Powys Teaching Health Board
Public Accountability Meeting

Evidence Paper: 27th November 2025

Contents:

Context: This evidence pack has been produced by the Powys Teaching Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on 27th November 2025. It has been produced in line with the guidance from Welsh Government.

Date submitted – 13th November 2025
Date of meeting – 27th November 2025

Introduction and Background

Powys and its population

Powys Teaching Health Board (PTHB) provides community, primary care and mental health services for its population of 133,000 people. It commissions acute and specialist services for them from 14 NHS providers in Wales and across the border in England.

Life expectancy for men and women is higher in Powys than for Wales as a whole, but not all those years are necessarily spent in good health. There is a strong sense of community. Wellbeing and lifestyle surveys often show high levels of people feeling happy and being satisfied with life. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.

However, there are inequalities in groups and geographies. Twenty-eight percent of the population is over the age of 65 and the population is ageing more quickly than other parts of Wales. In later life, individuals tend to experience more ill health, more conditions (multimorbidity) which brings added complexity and increased need for health and care. Cancer, respiratory and circulatory conditions are major causes of illness and early deaths. Twelve percent of the population are unpaid carers and around a third of the population live alone, with half being older than 65 years.

Powys has nine areas in the most deprived 30% in Wales for access to services due to its large rural geographical area and limited transport options which can significantly impact residents' ability to reach essential services, particularly the most vulnerable. The average household income is lower in Powys compared to the rest of Wales and around 4,000 families live in absolute poverty.

People are waiting for treatment and staying in hospital longer than they should. Too many people are spending the last days of their lives in District General Hospitals (DGH) outside the county rather than their own homes. The complexity of need is intensifying, across physical and mental health and immediate pressures including delays in care, lead to high costs for poorer outcomes.

This means that looking longer term and taking an inter-generational and holistic view of healthcare is important, to build a sustainable approach for Powys.

PTHB as a provider

PTHB directly provides a range of services where it is safe and appropriate to do so in our rural setting. This includes lower complexity medical and surgical inpatients, day-cases and outpatients, diagnostics including endoscopy and radiology, maternity, minor injuries, cancer and mental health services for children and young people, adults and older adults across 9 community hospitals.

In addition to these hospital sites, services are provided in a range of community clinics and centres such as GP practices, pharmacies, dental surgeries and optometrists in towns across Powys.

There are 3 primary care clusters within PTHB which work closely with 16 medical practices, 24 dental practices, 20 optometrists and 23 pharmacies.

PTHB employs around 2,000 people and is an important part of the foundational economy in the County. There are challenges and opportunities for the workforce across health and care including the community and voluntary sector due to the sparse, rural geography, older age profile and outward migration of the younger workforce.

PTHB has the oldest NHS estate of all health boards in Wales with 31% of the buildings predating 1,948 (significantly higher than Wales average of 12%). There is a backlog cost of £70 million required to bring the estate to a 'satisfactory' standard, in the context of a similar picture nationally and finite capital resources.

Digital connections have improved across sites and people's homes, which has enabled the ability to support virtual appointments, to share patient information across primary and secondary care, and to access high quality information and advice for self-care. However, barriers to digital access remain particularly associated with the challenges of remote and rural access, and our older population.

PTHB as a commissioner
Due to geography and patient flows for secondary care and other specialist services, PTHB has extremely complex commissioning arrangements with 14 NHS providers:

- **NHS Wales University Health Boards** – Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg, Hywel Dda, and Swansea Bay.
- **NHS Wales Trusts** – Velindre University NHS Trust.
- **NHS England (NHSE) Trusts** – Gloucestershire Hospitals NHS Foundation Trust, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH), Sandwell and West Birmingham NHS Trust, Shropshire Community Health Trust, The Shrewsbury and Telford Hospital NHS Trust (SATH), The Royal Wolverhampton NHS Trust, Worcester Acute Hospitals NHS Trust, and Wye Valley NHS Trust (WVT).
- ***NHS Wales Joint Commissioning Committee (JCC)*** – The JCC is a Joint Committee of the seven health boards acting collectively on their behalf and responsible for commissioning specialised services, ambulance and 111 services. This includes commissioning services from Welsh Ambulance Services University NHS Trust (WAST).

Nearly 50% of PTHB's budget is spent in commissioned secondary and tertiary services with commissioned care being extremely important to meet the needs of the Powys population.

PTHB aims to become a more strategic commissioner to drive population health and value and has developed a Strategic Commissioning Framework to ensure:

- PTHB commissions services effectively to meet the population health needs of the people of Powys as laid out in the Joint Health and Care Strategy 'A Healthy Caring Powys'.

- PTHB resources are used wisely to get the best possible outcomes, quality and experience for the population we serve.
- Alignment with the principles of the NHS Wales Duty of Quality to facilitate a step change in quality informed improvement and management.
- Consistent focus on outcomes, quality, experience, and cost to ensure that resources are allocated and managed to have the greatest positive impact.
- There is a robust, consistent methodology and approach followed by PTHB which is open and transparent, when deciding which services and treatments to commission and how to commission them.
- Services are commissioned within the available PTHB budget.

1. Finance, planning and escalation

1.1 Finance and value

Current financial position

PTHB 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 Accountable Officer letter in May 2025 confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise PTHB's forecast to a £28.3m deficit. There is an associated underlying deficit of £42.1m, which is caused by the following cost drivers:

- Commissioning of secondary and specialist healthcare;
- Commissioning of continuing healthcare (CHC);
- Pay expenditure; and
- Commissioning of private providers of acute mental health services.

As at month 7, PTHB reported a year-to-date position of £19.458m overspend, compared to a planned deficit of £16.517m. This equates to PTHB having an overspend of £2.942m. The overspend year-to-date compared to plan is predominantly due to unforeseen cost pressures:

- NHSE unplanned care tariff increase (average 13%) - £2.2m;
- Joint Commissioning Committee savings plan delivery - £0.5m;
- Employers NI contribution - £0.6m; and
- The balance of £(0.4)m is an operational variance connected with savings; private providers overspend off set by underspends elsewhere.

PTHB continues to maintain a revenue forecast for 2025/26 of -£28.3m (deficit), noting that there are several underlying assumptions and a series of significant risks and limited opportunities surrounding this forecast from unplanned pressures outside of the Plan.

Progress against savings plan

PTHB has identified in its 2025/26 savings plan an extensive range of mitigating actions to address the financial position. The saving target of £23.1m is considerable. It represents 6.3% of the Hospital and Community Health Services (HCHS) funding allocation and is a greater savings programme than PTHB has achieved historically. This is in addition to the very significant programme of savings achieved in 2024/25.

The table below shows the forecast savings achievement as at the end of October (Month 7).

	In-year 2025/26						Recurrent for future years		
	Values								
Targeted Area	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	42	3,217	0	3,217	-183	3,400	3,012	-388
Medicine Management	1,500	6	1,795	0	1,795	295	1,500	1,795	295
MV and HP Programmes	1,000	1	732	0	732	-268	0	0	0
2% Recurrent	1,000	32	1,523	0	1,523	523	1,000	1,254	254
1% Non-recurrent	500	18	1,561	0	1,561	1,061	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	0	-2,000
Commissioning	3,080	8	1,131	0	1,131	-1,949	1,420	1,131	-289
Commissioning (NHSE to Wales Targe	7,100	14	6,600	0	6,600	-500	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	0	0	0
Commissioning (POCD)	1,500	2	673	0	673	-827	0	673	673
RTGH	500	2	500	0	500	0	0	0	0
Grand Total	**23,080**	**126**	**18,232**	**0**	**18,232**	**-4,848**	**9,320**	**9,065**	**-255**

Green schemes with £18.232m savings are currently forecast, against the £23.080m target, giving a gap of £4.848m to be closed. The recurrent impact of savings schemes is £9.065m, compared to the £9.320 recurrent target.

Value and sustainability plans

The savings schemes are linked to the areas of focus arising from the Value and Sustainability Board workstreams.

Value and Sustainability Board Category	£,000	Progress
Workforce	3,400	Through heightened controls, improved retention and recruitment PTHB is close to achieving its savings target.
Medicines Management	1,500	The pharmacy team works closely with colleagues from primary care and with peers across Wales. The target is forecast to be exceeded.
CHC / Private Providers	2,500	Achieving cost reductions in this area is proving to be challenging. PTHB is working with external experts to identify actions to reduce the growth in expenditure.
Non-pay / commissioning	12,680	Value and Sustainability Board actions in relation to high impact pathways are tracked and discussed through the PTHB Value Based Health Care Steering Group. Some of the high impact pathway actions are also included in the enabling actions and their associated delivery and tracking mechanisms.
Other	3,000	N/A
Total	**23,080**	

1.2 Enabling actions

A summary of progress against the enabling actions is provided in the table below. There are no actions rated as not being on-track for achievement in-year.

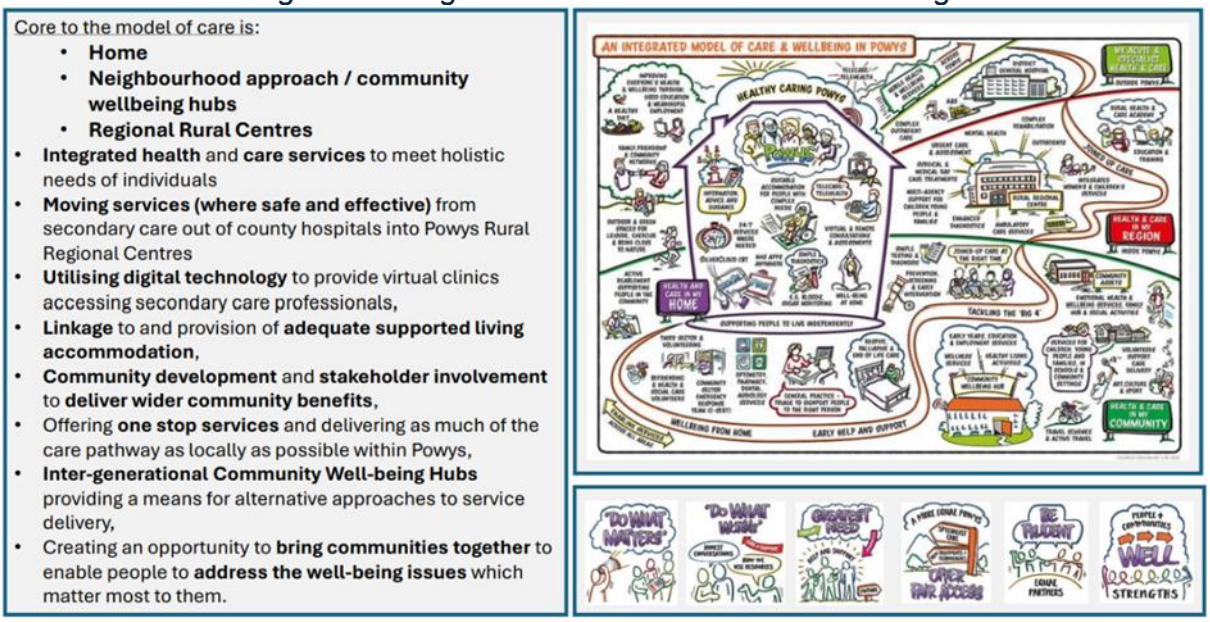
RAG rating key is green (complete); light green (on track)' amber (delayed but will be achieved in year); and red (will not be achieved in year).

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.	4 - Amber 1 - Green 1 – PTHB not have ED or Acute services
Operational effectiveness – planned care (9 actions)	Improving timely access to care, reducing unwarranted variation in clinical productivity.	3 - Amber 1 - Green 4 - Light green 1 - Not currently applicable to PTHB
Workforce productivity (5 actions)	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	2 - Amber 1 - Light green 2 - Green
Maximising value for money (4 actions)	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness.	2 - Amber 2 - Light green
Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	6 - Amber 2 - Light green 1 - Green 1 – No tumour site services delivered in PTHB 1 – No joint services delivered in PTHB.

1.3 Clinical services plan

The Health and Care Strategy for Powys sets out the Wellbeing Objectives agreed jointly by PTHB and Powys County Council via the Regional Partnership Board. It sets out the joint response to the challenges of affordability and sustainability of services; variation in service provision across the county; and reliance on services provide outside of Powys with challenges of access. The ten-year Strategy was approved in 2017 and remains our direction of travel. Core to this is the integrated model of care & wellbeing in Figure 1.

Figure 1: Integrated Model of Care and Wellbeing



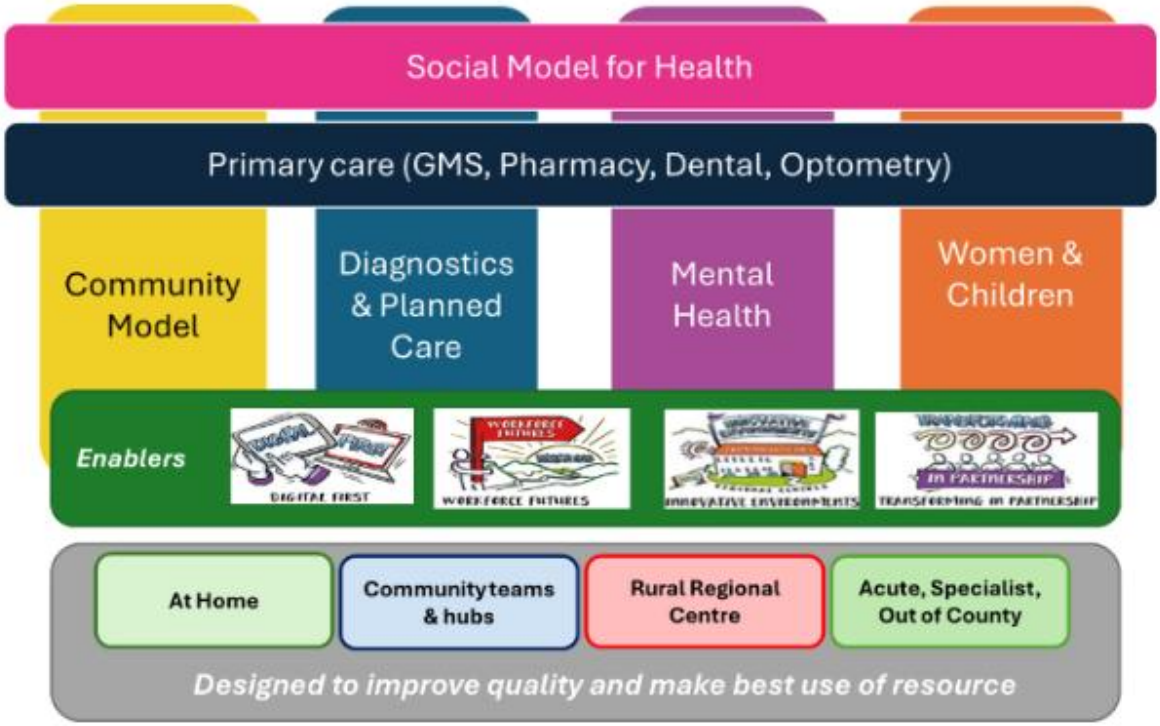
The Strategy is based on a comprehensive assessment of the Powys population as set out in:

- Powys Population Needs Assessment.
- Powys Wellbeing Assessment.

In line with PTHB's De-escalation Criteria, a Clinical Services Plan is being developed through the 'Better Together' transformation portfolio. This responds to an urgent and well-evidenced case for change. Health and care services in Powys face increasing pressure from a growing elderly population, rising incidence of complex multimorbidity, ageing infrastructure, workforce challenges, and escalating financial constraints. There is clear alignment with local and national strategy, including *A Healthier Wales* and the *NHS in 10+ Years* (Orford) report, in recognising that "no change is not an option."

The transformation portfolio aims to redesign models of care to deliver safe, sustainable services aligned to population needs, with a stronger focus on prevention, earlier intervention, and better join up across physical health, mental health, primary care, social care and the third sector. This will modernise our pattern of both directly provided and commissioned service delivery. Figure 2 depicts the portfolio design.

Figure 2: Better Together Portfolio Approach



At present, the Better Together Programme is planned to be undertaken in 3 phases:

- Phase One: Adult Physical and Mental Health Community Services.
- Phase Two: Planned Care Services.
- Phase Three: Services for Children, Families and Women's Health.

Phase One of the work was initiated in March 2025 building on existing improvement and transformation activity under the Frailty and Community and Mental Health programme boards and has delivered the development of the detailed case for change, models of care and delivery options for adult physical and mental health community services. Stakeholder and public engagement have taken place on these clinical service areas and an options appraisal (non-financial and financial) is in progress to support recommendations to the Board. Actions to deliver a greater focus on community provision arising from the work to date will form part of the 2026/27 Integrated Plan.

Detailed planning for future phases is underway and will address planned care services and women and children's services. This will build on existing improvement and transformation plans being delivered through the PTHB Diagnostic and Planned Care programme board aligned to national programme for planned care priorities and Clinical Implementation Network optimisation frameworks. A strategic assessment of planned care and diagnostic services will be delivered in Q4 2025/26 to inform priorities for pathway redesign, referral optimisation and strategic commissioning decisions.

Due to the learning from the Hywel Dda UHB Clinical Services Plan development, together with the findings of an independent review of the engagement and consultation timeline and the pre-election period for the Senedd elections, the phasing

and final timeline for consulting on the options for Phase one and future phases is being reviewed at pace.

1.4 Service change

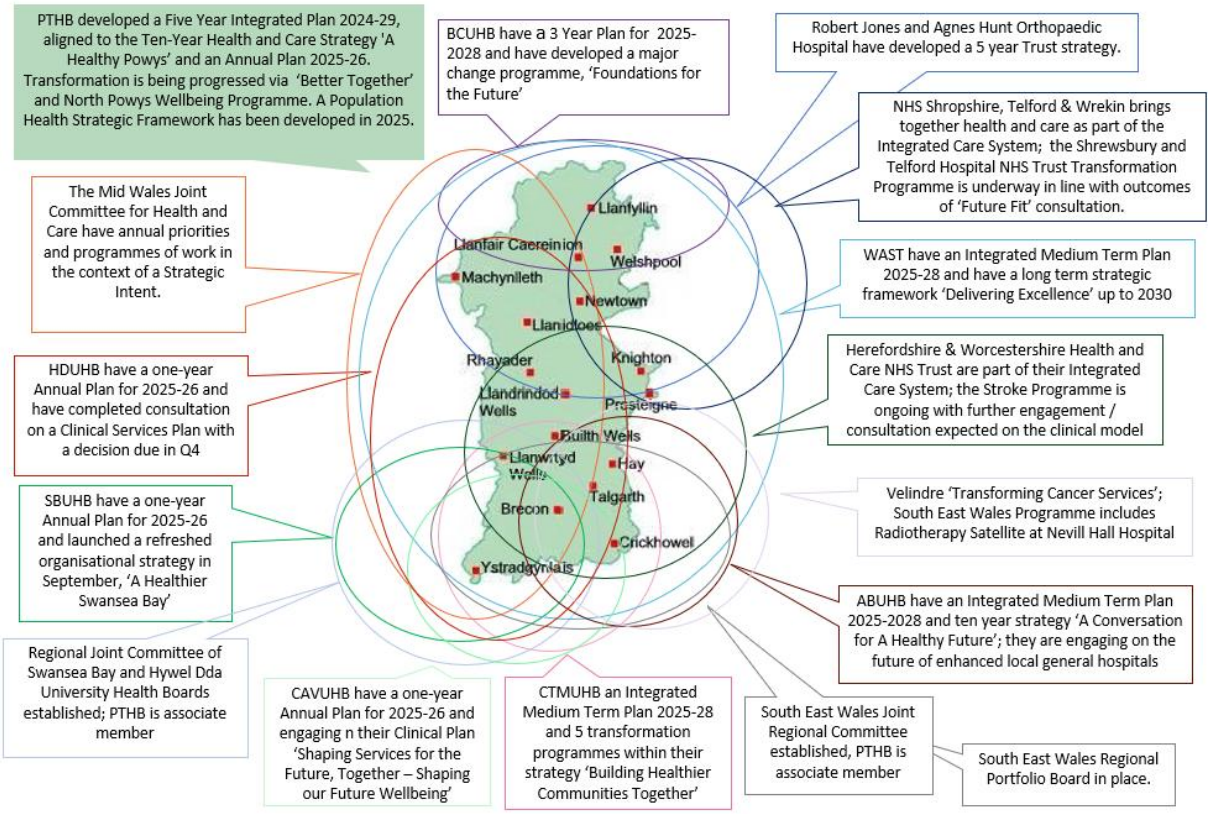
Better Together is PTHB's strategic change programme and is being developed and delivered in line with Welsh Government guidance on NHS service change guidance. Programme management arrangements are in place and include Llais and Trade Union representation on the portfolio Organisational Development, Engagement & Communication (ODEC) workstream which has oversight of the design and development of engagement plans.

Better Together will be the programme through which PTHB resolves a number of legacy temporary service change issues through the development of options for sustainable future service models. Engagement and consultation through Better Together will enable decisions on the permanent future shape of services including:

- Llewellyn Ward (Bronllys) and Graham Davies Ward (Llanidloes) temporary established as Ready To Go Home Units in December 2024.
- The role of Newtown and Brecon Hospitals as Rehabilitation Units (building on their existing role in stroke rehabilitation) was also strengthened in December 2024.
- Temporary changes to opening hours of Minor Injury Units are in place.
- Both Panpwnton Ward in Knighton and Crug Ward in Brecon were temporarily closed at the start of the COVID pandemic, and Better Together will enable decisions on the future shape of these services.

In addition to PTHB's own programme of service change and in order to develop meaningful plans and to ensure engagement is undertaken in line with Welsh Government guidance on behalf of our population, PTHB monitors all NHS service changes affecting the population of Powys, and this is reported to the Board on a quarterly basis. An overview is provided in Figure 3 below:

Figure 3: Service Change Programmes impacting on Powys



At present the main service changes we are actively influencing and monitoring are:

- Temporary change to stroke services at Prince Charles Hospital (Cwm Taf Morgannwg UHB).
- The development of the Hywel Dda UHB Clinical Services Plan, particularly as it relates to stroke and other services at Bronglais Hospital. Consultation ended on 31st August 2025 and the next steps are awaited.
- Plans for future changes to stroke services at Hereford County Hospital (Wye Valley NHS Trust and Herefordshire and Worcestershire Integrated Care System)
- Engagement on the future role of enhanced local general hospitals in Gwent including Nevill Hall Hospital (Aneurin Bevan UHB).
- Next steps following the review of EMRTS and Air Ambulance Services including Recommendation 4 "The development of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas" (NHS Wales Joint Commissioning Committee).
- The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme including the establishment of Royal Shrewsbury Hospital as their main centre for acute and emergency care and Princess Royal Hospital for planned care.

1.5 Regional working

PTHB remains committed to collaborative working with partners in NHS Wales and NHSE. PTHB is an Associate Member of the South-West Wales Joint Committee and the newly established South-East Wales Joint Committee. As outlined above, meeting the standards for stroke services is a consistent issue across a number of these regional areas, as well as into England. PTHB is also committed to scoping and understanding the opportunities regarding elective recovery and cancer services

improvement offered by regional delivery as it applies to the PTHB population who are treated in these areas.

PTHB is a full and founding member of the Mid Wales Joint Committee for Health and Care which was established following the 'Longley Report' over 11 years ago. At its last meeting the Committee has agreed to undertake a review of progress since its inception and to refresh the vision and direction for rural healthcare in Wales.

The Joint Commissioning Committee is a standing Committee of all 7 Health Boards and PTHB is an active member across all of the JCC structures. PTHB is a majority commissioner and there is alignment of some commissioning priorities, particularly regarding cross-border commissioning and the development of referral management and commissioning practice. As outlined in the financial drivers section, there are financial pressures for PTHB in this area, particularly in relation to cross-border specialised services flows.

1.6 Escalation

Current Escalation Status

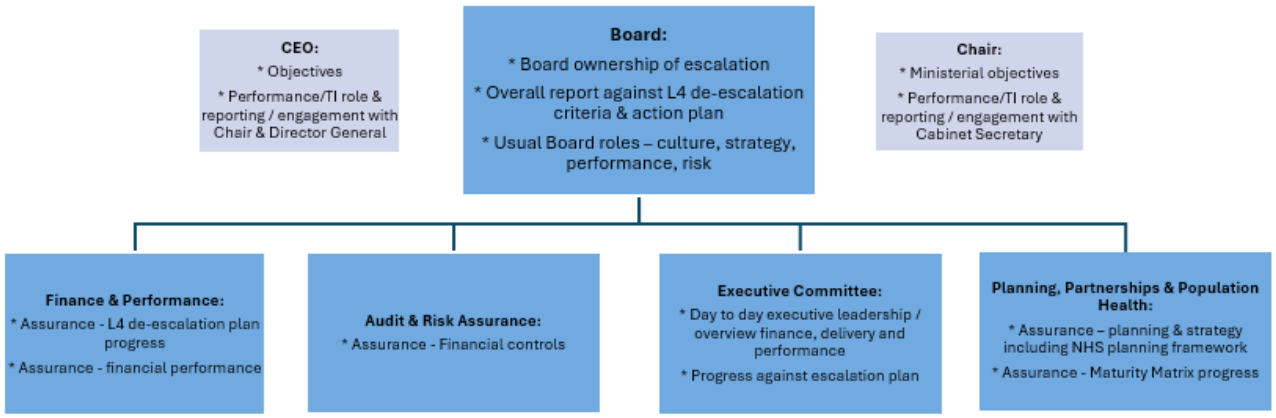
PTHB's current escalation status is summarised in the table below.

- Finance, strategy and planning: Level 4 (targeted intervention).
- All other domains: Level 1 (routine arrangements).

Oversight of escalation and intervention arrangements

The escalation process is owned and overseen by the Board and its Committees with the assurance, scrutiny and reporting structure detailed in Figure 4 below:

Figure 4: Oversight arrangements for escalation and intervention



Progress

The Board receives a regular progress update report against the Welsh Government escalation and intervention arrangements providing assurance that appropriate mechanisms are in place to monitor against the Level 4 de-escalation criteria.

The De-Escalation Criteria and overview of progress are included in Figure 5 below.

The drivers of the financial deficit are well known and covered within section 1.1. With the support of Welsh Government, a package of external support has been secured to

review commissioning and contracting, CHC and planning and transformation capacity. The scope also included a review of PTHB's financial controls, savings plan and identification of any short-term actions to improve the in-year position. The report from the externally commissioned work is due to be provided to PTHB at the end of November.

The Strategy and Planning escalation is monitored through an evidence log which PTHB has developed with the latest summary being as follows.

Figure 5: Escalation Evidence Log RAG rating

	Proposed 'RAG' Self assessment	Rationale (summary)
1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework		Unable to submit balanced IMTP and unable to deliver Target Control Total in 2025/26 Annual Plan
2. Board clarity on the strategic vision for the organisation		Clear vision within shared long term strategy, A Healthy Caring Powys forms basis of Annual Plan
3. Evidence of a clear roadmap and implementation of the health board's clinical services plan		Better Together Programme in place, engagement commenced – ambitious and difficult work to produce 'roadmap' and reach implementation
4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix		WG Feedback received which has informed this update (July 2025)
5. Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions		Annual Plan 2025/26 in place with quarterly monitoring and reporting as per IQPD and JET

PTHB is scheduled to resubmit against the revised WG Planning Maturity Matrix by the end of November.

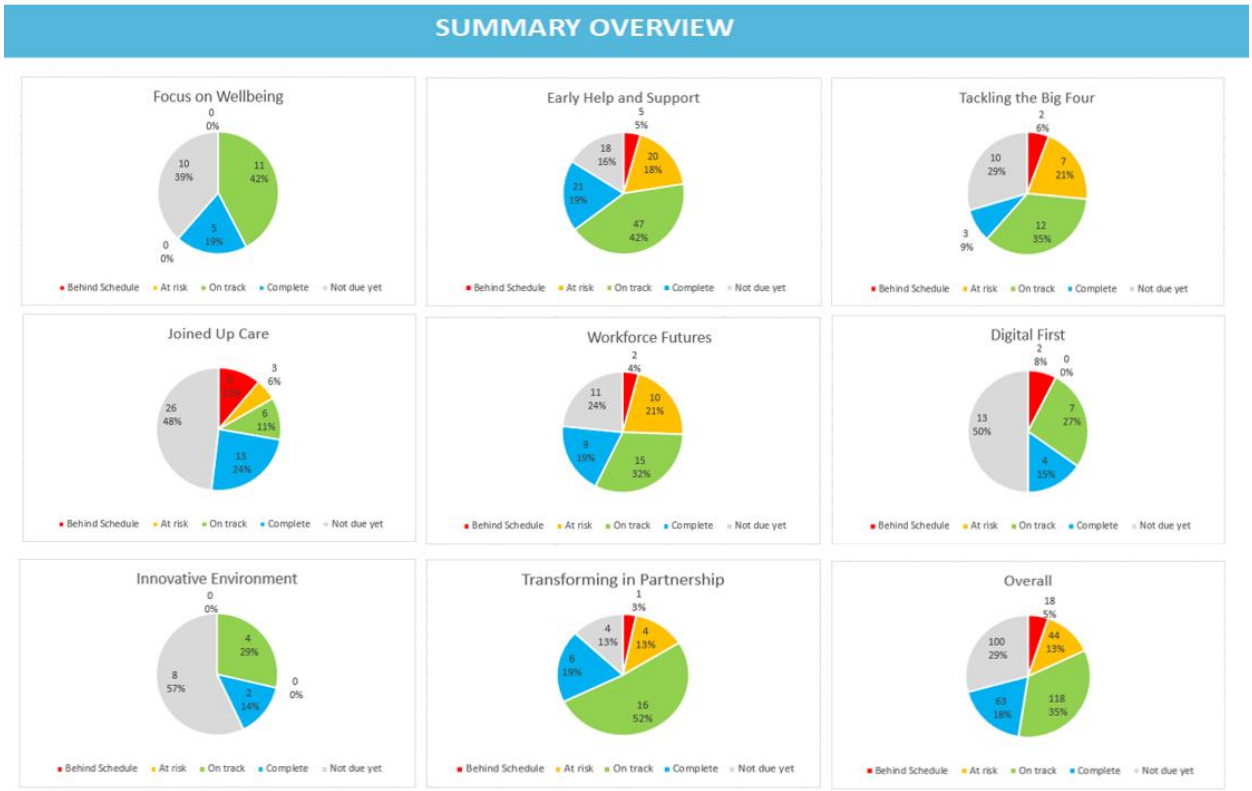
A summary of emerging key areas of action and alignment in relation to strategy and planning are noted below:

- Progression of the Better Together Portfolio and North Powys Wellbeing Programme is critical to the development of the equivalent of a Clinical Services Strategy / Plan (CSS / CSP).
- Intelligence gained during engagement and the development of options and service models of care via Better Together and the business case for North Powys has grown the knowledge and skills base – in particular in aspects of operational and service planning, alongside clinical leadership and stakeholder engagement.
- Feedback from Welsh Government on the current Integrated Annual Plan. (alongside the NHS Wales Planning and Performance Framework when issued) will be used to strengthen the next Plan, for example reinforcing the clear alignment with the Wellbeing of Future Generations Act and Wellbeing Objectives.
- The shared Population Needs Assessment, Market Stability Assessment and Wellbeing Assessment are also due for refresh in 2026/2027 (being planned currently via RPB and PSB) and will be key to the refresh of our partnership Strategy.
- Implementation of PTHB frameworks for Strategic Commissioning and Population Health will focus on areas of high impact opportunities across the short, medium and longer term, aligned with the work on Better Together and the North Powys Wellbeing Programme.
- Review and response to the externally commissioned review by Grant Thornton and partners will determine any further areas to progress the maturity of strategy and planning.

Progress against Well-being objectives and strategic priorities (as at Quarter 2)

PTHB's Annual Plan 2025-2026 sets out four Well-Being Objectives and four Enabling Objectives which are reported on quarterly in terms of delivery success and areas of challenge. The charts in Figure 6 below give the position as at the end of quarter 2 2025/26. The BRAAG colour key used is as follows: Blue – complete; Red – behind schedule; Amber – at risk/issues present; Green – on track; and Grey – not due.

Figure 6: Summary of progress against Annual Plan (end Q2 2025/26)



Analysis of Quarter 2 (Q2) performance demonstrates continued progress in delivering the actions and priorities set out within the Plan. Of the 343 key deliverables scheduled for completion during 2025/26, 243 were due for delivery in Q2. Of these, 118 (49%) were reported as on track and 63 (26%) as complete.

A total of 100 deliverables were not scheduled for completion in Q2 and are planned for progression in Quarters 3 and 4.

Wellbeing Objectives	
Objective	Progress
Focus on wellbeing	This objective is designed to be achieved through a whole system approach to wellbeing and prevention and covers: • Whole system prevention plan across the life course. • Health Protection response including Vaccination. • Women, Family and Children's Health. At Quarter 2, 19% of associated actions are delivered (complete) from within the associated programmes of work, with 42% on track and 39% not due yet.
Early help and support	There is a focus around a responsive community-based model of care. A number of strategic priorities are aligned to the delivery of this objective covering: • Enhanced Primary and Community Care • Planned Care and Diagnostics Programme • Complex Care and CHC As of Quarter 2, progress within this key objective shows that 19% of actions have been completed, 42% remain on track, 18% are assessed as at risk, 5% are behind schedule, and 16% are not yet scheduled for delivery.
Tackling the Big Four	This sets out the response to those areas of greatest impact to health and wellbeing in Powys – Cancer, Respiratory and Circulatory conditions and Mental Health. In year delivery is focused on: • Major Conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke and Diabetes) • Mental Health and Learning Disabilities By the end of Q2, 9% of actions under this key objective are complete, 35% on track, 21% at risk, 6% behind schedule, and 29% not yet due.
Joined up care	This is designed to build Sustainable and resilient healthcare with a focus on: • Community Hospital Model and Rural Reginal Centre. • Improved System Resilience. • Commissioning for Value. As of the end of quarter 2, 24% of actions have been completed, 11% are on track for delivery, 6% are considered at risk, 11% are behind schedule, and 48% of deliverables are not yet due.

Key achievements towards enabling actions

- Two additional Early Years settings achieved the Gold Standard Healthy Snack Award, demonstrating continued progress in promoting healthy eating among young children.
- Making Every Contact Count (MECC) training was delivered to 31 participants, supporting the embedding of health improvement conversations across services.
- Over 320 premises were accredited under the Breastfeeding Welcome Scheme, contributing to a supportive environment for infant feeding across the county.
- 5.6% of smokers were treated by cessation services, exceeding the national target of 5%.

- The COVID-19 spring vaccination campaign achieved 56.9% uptake—the highest rate in Wales—with over 13,000 doses administered and 79% of care home residents vaccinated.
- Respiratory Syncytial Virus (RSV) vaccination achieved strong performance: 70% uptake among pregnant women (meeting target), 51.6% in the routine cohort (highest in Wales), and 66.7% in the catch-up cohort (second highest in Wales).
- A new Medicines Safety Officer was appointed to strengthen governance and clinical safety.
- Continued improvements were observed in antimicrobial stewardship, including a reduction in gabapentin prescribing.
- Public Health Wales assurance visits for national screening programmes were successfully completed, confirming high standards of delivery.
- Recruitment to the Musculoskeletal (MSK) team was completed, with a new orthopaedic consultant due to commence in September 2025.
- Consultant capacity was optimised, contributing to Did Not Attend (DNA) rates below 3%.
- The South Powys Mobile Dental Unit expanded its provision, receiving positive patient feedback.
- The Working Well programme achieved national recognition and a Chief Nursing Officer for Wales Award nomination.
- A Community Optometrist was appointed, alongside a successful bid for new theatre equipment to support service quality.
- Improve community enablement and reablement services delivering in the community for older patients and supporting reduced hospital admissions and better flow.

The Annual Plan describes the enabling objectives developed to support the delivery of the Well-Being objectives. These include:

- Workforce Futures,
- Digital First,
- Innovative Environments,
- Transforming in Partnership.

Enabling actions	
Action	Progress
Workforce futures	• The Clinical Leadership Immersive Programme (CLIP) was recognised as best practice in leadership development. • The Academy Career and Education Enterprise Scheme (ACEES) engaged 11 of 13 Powys schools and several colleges, reaching over 5,500 students to promote NHS careers. • A refreshed exit questionnaire and 'Stay Conversation' approach were piloted to enhance staff retention and engagement.
Digital First	• Virtual consultation capacity was expanded, with nine new services onboarded for individual consultations and seven for group consultations. • Staff User Experience scores continue to improve, reflecting increased satisfaction with digital systems and support. • The Radiology Informatics System Procurement (RISP) project successfully went live, improving image management and diagnostic efficiency.
Innovative environments	• The 2025/26 Capital Programme is the most extensive to date, with 61 projects scheduled for delivery across estates and infrastructure. • Electric vehicle charge points were installed at four main hospital sites, and solar photovoltaic panels at three sites and Spa Road, supporting decarbonisation objectives. • All catering facilities achieved the highest Food Hygiene Rating of 5, evidencing strong compliance with environmental health standards.
Transforming in Partnership	• The Annual Governance Statement and Annual Report were completed and published in line with national requirements. • Board and Committee Annual Effectiveness Reviews were undertaken, with resulting action plans implemented to strengthen governance. • The NHS Wales Information Governance Toolkit and improvement plan were completed, ensuring compliance with national data protection standards. • The Partnership Development Framework was implemented across 12 multi-agency partnerships, supporting consistent collaboration. • Three staff members successfully achieved IHRIM professional qualifications, supporting workforce capability in health records and information management. • A new Head of Charity was appointed to lead charitable activities.

2. Improving access for all

2.1 Performance overview

Our approach to quality and performance management of services we both provide and commission is set out in PTHB's **Integrated Quality and Performance Framework (IQPF).** This describes the mechanisms by which the Board discharges its duty to scrutinise and assure the performance of the organisation in line with the strategic objectives; and most importantly the delivery of quality, patient centred services. The attributes, as described below, describe the necessary elements of reporting required to enable the effective implementation of the IQPF. The IQPF includes a clear local; escalation framework which has been tested and proven to be effective.

Domains	Description
Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
Quality, Safety and Patient Experience	Assurance against national and locally set quality and safety measures of care ensuring services meet the 6 domains of quality (Safe, Timely, Effective, Efficient, Equitable, Person-centred). Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS. Work within the principles of PTHB Quality Management System.
Finance & Value	Assurance that services are improving efficiency and productivity and financial plans are being delivered. Prudent or Value-Based health care approach.
Workforce and Culture	Assurance that the organisation has a motivated and sustainable workforce that is well-trained and the capacity and capability to provide quality services.

A key element of the IQPF is the monthly Integrated Quality and Performance Report (IQPR) which is designed to drive the improvement in health board performance and health outcomes for those patients that PTHB is responsible for with overall performance being assessed, across both PTHB provider and PTHB commissioned services across the key domains of activity, finance, quality, safety, outcomes and performance indicators (in accordance with the NHS Performance Framework and Improving Performance Together).

The IQPF also ensures a strong focus and alignment to the Board with the principles of the Duty of Quality and PTHB provider and commissioned services performance is also regularly reported through the Integrated Quality, Performance and Delivery (IQPD) and Joint Executive Team (JET) meetings with Welsh Government colleagues.

Summary of PTHB provider performance position at September 2025

Measure 1: 104-weeks total RTT pathways and 52-weeks outpatient pathways.
Current position: At the end of September 2025 there were zero patients waiting over 104-weeks, zero patients waiting over 52-weeks, and 87.3% of the total patient waiting list were waiting under 26-weeks.

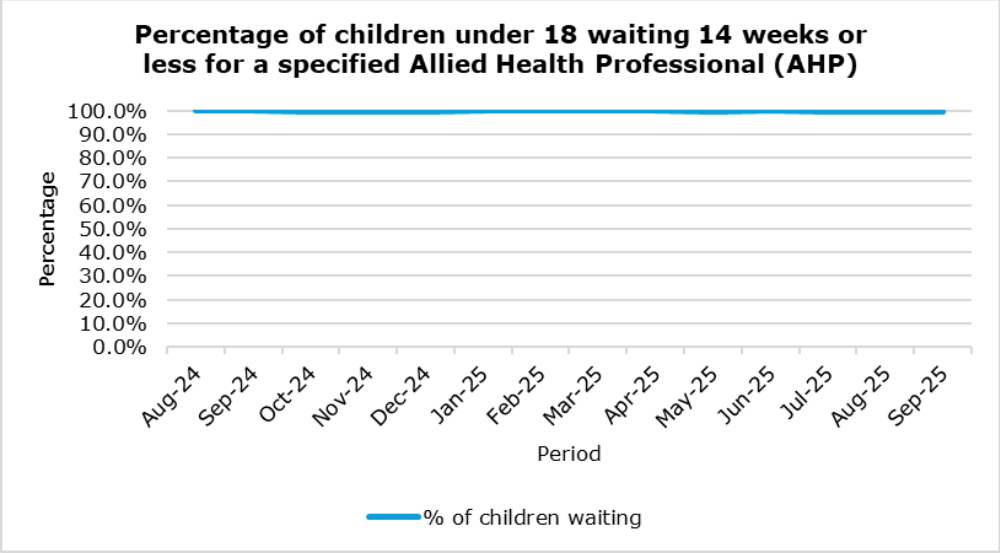
Key notes:

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from WVT for ophthalmology and rheumatology.
- General surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in ophthalmology.
- Key challenges with DGH diagnostic waits especially for nerve conduction, CT, MRI and pathology/histology reporting.
- Equity of access for the Powys responsible population.

Target achieved: Yes.

Measure 2: 14-week access to therapies.
Current position for children under 18:

Figure 7:Percentage of children under 18 waiting 14-weeks or less for a specified Allied Health Professional (AHP)

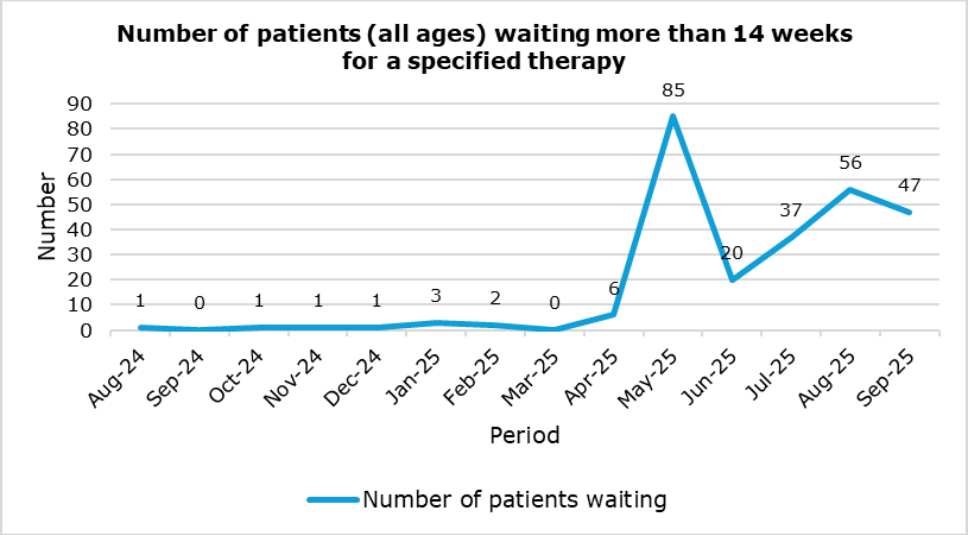


Performance against target has been 99% to 100% complaint throughout the 2025/26 financial year, although adversely impacted by high caseload demand, key workforce challenges in year, specific complex pathway delays linked to occupational therapy hand therapy, and the sickness of the single clinical staff member in Powys.

Target achieved: Yes.

Current position for patients (all ages):

Figure 8: Number of patients (all ages) waiting more than 14-weeks for a specified therapy



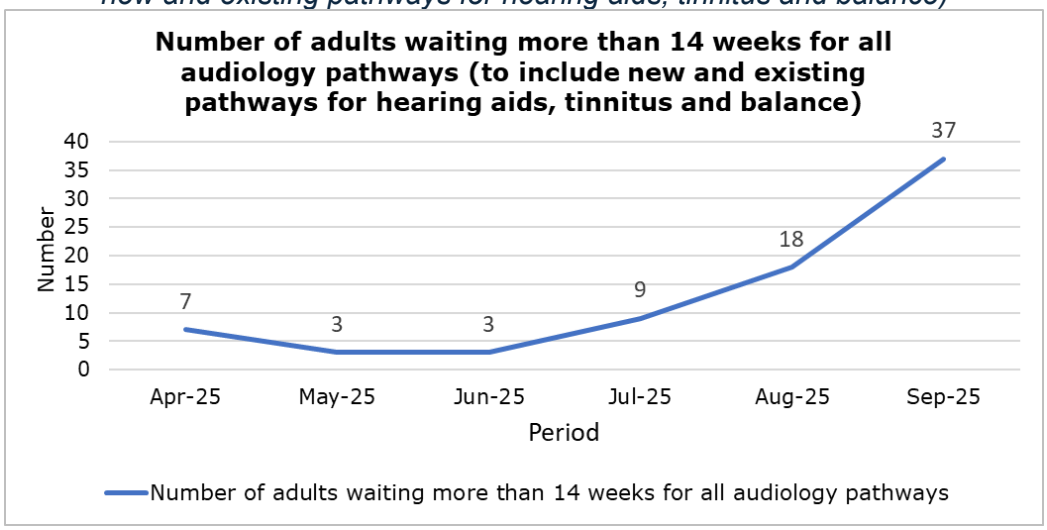
Therapies breaches remain low in Powys provider with key challenged subspecialties including occupational therapy (OT), physiotherapy, and podiatry. The key challenge is workforce capacity in small teams, for example OT hand therapy only having one pan-Powys clinician. During 2025/26 ongoing vacancy and sickness challenges have exacerbated the target compliance although plans are in place to develop resilience of service with key performance improvement due in Q4.

Target achieved: No.

Measure 3: access to audiology pathways

Current position of adults waiting more that 14-weeks:

Figure 9: Number of adults waiting more than 14-weeks for all audiology pathways (to included new and existing pathways for hearing aids, tinnitus and balance)

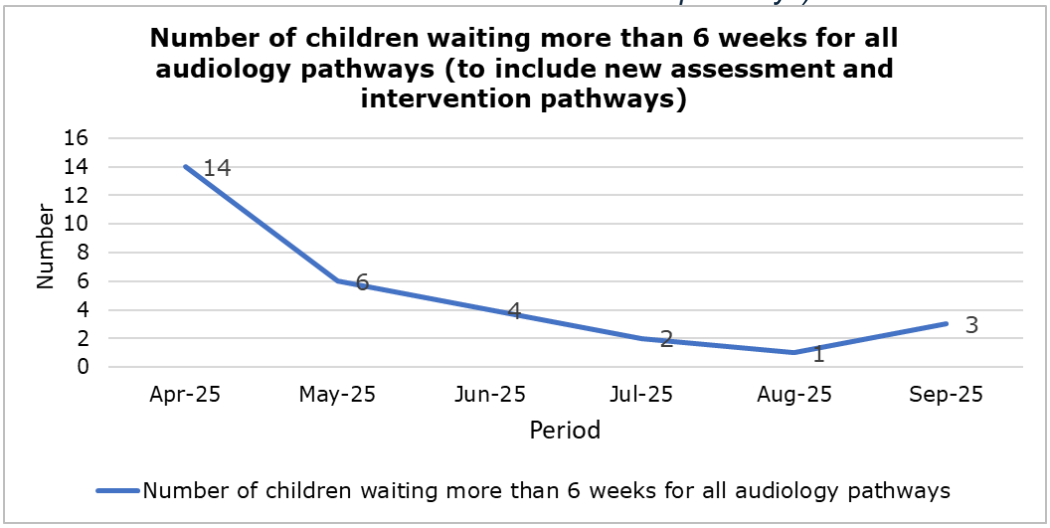


Key changes include 2 FTW staff vacancies. Recruitment challenges reflect similarities in other health economies, but we continue to enhance our capacity with active bank and agency working and are anticipating in year recovery. Improved delivery is expected from December 2025.

Target achieved: No.

Current position of children waiting more than 6-weeks:

Figure 10: Number of children waiting more than 6-weeks for all audiology pathways (to include new assessment and intervention pathways)



Paediatric breaches against the 6-week target have reported an increase to 3 for September. The key challenge is that this service is delivered by a single clinical in South Powys which places continual risk on compliance which is caused by sickness or leave. It is planned for full recovery with no breaches by the end of the year.

Target achieved: No.

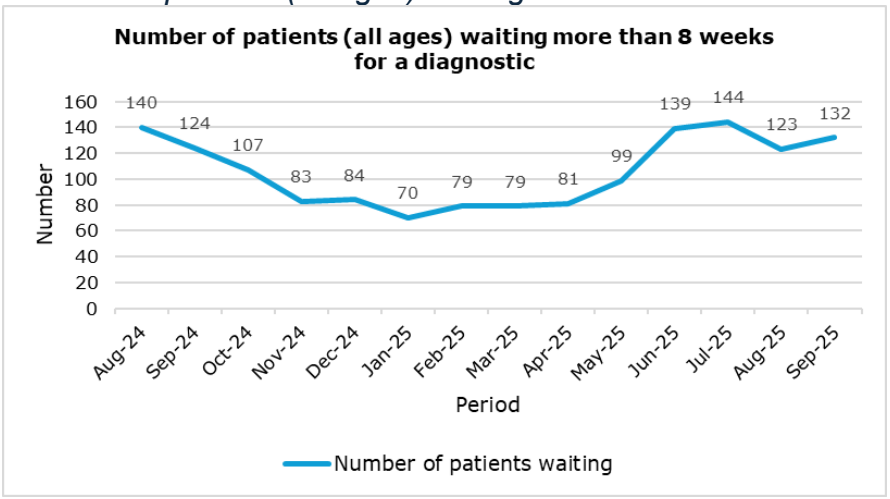
Measure 4: 8-week access to diagnostics.

Current position: Powys provider services carry out key diagnostic tests including echocardiograms, diagnostic endoscopy, and non-obstetric ultrasound which are reportable against the 8-week target KPI. The provider is currently not achieving target although a recovery trajectory is in place.

The current position at the end of September is **132** breaches.

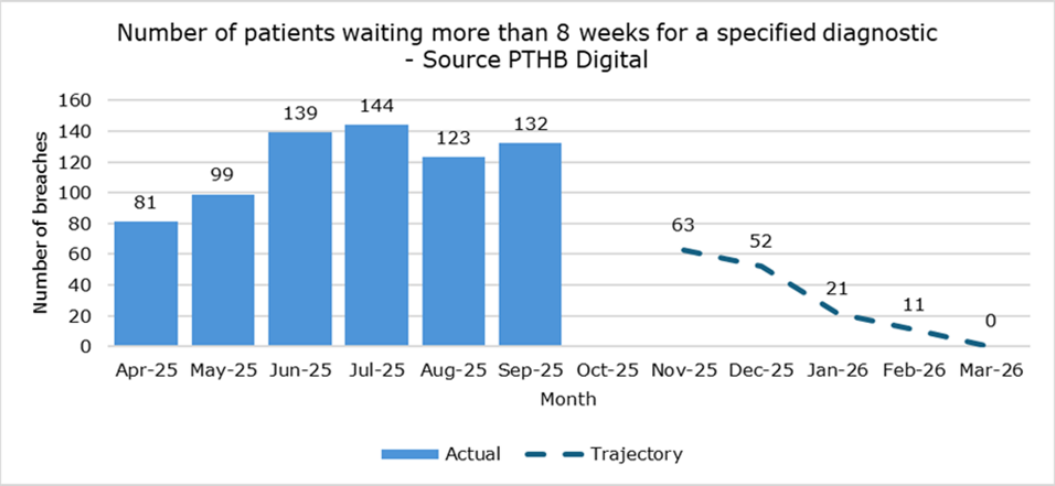
- **54** cardiology (echocardiograms).
- **1** endoscopy.
- **77** non-obstetric ultrasound.

Figure 11: Number of patients (all ages) waiting more than 8-weeks for a diagnostic



A recovery trajectory is in place for diagnostics (see graph below).

Figure 12: Number of patients waiting more that 8-weeks for a specified diagnostic - source PTHB Digital



Compliance against the 8-week target is forecasted to reduce breaches to zero by March 2026.

Key notes:

- Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity.
- Non-obstetric ultrasound service is small which leads to fragility, unplanned absences has challenged compliance at the end of !2. core recovery is planning by the end of Q3, but risk of low breach numbers continues until the end of Q4.
- New radiology informatics system programme (RISP) system rollout for radiology will ring significant improvement to the digital management of patient pathways with linked efficiency and reporting improvements.
- Diagnostic endoscopy remains fragile with breach risk, in-reach fragility ongoing linked to CTMUHB, and urgent and urgent suspected cancer pathways continue to utilise insource arrangements with extension confirmed to Q4.

Target achieved: No.

Measure 5: 75% of suspected cancer pathways
Current position: PTHB does not provide cancer treatment but supports limited diagnostics and outpatient engagement predominantly for upper and lower GI suspicions. These pathways in 2025/26 remain highly dependent on the general surgery in-reach and private insource to achieve high quality timely care. Many Powys residents will be referred directly into acute commissioned care especially within North-mid and South-west Powys.

PTHB:

- Has reported 40 new pathways in September 2025 with 33 via primary care referral.
- Has reported a very positive compliance of 86.4% for downgrades within 28-days of the 22 closed pathways in September.

- Meets the straight to diagnostic test 12-month improvement trend in September with 33.3% compliance. However, compliance is volatile because of small numbers sent straight to diagnostic in Powys.

It should be noted that 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.

Target achieved: Yes.

Measure 6: 45-minute ambulance handover
Current position: PTHB does not have an acute hospital site within our geographical footprint. Executive lead and deputy identified to progress engagement with national 'Handover-45' taskforce. Local design event planned for November in collaboration with NHS Wales Performance and Improvement Team.

Target achieved: Not applicable.

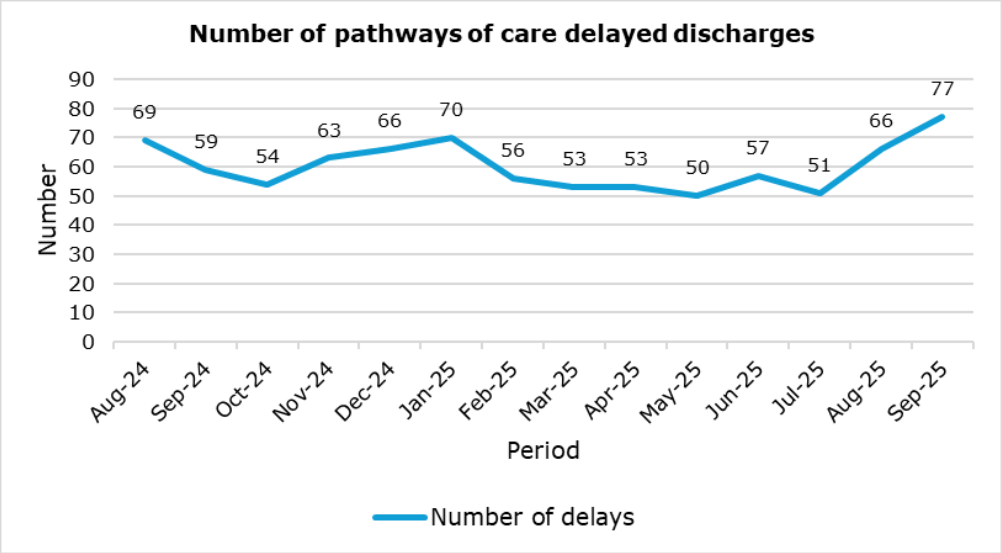
Measure 7: 4- and 12-hour emergency department waits.
Current position: None of the key emergency departments targets have been missed in 2025/26 for Powys as a provider of care in its Minor Injuries Units (MIU). The MIUs have seen circa 10,000 new appointments in 2025/26 to date, with a further circa 4,600 re-attendance appointments.

- Median time from arrival at an emergency department to triage by a clinician (6-mins Sept-25).
- Median time from arrival at an emergency department to assessment by a clinical decision maker (6-mins Sept-25).
- Percentage of patients who spend less than 4-hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge (100% Sept-25).
- 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 (zero Sept-25).

Target achieved: Yes.

Measure 8: Reducing pathway of care delays.
Current position: Number of pathways of care delayed discharges: 77 delayed discharges in Sept-25. The graph below shows the number of pathways of care delayed discharges over the last 24 months.

Figure 13: Number of pathways of care delayed discharges



Some challenges seen over the last couple of months, with deterioration to reductions gained in year. In October PTHB was successful in reversing the position, with some small gains in number of delays and assessment delays.

PTHB fully integrates with the Urgent and Emergency Care Six Goals Programme. Reducing pathway of care delays is a key component of this workstream but can have challenges including:

- September key challenges were aligned to a surge in out of county discharges.
- Recent inpatient admissions have required higher dependency and aligned to seasonal inpatient care demand fluctuations.
- It should be noted that high-cost placements (dementia nursing care home beds) continue to challenge flow.
- Average length of stay, and days delays have seen reduction, and the time in allocating a social worker has reduced.
- A weekly multi-disciplinary team (MDT) approach deep dives all very long stays and the seven-day single point of access and seven-day community-based falls response has reduced ambulance conveyance to acute emergency departments.

In recent months there has been a slight rise in health-related delays, and a larger rise in joint health and social care delays. PTHB has the following actions:

- Integrated brokerage with Powys County Council.
- Review undertaken to identify reasons for CHC/funded nursing care delays.
- Enablement and community rehabilitation teams increased delivery.
- Integrated health & social care working group to update patient flow standard operating procedure with timelines.
- Trail to comment shortly of therapists in emergency departments to support same day turnaround.
- Discharge Liaison Officers (DLOs) to ensure all clinically optimised discharge plans are up to date for winter.

- Two DLOs delivering Optimal Hospital Flow Framework (OHFF), training across wards, standardising Board rounds, Red to Green (R2G) approach and discharge pathway allocation.
- Escalation of patients admitted to English community hospitals is driving up health-led delays.

Target achieved: No.

Measure 9: Adult and CAMHS mental health measures.
Current position for <18yrs:

- 100% of mental health assessments undertaken within (up to and including) 28 days from receipt of referral. (Target 80%)
- 90% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS. (Target 80%)
- 96.8% of residents in receipt of secondary mental health services have a valid care and treatment plan. (Target 90%)

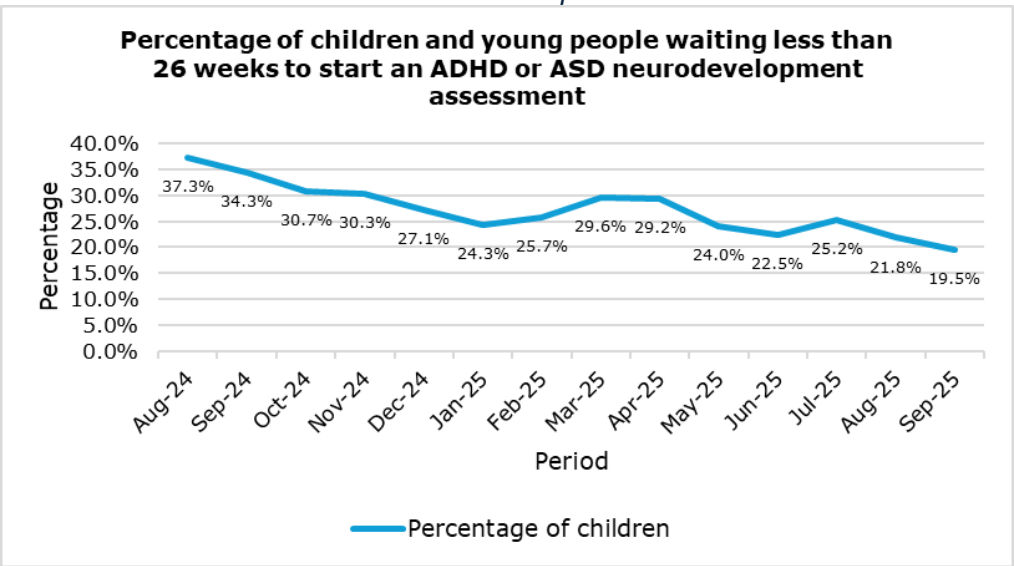
Current position for >18yrs:

- 82.4% of mental health assessments undertaken within (up to and including) 28 days from receipt of referral. (Target 80%)
- 89.6% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS. (Target 80%)
- 80.4% of residents in receipt of secondary mental health services have a valid care and treatment plan. (Target 90%)
- 88.6% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health. (Target 80%)

Current position for children and young people neurodevelopmental services: PTHB performance has continued to fall against the 26-weeks to assessment target reporting 19.5% in September (as shown in below graph). The service is in internal escalation under PTHB's IQPF and significant operational improvement and transformation of the service models has taken place. Following the revied referral criteria and signposting from January 2025, an average of 44% if referrals received were found to be inappropriate for the neurodevelopmental assessment pathway. As a result, percentage compliance for the 26-week wait will fall as fewer pathways are started e.g. numerator reduction against the total waiting list.

Positively at the end of September over 104-week waits had fallen to 3 pathways with projected zero 104-week breached by December.

Figure 14: Percentage of children and young people waiting less than 26-weeks to start an ADHD or ASD neurodevelopment assessment



Target achieved: Partially.

Examples of developments within PTHB provider services to improve access include:

Orthopaedics

- Musculoskeletal triaging service is delivering a specialist assessment and referral service for patients with conditions affecting muscles bones and joints. Its primary goal is to ensure patients are directed to the most appropriate treatment or specialist as quickly and efficiently as possible, often by-passing unnecessary hospital appointments. By triaging referrals, the service will help to reduce waiting lists for hospital consultants, avoids duplication of assessments, streamlines the patient journey and will provide support and guidance to primary care clinicians helping to improve consistency and appropriateness of care.
- Successful appointment of speciality lead consultant for orthopaedics in Sept 25 to support optimisation of the orthopaedic service in Powys including opportunities for repatriation of patients.

Eyecare

- Eyecare establishment of optometry filtering service 2025/6 utilising primary care optometry to reduce hospital demand with management in primary care where appropriate. Community optometrist in post from November 2025 as part of the PTHB hospital eyecare MDT to support glaucoma referral management to primary care and providing support/advice to referring clinicians.
- Successful business case for speciality lead consultant ophthalmology was agreed in November 2025 to support optimisation of eyecare service in Powys including opportunities for repatriation.
- Further expansion of the PTHB eyecare MDT with appointment of additional nurse injector in Q2 2025/26 further increasing capacity for wet AMD repatriation in mid Powys complimenting established service in south Powys.

Waiting Well Service

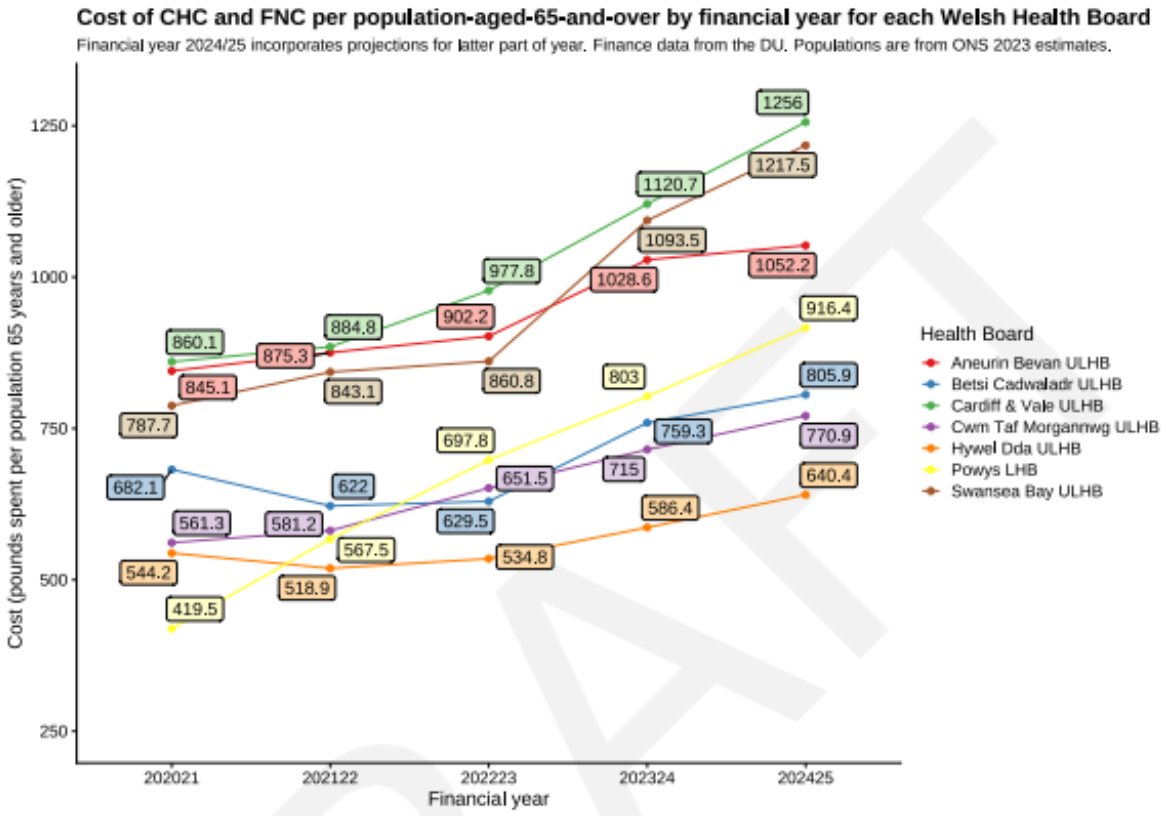
- All planned care outpatients receive a call prior to appointment to check attendance, provide advice and support to prepare for clinic appointment with referral to other services as required (e.g. third sector community transport) These

have supported patients to attend appointments and fully utilise scarce consultant resources with Did Not Attend rates in planned care consistently below 3% eyecare in September 2025 was 2.5%, orthopaedics 2.4%.

Continuing Healthcare Commissioning

On the basis of our older adult population of 28%, which is high for Wales, PTHB has still seen a significant increase in both cases and spend for Continuing HealthCare (CHC).

Figure 15: Cost of Continuing Health Care and Free Nursing Care per Health Board



However, on a raw population basis, PTHB now has the highest spend in Wales. It is important to note the differences in age related population and the impact that this has on CHC. There are currently **378** cases in MHLD and **256** in General Nursing. Only 1% of cases relate to children and 15% for people with a learning disability.

In 2025/26 there has been an additional scrutiny on CHC and the cost increase has stabilised. This will continue to be an area for change following the Grant Thornton review.

An internal audit of CHC Commissioning was completed in October 2025: The overall purpose of this audit was to review recent changes and future plans around CHC to address the current level of cases and costs and to provide assurance on the efficacy and timeliness of placement reviews. Between May 2024 and May 2025 there was a 27.6% increase in the number of CHC cases supported by the Health Board contributing to a continually challenging financial position. Key actions identified included:

- Implement a new digital system for managing CHC.

- Ensure timeliness and rigour for CHC placement reviews.
- Effective management of improvement plan.

These recommendations are consistent with the early indications from the externally commissioned review, who have also identified a need for locally delivered brokerage.

Summary of Commissioner performance position at end of Sept 2025

Measure 1: 104-weeks total RTT pathways and 52-weeks outpatient pathways.
Current position of NHS Wales September 2025 position:

	Sep-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	61.0%	697		349		11		2630	121	
Betsi Cadwaladr University Local Health Board	46.7%	307		168		27		756	79	
Cardiff & Vale University Health Board	53.9%	128		95		10		388	25	
Cwm Taf Morgannwg University Health Board	56.2%	272		162		2		882	71	
Hywel Dda University Health Board	58.3%	436		254		0		1463	0	
Swansea Bay University Health Board	61.9%	533		284		0		1974	0	
Total	58.5%	**2373**		**1312**		**50**		**8093**	**296**	

Pathways in Wales have continued to broadly improve for patients waiting for a new outpatient appointment (stage 1) within 52 weeks and the reduction of those waiting 2 years or more for treatment. Swansea Bay UHB and Hywel Dda UHB are the only two health boards to eliminate stage 1 pathways for PTHB residents over 52 weeks at end of September.

Target achieved: Partially.

Current position for NHSE August 2025 position:

	Aug-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	76.0%	27		6		0		242
The Robert Jones and Agnes Hunt Orthopaedic Hospital	49.1%	1518		919		90		1518
The Shrewsbury and Telford Hospital NHS Trust	67.2%	809		261		0		4242
Wye Valley NHS Trust	68.0%	684		161		0		3713
Total	61.6%	**3038**		**1347**		**90**		**9715**

- RJAH – patients > 104 weeks increased from July. This has been raised with the NHS Performance and Improvement to request central planned care monies to address this backlog.
- SATH and WVT maintained 0 > 104 weeks.

As addressed in Section 5 (Board specific issues) The Board took the decision to commission to Welsh waiting times for elective patients in NHSE providers (excluding

urgent and cancer patients and under 18 year olds). There is evidence that WVT and RJAH have enacted this for their routine treatment patients. A dispute has been escalated by PTHB to Welsh Government regarding SATH.

Target achieved: Partially.

Measure 2: Cancer

Cancer treatment for the Powys population is carried out in acute care providers across England and Wales.

Current position for NHS Wales: Cancer waiting times in Wales are monitored against the Single Cancer Pathway (SCP) with a target of 12-month improvement towards a national target of 80% by the 31 March 2026. Performance for the Powys population has not met this target in 2025/26. It should be noted that both Betsi Cadwaladr UHB & Cardiff and Vale UHB provide care pathways for a very limited number of PTHB patients.

Figure 16 below is sourced from the Digital Health and Care Wales (DHCW) Single Cancer Pathway database and provides the performance over the last 12 months. PTHB engages with all providers via the Commissioning Quality Performance Review Meeting (CQPRM) meetings and undertakes retrospective engagement for all very long (146+ day) waiting pathways.

Figure 16: Welsh provider cancer performance per SCP 62 day target - last 12 months

HealthBoard	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Aneurin Bevan UHB												
Pathways With Treatment	9	13	16	15	15	16	8	16	14	23	14	15
Treated Within 62 Days	8	7	9	11	9	11	4	10	7	18	10	9
Breaching 62 Day Target	1	6	7	4	6	5	4	6	7	5	4	6
% Treated Within Target	89%	54%	56%	73%	60%	69%	50%	63%	50%	78%	71%	60%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	3	2		1		3	2		3	1	
Treated Within 62 Days	1	3	2				2	1		1		
Breaching 62 Day Target					1		1	1		2	1	
% Treated Within Target	100%	100%	100%		0%		67%	50%		33%	0%	
Cardiff And Vale UHB												
Pathways With Treatment			1	1						1		
Treated Within 62 Days				1						1		
Breaching 62 Day Target			1									
% Treated Within Target			0%	100%						100%		
Cwm Taf Morgannwg UHB												
Pathways With Treatment	5	3	9	4	3	5	3	2	5	7	3	8
Treated Within 62 Days	4		4	1	1	1			4	2	1	5
Breaching 62 Day Target	1	3	5	3	2	4	3	2	1	5	2	3
% Treated Within Target	80%	0%	44%	25%	33%	20%	0%	0%	80%	29%	33%	63%
Hywel Dda UHB												
Pathways With Treatment	5	7	7	9	6	6	9	10	11	8	7	7
Treated Within 62 Days	2	6	2	6	4	3	4	3	6	5	3	2
Breaching 62 Day Target	3	1	5	3	2	3	5	7	5	3	4	5
% Treated Within Target	40%	86%	29%	67%	67%	50%	44%	30%	55%	63%	43%	29%
Swansea Bay UHB												
Pathways With Treatment	11	9	11	11	5	7	6	4	5	5	1	18
Treated Within 62 Days	7	5	8	6	1	5		2	3	4		11
Breaching 62 Day Target	4	4	3	5	4	2	6	2	2	1	1	7
% Treated Within Target	64%	56%	73%	55%	20%	71%	0%	50%	60%	80%	0%	61%
Pathways With Treatment	**31**	**35**	**46**	**40**	**30**	**34**	**29**	**34**	**35**	**47**	**26**	**48**
Treated Within 62 Days	**22**	**21**	**25**	**25**	**15**	**20**	**10**	**16**	**20**	**31**	**14**	**27**
Breaching 62 Day Target	**9**	**14**	**21**	**15**	**15**	**14**	**19**	**18**	**15**	**16**	**12**	**21**
% Treated Within Target	**71%**	**60%**	**54%**	**63%**	**50%**	**59%**	**34%**	**47%**	**57%**	**66%**	**54%**	**56%**

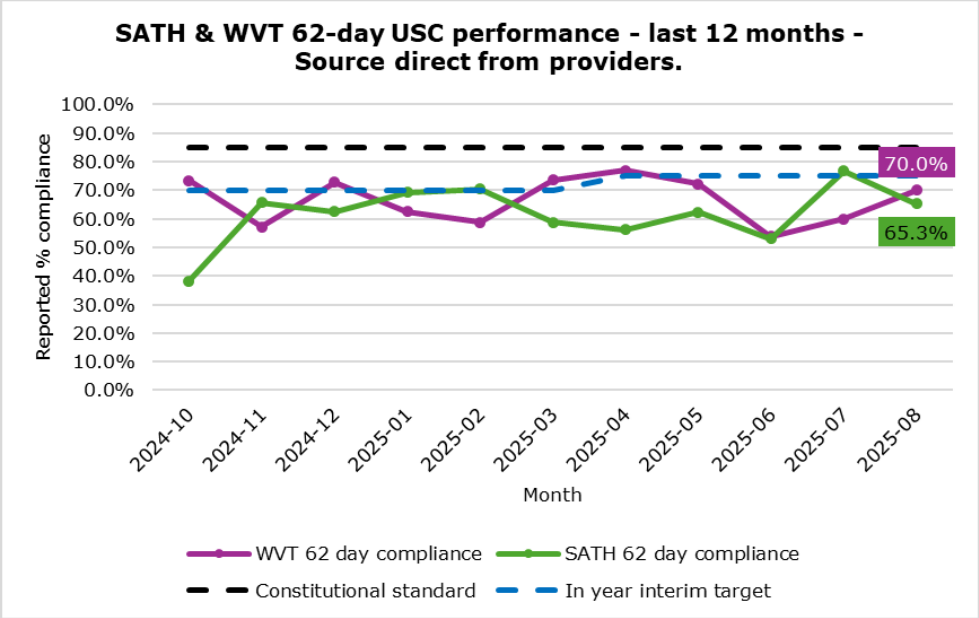
Current position for NHSE: In England cancer care is measured against 3 treatment targets:

- 28-day Faster Diagnosis Standard (FDS): Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded (target 75%)

- 31-day Diagnosis to Treatment (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 Urgent Suspected Cancer (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%).

Following changes to the English cancer waits system, PTHB only receives cancer information on wait times from the 2 main providers. Figure 17 below shows the performance of SATH and WVT against the key 62-day USC pathway for the last 12 months. Neither provider meets the required target in August although WVT is above the English average which reported 69.1% for the same period.

Figure 17: SATH & WVT 62-day USC performance - last 12-months - source direct from providers



Target achieved: No.

Measure 3: 45-minute ambulance handover
Current position: For the period January – September 2025, for ambulance responses to calls 'within Powys', there were 5,653 arrivals at hospitals in England and Wales for calls in Powys, 2,907 resulting in ambulance patient handover <45 minutes, 2746 > 45 minutes.

Target achieved: Not applicable.

Measure 4: 4- and 12-hour emergency department waits
Current position NHS Wales Sept 2025:

- 58.7% of Powys residents attending ED were seen within 4 hours.
- 88.8% of Powys residents attending ED were seen within 12 hours.

Current position NHSE Sept 2025:

- 51.7% of Powys residents attending ED were seen within 4 hours.

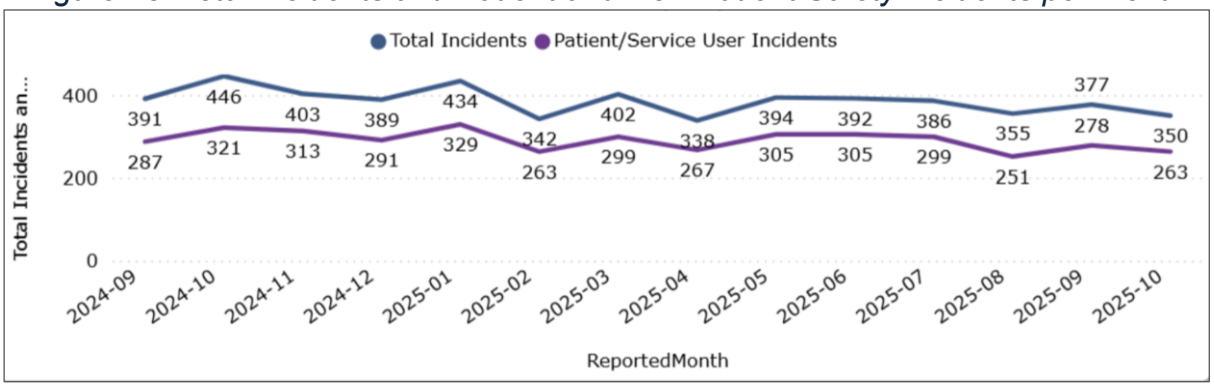
- 84.3% of Powys residents attending ED were seen within 12 hours.

Target achieved: No.

2.2 Quality and safety

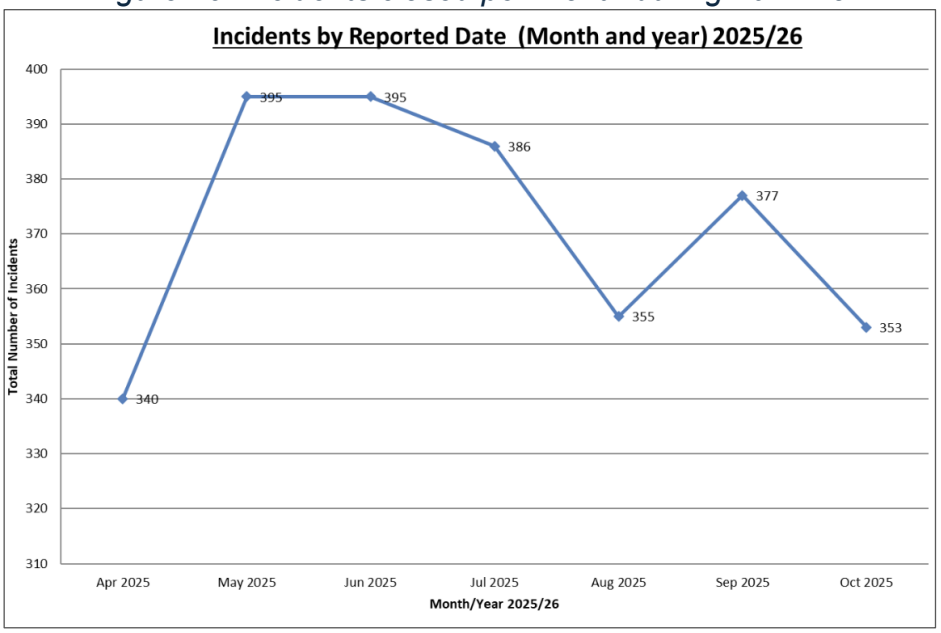
Current position and trajectory against the quality and safety metrics

Figure 18: Total Incidents and Patient and Non-Patient Safety Incidents per month



Reporting of incidents remains stable and consistent across PTHB. The average number of patient safety incidents reported each month is 300 which is 78% of all incidents reported. The top five classifications for incidents were pressure damage/moisture lesion, accident/injury, behaviour including violence and aggression, Infrastructure including staffing, facilities, environment & security, and medication/IV fluids. These trends are consistent with previous reporting periods.

Figure 19: Incidents closed per month during 2024/25



Most incidents are reported as low or no harm. Closure of incidents in a timely manner has been a focus for PTHB. Robust monitoring processes have been implemented to ensure an improved position is maintained.

Nationally Reportable Incidents

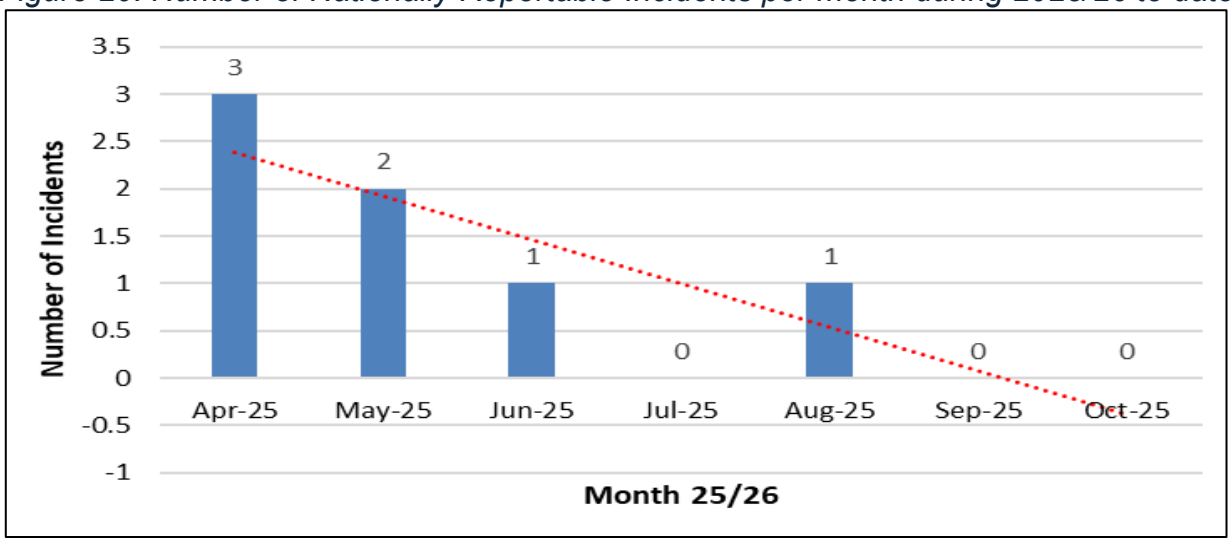
The current position for open Nationally Reportable Incidents (NRI's):

- 8 Open – 7 awaiting closure.
- 18 Closed during Q2.
- 8 Downgraded.

This evidences significant progress despite the operational challenge of timely investigation and closure, which remains a key area for improvement and executive oversight. 87% of open investigations remain open for >90 working days with the average completion time of 181 days, slight improvement on Q1 of 190 days (All-Wales median is 132 days) This can be attributed to complex mental health cases which are anticipated to be completed by 120 days. Investigation timeliness requires an improvement to ensure outcomes are shared with families and learning consolidated.

Between April and October 2025, PTHB submitted 8 Nationally Reportable Incidents (NRIs) to the NHS Performance & Improvement Team, reflecting a continued focus on transparency and regulatory compliance.

Figure 20: Number of Nationally Reportable Incidents per month during 2025/26 to date



Strategic oversight of NRIs is provided through regular review at the Patient Experience, Quality & Safety Committee and monthly briefings to Executive Committee. PTHB has implemented focused workstreams to address overdue investigations, including enhanced tracking, and targeted support for services with higher volumes of open or overdue NRIs.

Each NRI is subject to root cause analysis, with findings disseminated across clinical teams to drive improvement. PTHB benchmarks its NRI performance against national standards and peer organisations, using insights to inform prevention strategies and system-wide safety initiatives. Recent efforts have focused on strengthening multidisciplinary collaboration, improving documentation and investigation processes, and ensuring that lessons learned are embedded in practice.

Looking forward, PTHB is prioritising the reduction of overdue NRIs and the timely communication of outcomes to patients and families. Continued investment in staff training, data validation, and process improvement will be critical to sustaining progress. The commitment to learning from NRIs supports the broader goal of delivering safe, effective, and person-centred care, and reinforces PTHB's reputation for quality and transparency.

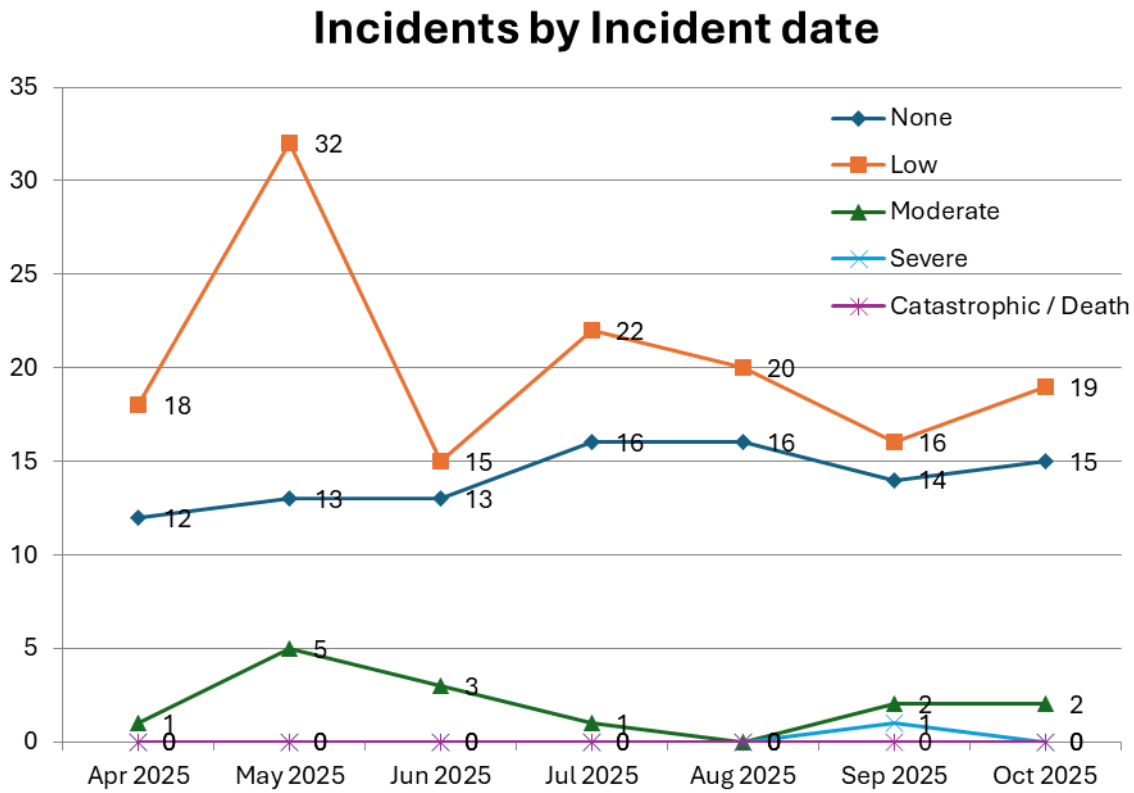
Falls

Falls are reported using the Datix incident management system. Of those reported 95% resulted in no or low harm, and significantly none resulted in severe or catastrophic harm or death. These figures reflect the reporter's initial assessment and may be revised following investigation. The trend in falls highlights the ongoing challenge of maintaining harm-free care, particularly as patient acuity and complexity increase.

The Falls Improvement Programme continues to drive quality improvement through targeted initiatives. The steering group on falls provides oversight, ensuring that best practice is embedded across care settings. This includes regular review of incident data, implementation of evidence-based interventions (such as multifactorial risk assessments and environmental modifications), and staff education. The group also promotes cross-disciplinary learning, sharing insights from root cause analyses and benchmarking against national standards. These efforts are designed not only to reduce the frequency of falls but also to minimise harm when falls do occur, supporting a culture of safety and continuous improvement.

Looking ahead, the steering group is focusing on strengthening real-time data monitoring and feedback loops, enabling rapid response to emerging risks. Collaborative work with the multidisciplinary team ensures that lessons learned are translated into practical changes, such as improved patient observation protocols and enhanced post-fall review processes; fostering an environment where safety is everyone's responsibility.

Figure 21: Patient falls and reported level of harm



Pressure Damage

		Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Total
Pressure Damage, Moisture Damage	None	5	17	9	10	12	15	23	91
	Low	25	16	17	16	23	28	18	143
	Moderate	4	0	1	5	0	3	3	16
	Total	34	33	27	31	35	46	44	250
Total		34	33	27	31	35	46	44	250

Of the 250 pressure damage incidents reported since April 2025, 234 are reported as no or low harm with 16 reported as moderate harm with none reported as severe harm. All grade 2 and above cases of pressure damage are reviewed by the MDT at panel to ensure good practice or learning can be shared and implemented as required.

The Pressure Ulcer Steering Group provides leadership for pressure damage prevention and management. The group has established a comprehensive programme that includes regular audit of incidents, root cause analysis, and dissemination of learning across PTHB. Key initiatives involve the implementation of evidence-based care bundles, staff training on risk assessment and skin integrity. The group also works closely with community teams to address the unique challenges of pressure damage outside hospital settings, ensuring continuity of care and timely intervention.

The steering group ensures that learning from incidents is shared and embedded, driving continuous improvement. Recent work has focused on enhancing multidisciplinary collaboration, integrating input from tissue viability nurses, allied health professionals, and patient representatives.

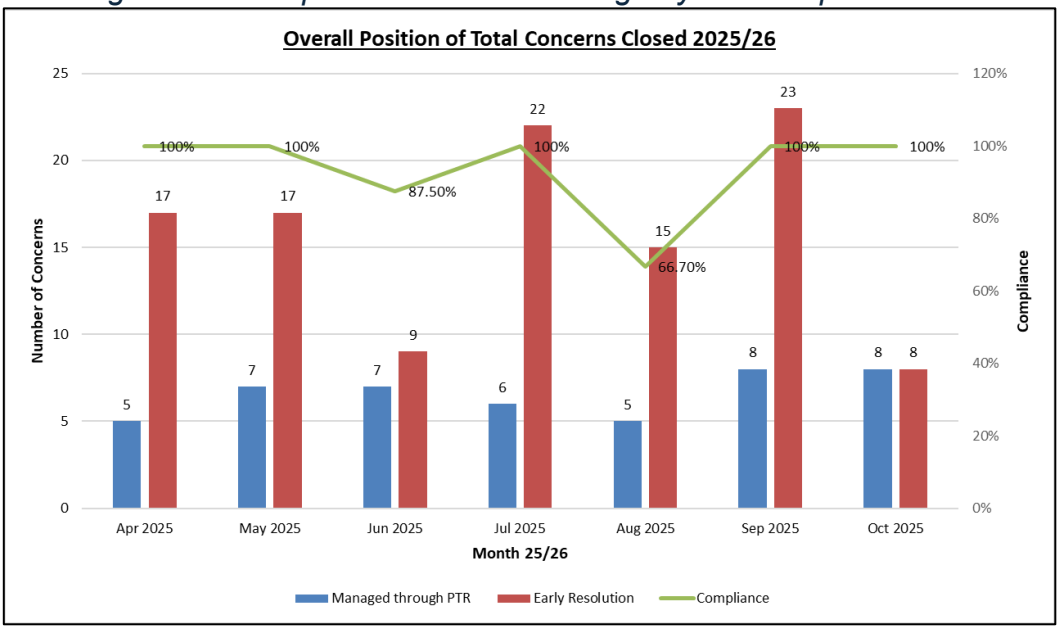
Complaints and concerns

The management of concerns compliance within 30 working days to date for 2025/26 is 94.7%. Despite the continued compliance with the 30-day response, an area of focus is the mean response time of 29 working days.

Year to date, 46 formal concerns have been raised through Putting Things Right (PTR) with issues identified including:

- Clinical Treatment & Assessment.
- Appointments.
- Access.
- Patient care.

Figure 22: Compliance with 30 working day PTR response time



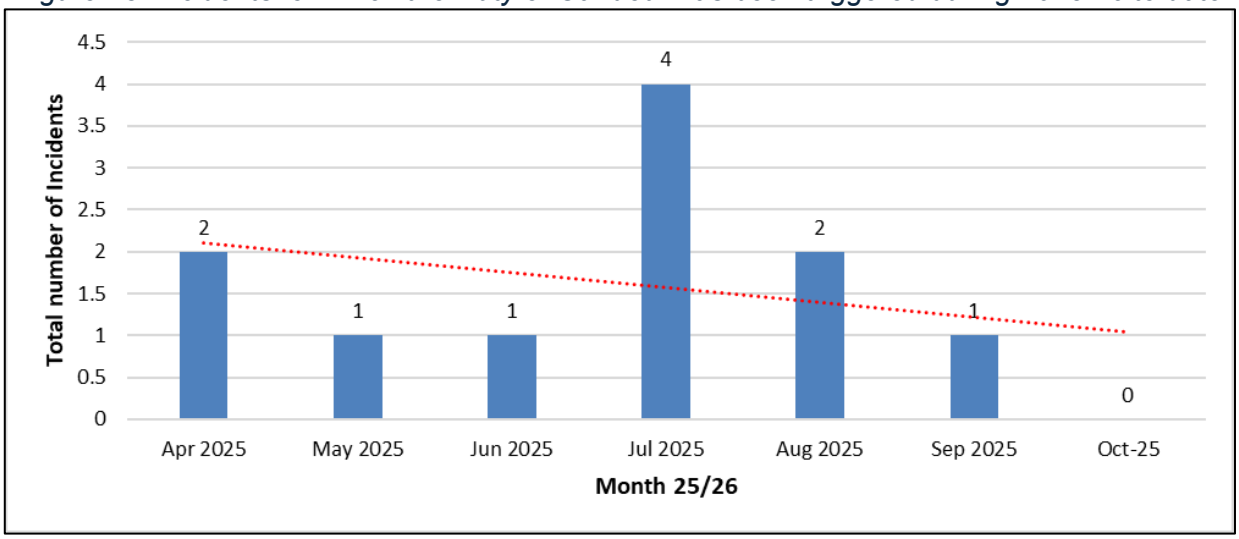
Duty of Candour

PTHB's approach integrates Duty of Candour within its incident management framework, rather than as a standalone policy. The framework aligns with Welsh Government statutory guidance and outlines roles and responsibilities for identifying, investigating, and monitoring cases.

Training and support for Duty of Candour have been made provided, including e-learning modules and awareness campaigns. The Quality and safety teams play a key role in supporting staff, we recognise ongoing training is needed, particularly around harm assessment and the correct use of Datix.

Since April 2025, 11 Duty of Candour incidents have been triggered.

Figure 23: Incidents for which the Duty of Candour has been triggered during 2025/26 to date



There are currently 19 open Duty of Candour cases in various stages of investigation, 8 Duty of Candour cases have triggered redress since 1st April 2024.

During August and September 2025, NWSSP internal audit colleagues completed an internal audit on Duty of Candour for PTHB. PTHB achieved reasonable assurance in all areas and are currently working through the associated action plan.

Infection Prevention and Control (IP&C)

PTHB recorded zero bed days lost due to IP&C concerns during the reporting period. While periods of increased incidence occurred due to full bed capacity, this did not impact admissions into the organisation.

Learning from post-infection reviews is actively embedded into routine procedures, reinforcing a culture of continuous improvement and organisational learning.

Work to integrate lessons from Exercise Pegasus into business-as-usual processes is ongoing, ensuring resilience and preparedness are strengthened.

Collaborative relationships with commissioned services remain strong, supporting effective monitoring of infection rates and facilitating shared learning for Powys patients.

The HCAI Improvement Goals for 2025–2027, are being actively progressed, with work continuing against the required actions to support reductions.

Figure 24: Clostridioides difficile (C. diff) Infection (Improvement Goal: To reduce the overall burden of C. diff infection by at least 25% against the 2024-25 counts)

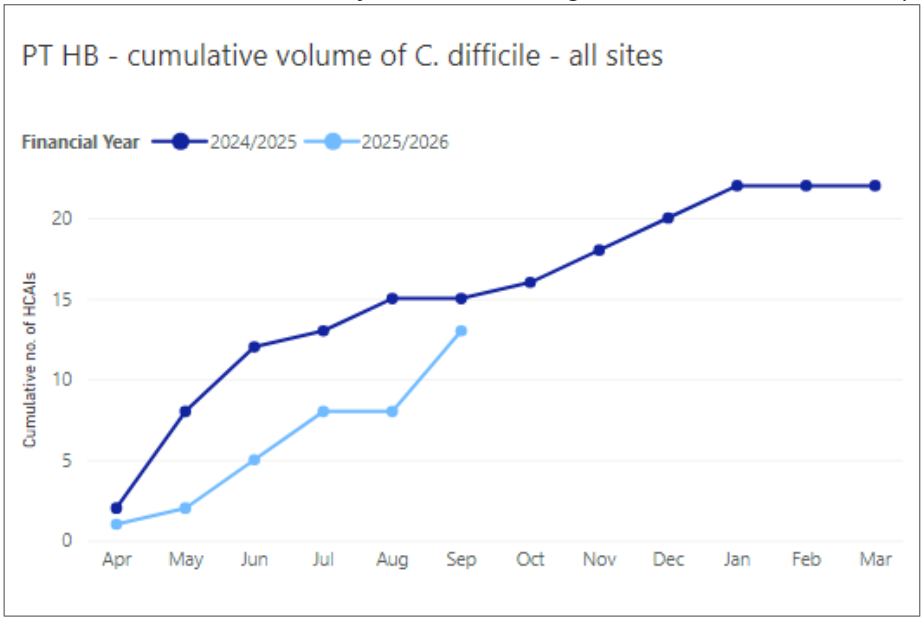
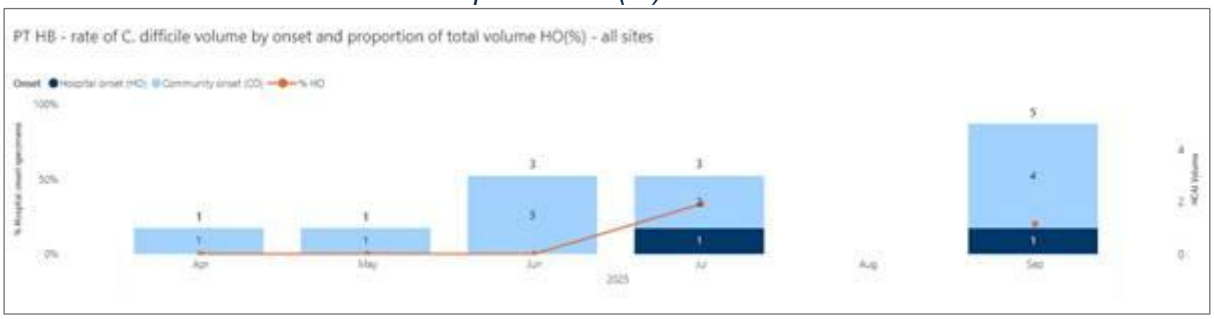


Figure 25: Rate of Clostridioides Difficile volume by onset and proportion of total volume hospital-onset (%) - all sites



Summary of Infection Prevention and Control Action Plan

Action to support this reduction	Current progress
Engagement required with the Clostridioides difficile infection (CDI) Collaborative being set up by Quality, Safety and Improvement (QSI) team of NHS Performance and Improvement.	The IP&C team is actively engaged in the CDI collaborative with a proposed project aimed at incorporating patient experience into infection prevention and control practices related to CDI. Further engagement with the national team is scheduled for 12/11/2025.
Adoption of the new Cleaning Standards for Wales.	We are awaiting the formal publication of cleaning standards to enable a comprehensive gap analysis through PTHBs' Environmental Cleanliness Group.
Effective isolation of cases and review of IPC arrangements to manage C. diff in hospital – consideration of use of cohort wards.	Our post-infection review process continues to inform learning around appropriate and timely isolation across PTHB. Any lessons identified regarding isolation are implemented promptly.
Adherence with Antimicrobial Prescribing Guidelines – primary and secondary care	Prescribing practices are closely monitored through multiple avenues, including post-infection reviews, with support from our Antimicrobial Stewardship (AMS) Pharmacist. Clinicians are provided with guidelines for CDI diagnosis, and continued advocacy for access to the EOLAS app remains a priority.
Ensuring that Antimicrobial Stewardship teams are in place and appropriately resourced across our Health Boards and Trusts.	PTHB now has a dedicated AMS Pharmacist, strengthening oversight of prescribing practices and enhancing support for antimicrobial stewardship.
All Health Boards and acute hospitals required to participate in the annual Point Prevalence Survey (PPS) of antimicrobial prescribing in November	Participation in the PPS remains ongoing, with the majority of PTHB inpatient areas completed as of 06/11/2025.

Figure 26: E. coli bloodstream infections (Improvement Goal: A reduction of at least 10% in cases of hospital onset E. coli BSI is expected vs the cases in 2024-2025)

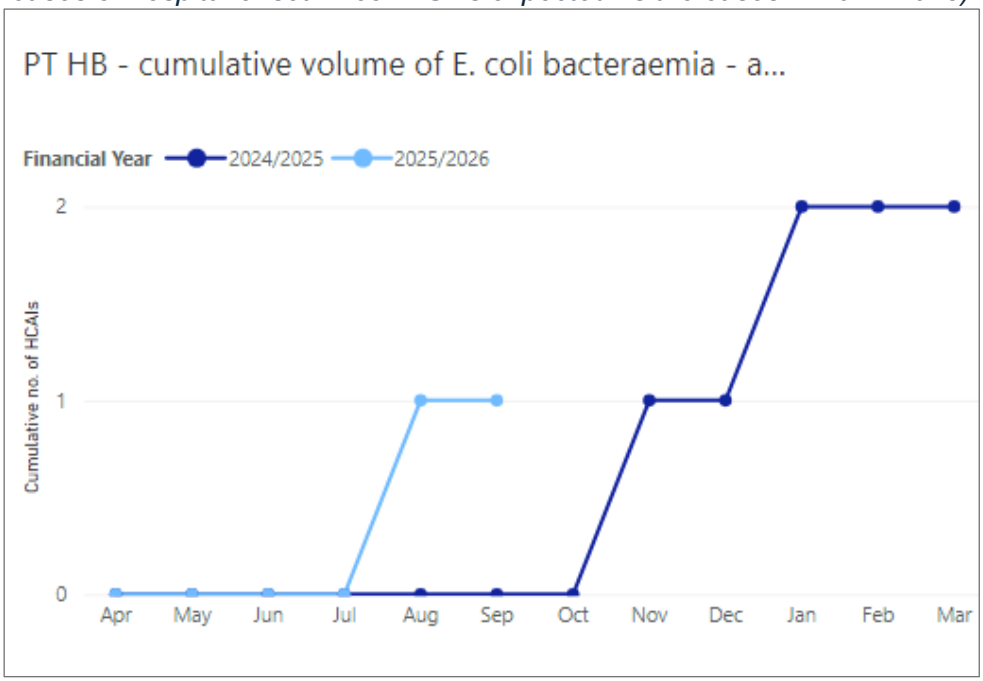


Figure 27: Rate of E.coli bacteraemia volume by onset and proportion of total volume HO - all sites

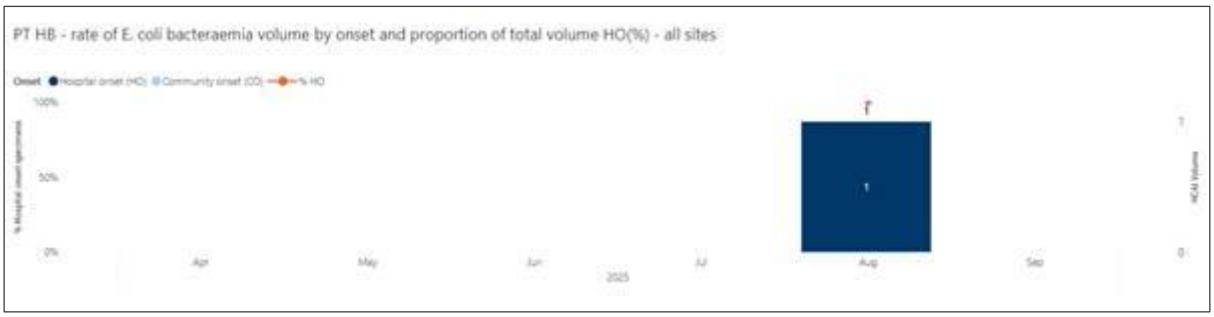


Figure 28: Klebsiella spp. Bloodstream infections (Improvement Goal: A reduction of at least 10% in cases of hospital onset Klebsiella spp BSI vs the cases in 2024-2025)

There is no figure presented as the PTHB cumulative volume of Klebsiella spp is zero (April 2024 – March 2025).

Figure 29: Pseudomonas aeruginosa bloodstream infections (Improvement Goal: A reduction of at least 10% in cases of hospital onset Pseudomonas aeruginosa BSI vs the cases in 2024-2025)

Theres is no figure presented as the PTHB cumulative volume of P.aeruginosa is zero (April 2024 – March 2025).

Figure 30: Staphylococcus aureus bloodstream infections - MSSA Improvement Goal: A decrease of at least 20% compared to the 2024/25 baseline counts for all health boards; MRSA Improvement Goal: All health boards should have fewer MRSA BSI in 2025/26 than in 2024/25

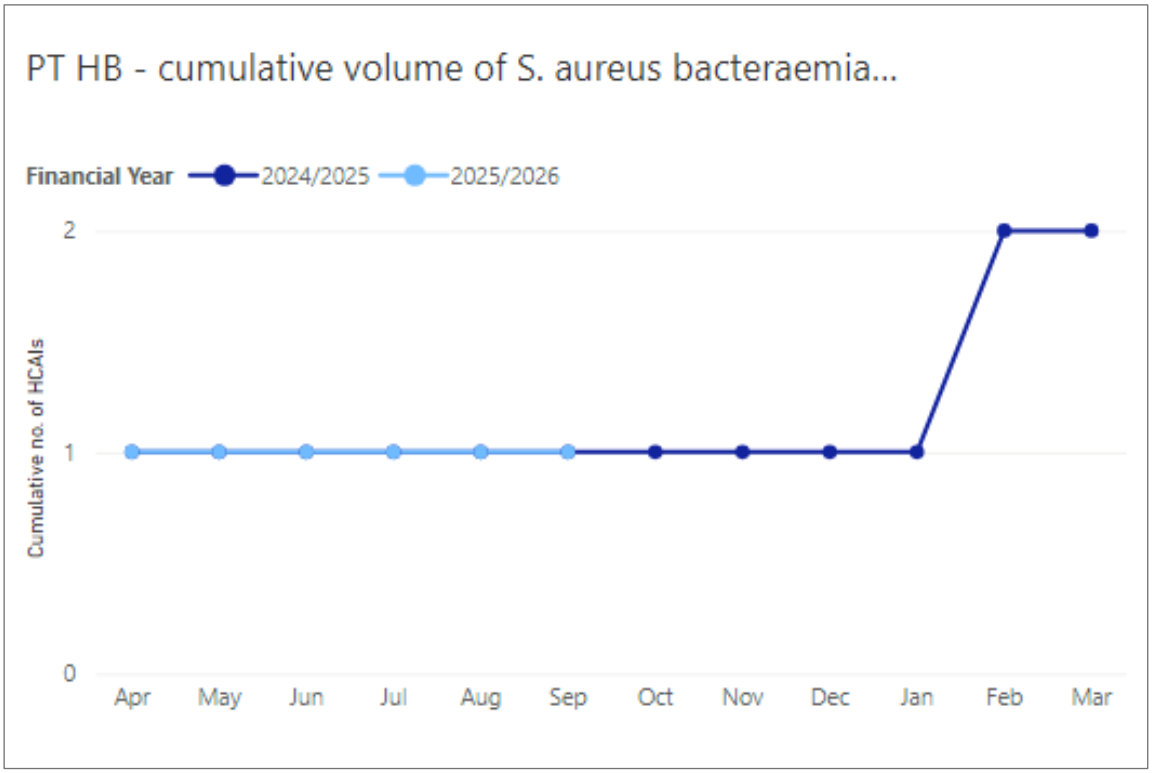
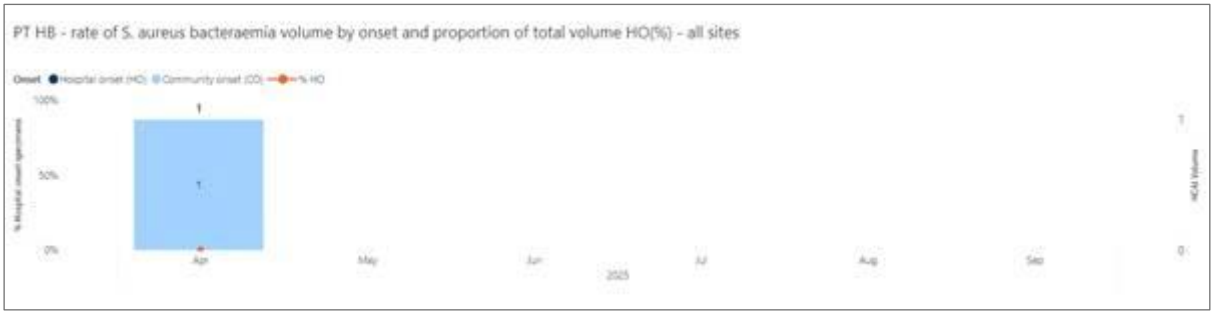


Figure 31: Rate of S.aureus bacteraemia volume by onset and proportion of total volume HO - all sites



2.3 External assessment

Public Services Ombudsman for Wales (PSOW)

The PSOW Annual Report and Accounts for 2024/25 were received by PTHB on 14th August 2025 and can be found via the Annual Report and Accounts 2024/25. The report identifies that PSOW received 20 complaints relating to PTHB and intervened in 24% of cases, which is in line with Welsh average.

PSOW closed 25 – some complaints were carried over from the previous year. During 2024/25 PTHB complied with 33% recommendations made in the agreed timeframe.

A response has been provided to PSOW following the receipt of the annual report and letter, the actions required are;

- Improve compliance with recommendations agreed.
- Share Duty of Candour and Quality Report 2024/25 (Completed).
- Present annual letter to the Board on 26th November 2026 (Scheduled).

Audit Wales

PTHB in partnership with Audit Wales has a comprehensive external audit programme for 2025/26 that is approved by the Audit, Risk and Assurance Committee spanning both financial and performance audit work.

- Audit of Financial Statements (PTHB and Charity).
- Wellbeing of future generations.
- Structured assessment – core.
- Structured assessment – digital systems.
- Structured assessment – review of the arrangements to manage estates.
- Thematic review of cancer services (deferred).
- Review of urgent and emergency care.
- Follow up – quality governance arrangements.
- Review of arrangements for managing agency staff.

Health Inspectorate Wales (HIW)

Of the 47 recommendations made by HIW, 7 actions remain outstanding with 1 overdue but being addressed; there are no actions outstanding that cause a risk to patient or staff safety.

Year/ Reference No	Inspection Title	Recommendations Made / Actions	Recommendations / Actions Complete	Recommendations / Actions Overdue (agreed timescale)	Actions underway	Recommendations / Actions Not Yet Due
232405	HIW National Review of CAMHS	20	18		1	1
242509	HIW Inspection Clywedog Ward	17	16		1	
252601	HIW Unannounced Inpsection Felindre Ward - Immediate Assurance Improvement Plan	3	3			
252601	HIW Unannounced Inpsection Felindre Ward - full Improvement Plan	7	5		2	
252602	HIW Inspection Ystradgynlais Community Mental Health Team					
		47	42	0	4	1

In addition, HIW undertook an unannounced inspection of Llandrindod Wells Minor Injuries Unit on the 19th and 20th August 2025 resulting in 3 immediate improvement actions which were all completed within a week. The Report and any further improvement plan is awaited.

HIW undertook a planned inspection of Ystradgynlais Community Mental Health Team on 16th and 17th September 2025. 1 immediate improvement action was made and has been actioned on the same day. The final report is awaited.

Llais

PTHB has well established arrangements for working with Llais and taking account of the representations and insights, they provide on behalf of the people of Powys. Alongside formal relationships through observer status at Board and committees, Llais attends a wide range of priority programme and assurance meetings (e.g. OD, Engagement and Communication workstream for Better Together; Patient Experience Steering Group, Temporary Service Change Programme Board).

We also have robust arrangements for responding to requests for information, working with Llais on advocacy issues, responding to representations, and enabling visit requests.

Key reports published since April 2025 include:

- Feedback relating to Llanidloes Hospital including temporary service changes
- Findings from Locality Engagement in Hay-on-Wye and Talgarth
- Reasons for delays in transfers of care
- Feedback from Presteigne Public Forum Event

In addition, we have met with Llais to discuss the findings from their locality engagement in Crickhowell (July 2025) and Newtown (April 2025). Key actions have been agreed, and these reports will be published by Llais in due course.

Recent representations to PTHB have related to:

- Temporary Service Change.
- Better Together.
- Response to Swansea Bay UHB Maternity Services Report.
- Sepsis (all Wales).
- Primary Care Services in Llanfyllin.
- Primary Care Services in Knighton.
- General Dental Services.

Llais routinely attend Board meetings as an Observer and have an active agenda item where the Llais Regional Director presents their report.

2.4 Quality management system

PTHB has actively progressed the integration of a Quality Management System (QMS), aligning with national programmes and the Duty of Quality agenda. The Executive Director of Nursing is working closely with the Executive Director for Planning, Performance and Commissioning to further embed a QMS approach, as part of PTHB IQPF, that supports improving the quality of healthcare services and improved outcomes for our residents.

Principles	
Patient focus; Evidence based decision making; Population and Stakeholder Engagement; Clear Vision and Purpose; Leadership and Organisational Culture & Values; Education and Training; Internal Audit; Documentation Management; Information Management; Process Management; Procurement Management; Health and Safety Management; Risk Management; Environmental Management; Legal and Regulatory Compliance; Human Resources; KPI's	
Domain	**Narrative**
Quality Planning	• Understanding population need & design of services, policies, structures, systems to meet those needs. • Quality Control and Quality Assurance need to feed into Quality Planning. • Reflect government strategies and targets. • When services are assessed, reviewed and undergo service change, quality impact assessments will be undertaken, considering the 6 domains of quality (STEEEP) and the five enablers of Leadership, Culture & Valuing People, Data, Learning Improvement & Research, and Whole Systems Perspective. Population data and public health intelligence will support and inform our planning.
Quality Control	• Processes in place to monitor performance in real time & take action when required standards not met. • Control processes owned by those directly providing the service with skills and permission to address performance issues within their control. • Quantitative and qualitative measures with appropriate escalation measures. • We monitor the quality and safety of our services through key sources of intelligence. This includes patient safety and nationally reportable incidents (incident management framework), near misses, patient feedback through surveys and local intelligence gathering, patient concerns and complaints. In partnership with the third sector and Llais, we also triangulate their sources of information. Other sources of key intelligence to monitor and assess services include clinical audit, NWSSP internal audits, HIW inspections and reviews by the Wales Audit Office.
Quality Improvement	• Model for Improvement • Cycles of experimentation informed by ongoing reflection using both quantitative and qualitative data. • Practical iterative tests of change to learn, implement and scale improvements in quality of services and patient outcomes • Intelligence that we gather through our quality controls inform our priorities for improvement and subsequently our strategic transformation. Our Transformation team are central to this deployment; however, improvement and transformation is seen as a key role for all our staff in PTHB.
Quality Assurance	• Verify that quality control is maintained, and that performance is evaluated. • Effective structures, systems and standards to provide clear line of sight across the Health Board to give assurance internally and externally to stakeholders, that desired improvements to services and population outcomes are being achieved and sustained. • We deploy floor to Board reporting via our quality governance processes and structures. The Integrated Quality Report (IQR) presented to the Patient Experience and Quality Committee (PEQs) is the mechanism through which the Quality domain of the IQPF is reported to the Board. • The service groups QUAILS (Quality Assurance, Learning and Improvement Groups) within service areas (e.g. Mental Health, Community Services, Women and Family) deploy quality control and improvement locally and report through the IQR to the Executive Committee, PEQs and Board. • Similarly, the Patient Experience Steering Group, Safeguarding Strategic Group and Infection Prevention Control Steering Group report to Board via the IQR.

PTHB has demonstrated a strong commitment to a total quality management approach across both provider and commissioned services. This is evident in the quality governance and assurance processes and structures that have enabled PTHB to capture learning from incidents, patient experience, and staff feedback, and to apply this insight to the monitoring of provider and commissioned services, and to inform service improvements and developments.

The maturity of the QMS has been realised when local escalation of services namely Infection Prevention and Control, Mental Health Services along with Women and Childrens Service. During the escalation process, triangulation of intelligence was utilised to ensure robust monitoring of actions for improvement, performance triggers in line with the NHS Wales Quality and Delivery Framework, along with conditions for sustainability associated with all domains of quality.

The further integration of a QMS will further strengthen this approach by embedding clear roles and processes, and a framework for continuous improvement.

The QMS will also support PTHB to adopt a more strategic approach to commissioning, becoming more proactive, and support the development of a culture of continuous improvement and innovation embedded in all aspects of PTHB.

2.5 Fragile and challenged services

As a provider, PTHB is experiencing a number of fragile and challenged services:

- Powys' mental health and learning disability services are experiencing considerable strain, driven by rapidly rising demand, persistent workforce shortages, and ongoing funding uncertainties. Performance targets are not consistently achieved, resulting in long waiting times and heightened clinical risk. The reliance on temporary staff, recruitment difficulties, and the rural nature of Powys further undermine the resilience and continuity of these services.
- The sustainability and quality of community health services are also at risk. Acute workforce shortages are evidenced by high vacancy rates and heavy dependence on agency staff, particularly within inpatient wards. Specialist teams are often small and dispersed, creating vulnerability to staff absences and resulting in single points of failure. The estate is ageing and frequently inadequate, with significant maintenance backlogs and insufficient capital funding, compounded by the dispersed nature of service sites.
- Service delivery is further hindered by fragmented care pathways and complex arrangements between in-house and commissioned services, making navigation challenging for both patients and staff.
- Capacity pressures are significant, with delays in discharge, a high number of patients waiting for onward care, and increased risk of deconditioning. Bed-based care remains under pressure, and temporary service changes are still under review. Demographic trends, including an ageing population and shrinking workforce, threaten to widen the gap between care needs and available resources unless addressed.
- Planned care services face similar fragilities. The system relies heavily on visiting consultants from neighbouring NHS organisations, resulting in inconsistent service provision across the county. Recruitment and retention of specialist staff remain problematic, exacerbated by an ageing workforce and limited succession planning, which has led to an increasingly fragile staffing model and a growing reliance on locum and agency staff.
- Rising demand, particularly from an ageing population with complex health needs, is placing severe pressure on capacity. Waiting lists are long, with many patients waiting over a year for treatment in high-volume specialties such as orthopaedics, general surgery, ophthalmology, and urology. Access to services is inequitable, with geographical variation.

As a commissioner, PTHB addresses the known challenges of fragile services in the contracting round and agreement of LTAs with providers. Following the agreement of the JCC Plan for 2025/26 there have been a number of services highlighted to all commissioner health boards as fragile or unfunded by the tertiary and specialised services providers in South Wales and these are being addressed through prior approval mechanisms. The overall approach will be picked up through the JCC IMTP process for 2026/27.

2.6 Patient experience

PTHB is committed to ensuring that all Powys residents receive excellent patient care, from both the services we provide and commission. PTHB has robust mechanisms in place to ensure that our residents can provide feedback of services they have accessed, both good and bad.

In line with Welsh Governments People's Experience Framework, launched in April 2025, PTHB is finalising its Peoples Experience Framework, this has been supported by a dedicated PTHB People's Experience Lead being recruited.

The People's Experience Survey (PES) has been launched, and services are being encouraged to use this method of survey as first choice. Where bespoke surveys are necessary, the 5 core questions and equality monitoring questions are being included.

All services have been asked to undertake a self-assessment against the Framework to further understand how they currently capture feedback and people's experience. All responses were to be submitted by 19th September 2025. An implementation plan and People's Experience strategy are being developed to demonstrate how PTHB aim to meet the requirements of the Framework.

A range of promotional materials and a new People's Experience logo have been developed; this enables staff and patients to recognise PTHB's commitment to incorporating a person's experience and feedback – both positive and negative – to allow services to learn from service user's experiences and acknowledge where improvements are required.

Revised and strengthened Board Walkabout guidelines have been put in place following feedback from the Structured Assessment review in 2024 together with a comprehensive out and about programme.

Experience Measures within the Commissioning Framework

All commissioned services have been approached through the Contract Quality Performance and Review Meeting (CQPRM) to inform them of the requirements under the Framework. Several health boards are now providing monthly updates regarding concerns, patient safety incidents and patient feedback, which will now be reported in the Integrated Quality Report and Integrated Quality Planning and Delivery (IQPD).

In addition to this SMS is used within PTHB to send experience questionnaires to those that have received commissioned health care outside of PTHB. Response rates are good and this method of seeking feedback will continue to ensure we are casting the net wide.

English Trusts use the friends and family measure, and Welsh Health Boards/Trusts mostly utilise CIVICA system to seek feedback, neither system is able to disaggregate feedback specifically for Powys patients.

Patient Stories

Patient stories are being encouraged at every opportunity and training has been undertaken in the Quality and Safety Team for Digital Storytelling. A rolling program of patient stories is in place for stories to be presented to the Board going forward.

People's Experience Steering Group

The purpose of the People's Experience stakeholder and steering groups are being reviewed to ensure membership is appropriate and services are represented. Terms of Reference has been drafted.

Ensuring implementation is robust and forms part of existing organisational and system reporting is essential to its success and will be a core focus for the implementation plan.Feedback will be sought in many ways, which will include:

- Digital methods.
- Paper questionnaires.
- Focus groups.
- Face to face discussions.
- Telephone calls.
- Social Media.

The following figures provides detail of responses received via the Civica platform from both provider and commissioned pathways of care.

Figure 32: Number of responses received via CIVICA during 2025/26 to date

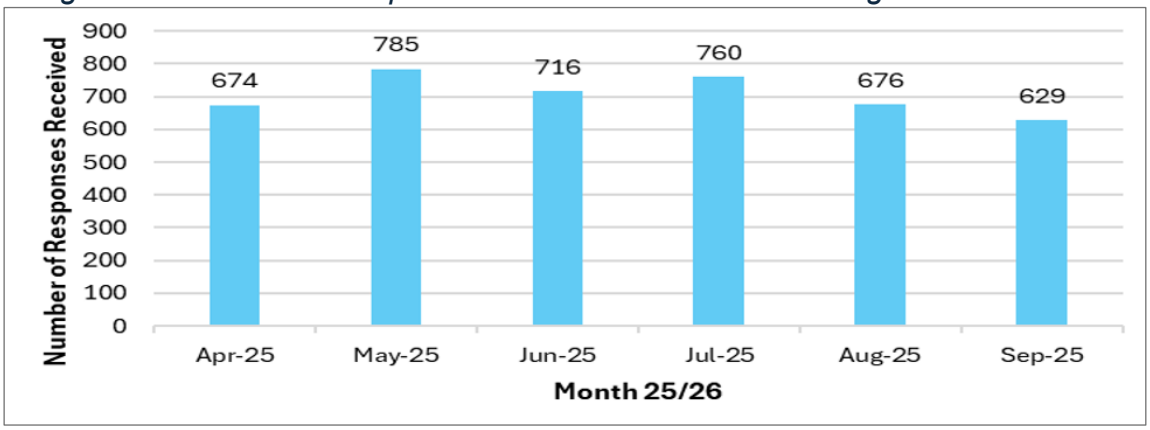
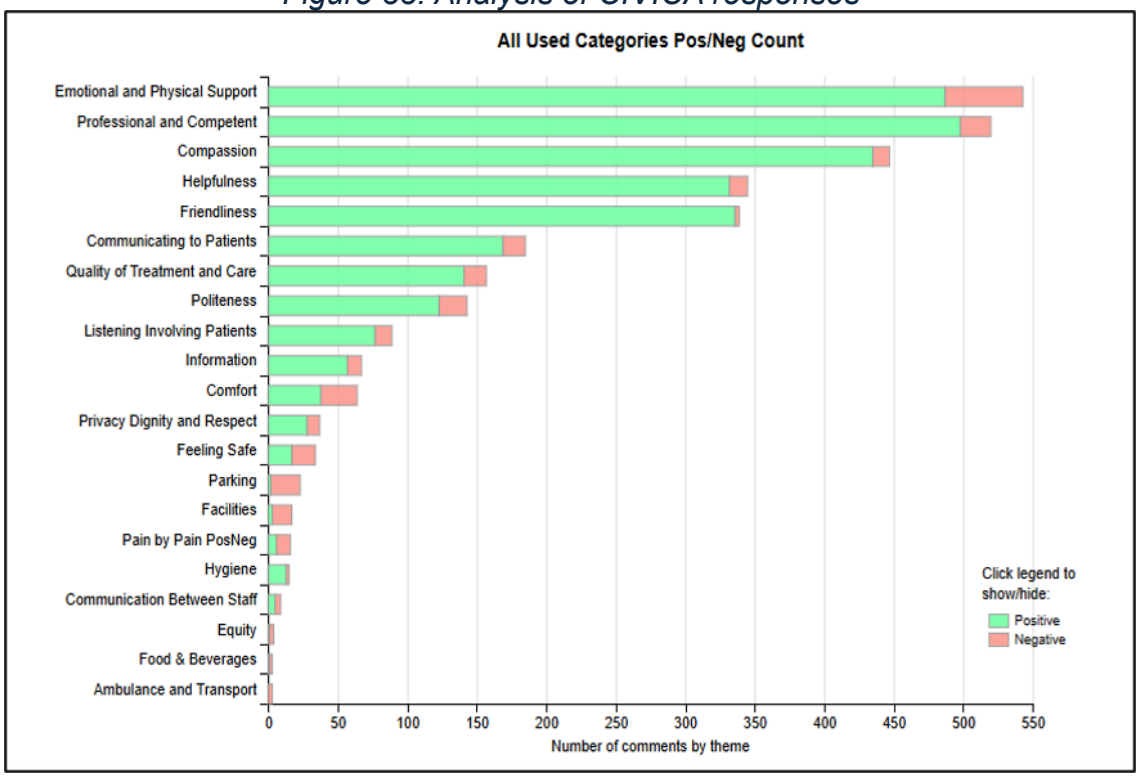


Figure 33: Analysis of CIVICA responses



An example of where feedback has informed service delivery:

Powys Living Well Service (PLWS)

Powys Living Well Service (PLWS) have embedded the Civica PREMS (Patient Reported Experience Measure) data collection platform in their work, with four surveys currently active to collect feedback relating to one-to-one appointments, group programmes, digital support sessions and experience of e-learning. Invitations to complete the surveys are automatically emailed to individuals after their one-to-one appointments, and we see a strong response rate.

The surveys consistently show that people feel listened to, and that their care reflects what is important to them – over 80% of respondents have said that every effort was made to listen to the things that matter most to them about their health issues. Surveys are promoted alongside PROMS collection at the end of group programmes and have proved to be valuable in understanding how people feel about the content and delivery style, with feedback influencing future development work. Results from all surveys, including any comments provided, are shared at regular team meetings.

Continuous Engagement

The health board has a programme of continuous engagement in place to listen and learn from the people of Powys. This includes the recent publication of a detailed report encompassing engagement to date on Better Together.

The health board also works as part of whole system engagement approach with RPB and PSB partners through the Powys Engagement and Insight Network. This includes six-monthly summary reports bringing together the community insights heard across all partners which in turn inform individual organisational plans as well as collective action through Area Plans and Wellbeing Plans.

3. Getting services ready for the future

3.1 Women's health plan

PTHB is fully aligned with the national direction set out in The Women's Health Plan for Wales and the Quality statement for women and girls' health We have established strong local arrangements to deliver on the Women's Health Plan priorities. The Board's ambition is to ensure that women and girls in Powys are able to access high-quality, holistic and person-centred care closer to home, reducing inequity of access and improving health and well-being across the life course.

Developing the Pathfinder Women's Health Hub

PTHB is progressing the establishment of a *Pathfinder Women's Health Hub* by March 2026, supported through Welsh Government funding. The model has been designed to meet the needs of a rural and dispersed population, combining in-person community provision with virtual access to specialist expertise. Rather than a single fixed site, the Hub will operate as a mixed-method network across North, Mid and South Powys, using community locations and digital platforms (such as *Attend Anywhere*) to maximise accessibility.

The initial phase focuses on three national priority areas from the Women's Health Plan:

- Menstrual Health (including Endometriosis, Dysmenorrhea, Heavy Menstrual Bleeding, PMDD and PCOS).
- Contraception, Post-natal Contraception and Abortion Care (including pre-conception health and initial fertility assessment).
- Menopause (including Premature Ovarian Insufficiency, management of unscheduled bleeding on HRT and Testosterone therapy).

The Hub will provide a community-based, multi-disciplinary service at the interface of primary and secondary care, with strong links to Pain Management, Psychology, Pelvic Health Physiotherapy and Tertiary Gynaecology Centres. The approach prioritises prevention, early intervention and continuity of care, ensuring that women are supported to manage their health needs locally wherever possible.

Progress to Date

- A Women's Health Steering Group, chaired by the Director of Midwifery, Women's and Family Health, provides strategic oversight supported by a multi-disciplinary Task & Finish Group. Governance is aligned through the Directorate Quality and Performance Group, the Integrated Quality and Performance Governance Group (IQPG) and onward into the national Women's Health Network.
- Appointment of a Clinical Lead (GP with Special Interest) and expansion of a Nurse Clinical Specialist post were achieved in September 2025, strengthening clinical leadership and accelerating the scoping phase and providing specialist expertise to the ongoing programme of work.
- Funding of £298,000 was secured through the national SBAR process to deliver key enabling work including:
    - A comprehensive Women's Health Needs Assessment.

    - Community engagement and co-production with the third sector to capture women's voices and seldom-heard perspectives.
    - Commissioning and finance review to model the repatriation of care currently provided out of county.
    - Workforce training and development across the three priority areas.
    - Safeguarding and professional nursing leadership enhancements.
    - Communication and primary care engagement including workshops and promotional resources.
- Work is underway to integrate women's health priorities within the Better Together and North Powys Hub transformation programmes, ensuring that women's health is embedded within wider system redesign.
- A pan-Powys skills assessment has been undertaken and completed, mapping existing expertise and identifying workforce development opportunities across clusters. Work is now in progress to prioritise the training needs and ensure that the full training needs analysis (TNA) can be realised in the timescales applied.

Key Challenges and Risks

The Board recognises the challenges of delivering equitable services across a large rural geography and within finite financial and workforce resources. Mitigations are in place through strengthened clinical leadership, clear project governance, and integration with national programmes and regional partners.

Next Steps

The next phase will focus on completion of the needs assessment, finalisation of the service model and delivery of training to enhance community capacity. A formal options appraisal will set out options for sustainable continuation and potential scale-up beyond 2026. The Pathfinder Women's Health Hub represents a significant step toward achieving equitable, accessible and holistic women's health services for the population of Powys.

3.2 Maternity and neonatal services

PTHB provides midwifery-led care for approximately 1,000 births per year across a large rural geography. As a community-based service without an obstetric unit, care is delivered through six midwifery-led units and extensive home-birth and community provision, with access to commissioned secondary and tertiary maternity and neonatal care in neighbouring Welsh and English providers. The service continues to be underpinned by strong multidisciplinary relationships and close collaboration across midwifery, primary care, public health and specialist services.

National and All-Wales Context

In 2025 the Welsh Government commissioned NHS Wales Performance and Improvement to undertake a comprehensive All-Wales Maternity and Neonatal Assurance Assessment. PTHB has engaged fully in this process through data submission, stakeholder engagement and on-site reviews. A *15 Steps* approach will be undertaken across local sites, providing multidisciplinary walk-throughs focusing on first impressions, safety, dignity, communication and responsiveness. The Director of Midwifery, Women and Family Health represents PTHB on the national liaison group, ensuring local learning and actions align to national standards and the Maternity and Neonatal Safety Support Programme (MatNeo Cymru).

The Board is fully engaged with the MatNeo programme and has successfully recruited into the two leadership roles funded until March 2026. These roles will provide sustained focus on quality improvement, data analysis and system learning, ensuring Powys remains aligned with national priorities and contributes actively to the wider improvement community across Wales.

Local Response to the Swansea Bay UHB Review

PTHB has completed a full self-assessment against the ten recommendations from the Swansea Bay Independent Review. Each recommendation has been mapped to local provision, commissioned-service assurance and national actions. Progress and assurance levels are monitored through the Directorate Quality and Performance Group, the Integrated Quality and Performance Governance Committee (IQPG) and onward to the Board.

Digital Development and Data Insight

PTHB is working to strengthen the established digital maternity dashboard to provide greater visibility of quality and safety data, workforce indicators and patient experience trends. This work is being progressed in collaboration with a Public Health Lead, and Digital and Information Team to ensure interoperability and alignment with national systems.

Enhanced use of digital technology will enable PTHB to gain deeper insight into the care women receive both within and outside Powys, supporting benchmarking and continuous improvement. The work is being undertaken in preparation for the launch of Badgernet in March 2026, ensuring that the service is fully ready to adopt the platform and realise the significant benefits it will bring in data capture, analysis and real-time clinical information sharing across organisational boundaries.

Quality Improvement and Best Practice

Although not mandated, the service is proactively reviewing a number of elements of the Saving Babies' Lives Care Bundle Version 3.2, routinely used in England. This review focuses on evidence-based interventions to improve perinatal outcomes, particularly in reducing stillbirths through the early and accurate detection of fetal growth abnormalities. Work is underway to evaluate current capability, clinical pathways and data capture to strengthen Powys' ability to identify risk early and provide appropriate, timely intervention. This reflects the service's ongoing commitment to delivering high-quality, evidence-based care and securing greater assurance in perinatal safety.

Maternity and Neonatal Voices Partnership (MNVP)

Work is also progressing to strengthen service-user involvement through the development of a Maternity and Neonatal Voices Partnership (MNVP) for Powys. A job description for the MNVP Lead role has been drafted and is currently undergoing job-matching through PTHB's internal process. Following completion of this step, a business case will be prepared and presented to the Executive Committee for approval. Establishing this role will ensure that the voices and experiences of women and

families are systematically embedded within service design, delivery and governance, supporting PTHB's commitment to co-production and continuous improvement.

Governance and Assurance

The service operates within the IQPF, enabling routine reporting through the Board's committees. Quarterly commissioned-service meetings provide opportunities to seek assurance from Welsh and English providers. Standardised assurance report templates and a shared agenda structure are being developed to improve consistency and transparency across all partner organisations.

The Director of Midwifery provides regular updates through the Patient Experience, Quality and Safety Committee and the Formal Executive Committee, ensuring visibility and accountability of progress. Assurance remains largely reasonable across the ten Swansea Bay recommendations, with substantial assurance achieved in areas relating to trauma-informed care, fetal-monitoring training and service-user engagement. All remaining actions are on track for completion within the next six months.

Powys maternity services remain committed to delivering safe, high-quality and compassionate care, underpinned by robust governance, digital innovation and continuous improvement. The experiences and voices of women and families remain central to all aspects of service design and delivery.

3.3 Mental health

There has been significant improvement in waiting times due to concerted and targeted efforts to address previous performance target deficits. This has included;

Mental Health Measure - LPMHSS Part 1A & Part 1B Waiting times

LPMHSS has focused on recovering Part 1A and 1B targets through service and workforce redesign, utilising the duty of quality framework to identify and prioritise service improvement. Work has included:

- Introducing a Pan-Powys allocation process for assessment and intervention.
- Developing new clinical roles within the service & focused recruitment.
- Alignment with new Single Point of Access and Triage Service.

Psychology and Psychological Therapy Waiting Times (26-week target)

The Psychology and Psychological Therapy service recovery plan has prioritised:

- Implementing a new pan-Powys allocation process.
- Workforce redesign, including expanding our psychological therapy workforce.
- Further developing core intervention pathways.
- Promoting shared responsibility for our intervention waiting list.

Future efforts are working to reduce waiting times even further with the hope of achieving a 16-week target in the new financial year.

Inpatient Safety Programme

Mental Health and Learning Disabilities are fully engaged with the National Inpatient Safety Programme outcomes of which are as follows:

- Safe Discharge standards including 72 hours follow up.
- Ligature reduction Policy, Procedure, Workbook, and training
- Building on PCSP pilot.
- Risk Formulation- Literature Review completed, consolidation of risk tools on all Wales basis.
- Implementation of 'Safewards'.

Mental Health and Learning Disabilities have also significantly strengthened quality and safety infrastructure, governance and indicators. NHS Performance and Improvement and with the Joint Commissioning Committee have undertaken a supportive assessment of the acute care pathway and have reported recommendations to PTHB. An action plan response is currently in development.

External Private Provider Commissioning

Over the past 2 years there has been a significant increase (c.400%) in the use of external private providers to deliver acute mental health placements and PICU beds. This has been caused by an increase in acuity, a consistent challenge faced by other health boards meaning commissioned beds were not available and a change in safety culture in the community and on the acute ward. Changes have been put in place to manage this significant increase, and the number of placements has now reduced from 29 at peak, to 13. Further work is underway on an all-Wales basis to consider improved commissioning of these placements to ensure both quality and cost.

Suicide & Self Harm

Over the last 12 months there has been a growth in the number of people in Powys who have died by suicide. The mental health team have worked with wider partners to undertake a wider review; no clusters have been identified. Further learning is underway with primary care providers and postvention co-ordinators in post are supporting our population and our workforce.

Single Point of Access

There has been positive development of the 111 press 2 process and work is now underway, as part of an all-Wales programme, to be further developing this into a single point of access. This will deliver more rapid and accessible assessment and treatment for our population. Work is ongoing with the national team.

3.4 Quality improvement and governance

Our approach to quality, efficiency and value improvement is guided by well-established principles, proven by research to be critical for successful change:

- Reduce unnecessary variation in service delivery, eliminate waste and prevent harm.
- Enhance healthcare quality by improving safety, effectiveness, user experience and responsiveness.
- Utilise resources efficiently, cut costs, boost productivity and unlock savings.
- Employ high-quality benchmarking and performance data, combined with insights into service delivery, to identify opportunities for productivity gains.
- Promote innovative service redesign and the adoption of new technologies.
- Take a holistic, system-wide approach to service redesign.

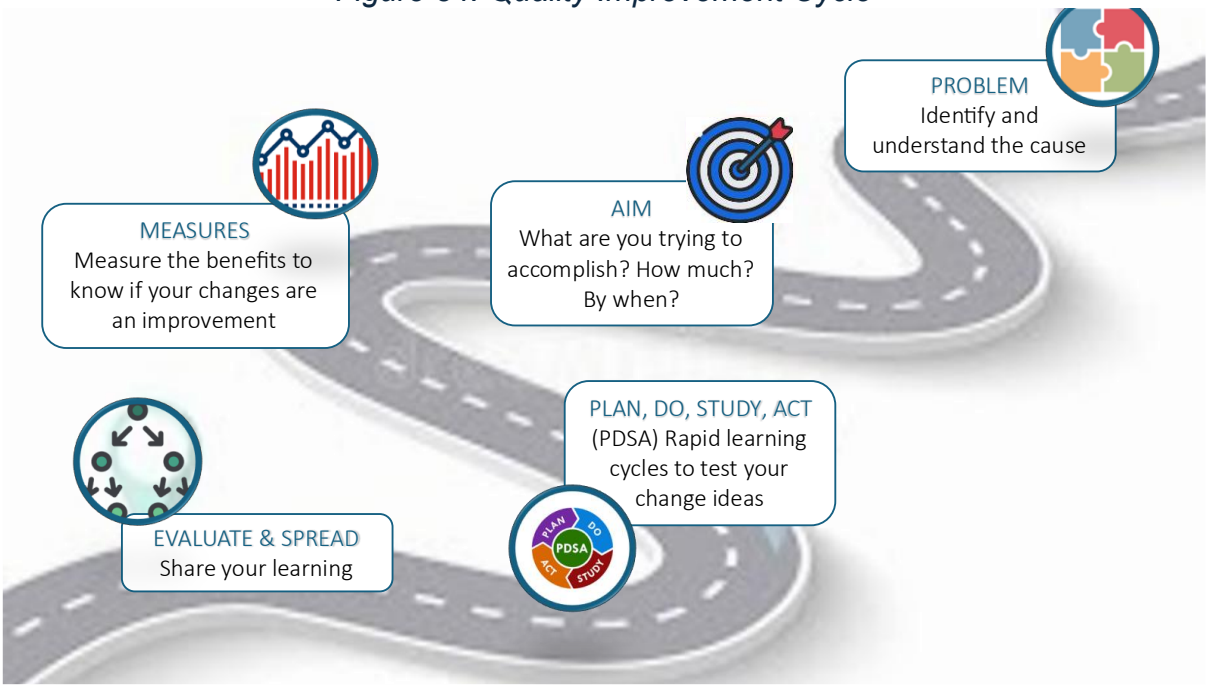
- Work in partnership with other NHS bodies, local authorities and the third sector whenever possible.
- Prioritise clinical decision-making over short-term efficiency savings or target achievement.
- Foster a workplace culture that is more productive and empowering.
- Identify, share and maintain good practice and learning.

The PTHB Evaluation and Learning Framework is a vital resource that enables PTHB to monitor and assess the effectiveness of its programmes and projects, supporting the development of a culture in which thorough and consistent evaluation is integral to transformation, service changes and improvements.

This framework merges evaluation and learning into a single, cohesive system, allowing us to reflect, adjust and continually improve. This represents the most significant aspect of the model, as it clarifies the purpose behind evaluation: to foster learning and drive improvement.

The Framework is grounded in well-established Quality Improvement methodology, employing a cyclical, iterative process, illustrated in Figure 34. Each step is interconnected, and it is anticipated that every programme will undergo several cycles throughout its duration.

Figure 34: Quality Improvement Cycle



3.5 Population health

The Annual Report of the PTHB Executive Director of Public Health includes a Strategic Framework for Population Health in Powys 2025-2035 and sets out an evidence-based approach to 'Preventing the preventable' and 'Modifiable risk factors', across the life course with the vision that by 2035 all people living in Powys will be well and stay healthier for longer.

There is a strategic and Board commitment to prevention, integrated throughout the PTHB 10-year strategy and forming a pillar within the Annual Plan. There is an

alignment of priorities across the strategic partnerships with the Whole Systems Approach to Healthy Weights in preschool children a priority objective for the Public Service Board (PSB).

Reflecting population health needs to reduce health inequalities and improve health, the public health priorities for 2025/26 are vaccination, tobacco control /Vaping and healthy weight in children.

Vaccination

Actions in place:

- Deliver vaccination programmes for children, teenagers and pregnant women that meet national uptake targets.
- Provide community and school-based vaccination opportunities, to make it easier for families to access children's vaccinations.
- Develop vaccination action plans to reduce inequities in scheduled childhood and teenage immunisation programmes.
- Carry out awareness raising training for health and social care staff on vaccination.
- Provide clear information and robust communications to help the public understand the importance of vaccination and screening.
- Establish a central immunisation resource, which includes a core team of specialist immunisation nurses, to deliver outreach clinics and tailored support aimed at improving uptake.
- Deliver effective vaccination programmes that protect against respiratory diseases (influenza, Covid-19, and RSV) and shingles.

Progress made:

- Strategic leadership provided by the Powys Vaccination Group, chaired by the Executive Director of Public Health, to increase immunisation rates across all eligible age groups, and reduce inequity in uptake through targeted work with specific groups.
- RSV Catch up campaign 75-80 years:
    - Commenced 13th January 2025, delivered through Vaccination Service.
    - Action plan implemented to achieve average uptake for residents registered with Powys GP Practices : 70.85%.
    - Data analysis work underway to identify residents registered with GPs outside of Powys to ascertain vaccination status.
    - RSV uptake in pregnant women, consistently achieving >60% uptake).
- Covid-19 spring vaccination (April – June 2025):
    - Uptake 56.9% (Wales average 53.3%).
    - Delivered by vaccination service across 8 clinic locations utilising community hospitals and community venues.
    - Care Homes uptake 79% (Wales average 75.9%).
- Teenage Immunisation Uptake Improvement Plan:
    - Bespoke letter sent from Executive Director of Public Health to parents/guardians of children in school aged years 8–13 (age 12-18yrs) who

are missing one of their scheduled vaccinations, to advise to complete vaccination schedule by attending bespoke catch-up vaccination clinics.
    - Summer drop-in clinics delivered to offer teenage catch-up vaccination resulting in increased rates of HPV uptake.
    - Focused work to review data on non-returned consent forms or have stated 'no consent' to vaccination.
    - Focussed work to increase uptake for Home Educated Children.
    - Review of processes including access to vaccination and data sharing arrangements with Local Authority for lists of young people registered at each secondary school.

<u>Smoking cessation / tobacco control / vaping</u>

Actions in place:

- Strategic approach to tobacco control/smoking cessation to achieve ambition of smoke free Powys by 2030.
- Work with schools to prevent young people from starting to smoke/vape.
- Delivery Help Me Quit (HMQ) Community Stop Smoking Service to help smokers give up smoking.
- Promote Help Me Quit (HMQ) Stop Smoking Service to hospital patients, staff and visitors.
- Implement pathway to encourage patients likely to require surgery to at least stop smoking for 6-8 weeks pre-operatively.

Progress made:

- Primary Prevention (preventing young people from starting to smoke, reducing exposure to second hand smoke):
    - JustB SmokeFree – 9 secondary schools eligible for 2025-26 academic year, 5 completed training in 2024-25.
    - Health and Well-being Promoting Schools scheme – school and educational settings toolkit, smokefree policy for schools (including vaping) and guidance on enforcement.
- Secondary Prevention – supporting smokers to quit:
    - PTHB Stop Smoking Service.
    - HMQ Baby.
    - HMQ Hospital.
    - HMQ Pharmacy.
    - Targeted intervention through GP practices located in areas of deprivation.
- Creating supportive smoke free environments:
    - Making smoke free the norm and reducing exposure to second hand smoke.
    - Trading standards – enforcing legislation around smoke free premises and vehicles, and the illegal and illicit sale of cigarettes and vapes.
    - PTHB Smokefree Policy and Smoke free hospital sites.
- Smokefree Powys Steering Group (multi-agency):
    - Overseeing implementation of partnership action plan, led by PTHB Public Health Team.

Performance against targets is summarised in the table below.

Table 1: Smoking Cessation performance against targets

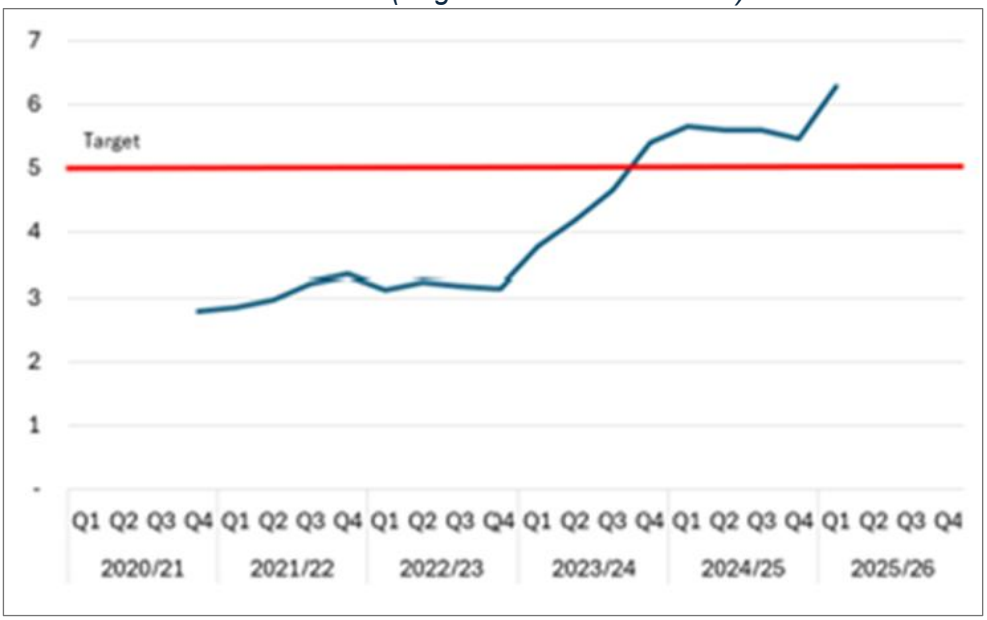
Target	Actual 2024/25
5% of adult smokers make a quit attempt by smoking cessation services	5.5%
49% of adult smokers who made a quit attempt by smoking cessation services who are CO validated at 4 weeks	14.8% CO validated + 51.3% self-reported = 66%

Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc, make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.

Table 2: Smoking Cessation performance for pregnant smokers

Target	Actual 2024/25	2025/26 Q2
Ensure all pregnant smokers attending Health Board maternity services undergo carbon monoxide testing at their initial booking appointment.	94%	95%
Percentage of all pregnant smokers referred to smoking cessation support following initial booking appointment.	63%	75%

Figure 35: Percentage of adult treated smokers who have made a quit attempt via smoking cessation services (target 5% over 12 months)



- Tackling Vaping in Young People: Powys Schools Approach – to tackle the rise in vaping in young people, the Public Health Team has led on developing and implementing a package of interventions including:
    - Clear Service Pathway: Developed in 2024/25 to signpost young people to appropriate support for smoking and vaping.
    - Guidance & Resources: Public health toolkit and online resources for schools, teachers, and parents—including a dedicated website and Padlet for easy access.

- Staff Training: Online awareness sessions and webinars to build confidence among teachers and professionals to respond to vaping.
- Collaborative Effort: Led by PTHB Board Public Health Team, with support from Powys County Council, School Nursing Team, and Adferiad.
- Communications Campaign: 'Bursting with…' campaign co-produced with young people, using social media, bus stops, and educational activities in schools. Produce a film for schools to utilise within lesson planning:
- Innovative Engagement: Developed an educational campaign including film highlight the risks and marketing tactics of vaping, piloted and delivered to 3 secondary schools.
- Curriculum Integration: Resources linked to the new curriculum for Wales, supporting ongoing education and prevention.

Healthy weight

Actions in place

- Develop and implement a whole systems approach to healthy weight focusing on improving nutrition, increasing physical activity and reducing obesity.
- Promote and encourage participation of eligible groups in the National Exercise Referral Scheme (NERS), local walking groups.
- Deliver and promote community health walks/walking groups.
- Deliver communications and social media campaigns that promote healthy weight.

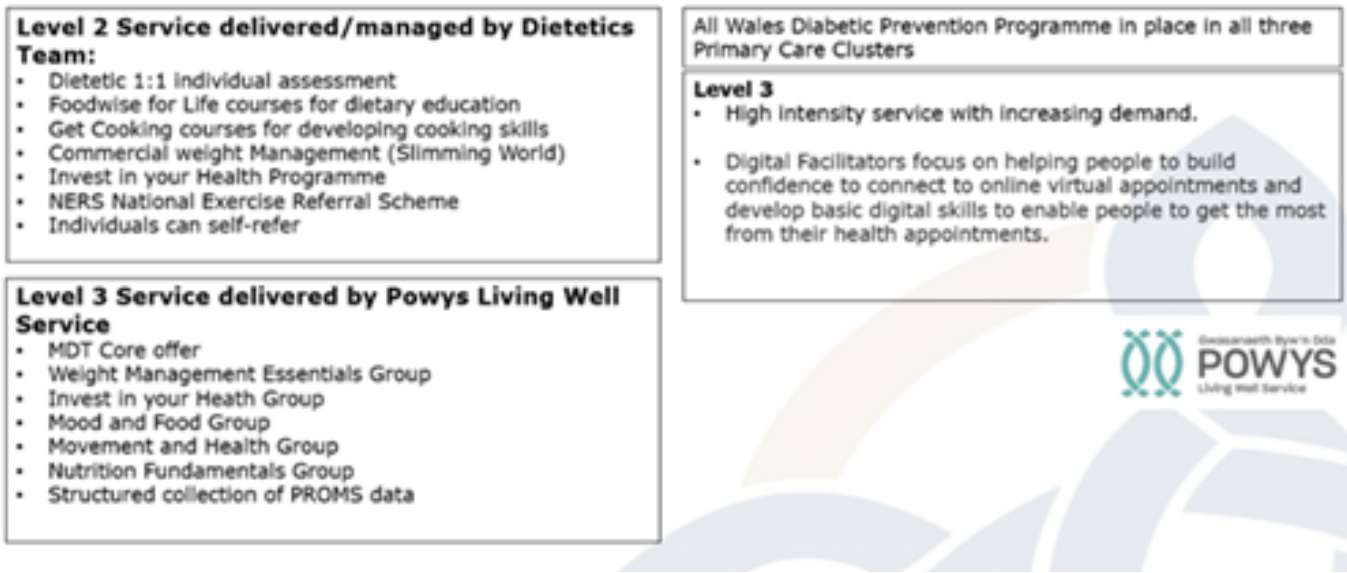
Progress made:

- Primary Prevention: population level approach
  - Whole systems approach to Weight Management targeting children aged 0-5 years. Achieved system wide priority aligned across PTHB Annual Plan, Public Service Board Well-being as well as Regional Partnership Board Start Well partnership priority.

Figure 36: Overview of Healthy Weight Whole System Approach

- Secondary Prevention: Level 2 and 3 Weight Management Services.

Figure 37: Overview of Level 2 and Level 3 Weight Management Services



<u>Diabetes prevention and management</u>

Actions in place:

- Deliver Diabetes Prevention programme

Progress made:

- Compliance with the 8 care processes has increased from 48.7% in September 2024 to 50.01% in May 2025, noting all Wales average is at 43.8% (PTHB ranked 1st).
- Collaborative and individual GP discussions continue to take place to discuss compliance with a focus on driving improvements. November Cluster Protected Learning Times are focussed on diabetes and includes various sessions for all members of the practice team, both clinical and non-clinical.
- The Health Care Support Workers session includes the Cambridge Diabetes Education Program ‘Delivering the Diabetes Care. In addition, the Primary and Community Care Academy actively promote a number of diabetic training resources.

3.6 Primary care

Phase one of Better Together has focused on the development of system and service level models of care to address the case for change for our adult physical and mental health community services. This has included wide stakeholder engagement on an integrated model that focuses on proactive prevention, early intervention and intermediate care to keep people well at home and to help them return home quickly following a hospital admission.

This includes better integration of physical and mental health provision in the community. The system level models of care driving development of delivery options and improvement plans are depicted below. Detailed workforce modelling is underway to support a ‘shift left’ approach into the community.

Figure 38: Overview of Integrated Community Model

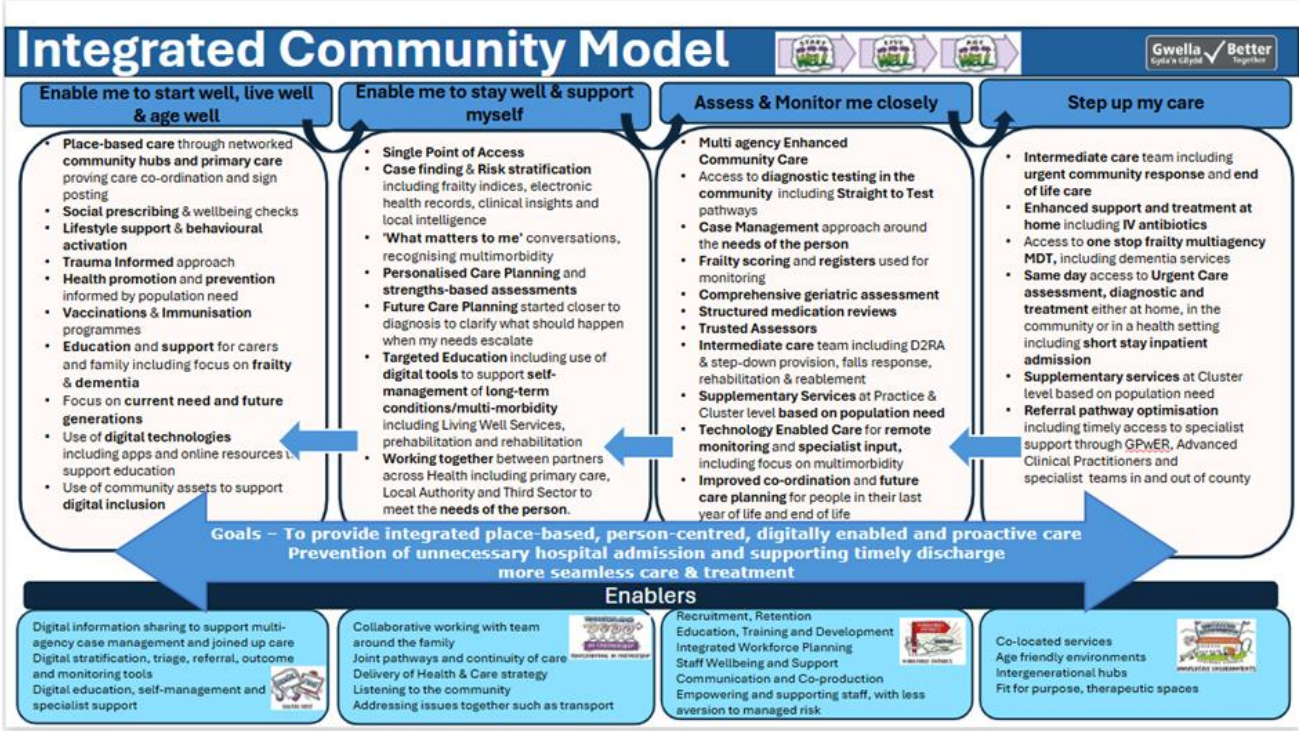
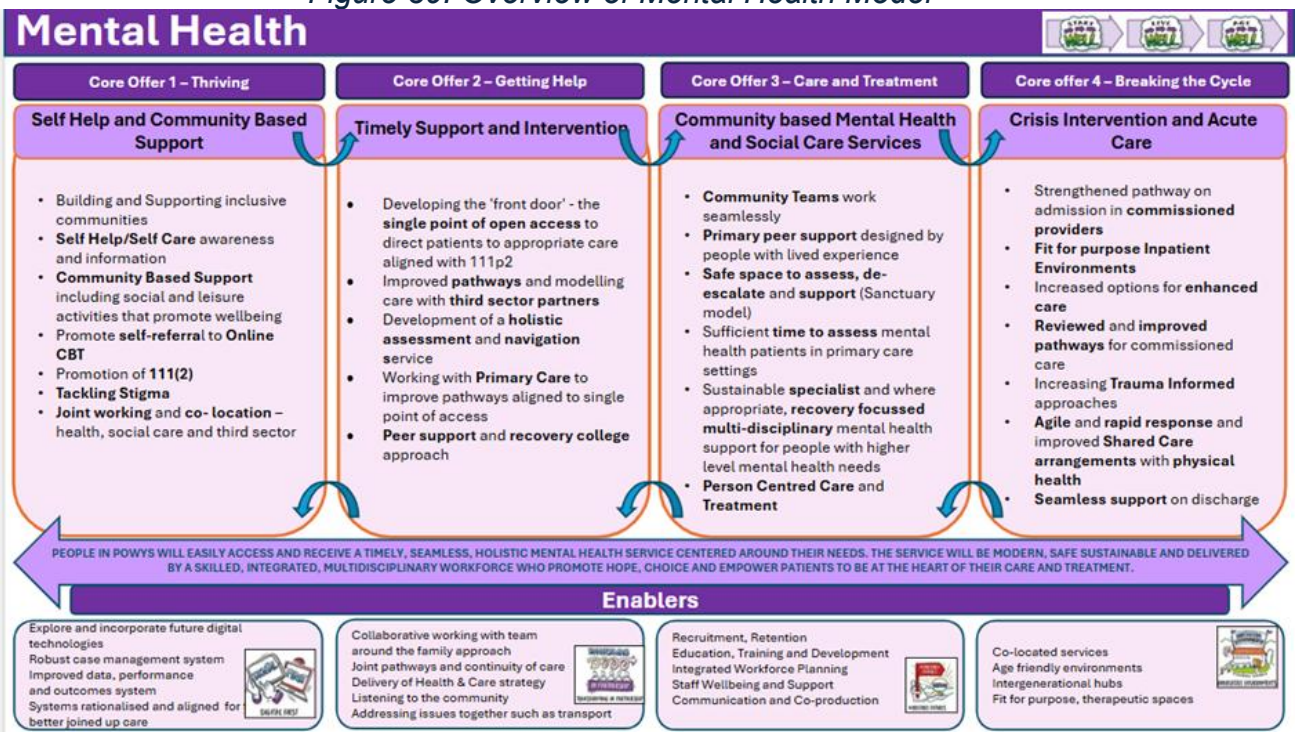


Figure 39: Overview of Mental Health Model



In planned care services, MSK First Contact Practitioners are in place across all clusters to support clinical decision making and pathway optimisation in the community for people with a musculoskeletal condition. This scheme has demonstrated an average 16% reduction in referral rate to orthopaedics for practices across the South Cluster. Further work on referral optimisation and alternative pathways for planned care specialities is underway; it is recognised that this offers a significant opportunity for Powys residents given the complexity of referral pathways across commissioned and provided services.

Phase one of the North Powys Wellbeing Programme aims to deliver an integrated health and wellbeing hub in the north of the county. The hub will provide joined up health, care and wellbeing services, accessed in one place and allowing providers to offer, a more holistic service tailored to the individual closer to home. Development of the strategic outline case and outline business case for the scheme has been supported through the Health and Social Care Integration and Rebalancing Capital Fund (IRCF)and are due submission at the end of December 2025.

Powys continues to embrace the Primary Care Model for Wales to progress delivering a place-based approach to local primary care services. Currently this is delivered through independent contractor services or collaborative multi-professional teams supporting the delivery of local population care, aligning with the vision of a healthier Wales.

Powys General Practice delivers a large offer of local supplementary services providing care closer to home, evidencing the shift left of services and collaborative and cluster initiatives will further drive forward community-based care opportunities. Cluster priorities for 2026/27 are being worked through aligned to Start Well, Live Well and Age well priorities, with a focus on Community Based Care, with a specific focus on frailty; Urgent Care; Mental Health; and Prevention with a focus on Respiratory, Obesity and Diabetes.

Community Resource Teams are embedded in all general practices to manage enhanced community care which runs in parallel with organisational priorities for Accelerated Clinical Change, Unscheduled Care, and Virtual Wards. The Community Resource Team comprises of Health, Social Care and Third Sector providers focussing on a person within the community. Community Resource Teams are aligned through a general practice's registered patient population and pulls in additional services and resources as part of a patients targeted management plan. A strong multidisciplinary approach focusses on the maintenance of the more complex cases in the community and coordinating care management to avoid preventable admissions, support discharge, and support active rehabilitation. Enhanced community care applies the function of a traditional hospital ward within a community-based setting,

There is a need to strengthen existing service models and the integration of primary and community care through multi-disciplinary approaches to support the future needs of our community, and the goal is to deliver care in the community wherever safely and sustainably possible and this requires Primary Care to be resilient, sustainable, efficient, and effective, adhering to prudent and value-based healthcare principles.

Going forward, support to general practice needs to include a number of initiatives to stabilise the longevity of general medical services to the Powys population:

- Continue to encourage multi-professional team working with training and development programmes in place to upskill practitioners and create a flexible solution to patient needs.
- Continue to support General Practice with recruitment needs and the 'grow your own' approach.

- Continue to support Collaborative and Cluster discussions around best practice and innovative ideas.
- Develop a ‘special interest’ programme to encourage multi-professional practitioners with a particular interest to become actively involved in the planning and delivery around that area of care.
- Explore options for further enhancing supplementary services according to Value Based Healthcare principles.
- Develop robust care navigation and signposting processes to ensure patients access the right care at the right time from the right practitioner in the right place.
- Support General Practice communications to patients to promote the multiple ways to access treatment.

Existing General Medical Services (GMS) Out of Hours (OOH) provision will be secured through a direct award procurement process with Shropdoc Cooperative Ltd, the main provider of OOH services for the Powys population until September 2027. Likewise, the continuation of the annual service level agreement with SBUHB will continue during this time. Future long term scoping work has commenced to appraise the current service delivery model and consider future options, and a revised specification to meet the future needs of the population is being progressed. Changes to the OOH model and associated patient engagement may need consideration with any potential interdependencies with Better Together, regarding the future model of adult physical and mental health community services and urgent care. Decisions that come out of Better Together may influence decisions around the future OOH model and service specification, for example the OOH model aligning with future expectations for 24-hour district nursing, palliative care, service changes to MIUs etc. A recent Preliminary Market Engagement process confirmed four providers are interested in providing OOH services for Powys, which is encouraging however, it is important to note that at this stage this is purely an expression of interest which does not provide the opportunity to assess from a qualitative and deliverability perspective. An open market tender process will commence in Quarter 3 2026/2027 for implementation from 1st October 2027.

Due to an ageing population and increasing prevalence of most major eye conditions, there is an increasing demand for all levels of optometry led Welsh General Ophthalmic Services (WGOS) across PTHB. Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide WGOS4 referral refinement/monitoring. This includes no WGOS 4 and WGOS 5 independent prescribing provision in some clusters, or a low level of service provision, providing an inequitable service offer. The complexity of Powys secondary care pathways and the lack of available data regarding secondary care activity makes it difficult to identify the true demand of services that can be transferred into primary care WGOS 4. However, based on the Powys population eye health demographics and the Royal National Institute of Blind People (RNIB) future predictions for prevalence of ocular conditions, it is clear that there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina, and hydroxychloroquine within primary care optometry.

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

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

Implementation of WGOS4 will enable opportunities for referral management support across both PTHB in-reach and commissioned services and pathways. The implementation and roll out of WGOS 4 will support the ‘shift left’ of services by enabling care closer to home and freeing up Ophthalmology capacity within community hospitals, in-reach services, and secondary care.

To meet the current and future demands, PTHB, through its primary care, Academy and Cluster teams, will continue to work with Health Education and Improvement Wales (HEIW) to support targeted workforce upskilling in the necessary areas. Cluster funding opportunities and initiatives that allow optometry workforce development including succession planning are being progressed to support the implementation and ongoing sustainability of WGOS services across cluster footprints. Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a Cluster level to bolster this provision. Taken together, the needs assessment combined with delivery on a Cluster footprint will ensure that local population needs will be fully considered and delivered against.

The delivery of dental services in Powys has morphed into a hybrid model of both community dental and general dental service provision to deliver primary care dental services. This model is the future vision for maintaining access for the Powys population. It considers the whole system offering urgent, routine and specialist dental services in a primary and community setting through a multi-disciplinary team approach which includes Specialist dentists; Dentists; Dental Therapists and Dental Nurses delivering Restorative, Oral Surgery, Special Care, Paediatrics, Orthodontics and general dental services. The delivery model includes community clinics , mobile and domiciliary settings.

The flexibility of the skill mix in the Multi-disciplinary team (MDT) enables treatments to be safely done in a primary and community environment. Career progression and development is a high priority to support recruitment and future retention. To support long-term workforce sustainability, dental students have recently begun placements in Powys to improve future recruitment opportunities and retention of dentists. The Primary Care Academy continues to offer targeted training opportunities, supporting professional development and upskilling across the dental team.

Initiatives are underway to support overseas clinicians, which include a structured induction and mentoring programme for Overseas Registration Exam (ORE) qualified dentists, and the facilitation of VISA sponsorship for both overseas dentists and dental therapists.

Utilising the opportunities within the Community Dental Service, to strengthen General Dental Services provision and workforce capacity across Powys has included Community Dental Services recruitment to a number of posts: Senior Dental Officer for two days a week in Newtown (north Powys); two days per week of a salaried dental officer in South Powys; appointment of a 0.6 WTE dental therapist at Ystradgynlais

Community Hospital. Currently recruitment is underway for a 1.0 WTE salaried dentist in Mid Powys, and an additional part-time salaried dentist for North Powys.

Over the past 12 months, the Mobile Dental Unit (MDU) has provided valuable insight into the demand for services in South East Powys. During its five-month placement in Hay-on-Wye, all patients listed on the Dental Access Portal (DAP) were offered appointments through the MDU. Since relocating to Bronllys, the unit has continued to serve patients from South East Powys and beyond, ensuring that all South Powys patients who have been on the DAP for over 12 months are given the opportunity to access care. Currently scoping the purchase of an additional MDU to support access in north Powys.

The strategic vision of the community dental service focusses on recruitment and retention of staff and creating a virtual dental hospital by moving as much treatment as possible out of secondary care into primary and community care. Further development of the community dental service into a flexible specialist workforce with access to modern dental equipment and infrastructure, increases the chances of further recruitment and retention to both the Community Dental Service and the independent contractor workforce. Increasing local access to specialist services and peer support will enable the upskilling and development of additional skills which is a significant influencing factor for new and recently qualified dental graduates.

Going forward, a number of initiatives to stabilise access to routine and specialist dental services needs to include:

- Initiatives to support the continued expansion of Dental MDT: Approximately 70% of routine dentistry can be undertaken by Dental Therapists, recruitment of NHS dental therapists into both GDS and CDS will free up time for dentists to operate at the top of their scope of practice.
- Ensure that training opportunities and upskilling are available to produce variable and interesting job plans, this can be achieved by recruiting specialists and consultants into the CDS.
- Continuing to use specialists in primary and community care, to minimise referrals into secondary care.
- Build contingency and expand the salaried GDP model so that the service can respond quickly as needed to independent contractor contract terminations.
- Support contractual changes that lead to improved access, prevention, and quality improvement.
- Accept that retention and recruitment is a long-term strategy, by continuing to support and expand foundation placements in the CDS and GDS.
- Encourage dental student placements in Powys to feed into the foundation training programme resulting in Powys being a place that is the preferred option (enhancement of reputation).
- Embrace digital solutions where possible and have a flexible work force using innovation (Mobile dental unit).
- Ensure infrastructure is fit for purpose, this additionally improves wellbeing, makes job plans attractive and supports recruitment/retention of staff, including shared job roles across CDS/GDS.
- Continue to be innovative in approach of dental solutions and policy change to future proof the service.

- Continue with the team working that is needed to ensure services are developed and progressed to ensure oral health is included in any wider HB policies and procedures.
- Support and take advantages of future workforce opportunities such as provisional registration.

Powys Primary & Community Care Academy

The Primary & Community Care Academy offers a range of multi-professional and occupation specific learning opportunities for primary and community care. Some examples of recent training include: A GMS Protected Learning Time, themed on diabetes care ranging from managing care process through to critical medication updates. GMS also received training around Cancer updates including pre-hab and re-hab and Improving the Cancer Journey for the people of Powys. This is particularly important, as Powys does not have a Hospice or DGH within its geographical footprint. All staff have access to fully funded evidenced based e-learning on various cancer types and diabetes care, therefore supporting national priorities.

An Introduction to Dental Practice Management was provided to support staff to take up their new role as dental practice managers, supporting sustainability of services. Powys are the first Academy in Wales to support a small cohort of learners through the Association of British Dispensing Opticians 'Optical Assistant Course', the first step in a career pathway into optometry, with a view to progress to further advanced level training as part of career development. Community Pharmacies have continued to receive contraception training, supporting early access to services in primary care. Staff access a range of rapid "lunch & learn" sessions for multi- professional learning. There are a range of education forums for nursing and Health Care support worker roles. Non-clinical staff, working in all sectors can access training which supports the administration of clinical work, relieving some pressure on clinicians. The Academy promotes job vacancies for service in Powys Primary Care to help fill vacancies promptly. Multiprofessional offers are shared regarding health, wellbeing and retirement options, helping Primary Care to retain their staff.

The Academy is playing a major role in assessing the training needs related to Women's Health in Powys. A gap analysis was conducted, this has resulted in targeted, funded training offers being made to relevant professionals across primary care and women's health services, including GP's, PA's, Advanced Clinical Practitioners, Nurses, Community Pharmacists and Womens Health Specialist roles. In March 2026, all registered Primary Care Clinicians working in GMS, will be offered a place on the College of Sexual and Reproductive Health "Essentials of Menopause Care", a priority area of care.

3.7 Digital

The PTHB Digital Strategic Framework sets out Digital First approach, working in partnership locally, regionally and nationally (as both provider and commissioner) to:

- Empower individuals to take care of themselves and to take control of their own health and wellbeing.
- Make Powys an area of digital innovation in community health and care.

- Achieve a joined up, efficient and informed patient journey, based on secure, real-time data.
- Enable our staff to have access to high quality information, equipped with the digital resources they need to deliver safe, high quality and efficient care.

This is being driven forward by 5 themes:

Theme 1: Citizen centred care and support.

Progress:

- Connected Care Programme for an Integrated Shared Care Record – Scoping and Procurement phase.
- Digital Maternity Programme - Design and Integration Planning Phase – Live by March 2026.
- NHS Wales App – Waiting List functionality Live.
- Electronic Prescribing – Testing and Implementation Phase One Live by April 2026.
- Modern Telephony with Welsh Language support, New Guest Wi-Fi, Text Reminder communications.

Theme 2: Leadership, partnership and alliances.

Progress:

- To support Clinically Led digitally enabled approach establishment of a joined up clinical Digital leadership board.
- Development of articles, help guides and sites for operational service management.
- Clinical Informatics function now includes digital trainers and digital skills confidence workshops.
- Service led large transformation programmes recognising Digital First as a Strategic Enabler.
- Target Operating Model extended for all Digital Data functions with increased availability for the IT support services to be accessed when and where needed.

Theme 3: Infrastructure and security.

Progress:

- Connectivity – New telephony system, new data centres with enhanced security, newly designed and upgrade network and cabling, Wi-Fi corporate and guest with extended coverage.
- Security - Legacy operating systems entirely eliminated, Cloud First in place with many systems migrated, increased cyber security training and phishing exercises, improved cyber audit score, removal of unsupported and legacy infrastructure.

Theme 4: Enabling efficiency and effectiveness.

Progress:

- Implementing Scan4Safety to automate inventory management, minimise waste and streamline ordering and receipting processes, improved financial forecast and stock control.
- Supporting Planned Care transformation programme and Administrative process improvement.

- Single point of access for digital services.
- Supporting the Better Together transformation programme.
- Conducted Internal Audits to identify key improvements in digital transformation and adoption.

Theme 5: Big data and artificial intelligence.

Progress:

- Data quality improved with 30% reduction in reported errors.
- AI policy and guidance reviewed with Pilot AI initiatives scoped.
- Improved and extended service live BI Dashboards to support trend analysis, activity analysis and forecasting service operational demand and capacity.
- In-house application development capability to improve efficiency across the organisation with the introduction of 12 new apps supporting service operations.

4. Strengthening how we run the NHS

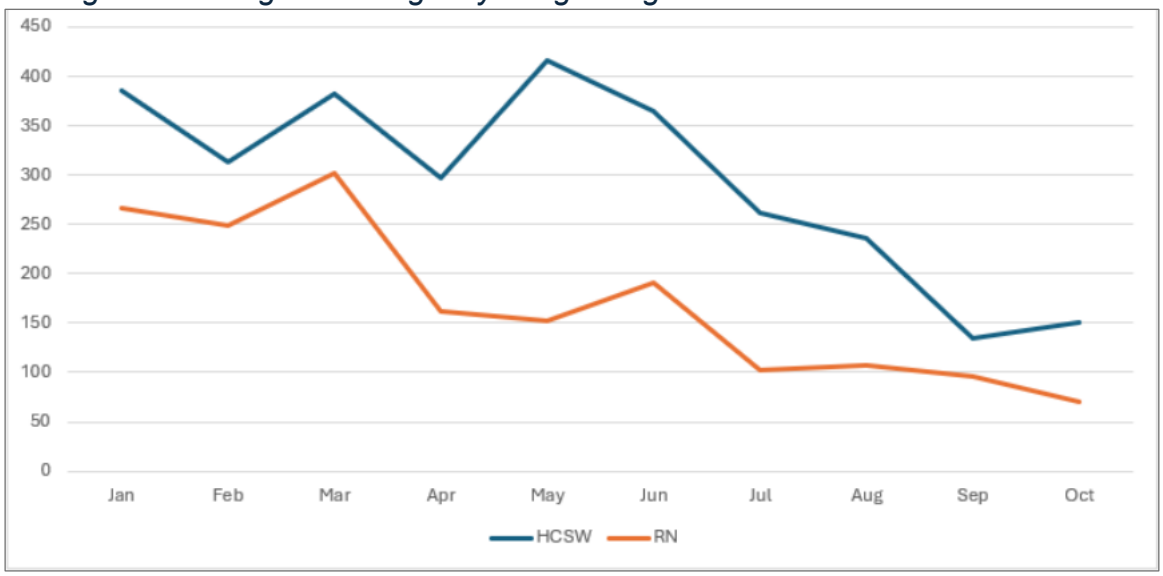
PTHB continues to make steady and meaningful progress in strengthening its leadership, workforce culture and organisational resilience. Over the course of 2025, PTHB has moved from a period of operational recovery to a more stable and mature organisational footing. This progress has been supported by strengthened governance arrangements, consistent leadership behaviours and more effective partnership working with staff, Trade Union partners and the wider health and care system. As a result, PTHB is increasingly able to plan, deliver and sustain improvements with a greater degree of reliability and organisational confidence.

4.1 Workforce

A disciplined approach to workforce governance has been central to PTHB's progress. Enhanced vacancy and establishment controls, supported by real-time workforce analytics, are now embedded across all staff groups. These controls have strengthened the consistency and quality of decision-making, ensuring that recruitment, redesign and resourcing activity is aligned to service need, workforce sustainability and financial stewardship.

Building on this strengthened governance, PTHB has seen marked improvements in workforce stability. More resilient staffing pipelines and tighter establishment management have resulted in zero agency usage across all non-clinical areas during 2025, reflecting improved recruitment and retention in support services and the effectiveness of the control framework. Within clinical settings, the number of nursing and healthcare support worker shifts in ward areas filled by agency staff has reduced by 66% since January 2025, demonstrating significant progress in stabilising core teams and reducing dependency on temporary staffing. These improvements have contributed to the accelerating reduction in overall agency expenditure, and PTHB remains firmly on course to achieve a 30% reduction in total agency spend by the end of the financial year.

Figure 40: Progress on agency usage on general and mental health wards



PTHB has also invested in improving rostering practice to achieve better alignment of hours to demand, alongside earlier planning and moving to the publication of rosters 12

weeks in advance. Managers are increasingly using live data to deploy substantive and bank staff, reduce unplanned shortages and minimise reliance on temporary staffing. This work has strengthened shift planning, reduced avoidable costs and improved continuity of care in community hospitals and primary care.

Targeted international recruitment has further supported sustainability in key services. Internationally educated nurses have been successfully integrated into community hospital and mental health teams, achieving 100% OSCE pass rates and demonstrating strong retention. A small number of internationally recruited doctors have been appointed into hard-to-fill posts, helping to stabilise services historically dependent on locum cover.

Collectively, these actions represent a coherent and sustainable approach to strengthening workforce supply. Internal bank utilisation has increased by 30% compared to 2024, and greater focused action on substantive recruitment has seen a 35% reduction in nursing vacancies since 2023 particularly in community-focused areas aligned with the Board's "care closer to home" ambition. While this progress is significant, PTHB recognises that ongoing vigilance is required to maintain reductions in agency use, particularly in specialist and rural posts where market challenges persist.

4.2 Leadership Development and Organisational Culture

Leadership development has been a priority for PTHB as it continues to embed compassionate, inclusive and accountable leadership behaviours. Around 200 staff across multiple service areas have engaged in structured leadership programmes during 2025, including the Managers Programme and the Clinical Leadership Immersive Programme (CLIP). Evaluation shows clear improvements in confidence, communication and consistency of management practice. Internal Audit concluded that PTHB's leadership and management development received substantial assurance, evidencing well-governed, high-quality programmes.

The CLIP programme continues to attract external recognition, including being shortlisted for a national HPMA award. Through collaboration with HEIW, the programme is now being extended to Betsi Cadwaladr University Health Board and to Primary Care teams across Wales. These developments reflect growing confidence in PTHB's leadership capability and the value of its leadership model beyond organisational boundaries.

In addition, two key workforce indicators, PADR compliance at 81% and Statutory & Mandatory Training compliance at 89%**,** are now above the NHS Wales average, demonstrating strengthened organisational discipline and a sustained commitment to staff development and quality standards. While PTHB acknowledges that maintaining these levels requires continued focus, these results provide assurance that performance is moving in the right direction.

Cultural development has also matured significantly. The Better Together programme now serves as PTHB's primary mechanism for linking staff voice with organisational transformation. Engagement sessions, digital workshops and local conversations have

shaped team priorities, leadership expectations and service redesign work. Staff increasingly report feeling heard and involved, which has contributed to improved cultural coherence across geographically dispersed teams.

The 2024/25 All-Wales Staff Survey provides further insight into cultural progress. PTHB achieved an Engagement Index of 75%, one of the strongest results among comparable Welsh health boards. A substantial proportion of staff (80%) reported feeling valued by their immediate line manager, with further respondents selecting the neutral option and a minority indicating disagreement. More than 70% of staff reported being treated with dignity and respect (just 7% of respondents disagreed with this statement). This suggests a generally positive trend, while also emphasising the need for continued efforts to enhance staff experience. 78% confirmed their team has a shared set of objectives and again a minority disagreeing with this statement indicating that there is an understanding of how their role contributes to organisational aims. These are positive indicators of cohesion and clarity of purpose. However, the survey also highlighted areas requiring continued focus, particularly internal communication, recognition and career development opportunities. PTHB has acted through a structured “You Said – We Did” approach, leadership listening sessions, executive reverse mentoring opportunities and strengthened local engagement plans. While progress is evident, the ed Board recognises that maintaining and improving engagement requires continued effort rather than complacency.

Restorative Clinical Supervision, supported by an internal steering group, has been expanded to provide structured reflective practice for staff, including Preceptees. Wider training on compassionate leadership, early intervention in wellbeing concerns and attendance management complements this support, building organisational capacity to address staff needs proactively.

4.3 Prioritising Staff Wellbeing, Inclusion and Social Partnership

PTHB continues to place wellbeing at the centre of its workforce approach. The Mindfulness, Acceptance and Compassion (MAC) model is well established and widely accessed, with participation exceeding 80% in pilot areas. Feedback demonstrates improvements in wellbeing, emotional regulation and team cohesion. Alongside MAC, over 700 staff have accessed the Vivup Employee Assistance Programme in 2025, and more than 1,000 staff participated in Wellbeing Roadshows delivered across all major PTHB sites.

Sickness absence has remained stable at 5.48%, continuing to perform better than the Welsh NHS average. However, PTHB recognises the need to maintain focus, particularly as demand and workforce pressures fluctuate. Strengthened manager training, restorative supervision and early-intervention approaches will remain active areas of attention.

A mature and constructive relationship with Trade Union partners continues to underpin PTHB’s approach to workforce governance and social partnership. The Local Partnership Forum meets regularly as a forum for dialogue on workforce policy, redesign and wellbeing initiatives. Staff-side partners are engaged early in change processes, ensuring fairness, transparency and shared ownership of decisions. This

approach is underpinned by a range of both formal and informal dialogue mechanisms with our trade union partners.

The Welsh in Healthcare Strategy has continued to progress, with record numbers of staff completing Welsh language training and an increasing number of posts advertised with Welsh-essential requirements. This development supports more culturally responsive and accessible care, although the Board recognises the need for ongoing investment to fully meet demand across all services.

4.4 Strengthening Recruitment, Education and Workforce Pipelines

PTHB has modernised and improved its recruitment infrastructure through TRAC and OPAS G2, resulting in a 20% reduction in time-to-hire and clearer communication with candidates. More than 80% of occupational health clearances are now completed within seven days, supporting timely onboarding and reducing delays within critical services.

Education and clinical placements have expanded significantly, strengthening future workforce supply. In 2025, PTHB supported over 220 placements in nursing, midwifery and allied health professions. The Collaborative Learning in Practice (CLiPP) model has increased placement capacity by 23% and enhanced the student learning environment. Rolling out CLiPP across community and mental health settings has cemented Powys as an attractive location for learners, contributing positively to long-term recruitment.

The new partnership with Cardiff University has created a structured medical placement programme, welcoming 12 medical students into rural and community-based settings. This represents a meaningful first step in building a sustainable rural medical workforce pipeline.

PTHB’s Grow Our Own approach to developing a sustainable nursing workforce continues to mature and remains a unique and nationally recognised model within Wales. As an award-winning programme designed specifically for the rural context of Powys, it provides multiple pathways for those living within Powys to progress into registered nursing roles through flexible, work-based learning. This model is particularly significant given the county’s geography and the absence of a brick-based university within Powys, where traditional training routes often require individuals to relocate and risk losing connection with their home communities. By allowing learners to remain living, training and working within Powys, the programme supports continuity of care, strengthens local recruitment, and contributes directly to the long-term sustainability of rural communities.

At the centre of this approach is the Aspiring Nurse Programme, delivered in partnership with HEIW, which has become a flagship component of PTHB’s workforce pipeline. Recruitment takes place annually, and 88% of participants across the first two cohorts are on track to complete their training, with most expected to move into substantive posts within Powys in 2026. The programme has been actively promoted to Welsh-speaking candidates, further supporting the development of a bilingual nursing workforce and enhancing the delivery of culturally appropriate care. As a bespoke

initiative created for and by Powys, the programme exemplifies how innovation tailored to rural needs can deliver meaningful, long-term workforce resilience.

The Academy Careers Education Enterprise Scheme (ACEES) schools and college programme has continued to expand its reach, engaging 5,500 learners in 2025, a 56% increase from 2024. ACEES strengthens public understanding of NHS careers and supports progression into apprenticeships, Grow Our Own pathways and wider health and care roles. A new partnership with HEIW will introduce a primary school pilot in Quarter 4, broadening early exposure to health and care careers.

The Intensive Learning Academy (ILA) in Digital Transformation, delivered by the University of South Wales in partnership with PTHB and the Regional Partnership Board, has supported 108 MSc learners, 7 PhD candidates and over 3,000 CPD participants during 2025/26. This provides assurance that digital capability across the region is strengthening in readiness for future service transformation.

4.5 Organisational Structure

PTHB continues to review its organisational structure to ensure it remains aligned with service priorities, financial sustainability and the needs of the Powys population. Work during 2025 has focused on identifying areas where greater clarity of accountability, strengthened clinical leadership and improved alignment of teams may support more effective delivery of integrated, community-based care. This remains an exploratory and developmental process, and no decisions on structural changes have been taken at this stage.

Engagement with staff and the public has been an essential part of this early work. Through the Better Together programme, PTHB has gathered valuable insight from workshops, listening events and community discussions to understand how services are experienced and where structural refinement may support better coordination and access. This feedback is informing the emerging options for organisational design; however, PTHB is clear that any proposed structural changes will be subject to further public consultation. This approach reflects PTHB’s commitment to transparency, co-production and ensuring that organisational arrangements are shaped in partnership with the communities it serves.

4.6 Developing Internal Capability for a Complex Commissioning Landscape

PTHB recognises that further internal capability will be required to manage the complexity of its commissioning environment. As a provider without acute hospital facilities, PTHB commissions over half of its healthcare services from providers across Wales and England. These services operate under varied regulatory frameworks, performance regimes and contractual arrangements, creating a high degree of complexity.

To maintain oversight of quality, safety and financial risk, PTHB will prioritise the development of capability in commissioning, contracting, data analysis and financial modelling. Given limited financial flexibility, this will be achieved through internal realignment of resources including redeployment, prioritisation through vacancy

controls and development of multidisciplinary skill sets—rather than through expansion of establishment.

Strengthening these specialist functions will support more sophisticated modelling, earlier identification of operational risks and improved capacity to ensure value for money across commissioned services. PTHB is clear that this work is essential and will require continued focus and investment in skills and systems.

The progress achieved during 2025 reflects a Health Board that is maturing in capability, cultural confidence and organisational discipline. While challenges remain, particularly in specialist recruitment, bilingual capacity and the oversight of complex commissioned services, PTHB continues to strengthen the systems, behaviours and partnerships needed for long-term resilience.

PTHB does not regard current performance as evidence of complacency. Instead, it continues to build on the foundations established in 2025 strengthening leadership, deepening workforce pipelines, embedding compassionate practice and improving data-driven governance. These developments place PTHB in a stronger, more sustainable position to support the health and wellbeing of Powys communities.

5. Board Local Issues

5.1 Context

PTHB is a unique organisation in Wales and the UK, given its large area, sparse population, long national border with England and as a predominantly commissioning organisation with no DGH in the county.

As the most sparsely populated county in England and Wales, this also means that there are no safe and feasible options for providing DGH services within the county. Powys residents therefore access these services in neighbouring counties in England and Wales. The need to travel outside the county for DGH and A&E services, compounded by concerns relating to ambulance response times, changes to air ambulance & EMRTS services, and road & transport infrastructure (including public transport availability, impact of adverse weather) is a key concern we hear in feedback from patients and communities.

Within our large geography there is no clear critical mass of population, with Newtown in north Powys being our largest population centre with a population of 11,000 people based on 2021 census. Low activity flows to multiple providers limit our strategic commissioning impact, particularly as we are minor commissioner for each of our providers.

There remains significant opportunities across Powys to continue to transform our primary and community care offer, in partnership with Primary Care partners as well as other statutory and third sector partners. Our recent approval of our Population Health Strategic Framework is also a key priority for the PTHB. This context also means that Powys provides a prime opportunity to act as a primary and community care trailblazer within Wales through support and partnership with Welsh Government and other national partners.

5.2 Finance, Strategy, Planning and Level 4 escalation

PTHB was escalated from level 3 to Level 4 in 2025/26 due to lack of delivery of the Financial Plan 2024/25. There is active and intense focus on short term delivery, grip and control in 2025/26, with a significant internal savings target with good evidence of delivery to date. PTHB was clear in its planning for 2025/26 that we aim to remain in routine monitoring on all other domains of the Escalation Framework and balanced choices regarding performance, quality and finance were made to support this, with good evidence of delivery across all of the Strategic Priorities in the Plan.

External support has been secured in partnership with Welsh Government to advise on short- and medium-term financial opportunities and the main drivers of the financial position including CHC, commissioning and transformation. The report is due in December 2025.

5.3 Temporary service changes

In October 2024, the Board made the following decisions in relation to proposed Temporary Service Changes following a period of engagement:

- A change to the opening hours (8am to 8pm) for the Minor Injury Unit (MIU) Services in Brecon and Llandrindod Wells.
- Implementation of Ready To Go Home Units (RTGHU) in Llanidloes and Bronllys in combination with strengthened inpatient rehabilitation at Brecon and Newtown.
- Assessment of these changes over a 6-month period using an evaluation framework (quantitative and qualitative) and clear decision-making criteria.

An evaluation was undertaken on schedule, and the findings from the evaluation were presented to the Board on 30 July 2025. These indicated:

- The change to MIU opening services has had broadly positive effects, including improvements to service reliability, to staff and patient safety and to staff satisfaction. No significant increases in GP attendances have been identified; use of bank staff has reduced, and staffing costs have reduced 9%. There have been no unplanned closures to the service in the last six months. Staff utilisation has improved.
- Similarly, broadly positive effects have been identified for Ready to Go Home Units/Rehab Units. These include a sustained improvement in efficiency and flow, early signs of improved outcomes, reduced lengths of stay, more efficient deployment of staff and efficiencies in staffing costs.

The Board agreed on the basis of these findings that both the temporary changes to MIU opening hours and implementation of Ready to Go Home and Rehabilitation Units should remain in place, until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services, including Urgent Care.

Temporary changes will remain in place pending formal decisions through the Better Together programme. This decision acknowledges that ongoing monitoring remains in place to ensure that any issues of concern would be identified and acted on promptly.

5.4 Cross-border issues

In the context of the above, following direction by Welsh Government to ‘commission within resources’, the Board took the decision to commission planned care in NHSE to NHSW Performance Framework waiting times in 2025/26. Despite open and constructive negotiations, PTHB has been unable to reach agreement with SATH as the organisation has not implemented this commissioning intention. There is also an unresolved funding policy issue with WVT (rurality/PFI). Both of these disputes have been formally referred to Welsh Government for resolution.

Due to the high proportion of our population who receives specialised services in NHSE, PTHB are exposed to a higher risk than some of the other Health Boards in Wales around the costs of the services commissioned through the JCC mechanisms. It is also noted that Welsh Government planned care monies are allocated on a provider basis to Welsh providers and are not available to PTHB as a commissioner.

5.5 Dental access

Ensuring equitable access to dental care remains a key priority for PTHB. However, access is an ongoing challenge linked to recruitment challenges and termination of contracts. Successful recruitment of Dentists, Dental Therapists and Dental Nurses is very challenging, especially in the more rural areas of the county. This impacts on staffing pressures and absences within dental practices, due to staff shortages and ongoing vacancy challenges, resulting in routine appointments being cancelled to cover urgent patients. Long term unsuccessful recruitment leads to termination of contracts, two contracts terminated in 2025/26, with one very likely to terminate at 31st March 2026.

PTHB maximises the Community Dental Service to support both urgent and routine GDS access. This hybrid approach to deliver general dental services access works well, however available health board accommodation limits this service offer.

In addition, Orthodontic waiting times are increasing as demand continues to exceed capacity across Powys. PTHB commission orthodontic care outside of Powys with three English providers.

5.6 Primary care – General Medical Services

Concerns around practice sustainability and patient demand continue. A large Local Supplementary Service offer demonstrates the additional care being provided closer to home. Appointment activity published on the Primary Care Information Portal demonstrates significant patient demand with an average of 69,985 appointments per month across the county, this equates to approximately 50% of the Powys population being seen per month.

25% of practices consistently report at level 4 via the weekly Primary Care escalation tool; 75% of practices report at level 3.

Two practices currently delivering general medical services through a single-hand GP contract arrangement adds risk to the sustainability of services.

Health Board sustainability support is in place with two practices, and a further two practices applications in process.

The role out of 56-day prescribing has been limited to the mid cluster only due to the practices being non dispensing. Dispensing practices will not move to 56 day prescribing as they will be financially disadvantaged as remuneration for dispensing fees will reduce. 11 of the 16 GMS practices in Powys are dispensing practices.

More information about Primary Care in Powys is available in our Better Together Primary Care Technical Chapter.

5.7 Social care and system fragility

Recognising the impact of rural geography on the delivery of both public services and the provider markets, there is significant adverse impact to the dependencies on such work, including patient flow. PTHB works hard to repatriate patients from services

across the border and is reliant on the support of Powys County Council in this work. Helpfully, PTHB operates contiguously with a single Local Authority, which has been configured to operate older peoples' services. This seeks to prioritise hospital discharge, however the breadth of these services, along with the challenges to social care recruitment does create some limitations on responsiveness.

The providers of social care, from domiciliary care through to nursing home and complex care, are similarly challenged in recruitment and operating costs over a large geography. This severely limits capacity in the more rural regions of the county and leaves PTHB reliant on out-of-county providers for a wide range of services, including private provision of bed based mental health care.

In response, the Local Authority is undertaking a significant transformation of residential Care, seeking to re-commission their former council owned residential and nursing home services. This includes planning to significantly increase capacity, replace tired and unsuitable estate, and to explore more innovative models of care. Similarly, PTHB are working to offset such gaps through increased provision of community based reablement, alongside our transformation planning that would see significant investment into increased community-based teams, improved local provision of mental health care, and direct care provision for those at end of life.

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