbers of Powys pathways can distort compliance.

Challenges

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

Actions & Mitigations

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

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

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

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

Latest available	Dec-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

What the data tells us

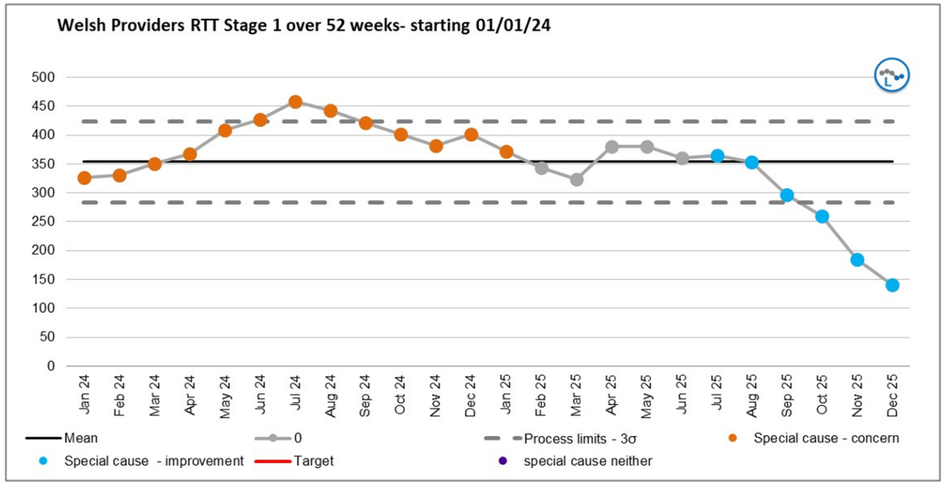
Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

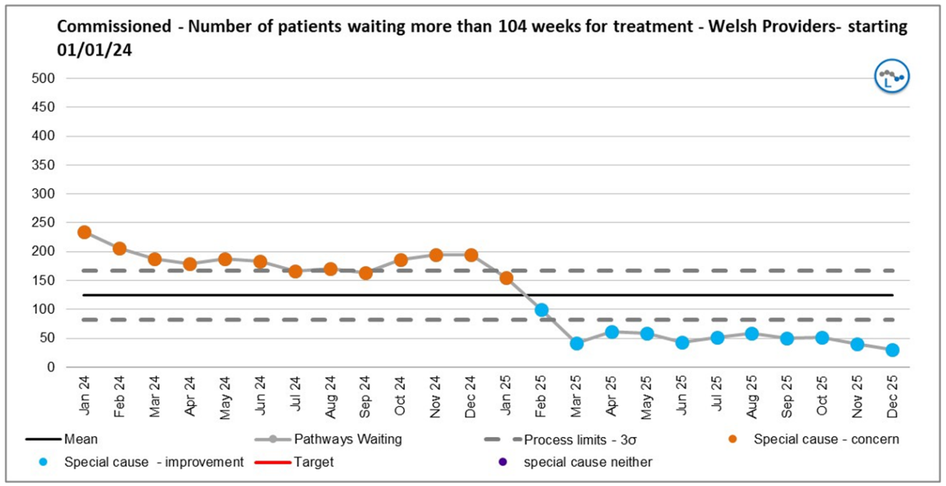
- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 260 breaches in October to 185 in November and 141 in December. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment. All providers show improvement for this snapshot, and the measure continues to report special cause improvement.

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

- Waits over 104 weeks for December reduced from 40 to 30 for Powys residents. BCUHB has 17 patients waiting over 104 weeks, ABUHB has 7, Cardiff & Vale reports 4, and CTMUHB has 2 pathways breaching the 104 targets. HD and SB have maintained no patients waiting over 104 weeks.

	Dec-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
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	65.8%	617		324		7		2539	55	
Betsi Cadwaladr University Local Health Board	57.2%	213		124		17		666	30	
Cardiff & Vale University Health Board	55.5%	118		84		4		357	19	
Cwm Taf Morgannwg University Health Board	55.8%	266		132		2		835	37	
Hywel Dda University Health Board	58.6%	442		258		0		1446	0	
Swansea Bay University Health Board	63.4%	498		255		0		1896	0	
Total	61.6%	**2154**		**1177**		**30**		**7739**	**141**	





Challenges and actions narrative link (slide 48)

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

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

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

Latest available	Nov-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

Challenges and actions narrative link (slide 46)

What the data tells us

- Powys residents accessing services in England have consistently waited less time for treatment with the exception of Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Pathways waiting over 52 weeks has increased from 1406 in October to 1434 (reporting a special cause concern).
- Pathways over 104 weeks have increased from 129 in October to 131 in November, only RJAH have pathways over this target.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of over 104-week waiters and with all key wait bands reporting special cause concern. RJAH continue to face challenges with regards to their capacity and ability to see all PTHB patients within the Welsh Government targets with a growing trend in the number of stage 1 patients waiting over 52 weeks (spinal). The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care.
- Wye Valley NHS Trust (WVT) following commissioning intention instructions by Powys Teaching Health Board is starting to see waiting times increase against the 104-week treatment target. Prior to waiting time changes WVT consistently reported improving performance for Powys residents.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) who have not agreed to follow the PTHB Commissioning intentions to Welsh targets reports an improved position with special cause improvement across all key wait bands, in line with their NHSE reportable position. It should be noted at the end of November pathways over 52 weeks have fallen to 178 (211 Sep-25, 194 in Oct-25).

	Nov-25	No. long waits by cohort, with latest SPC variance			
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.	Total pathways Waiting
English Other	74.8%	52	9	0	345
The Robert Jones and Agnes Hunt Orthopaedic Hospital	47.6%	1630	1022	131	4047
The Shrewsbury and Telford Hospital NHS Trust	71.6%	635	178	0	4166
Wye Valley NHS Trust	66.7%	689	225	0	3636
Total	62.2%	**3006**	**1434**	**131**	**12194**

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

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

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

Commissioned RTT for Welsh providers challenges and actions

Challenges

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

Actions & Mitigations

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

Commissioned RTT for English providers challenges and actions

Challenges

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

Actions and Mitigations

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

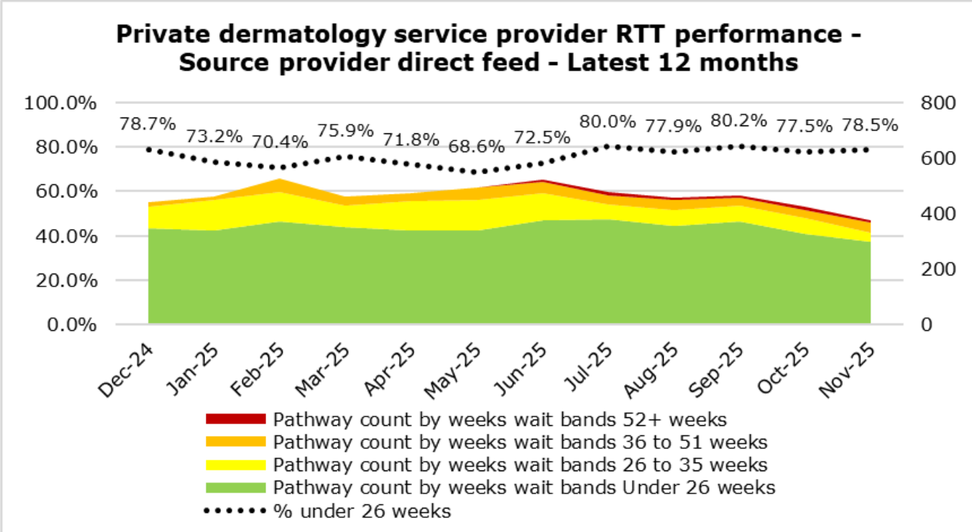
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Referral to Treatment - Private dermatology service provider

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

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



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Dec-24	78.7%	348	76	18	0	442
Jan-25	73.2%	338	109	15	0	462
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475
Aug-25	77.9%	356	55	36	10	457
Sep-25	80.2%	373	55	29	8	465
Oct-25	77.5%	328	55	29	11	423
Nov-25	78.5%	296	35	37	9	377

What the data tells us

- Under 26-week performance is 78.5% in November 2025, this is a slight improving on October 2025 position (77.5%). Patients waiting over 36 weeks has increased steadily to 46 over the last two months, over 52 week waits also decrease to 9 in November, but this remains above the 12-month average of 5 per month.

Lewis,Raychelle
20/02/2026 15:15:56

Challenges

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

Actions & Mitigations

- Improvements to data flow with the provider has resulted in waiting list data which is reportable via PTHB Cloud Service.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

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

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision. **De-escalation:** The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

PTHB Integrated Quality & Performance Framework: Duty of Quality Measures and Enablers

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

Integrated Quality and Performance Framework – 2025/26 Reporting Challenges Progress Update

Finance and Performance Committee
26 February 2026

Focus on: Data Quality Improvement

- Progress report on Data Quality and Business Intelligence Steering Group reported to Executive Committee on 4th February 2026 where it was noted that:

Area of Improvement	Action	Completion date	Progress
Data Quality Improvement	Address and resolve Integrated Quality and Performance Report (IQPR) data recording and reporting issues.	31/01/2026	All IQPR issues raised in December report to Executive Committee resolved.
	IQPR – undertake assessment of all metrics highlighting data quality, reporting concerns and mitigating actions.	12/03/2026	<u>On Track</u> Work being led by Head of Performance, working closely with Assistant Director of Digital Technology and Data Operations. All measures being reviewed – this will inform the structure and content of the IQPR for 2026/27.

Lewis Raychelle 20/02/2026 15:15:56

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.5

Finance and Performance Committee	**Date: 26 February 2026**
Subject:	**Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 3 period, October to December 2025**
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee - 4 February 2026

PURPOSE:

This report provides the Finance and Performance Committee with an update of the progress made against the Annual Plan for the Quarter 3 period (October to December 2025).

The report has been considered at the Executive Committee where any change requests made by Executive Leads were collectively moderated, prior to submission to Finance and Performance Committee.

Following consideration at the Finance and Performance Committee, it will be presented to PTHB Board and subsequently submitted to Welsh Government, as a formal report of Progress against the Plan for Quarter 3.

RECOMMENDATION(S):

The Finance and Performance Committee are asked to:

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

Approve/Take Assurance	**Discuss**	**Note**
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides the Finance and Performance Committee with an update of the progress made in Quarter 3 (October to December 2025) against the 2025-26 Annual Plan.

This report has been considered, moderated and approved by the Executive Committee prior to submission to the Finance and Performance Committee and will subsequently report to PTHB Board and finally to Welsh Government as a formal report of Progress against Plan for Quarter 3 2025-26, in line with national reporting requirements.

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

BACKGROUND

This report provides the Finance and Performance Committee with an update of the progress made in Quarter 3 (October to December 2025) against the 2025-26 Annual Plan.

1) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 3.

An additional explanation including mitigating action is also included where any items are **RAG** rated as Red. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year and the Executive Team is asked to collectively assure the Delivery Confidence ratings by means of this report. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan. There has been an increased focus on the commentary in response to feedback from Committee and Board, to provide greater insight into the impacts that actions are having and the key achievements.

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

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

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

2)Progress Summary at Q3

The report shows the progress made with delivery of the actions and priorities in the Plan as reported for Q3.

At the end of Quarter 2, approval was given to remove a number of deliverables from the plan. This meant that at Q2 there was a total of 343 key deliverable and at Q3 there is now a total of 337. The items that were removed were in relation to the implementation of the dental collaborative, and implementation of the Special School Primary Eyecare Pathway (which were both delayed due to national negotiations). One in Mental Health which was combined with another deliverable and the remainder were in commissioning for value regarding the third sector work. Therefore, of the of the 337 key deliverables identified for completion as at Q3 in 2025/26:

- 107 on track
- 103 complete
- 50 at risk
- 14 behind schedule
- 59 not due yet

Ministerial Advisory Group Recommendations

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

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

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

MAG recommendation	Key Deliverables	RAG rating	Commentary provided

5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**At risk**	**5.6.1)** Theatre Dashboard in place but requires further adaptations in line with National Programme to accurately reflect PTHB performance
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**At risk**	**5.6.3)** Anaesthetics Lead role agreed to be recruited Q4.
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**Behind Schedule**	**5.6.4**) National Theatre system not yet agreed currently utilising functionality within PAS – request remove
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**At risk**	**5.6.5)** Day case review will b supported and progressed b GIRFT Strategic prioritisation
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** • All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation • Models that offer alternatives should be rapidly identified and scaled • Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	**On track**	
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**Behind Schedule**	**5.7.2)** Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, reques to defer into 2026/27. GIRFT Strategic Assessment to support
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	

recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	**7.2.3)** Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**At risk**	**10.2.1)** Total numbers of Pathways of Care Delays hav increased. Number of POCDs throughout Q3 represent a 6% increase when compared to with Q2 (177 [Q2]: 188 [Q3]), and a 3% increase when compared to the same period in the previous year (183 [Q3 24/25]: 188 [Q3 25/26]). This also represents an 18% increase of the monthly average compared to the Mar '25 baseline (62.7 [Q3 Avg.]: 53 [Mar '25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**At risk**	**10.2.2)** The number of super stranded patients has remained stable throughout Q3 and remains low. Numbe of super-stranded patients within December continue t represent a 25% increase when compared with the Mar 2025 baseline (5 [Dec '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	**10.2.3)** Pathways Of Care Delays Action Plan remains i place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q3, working well through integrative working partnerships. Performance has improved, with the average time to Social Worker allocation further

			reducing from 17.8 days [Aug '25] to an average of 4.5 days [Q3 Avg].
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**At risk**	**10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of POCDs throughout Q3 represent an 8% increase when compared to with Q2 (7099 [Q2]: 7694 [Q3]), and a 3% increase when compared to the same period in the previous year (7496 [Q3 24/25]: 7694 [Q3 25/26]). This also represents a 13% increase of the monthly average compared to the Mar '25 baseline (256 [Q3 Avg.]: 2265 [Mar '25]).
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Complete**	**10.5.1)** R2G and D2RA information and performanc dashboards, previously delayed, have now been developed and are live, supporting routine data monitoring.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Complete**	**10.5.2)** Monitoring and review of R2G and D2RA data outputs was delayed in line with the development of the dashboards. Following implementation, data outputs are now being routinely reviewed, and key barriers have been identified
	10.5.3) Scope and assess means to address identified barriers Q3	**Complete**	**10.5.3)** A series of visits were undertaken by the NHS Performance and Improvement Team across Wales to support the scoping and assessment of barriers. A visit was conducted in PTHB on 6th November 2025, with the report shared on 4th December 2025. The findings have informed the scoping of key barriers and included recommendations to address them. In response, a renewed Optimal Hospital Flow Framework embedding project has been initiated to address the identified barriers.

	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	
	10.6.2) Review outcomes of the pilot Q2	**At risk**	
	10.6.3) Scoping of next steps Q3	**At risk**	
	10.6.4) Implementation of Trusted Assessment Q4	**Not due yet**	
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	**12.1.1)** Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**On track**	**12.1.1)** Due to review of the phases, a number of areas have naturally slowed down. An SRO/Clinical lead guide is in development. A change management training day was run for Digital team. BPF and Clinical demand/ modelling training is being scoped.

Progress of Critical Actions:

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

- 8 are "not due yet"
- 20 are "complete"
- 15 are "on track"
- 6 are reported as "at risk"
- 2 are reported as "behind schedule" (for further details, see table below).

Naturally there is an overlap between the 2 tables given that the critical actions are areas being picked up by the MAG also.

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided – Items at risk & Delivery Confidence Assessment (DCA) for Amber and Reds
Focus on Wellbeing	3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	**On track**
		3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2	**On track**
		3.1.3) Ensure a robust workforce model is in place Q2	**On track**
Early Help and Support	**4.1) Enhanced Community Care Model** Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams **CRITICAL ACTION**	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	**Complete**
		4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	**On track**
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	**Complete**
		4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	**Complete**
		4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2	**Complete**
	4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	**Complete**

		4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3	**Complete**
		4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	**Complete**
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital **CRITICAL ACTION** Q1-Q3	**On track**
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q3-Q4	**Behind Schedule –** Currently marked as Red due to the initial delays in commissioning external expertise and in the Health Board receiving the review report **DCA** - Medium
		6.1.2) Outputs of appraisal used to inform further improvement plan Q2	**Behind Schedule -** Currently marked as Red due to the initial delays in commissioning external expertise and in the Health Board receiving the review report **DCA** - Medium
Tackling the Big Four	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL **ACTION**	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	**At risk** **DCA –** Medium
		7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	**Complete**
		7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	**At risk** **DCA** - Medium
		7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2	**At risk** **DCA** – Medium
		7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3	**On track**
	8.1) Mental Health Transformation Programme **CRITICAL ACTION**	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q4	**Not due yet**
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	**On track**
		8.1.3) Implement electronic GP referral to SPOA Q4	**Not due yet**
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	**Complete**

		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	**Complete**
		8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4	**On track**
		8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4	**On track**
		8.1.7) Develop phased implementation plan Q4	**Not due yet**
		8.1.8) Rescope sanctuary model in above context, in North Powys Q2-Q3	**At risk -** Alternative to admission, e.g. Sanctuary, has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. Scope will be considered within Q4, involving visits to sanctuary sites with and without beds. Interdependency with Community Model design. **DCA -** Low
		8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3	**On track**
		8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4	**On track**
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	**On track**
		Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1	**Complete**
		8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4	**On track**
		8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	**Complete**
Joined Up Care	9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation	**Complete**

		Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	
		9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4	**On track**
	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	**Complete**
		10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2	**Complete**
	11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	**Complete**
Workforce Futures	12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**On track**

	meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes		
Digital First	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	**Complete**
		16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2	**Complete**
	16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION Cyber and Infrastructur e	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	**Complete**
Transforming in Partnership	20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report **CRITICAL ACTION**	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2	**Complete**

Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 3. As mentioned above naturally there is an overlap between the tables given that some items behind schedule could also be part of the critical actions and MAG recommendations.

Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment
SP4: Enhanced Primary & Community Care	**4.4) Fracture Liaison** Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2	There has been a delay in the funding for these posts – a request to change timescale to Q4	Medium
SP4: Enhanced Primary & Community Care		4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4	As per above 4.4.1 post – a request to change timescale to Q1 2627	Low
SP5: Planned Care and Diagnostics	**5.6) Theatres**: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics)	5.6.4) Digitalisation – costed proposal for theatre management system Q1	National Theatre system not yet agreed currently utilising functionality within PAS – request remove	Low
SP5: Planned Care and Diagnostics	**5.7) Outpatients**: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation. Models that offer alternatives should be rapidly identified and scaled. Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways.	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27. GIRFT Strategic Assessment to support	Low
SP6: Complex and Continuing Healthcare	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model	6.1.1) Expertise commissioned and appraisal completed Q3-Q4	Initial delays occurred in commissioning external expertise and receiving the review report.	Medium

	CRITICAL ACTION			
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.2) Outputs of appraisal used to inform further improvement plan Q3-Q4	Initial delays occurred in commissioning external expertise and receiving the review report.	Medium
	6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4	Initial delays occurred in commissioning external expertise and receiving the review report.	Medium
SP 9: Community Hospital Model and Rural Regional	9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.3) Commence formal consultation on the options (if required) Q3	Further planning is underway to determine the future timeline for Better Together which includes Phase 1. The earliest possible date for public consultation on adult physical and mental health community services will now be following conclusion of the Senedd elections and establishment of a Programme for Government.	Low
Transformation and Sustainability	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	Number of registered nurses trained in restorative supervision Q1-Q4: There are current National challenges which are being discussed at Executive Directors of Nursing. Limited options of training available outside of Cardiff- no backfill for training or delivery. RCS facilitators x 3 with pilot offered to 49 preceptees- 11 have taken up the offer to date.	Low
Equalities and Welsh Language	15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4	The following actions within the local anti-racism action plan are off track: "Board members to undertake Equality training session" and "Review of Corporate Governance": This has been delayed, initial exploration into delivery of a session and a draft session plan was developed, however, this action will likely roll over into 2025-26 and be explored with the corporate governance team.	Medium
	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Following delays to the publication of EHRC guidance on same-sex accommodation, Gender Awareness training has been paused.	Low
SP16	16.8) DSF Strategic Theme - Big Data and Artificial Intelligence Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation	Work has not commenced: while a project manager is now assigned, start-up is awaiting agreement of the AI/RPA selection criteria (and related AI policy dependencies) to prioritise opportunities via business efficiencies and planned care transformation.	Low

		technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4		
	16.9) Strategic Theme - Leadership, Partnership and Alliances DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement Q4	Delays to the programme timeline milestones due to extended time needed following testing, user acceptance testing, and supplier configuration, Project Management and Training resource approved for an extension for a further six months	Medium
SP21	21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.2) Fully implemented (Q4) Q1-Q4	Risk Management Framework (RMF) - Integration of the framework has continued throughout Q3 with a continued maturing of the approach to risk management, the Strategic Risk Register is now well established and the first iteration of the Organisational Risk Register was developed in Q3 by the Executive Committee and Operational Leadership Group. Both were last reported to the Board in November 2025. Work has continued to integrate the Datix risk management system for operational risk however there are considerable risks associated with the usability and roll out of the system due to fundamental system issues which require resolution by Datix nationally. A timescale for resolving the issues is yet to be provided hence the low delivery confidence and red rating for full implementation by the end of Q4.	Low

Achievements to date

Following feedback from the Committee in the previous financial year, to enhance the content to provide greater insight into what difference actions were making, additional guidance was provided to Executive leads and a section for Achievements was added to the capture form used for the returns. This has enabled further information to be shared on achievements in the Quarter. This area of reporting will continue to be refined in year as the approach matures further

Focus on wellbeing

- Breastfeeding Support: Over 340 premises were accredited under the Breastfeeding Welcome Scheme.
- The delivery of the UNICEF Baby Friendly Initiative allows progression to Stage 2 in 2026/27.
- The Health Board participated in Exercise Pegasus (the largest UK-wide, tier-1 simulation of a pandemic, incorporating Welsh Government, health services, and local resilience forums to test, plan, and improve responses to a future respiratory disease pandemic)
- Care Home Health Protection Champion training was delivered over 4 sites.
- 3 targeted Blood Borne Virus testing outreach sessions were undertaken followed by two weeks of dedicated testing in collaboration with Swansea Bay University Healthboard.

  Vaccination Success:
  - COVID-19 Autumn Campaign: Over 75-year-olds = 60.19% (4th in Wales) with over 12,650 doses administered. 716 care home residents (80.09%) vaccinated (highest in Wales) [as at 17/12/2025]. RSV uptake [as at 22/12/2025]:
  - Pregnant women consistently reaching 70% target uptake
  - Routine cohort (people turning 75 years of age) = 58.6% (2nd in Wales)
  - Catchup cohort (75–79-year-olds on 02 September 2024) = 67.2% (3rd in Wales)
  - 87.6% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) July-September 2025. (For population herd immunity only a further 19 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.)

Early Help and Support

- 2 x PTHB Pharmacists were successful in obtaining the independent prescribing qualification
- Enhance Community Care Model – the majority of data gathering has now been undertaken on community services – this is being used to inform baseline activity, workforce, performance and finance metrics to assess and measure the impact of service improvement.
- The launch of NHS App for Planned Care with further functionality planned as part of National Digital Programme

- PTHB Paul Ridd Care Bundle care for patients with communication challenges and cognitive impairment in an outpatient setting wins a Wales Chief Nursing Officer award
- The GIRFT Programme was commissioned in December 2025 to identify improvement opportunities and develop in conjunction with PTHB & Stakeholders a strategic plan for Planned Care Service model across provider and commissioned services
- Progress has been made on CHC Retrospective claims – a spreadsheet has been developed capturing all key stages, deadlines and decisions in one place
- The Level 2 Community-Based Falls Response Model has been fully approved and now aligned for delivery via the single point of access (SPOA) for Urgent & Emergency Care.
- Refined cross-border interfaces improves patient journeys and allows better co-ordination of care planning through joint pathway testing with Wye Vally Trust.
- Primary & Community Care Academy improving workforce capability and sustainability through delivering workshops and training programmes for Primary Care staff.

<u>Tackling the Big Four</u>

- Demand & Capacity modelling for Mental Health services in scope for Better Together phase 1 has been completed
- The Dementia Home Treatment Teams (DHTTs) have been aligned to form a pan Powys DHTT. The DHTT 'went live' successfully with new common processes on the 24*th* November 2025
- The health board achieved national recognition by being selected as a demonstration site for implementation of the Open Access model within SOPA.

<u>Joined up Care</u>

- Rostering efficiencies achieved in Q2 continued to deliver benefits by further reducing temporary workforce usage and contribute to improved savings.
- Learning from the evaluation of temporary service change (Ready To Go Home Units) has informed service redesign, supported improved utilisation and further alignment with community model development.

<u>Workforce</u>

- Healthcare People Management Association Excellence in People Awards 2025: PTHB were finalists for the Clinical Leadership Immersive Programme.
- NHS Staff Survey 2025: Achieved a score of 34.2%, exceeding 30%.
- Compassionate Leadership Training: Since its launch in March 202X, 677 staff (521 from PTHB) have attended introductory sessions
- Hate Crime Charter: Signed, reinforcing our commitment to a safe and inclusive environment

- Disability Confident Employer: Achieved Level 2 status, demonstrating commitment to accessibility and inclusion, with plans to progress to Level 3 in 2026
- SignLive Implementation: Rolled out across Primary Care settings ahead of schedule, enhancing accessibility for service users

Digital

- Cyber Assurance Framework Complete
- Patient Feedback Mechanism in place for Digital Access
- NHS Wales app functionality increased

Innovative Environments

- A number of Estates projects have been successfully completed including the Welshpool dining room which was officially opened in December.
- Integration and Rebalancing Capital Fund granted £90K in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.
- Positive ISO14001 re-certification in September 2025 with no 'non-conformances' noted. (ISO 14001 is the internationally recognized standard for environmental management systems)
- Appointment to Head of Facilities role has strengthened delivery of service.

Transforming in Partnership

- The Regional Partnership Board resource plan was refocused on the greatest system pressures and the Delivery and Resource Plan was approved.
- A Partnership Development Framework has been developed, spanning 19 partnerships. Work is underway helping to improve alignment.
- Board Assurance Framework priority areas of focus delivered, the BAF dashboard alongside the strategic and organisational risk registers play active roles in Board and Committee agenda planning and meetings
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey feedback
- Effective management of increasing information and records management workload with clear and reported performance measures in place
- Continued engagement on Better Together and Temporary Service Changes.
- Launch of Powys Health Charity website

3) Next Steps

This report provides the Finance and Performance Committee with an update of the progress made in Quarter 3 (October-December 2025) against the 2025-26 Annual Plan.

Following consideration and approval at Finance and Performance Committee, this report will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against the Quarter 3 of the 2025-26 Annual Plan in line with national reporting requirements**.**

NEXT STEPS:

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

It will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against Plan.

IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

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

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

Appendix 1
Q3 Change request table

Strategic Priority	Key Areas of Delivery	Key Deliverables	Change Request Type	Description of change	Lead Director	Change approved
SP4)	**4.4) Fracture Liaison** Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2	Change in Timescale	Change request to Q4 – delay in approval IBG (dec)	ED PCC&MH	
		4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4	Change in Timescale	Change to Q1 2627	ED PCC&MH	
SP5)	**5.3)** Eyecare (ophthalmology)	5.3.3) Scope opportunity for eyecare surgical hub in Powys Q1-Q4	Change in Scope	Eyecare surgical hub opportunities will form part of GIRFT Strategic Prioritisation work programme, request to merge this with 5.1.2.	ED PCC&MH	
SP5)	**5.6) Theatres**: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	5.6.4) Digitalisation – costed proposal for theatre management system Q1	Request to remove	National Theatre system not yet agreed currently utilising functionality within PAS – request remove.	ED PCC&MH	
SP5)	**5.7) Outpatients**: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives	Develop business case and delivery model for clinical room booking system Q1-Q4	Change in Timescale	Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27.	ED PCC&MH	

	should be rapidly identified and scaled Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways					
SP5)	**5.9) Point of Care Testin** Improved assurance and governance	Add all connectable devices to WPOCT Q1-Q2	Change in Timescale	Taking longer than planned due to lack of capacity at DHCW and with IT Supplier Siemens to assist with testing request extension to Q4	ED PCC&MH	
SP8)	Mental Health Transformation Programme	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3	Change in Timescale	This deliverable has interdependencies with phase 1 community model design taking place in Q4 and with phase 2 community model design, which will be included in 2026-27 Integrated Plan. Change request for this deliverable to be extended through Q4 and into Integrated Plan 2026-27, to allow consideration of co-morbidities and complex needs alongside Better Together community model and team design.	ED PCC&MH	
SP9)	9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.3) Commence formal consultation on the options (if required) Q3	Change in Timescale	9.2.3) A change request required for formal consultation on the options due to delays in the workforce and financial modelling. A revised timetable has been agreed by Portfolio Board and Board for Phase 1 Consultation in 2026/27. This will also impact on delivery of 9.2.4 - confirm new model.	ED PCC&MH	
SP10)	10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	10.6.3) Scoping of next steps Q3	Change in Timescale	*Change to Q4* - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. Evaluation to be completed prior to scoping of next steps.		
		10.6.4) Implementation of Trusted Assessment Q4	Change in Timescale	*Change to Q1-Q2 2026/27* – This is to align with the extended running period and revised evaluation timeline (10.6.3)	ED PCC&MH	
SP10)	10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3	Change in Timescale	*Change to Q3-Q4* - This is due to earlier delays in rollout and to allow sufficient time to support effective embedding into routine practice.	ED PCC&MH	
SP10)	10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.4) Refine based on lessons learned from Mental Health implementation Q4	Change in Timescale	*Change to Q1-Q2 2026/27* – This is to align with the extended embedding timeline for Mental Health (10.7.3) and to reflect learning from previous refinement phases, which demonstrated the need for	ED PCC&MH	

				additional time to implement lessons learned effectively.		
SP13)	13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4	Change in Timescale	Develop a people strategy – Request to move this action into Q1/2 2026/27 as we will be developing the content of it through Q4	ED P&C	
	13.2) Embed Speaking up Safely framework	13.2.2) Evaluate Vivup SUS offer Q3	Change in Timescale	Speaking up Safely – Evaluate VIVUP offer – due to limited uptake request to move this action into Q1/2 2026/27		
	13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes Q1-Q4	Change in Scope	Change in scope – requested re wording to: Run CLIP programmes once every two months		

Integrated Plan Progress Report

Quarter 3 2025-2026

October to December 2025

BRAGG Key

Blue - Complete

Red - Behind schedule

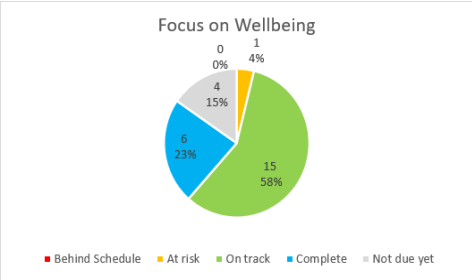
Amber - At risk/issues present

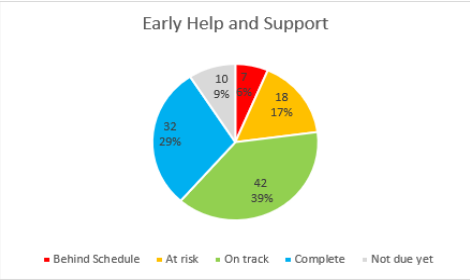
Green - On track

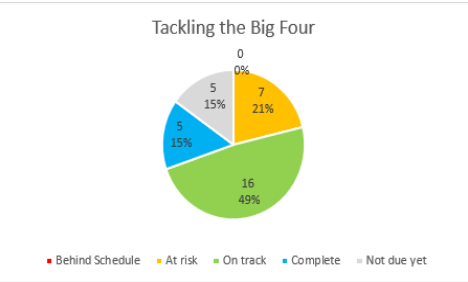
Grey – Not due

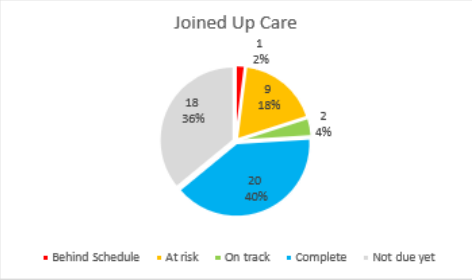
The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have been cross referenced in the appropriate delivery areas in this Progress Report

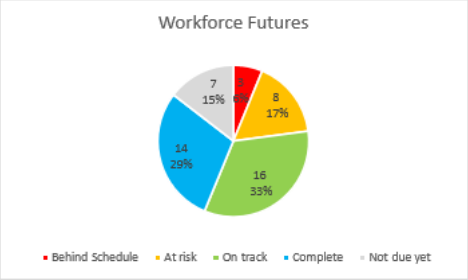
SUMMARY OVERVIEW

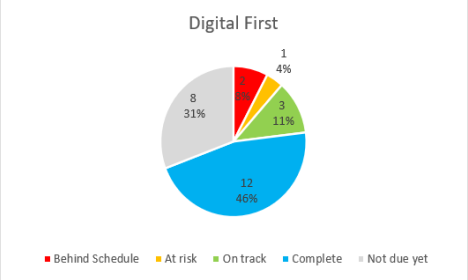


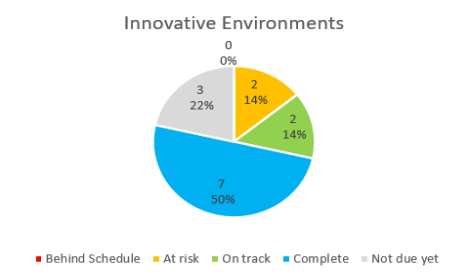


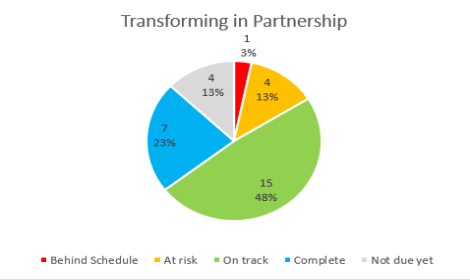


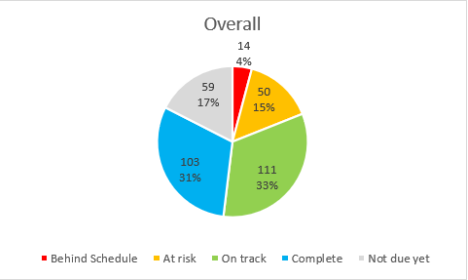




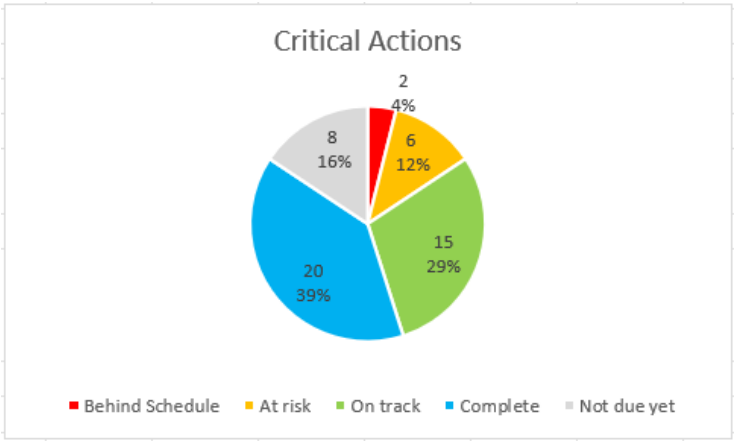








Critical Actions



Of the 51 critical actions identified in the Plan:

- 8 are “not due yet”
- 20 are “complete”
- 15 are “on track”
- 6 are reported as “at risk”
- 2 are reported as “behind schedule”, these are linked to Complex and Continuing Health Care (CHC)
- At at the end of Q2 a critical action was also approved to be removed from the plan in relation to Mental Health

Response to Ministerial Advisory Group recommendations Q3 (Improving Performance Together)

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**At risk**	**5.6.1)** Theatre Dashboard in place but requires further adaptations in line with National Programme to accurately reflect PTHB performance.
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**At risk**	**5.6.3)** Anaesthetics Lead role agreed to be recruited Q4.
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**Behind Schedule**	**5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request to be removed from plan.
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**At risk**	**5.6.5)** Day case review will be supported and progressed by GIRFT Strategic prioritisation.
5.7) Outpatients: Develop a single management system and oversight	**5.7.1)** Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on	**On track**	

Cross reference to MAG Report 2025 recommendations: - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	discharge pathways SOS/PIFU, digital and MDT development Q1-Q4		
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**Behind Schedule**	**5.7.2)** Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27. GIRFT Strategic Assessment to support
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	

recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	**7.2.3)** Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**At risk**	**10.2.1)** Total numbers of Pathways of Care Delays have increased. Number of POCDs throughout Q3 represent a 6% increase when compared to with Q2 (177 [Q2]: 188 [Q3]), and a 3% increase when compared to the same period in the previous year (183 [Q3 24/25]: 188 [Q3 25/26]). This also represents an 18% increase of the monthly average compared to the Mar '25 baseline (62.7 [Q3 Avg.]: 53 [Mar '25]).
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**At risk**	**10.2.2)** The number of super-stranded patients has remained stable throughout Q3 and remains low. Number of super-stranded patients within December continue to represent a 25% increase when compared with the Mar 2025 baseline (5 [Dec '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**On track**	**10.2.3)** Pathways Of Care Delays Action Plan remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q3, working well through integrative working partnerships. Performance has improved, with the average time to Social Worker allocation further reducing from 17.8 days [Aug '25] to an average of 4.5 days [Q3 Avg].
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**At risk**	**10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of POCDs throughout Q3 represent an 8% increase when compared to with Q2 (7099 [Q2]: 7694 [Q3]), and a 3% increase when compared to the same period in the previous year (7496 [Q3 24/25]: 7694 [Q3 25/26]). This also represents a 13% increase of the monthly average compared to the Mar '25 baseline (2565 [Q3 Avg.]: 2265 [Mar '25]).

• Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)			
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Complete**	**10.5.1)** R2G and D2RA information and performance dashboards, previously delayed, have now been developed and are live, supporting routine data monitoring.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Complete**	**10.5.2)** Monitoring and review of R2G and D2RA data outputs was delayed in line with the development of the dashboards. Following implementation, data outputs are now being routinely reviewed, and key barriers have been identified.
	10.5.3) Scope and assess means to address identified barriers Q3	**Complete**	**10.5.3)** A series of visits were undertaken by the NHS Performance and Improvement Team across Wales to support the scoping and assessment of barriers. A visit was conducted in PTHB on 6th November 2025, with the report shared on 4th December 2025. The findings have informed the scoping of key barriers and included recommendations to address them. In response, a renewed Optimal Hospital Flow Framework embedding project has been initiated to address the identified barriers.
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:**	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	
	10.6.2) Review outcomes of the pilot Q2	**At risk**	
	10.6.3) Scoping of next steps Q3	**At risk**	
	10.6.4) Implementation of Trusted Assessment Q4	**Not due yet**	

• Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)			
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale)	**12.1.1)** Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**On track**	**12.1.1)** Due to review of the phases, a number of areas have naturally slowed down. An SRO/Clinical lead guide is in development. A change management training day was run for Digital team. Business Process Re-engineering and Clinical demand/ modelling training is being scoped.

also note recommendation for HEIW in relation to Leadership programmes			

Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People and Culture	ED P&C
Executive Director of Public Health	ED PH
Executive Director of Nursing, Quality, Women and Family Health	ED NQW&FH
Executive Director of Allied Health Professions, Health Sciences and Digital	ED AHPHS&D
Executive Medical Director	EMD
Executive Director of Planning, Performance and Commissioning	ED PP&C
Director of Corporate Governance / Board Secretary	DCG
Director of Strategic Improvement and Transformation	DSI&T
Associate Director of Estates, Facilities and Support Services	ADEF&SS

Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **1.1.2)** Preventing the Preventable: Population Health Strategic Framework for Powys approved by the Health Board at its Board meeting in September 2025. The Framework will be incorporated into the Annual Plan (2026/27), Better Together Programme and Strategic Commissioning Framework.
- **1.2.1)** Whole Systems Approach to a Healthy Weight action plan is being implemented, including the rollout of the Powys Breastfeeding Welcome Scheme and Gold Standard Healthy Snack Award in early years settings.
- **1.2.2)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained, including a GP text messaging project focusing on smokers in areas of deprivation.
- **1.2.3)** PTHB submitted a response to UK Government's Call for Evidence for the Tobacco and Vapes Bill.

Commentary on red rated actions: N/A

Achievements:

- Over 340 premises signed up to the Powys Breastfeeding Welcome Scheme.
- 2.37% of smokers treated by smoking cessation service in Q1 (on track to meet national 5% target by year end).

Progress against key actions and milestones

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

Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)

Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **2.1)** Regular internal and external communications tests have taken place at local and regional levels to ensure PTHB statutory obligations and emergency preparedness.
- **2.1)** PTHB continues to be engaged in emergency preparedness, resilience and response activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level as part of NHS Wales; this includes engagement in a range of planning, training, exercising and response activities.
- **2.1)** PTHB participated in 'Exercise Pegasus' the UK-wide Tier 1 exercise to assess key aspects of the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. Phase 1 of the exercise (emergence phase) took place on 17th-23rd September, Phase 2 (containment phase) 13th-14th October; Phase 3 (mitigation phase) 3rd-4th November. An internal (Powys-wide) De-brief has been conducted, and a report will be drafted.
- **2.2.1)** Care Home Training Programme being delivered to help protect our vulnerable population. Work includes rollout of a Health Protection Champions programme.
- **2.2.1)** Infection Prevention & Control guidance/training delivered to care homes, through provision of resources and onsite visits for more individualised advice.
- Liaison and communication work being undertaken with residential and nursing homes in Powys around winter preparedness. All homes visited or contacted by telephone.
- Monthly ongoing communication through Care Home Newsletter, providing updates, surveillance data and a focus on staff wellbeing.
- Acute health protection incidents responses undertaken, in liaison with Public Health Wales and neighbouring health board.

- Powys Hepatitis B and C action plan updated and being implemented.
- Flu vaccination programme 2025-26 commenced in September for children and pregnant women, and adult programme commenced in October (running until 31/3/26). Considerable work has been undertaken to ensure implementation of the significant process changes to the programme from 2025/26, including central procurement of vaccines. All 16 GP practices and 22 of the 23 community pharmacies in Powys are delivering adult flu vaccinations.
- Covid-19 vaccination Autumn programme commenced 1st October, to run till end of January 2026, with initial focus on care homes.

Commentary on red rated actions: N/A

Achievements:

- Health Board participation in Exercise Pegasus.
- Care Home Health Protection Champion training delivered 2nd October in Newtown, 5th November in Llandrindod Wells, 20th November in Brecon and 2nd December in Ystradgynlais.
- 3 targeted Blood Borne Virus testing outreach sessions undertaken in Ystradgynlais in September and October followed by two weeks of dedicated testing in November in collaboration with Swansea Bay UHB.
- Fast Track HIV testing 17th-21st November across Powys with partners.
- Covid-19 Autumn vaccination uptake – Over 75-year-olds = 60.19% (4th in Wales) with over 12,650 doses administered. 716 care home residents (80.09%) vaccinated (highest in Wales) [as at 17/12/2025].
- RSV uptake [as at 22/12/2025]:
    - Pregnant women consistently reaching 70% target uptake
    - Routine cohort (people turning 75 years of age) = 58.6% (2nd in Wales)
    - Catchup cohort (75-79 year olds on 02 September 2024) = 67.2% (3rd in Wales)
- 87.6% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) July-September 2025. (For population herd immunity only a further 19 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.)

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*		*Status*	*Year End Delivery Confidence*

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

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)			

Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes:

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

Commentary on Progress in this Quarter:

- **3.1.2/3)** The model is in place and effective but has not been substantively funded; awaiting Business Case to Executive Committee due February 2025.

Commentary on red rated actions: N/A

Achievements:

- Delivery of Baby Friendly Initiative allows progression to Stage 2 in 2026/27.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
3.1) Develop, design and implement a Children's	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	ED NQW&FH	Green	Green	Green		H	H	H	High

Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2			Green	Green			H	H	High
	3.1.3) Ensure a robust workforce model is in place Q2			Green	Green			H	H	High
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) Develop, design and commence implementation of the Powys Women's Health Plan, including scoping the Women's Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women's Health Q1-Q4		Green	Green	Green		H	H	H	High
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan Q1-Q3		Green	Green	Green		H	H	M	Medium
3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK Q1		Blue	Blue	Blue		H	H	H	High
	3.4.2) Completion of Stage 1 Accreditation Q3				Blue		H	M	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A
Executive Director Sign Off	Paul Hooton (Executive Director of Nursing, Quality, Women and Family Health)		

Early Help and Support

Strategic Priority 4: Enhanced Primary & Community Care Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Medical Director

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **4.1.2)** Majority of data gathering undertaken on community services. This is now being collated to inform baseline activity, workforce, performance and finance metrics to assess and measure impact of service improvement. [CP1]
- **4.1.5)** The non-financial option appraisal report was approved on the [RL2] shortlisted options for adult physical and mental health community services. Stage 2 Engagement report has been finalised and approved, and insights have further informed work on the models of care and options. Further work continues on the workforce modelling and financial appraisals, and this has resulted in some delays with the preparation of the pre-consultation business case. A check-and-challenge assurance process on the workforce and financial appraisal has now been completed to ensure

appropriate scrutiny and strengthening of the development of the emerging options. Demand and capacity modelling completed and service level models of care signed off. Discussions underway on priority areas for implementation in relation to the community model

- **4.3.1) & 4.3.2)** Last Year of Life and End of Life work has continued to progress through the Better Together programme. During Q3, the two the Task and Finish Groups (education, medication) continue to work towards developing initial recommendations to support development of the final model. The Charitable Funding Task and Finish Group has now completed its initial work and will reconvene on an as-needed basis as the model continues to develop
- **4.5.2)** The Level 2 community-based falls response model has been agreed, with delivery to be coordinated through existing community teams via the planned Single Point of Access (SPOA) for Urgent and Emergency Care [10.1]. Due to some delays in the development, implementation of both the SPoA and the Level 2 pathway is now expected to commence during Q4, with alignment between the two initiatives remaining central to delivery. This integrated approach is expected to support earlier intervention in the community, reduce unnecessary ambulance conveyances, and ease demand on neighbouring Emergency Departments, while delivering against ministerial priorities for 2025/26 (Urgent and Emergency Care 1).
- **4.12.5)** Mental health pharmacy professional business case agreed at December 2025 Investment Benefits Group. To be submitted to Executive Team 14th January 2026

Commentary on red rated actions:

- **4.4.1)** There has been a delay in the funding for these posts – a request to change timescale to Q4
- **4.4.2)** As per above 4.4.1 post – a request to change timescale to Q1 2627

Achievements:

- **4.14.3)** 2 x PTHB Pharmacists successful in obtaining independent prescribing qualification – December 2025.
- Level 2 Community-Based Falls Response Model fully approved and now aligned for delivery via SPOA for Urgent & Emergency Care.
- Refined cross-border interfaces improves patient journeys and allows better co-ordination of care planning through joint pathway testing with WVT.
- Primary & Community Care Academy improving workforce capability and sustainability through delivering workshops and training programmes for Primary Care staff.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*	*Year End Delivery Confidence Assessment O = Original*

			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams **CRITICAL ACTION**	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	ED PCC & MH	Green	Blue	Blue		H	H	H	High
	4.1.2) Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation Q4		Amber	Red	Green		H	M	M	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green	Blue	Blue		H	H	H	High
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1		Green	Blue	Blue		M	M	M	High
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2			Blue	Blue		M	H	H	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4						M	M	M	Medium
4.2) GP Out of Hours (OOH) **CRITICAL ACTION**	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1		Blue	Blue	Blue		M	H	H	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3			Blue	Blue		M	M	H	High
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q3		Amber	Amber	Blue		L	L	M	High
4.3) Last Year of Life	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2		Green	Amber	Amber		M	M	M	Medium

Improve coordination for Powys patients	4.3.2) Implement the new model through a phased approach with partners Q3-Q4				Amber			M	M	Low
4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2		Amber	Amber	Red		H	M	M	Medium
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4				Red			M	M	Low
4.5) Falls Response Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2		Green	Blue	Blue		M	M	M	High
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4				Green				M	High
4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4		Green	Green	Green		H	H	M	Medium
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4		Green	Green	Green		H	H	M	Medium
	4.6.3) Removed (moved to 26/27)			Red			L	L	L	
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4			Amber	Amber		M	M	M	Low
	4.6.5) Develop the Optometry Collaborative Q1-Q4		Green	Green	Blue		H	H	H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4		Green	Green	Green		H	H	H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1		Green	Green	Green		H	H	M	Medium

4.7) General Medical Services (GMS) Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q3			Amber	Green		H	H	H	High
	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4		Green	Blue	Blue		H	H	H	High
	4.7.3) Access Standards analysis, review and action planning Q1		Green	Blue	Blue		H	H	H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4			Green	Green		H	H	H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2		Green	Blue	Blue		H	H	H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3			Green	Green		H	H	H	High
	4.7.7) Review and analysis of patient experience accessing general medical services Q4								M	Medium
4.8) Optometry Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision Q2			Blue	Blue		H	H	H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green	Blue	Blue		H	H	H	High
	4.8.3) Removed (moved to 26/27)						M	M	L	
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber	Blue	Blue		M	H	H	High

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

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

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

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

Change in Scope	N/A	**Change in Timescale**	N/A

Q1 Change request

- **4.7)** New additional request: Review and analysis of patient experience accessing general medical services Q4. 20.08.25 - Approved at Executive Committee.

Q2 Change request

- **4.13.3)** Change wording to implement Electronic Prescription Service (EPS) – wrong terminology used. Suggestion: Electronic Prescription Service (EPS) in GP practices. 15.10.2025 – Approved at Executive Committee.
- **4.1.2)** Change request to deadline to be completed in Q4 2025/26. 15.10.2025 – Approved at Executive Committee.

- **4.1.2)** Change in scope – requested rewording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation". 15.10.2025 – Approved at Executive Committee.
- **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27. 15.10.2025 – Approved at Executive Committee.
- **4.8.3)** Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3 – request to remove as national pathway deferred to 2026/27. 15.10.2025 – Approved at Executive Committee.
- **4.7.1)** GMS Practice Sustainability analysis, review, and action planning Q2 – request to move to Q3. 15.10.2025 – Approved at Executive Committee.
- **4.2.3)** New request: Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais to be changed from Q1 to Q3. 15.10.2025 – Approved at Executive Committee.

Q3 Change request

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

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

Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **5.1.1)** MSK/Orthopaedics & Eyecare priority areas progressing in line with agreed milestones, Getting It Right First Time (GIRFT) Programme commissioned to identify improvement opportunities, optimise service delivery including referral management, and ensure resources are used to deliver the greatest possible benefit for patients in our scheduled care pathways.

- **5.1.2)** GIRFT Programme commissioned December 2025 to identify improvement opportunities and develop in conjunction with PTHB & Stakeholders a strategic plan for Planned Care Service model across provider and commissioned services.
- **5.1.5)** Development of robust Quality & Safety framework continues with additional speciality level governance facilitated by appointment of orthopaedics, endoscopy consultant leads in Q3 with further speciality leadership recruitment planned for Q4 in ophthalmology, anaesthetics. Q&S Lead Nurse retires in February 2025 with recruitment in train for replacement of this key enabler for Planned Care.
- **5.1.7)** PTHB Planned Care continues to achieve Referral To Treatment new Outpatient and treatment targets with significant improvement in diagnostics ahead of agreed trajectory, delivering against insourcing/HBSUK capacity schemes and additional validation activities commenced in line with National Planned Care Programme requirements.
- **5.2.1)** Implementation of Musculoskeletal review and triage commenced in September, to date progressing well. Benefits tracking process developing assisted by Finance with a presentation due at Diagnostics & Planned Care Programme Board in January. Backfilling of Band 7 post in South ongoing, though other posts have been appointed to. Speciality post for orthopaedics in post, reviewing day case basket, overdue Follow Ups and supporting development of fracture liaison. Appointment of Hand / Wrist consultant is ongoing.
- **5.3.3)** Eyecare surgical hub opportunities will form part of GIRFT Strategic Prioritisation work programme, request to merge this with 5.1.2.
- **5.4.2)** Endoscopy service delivered in line with Joint Advisory Group standards. During October 2025 in preparation for accreditation the PTHB endoscopy service undertook an assessment of progress against standards with support from JAG team -a routine step for all organisations applying for accreditation. As part of this process JAG have advised that further time is required to embed the speciality leadership model and the service should look to early 2026 for the accreditation submission with a JAG site assessment in Quarter 1 2026/27.
- **5.5.1)** Estates work has been completed at Brecon Hospital and the preoperative assessment room is now live.
- **5.6.1)** Theatre Dashboard in place but requires further adaptations in line with National Programme to accurately reflect PTHB performance.
- **5.6.3)** Anaesthetics Lead role agreed to be recruited Q4.
- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove.
- **5.6.5)** Day case review will be supported and progressed by GIRFT Strategic prioritisation.
- **5.8)** Strategic assessment and implementation plan for diagnostics. Case for change approved by Programme Board, and strategic assessment is being carried out in Q4 with an implementation plan expected in Q1.

Commentary on red actions:

- **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove.

- **5.7.2)** Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27. GIRFT Strategic Assessment to support.

Achievements:

- MSK review and Triage project – process for tracking benefits.
- Istents procedure available in Powys from October 2025 to improve treatment for glaucoma patients which can be combined with cataract surgery for improved patient care and service efficiency – achievement of key GIRFT recommendation.
- Business Case agreed for recruitment to consultant speciality leads for Ophthalmology and Anaesthetics – achievement of key GIRFT recommendations.
- Launch of NHS App for Planned Care with further functionality planned as part of National Digital Programme.
- PTHB Paul Ridd Care Bundle care for patients with communication challenges and cognitive impairment in an outpatient setting wins WNO award.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital **CRITICAL ACTION** Q1-Q3	ED PCC&MH/ ED PP&C	Green	Green	Green		H	M	M	High
	5.1.2) Strategic assessment of provided and commissioned planned care Q4							M	M	High
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green	Green	Green			H	H	High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4			Green	Green			M	M	Medium
	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green	Green	Green			H	H	High
5.2) Pathway Development Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4		Green	Green	Green		H	M	M	High

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

and increased productivity i.e. cases per session (see MAG for specifics) - (further recommendation on accreditation of Surgical Hubs which WG propose they lead)										
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4		Green	Green	Green		H	M	M	Medium
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4		Green	Green	Red			M	M	Low

- Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways											
5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q3			Amber	Amber		M	M	L	Low
5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q2	ED AHPHS&D	Amber	Amber	Amber		H	M	M	Medium
	5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4		Amber	Green	Green			H	H	High
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA) Q2-Q3			Green	Blue			H	H	High
	5.9.4) Establish model for working with Primary Care Q4		Amber	Amber	Green			M	M	High
	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q4			Red	Amber			M	L	Medium
	5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use Q1-Q4		Green	Green	Green			H	H	High
	5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4			Green	Green			H	H	High
	5.9.8) Identify opportunities in primary & community care Q2			Green	Blue			H	M	High

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

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

Q1 change in scope

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

Q2 change in timescale • **5.8.1)** Phase 1 (adult physical & mental health community services, including urgent care) in progress and anticipated completion Q3. Planned Care and Womens & Children to follow with alignment of diagnostics assessment. 15.10.2025 – Approved at Executive Committee. • **5.9.4)** – Taking longer than planned due to Primary Care engagement and changes to working process – timescale change to Q4. 15.10.2025 – Approved at Executive Committee. • **5.9.5)** – Not delivered due to capacity (sickness/absence) request extension to Q4. 15.10.2025 – Approved at Executive Committee. Q3 Change in Timescale • **5.3.3)** Eyecare surgical hub opportunities will form part of GIRFT Strategic Prioritisation work programme, request to merge this with 5.1.2. • **5.6.4)** National Theatre system not yet agreed currently utilising functionality within PAS – request remove. • **5.7.2)** Clinical room booking system work on business case has been delayed operationally as superseded by other critical national digital work programmes NHS App, Open Eyes, request to defer into 2026/27. • **5.9.1)** Taking longer than planned due to lack of capacity at DHCW and with IT Supplier Siemens to assist with testing request extension to Q4.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **6.2.2)** Review conducted therefore action completed, ongoing monitoring will continue as business as usual.
- **6.3.1)** Mental Health and Learning Disability processes are also meeting expectations despite resource pressures, demonstrating the teams' commitment to maintaining standards.
- **6.3.2)** This deliverable remains on track, with ongoing progress in approving Fast Track and Joint/Section 117 applications. A recent external review of Fast Track processes provides assurance of robust decision-making. Performance is stable, though resourcing pressures persist, particularly in Mental Health Learning Disability teams.
- **6.3.3)** Progress remains on track, with reviews consistently undertaken within expected timeframes.
- **6.3.4)** Progress remains on track, with daily monitoring ensuring patient needs are consistently matched with available care settings in the community. This is supported by robust governance and well-established processes, which continue to provide assurance around delivery and responsiveness.

- **6.4.1)** Maintaining 85% reviews on time – noted decrease in Mental Health/Learning Disability reviews, due to increased packages and additional case work [COP cases] with limited team resource, plan to pursue options around outcome of external review to consider resource plan to support achieving this deliverable in Q4.
- **6.4.2)** Elements of this action considered as part of the work following commissioned external expertise.
- **6.5.1)** Case Status Overview - There are 23 active cases divided into in progress, received, completed, and closed categories reflecting workload distribution. Workload Prioritization - 12 cases in progress require focused resource allocation while 6 received cases need prioritization to avoid delays. The retrospective spreadsheet gives a complete view of each case, capturing all key stages, deadlines, and decisions in one place. It provides clear status tracking, breach monitoring, and an audit trail, making it easy to manage progress and compliance. Its structured design means a seamless move to the digital dashboard, where this same detail will support real-time reporting and alerts.
- **6.6.3)** This action was completed in Q2 return, therefore no further comment.
- **6.6.4)** Progress remains at risk pending a national decision, with a meeting scheduled to provide clarity. The outcome will determine next steps for full delivery against the seven recommendations. Meanwhile, local work continues, focusing on digital elements with support from the Digital Transformation Team to maintain momentum.

Commentary on red rated actions:

- The below actions are currently marked Red due to the initial delays in commissioning external expertise and in the Health Board receiving the review report:
  - **6.1.1)** Expertise commissioned and appraisal completed Q3-Q4
  - **6.1.2)** Outputs of appraisal used to inform further improvement plan Q3-Q4
  - **6.2.3)** Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4

Achievements:

Commented [AP1]: @Jacqui John (PTHB - Mental Health Learning Disabilities) @Rhian Price-Evans (PTHB - Nursing) RAG rating required

Commented [RP2R1]: @Jacqui John (PTHB - Mental Health Learning Disabilities) I'll leave this to you to RAG rate as its more indicative to MH/LD.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*			
			Q1	**Q2**	**Q3**	**Q4**	0	Q1	Q2	Q3

6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraised completed Q3-Q4	ED PCC&MH	Amber	Red	Red		M	M	M	Medium
	6.1.2) Outputs of appraisal used to inform further improvement plan Q3-Q4			Red	Red			M	M	Medium
6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.1) Review of private providers, specifically for adult mental health needs Q1		Green	Blue	Blue		M	M	M	Medium
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2		Green	Green	Blue			M	M	High
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4				Red			H	H	Medium
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4		Green	Green	Green		H	H	H	High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4		Green	Green	Green			H	H	High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4		Green	Green	Green			H	H	High
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community Q1-Q4		Green	Green	Green			H	H	High
6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time Q1-Q4		Green	Green	Amber		H	H	H	High
	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4				Amber			H	H	High

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

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

Change in Scope	N/A	**Change in Timescale**	N/A

Q2 Change in Timescale

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

Executive Director Sign Off	Nicola Johnson (Executive Director of Primary Care, Community and Mental Health)

Tackling The Big Four

Strategic Priority 7: Major conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes) Executive Lead - Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital / Executive Director of Nursing, Quality, Women and Family Health / Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **7.3.1)** The review of in reach respiratory provision is now being picked up in the GIRFT strategic assessment work.
- **7.4.2)** A business case was developed and presented to the Executive Committee during Q3. It was not approved at that stage, as additional work was required. The team is currently revising the business case based on the Committee's feedback and will re-present it in Q4 following the agreed actions.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL **ACTION**	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber	Amber	Amber			H	H	Medium
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber	Blue	Blue		M	M	H	High
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber	Green	Amber		H	M	H	Medium
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2			Amber	Amber		H	H	H	Medium
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3			Amber	Green		M	M	M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4				Amber		H	M	M	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						M	M	M	Medium
7.2) Cancer	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green	Green	Green		H	H	H	High

Cross reference to MAG Report 2025 recommendations: No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green	Green	Green		H	H	H	High
	7.2.3) Work with the National Cancer Team to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green	Green	Green		H	H	H	High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green	Green	Green		H	H	H	High
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green	Green	Green		H	H	H	High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D		Green	Green		H	H	H	High
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH		Blue	Blue		M	M	H	High
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3				Amber			M	M	Medium
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4							M	M	Medium
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) Q1-Q4	ED PP&C	Green	Green	Green		M	H	H	High
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary		Amber	Amber	Amber			L	L	Low

	changes in place at Cwm Taf Morgannwg University Health Board) Q1-Q4												

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Q1 change in scope

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

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

Q2 change in scope

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

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

Tackling The Big Four

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Service and Pathway improvements:

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

Commentary on Progress in this Quarter:

- **8.1.2)** Internal audit of Single Point Of Access / 111(2) completed during Q2 and Q3, draft report received 10th December 2025. Subsequent action plan drafted for submission to Audit Committee January 2026. Substantive posts within Single Point of Access (SPOA) successfully recruited, replacing agency staff. Establishment of phase 1 SPOA workflow has highlighted and provided valuable opportunity to rectify pathway issues within services, whilst this has consumed resource, is a necessary precursor to ongoing phases of SPOA development, e.g. holistic patient assessment. Standard operating procedure (SOP), completed and submitted to Clinical Policy Advisory Group for approval (January CPAG meeting). Planned analysis and design for phase 2 have been impacted by issues including: capacity available within Community Mental Health Teams (CMHTs), and mandates from Mental Health Quality & Safety team. This has prompted a proposal for an urgent interim solution for patient assessment, following SPOA triage. Proposed outline solution supported by Mental Health Senior Management Team meeting and completed a phase 2.1 modelling workshop on 23rd December 2025. Interim solution will aim to relieve current pressures on CMHTs, (whilst recruitment underway), and will incorporate new external guidance from NHS Performance & Improvement including, 'Open Access', 'One at a Time (OAAT)' and 'Stepped Care 2.0' initiatives, also new referral and access guidelines (which are significantly different to previous). SPOA staff are undergoing training in readiness for implementation of One At A Time. During Q3, Powys

MH Services were asked, by Strategic Programme for Mental Health, to submit an expression of interest to be a demonstrator site offering the Open Access Model within the SPOA aligned to 111(2). This application was successful; MH services are now receiving training and resources from NHS Performance & Improvement for implementation of an Open Access model. Design of phase 2.1 (interim solution) will continue in Q4.

- **8.1.4)** Demand & capacity modelling for Mental Health services in scope for Better Together phase 1 has been completed by external modeller with draft report received November 2025. Following two meetings to test and clarify draft report findings, with external modeller, final report received 19th December 2025.
- **8.1.5)** Initial discussions taken place regarding requirements for evidence-based core offer for recovery-focussed Older Adult and Adult services.
- **8.1.6)** Mental Health options for Better Together programme include: 'development of in-reach / liaison services to support physical health units to manage people admitted with physical health problems who also have mild to moderate mental health disorders, especially across sites where there are no mental health inpatient beds; create a specialist Older Adult Mental Health Team to work across and alongside physical and mental health services to provide a preventative and recovery focussed offer based on patient needs, including secondary mental health care and evidence-based core offer of treatment and interventions. Extended operational hours to deliver short-term interventions and home treatment, close alignment with physical health services to promote holistic assessment and reduced admissions to inpatient settings as part of an MDT approach'. Phase 1 Community Model scope includes Older Adult Mental Health community services and SPOA aligned with 111(2), which requires complex whole system approach and has interdependencies with all Integrated Plan deliverables. Discussions taken place with physical health colleagues, contributing to production of Better Together 'Community Model Service Level Model of Care', including Mental Health in-reach and liaison services. An outline model for a specialist Older Adult Community Team is underway. A meeting is arranged for 20th January 2026 for Mental Health and Physical Health colleagues to discuss points of integration/alignment of services within the wider community model.
- **8.1.8)** Alternative to admission, e.g. Sanctuary, has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. Scope will be considered within Q4, involving visits to sanctuary sites with and without beds. Interdependency with Community Model design.
- **8.1.9)** Interdependency with phase 1 and phase 2 community model design. Initial design, aligning Mental Health in-reach and liaison services with physical health for patients with physical and mental health co-morbidities has progressed. Further alignment with physical health to be discussed 20th January 2026. Phase 1 scope community model design is continuing through Q4, also phase 2 Adult Community Model will be included in 2026-27 Integrated Plan, therefore please see change request for this deliverable to continue into 2026-27 Integrated Plan.
- **8.1.10)** Work continues to align specialist teams pan Powys. Dementia Home Treatment Teams (DHTTs) have been aligned to form a pan Powys team, sharing a revised common operational policy and Standardised Operating Procedure, aligned processes, data collection and use of electronic systems. The team 'went live' successfully with new common processes 24th November 2025.
- **8.1.11)** Mental Health continue to explore and take opportunities available to increase digital and reporting capabilities within Mental Health services. Single Point Of Access Business Intelligence reporting has been updated with increased data accuracy. WPAS has been introduced to the Dementia Home Treatment Team, facilitating greater data capture (previously WCCIS only), enabling expanded performance reporting for both statutory reporting and service knowledge/management/ improvement. Outcome measures for DHTT have been defined and a Business Intelligence reporting dashboard

scheduled for development. Improved reporting may prove transformatory for DHTT as previous reporting included local manual whiteboards (accessible by visiting office), limited information within WCCIS and spreadsheet maintained as a condition of Regional Integration funding -these will be replaced by BI dashboard accessible to all. 'Attend Anywhere' software has been included within SPOA 111(2) phase 2.1 design; virtual appointments will be the first offer for patients requiring assessment, (with those unable to take up this offer provided with an in-person appointment).

- **8.1.13)** The development of Better Together options has included proposed bed numbers for each option. Ward configuration, e.g. layout, cannot be considered until preferred options have been selected and strategic priority 9 progressed. Therefore, work will continue through Q4, responding to requirements within strategic priority 9.
- **8.1.15)** Dementia Home Treatment Teams (DHTTs) have been aligned to form a pan Powys DHTT, sharing a revised common operational policy and SOP, aligned processes, data collection and use of electronic systems. The DHTT 'went live' successfully with new common processes 24th November 2025. Post implementation support is ongoing with use of WPAS, which has been introduced to facilitate increased reporting capability. A BI reporting dashboard has been requested and initiated, with development scheduled with Information team. Increased reporting capability will assist with ongoing service improvement and wider Better Together community model design, particularly the proposed Older Adult Community Team.

Commentary on red rated actions: N/A

Achievements:

- Single Point of Access (SPOA) strengthened Powys front-door mental health access through internal audits, establishment of stable workforce and further development of pathways.
- Achieved national recognition by being selected as a demonstration site for implementation of the Open Access model within SOPA.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
8.1) Mental Health Transformation Programme	**Community Model Re-Design for Mental Health Services**	ED					H	H	M	Medium
CRITICAL ACTION	8.1.1) Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation Q4	PCC&MH	Amber	Red						

	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green	Green	Green		H	H	H	High
	8.1.3) Implement electronic GP referral to SPOA Q4						M	M	M	Low
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green	Amber	Blue		L	M	M	High
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4				Green		M	M	M	Medium
	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4				Green		M	M	M	Medium
	8.1.7) Develop phased implementation plan Q4						M	M	M	Medium
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q4			Amber	Amber		L	M	M	Low
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3				Green		L	L	L	Medium
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4				Green		L	L	L	Medium
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green	Green	Green		M	M	M	Medium
	Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1		Amber	Blue	Blue		H	H	H	High
	8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4		Green	Green	Green		H	H	H	Medium
	Older Adult Mental Health Services 8.1.14) (Removed)		Amber	Amber			L	M	M	

	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q3		Amber	Red	Blue		H	H	H	High
8.2) Suicide and Self Harm Prevention & Postvention	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: ○ Developing the pathways for people who self-harm ○ Further aligning crisis support with the Single Point of Access ○ Promoting the provision of specialist postvention support ○ Ongoing suicide surveillance and rapid response to suspected suicides Work with partners to implement strategy, building resilience of communities and responding to learning Q1-Q4		Green	Green	Green		H	H	H	Medium

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

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

Q1 Change in Scope

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

Q2 change in timescale

- **8.1.1)** Change in scope, requested wording to "Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation". Timescale request change to Q4. 15.10.2025 – Approved at Executive Committee.

	• **8.1.8)** 'Alternative to admission, e.g. Sanctuary', work has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. This impacts upon current Q3 delivery deadline as work needs to align with wider programme, hence request for later delivery to allow this to take place. Change request for delivery in Q4 2025/26. 15.10.2025 – Approved at Executive Committee. • **8.1.14)** This deliverable is amber for Q1 delivery, however this work has been incorporated into '8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2', and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant. 15.10.2025 – Approved at Executive Committee. • **8.1.15)** Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26. 15.10.2025 – Approved at Executive Committee. <u>Q3 change in timescale</u> • **8.1.9)** Align teams to address co-morbidities and complex needs across health and care Q3: This deliverable has interdependencies with phase 1 community model design taking place in Q4 and with phase 2 community model design, which will be included in 2026-27 Integrated Plan. Change request for this deliverable to be extended through Q4 and into Integrated Plan 2026-27, to allow consideration of co-morbidities and complex needs alongside Better Together community model and team design.
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **9.1.2)** Rostering improvements implemented in Q2 has led to a reduction in temporary workforce use and improved savings. Work is ongoing with a workforce alteration (Ready To Go Home Units are working with the revised roster template) but this hasn't been made permanent within budgets due to the temporary nature of the change.

Commentary on red rated actions:

- **9.2.3)** Further planning is underway to determine the future timeline for Better Together which includes Phase 1. The earliest possible date for public consultation on adult physical and mental health community services will now be following conclusion of the Senedd elections and establishment of a Programme for Government.

Achievements:

- Rostering efficiencies achieved in Q2 continued to deliver benefits by further reducing temporary workforce usage and contribute to improved savings.
- Learning from the evaluation of temporary service change (Ready To Go Home Units) has informed service redesign, supported improved utilisation and further alignment with community model development.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	ED PCC&MH	Green	Blue	Blue		H	H	H	High
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4			Green	Green			H	H	High
9.2) Review and develop the Community Hospital, Community Wellbeing Hub	9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of		Green	Blue	Blue		H	H	H	High

and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme Q1										
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2			Blue	Blue			H	H	High	
	9.2.3) Commence formal consultation on the options (if required) Q3				Red			H	H	Low	
	9.2.4) Confirm the new model Q4							H	H	High	

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	✓	

Q3 Change request

- **9.2.3)** A change request required for formal consultation on the options due to delays in the workforce and financial modelling and its impact on preparing the pre consultation business case. A revised timetable has been agreed by Portfolio Board for Phase 1 Consultation which is likely to be following conclusion of the general elections in 2026/27. This will also impact on delivery of 9.2.4 - confirm new model.

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

Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) that relate to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. It is recommended in the MAG report that progress against the Six Goals programme should be reported publicly (which is discharged through existing PTHB Progress against Plan and Performance reporting, further development of metrics to be led nationally).

Commentary on Progress in this Quarter:

- **10.1.2)** Progress has continued throughout Q3, with key elements of the required resourcing now substantially in place. A physical location has been identified and secured, with preparatory works underway to support implementation. Recruitment activity has concluded, with staff appointed and anticipated start dates of 19th January 2026. Digital requirements have been finalised, and the relevant procurement orders have been placed to secure the necessary infrastructure. All elements are anticipated to be in place for February 2026.

- **10.1.3)** Implementation activity has progressed in line with the revised role and priorities. Subject to all elements being in place (10.1.2), go-live is anticipated in February 2026.
- **10.2.1)** Total numbers of Pathways of Care Delays (POCDs) have increased. Number of POCDs throughout Q3 represent a 6% increase when compared to with Q2 (177 [Q2]: 188 [Q3]), and a 3% increase when compared to the same period in the previous year (183 [Q3 24/25]: 188 [Q3 25/26]). This also represents an 18% increase of the monthly average compared to the Mar '25 baseline (62.7 [Q3 Avg.]: 53 [Mar '25]).
- **10.2.2)** The number of super-stranded patients has remained stable throughout Q3 and remains low. Number of super-stranded patients within December continue to represent a 25% increase when compared with the Mar 2025 baseline (5 [Dec '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
- **10.2.3)** Pathways Of Care Delays Action Plan remains in place and up to date. The escalation action plan and monthly escalation meetings with the Powys County Council Hospital Social Worker Team Lead have continued throughout Q3, working well through integrative working partnerships. Performance has improved, with the average time to Social Worker allocation further reducing from 17.8 days [Aug '25] to an average of 4.5 days [Q3 Avg].
- **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of POCDs throughout Q3 represent an 8% increase when compared to with Q2 (7099 [Q2]: 7694 [Q3]), and a 3% increase when compared to the same period in the previous year (7496 [Q3 24/25]: 7694 [Q3 25/26]). This also represents a 13% increase of the monthly average compared to the Mar '25 baseline (2565 [Q3 Avg.]: 2265 [Mar '25]).
- **10.4.2)** A clear plan has been established and implementation commenced to align Minor Injury Unit access and processes with the national model. This work has been led through the MIU Task and Finish Group, with active links to the National MIU Network and the Six Goals for Urgent and Emergency Care Programme. The MIU scope and service specification have been updated to refine access criteria, including the removal of the 'age of injury' limitation and alignment with All-Wales standards for age of presentation, enabling patients aged over one year to be seen.
- **10.4.3)** Scoping to improve the delivery of Urgent Care and inform future service design has been undertaken as part of the Better Together Portfolio, which will inform and lead the transformation of urgent care clinical pathways in Powys. The outputs from this work will support future service design and underpin the next phase of urgent care service transformation.
- **10.5.1)** R2G and Discharge to Recover and Assess (D2RA) information and performance dashboards, previously delayed, have now been developed and are live, supporting routine data monitoring.
- **10.5.2)** Monitoring and review of R2G and D2RA data outputs was delayed in line with the development of the dashboards. Following implementation, data outputs are now being routinely reviewed, and key barriers have been identified.
- **10.5.3)** A series of visits were undertaken by the NHS Performance and Improvement Team across Wales to support the scoping and assessment of barriers. A visit was conducted in PTHB on 6th November 2025, with the report shared on 4th December 2025. The findings have informed the scoping of key barriers and included recommendations to address them. In response, a renewed Optimal Hospital Flow Framework embedding project has been initiated to address the identified barriers.
- **10.7.3)** Embed Powys DigiFLO into standard practice for Mental Health Q3: Embedding of Powys DigiFLO into standard practice within Mental Health services is underway but not yet complete, reflecting the earlier delays to rollout. Further engagement and support sessions have been delivered

throughout Q3 and are planned to continue into Q4 to support initial embedding. Full embedding into routine practice is a longer-term objective and will continue into 2026/27.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue	Blue	Blue		H	H	H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2-Q3			Amber	Blue			M	M	High
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3				Amber			M	M	High
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4							M	M	Medium
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green	Green	Amber		H	H	H	Medium

Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input • Also note ambulance handovers included (see MAG for detail)	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green	Green	Amber			H	H	Medium
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4		Amber	Green	Green			M	M	High
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4		Green	Green	Amber			H	H	Medium
10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1		Blue	Blue	Blue		H	H	H	High
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2			Blue	Blue			H	H	High

10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2			Blue	Blue		H	H	H	High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3				Blue			H	H	High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3				Blue			H	H	High
	10.4.4) Advance pathway development - define vision for the future service Q4							H	H	High
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** - Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1		Red	Red	Blue		H	M	M	High
	10.5.2) Monitor and review data outputs and identify barriers Q2			Red	Blue			M	M	High
	10.5.3) Scope and assess means to address identified barriers Q3				Blue			M	M	High
	10.5.4) Develop targeted action plan to address identified barriers Q4							M	M	High
10.6) Further strengthening the approach to Trusted Assessment	10.6.1) Pilot of Trusted Assessment approach Q1		Blue	Blue	Blue		L	H	H	High
	10.6.2) Review outcomes of the pilot Q4			Amber	Amber			H	H	High
	10.6.3) Scoping of next steps Q3				Amber			H	H	High

Cross reference to MAG Report 2025 recommendations: • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	10.6.4) Implementation of Trusted Assessment Q4							H	M	High
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1		Blue	Blue	Blue		H	H	H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2			Amber	Blue			H	H	High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3				Amber			H	H	High
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4							H	H	Medium
	10.7.5) Embed all DigiFLO processes into business as usual Q4							M	H	Medium

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

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

Q2 - Change in Timescale

- **10.1.2)** Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2 – (Timescale change to Q2-Q3). 15.10.2025 – Approved at Executive Committee.
- **10.6.2)** Suggest change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. 15.10.2025 – Approved at Executive Committee.

Q3 - Change of Timescale Original Milestones: • (10.6.3) Scoping of next steps Q3 • (10.6.4) Implementation of Trusted Assessment Q4 • (10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3 • (10.7.4) Refine based on lessons learned from Mental Health implementation Q4 Revised Timescale: • (10.6.3) Change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review. Evaluation to be completed prior to scoping of next steps. • (10.6.4) Change to Q1-Q2 2026/27 – This is to align with the extended running period and revised evaluation timeline (10.6.3) • (10.7.3) Change to Q3-Q4 - This is due to earlier delays in rollout and to allow sufficient time to support effective embedding into routine practice. • (10.7.4) Change to Q1-Q2 2026/27 – This is to align with the extended embedding timeline for Mental Health (10.7.3) and to reflect learning from previous refinement phases, which demonstrated the need for additional time to implement lessons learned effectively.	
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Joined Up Care

Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:

- Resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population.
- We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value.
- Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity.
- Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance.
- Robust service specifications underpinning contracted activity levels.
- Focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.
- A citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.
- Development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery.
- Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model.
- Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services.
- Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency
- Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

Commentary on Progress in this Quarter:

- **11.3.2)** Joint Commissioning Committee (JCC) established pathway referral management project board, of which PTHB are an active member. Scoping likely to be completed by the end of Quarter 4. JCC developing Plan by Quarter 4. Benefits will be realised in the second half of 2026-27 at earliest.
- **11.6)** PTHB has reviewed the third sector services it commissions. (The review did not include services commissioned through arrangements with other health boards or partnerships.)
  Using information already held by the health board as the commissioner of the services, in relation to existing expenditure, the review attempted to assess key parameters including alignment with strategic priorities, the evidence base, coverage within Powys, coverage of vulnerable groups, impact on health, preventative components, expenditure, existing activity, what is known about benefits and outcomes, quality, equality, what is known about the experience of people using services from existing information, compliance with Future Generation Act requirements, commissioning governance

requirements and risk management. The review identified that there are opportunities to streamline arrangements for commissioning the third sector. The health board is not compliant with The Health Service Procurement (Wales) Act 2024 and The Health Services (Provider Selection Regime) (Wales) Regulations 2025 (which came into force in February 2025) and must take steps to ensure compliance.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	ED PP&C	Amber	Blue	Blue		H	M	M	High
11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and	11.2.1) Establish and secure clinical leadership Q4		Amber				M	L		Low
	11.2.2) Review of population need, current and intended outcomes Q4							M		Medium
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q4							M		Medium

redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q4							M		Medium
	11.2.5) Develop proposed service specifications Q4							M		Medium
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4							M		Medium
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4							M		Medium
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4							M		Medium
	11.2.9) Develop pathway implementation plans Q4							M		Medium
	11.2.10) Develop performance monitoring and assurance framework Q4							M		Medium
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement Q1		Blue	Blue	Blue		L	H	H	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4		Amber	Red	Amber			L	L	High
	11.3.3) Develop implementation plan for identified options – Q1-Q4		Amber	Red	Amber			L	L	Medium
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4		Red				M	M	L	High
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms Q1		Blue	Blue	Blue		H	H	H	High

11.6) Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning	11.6.1) Establish review group, clinical and managerial leadership Q2			Blue	Blue		H	M	H	High
	11.6.2) Removed			Red				M	L	
	11.6.3) Removed			Red				M	L	
	11.6.4) Removed							M	L	
	11.6.5) Removed			Green				M	M	

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

Change in Scope	N/A	**Change in Timescale**	N/A

Q1 change in timescale

- **11.2.1)** Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework, agreed via the Better Together Portfolio Board to reprofile to Q4. 20.08.25 - Approved at Executive Committee.
- **11.4)** Timescale has been updated to align with 5.1, target of Q4.1. 20.08.25 - Approved at Executive Committee.

Q2 Change in Scope

• **11.6)** Change to wording of Key Area of delivery to - Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning. 15.10.2025 – Approved at Executive Committee. • **11.6.2, 11.6.3 and 11.6.5)** – To be removed from Plan as these are considerations that need to follow the completion of the review. 15.10.2025 – Approved at Executive Committee. • **11.6.4)** - To be removed from Plan as this is a matter for the JCC and NWSSP. 15.10.2025 – Approved at Executive Committee.	
Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

Workforce Futures

Strategic Priority: Transformation and Sustainability Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Meeting Welsh Government 30% agency reduction spend target
- Zero agency spend on Agency Healthcare Support Worker, Admin & Clerical, and Estates & Ancillaries
- Reduction in Whole Time Equivalent vacancies
- Increase workforce pipeline routes
- Restorative supervision Trained clinical managers
- Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits
- Home grown capability in rural healthcare, with associated improvements in patient care and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Workforce which are specific to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are further recommendations for Welsh Government and HEIW which may also require collective action / health board implementation at a later stage. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **12.1.1)** Due to review of the phases, a number of areas have naturally slowed down. A Senior Responsible Officer/Clinical lead guide is in development. A change management training day was run for Digital team. Business Process Re-engineering and Clinical demand/ modelling training is being scoped.
- **12.2)** The second of three international recruitment cohorts arrived in Powys in October 2025 and all four members successfully passed their Objective Structured Clinical Examination (OSCE) examination at the first attempt. All are now working as Registered Nurses in the ward environments with two appointed to Y Bannau Ward at Brecon Hospital and two to Graham Davies Ward at Llanidloes Hospital. The third cohort, comprising four Registered Mental Health Nurses (RMNs), has been interviewed and offered posts and is currently completing pre-employment compliance checks. Subject to completion of these requirements, travel to Wales is planned for February 2026, with OSCE training to be undertaken in partnership with Cardiff and Value UHB, followed by commencement of roles in Powys in March 2026. In addition, the second of two International Medical recruits arrived in Powys in November 2025 and has successfully integrated into the Health Board, based in Newtown.
- **12.5)** A vacancy scrutiny process, in place since January 2025, has been further strengthened from October 2025 through the introduction of an enhanced vacancy justification process. This enhancement supports more rigorous decision-making while enabling timely recruitment to posts that fall

outside the vacancy freeze criteria. Exceptions are strictly limited and are only considered where the role would otherwise be covered by agency staff, is externally funded with funding that cannot be repurposed, presents an immediate and critical patient safety risk that cannot be mitigated through redeployment, skill mix or temporary solutions, or is deemed essential due to speciality requirements, critical skills or service delivery needs. Applications follow one of two routes: Route A, where approval is sought on the basis of agency cost avoidance; and Route B, where cases relating to immediate patient safety risk, external funding or essential roles require escalation to the Executive Committee for approval. Recruitment activity can only commence following Executive Committee approval where applicable. Initial analysis indicates a reduction in the number of posts advertised during October – December 2025 compared to the same period in the previous year (October advertised roles reduced by 29%, November reduced by 32% and December reduced by 19%), demonstrating the early impact of the enhanced vacancy justification process in supporting financial recovery while maintaining patient safety and service delivery.

- **12.6)** Clinical variable pay continues to be monitored through several established routes, including the Variable Pay Group, the Agency Operationalising Group, and weekly monitoring of agency usage. Clinical vacancies with associated agency expenditure remain exempt from the enhanced vacancy approval process. Regular engagement is ongoing between HR Business Partners, the Resourcing Team and Service/Ward Managers to review current and forthcoming vacancies, supporting a planned and coordinated approach. Monthly reporting of current ward vacancies is provided to the Variable Pay Group.
- **12.7)** Local review of the skill mix is ongoing, incorporating Band 2, Band 3 and the proposed new Band 4 Registered Nursing Associate (RNA) role, informed by the outcomes of the B2/3 review. Implementation of the RNA role remains paused, as the necessary UK Government legislation to allow the role to operate in Wales has not yet been enacted.
- **12.7)** A pilot of the Healthcare Support Workers validation tool was undertaken at Ystradgynlais Hospital, covering both general and mental health wards. Following this, in November the validation of all band 2 health care support workers commenced using the national validation tool with consistency checking arrangements scheduled in December 2025. It anticipated that any corrective and recognitions payments will be made early in the new year.
- **12.8)** A timeline for national job descriptions is not available to the health board to enable a planned approach to the implementation of national Job Descriptions. A local phased approach for implementing national Job Descriptions is in place working in partnership with the staff side job evaluation lead. Alongside this approach, we have developed a generic library of job descriptions for administration roles and work with services is underway to develop this across staffing groups where possible. To support the organisation to meet the requirements of the non-pay award (reviewing JD's every 3 years) the health board have adopted the national policy and job description template which includes the date the JD was last reviewed. Checks also take place prior to advertising to ensure a review has taken place. Exploration into digital solutions to monitor review dates at an organisational level took place with IT services, however, due to a change in licensing arrangements, this solution was no longer viable. Therefore, further exploration into whether any further organisational actions can be taken to monitor review dates is necessary.
- **12.9)** 13 successful candidates onboarded and deployed to community wards, due to qualify in 2028. Workforce planning and projection modelling is currently in progress, mapping the transition of future pipeline outputs from previous cohorts into the workforce. Specifically, planning the transition

from Aspiring Nurse to Registered Nurse for the expected 37 newly qualified nurses in 2026. Paper is being drafted for Executive Committee regarding ROI and the creation of a sustainable nursing workforce pipeline for Powys, which will go to committee in Q4.

- **12.10.1)** Academy Career and Education Enterprise Scheme (ACEES) schools programme Learner contacts to date: 3,738 (3,171 English, 567 Welsh). Positive feedback highlights improved career awareness, teamwork, and Welsh language importance. Year 12/13 students trained as Learning Disability Champions.
- **12.11.1)** Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4: Currently 71 Practice Supervisors, 43 Practice Assessors (total of 87 trained this year)

Commentary on red rated actions:

- **12.12.1)** Number of registered nurses trained in restorative supervision Q1-Q4: There are current National challenges which are being discussed at Executive Directors of Nursing. Limited options of training available outside of Cardiff- no backfill for training or delivery. RCS facilitators x 3 with pilot offered to 49 preceptees- 11 have taken up the offer to date.

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:**	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	ED P&C	Green	Green	Green		M	H	H	High

• Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) • also note recommendation for HEIW in relation to Leadership programmes										
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4		Green	Green	Green		M	H	H	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4						H	H	H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2			Amber	Amber		H	H	H	Mediu m
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2			Amber	Amber		M	H	M	Mediu m
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4		Green	Green	Green		H	H	H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4		Amber	Amber	Amber		H	M	H	High
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised Q1-Q4		Green	Amber	Green		H	H	H	High

12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4		Green	Green	Green		H	H	H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4			Amber	Green		H	H	H	High
	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green	Blue	Blue			H	H	High
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4			Green	Green		M	H	H	High
	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue	Blue	Blue			H	H	High
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4		Green	Green	Green		H	H	H	High
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4		Amber	Red	Red		H	M	L	Low

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

Workforce Futures

Strategic Priority: A Great Place to Work Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Turnover percentage in terms of retention
- A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
- Associated improvements in recruitment and retention and reductions in workplace absences
- Staff are able to raise concerns and speak up safely

Commentary on Progress in this Quarter:

- **13.1.2)** Actions within the HEIW Nurse Retention Plan, which are incorporated into the PTHB Local Workforce Retention Plan continue to be addressed with 22 out of 29 actions complete. The Leavers toolkit was developed and released in July 2025 which included exit interview guidance for managers. The release of the Leavers toolkit also saw a revision of the leaver's questionnaire form and process. An evaluation of the feedback is to take place in January 2026.
- **13.2.1)** Minimal Speaking Up Safely responses and no use to date of the VIVIP SUS link therefore difficult to monitor impact at this point.
- **13.2.2)** No uptake via VIVUP speaking up route so no evaluation required at this point
- **13.4.1)** Promote 2025 NHS staff survey retaining a 30% or higher return Q3: 916 responses = 34.7%
- **13.5.1)** 87 participants to date on the Clinical Leadership Immersive Programme (CLIP) programmes held bimonthly
- **13.8.1)** 20 Managers Programme participants during Q1&Q2
- **13.7.1)** Train the trainer sessions delivered to Betsi UHB OD/ L&D colleagues. 3 Tier CLIP programmes scheduled for HEIW – Primary are workforce with dates in January and February agreed.
- **13.9.1)** Evaluate the first reverse mentoring cohort and promote 2nd round Q1-Q2: Evaluation completed – Promotion of 2nd round due Q4.

Commentary on red rated actions: N/A

Achievements:

- HPMA Excellence in People Awards 2025: CLIP finalist
- Achieving greater than 30% in the 2025 (34.2%) NHS staff survey
- 1 day CLIP has been piloted and being adjusted based on new trainers and reflections of participants

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template Q2	ED P&C		Blue	Blue		H	H	H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3				Blue			H	H	High
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact Q1&Q4		Amber		Amber		H	H	H	Medium
	13.2.2) Evaluate Vivup SUS offer Q3			Red	Amber			M	L	Low
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - “you said we have/ did” model Q1-Q2		Green	Blue	Blue		H	H	H	High
13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return Q3				Blue		H	H	H	High
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes Q1-Q4		Amber	Amber	Amber		M	M	M	Medium
13.6) Develop a one-day CLIP for B5’s	13.6.1) Pilot and then implement a 1 day CLIP programme Q1-Q4		Green	Green	Blue		M	M	H	High
13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green	Amber	Green		M	M	M	Medium
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber	Green	Green		H	M	M	High

13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2nd round Q1-Q2		Green	Amber	Amber		M	M	M	Medium
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4						M	M	L	Low

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	✓	**Change in Timescale**	✓	

Q2 Change in timescale

- **13.2.2)** Timescale of evaluation changed to Q3 as no concerns have been raised by users through VIVUP so evaluation not possible. 15.10.2025 – Approved at Executive Committee.

Q3 Change in timescale and scope

- **13.10.1)** Develop a people strategy – Request to move this action into Q1/2 2026/27 as we will be developing the content of it through Q4
- **13.2.2)** Speaking up Safely – Evaluate VIVUP offer – due to limited uptake request to move this action into Q1/2 2026/27
- **13.5.1)** Change in scope – requested re wording to: Run CLIP programmes once every two months

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

Workforce Futures

Strategic Priority: Employee Health and Wellbeing Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

Commentary on Progress in this Quarter:

- **14.1.1)** Roadshows have been delivered at Ystradgynlais, Newtown (plus road runs at local buildings), Llandrindod inc. Spa Rd, Brecon plus other road runs to Builth, Talgarth, Crickhowell, Brecon DNs/Ty Illtyd. Total of 326 attendees out of a possible 442 (73% attendance) Final roadshows to be held in Jan
- **14.1.3)** 71 staff identify on ESR as a having caring responsibilities. Corporate induction enhanced, dedicated teams/ network; promoting of the 3 day working carers course
- **14.2.1)** 21 attendees this Quarter, 535 in total since March 2023

Commentary on red rated actions: N/A

Achievements:

- Since launch in March 202, 677 staff in total (521 PTHB) attended the introduction to compassionate leadership sessions.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O=Original*			
			Q1	**Q2**	**Q3**	**Q4**	O	Q1	Q2	Q3

14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green	Green	Green	H	H	H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green	Green	Green	H	H	H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green	Green	Green	M	M	M	Medium
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4		Amber	Green	Green	M	M	M	Medium
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1		Blue	Blue	Blue	M	H	H	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green	Blue	Blue		H	H	High
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1		Blue	Blue	Blue	H	H	H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4					H	H	M	Medium
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4					H	H	M	Medium
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2		Green	Blue	Blue	H	H	H	High
	14.7.2) Award and implement EAP Q2-Q3			Blue	Blue		H	H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

Workforce Futures

Strategic Priority: Equalities and Welsh Language Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation

Progress this quarter:

- **15.4)** In Q3, the Equality team completed an in-depth analysis of workforce progression and shortlisting as part of Workforce Race Equality Standard recommendations and aligned with the local Anti-Racism Action Plan. The findings of this analysis led to a number of additional recommendations which integrated into the team delivery.
- **15.4)** Participation in "Stepping into Senior Leadership" scheme (2 applications from Powys one of which has been successful in gaining a place on the programme).
- **15.3)** Adopted the National Anti-Sexual Harassment Policy and established a local Task and Finish Group to develop supporting toolkits and guidance for implementation. Continued delivery of training & awareness sessions: Equality for Managers (2 sessions), Welsh for Managers (1 session), Cognitive & Unconscious Bias training: 3 sessions of (25 staff), with 5 more scheduled for Q4. This will be targeted to recruiting managers linked to the recommendations arising from the in depth analysis of workforce progression and shortlisting.

Commentary on red rated actions:

- **15.4)** The following actions within the local anti-racism action plan are off track:
  "Board members to undertake Equality training session" and "Review of Corporate Governance": This has been delayed, initial exploration into delivery of a session and a draft session plan was developed, however, this action will likely roll over into 2025-26 and be explored with the corporate governance team.
- **15.5)** Following delays to the publication of Equality and Human Rights Commission guidance on same-sex accommodation, Gender Awareness training has been paused.

Achievements:

- **15.2)** Signed the Hate Crime Charter, reinforcing our commitment to creating a safe and inclusive environment.

- **15.2)** Achieved Disability Confident Employer (Level 2) status, demonstrating our dedication to accessibility and inclusion, with the intention to push on to Level 3 in 2026.
- **15.8)** Implemented SignLive (convo) across Primary Care settings ahead of schedule, improving accessibility for service users.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O= Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C					H	H	H	Medium
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3				Blue		H	H	H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q3		Amber	Amber	Blue		H	H	H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green	Green	Red		H	H	H	Medium
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4			Green	Green			H	H	High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4			Red	Red		H	H	L	Low

15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4						H	H	H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4			Amber	Amber		H	H	M	Medium
15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings Q4						H	H	H	High
	15.8.2) Continued utilisation of online translation Q1-Q4		Green	Green	Green				H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q2 change in timescale

- **15.3.1)** Timescale changed to Q3 as national policy only received in September.

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

Digital First

Strategic Priority: Leadership and Planning for Digital Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

Intended Outcome / Impact

- Staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.
- Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care.
- Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as the redesign the digital model of care.
- Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes
- Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and DHCW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter**:**

- Digital & Data has completed some of the key deliverables as planned, whilst there are still challenges too.

- **16.1.1), 16.1.2) & 16.1.3)** Two Board sessions held, 1 was an introduction to the technical arm of Digital Services, and another Board Development session on Cyber Security with a simulated Phishing exercise. 16.1.3 will be changed from Big Data to the introduction to the Clinical Informatics, Programmes and projects arm of the Digital Services.
- **16.2.1)** Clinical hazard logs are being created alongside new system implementations to support improved clinical safety outcomes. The Clinically led digital system group is now embedded and frequently attended by a wide multi-disciplinary team of professionals. This has supported the awareness of the information quality requirements within Clinical Systems. Change of group Digital Clinical Transformation Board changed to Clinical Digital Systems Group attendance remains strong and quorate. Three Clinical Data System group meetings held, with 33 attendees across the clinical MDT, Information Governance, and digital systems. Engagement has been excellent – in numbers attending, the range of perspectives and the quality of discussion with positive, constructive input throughout. Dashboards for efficiency are under development however examples such as printer usage and paper consumption are live on the Intranet and accessible for the group as part of specific agenda discussion which is scheduled to meet in January 2026**16.2.2)** Name change of group Digital Clinical Transformation Board changed to Clinical Digital Systems Group attendance remains strong and quorate. Three Clinical Data System group meetings held, with 33 attendees across the clinical MDT, Information Governance, and digital systems. Engagement has been excellent – in numbers attending, the range of perspectives and the quality of discussion with positive, constructive input throughout.
- **16.2.4)** Unable to collect information via Civica as planned, but liaising with services such as Living Well to capture patient feedback as a regular input to Digital and Data services. Living Well Service surveys are available on Civica for Digital Support Sessions, 1-1 consults (very brief, focused on Shared Decision Making) and group programmes
- **16.3.2)** NHS Wales App planned care pathways completed, the scope will be extended to Mental Health and Womens and Childrens in 2026/27.
- **16.4.1) Cross-Border Sharing** IG is leading work to ensure robust data sharing arrangements across NHS Wales and NHS England providers and commissioners as and when contracts are renewed or new data sharing requests are identified.
  Service Level Agreements (SLAs) and Local Team Agreements (LTAs) already include data sharing provisions and work has commenced by IG and Commissioning to ensure DPIAs are completed for each agreement to manage any risks.
  Extensive engagement is underway with NHS Wales Organisations, Welsh Government (WG) and the Information Commissioner's Office (ICO) to develop and implement data sharing agreements supporting the National Data Agreement (NDA). **Local Authority** PTHB IG has mapped all data flows between the Health Board and the Local Authority. These flows are currently undergoing scrutiny by both organisations and, once finalised, will sit under a single overarching agreement**.**
- **16.4.2)** Cross Border Digital Pathways complete, on revised scope. Further Business As Usual improvements will progress through commissioning contracts for timely access to information and correct data sets.
- **16.6.1)** Demand and Capacity across the Data teams is now part of the Digital First Performance reporting in the same way as reporting the IT and Application performance for Demand and Capacity. Changes to how data requests are made have been communicated and processes are now in place.
- **16.9.3)** RISP has gone live and is complete, remaining Health Boards scheduled March/April 2026.

Commentary on red rated actions:

- **16.8.1)** Work has not commenced: while a project manager is now assigned, start-up is awaiting agreement of the AI/RPA selection criteria (and related AI policy dependencies) to prioritise opportunities via business efficiencies and planned care transformation.
- **16.9.1)** Delays to the programme timeline milestones due to extended time needed following testing, user acceptance testing, and supplier configuration, Project Management and Training resource approved for an extension for a further six months

Achievements:

- Two Board Sessions completed as per Internal Audit Recommendations
- Patient Feedback Mechanism in place for Digital Access
- Cross Border Closure report approved and accepted
- NHS Wales app functionality increased
- WCCIS replacement solution procurement milestones complete
- Cyber Assurance Framework Complete

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q2-Q4	ED AHPHS&D	Green	Green	Blue		M	H	H	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2-Q4			Green	Blue			H	H	High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4							M	H	Low

16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets Q1-Q4		Green	Green	Green		M	H	H	High
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4		Green	Green	Green			H	H	High
	16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste Q2			Green	Amber			H	H	Medium
	16.2.4) Collect patient feedback on the access to digital tools and services Q3				Blue			H	L	High
	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4							H	H	High
16.3) DSF Strategic Theme - Citizen Centred Care and Support ⊖ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales	16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities Q2			Blue	Blue		M	H	H	High
	16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients Q3				Blue			H	H	High
	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4							H	H	Medium

	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4						H	M	Medium
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances ○ System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	16.4.1) Information Sharing agreements in place across providers and commissioners Q3			Green		L	M	L	High
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q4		Red	Red	Blue		M	M	Medium
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively	16.5.1) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA Q2			Blue	Blue	L	H	M	High
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4						H	L	High
16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to	16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality Q1-Q4		Amber	Green	Blue	M	H	M	High

support Digital Transformation across the organisation										
16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION ○ Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4		Green	Blue	Blue		M	H	H	High
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence ○ Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4		Green	Green	Red		M	H	M	Low
16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and Community Health	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Government Milestone Funding agreement Q4			Red	Red		M	H	M	Medium
	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1		Green	Blue	Blue			H	H	High
	16.9.3) Radiology Information System Programme Upgrade Go Live Q4							H	H	High

Solution replacement connected to Primary Care CRITICAL ACTION	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3				Blue			H	H	High
- Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution Q3				Blue			H	H	High
	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review Q4							H	H	Medium
	16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4							H	M	Medium

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

Change in Scope	N/A	**Change in Timescale**	N/A

Q2 change in timescale and scope

- **16.1.1)** Change from Q2 to Q2-Q4 - Board Development session booked for Q3 (original plan to complete by Q2). 15.10.2025 – Approved at Executive Committee.
- **16.1.2)** Change from Q2 to Q2-Q4 - Board Brief session booked for Q3 (original plan to complete by Q2). 15.10.2025 – Approved at Executive Committee.
- **16.4.2)** Change in scope (wording specific to Cross border) and change in Timescale from Q1-Q4 to Q4. 15.10.2025 – Approved at Executive Committee.
- **16.5.1)** Change in scope (wording) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA. 15.10.2025 – Approved at Executive Committee.
- **16.6.1)** Change from Q2 to Q4. New process for capturing demand is complete but request further extension to allow time to report against the information gathered and measure against current capacity for Q3 and Q4. 15.10.2025 – Approved at Executive Committee.
- **16.9.1)** Change from Q2 to Q4 to allow for slippage in go lives, due to a number of technical, application, and 3rd party related delays. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

Innovative Environments

Strategic Priority: Strategic Capital Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) for Capital. However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **17.1)** The North Powys Health, Care and Wellbeing Integrated Hub combined Strategic Outline Case/Outline Business Case was submitted to Welsh Government on 18th December following approval by PTHB Board and Powys County Council Cabinet.
- **17.2)** In line with Welsh Government advice a Business Justification Case has been developed for the next phase of Llandrindod development to complete works to the front of the hospital whilst the larger business case is developed for the back of the hospital in line with 'Better Together'. The BJC is currently undergoing Welsh Government scrutiny with the potential to commence work during 2025/26 Business case scope is covered by Board approved Programme Business Case, etc, enabling submission to Welsh Government.
- **17.3)** The discretionary programme is largely on track. This is the largest capital programme (in terms of number of projects) to date – so does pose some challenges in terms of resources. Budget increased from £1.431M to £2.7M this financial year.
- **17.5)** The timescales of the project progression are in the remit of the Developer until such time as a formal contract is enacted.

Commentary on red rated actions: N/A

Achievements:

- A number of projects have been successfully completed including the Welshpool dining room which was officially opened in December.
- Integration and Rebalancing Capital Fund funding was granted (£90K) in order to develop a business case for the Spa Road, Llandrindod Integrated Hub.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) Q3	AD EF&SS			Blue		H	H	H	High
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3				Amber		H	H	H	Low
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green	Green	Green		H	H	H	High
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4							H	H	High
17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q1		Blue	Blue	Blue		H	H	H	High
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4		Green	Green	Amber		M	M	M	Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)			

Innovative Environments

Strategic Priority: Environmental Management and Decarbonisation **Executive Lead - Associate Director of Estates, Facilities and Support Services**

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- Electricity reduction across the programme
- Gas reduction across the programme
- ~~R~~evenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

Commentary on Progress in this Quarter:

- **18.2)** New Decarbonisation Strategic Delivery Plan being introduced during 2025/26 which will reset baseline, Initiatives and Targets.

Commentary on red rated actions: N/A

Achievements:

- Positive ISO14001 re-certification in September 2025 with no 'non-conformances' noted.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead*	*Status*	*Year End Delivery Confidence*

							Assessment O = Original			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q3	AD EF&SS		Green	Blue		H	H	H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green	Green	Green		H	H	H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4						H	H	H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2			Blue	Blue		H	H	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Q2 change in timescale

- **18.1.1)** Timescale change - Expected completion Q3. 15.10.2025 – Approved at Executive Committee.

Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

Innovative Environments

Strategic Priority: Estates and Facilities Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

Commentary on Progress in this Quarter:

- **19.1)** Joint working between Estates and Facilities continues to strengthen, with positive engagement across teams and early evidence of effective collaboration delivering improved efficiency and coordination. Examples include a combined ventilation contract to now include kitchen ventilation cleaning, little use water outlets flushing, winter resilience arrangements (snow and ice clearance and gritting), pest control measures, and the management of grounds and gardens. This collaborative approach provides a strong foundation for delivering further synergies during Q4.
- **19.2)** Some further work will be required in respect of catering implementation aligned to all Wales procurement approach for further modules of Symbiotix and changes to menu protocols – this will be reflected in the 2026/27 plan.
- **19.3)** Re-introduction of Environmental Cleanliness and IPC Standards Group. The new National Cleaning Standards are expected soon and will form part of plan for 2026/27.

Commentary on red rated actions: N/A

Achievements:

- Appointment to Head of Facilities role has strengthened delivery of service.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	**Q2**	**Q3**	**Q4**	**O**	**Q1**	**Q2**	**Q3**
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS					H	H	H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3				Blue		H	H	H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3				Blue			H	H	High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3				Blue		H	H	H	High

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

Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

Transforming in Partnership

Strategic Priority: Partnership Development **Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation, Executive Director of Public Health**

Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process a multiagency Regional Partnership Board Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve a reprioritisation focused on the greatest system pressures. In June 2025 the RPB approved the reprioritisation and the Regional Integration Fund (RIF) Delivery and Resource Plan for 2025/26. Key Executive Directors and Assistant Directors then worked with partners in the RPB to develop the Delivery and Resource Plan for 2026/27 focused on the streamlined priorities to address the greatest system pressures. The RPB approved the plan in December 2025, followed by endorsement from the Executive Committee in January 2026. It will be submitted to Planning, Partnerships and Population Health Committee in February 2026.
- **20.1.2)** Funding for the Ready To Go Home Units, subject to the PTHB Board decision in July 2025, was included in the reprioritised RIF Delivery and Resource Plan approved by the RPB. Following a six-month evaluation of the temporary service changes, the evaluation report recommended that the temporary changes remain in place for the time being, whilst work continues on the Better Together Programme to shape the future of adult physical and mental health community services for Powys. The RPB Executive was updated on the 12th September 2025. The RPB Delivery and Resource Plan for 2026/27 includes funding for this purpose.
- **20.2.1)** A Framework for Partnership Development was developed and approved in quarter 1.
- **20.2.2)** A series of self-assessments were undertaken across the RPB in the summer and early Autumn of 2025 to inform partnership development. Partnership Development has been included in the RPB Delivery and Resource Plan for 2026/27 (approved by the RPB in December 2025 and the Executive Committee in January 2026) and an update has also been included in the Partnership Governance and Assurance High Level Report for the Executive Committee in January and PPPH Committee in February 2026.
- **20.3.1)** Work was undertaken in Q1 to strengthen implementation, risk and exit plans in line with the EPA recommendations.
- **20.3.2)** The EPA work helped to inform the re-prioritisation, which was the basis of the development of the RPB Delivery and Resource Plan for 2026/27, including new projects. The plan was approved by the RPB in December 2025 and endorsed by the Executive Committee in January 2026. The EPA highlighted the need to strengthen exit planning. The RPB documentation and approach has been strengthened; specific actions have been built into the 2026/27 plan; an updated “heat map” is being produced together with additional guidance and support in relation to exit planning and implementation.

- **20.4.1)** Whole Systems Approach to a Healthy Weight action plan is being implemented, including the rollout of the Powys Breastfeeding Welcome Scheme and Gold Standard Healthy Snack Award in early years settings.
- **20.5.1)** A Partnership Governance and Assurance Framework has been developed (which was submitted to PPPH Committee in May 2025) and a high level report (which was submitted in August 2025). The framework has been updated, spanning 19 partnerships, the majority of which are statutory. This will be submitted to the Executive Committee in January 2026 and PPPH Committee in February 2026. The Framework includes the planning and business cycles for each partnership. Key Partnership Co-ordinators are working together to strengthen collaboration. Steps are being taken to draw together work on assessments; to align plans; to share data; and to enable people with lived experience to influence wider partnerships and programmes. Engagement and insight reports are shared through the Engagement and Insight Network. In December 2025 the RPB agreed to extend the Health and Care Strategy to March 2029. Work on the population needs assessment, wellbeing assessment and market stability report will be undertaken by March and May 2027. This will enable improved alignment with the Joint Area Plan, Powys Cluster Plans, the Powys Wellbeing Plan, Better Together, Sustainable Powys and the North Powys Wellbeing Programme.
- **20.7.1)** Consideration of bi-annual cycle for 2026-27.

Commentary on red rated actions: N/A

Achievements:

- The RPB resource plan was refocused on the greatest system pressures and the Delivery and Resource Plan was approved in December 2025.
- A Partnership Development Framework has been developed, spanning 19 partnerships including their business and planning cycles – together with a high level report. Work is underway helping to improve alignment.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*	*Year End Delivery Confidence Assessment O = Original*

			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report **CRITICAL ACTION**	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C					M	M	M	High
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2			Blue	Blue			M	H	High
20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue	Blue	Blue		H	H	H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4							H	H	High
20.3) Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027) Q1		Blue	Blue	Blue		M	H	H	High
	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) Q4							M	M	High
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PH	Green	Green	Green		M	H	H	High
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4	ED PP&C	Green	Green	Green		H	H	H	High

Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme										
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) Removed 20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward Q1		Blue	Blue	Blue		L	H	H	High
20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green	Green	Green		H	H	H	High
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme Q1-Q4	DSI&T	Green	Green	Green		M	H	H	High

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

Change in Scope	N/A	**Change in Timescale**	N/A

Q1 change in scope

- 20.6.1) A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the

	overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action. 20.08.25 - Approved at Executive Committee.
Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Strategic Improvement and Transformation)

Transforming in Partnership

Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board's Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board's governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

Commentary on Progress in this Quarter:

- **21.1)** Implementation of the Board Assurance Framework has continued to build momentum over Q3, with the Dashboard now embedded on a x3 annual reporting to the cycle to the Board with the last update provided in November 2025. Alongside this, analysis principles for the production of the

dashboard were shared with and welcomed by the Audit, Risk and Assurance Committee in October 2025. Work is underway in the development of a more detailed analysis of assurance in relation to the strategic risks for which the suggested approach/template is due to be reviewed by the ARAC in January with a comprehensive review expected in March.

- **21.2) & 21.3)** Work programmes and Board Development actions now complete as previously reported with planning work now underway for 2026/27 cycles.
- **21.7)** (Information Governance Toolkit) Work is ongoing to address outstanding actions from the Improvement Plan; some actions may not be achievable due to the scope of certain questions or capacity within service areas. 2026 Submission – preparatory work has commenced to gather evidence for the next submission, engaging with key services to ensure timely completion.
- **21.8)** A Communication Plan has been developed with a supporting timetable programme of alerts. These alerts are issued monthly with additional items incorporated into the programme as they arise.
- **21.9)** Records Storage - In December 2025, an embargo has been placed on the destruction of clinical records, which will have a significant impact on the Health Board, particularly regarding the storage of records. A scoping exercise is underway, and an Impact Assessment report will be presented to the Executive Committee in February/March for consideration. Until the scoping exercise and report is complete this will need to remain as an amber and may move to Red should significant concerns be identified.
- **21.10)** Systems and processes have continued to operate effectively, supporting legislative compliance. No incidents picked up by the ICO and no complaints raised by members of the public. The team has continued to support many national and local programmes of work with no major Information Governance risks identified. Fixed term contracts within the team are being considered however, should these not be continued this will have an impact on the function within the Team.

Commentary on red rated actions:

- **21.4)** Risk Management Framework (RMF) - Integration of the framework has continued throughout Q3 with a continued maturing of the approach to risk management, the Strategic Risk Register is now well established, and the first iteration of the Organisational Risk Register was developed in Q3 by the Executive Committee and Operational Leadership Group. Both were last reported to the Board in November 2025. Work has continued to integrate the Datix risk management system for operational risk however there are considerable risks associated with the usability and roll out of the system due to fundamental system issues which require resolution by Datix nationally. A timescale for resolving the issues is yet to be provided hence the low delivery confidence and red rating for full implementation by the end of Q4.
- **21.6)** The original action was to develop a standalone strategy; however, following recent discussions, the decision has been made to instead produce a development plan. This plan will underpin and support the Health Board's overarching strategic objectives and align with IMTP priorities.

Achievements:

- Board and Committee governance calendar delivered to target and achieving compliance with work programmes actively monitored

- Board Assurance Framework priority areas of focus delivered, the BAF dashboard alongside the strategic and organisational risk registers play active roles in Board and Committee agenda planning and meetings
- Board development and briefing programmes delivered and determined effective through annual effectiveness survey feedback
  Effective management of increasing information and records management workload with clear and reported performance measures in place

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green	Green	Green		M	H	H	High
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green	Blue	Blue		H	H	H	Medium
	12.2.2) Work plans delivered Q4							H	H	High
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green	Green	Green			H	H	High
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green	Green	Green		H	H	H	High
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue	Blue	Blue		H	H	H	High
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber	Amber	Red			M	M	Low

21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4		Amber	Amber	Amber		M	M	L	Low
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q4		Red	Red	Green		H	M	M	Medium
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4		Green	Green	Amber		H	H	H	High
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4		Green	Green	Green		H	H	H	High
21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4		Amber	Amber	Amber		H	L	L	Low
21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4		Green	Amber	Green		H	H	M	Medium
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green	Green	Green			H	H	High

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

Change in Scope	N/A	**Change in Timescale**	N/A

Q2 change in timescale

- **21.6)** Change of timescale requested to end Q4, the change request is based on resourcing requirements and other priorities, confidence of completion by end of Q4 is high. 15.10.2025 – Approved at Executive Committee.

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

Transforming in Partnership

Strategic Priority: Engagement, Communication and Corporate Affairs Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

Enabling contribution across all health board outcomes (as agreed/prioritised). Specifically:

- Better informed public and stakeholders
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to "Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system" (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included continued support for the health board's commissioning intentions in relation to waiting times, for which there has been continued proactive and reactive communication following implementation from July 2025 and expansion of these measures to include outpatients from Q3.
- **22.2)** A key focus during Q3 has been the continued design and delivery of our programme of engagement on Better Together. Our detailed Stage 0-2 Engagement Report has been published, bringing together key insights from the engagement activities to date. These insights are informing the planning and delivery of the future Better Together work programme which includes the decision to revise the future approach, with consultation on adult physical and mental health community services now expected from Autumn 2026. Therefore, in the meantime we have refocused on gathering insights to support future work on Planned Care, Diagnostics and Women & Children's services as well as on continuous engagement on Temporary Service Changes which will now be in place longer than had originally been anticipated.
- There have been no major engagement or consultation processes in neighbouring health boards during this period although we have continued to ensure a watching briefing in relation to Hywel Dda UHB and Aneurin Bevan UHB as well as the development of a new operational delivery network for gynae-oncology services in South Wales. Delivery confidence remains at medium given the uncertainties associated with factors outside of our control (e.g. planned or urgent change proposals by neighbouring health boards) and also the political context leading up to elections to a reformed Senedd.

- **22.3)** Work has progressed on shared Regional Partnership Board/Public Services Board priorities including finalisation of the Q1-Q2 six-monthly report on engagement activity, as well as further development of the coproduction community of practice. However, following the departure of the RPB communications and engagement lead, delivery confidence remains medium until resourcing is clarified going forward. Planning is under way for a workshop in Q4 to identify key insights required for the development of the next Population Needs Assessment and Wellbeing Assessment in 2026/27.
- **22.4)** Ongoing review of the stakeholder map remains in place in the context of Better Together. Regular meetings with Members of the Senedd and Member of Parliament continue, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues. A new national Senedd Elections SRO group is in place convened by Welsh NHS Confederation to support our collective approach to planning ahead of the next elections.
- **22.5)** Work requirements relating to COVID Inquiry and Special Purposes Committee have been low level during the quarter, and a decision has been made nationally for the work of the former Special Purposes Committee to be consolidated into the Public Affairs Committee. Remaining COVID Inquiry activity is now "business as usual" and this objective is therefore complete.
- **22.6)** A permanent Head of Charity commenced in post shortly before the end of Q2. The charity website has been launched.

Commentary on red rated actions: N/A

Achievements:

- Continued engagement on Better Together and Temporary Service Changes.
- Launch of Powys Health Charity website

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment O = Original*			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks Q1-Q4	DCG	Green	Green	Green		H	H	H	High

22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) Q1-Q4		Green	Green	Green		M	M	M	Medium
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker Q1-Q4		Green	Green	Amber		M	M	M	Medium
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 Q1-Q4		Green	Green	Green		H	H	H	High
22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee Q1-Q4		Green	Green	Blue		M	M	H	High
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 Q1-Q4		Green	Green	Green		M	M	H	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

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

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

Agenda item: 5.6

Finance and Performance Committee	**Date: 26 February 2026**
Subject:	Endoscopy Service Update
Presented by:	Elaine Lorton, Executive Director of Primary Care Community & Mental Health
Prepared by:	Assistant Director Community Services Group Senior Manager Planned Care
Other Committees and meetings considered at:	Executive Committee – 4 February 2026

PURPOSE:

This paper aims to provide the Committee with a high-level service update relating to endoscopy within Powys Teaching Health Board (PTHB).

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- Take **ASSURANCE** that JAG (Joint Advisory Group) accreditation remains a priority for the service and all the underpinning work is being progressed, however for successful JAG accreditation all relevant clinical leadership roles will need to be in place and fully operational.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

BACKGROUND AND ASSESSMENT:

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

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

Core Endoscopy Service

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

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

Endoscopy Waiting Times

The latest (Dec 25) reported position there were no patients waiting over 8 weeks for endoscopy (colonoscopy, gastroscopy, sigmoidoscopy).

Referral numbers into Powys have been falling during 2025/26 due to changes to triaging within CTMUHB in relation to PTHB access criteria discussions are on-going with CTMUHB to re-direct low complexity activity back into PTHB. As a result, insourcing capacity has not been utilised for the core endoscopy service since May 25. The service continues to work with the PTHB Commissioning Directorate and the National Planned Care Endoscopy Programme to review options for additional capacity, mutual aid, utilisation of PTHB endoscopy environment.

It is important to note that all health boards have significant backlogs in USC, urgent and routine endoscopy patients, the national shortfalls in capacity are reported to Welsh Government via monthly health board level demand and capacity modelling which is refreshed monthly. Pre-covid the modelling exercise illustrated a national shortfall in capacity particularly in colonoscopy and this was also evident in the PTHB level model.

PTHB Endoscopy Clinical Support

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

PTHB Clinical Endoscopists

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

Joint Advisory Group (JAG) Accreditation

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

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

During October 2025 in preparation for accreditation the PTHB endoscopy service undertook an assessment of progress against standards with support from JAG team -a routine step for all organisations applying for accreditation. As part of this process JAG have advised that further time is required to embed the speciality leadership model and the service should look to 2026 for the

accreditation submission with a JAG site assessment in Quarter1 2026/27. At the end of November 2025, the Senior Nurse Theatres/Endoscopy advised that they would be retiring in early February 2026, recruitment is in train for this post however there will need to be interim cover arrangements whilst this process completes with new substantive postholder in place which is unlikely to be prior to April 26. This post will need to be in place for the JAG accreditation process/assurance visit.

Environment and Decontamination

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

Clinical Pathways and Patient Tracking

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

Clinical Leadership/Governance

The Senior Nurse Theatres/Endoscopy and Assistant Medical Director Planned Care posts have enhanced clinical leadership support and governance for the service. A speciality lead consultant is now also in place for the PTHB endoscopy service on a sessional basis. The Senior Nurse Theatres/Endoscopy will be retiring in early February 2026, recruitment to the post is in train interim cover during the recruitment phase will be provided by the Senior Manager for Planned Care.

NEXT STEPS:

The Committee is asked to take assurance that JAG accreditation remains a priority for the service and all the underpinning work is being progressed, however for successful JAG accreditation all relevant clinical leadership roles will need to be in place and fully operational.

IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.7

Finance & Performance Committee	**Date: 26 February 2026**
Subject:	Update on Planned Care In-reach Commissioned Services Fragility
Approved and Presented by:	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health Services
Prepared by:	Assistant Director, Community Services Group Senior Manager, Planned Care
Other Committees and meetings considered at:	Executive Committee - 04 February 2026

PURPOSE:

The purpose of this paper is to provide the Finance and Performance Committee with an overview of:

- The current system challenges (fragilities) facing Powys Teaching Health Board (PTHB) Planned Care in reach provision.
- The key actions which the Health Board has put in place to mitigate against these.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the report and take **ASSURANCE** that systems are in place to monitor and report the Planned Care In-reach Commissioned Services position.
- **NOTE** the planned actions to mitigate fragility.

Approve/Take Assurance	**Discuss**	**Note**
Y	Y	Y

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

EXECUTIVE SUMMARY

PTHB Planned Care cannot achieve national access targets without the use of commissioned in-reach consultant services. PTHB Planned Care has one of the most unusual and complex in reach commissioning environments in the UK with over 18 specialities (medical & surgical) provided by visiting consultant teams from 6 Welsh Health Boards and 3 English NHS Trusts. This results in PTHB Planned Care service necessity to liaise with 50+ DGH Speciality Directorates and 9 DGH Chief Operating Officer/Contracting & Finance structures across two separate health economies to ensure on-going business continuity for PTHB patients.

Commissioned in reach fragility is multidimensional with an intensity that can ebb and flow as challenges and demand levels rise. PTHB in reach fragilities are inextricably linked to whole system Planned Care challenges faced by all providers and there are National Planned Care Transformation Programmes in place with clinically led workstreams to support local health systems to work together to develop solutions to these challenges.

This paper provides an update on the Planned Care commissioned in reach challenges (fragilities) linked to the wider NHS Planned Care system and describes the key actions the health board has in place to support mitigate against these system challenges.

DETAILED BACKGROUND AND ASSESSMENT

Commissioning in-reach provision

PTHB commissions the following service providers in NHS England and NHS Wales to provide planned care in-reach services for Powys residents across PTHB sites:

Clinical Service	PTHB Site (in reach provider)						
Outpatients	**Ystradgynlais**	**Brecon**	**Llandrindod**	**Llanidloes**	**Machynlleth**	**Newtown**	**Welshpool**
Opthalmology	SB	WVT / PTHB	WVT	HD	HD		SATH
Wet AMD		WVT	WVT				
Gynaecology	CTM	CTM / AB	WVT	HD	HD	SATHH / HD	SATH / BC
General Surgery		CTM	WVT			SATH	
Colorectal Surgery					HD	HD	
Vascular Surgery						SATSSATH	
Orthopaedics	SB / HD	AB / PTHB	WVT / PTHB	HD	HD		
Cervical Screening		AB				HD	
Cardiology		AB					

Commented [NK1]: @Denise Vaughan (PTHB - Planned Care) please can you check these tables are correct thank you

Commented [2R1]: Done, updated tables sent by email on 19.01

Clinical Service	PTHB Site (in reach provider)						
Outpatients	**Ystradgynlais**	**Brecon**	**Llandrindod**	**Llanidloes**	**Machynlleth**	**Newtown**	**Welshpool**
ENT	SB	PTHB	WVT				SATH
General Medicine	SB			HD	HD	SATH	SATH
Oral Surgery		CTM					
Medical oncology				HD	HD		
Orthoptics	SB	WVT	WVT			SATH	SATH
Paediatrics			WVT	HD	HD	SATH	SATH
Podiatric Surgery			WVT				
Urology	SB	AB / WVT	WVT				
Dermatology			PTHB/WVT				
Rheumatology	CTM	CTM					

Clinical Service	PTHB Site (in reach provider)	
Theatres	**Brecon**	**Llandrindod**
Ophthalmology	WVT / PTHB	WVT
Gynaecology	CTM	WVT
General Surgery	CTM	WVT
Orthopaedics	PTHB / AB	PTHB
Podiatric Surgery		WVT
ENT		WVT
Oral Surgery	CTM / PTHB	PTHB
Urology	WVT	WVT
Endoscopy		
Gastroscopy, TNE, Capsule Sponge	PTHB	
Gastroscopy & Colonoscopy	CTM	
Gastroscopy & Sigmoidoscopy	CTM	
Cystoscopy	WVT	WVT
Bowel Screening	HD	

Key
SB – Swansea Bay University Health Board
CTM – Cwm Taf Morgannwg University Health Board
HD – Hywel Dda University Health Board
SaTH – Shrewsbury and Telford NHS Trust
WVT – Wye Valley NHS Trust
AB – Aneurin Bevan University Health Board
BC – Betsi Cadwaladr University Health Board

Waiting Times Position

All PTHB Planned Care waiting times for Referral to Treatment (RTT) new outpatients, treatments and the 8-week target for diagnostics (endoscopy) were

achieved to the end of December 2025, with the 8-week diagnostic target for echocardiology showing significant improvement ahead of the agreed trajectory.

However, there are a significant number of delayed follow ups across specialities which need to be addressed within the same in reach capacity. As an example, across surgical specialities as of Nov 25 (latest reported position) there were 952 follow up patients of which 539 (336 ophthalmology) had no appointment date booked.

Service Level Agreements

The annual budget for the in-reach Service Level Agreements with NHS providers is £3.86m year to date underspend £427K (Mth 10) forecast year end underspend of 512K due to the challenges outlined in the table below. To mitigate the performance impact the Health Board has also agreed an insourcing contract with a private provider. The SLAs are monitored and performance managed with issues escalated through the Contract Quality and Performance Review Meetings (CQPRMs). Commissioned provider colleagues have re-confirmed ongoing in-reach provision fragilities are on-going.

Planned Care commissioned in reach challenges (fragilities) linked to the wider NHS Planned Care system issues

PTHB in reach fragilities arise as a direct result of whole system Planned Care challenges faced by all providers. The main system challenges and examples of impact on PTHB in reach are highlighted below:

Planned Care System Challenges	Impact on PTHB in reach
• There is a very significant backlog in elective care where patients need non-emergency treatment or diagnosis. Planned Care is still in recovery with all neighbouring Health Boards/NHS Trusts utilising insourcing, outsourcing, mutual aid and waiting list initiatives as there is not enough capacity in the system to manage demand. Urgent and Emergency Care and • Cancer pathway pressures take priority making the achievement of elective ambitions very challenging. USC cancer referral demand continues to grow and outstrip capacity. NHSE Tier 1 monitoring for cancer, various other organisations in escalations.	• Reduction in in reach provision. • Consultant teams pulled back to support DGH pressures. • Majority of SLAs are underperforming as all providers struggle with capacity v demand waiting times for routine and USC are significantly higher in DGHs so they prioritise accordingly. • Specialities such as dermatology, gynaecology, ENT, colonoscopy have been significantly impacted by system Urgent Suspected Cancer demands with consultants redirected from in reach to manage these pressures within DGHs. • Lack of system capacity means it is a huge challenge to increase consultant led in reach resources into PTHB to expand services maximise use of Powys estate etc.

• Staff shortages are persistent with stress and high burnout, many experienced clinicians opting to retire earlier without succession plan. There are significant recruitment challenges across specialities extending also to locum recruitment.	• Reduction in in reach provision. • In reach is not backfilled for e.g. sickness absence, maternity, succession planning, annual leave and/or there are significant gaps whilst cover is sought. • Specialities such as ophthalmology, endoscopy (colonoscopy/bowel screening), general surgery, rheumatology, urology, ENT, gynaecology, general medicine, anaesthetics, orthopaedics, cardiology clinical physiology are particularly impacted across the majority of Providers. • In a DGH, cover for short notice absence is available from within specialities e.g. registrar colleagues under supervision of another consultant on site. PTHB does not have this infrastructure to provide such support therefore lists have to be cancelled. • Lots of single points of failure services reliant on single consultants.
• Critical estates programmes are taking priority e.g. new elective hubs and requirement for clinical workforce to maximise utilisation.	• Reduction in reach provision. • For example, SaTH and requirement for clinical workforce to support this initiative mean options such as utilisation of registrars in PTHB for ENT capacity are not viable as they are needed at the hub. • PTHB unable to secure additional in reach to maximise use of underutilised estate within PTHB
• Lack of sufficient capacity clinical, management, digital to deliver improvements which transform care and improve outcomes.	• Reduction in in reach provision. • Lack of operational capacity from DGH teams to support in reach service transformation, maximise efficiencies. • For example, lack of digital solution for eyecare is limiting opportunities to maximise utilisation of scare in reach ophthalmology resource in PTHB and shift left to primary care

• PTHB NHSE Commissioning Strategy 2025/26	• Challenging relationships with DGH consultants concerned by delays to DGH waits
• Diagnostic staff recruitment challenges, core staff are deployed to prioritise acute & cancer pathways with resultant impact on new routine capacity in reach provision.	• Impact on RTT waits in Powys scans, nerve conduction. • Reduction in in reach provision endoscopy • Recruitment challenges across clinical physiology

Examples of specific in reach challenges are illustrated in the table below.

Provider	**PTHB In Reach Challenges**
Swansea Bay UHB	Opthalmology – consultant leaving 31 03 26 with no confirmed backfill.
Aneurin Bevan UHB	Orthopaedics - Upper limb service attending once a month impact on RTT scheduling.
	Gynaecology/Colposcopy – unplanned consultant absence with no service level backfill patients offered appointment North Powys or transferred to DGH.
	Cardiac Physiology – reduction in templates without backfill, in general unable to meet demand for diagnostics generated via cardiology.
Cwm Taf Morgannwg UHB	Gynaecology – reduced template due to travel requirements.
	Rheumatology – demand is higher than capacity with no additional sessions available impacting on new & FU waiting times.
Wye Valley NHS Trust	Ophthalmology Monthly SLA attendance is rarely met 40% underperformance; short notice changes common occurrence, supporting list productivity e.g. 7 cataract patients on a list.
	Gynaecology – 2 sessions a month shortfall no replacement.
	General Surgery – change of in reach consultant with only 2/4 sessions per month replaced.
	Rheumatology – consultant retirement no backfill available service to be transferred back to DGH as no other alternative provider capacity
	Anaesthetics – sporadic cover, only able to confirm attendance 2 weeks prior to list due to DGH pressures.
Shrewsbury & Telford NHS Trust	ENT - Significant reduction in sessions in recent years in conjunction with reduction in template. Communication re cancellation of sessions with no notice.

	General Medicine – Reduction in template without explanation. Insufficient capacity for follow up backlog with no additional capacity available.
	General Surgery – no backfill for lost clinics, reduction in clinic sessions to less than once a month, reduction in templates.
	General Medicine respiratory – insufficient capacity available to manage backlogs of follow ups
	Ophthalmology – clinics cancelled on a regular basis
Hywel Dda UHB	Opthalmology – reduced templates and short notice cancellations
	Gynaecology/Orthoptics – repatriation of activity opportunities
	Bowel Screening – locum arrangements no service backfill capacity
Betsi Cadwaladr UHB	Cancelled March, April. May 26 clinics gap of 4 months between sessions

Planned Care Actions to support service challenges (fragilities)

The PTHB Planned Care Service Team works exceptionally hard to maintain in reach service provision constantly adapting, re-organising, reworking in reach schedules to ensure service continuity within Powys against a backdrop of this complex whole system Planned Care challenges. Key actions undertaken operational to support Planned Care in reach service are highlighted below:

- Implementation of National Planned Care Programmes within PTHB - Outpatient Transformation, GIRFT recommendations, on-going work to maximise PTHB service efficiencies including theatre transformation.
- Better Together GIRFT assessment of Planned Care to identify improvement opportunities, optimise service delivery and ensure resources are used to deliver the greatest possible benefit for patients, setting out a clear strategic direction and a set of prioritised options for scheduled care including a review to strengthen referral management with actions for implementation in 2026/27.
- Development of PTHB referral management service MSK/Orthopaedics lead by Consultant MSK Physiotherapist, successful implementation of GIRFT recommended referral management service in Powys.
- Review of theatre/OP eyecare flow in conjunction with in reach provider, dedicated PTHB team for eyecare lists, review of equipment consumables and supporting MDT roles to ensure service efficiency capacity to manage cataract template efficiency requirements, utilising insourcing to undertake 8 patients per list during February/March 2026 to demonstrate service capability.
- Daily contact with multiple operational teams across providers, operational fragile services issues log which is shared with PTHB commissioning, with escalation through Provider Commissioning Quality Performance Reporting meetings (CQPRM), fragility of in reach highlighted on risk register.

- Development of clinical leadership within PTHB Planned Care including Assistant Medical Director Planned Care, Senior Nurse Quality and Safety lead to form management triumvirate alongside General Management. With on-going development of speciality clinical leadership to support transformation, orthopaedics consultant lead appointment Sept 25, recruitment in train for ophthalmology and anaesthetics consultant leadership posts.
- Utilisation of insourced provision to support deficits in in reach commissioned capacity, implementation of regional capacity insourcing workstreams HBSUK as directed by Welsh Government.
- Offer of PTHB Planned Care estate as part of regional asset to maximise utilisation and in reach support into Powys.
- Developing digital demand and capacity modelling and associated staffing modelling.

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	
Timely			X	
Effective			X	
Efficient			X	
Equitable			X	
Person Centred			X	
Workforce			X	
Leadership			X	
Culture			X	
Information			X	
Learn, Improve, Research			X	
Whole Systems Approach			X	

EQUALITY:

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

RISK ASSESSMENT:

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.8

Finance and Performance Committee	**DATE: 26 FEBRUARY 2026**
Subject:	**CAPITAL AND ESTATES COMPLIANCE UPDATE**
Approved and presented by:	Pete Hopgood, Executive Director of Finance, Capital and Support Services
Prepared by:	Associate Director Capital, Estates and Facilities
Other Committees and meetings considered at:	None

PURPOSE:

The paper has been prepared for the Finance and Performance Committee to receive an update on the position in relation to Capital and Estates compliance.

Issues of particular importance or risk are highlighted by exception and audit outcomes are identified to provide a level on independent assurance.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the report and take **ASSURANCE** that appropriate compliance monitoring is in place for Capital and Estates compliance.

~~**Approve**~~**/Take Assurance**	**Discuss**	**Note**
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	×	Capital and Estates activity in relation to 'compliance' is critical in terms of the provision of a safe and fit for purpose environment to underpin operational and clinical services for the organisation.
2. Provide Early Help and Support	×	
3. Tackle the Big Four	×	
4. Enable Joined up Care	×	
5. Develop Workforce Futures	×	
6. Promote Innovative Environments	✓	
7. Put Digital First	×	
8. Transforming in Partnership	×	

EXECUTIVE SUMMARY:

The paper outlines the general activity undertaken by the Capital, Estates and Facilities functions to support 'compliance' in terms of the wider PTHB estate. 'Compliance' covers a wide range of activity which, firstly, must address legal and legislative requirements along with specific further requirements outlined by NHS healthcare (Health Building/Technical Memorandum) and general good practice. A compliant estate will be safe, resilient and fit for purpose to enable and underpin the operational and clinical services delivered by the organisation.

The paper identifies any internal, NWSSP or external audit activity which offers an independent opinion on areas of compliance activity.

CAPITAL: the capital programme activity is described, identifying funding sources and quantum along with audit activity which reviews general aspects of capital delivery and compliance as follows:

Title / scope	Auditor	Date	Outcome
Capital Systems	NWSSP Internal Audit	2024/25	Reasonable
Llandrindod Wells	NWSSP Internal Audit	May 2025	Reasonable
North Powys	NWSSP Internal Audit	Ongoing	Awaited

ESTATES: Estates compliance is a broad and complex topic area and is subject to audit by several bodies, primarily NWSSP-Specialist Estates Services where the compliance areas receive regular Authorised Engineer technical audits and reports. NWSSP Audit and Assurance undertake governance audits, with 'asbestos' subject to scrutiny in the current year with the potential for 'control of contractors' or 'medical gas' to be audited in 2026/27. Audit Wales are also undertaking a current review. The paper describes the monitoring and reporting process and framework for Estates compliance.

Title / scope	Auditor	Date	Outcome
Water Hygiene	NWSSP-SES	2024	Substantial
Medical Gas	NWSSP-SES	2023	Reasonable
Ventilation	NWSSP-SES	2025	Reasonable
Decontamination	NWSSP-SES	2024	Reasonable
Electrical Low Voltage	NWSSP-SES	2025	Limited / Reasonable
Asbestos	NWSSP Internal Audit	2026	Awaited
Managing NHS Estates	Audit Wales	2026	Ongoing

FACILITIES: this section has been added and includes a scope of services and audit status.

Title / scope	Auditor	Date	Outcome
Catering Services	NWSSP Internal Audit	2026	Substantial

BACKGROUND / CURRENT STATUS:

CAPITAL

General Update: the Welsh Government Capital Prioritisation Process was introduced in early 2024 in recognition of the pressure on NHS Capital with the 10-year spend profile seeing Health Boards anticipating future bids to be in the order of circa £6.7Bn, which is recognised as unaffordable in relation to the recurring £400M annual allocation. WG have now indicated that they can support the continuation of business case progression for two of the PTHB hospitals from core NHS Capital and are supporting a bid to Regional Partnership Board (RPB).

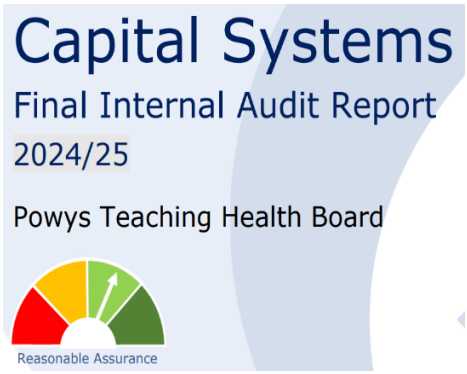
Future Funding update:

- **Targeted Estates Fund:** Welsh Government has announced £40M of funding per annum will be available in 2025/26 and 2026/27. The Targeted Estates Funding programme or **TEF** (previously known as EFAB) is intended to focus investment on key estates related risk issues for NHS organisations in Wales. The categories are outlined below. As in previous years a 30% health board contribution will be required from Discretionary Capital against each successful bid with 70% being provided by WG.

Category		2025-26 £m	2026-27 £m
1	Infrastructure – All risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
	Total	**40**	**40**

- **Discretionary Capital 2025/26 onwards**: Welsh Government has announced an increase to PTHB's Discretionary Capital allowance from £1.431M to £2.7M per annum in 2025/26 and to £3.03M in 2026/27. This provides the health board with more certainty on the 'baseline' funding which is particularly beneficial for forward planning and resourcing the capital team which is funded through Capital funds. This will not only contribute to an increase in the number of discretionary capital schemes but will also allow the health board to deal with larger issues which were previously not possible due to the low level of available discretionary funding.
- **2026-2028 Capital Programme**: this has been drafted and is progressing through the governance process with the aim of securing Board approval in March 2026. The proposed programme is drafted by the Capital Control Group, which has a broad organisational membership and meets regularly to receive and assess work requests from across the health board. There is a recognition, however, that the programme needs to be flexible to respond to emerging risks and changing priorities and has a further challenge in the current climate to support Transformation activity as the Better Together priorities for the health board become clearer.

Audit Status: NWSSP-Audit and Assurance Services / Internal Audit undertake regular audits of Capital activity - in 2024/25 this included a **Capital Systems audit** on a selection of 10 discretionary capital schemes. A recommendation was noted to ensure construction contracts were enacted and signed for all projects and this finding has resulted in the strengthening of the PTHB Capital Procedures and more stringent requirements put in place for the professional consultant advisors to maintain adherence for future schemes. Internal Audit did note the continual improvement of governance for the Capital Team as part of the final audit report, which resulted in a Reasonable Assurance outcome:


Capital Systems

Final Internal Audit Report

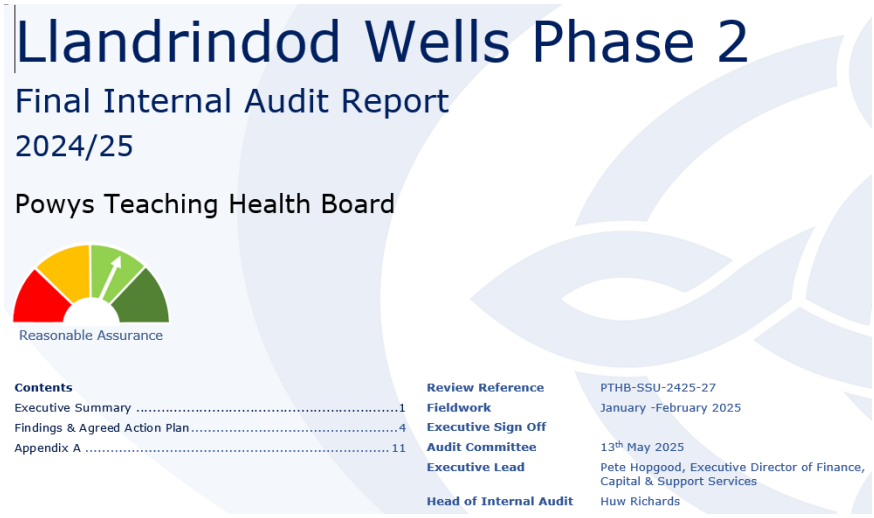
2024/25

Powys Teaching Health Board

Reasonable Assurance

'Over the past few years, Capital and Estates have dedicated substantial time and effort to developing a structured control environment for their projects. This commitment has involved implementing a capital toolkit designed to enhance project management and oversight. By establishing clear processes and standards, the department has aimed to ensure consistency and quality across all projects.'

A further NWSSP audit on the initial project investment of £3.0M for the **Llandrindod Phase 2** scheme and received a **Reasonable Assurance rating in May 2025**.


Llandrindod Wells Phase 2

Final Internal Audit Report

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Powys Teaching Health Board

Reasonable Assurance

Contents

Executive Summary 1

Findings & Agreed Action Plan 4

Appendix A 11

Review Reference	PTHB-SSU-2425-27
Fieldwork	January -February 2025
Executive Sign Off	
Audit Committee	13th May 2025
Executive Lead	Pete Hopgood, Executive Director of Finance, Capital & Support Services
Head of Internal Audit	Huw Richards

Scope & Assurance Summary

Objectives		Related Findings	Assurance
1	Project Performance- achievement of the project's key delivery objectives (time, cost, and quality).	-	Substantial
2	Governance - To obtain assurance that adequate governance arrangements exist including management ownership, defined roles and responsibilities, and clearly defined accountability & delegation arrangements.	-	Substantial
3	Project Management & Reporting - Assurance that appropriate recognised project management tools have been developed and are utilised to ensure effective oversight and delivery of the project. That appropriate project monitoring and reporting arrangements are demonstrated.	1	Reasonable
4	Contractual Appointments – assurance that the Supply Chain Partner and any advisers are appropriately appointed with standardised forms of contracts.	2,3	Reasonable
5	Financial Management – To confirm adequate cost control systems are operated, both internally and by the External Cost Adviser. Supply Chain Partner and Advisor payments are progressed in accordance with the contractual requirements and valuations are appropriately evaluated and approved. Assessment of the ongoing arrangements for the review of risk and associated management of contingency funds.	1	Substantial

A NWSSP audit outcome is due in February 2026 related to **North Powys Integrated Hub,** Strategic Outline Case / Outline Business Case (SOC/OBC) process

Procurement: a compliance report is produced annually by NWSSP Procurement which reviews adherence to Standing Financial Instructions and general procurement regulations. The report includes a general overview of activity in period including both quotation and tender activity schedules and conformance reviews, single tender waiver review and a section on areas for action/improvement. The report is tabled at Innovative Environments Group and any actions identified are monitored in the monthly Procurement / Estates management meetings.

NHS WALES SHARED SERVICES PARTNERSHIP – PROCUREMENT SERVICES:

REPORT ON POWYS TEACHING HEALTH BOARD ESTATES PROCUREMENT ACTIVITY

For Period: 1 April 2024 to 31 March 2025

REPORT SUMMARY

Echoing the comments of the previous year's report (FY 2023-2024) we reiterate that the level of communication between the two teams is good, and the working relationship provides a supportive and efficient process for delivering Powys' procurement activities.

The monthly meetings continue to be of value, increasing the team's awareness of the governance process and associated requirements. It also provides a forum where current and forthcoming projects or challenges are discussed and allows the teams to work together to determine a solution.

The noticeable observations during this period were, for example:

- Powys Re:fit scheme continues to progress across the Health Boards estate, with work having commenced in some areas, and validation work currently ongoing in others. The scheme continues to deliver long term energy, carbon and cost savings for the Health Board.
- Work continues to monitor and to plan for longer term service and maintenance contracts to replace historical short-term contracts and quotes.
- As noted within the previous reports, cumulative contractors spend is an area that has not made much progress due to resource constraints. And should be an area of focus in the next period.
- A significant uptake in the use of direct awards against frameworks. Whilst these are compliant, this should be monitored and discussed with Procurement Services to ensure a balanced approach ensuring value for money and should be executed in a manner that complies with the new regulations.
- There are several changes to the procurement process as a result to changes within Procurement Regulations, Procurement will continue to engage and support Powys throughout to ensure compliance with the new requirements with training sessions arranged for FY 2025/26
- Procurement will look to develop a customer questionnaire to obtain feedback from the Health Board as part of continuous development and provide an appropriate route for feedback.
- As a result of the positive progress during the period, it has been agreed that the regular meetings will now take place bi-monthly

The report covers both Capital and Estates activity and compliance.

ESTATES

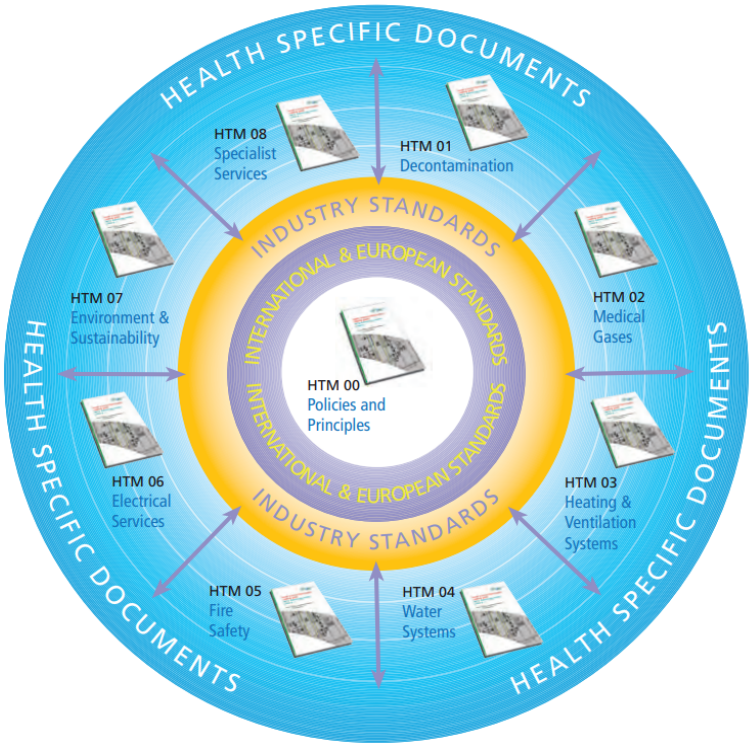
Background: with 30% of the estate predating-1948 and only 10% built post-2005, the workload and safe and compliant management of the PTHB estate remains a significant challenge. Addressing this will require substantial investment and support for risk-based programmes of activity spanning several years across various compliance areas, including fire safety, water hygiene, electrical systems, medical gases, ventilation, etc. Backlog Maintenance is estimated at approximately £69M. The revenue position is also under considerable strain, with energy cost pressures and reactive maintenance generated by failing infrastructure, plant and equipment related to the oldest and 'least new' estate in Wales.

Internal Audit raised concerns in their March 2024 'Limited Assurance' report on Estates Condition, highlighting a funding shortfall that could impact efforts to address the backlog maintenance and support future transformation. Following

escalations at WG level about the ever-increasing backlog maintenance burden across NHS Wales, exceeding £1Bn for the first time a couple of years ago, and now reported to be £1.35Bn.

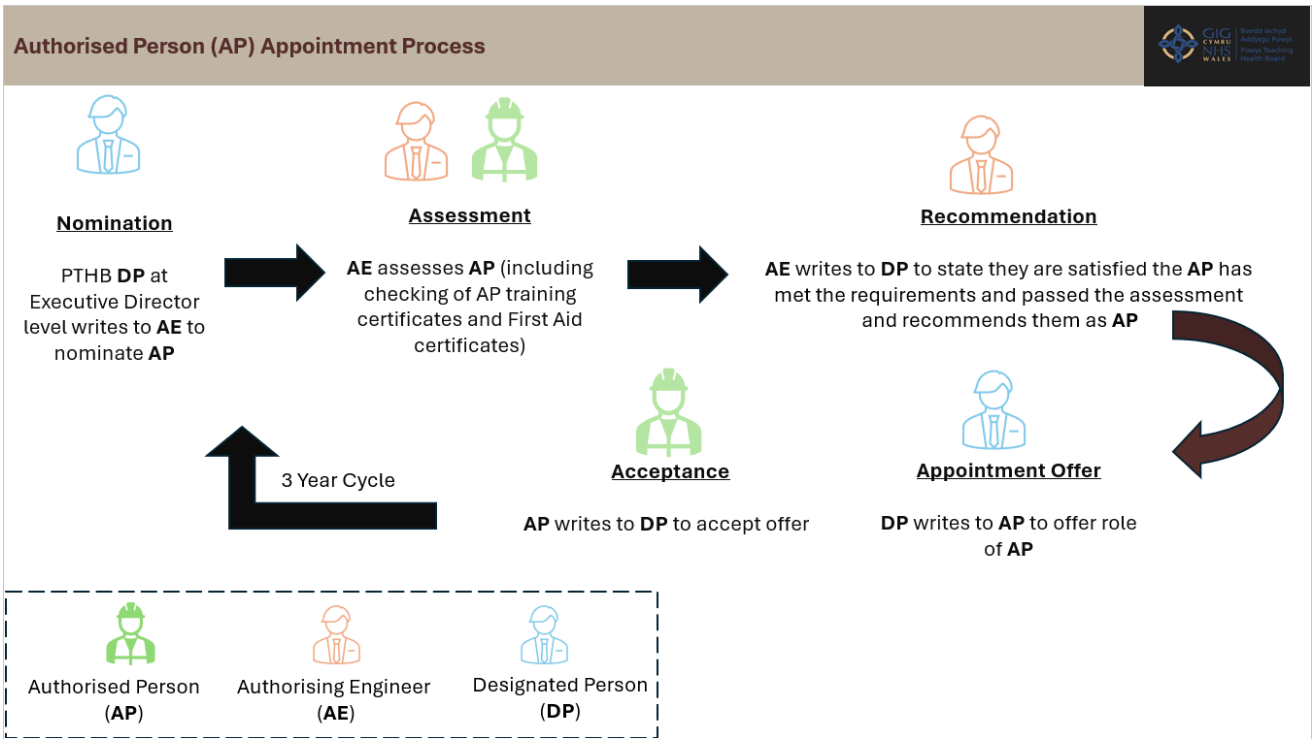
All Wales capital of £30M was made available as a one-off Backlog Maintenance fund for 2024/25 with 3.0M secured by PTHB to support improvement works to the front of Llandrindod Hospital. Several other high priority bids were registered and these will form the basis for future funding requests. PTHB were also successful in securing funding for several urgent projects via capital slippage to support improvement work to the Bronllys sewage treatment plant, asbestos removal in Brecon hospital, etc., which have helped to address backlog maintenance and compliance risks across the estate.

Compliance in a healthcare setting: Welsh Health Technical Memoranda (WHTMs) provide detailed guidance on the design, installation, and operation of specialised building and engineering technology in healthcare delivery. Healthcare providers must ensure effective governance arrangements are in place. The WHTM series offers best practice engineering standards and policies to support the management of this responsibility. These memoranda are supported by NHS Wales Shared Services Partnership - Specialist Estates Services (**NWSSP-SES**), which provides technical guidance and Authorised Engineer support for the defined disciplines.



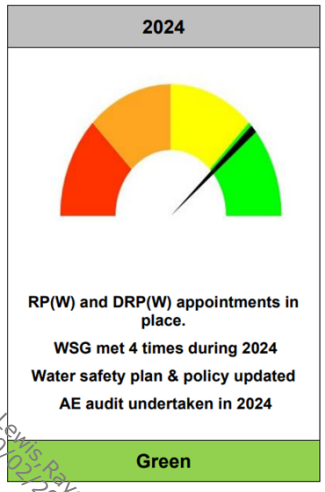
The Estates team have appointed leads for each of the WHTM areas of activity, who are appropriately trained and qualified, with access for advice to the NWSSP-SES Authorised Engineers and technical team.

The HTM process is also underpinned by the appointment of Designated Persons at Executive Director level within the Health Boards – this is the Director of Nursing for Decontamination and the Director of Finance, Capital and Support Services for other disciplines. The Designated Person works in conjunction with the NWSSP-SES Authorised Engineer, who assesses the competence and experience of the Authorised Persons for the specific compliance areas and recommends appointment.



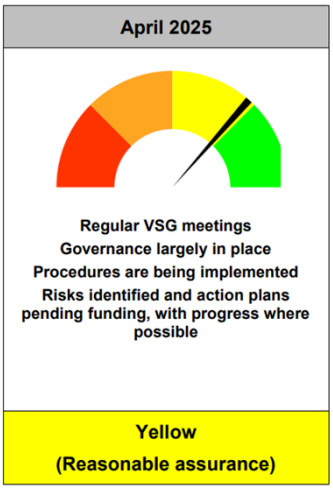
Audit and Assurance: in addition to providing technical guidance and support, NWSSP-SES undertake routine audits / Authorising Engineer Annual Reports for compliance activity. The most recent published audit reports are as follows:

Water: Substantial



Medical Gas: Reasonable

Ventilation: Reasonable



Decontamination: Reasonable

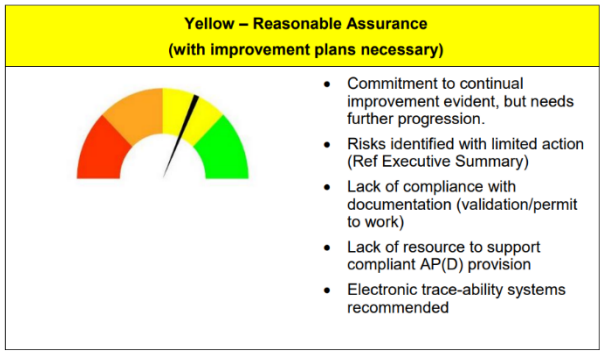
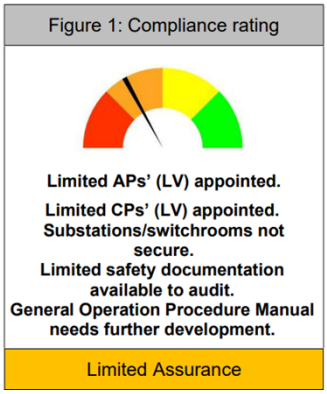
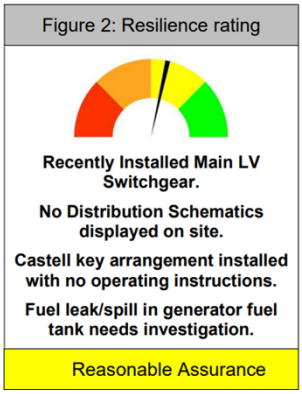


Figure 1 Overall Compliance Rating

Electrical: Limited / Reasonable March 2025





Electrical (Low Voltage – LV); Limited - the audits are conducted on a specific site and then processes reviewed on an overarching level. PTHB will always have an issue with the number of Appointed Persons and Competent Persons due to the resource levels and geography. In terms of the observations that led to a Limited Assurance, the Electrical Safety Group has now been convened and the specific recommendations related to Welshpool in relation to rubber matting, schematic drawings, signage, etc. have been addressed. Progress is reported at the Electrical Sub Group and Electrical Safety Group.

Fire: 'Independent Reviews of Fire Precautions' are conducted by the NWSSP-SES Senior Fire Safety Advisor are undertaken at a site level but are not assessed against the usual 'assurance' criteria; recommendations are addressed and monitored by the Estates Fire Sub Group and organisational Fire Safety Group which is attended by the Shared Services Senior Fire Safety Advisor. The Health Board also complete data returns annually to NWSSP-SES in relation to general fire criteria and separately on false fire alarm activations with the resultant data published by NWSSP-SES. Mid and West Wales Fire and Rescue Services (MWWFRS) additionally undertake a programme of site specific inspections with an outcome report and recommendations: no visits undertaken in 2025.

The Fire Safety Group now commissions an internally produced Annual Report based on a calendar year cycle and this provides an overview of status for this important compliance area – the report is shared at Innovative Environments Group (IEG) and has been the subject of a compliance 'deep dive' at the newly formed Health & Safety Committee in January 2026, receiving good feedback.

Asbestos: this is an important compliance area which is not supported by NWSSP-SES. Recognising this, the Policy update in 2022 required the production of an Annual Report for each calendar year to provide a status position on compliance. In addition, NWSSP Audit and Assurance has undertaken an audit focused on asbestos as part of the Audit Plan for 2025/26 – the outcome report is currently awaited.

Other Compliance Activity: there are several other areas of Estates responsibility which can be classed as 'compliance' and which have statutory

implications. There are several Estates technical sub groups which are in place to manage these additional topic areas and report into the Estates Compliance Group and Innovative Environments Group which is chaired by the Deputy Chief Executive / Director of Finance, Capital and Support Services:

- Radon
- Infrastructure: including boilers, lifts, etc.
- Health and Safety
- Buildings and Biodiversity

Audit Wales: audit fieldwork commenced in January 2026 with interviews scheduled for February with an outcome report anticipated for May 2026. The scope of the audit is as set out below:

Archwilio Cymru
Audit Wales

Audit Brief – Managing NHS Estates – Powys Teaching Health Board

Audit year: 2025

Date issued: December 2025

Audit questions, scope, and criteria

9 The audit will seek to answer the overall question: **Does the Health Board have effective corporate arrangements for the management of its estate?**

10 In doing so, we will assess the extent to which the Health Board:

- has a clear planning approach for its estate in the medium to longer term;
- has effective governance arrangements in place for estate management;
- is utilising its estates financial resources appropriately;
- uses its current estate efficiently and productively;
- has an estate which supports quality and care and experience for patients and staff; and
- is effectively managing its estate workforce.

11 Appendix 1 contains the audit questions and audit criteria that we are using to help determine "what good looks like".

12 We are undertaking this audit at all NHS bodies, except for Health Education and Improvement Wales and Public Health Wales NHS Trust.

Planned Preventative Maintenance (PPM): is designed to monitor and maintain the safety, functionality and regulatory compliance of the estate within the healthcare setting. It involves regular inspections, scheduled maintenance and prompt action to address issues with building infrastructure and critical systems - by proactively maintaining assets, the PPM approach reduces the risk of unexpected failures, minimises costs and creates a resilient environment for both patients and staff.

NORTH POWYS ESTATES	
Week Commencing	04.01.26 (Week 2)
Week Ending	11.01.25

Building	PPM Jobs	Completed PPM Jobs	Incomplete PPM Jobs	Delivery Of Service
All Sites	1	1	0	100%
Brohafren Clinic	15	15	0	100%
Bryntirion Clinic	10	10	0	100%
Llanidloes Hospital	10	9	1	90%
Machynlleth Hospital	4	4	0	100%
Newtown Hospital	4	4	0	100%
Mochdre Industrial Unit	1	1	0	100%
Park Offices, Newtown	8	8	0	100%
Park St Clinic	15	14	1	93%
Welshpool Hospital	0	0	0	0%
Welshpool Clinic	15	15	0	100%
Ynys-y-Plant	17	16	1	94%
TOTALS	**100**	**97**	**3**	**97%**

Example - Planned Preventative Maintenance summary report

Adopting a risk-based approach to managing estates compliance: this involves prioritising maintenance and improvements across multiple competing portfolios based on the level of risk they pose to safety, regulatory adherence, and operational efficiency. The process begins with identifying and assessing risks associated with building infrastructure, equipment, and systems. These risks are reviewed by the compliance sub-groups, who evaluate them for severity and likelihood. Competing work streams, ranging from health and safety concerns to legal compliance, environmental impact, and patient care, are all considered in the risk assessment process. Critical areas that could have a significant impact on safety or compliance are prioritised, while lower-risk activities are addressed opportunistically / over time. This approach ensures that limited financial resources are allocated effectively, focusing on high-priority risks that could prevent system failures or safety breaches and support business continuity.

ESTATES COMPLIANCE HIGHLIGHT REPORT **Last updated: Feb 2026**

Compliance Activity	Fire	Author	Craig Turner – Fire Safety Advisor Andy Duff – Fire Safety Advisor

	Very Low 1-3			Low 4-8				Moderate 9-12			High 15-25			
	1	2	3	4	5	6	8	9	10	12	15	16	20	25
Current Assessment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐
Target Risk Level	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐

Risk Matrix.docx

What's Changed Since Last Report:

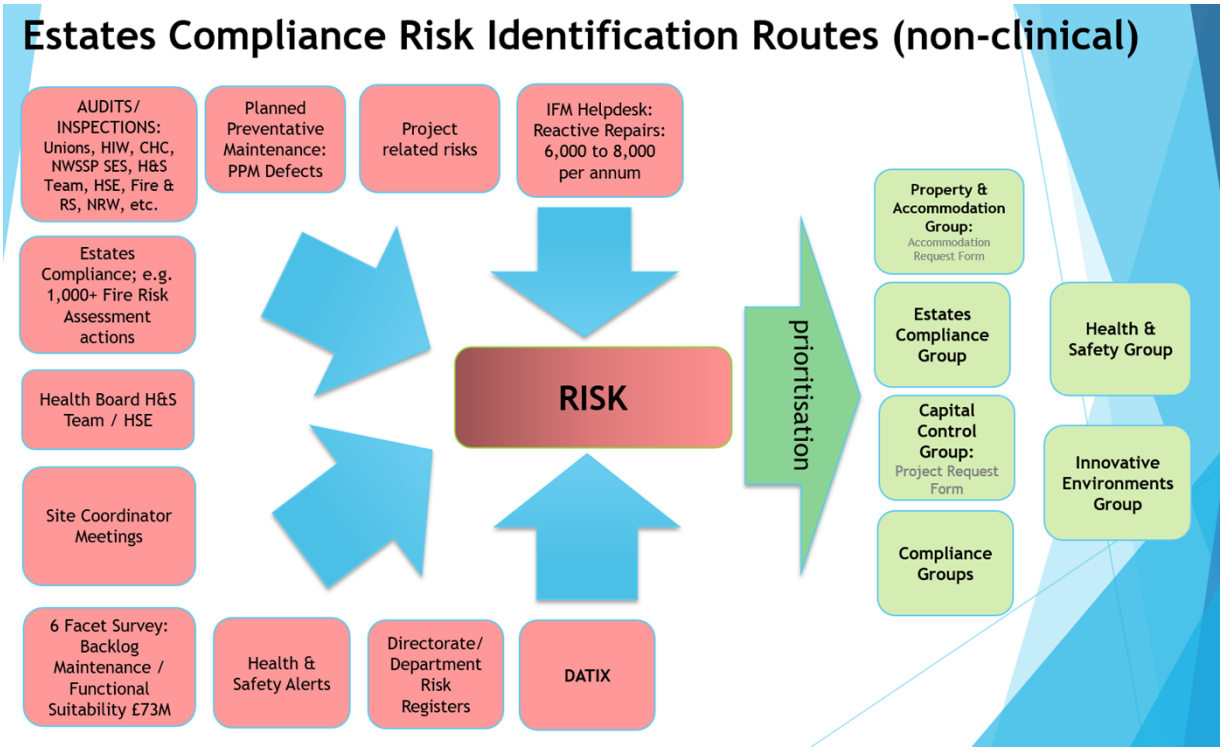
- **Annual Fire Assurance Report has been drafted which reports on concerning discrepancies with Datix entries and lack of knowledge of estates and fire teams.**
- FSN 007 published for unauthorised use of domestic appliances. Multiple requests for dispensation and requirement for upgrade to hazard room standards.
- UwFS T&F Group outcomes provided prioritised focus for proactive rolling programme of head replacement. Slippage funding (£50k) received for proactive head replacement. Submission for rolling £80k system replacement programme through Targeted Estates Fund (was EFAB). **Activations have increased at Bronllys with some repeat activations. Improvement in activation form submission requested.**
- Fire compartmentation construction phase completed at Machynlleth and closing out at Brecon. Fire alarm replacement programme commenced at Brecon Hospital.

	Risk Describe the risk – top 5 only	Mitigating action What measures will address the risk identified?	Current Risk Rating Score: Likelihood x Impact = Risk			Indicative Cost £	Current actions	Target Date
1.	**Compartmentation:** increased and unrestricted spread of fire. Fire Risk Assessments have highlighted failures in compartmentation at the majority of hospital sites.	Undertake surveys to identify scale and scope of deficiencies. Planned remedial programme of works. Improved controls on work activities causing non-compliance.	4	4	16	£3.5M	Remaining sites to be submitted for TEF on risk priority. Grenfell Towers Inquiry has raised profile of restricting fire spread and Welsh Government focus topic. PTHB gap analysis conducted and action plan being developed following publication of Phase 2 report. Ventilation ductwork and fire damper surveys completed across all hospitals. Remedials being worked through by estates teams. **Some outlying dampers at Brecon left to inspect.**	2027

Compliance Highlight Report Version 3.2

Sample excerpt from Fire Highlight Report

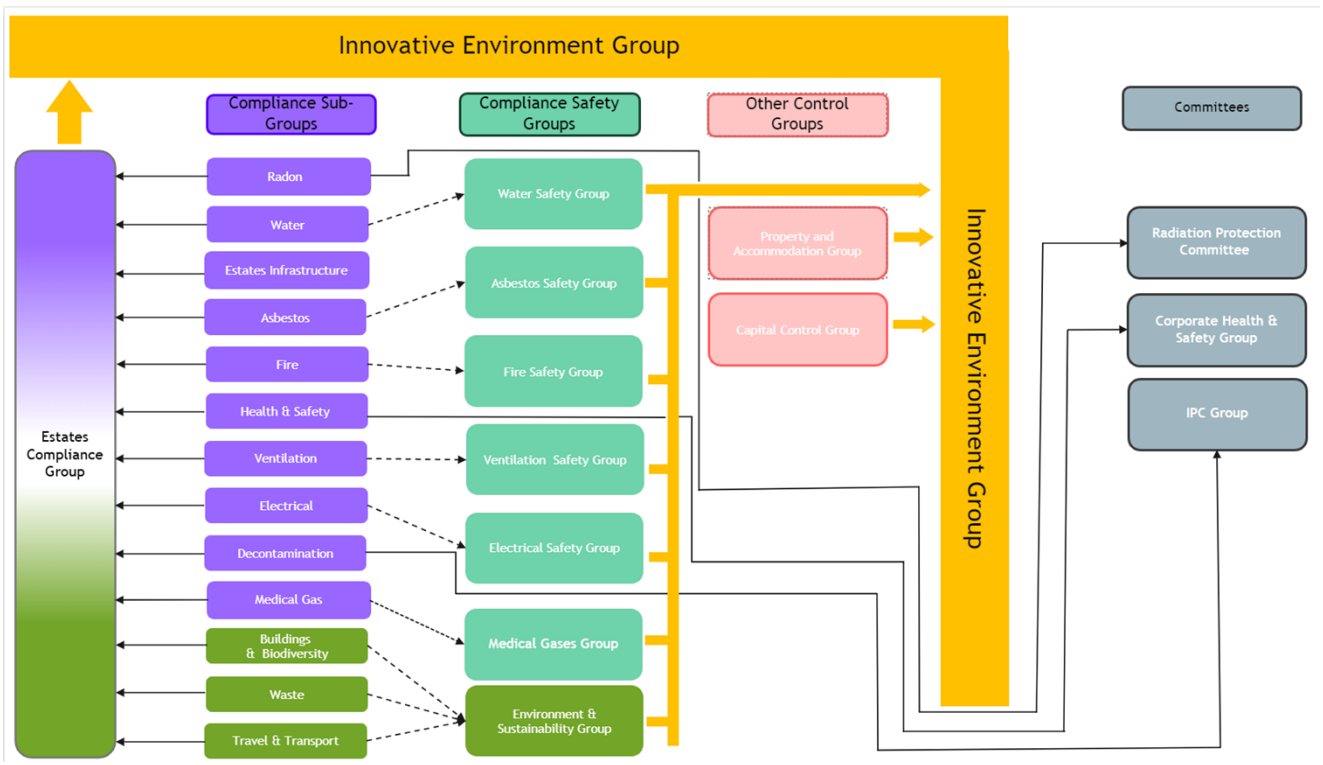
Estates Compliance Sub-Groups/Safety Groups: these groups are responsible for managing and monitoring risks related to building maintenance, health and safety, and regulatory compliance across the estate. Each sub-group focuses on specific compliance areas, such as fire safety, decontamination, asbestos, etc., by undertaking regular inspections and carrying out PPM's will identify potential hazards. Risks are evaluated based on severity and likelihood with Highlight Reports available for each compliance area of activity, with action plans developed to mitigate or resolve issues, i.e., utilising ringfenced capital funding, revenue funding or submitting a business case to WG. Findings are reported via safety groups in the case of Water, Ventilation, Medical Gas, Electrical and Asbestos, and then on to the Estates Compliance Group. Through continuous monitoring, periodic reviews the sub-groups contribute to maintaining a compliant, safe and effective estate while supporting the overall risk management strategy.



Reporting Structure: the Estates Compliance Groups / Sub-Groups report into the Estates Compliance Group which considers the Sub-Group Highlight Reports by exception and exercises a general overview of Estates activity. The Compliance Groups (as opposed to Estates technical Sub-Groups) have wider organisational membership and are generally attended by the NWSSP-SES Authorised Engineer to share NHS wide good practice, provide expertise, advice and an external perspective.

The Estates Compliance Group reports into the Innovative Environments Group which is chaired by the Deputy Chief Executive / Director of Finance, Capital and Support Services, has Executive membership and is supported by Director of NWSSP-SES to offer independent specialist advice to the group.

The Innovative Environments Group also receives reports from several other Estates and compliance related groups and reports by exception to the Executive Committee. The meeting structure for IEG is set out below.



Estates Compliance 'meeting structure' reporting to Innovative Environments Group

A new dashboard has been developed for the recently introduced **Health and Safety Committee:**

FACILITIES

The Facilities function is now part of the Capital and Estates department and this enables synergies to be explored which could deliver efficiencies and add resilience as part of a broader integrated team structure. The Facilities senior management team is currently experiencing some significant challenges with a failure to appoint to senior roles, interim appointments and long term sickness absence. The service which manages cleaning, portering, catering, security, laundry, pest control, waste management and transport underpin many of the core operational and clinical services across the organisation.

Audit: there is a significant focus on internal audit activity across the key services and it is really positive to report that catering services currently have Level 5 (Very Good) Environmental Health Officer (EHO) ratings across all hospital sites. It is also positive to report that a final report from NWSSP Internal Audit received in February 2026 reflected a Substantial Outcome for Food Safety Standards.

Catering Services – Food Safety Standards

Final Internal Audit Report 2025/26

Powys Teaching Health Board

Substantial Assurance

Contents

Review Reference	PTH-2526-09
Fieldwork	December 2025 - January 2026
Executive Sign Off	February 2026
Audit Committee	10th March 2026
Executive Lead	Pete Hopgood, Executive Director of Finance, Capital & Support Services
Audit Team	Ian Virgil, Head of Internal Audit
	Lucy Jugessur, Deputy Head of Internal Audit

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau | Gwasanaethau Archwilio a Sicrwydd | Shared Services Partnership | Audit and Assurance Services

Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	Comprehensive and up to date Food Safety Policies and Procedures are in place and appropriate training is provided to relevant staff	-	Substantial
2	Mechanisms and controls are in place and operating effectively to ensure compliance with relevant food safety standards	1	Substantial
3	Risks and incidents relating to compliance with food safety standards are effectively managed with monitoring of actions through to completion	-	Substantial
4	Governance structures are appropriate and effective with mechanisms for regular reporting and escalation of key food safety compliance matters to Committee and Board level where required	-	Substantial

The Facilities compliance areas will continue to be developed as part of the wider Estates and Facilities department.

RISKS:

Capital Risks / Compliance:

- **Capital Investment Profile**: Internal Audit have commented on the strengthening of the Capital Procedures which provides a good assurance platform. The challenges arise due to the matching of suitable and experienced resource against the overarching investment profile, which has changed / increased in recent years, noting that the capital funding pays for the internal resource, which has to match the money that needs to be spent across multiple speciality areas. There are also significant fluctuations in activity levels through the individual financial year cycle, often with an influx of spend and activity towards the end of the period via WG slippage, etc. which increases the delivery pressures considerably.
- **Funding Sources**: the Health Board has historically received funding either via the allocation of discretionary capital or via business case submissions to All Wales Capital Funding (AWCF). In recent years the funding sources have become more diverse and complex with Regional Partnership Board IRCF funding which can only be made in conjunction with a partner public sector body via business case submissions, TEF which have multiple targeted elements within the overarching fund, Primary Care / Third Party Developer projects for GP Practices, charitable / community funded schemes, etc.
- **Project Prioritisation**: as funding is secured or priorities change rapidly due to emerging operational risks (boiler failures, roof leaks, etc.), or respond to the requirements of Transformation activity, the capital programme needs to continue to be flexible in terms of prioritisation and reassessment / re-prioritisation as need demands, whilst also maintaining a suitable governance approach. Currently, visibility is via the Innovative Environments Group.

Estates Risks:

- **Aging Estate**: this is an overriding risk and is reflected in the Strategic Risk Register at level 16, a 'fit for purpose' estate. Funding and resource levels do not currently match the challenge which is expressed by the Backlog Maintenance burden of circa £69M across a geographically dispersed estate. The funding received in recent years has been used appropriately and has brought many of the compliance areas up to a reasonable level, but this reflects investments in older buildings which are not configured to deliver a modern healthcare service. The strategic investment in new estate / major reconfigurations of the existing estate is the best means of achieving compliance and delivering a fit for purpose estate, and this may ultimately mean a consolidation of hospital premises.

NEXT STEPS:

CAPITAL

- Delivery the Discretionary, Targeted Estates Funding and other capital schemes to underpin and improve estates compliance.
- Plan and deliver major project activity for North Powys, Llandrindod Phase 2 and other capital activity which will support Better Together, future transformation and improved the overall compliance of the PTHB estate.

ESTATES

- Maintain risk-based approach across all sectors of activity, ensuring appropriate escalation and visibility of risk
- Continue to identify prioritised schemes of work to support an active compliance project agenda

AUDIT

- Support internal and external audit activity across all areas of compliance to deliver a robust level of assurance across the Capital, Estates and Facilities portfolio.

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				The Capital, Estates and Facilities compliance areas potential effect on Quality which will vary dependant on each individual aspect of activity.
Timely	x				
Effective	x				
Efficient	x				
Equitable	x				
Person Centred	x				
Workforce	x				
Leadership	x				
Culture	x				
Information	x				
Learn, Improve, Research	x				
Whole Systems Approach	x				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	x				The Capital, Estates and Facilities compliance areas potential effect on Equality which will vary dependant on each individual aspect of activity.
Disability	x				
Gender reassignment	x				
Marriage / civil partnership	x				
Pregnancy / maternity	x				
Race	x				
Religion or Belief	x				
Gender	x				
Sexual Orientation	x				
Welsh Language	x				
Socio-economic status	x				
Social exclusion	x				
Carers	x				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical		x			The Capital, Estates and Facilities compliance areas potential effect on Risk which will vary significantly dependant on each individual aspect of activity. A general assessment has been scored which reflects the Strategic Risk Register risk score for a 'fit of purpose' estate at 16.
Financial			x		
Corporate		x			
Operational			x		
Reputational		x			

Agenda item: 5.9

Finance and Performance Committee	Date: 26 February 2026

Subject:	**Committee Risk Register**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board – 26 November 2025
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 newly developed Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the Health Board's strategic objectives.

This version of the Committee Risk Register is based upon the updates provided by Executive Leads in October 2025 and presented to the Board on 26 November 2025, this update was previously received and discussed by the Committee on 4 December 2025.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the corporate risks within the committee's remit
- **DISCUSS** any relevant issues and
- Take **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

Approve/Take Assurance	Discuss	Note
Y	Y	x

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
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 routinely receives a Committee Risk Register which draws together relevant risks from the Strategic Risk Register (SRR) to provide a summary of the significant risks to the Health Board's Strategic Priorities within the Committee's remit.
The Committee Risk Register is attached at **Appendix A.**

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of risks as set out above.

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Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Committee Risk Register

Finance and Performance Committee – 4 December 2025

STRATEGIC RISK DASHBOARD

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 001	**Financial Sustainability**	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	**4 x 5 = 20**	➔	Cautious	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)
EDoFC &E	SRR 007	**Quality**	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**4 x 4 = 16**	➔	Minimal	✗	Finance and Performance	SP 09 and WBOs 1 and 4
EDPCC MH	SRR 009	**Performance and Service Sustainability**	The Health Board is unable to stabilise the growing implications of Continuing Health Care	**4 x 4 = 16**	➔	Open	✗	Finance and Performance	SP 6 and WBO 4
DCG	SRR 012	**Reputation and Public Confidence**	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	**3 x 5 = 15**	➔	Open	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)

KEY:

Executive Lead	
EDoFC&E	Executive Director of Finance, Capital and Estates
EDPCCMH	Executive Director of Primary Care, Community and Mental Health
DCG	Director of Corporate Governance/Board Secretary
Trend	
*	**New risk**
➔	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

RISK HEAT MAP

Almost certain 5					
Likely 4				SRR 007 – Estate SRR 009 – CHC	SRR 001 – Financial Balance
Possible 3					SRR 012 – Public Confidence
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	**Insignificant 1**	**Minor 2**	**Moderate 3**	**Major 4**	**Catastrophic 5**

SRR 001	**There is a risk that:** The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	**Risk Category:** Financial Sustainability **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director of Finance, Capital and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: October 2025 **Added to register:** June 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause/source of risk:** The Health Board reported a £15.8m deficit in 2024/25 It is forecasting a £28.3m deficit in 2025/26 Savings programme of £23.1m Underlying deficit of £42.1m **Risk materialising would result in:** Failure to achieve the statutory duty to breakeven

Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
1.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
1.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
1.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
1.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
1.5	Investment Benefits Group - focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
1.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and F&P and to Exec Committee. Month 6 £17.7m savings forecast. ~~and D&P~~	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome to be reported to Board in July	Ongoing	Ongoing
An external review has been commissioned, which is focusing on the financial position of the Health Board and its arrangements for commissioning secondary healthcare services and CHC.	DFC&SS	Grant Thornton has been appointed. Interim findings are due to be reported at the end of October. Final report at the end of November.	End of November	Ongoing
Additional information:				

Rationale for current score:

- The Plan includes a £23.1m savings target. This is not currently being achieved.
- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as £42.1m.
- The scale of this deficit against annual expenditure of circa £480m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

SRR 007	There is a risk that the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	**Risk Category:** Quality **Boards Risk Appetite:** **Minimal**
Executive Lead: Executive Director of Finance, Capital, and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: ~~July~~October 2025 **Added to register:** January 2017 **Link to Strategic Priorities and Wellbeing Objectives:** SP 9 and WBOs 1 and 4 Lewis, Gaychelle 20/02/2026 15:15:56		**Drivers/causes of risk:** **Estates Compliance**: (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands) • Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only 5% post-2005, leading to higher maintenance needs and outdated systems. • Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.). • Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets. • Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation. • Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the

		estate and shortfall in funding to address backlog and support future transformation plans. • Powys has the oldest estate in NHS Wales, compounding these issues. **Capital**: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures) • NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda. • NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate. • Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes. **Environment & Sustainability**: (Risk Driver: Policy Ambition vs. Resource Gap) • The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation. • The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit investment (Re:fit), further widening the gap between policy ambition and practical delivery.

		Risk materialising would result in: • Inability to sustain high quality services • Adverse impact on achievement of WBO 1 & 4 • Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services. • Escalating backlog costs may also lead to reputational damage and regulatory scrutiny. • Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs. • Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability. • Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams.

Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
	ESTATES			
7.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
7.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group

7.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
7.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
7.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	• Minutes and papers from meetings • Audits undertaken by NWSSP	Reasonable	Estates Compliance Group, Health & Safety Committee
7.6	Capital Programme developed for Compliance and approved capital programme	• Paper to Executive level meeting	Substantial	Delivery & Performance
7.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	• Annual Plan	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	• Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
7.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	• Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
7.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	• Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime	Reasonable	Estates Compliance Group
	CAPITAL			

7.11	Capital Procedures for project activity	• Capital Procedures CP/D/1.00 document • Annual Capital Systems Audit reports from NWSSP	Reasonable	Innovative Environments Group
7.12	Routine oversight / meetings with NWSSP Procurement	• Notes from meetings • Annual Procurement Report	Substantial	Innovative Environments Group / Finance & Performance
7.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	• Notes from meetings • Designated Director role	Substantial	Innovative Environments Group
7.14	Audit reviews by NWSSP Audit and Assurance	• Audit reports and Action Plans	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	• Regular Capital Review Meetings. Notes and papers from meetings	Substantial	Innovative Environments Group
7.16	Reporting routinely to Finance & Performance Committee	• Notes and papers from meetings	Reasonable	Finance & Performance Committee
7.17	Capital Programme developed and approved	• Paper to Executive level meeting	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	• BJC, SOC, OBC, FBC documents / governance	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	• Annual Plan	Substantial	Board

7.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets • SBARs	Substantial	Capital Control Group /Innovative Environments Group
	<u>ENVIRONMENT</u>			
7.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
7.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
7.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
7.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group
7.25	Welsh Government Energy Service / Re:fit energy programme of works underway. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group

Mitigating Actions (What more will we do?)

Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital	In line with Annual Plan for 2025-26	On Track

		Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.		
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.	In line with Annual Plan for 2025-26	On Track
Deliver energy savings and decarbonisation benefits	Associate Director for Capital, Estates and Facilities	£4.2M Re:fit energy efficiency project works complete in Q2	In line with Annual Plan for 2025-26	complete
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk
Additional information:				

Update including impact of actions to date on current risk score:
Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing.
Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.
Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.
Finance: significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

SRR 009	There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	**Risk Category:** Performance and Sustainability **Boards Risk Appetite:** Open
Executive Lead: Executive Director of Primary, Community Care and Mental Health		**Assuring Committee:** Finance and Performance Committee
Latest review date: October ~~July~~ 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** SP 6 and WBO 4		**Cause of risk and rational for current score:** • Demand is greater than available resource **Risk materialising would result in:** • The service is unable to remain within allocated budget • Failure to meet needs of vulnerable patients who are eligible for health services

Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board
9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**

Deep Dive Report on EMI numbers and costs	Assistant Director of Complex Care	Report submitted to Executive Director on time	June 2025	Complete
Recruitment to additional post to support MH Adults of Working Age with provision of commissioning support to Acute Care Pathway	Head of Mental Health Complex and Unscheduled Care	Draft JD is submitted to Workforce for job matching	June 2025	Complete
Private Provider Report identifying new governance processes in place	Assistant Director of Mental Health and Learning Disabilities / Assistant Director of Complex Care	Report submitted to Executive Director on time	June 2025	Complete
Complex Care Operational Management Group	Assistant Director of Complex Care	This bi-monthly meeting has a financial component. This is in addition to other regular meetings with finance to review budget changes/rationale. Monitoring continues regularly. Meeting last on 24/10/25. Slightly improved CHC position.	~~July~~ October 2025	On track
Complex Care Workshop Series	Executive Director of Primary Care, Community and Mental Health	Working group addressing challenges through specific project work: • Implementation of Digital systems	June 2025	Complete

		• Specific review high cost placements • Alternative arrangements with providers to meet high need EMI placements		
New System to process Retrospective CHC Claims	Lead Nurse Complex Care and Care Home Governance	Implementation of an effective system to ensure process slippage is reduced when dealing with claims	April 2025	Complete
National Digital System delays	Assistant Director of Complex Care	There is no clear timeline for when a national system will be agreed. Welsh Government (WG) has agreed to fund the initial procurement cost of a digital system only but will not cover ongoing costs such as licensing and other system-related expenses. Health Boards will need to plan financially for future costs. There is a national business case in pace. Team has engaged in several product demonstrations.	~~September~~ October 2025	Delayed

Additional information:
Rationale for current score: It is early on in the financial year and full year demand is unknown, with continued work locally and nationally **Update including impact of actions to date on current risk score:** Remains the same as no significant change in position since last review

SRR 012	**There is a risk that:** The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	
Current Risk Score: **15**	**Risk rating detail:** (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	**Risk Category:** Reputation and Public Confidence **Boards Risk Appetite:** Open
Executive Lead: Director of Corporate Governance / Board Secretary		**Assuring Committee:** Finance and Performance Committee
Latest review date: July 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs Lewis Raychelle 20/02/2026 15:15:56		**Cause of risk and rationale for current score:** • The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways.

		Risk materialising would result in: • Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
12.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
12.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	~~PPPH~~ Director / Chief Executive
12.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair / whole Board
12.4	~~Quarterly~~ Twice Yearly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	~~Quarterly~~ Twice yearly E&C Team reports Directorate Review	Reasonable	~~PPPH~~ Board Committees (x2 per annum)

12.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee
12.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
12.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures	Notes from meetings	Reasonable	Board
12.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee
12.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
12.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
12.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**

Procurement of consultation assurance for Stage Three Better Together	DCG/DoP&C	Procurement process due to conclude by 08/25 following some delays outside the health board's control in SSP Oct 2025 – procurement complete	30/07/25	~~Delays by SSP have been escalated~~ Complete
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way Oct 2025 – procurement complete, report due Dec 2025	08/25	On track
Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation Oct 2025 – In final draft, will be complete end Nov 2025	08/25	~~On track~~ Off track, rescheduled 30/11/25
Establishment of continuous engagement programme following strengthening of engagement team from 06/25	DCG	Schedule of events being developed for implementation following Oct 2025 – Engagement Officer recruitment completed and programme of continuous engagement in place	08/25	Complete
Develop consultation plan for Better Together Lewis Raychelle 20/02/2026 15:15:56	DoP&C / DCG / DPPC	Consultation plan being developed through Better Together programme arrangements Oct 2025 – consultation plan developed on schedule. Action now paused due to Programme changes. Update	08/25	Complete

		to be provided via overall Board report on Better Together to 25 Nov Board meeting.		
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track
Further campaign to encourage govDelivery sign ups to increase subscribers so that residents can receive information direct from PTHB	DCG	Paid-for advertising campaign summer 2025	30/09/25	Complete

Additional information:

Rationale for current score:
Significant challenges to public confidence remain possible, particularly given the pressing need for significant transformation of health services to ensure that they are fit for the future The scope for managing these challenges is reduced due to the highly complex environment in which the health board operates (very large rural geography, hyperlocal needs and expectations, complex cross-border commissioned pathways with both England and Wales). Trust has been further challenged by decisions the health board has needed to make in the context of in-year financial challenges (e.g. waiting list measures) and to address risks to safety and sustainability (e.g. temporary service changes).

Update including impact of actions to date on current risk score:
Temporary strengthening of the engagement and communication function is supporting the health board to establish mechanisms for continuous engagement, although decisions will be needed once temporary funding ends as the substantive permanent resource across all engagement and communication specialisms (strategic communications, digital and social media including website and intranet, crisis communications, graphic design and print, public and community engagement and consultation, press and PR, internal communications, stakeholder relations, reputation and branding) is 4.0wte.

Primary Care - Clusters Project Management

Final Internal Audit Report

2025/26

Powys Teaching Health Board

Substantial Assurance

Contents

Review Reference	PTH-2526-13
Fieldwork	October – November 2025
Executive Sign Off	18 December 2025
Audit Committee	January 2026
Executive Lead	Elaine Lorton, Executive Director of Primary Community Care and Mental Health
Audit Team	Ian Virgil, Head of Internal Audit
	Lucy Jugessur, Deputy Head of Internal Audit

Lewis Raychelle 20/02/2026 15:16:56

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

The purpose of our review was to assess how the project management processes within the clusters are working to enable effective identification and implementation of developments.

Overview

There are currently three Clusters across Powys covering North, South and Mid-Powys but from April 2026 the South and Mid-Powys clusters are to merge. Under the Accelerated Cluster Development Programme as part of the Strategic Programme for Primary Care, clusters receive funding to undertake projects to support their development across Wales. In the 2024/25 financial year, there were 34 live projects across the three Powys clusters with a total value of £870k. There has been limited guidance available nationally in terms of how the project management and governance arrangements should be undertaken, and the Health Board has therefore developed its own procedures, albeit with reference to an informal network across the other Health Boards. The current approach is very comprehensive and robust, and there is regular consultation with Cluster members to ensure that it remains appropriate.

We have concluded substantial assurance on this area. The matter requiring management attention is:

- The terms of reference for the Clusters need to be amended to more accurately reflect the reality of members that are eligible to vote to approve individual projects.

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:

- Whilst the procedures for the management and governance of projects taken forward with clusters are well documented and robust, reliance for their effective completion is heavily dependent on the Cluster Development Manager; and
- Currently the procedures and reporting requirements are the same for all projects, no matter whether the value is £5k or £300k. There is, however, a proposal to introduce a more streamlined approach for projects with a value of under £10k.

Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	A robust, documented process is in place for the identification, evaluation, selection and approval of the developments that are to be taken forward within the clusters.	1	**Reasonable**
2	There are standardised, documented project management arrangements in place to ensure the effective implementation of the approved developments. The arrangements are proportionate to the respective value of projects and include identification of project leads, development of project plans and allocation of resources.	-	**Substantial**
3	Progress towards the implementation of the individual developments is effectively monitored and reported, including the identification and management of any risks to delivery	-	**Substantial**
4	Robust governance arrangements are in place to ensure that overall progress with the developments is effectively monitored and reported both locally and via appropriate escalation through the Health Board where required.	1	**Reasonable**

Management Actions

0 High Priority

1 Medium Priority

Themes

Risk Types

Financial Loss

Findings & Agreed Action Plan

Objective 1: A robust, documented process is in place for the identification, evaluation, selection and approval of the developments that are to be taken forward within the clusters;	**Reasonable**

Overview / Summary of Observations

Comprehensive procedures have been developed for the approval of projects under the Accelerated Cluster Development Programme, and these are subject to continual review and revision with Cluster members. This has led in particular to the development of the plan-on-a page document which is credited with speeding up the process for approval as it provides a quicker initial decision which if approved leads to a more detailed proposal being completed. The one-page plan should align with and reference:

- The Cluster's IMTP priorities;
- The locality's population needs analysis; and
- Have recorded support from the sponsoring collaborative before being presented to the Cluster.

All projects are subject to a formal voting process and the outcome of this is formally recorded and issued to all members of the relevant cluster.

Testing of a sample of projects from different clusters and at different stages of maturity identified no concerns but did illustrate the changing and improving requirements and documentation for their identification and approval. There is however a need to clarify the number of votes needed to approve a project in the Clusters' Terms of Reference as the current wording does not reflect the reality of the actual position.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Terms of Reference - Voting Requirements** The terms of reference for the North Cluster state that: *For decisions where there is a financial implication, no less than 75% of members will secure a decision (12 representatives).* However, testing of a number of projects identified approvals being based on numbers that were frequently less than 12 and which were as low as eight approving members. The reason for this is due to the following: • The Cluster having less than 16 members: • Members being ineligible to vote due to declared conflicts of interest; and • Members not responding to the request to vote (which is done virtually).	Project approvals are not consistent with the wording of the requirements set out in the Cluster Terms of Reference.	**Agreed Action:** The wording of the Terms of Reference for each of the Clusters will be amended to remove the reference to a specific number of representatives and to include the word eligible – i.e. therefore excluding any member with a declared conflict of interest but not excluding those that have just not responded to the request to vote.

	Similarly, the terms of reference state that: *For decisions where there is NO financial implication, a core member vote of 50% plus 1 will secure the decision. (9 representatives)*		**Expected Evidence of Implementation:** Updated Terms of Reference
		Medium Priority	**Officer: Amanda Walters, Head of Primary Care**
	Theme: Governance	Control Design	**Target Implementation Date: 31st January 2026**

Objective 2: There are standardised, documented project management arrangements in place to ensure the effective implementation of the approved developments. The arrangements are proportionate to the respective value of projects and include identification of project leads, development of project plans and allocation of resources	**Substantial**

Overview / Summary of Observations

The progress of projects is managed through a Project Monitoring Sheet which is maintained centrally by the Cluster Development Manager. Projects are monitored using the following headings:

- Project Overview;
- Project Plan;
- Resources;
- GANTT chart;
- Action Log;
- Risks and Issues;
- Spend against budget.

Project Monitoring Sheets are kept up to date through regular project meetings, and these are led by the Cluster Development Manager.

The approach to monitoring the progress with implementation of approved projects is therefore robust, albeit that it is very dependent on the role of the Primary Care Cluster Development Manager. The approach has been updated over recent times and as projects are often multi-year in length, audit testing of a sample of projects identified some differences in approach from current requirements, but nothing that caused any particular concern.

A proposal has been drawn up to have a more minimal approach for projects up to £10k in value - this is due to be taken forward for discussion by the Head of Primary Care at the Cluster Business Meeting in February. We would be generally supportive of this development, however the detail of what might and might not be required, and how this might fit with procurement regulations, remains to be thought through.

Objective 3: Progress towards the implementation of the individual developments is effectively monitored and reported, including the identification and management of any risks to delivery;	**Substantial**

Overview / Summary of Observations

Regular reporting is undertaken to both the Regional Partnership Board (RPB) Executive Committee and the Cluster Business meeting.

The reports to the RPB Executive Committee are prepared by the Cluster Development Manager and are drawn from the individual Project Monitoring Sheets which are informed by the regular team meetings with the Project Leads. The report covers for each project:

- Description of the project;
- Traffic Light Status;
- Funding Amount and Source;
- Delivery Timescales;
- Project Update;
- Any major risks;
- Next Steps;
- Forecast Financial Outturn.

Reporting to the Cluster Business Meeting is undertaken by the Project Lead and previously could be a verbal update but now requires a written report using a standard template. The report includes the following:

- Headline details – e.g. Project Title, Lead, Cluster, Collaboratives, Start Date and Expected Duration;
- Update Summary;
- Project Status;
- Project Finance:
- Quantitative Measures: and
- Qualitative Indicators.

Testing of a sample of projects identified that reports were being produced for both the Cluster and the RPB Executive as required.

Objective 4: Robust governance arrangements are in place to ensure that overall progress with the developments is effectively monitored and reported both locally and via appropriate escalation through the Health Board where required.	**Reasonable**

Overview / Summary of Observations

There are currently three clusters in place across Powys – North, South and Mid. Each should have a Cluster Lead, who is usually a GP, but this does not have to be the case. There is currently no Cluster Lead for both South and Mid-Powys, and the decision has been taken to merge these Clusters with effect from April 2026, which will result in a cluster size that is more representative of clusters across Wales as a whole. The Clusters have a wider membership than when first established, including a number of specialisms other than GPs, and also including the third sector but not currently Local Authorities. Local Authorities do however sit on the RPB Executive.

The Cluster Lead is usually employed for one day or two sessions a week. Under each cluster is a number of collaboratives which are not all fully formed as yet but which cover:

- General Medical Services;
- Optometry;
- Community Pharmacy;
- General Dental Services;
- Allied Health Professionals; and
- Professional Nursing.

Clusters have detailed terms of reference covering their operation. Formal reporting is to the Regional Partnership Board Executive Committee on which the Health Board is represented by the Assistant Director of Primary Care Services, who additionally takes a detailed annual report on the Accelerated Cluster Development Programme to the Health Board Planning, Partnerships and Population Health Committee.

Although not raising a separate finding here, we have attributed a rating of reasonable to this objective in recognition of the need to update the Cluster Terms of Reference for the numbers required for voting (As detailed within Key Finding 1 above).

Appendix A

Assurance Opinion

Substantial

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Limited

More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.

Unsatisfactory

Action is required to address the whole control framework in this area.

High impact on residual risk exposure until resolved.

Advisory

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

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

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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.

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

Core Financials – General Ledger Management & Accounts Receivable

Final Internal Audit Report 2025/26

Powys Teaching Health Board

Reasonable Assurance

Contents

Review Reference	PTH-2526-04
Fieldwork	September - November 2025
Executive Sign Off	19th December 2025
Audit Committee	January 2026
Executive Lead	Director of Finance, Capital & Support Services
Audit Team	Ian Virgill, Head of Internal Audit Lucy Jugessur, Deputy Head of Internal Audit

Executive Summary

Purpose

The review of Core Financials was completed in line with the 2025/26 Internal Audit Plan for Powys Teaching Health Board (the 'Health Board').

Overview

Given that previous Core Financials audits have received high levels of assurance, individual areas are now covered on a cyclical basis. In 2024/25 the audit focussed on Treasury Management with a Substantial Assurance opinion provided. This year's audit focussed on General Ledger Management and Accounts Receivable. General Ledger Management was last audited in 2017/18 with and overall opinion provided of Substantial Assurance.

The general ledger records all financial transactions of the organisation and provides the basic information for the preparation of management accounts, final accounts and financial returns. In order to maintain proper financial control, it is essential that adequate accounting routines operate to protect the integrity of the ledger and that those routines are implemented in practice.

The collection of income due in a timely manner is crucial to the financial stability of the Health Board and important in meeting its financial targets and providing patient care.

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

- The incorrect offset balance sheet financial code being used for monthly income and expenditure accruals.
- Monthly balance sheet reconciliations not detailing sufficient information, including balances brought forward from previous financial year with no supporting information, and salary sacrifice schemes reconciliations balances remaining where there has been no activity this financial year.
- The Periodic Income Register needs to be reviewed on a regular basis to ensure that all information is up to date to allow official invoices to be raised on a timely basis and at the correct value.
- The current list of outstanding debts includes a large number of debts that have been owing for a significant period of time, in some case over 15 years.
- Reviewing the delegated financial limits for the authorisation of debt write off.
- Reviewing and updating the current versions of Financial Control Procedures.

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

- The schedule in place for monitoring overpayments of salary which have agreed repayment plans could be enhanced to include current staff repaying via payroll deduction and also record all monthly repayments received.

Scope & Assurance Summary

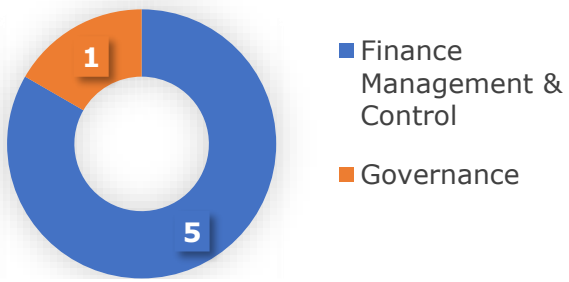
Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	General Ledger - Access and changes to the general ledger are appropriately managed.	-	**Substantial**
2	General Ledger - All input to the general ledger is complete, accurate, timely and valid.	1	**Reasonable**
3	General Ledger - Month end reconciliations for the balance sheet are undertaken.	2	**Reasonable**
4	Accounts Receivable - Debtor invoices are raised on a timely basis for all income due, and receipts are correctly recorded.	3	**Reasonable**
5	Accounts Receivable - Intra NHS Debtors are managed appropriately.	-	**Substantial**
6	Accounts Receivable - Overpayments of salary are managed, monitored and reported.	4	**Reasonable**
7	Accounts Receivable - Outstanding and aged debt is appropriately monitored and followed up.	4	**Limited**
8	Accounts Receivable – Debt write off is managed appropriately.	5	**Reasonable**
9	Procedural Guidance – Procedural guidance is in place and is appropriate and up to date for General Ledger and Accounts Receivable.	6	**Reasonable**

Management Actions

1 High Priority

5 Medium Priority

Themes



Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

Findings & Agreed Action Plan

Objective 1: General Ledger - Access and changes to the general ledger are appropriately managed	Substantial

Overview / Summary of Observations

Access to the Oracle Financial System is overseen by the Health Board's Systems Team which forms part of the Corporate Finance Department.

There are approved processes in place for the requesting and removal of access to the Oracle Financial System.

Regular checks are undertaken to ensure that staff access, (including functions) is still required and appropriate. Reports are issued to key staff for review who will then advise the Systems Team of any changes/actions that are required.

The Systems Team also liaises with key members of NHS Wales Shared Services Partnership (NWSSP) functions such as Procurement and Accounts Payable to ensure that Powys staff member's access to the Health Board system is still appropriate.

The processes for requesting changes to the Chart of Accounts are appropriate and well managed. The processes are outlined in the Financial Control Procedure 'FCP014 Procedure for General Ledger'.

Objective 2: General Ledger – All input to the general ledger is complete, accurate, timely and valid	Reasonable

Overview / Summary of Observations

A monthly reporting timetable is in place that identifies key tasks to be undertaken and the relevant working day that they must be completed by. The timetable is available to all staff via the department's 'intranet' page on SharePoint.

With regards to information uploaded from integrated feeder systems such as Payroll, the financial control procedure outlines key actions and responsibilities to be undertaken by the Finance Department.

Information is also input to the ledger via monthly journals which are completed to correct miscoded expenditure and also to record income and expenditure accruals. All journals must be appropriately authorised before being uploaded to the financial ledger.

Testing was undertaken on a sample of reversing journals that had been uploaded/input to the financial ledger to ensure that all journals had been appropriately authorised and that transactions were appropriate, timely and correctly coded.

The results of our testing found that all transactions were appropriate and actioned on a timely basis. In addition, all journals were authorised prior to upload to the ledger. We did however identify an issue regarding the incorrect balance sheet accrual code being used to offset income and expenditure accruals.

A payroll suspense code is in place to capture payroll transactions where it has not been possible to identify the correct financial code by the financial reporting monthly deadline. A monthly reconciliation is completed for this financial code. We reviewed a sample of payroll suspense reconciliations and found that they were completed and authorised on a timely basis. Furthermore, it we noted that the outstanding transactions listed were current.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Journal Accruals** The testing we undertook on a sample of 15 reversing journals found that the entries were appropriate, actioned on a timely basis and authorised prior to the upload to the general ledger. However, we did identify several occasions where the offset balance sheet financial code was incorrect resulting in income accruals being offset against a creditor accrual code and vice versa. Lewis Raychelle 20/02/2026 15:15:56	Data being incorrectly recorded within the general ledger	**Agreed Action:** At financial year end all balance sheet individual transactions are reviewed to ensure the correct classification for Financial Statement Purposes. We will issue a reminder to all staff to check that they input the correct offset balance sheet financial code when actioning accruals for income and expenditure. **Expected Evidence of Implementation:** Email to relevant staff.
		Medium Priority	**Officer:** Assistant Director of Finance (Accounting and Systems) **Target Implementation Date:** 31st January 2026
	Theme: Finance Management & Control	Control Operation	

Objective 3: General Ledger - Reconciliations	Reasonable

Overview / Summary of Observations

Testing was undertaken on a sample of balance sheet reconciliations and the results showed that they were all completed on a timely basis, values match the ledger and they were appropriately authorised.

However, the results of our testing also noted that some of the reconciliations included amounts without any accompanying details of the staff or periods the amounts related to. There were also balances brought forward from the previous financial year with no breakdown of what the amount related to.

With regards to the reconciliations related to salary sacrifice schemes there were balances relating to staff where that had been no activity this financial year as well as a brought forward balance for the cycle to work scheme.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Reconciliations** The testing we undertook on a sample of 15 balance sheet reconciliations completed identified the following issues with some of the payroll deductions reconciliations: • Incomplete information regarding outstanding transactions. In some cases, it was an amount with no breakdown of the individual amounts, staff payroll number and related financial period; • Balances brought forward from previous financial years; and • The reconciliations related to salary sacrifice schemes included balances for staff where there has been no activity this financial year.	Incorrect data may be recorded within the financial ledger.	**Agreed Action:** For future reconciliations we will ensure that all outstanding transactions have appropriate supporting details noted. We will also ensure that such details are included where the reconciliation has a brought forward balance from a previous financial year. With regards to the reconciliations concerning salary sacrifice schemes we will undertake a review for those balances where there is no longer any activity and take the appropriate action to clear the balance. **Expected Evidence of Implementation:** Reconciliation for future Months
		Medium Priority	**Officer:** Financial Accountant **Target Implementation Date:** 31st March 2026
	Theme: Finance Management & Control	Control Operation	

Objective 4: Accounts Receivable – Invoices are raised on a timely basis for all income due, and receipts are correctly recorded	Substantial

Overview / Summary of Observations

There is an agreed process in place for the requesting of invoices, and we note that the majority of Health Board invoices are requested via the Periodic Income Register.

The testing we undertook on a sample of invoices raised based on information held within the Periodic Income Register identified issues with the timeliness of invoices being raised and also the values of invoices.

There are formal processes in place for the recording of income received and where applicable allocation to related invoices.

There is also a financial code in place to record income received where there is insufficient information to identify which department's financial code the money should be coded to. This financial code is included in the monthly Accounts Receivable reconciliation ensuring that the transactions are monitored and resolved.

	Key Findings	Risk & Impact	Agreed Management Action
3	**Raising Invoices** Our testing on a sample of invoices raised from information recorded within the Periodic Income Register identified issues concerning: • The timeliness if invoices raised; • Difference in the value of the invoice to the value recorded within the Periodic Income Register; and • Delay in actioning an income accrual. Lewis Raychelle 20/02/2026 15:15:56	The Health Board does not receive the income it is entitled to.	**Agreed Action:** We will request that the Periodic Income Register is reviewed by Finance staff to ensure all invoice values are up to date and reflect any agreed annual uplift (where applicable). We will ensure that all invoices are raised in accordance with the frequency detailed in the register. We will also remind the Finance Support Team and Management Accounts Staff to update the Periodic Income Register as soon as any changes / updates are known for existing entries as well as any new 'recharges' that are identified. **Expected Evidence of Implementation:** Email to relevant staff of the requirement for timely input and review of their related items contained within the Periodic Income Register.
		Medium Priority	**Officer:** Assistant Director of Finance (Accounting and Systems) **Target Implementation Date:** 31st January 2026
	Theme: Finance Management & Control	Control Operation	

Objective 5: Accounts Receivable – Intra NHS Debtors are managed appropriately	Substantial

Overview / Summary of Observations

NHS Wales debts are managed in accordance with guidance issued by Welsh Government which includes key dates and templates for the agreement of year end balances. In addition, the details of NHS Wales debts are reported as part of the Health Board's monthly monitoring returns submitted to Welsh Government as well as the monthly Finance report completed by the Director of Finance, Capital and Support Systems that is considered at Health Board Committee meetings.

Any disputes regarding NHS Wales debts will be managed in accordance with the arbitration guidance issued by Welsh Government.

All other NHS debts are managed the same as non-NHS debts with reminders being issued as per Health Board guidance.

Objective 6: Accounts Receivable – Overpayments of salary are managed, monitored and reported	Reasonable

Overview / Summary of Observations

Whilst there are a number of schedules in place for monitoring overpayments of salary many of them are cumbersome and could benefit from review. The current summary for monitoring debts where repayments are received via a standing order requires updating and enhancing to include overpayments of salary for staff currently employed by the Health Board and where monies are being repaid via salary deductions.

A review of the current position re the value of outstanding debt for overpayments of salary noted that there are a significant number of debts that date as far back as 2015. The position needs to be reviewed, and appropriate action taken. This action is linked to the management of debt within objective 7 below, and the issue / key finding has been reported under that objective.

Objective 7: Accounts Receivable – Outstanding and aged debt is appropriately monitored and followed up	Limited

Overview / Summary of Observations

The Health Board needs to improve its process for the management of outstanding debts. As at 30/09/25 the value of outstanding debts stood at £2,520k and whilst most of the debt was current, we did note that £836k of debt related to invoices from previous financial years with some invoices having been outstanding since 2006. For the financial year 2024/25, 1,143 invoices were raised with a value of £10.637M and to the end of November 2025, 650 invoices with a value of £6.113M have been raised.

Improvements are required in the timeliness of issuing reminders and also resolving the significant number of outstanding debts, whether it is through continued pursuance of the debt or considering the debt for write off. We do acknowledge that during the Covid pandemic the pursuance of some debt categories was halted which has contributed to the current debt situation, as well as the Health Board no longer using the services of a debt collection agency.

	Key Findings	Risk & Impact	Agreed Management Action
4	**Debt Management** The processes in place within the Health Board for the management of long outstanding debts need to be improved. As at 30/09/25 the value of debts that had been outstanding for more than 60 days totalled over £882k of which £836k relates to previous financial years. We understand that during the Covid pandemic the Health Board stood down their debt management procedures and as a result when the debt management processes resumed many debtors when contacted assumed that the debt no longer applied as they had not been contacted for some time. We also note that the Health Board no longer makes use of a Debt Collection Agency to pursue their outstanding debts. Our review of the list of outstanding debts noted that some dated as far back as 2006 and have yet to be considered for write off. Lewis Rachelle 25/02/2026 15:15:56	The health Board does not receive income it is entitled to.	**Agreed Action:** We will review all longstanding debts to determine whether the debt should be pursued or considered for write off. We will ensure that all debts are pursued in a timely manner and consider whether to utilise the service of a debt collection agency. All overdue debts older than 6 months old are subject to a bad debt provision in the annual accounts. Following this review a summary of debts to be written off will be provided to the March 2026 Audit Risk and Assurance Committee to ensure enacted within the 25/26 financial year. **Expected Evidence of Implementation:** Engagement with a debt collection agency will be reinstated and evidence of review work captured including an Audit Risk and Assurance Committee paper to write off debt no longer to be pursued.
	Theme: Finance Management & Control	**High Priority** Control Operation	**Officer:** Assistant Director of Finance (Accounting and Systems) **Target Implementation Date:** 31st March 2026

Objective 8: Accounts Receivable – Debt write-off is managed appropriately	Reasonable

Overview / Summary of Observations

We note that all debts proposed for write off regardless of value can only be authorised by the Audit, Risk & Assurance Committee (the 'Committee'). Management should consider reviewing and updating the scheme of delegation for debt write off to permit Senior Finance staff to authorise lower value debts, with higher value debts still subject to Committee authorisation. All debts written off will still be required to be reported to the Committee for noting and formal approval.

We note that for this current financial year no debts have been considered for write off. Management should consider reviewing all outstanding debts to ascertain if any of the long overdue debts should be considered for write off.

	Key Findings	Risk & Impact	Agreed Management Action
5	**Debt Write Off** From our fieldwork we noted that no debts have been proposed for write off this financial year. We also note that the Health Board has delegated authorisation of debt write off to the Audit, Risk & Assurance Committee regardless of the debt value. Good practice would be to delegate authorisation of lower value debt write off to Senior Finance staff subject to a suitable financial limit with the Committee continuing to authorise larger debt values. All debts authorised / proposed for write off should continue to be reported to the Audit, Risk & Assurance Committee for formal approval. Lewis,Raychelle 20/02/2026 15:15:56	Level of income Health Board is due is over reported.	**Agreed Action:** We will undertake a review of all outstanding debts to determine whether any long outstanding debts should be proposed for write off. We will consider reviewing the delegated limits for write off. Following this review a summary of debts to be written off will be provided to the March 2026 Audit Risk and Assurance Committee to ensure enacted within the 25/26 financial year. **Expected Evidence of Implementation:** Evidence of Review undertaken including an Audit Risk and Assurance Committee paper to write off debt no longer to be pursued or out of statute time period and Financial Control Procedure approval.
		Medium Priority	**Officer:** Assistant Director of Finance (Accounting and Services) **Target Implementation Date:** 31st March 2026
	Theme: Finance Management & Control	Control Operation	

Objective 9: Procedural guidance is in place and is appropriate and up to date for General Ledger and Accounts Receivable	Reasonable

Overview / Summary of Observations

The current versions of the Financial Control Procedures for General Ledger and Debtors are overdue for review and in some sections do not reflect current working practices. In addition, the Health Board's current version of the 'Procedure for the Recovery of Staff Overpayments' does not reflect updated guidance detailed in the approved All Wales Procedure for the Recovery of Overpayments.

	Key Findings	Risk & Impact	Agreed Management Action
6	**Guidance** The current version of the Financial Control Procedures (FCPs) for Debtors (FCP009) and General Ledger (FCP014) do not fully reflect the current practices/processes we noted as part of our audit fieldwork. We also noted that the current version of the Health Board's Procedure for the Recovery of Overpayments to Staff (HR101) has not been updated to reflect the All Wales Policy that was approved for Salary Overpayments.	Finance refer to guidance that is out of date and does not reflect current practice.	**Agreed Action:** We are reviewing and updating the FCPs for Debtors and General Ledger to reflect current practices and recommendations of this audit. Once the review has been completed, we will ensure that the documents are approved in accordance with Health Board guidance and made available for all staff to access. We will liaise with our Workforce colleagues to ensure that the current version of the Procedure for the Recovery of Overpayments of Staff is updated to reflect current practices outlined in the All Wales Policy for Overpayments of Salary.
			Expected Evidence of Implementation: Adoption of updated Financial Control Procedures and communications and posting to intranet page
		Medium Priority	**Officer:** Assistant Director of Finance (Accounting and Services) **Target Implementation Date:** 31st March 2026
	Theme: Governance	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.

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.

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 7.2

Finance and Performance Committee	**Date: 26 February 2026**
Subject:	Getting It Right First Time (GIRFT) Review Recommendations Update
Presented by:	Elaine Lorton Executive Director, Primary Care, Community & Mental Health
Prepared by:	Assistant Director Community Services Group Senior Manager Planned Care Planned Care Transformation Programme Manager
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to update the Finance and Performance Committee on PTHB progress in relation to the Getting It Right First Time (GIRFT) Recommendations from Planned Care reviews undertaken between April 2022 and October 2024 in Planned Care.

RECOMMENDATION(S):

The Committee is asked to:

- **DISCUSS** the content of this report NOTING the updates provided;
- **NOTE** future reporting on GIRFT recommendations will be embedded into the 2026/27 committee work programme as appropriate.

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

OVERVIEW:

GIRFT (Getting It Right First Time) is a National NHS England quality improvement programme which seeks to improve care, quality, reduce variation, and boost efficiency across specialities. Initially an NHS England initiative its support was commissioned by Welsh Government to help local health boards benchmark performance and advise on better patient outcomes.

During 2022 – 2024 GIRFT reviewed Planned Care services across Wales providing an improvement framework and expert support to enable health boards to learn from national best practices identify areas for improvement.

The following reviews were undertaken with PTHB covering provider and commissioned services:

- Orthopaedics April 2022
- Gynaecology October 2022
- General Surgery March 2023
- Ophthalmology – Cataract & Glaucoma Services August 2023
- Urology October 2024

The GIRFT reviews utilised a deep dive approach which involved

1) Data Gathering: and other metrics to benchmark performance
2) Clinical Engagement: Peer to peer discussions between GIRFT clinical leads and local Health Board staff.
3) Action Plans: Developing local and national reports with specific executive recommendations for improvement.

Each of the PTHB Planned Care GIRFT Review specialities was allocated an PTHB Executive Lead with programme management support/co-ordination provided by the PTHB Transformation Directorate to develop an action plan to implement the GIRFT recommendations and allocate responsibilities to relevant areas to balance the workload.

Following the first tranche of reviews during 2022/2023 the Executive Team in post at the time recognised that the first step in terms of speciality level transformation would be the appointment of overarching senior clinician leadership governance for Planned Care. As a result, a Senior Clinician for Theatres/Endoscopy with Planned Care Q&S was appointed in 2023/24 (in post Oct 2023 1wte) and an Assistant Medical Director for Planned Care appointed in 2024/25 (in post Oct 2024 4 sessions per week).

A suite of bids for PTHB Planned Care was submitted to Welsh Government Transformation in April 2024 for speciality infrastructure and clinical leadership resources. Unfortunately, all these bids from individual health boards across Wales were not supported for funding only regional developments were successful on this occasion. PTHB unlike all other health boards did not receive Planned Care Recovery funds for commissioned providers from 2023/4 onwards.

An update on the GIRFT recommendations for PTHB is referenced in an annex of the original paper noting that many of the recommendations have subsequently been added to the work programmes for the National Planned Care Programme – Optimisation Frameworks, and that all of the service reviews highlighted the need for speciality leadership.

Subsequent to this work, Powys Teaching Health Board has recognised that significant benefit is likely to be gained from a more localised approach. The external review, led by Grant Thornton has identified further opportunity for the expansion of provider elective care delivery, and appositely the GIRFT team have been specifically commissioned to undertake a review of all elective care pathways, to identify improvement opportunities, optimise service delivery, and ensure resources are used to deliver the greatest possible benefit for patients.

It is likely that the outputs from this work will therefore supersede earlier recommendations from the National Planned Care programme. Future recommendations and progress will be incorporated into the Committees work programme for 2026/27.

NEXT STEPS:

- To note the updates provided against GIRFT recommendations, and to adapt future assurance reporting to now reflect the outputs of the current GIRFT review of Planned Care and strategic prioritisation of Planned Care for Powys – Better Together Service Transformation.

IMPACT ASSESSMENT – NOT REQUIRED

Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Planning, Performance and Finance

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

Dyddiad y Cyfarfod / Date of Meeting	23/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

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 had 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 meeting in public on 23 October 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC Standing Orders (SOs).

3. HIGHLIGHT REPORT

(Links to reports highlighted - October 2025 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	The NWJCC Financial Report – Month 6 2025-26 was received. 3 proposals for savings were agreed to be discussed at November's JC meeting, these included savings in medium secure services, potential savings in ambulance services and the capping of specialised services activity for the last quarter of the financial year.
Advise	The NWJCC Operational Performance Report was received. Discussions noted continuing issues with data quality and system integration. Attendees were given a demonstration of a dashboard and received an update on a rapid review of performance reporting with the intention of using a newly designed report from March 2026. The PPF Risk Register was noted during the meeting. Attendees noted that risk reporting would be on a bi-monthly basis to ensure that the reporting of risks is relevant and to ensure that the Sub-Committees are providing onward assurance to the JC. Attendees further noted the work being undertaken to improve the differentiation of commissioning and provider risks.
Assure	The Implementation of NWJCC Foundation Plan 25-26 - Q2 Progress Update report was received. Attendees noted that the majority of areas detailed were on track or had slipped slightly. Attendees further noted that the Auditory Implant Device Service remained in escalation.
Inform	The Development of the NWJCC Integrated Medium Term Plan (IMTP) was received. Attendees noted that a workshop was being arranged for early December to engage stakeholders in the IMTP process. This engagement would then inform the clinically-led prioritisation process. Attendees discussed the changing financial picture and how this may affect the process in the near future. Members further discussed inequity in relation to cross-border services and the disproportionate impact for Betsi Cadwaladr University Health Board and Powys Teaching Health Board.

Status	Update
Appendices	None.

4. ASSESSMENT

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb	Yes: ☒	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*		
	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.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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	27/01/2026
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	Stacey Taylor, Deputy Chief Commissioner and Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

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 18 December 2025.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - December 2025 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	The NWJCC Finance Report - Month 8 2025/26 was received. The end of year forecasted financial deficit remains at £7.7m. An increase in lung transplants and activity costs for respiratory disease was noted. This is currently being managed but could become a risk if the increase continues. There is an expectation from Welsh Government that further in-year opportunities will be considered to improve the forecast position. Discussions highlighted the pending need for health boards and the NWJCC to declare their positions. A formal letter will be sent from the NWJCC to health board CEOs in respect to this.
Advise	The NWJCC Operational Performance Report was received. Discussions noted that work is ongoing to produce a meaningful integrated performance report. The complexity of the work and the capacity required to deliver the report was highlighted. It was acknowledged that whilst an updated report would be shared at Joint Committee in March 2026, which would provide greater assurance than at present, work would continue to refine the report over the following year. A session is scheduled in January with the NWJCC Senior Leadership Team to consider the necessary levers required to hold providers to account through their contracts, recognising the need to be far more robust around performance metrics, measures and management. The Managing Activity Brief was received which provided further financial detail, detail of risks and a plan of action for the three areas of opportunity to support an improvement in this year's financial position. It was noted that a detailed plan had been considered and approved at Joint Committee and is currently being actioned at pace. It was recognised that delivery of agreed actions agreed will have a significant impact on the capacity of NWJCC staff which would need to be managed. Further quality impact assessments will be undertaken as the work proceeds, acknowledging the direct impact of the actions on patients.
Assure	The PPF Organisational Risk Register (ORR) was received for review and scrutiny. It was noted that work to improve the ORR, that is fed into the Sub-Committees and the JC, remained ongoing. Risks were being redefined with commissioner-focused actions and mitigations that support mitigation of risks. A new risk was highlighted (Risk 94 – High-Cost Medicines). Whilst this risk was more significant for the NWJCC and its IPFR function. Additionally, it was noted that health boards had identified several high-cost drugs for transfer to the NWJCC which, if

Status	Update
	approved for transfer, would also have a financial impact for 2025/26 and beyond and would need to be manged.
Inform	Members received an update on the development of the NWJCC Integrated Medium-Term Plan, noting that feedback received at the JC meeting on 16 December 2025 would be used to develop the plan and that a detailed evidence-based review of the previously agreed 'Must Do's' would be undertaken. Work will continue with health boards throughout January with a view to developing the plan and ensuring alignment with health board IMTPs. This will include a session with Directors of Planning, a detailed review taking place at the extraordinary Collaborative Commissioning Leadership Group meeting of the 22 January. A further update will be provided at the JC meeting of the 27 January 2026.
Appendices	None.

3. ASSESSMENT

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	

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.

Lewis Raychelle 20/02/2026 15:15:56

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

Agenda item: 7.4

Finance and Performance Committee	**Date: 26 February 2026**
Subject:	**Committee Effectiveness: Continuous Development Plan 2025-26**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Committee Effectiveness report considered at earlier Committee meetings in 2025.
Appendices:	Appendix A – F&P Continuous Development Plan 2025-26

PURPOSE:

This report provides the Committee with a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness.

The plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and those actions which are specific to the Finance and Performance Committee.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the Committee wide and F&P specific Continuous Development Plan 2025-26 and
- **TAKE ASSURANCE** that the implementation of continuous development actions has been monitored throughout the year as a key principle of good corporate governance.

Approve/Take Assurance	Discuss	Note
x		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	

7. Put Digital First	Y	
8. Transforming in Partnership	Y	

COMMITTEE EFFECTIVENESS

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

The approach for 2024/25 comprised of a a questionnaire followed by discussion at the Committee. The Committee effectiveness questionnaire focused on the critical themes of:

(i) composition and establishment
(ii) effective functioning
(iii) assurance and
(iv) leadership and culture

The findings of the Finance and Performance Committee review were received and discussed by the Committee on 26 June 2025, and subsequently the findings of all Committees were combined and reported to the Chair's Forum and the Board.

A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous development as part of the process.
The Corporate Governance team has undertaken a thematic review of all Committee Effectiveness review findings both holistically for all Committees and for each Committee individually and has pulled out the key actions to enable continuous development for implementation throughout 2025-26.

Actions have been identified as either Cross-Committee actions (development opportunities/actions arising identified by and/or relevant to all Committees of the Board) or Committee specific actions, identified by and/or relevant to a single Committee.

Implementation of the Continuous Development Plan 2025-26 (Appendix A) has been monitored by the Corporate Governance team and will return to the Committee periodically for assurance.

NEXT STEPS:

The Corporate Governance Team will continue to monitor actions still under implementation as of February 2026 and will consider how these are fed into the continuous development processes for 2026/27.

Appendix A – F&P Continuous Development Plan 2025-26

Committee Effectiveness: Continuous Development Plan 2025–2026

Cross-Committee Action Plan (actions relevant to all Committees)

Theme	Action	Owner	Timeline	Status	Comments
Membership	Review and confirm committee membership	DCG / PTHB Chair	Q1	Complete	New Committee Membership confirmed as of May 2025
Assurance to Board (Quality Assurance: QMS)	Develop a standardised reporting template for clear upwards assurance	Governance Team	Q2	Complete	Alert, Advice, Assurance, Inform (AAAI) Reports have been introduced for all Committees for reporting to the Board from March 2025 (having been piloted during 2024/25). This template will be reviewed and matured in readiness for September Board.
Organisational Learning (Quality Learning: QMS)	Schedule opportunity to actively consider evidence of learning and improvement in each Committee	Governance Team	Q3	Underway	Integrated into review of Committee Work programme for 2026-27 as in development as of Q4.
Committee Agenda Focus	Apply risk-based approach to planning agendas,	DCG/Committee Chairs	Q1	Complete	Prioritisation is undertaken as part of the agenda setting process, this is aligned to SRR, CRR, ORR and BAF process.

(Quality Planning: QMS)	prioritising high-risk/high-impact items				
Training & Induction	Develop induction information and training needs analysis for each Committee	Governance Team	Q4	Complete	ARAC induction pilot held in September 2025, further schedule to be considered for 2026/27.
Integration of Risk	Incorporate risk lens in committee discussions and papers	Governance Team	Ongoing	Underway	Committee risk register a core agenda item at every committee. Review of Committee Paper template underway with consideration of how to best integrate risk appetite levels into cover reports.

Committee-Specific Action Plan

Finance and Performance Committee

Issue	Action	Owner	Timeline	Status	Comment
Enhance the focus on DTOC/Primary Care	Embed focus items or deep dives into work programme	DCG/Committee Chair	Q1	Complete	Deep dive into DTOC held in June 2025 and focused item on Primary Care received in September (GMS), October (GDS) and December (OOH and Pharmacy). A programme of wider deep dives was also received regarding topics such as CHC,

					Cancer Services and Ambulance response.
Length and focus of Meetings	Consider length of meetings and agenda to ensure appropriate scope to consider items in a timely / risk based manner	Governance Team	Q1	Complete	Complete – where needed meetings extended to 3.5 hours to allow for sufficient discussion of key items.

Finance and Performance Committee 2025-26

Theme	Item Title	May 01/05/2025	June 26/06/2025	September 02/09/2025	October 21/10/2025	December 04/12/2025	February 26/02/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	✓					
Governance	Work Programme (updated through year)		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓					
Governance	Committee Governance Action Plan		✓				✓
Governance	Committee Annual Report (including IC elements)	✓					
Governance	Review of Terms of Reference	✓					
Performance	Integrated Quality and Performance Report	✓	✓	✓	✓	✓	✓ **Mnth 9**
Performance	Ministerial Enabling Actions (including within IQPR, not stand alone item)		✓	✓		✓	
Performance	Annual Delivery Progress Report	✓ **Q4**		✓ **Q1**	✓ **Q2**		✓ **Q3**
Finance	Finance Report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Heath Care costs)			✓			✓
Finance	Variable Pay			✓			
Annual Reporting	Draft Performance Report (of Annual Report) - to be circulated via email due to timescales						
Innovative Environments	Capital Programme Delivery & Decarbonisation programme					✓	✓
Innovative Environments	Capital and Estates Compliance Report						✓
Innovative Environments	Capital and Estates Strategy Monitoring		✓	✓			
Innovative Environments	Capital Pipeline Overview					✓	
Innovative Environments	Powys PSB Climate Working Group Update				✓		
Primary Care	GMS (to include access)			✓			
Primary Care	GDS				✓		
Primary Care	Out of Hours Performance review		✓	✓	✓	✓	
Primary Care	Community Pharmacy Annual Report					✓	
Primary Care	Mental Health Services						
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A
Communications	Comms and Engagement Report					✓	
Innovative Environments	Six monthly report on catering services				✓		
Performance	Organisational Escalation Status Presentation Finance and Performance Monitoring	✓	✓	✓	✓	✓	✓
Finance	Deep Dive - CHC savings track growth on case numbers.		✓				
Performance	Endoscopy Update to include JAG accreditation			✓		✓	✓
Health and Safety	Health and Safety Annual Report	✓					
Health and Safety	Health & Safety 6 monthly report					✓	

Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix - Second look needed at joint PPPH and D&P meeting March 2026						
Governance	Getting It Right First Time (as per IA, Tackling Planned Care) Schedule TBC					✓	✓
Governance	Public Sector Prompt Payment (PSPP) Performance’					✓	
Governance	Integrated Quality & Performance Framework – 2025/26 Reporting Challenges'						✓
Actions	Deep Dive - from Performance report (Action at Feb meeting) Ambulance Response (May), Cancer Services and MIU FEB (Elaine)		✓				✓
Actions	Review the effectiveness of clusters in achieving their purpose on an Annual basis (consent agenda)	✓					
Actions	Deep Dive - from Performance report (Action at Feb meeting) Cancer Performance & Diagnostics			✓	✓		
Actions	Community Hospital Delays & Flow		✓				
Actions	Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais.- Presented to Board in September. No longer required.			✓			
Actions	Private Providers- Mental Health		✓	✓			
Action	In reach Fragility					✓	✓
Key							
Date to be confirmed							
Item to be confirmed							
Item deferred							
Item brought forward							
Going to Board							
Find Exec Cttee date							
Added to draft agenda							

Powys Teaching Health Board Glossary (Last updated Januaryfebruar 26)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner

GNCC	General Nursing Complex Care Team
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
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
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
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	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WRES	Workforce Race Equality Standard

WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date