

# Annual Duty of Quality Report 2024-2025



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Addysgu Powys  
Powys Teaching  
Health Board



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## 1.0 Foreword

Powys Teaching Health Board has a whole range of responsibilities for healthcare for the people of Powys, both as a provider and as a commissioner of services.

To ensure that our services are person-centered, timely, safe, effective, efficient and equitable, in line with the quality standards, we have a statutory Duty of Quality as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

We are pleased to present the Health Board's Duty of Quality Annual Report for 2024/25. We hope this report provides you with an overview of what we have been doing over the last year to improve quality oversight and infrastructure across Powys and share the improvements we have made.

This year has seen us mature our Quality Management System through our Integrated Quality and Performance Framework. Our local escalation framework supports us to have robust *Quality Assurance* and *Quality Control* mechanisms, the way we plan our services is underpinned by a golden thread of quality, ensuring that we deploy *Quality Planning* and learning from concerns, incidents and listening to our population informs our priorities for *Quality Improvement*.

These are challenging times for public services and we as a Health Board will need to transform to ensure that we meet the needs of our population. As we embark on our transformation Programme of *Better Together*, we will ensure that quality impact assessments guide our decision making.

Our Duty of Quality underpins our intention to be a listening, learning Organisation; a place that is psychologically safe to work in and where services are open and transparent.



**Claire Roche, Executive Director of Nursing, Quality, Women and Family Health**

## 2.0 Introduction

This Duty of Quality Annual Report for 2024–2025 outlines Powys Teaching Health Board’s ongoing commitment to improving the quality of services and the health outcomes of our population. It reflects the progress made over the past year in delivering safe, effective, and person-centred care in line with our statutory responsibilities under the Duty of Quality.

The Duty of Quality, which applies to all NHS bodies and Ministers in Wales, requires that all functions relating to health services are exercised with a consistent focus on improving quality and securing better outcomes. This obligation aligns with the five ways of working set out in the Well-being of Future Generations (Wales) Act 2015 and contributes to the overarching goal of achieving a healthier Wales.

This report demonstrates how Powys Teaching Health Board has embedded the Duty of Quality across its operations. Specifically, it highlights how:

- All strategic decisions are made through the lens of improving service quality and patient outcomes.
- Functions are discharged in a way that continually seeks improvements in quality and outcomes.
- Actively monitor progress, sharing regular updates with the population to maintain transparency and accountability.
- Strengthen the governance arrangements by reporting annually on our actions and evaluating the extent of improvement achieved.
- Maintain an interconnected Quality Management System across the organisation.
- Foster a culture of quality that is integral to everything we do.

The Annual Report describes how the Health Board are meeting the responsibilities under the Duty of Quality and continuously working towards delivering high-quality, equitable healthcare for the people of Powys.

## 3.0 Quality Governance

As an NHS Wales organisation, Powys Teaching Health Board operates within a clearly defined framework of quality standards. These expectations are articulated through key strategic and legislative documents, including:

- *The Health and Social Care (Quality and Engagement) (Wales) Act 2020*
- *A Healthier Wales*
- *Core Commissioning Requirements*

The Health Boards commitment to continuous improvement and organisational learning is underpinned by these guiding frameworks. Embedding the legislative requirements from 2023-2024, has been strengthened further the Quality Governance Framework. The *Health and Social Care (Quality and Engagement) (Wales) Act 2020* introduced enhanced responsibilities for all health and care organisations in Wales. Central to this legislation are the Duty of Quality, the Duty of Candour, and the establishment of the Citizen Voice Body. Together, these elements reinforce a culture of openness, transparency, and meaningful citizen engagement across the Health Board.

Embedding the Duty of Candour has been fundamental to fostering an organisational culture grounded in honesty and accountability. This

approach ensures the Health Board is transparent with service users and communities when care does not meet expectations or results in harm. Importantly, the Duty of Candour also serves as a catalyst for system-wide learning and service improvement, driving innovation and responsiveness.

The existing Quality Governance structure has remained robust throughout the year. The Patient Experience, Quality and Safety Committee continues to receive assurance reports and monitor escalated risks relating to patient experience, service quality, and safety.

Key components of the Health Board's Quality Governance arrangements include:

- The Integrated Quality and Performance Framework
- The *Putting Things Right* framework, encompassing Concerns, Incidents, Redress, and Clinical Negligence
- Clinical Audit programmes
- Data and benchmarking through CHKS and other healthcare intelligence tools
- Independent external reviews, such as *Getting It Right First Time*
- Professional supervision and regulatory compliance
- Organisational development initiatives and staff engagement surveys
- Strategic relationships and escalation pathways involving bodies such as Healthcare Inspectorate Wales and the Welsh Risk Pool.

### **Maintaining Focus on Quality in 2024/2025**

In 2024-2025, the focus on quality has been sustained through several targeted activities:

- Enhancing the reporting and interpretation of quality metrics, supported by the rollout of the Integrated Quality Performance Framework (IQPF)
- Embedding our local escalation framework as part of the IQPF.
- Reporting progress from services across the Health Board through the Integrated Quality, Planning and Delivery Meeting (IQPD)
- Ongoing oversight of the Medical Examiner Service, particularly following service model changes introduced in September 2024
- Delivery of quarterly Integrated Quality Reports to provide a holistic view of performance, outcomes, and areas for improvement
- Quarterly reporting on the Duty of Candour and Nationally Reportable Incidents, including insights and learning drawn from these events.

The Health Board has continued to strengthen its formal response to concerns, guided by the *NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011* – widely recognised as the *Putting Things Right* framework. This process ensures that concerns are addressed in a timely, open, and constructive manner.

The Health Boards learning culture continues to evolve. Learning from concerns is now systematically captured and applied to improve services. The establishment of a Health Board-wide Learning Repository represents a significant advancement, enabling all staff to access

shared lessons from incidents and concerns. This system is supporting the embedding of learning into everyday practice and reinforcing a cycle of continuous quality improvement.

### 3.1 Health and Care Standards

The Health and Care Quality Standards replace the 2015 Health and Care Standards as set out in [W HC/2023/013](#). The inclusion of quality directly aligns the standards with the [Duty of Quality in healthcare | GOV.WALES](#) introduced in April 2023 through the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#). The standards set out the expectations for both provider and commissioned services and are aligned to the Health Board's Quality Management System and cross referenced as part of committee reporting, with associated risks and escalation raised.

Decisions should be based on the 12 Health and Care Quality Standards 2023:

The Duty of Quality Annual Report presents the progress made across the Health Board over the last 12 months. The report encompasses how the 12 Quality Standards are used across the Health Board, which helps deliver against the 6 quality domains. Safe, Timely, Effective, Efficient, Equitable and Person-centered (STEEP) care which are delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, improvement and research and a Whole systems approach.



### 4.0 Learning from Experience Group – 2024/25 Update

The Learning from Experience Group continues to foster improvement across services. In 2024–2025, the group focused on several key areas:

### Key Areas of Learning

- Do Not Attempt CPR (DNACPR) Policy:
  - Reviewed the newly published All Wales DNACPR policy to ensure consistent application across services.
- Medical Examiner Service:
  - Reflected on insights from the rollout of the Medical Examiner service to enhance the review process of patient deaths.
- Clinical Audits and Reflections:
  - Analysed findings from clinical audits and reflective practices to improve patient care.
- Quality Improvement in Mental Health:
  - Recognized and promoted successful practices within Mental Health services for adoption across other teams.

### Ongoing and Future Work

- Enhancing Staff Induction:
  - Strengthening staff induction programs by integrating key learnings from past experiences.
- Improving Information Sharing:
  - Utilizing tools like 7-minute briefings for efficient knowledge dissemination.
  - Developing online forums to broaden the reach of shared learning resources.
- Upcoming Initiatives for 2025:
  - Inviting the antimicrobial pharmacist to share valuable insights.
  - Exploring the application of these learnings across primary care and community teams.



## 4.1 Engagement and Consultation

## Engagement Work Key Themes

The Health Board has an ongoing programme of engagement in place, which includes close working relationships with Llais. This programme enables the Health Board to understand “what matters” to the people of Powys to help shape its plans and priorities for the people it serves.

Some of the key strands during 2024 and into 2025 included:

- Work with the Bevan Commission through a conversation with the public about the future model of health and care in Wales
- Ongoing engagement as part of the Better Together programme
- Focused engagement on a series of proposals for temporary change to health services, during which feedback was gathered about the specific proposals for temporary change as well as on wider opportunities and challenges for healthcare
- Listening and learning with Llais through their Llais Local Engagement
- Listening and learning with Powys Association of Voluntary Organisations through their Locality Networks

The key themes we heard during 2024 have been drawn together into an annual engagement report which informs the Health Board’s Annual Plan. The key themes are summarised below.

As well as work carried out directly by the Health Board, the Health Board works together as part of the Powys Engagement and Insight Network. This group is a sub-committee of both the Powys Regional Partnership and the Powys Public Service Board and brings together leads on engagement and insight from partner organisations to support a citizen-focused approach to engagement. Co-chaired by Powys Teaching Health Board (PTHB) and Powys Association of Voluntary Organisations (PAVO), a key focus for this group during 2024/25 was the development of a shared model of co-production to support a consistent approach that is increasingly embedded in organisational practice and decision-making. This has included the development of a Co-production Journey Tracker which is a simple tool to help services, groups and organisations find out where they are on their co-production journey. It can help to highlight strengths and support or training needs. This work has been informed and shaped by user voices who are central to this work.

The network is now developing six-monthly Community Insight reports to draw together findings from community engagement undertaken by all partner organisations, so that we can learn and share from each other’s work and use this to drive our individual and collective organisational ambition on behalf of the people of Powys.

Towards the end of 2024-2025, a new phase of work on the Better Together programme commenced ([Better Together: Shaping the future of safe, quality health services for Powys. | Have Your Say Powys](#)). This programme aims to develop a shared understanding of the “case for change” based on the expert advice of health and care staff, and the needs and experience of the people of Powys. Initial engagement with health and care staff took place during February and March, with a period of engagement with the public commencing shortly after in April 2025. This will continue through the coming months, with an initial focus on developing options for the future of safe, quality community and adult mental health services for Powys.

In addition to Better Together work, other key engagement priorities for 2025/26 include:

- Review and evaluation of the temporary changes implemented in December 2024, with recommendations for the next steps due in July 2025.
- Engagement and consultation in relation to services in neighbouring counties that are accessed by Powys residents (e.g., forthcoming consultation by Hywel Dda University Health Board on their Clinical Services Plan).
- Continued engagement with Llais to hear patient and public voices.
- Further strengthening and embedding of the model for Co-Production including through participation in Co-production Champions Training in partnership with the Co-production Network for Wales.
- Aligning the Health Board’s approach to community insight with the wider aspirations of the newly published People’s Experience Framework.

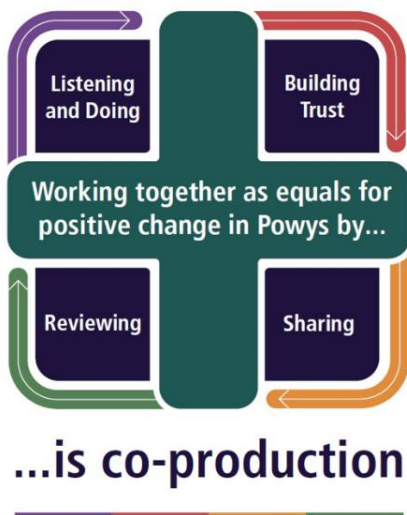
## Temporary Service Changes

### The challenges facing the NHS

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities. Waiting times for planned care increased during the COVID pandemic and remained high. Inflationary pressures affect the whole of the public sector, increasing the costs of service-delivery. More people are living longer with multiple health conditions, and there are pressures on staffing, including that the proportion of people of working age is reducing. Powys Teaching Health Board therefore took some immediate steps to help maintain quality services within available resources. Following a series of events involving engagement with staff, and consultation with stakeholders and the public, the following temporary changes have been implemented:

- The implementation of temporary changes to Minor Injury Unit Services in Brecon and Llandrindod Wells is to open from 8am to 8pm for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.
- The implementation of temporary changes to community hospital model with Llanidloes and Bronllys as “Ready to Go Home” units and with a strengthened role for Brecon & Newtown to provide community inpatient rehabilitation for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

The next steps will be: The Board will receive an evaluation of the temporary service changes and agree the way forward.



### What is Co-production?

We have worked together in Powys to find out what co-production means for us. With many thanks to people with a range of lived-experience who have come together to work with partners from across the council, the health board and other support organisations to work on this together.

We have challenged each other and put thought and time into what co-production means for us. Our definition is:

**“Working Together as equals for positive change in Powys by listening and doing, building trust, sharing and reviewing.”**

This document is adapted from *Co-production & Involvement Audit A self-assessment tool for organisations Issue 1*, May 2019 by the [Co-production Network for Wales](#) (licensed under a Creative Commons Attribution 4.0 International License). We have adapted it based on co-production principles developed in Powys.

# Engagement 2024 - Key Themes

## Bevan Commission

1. Prevention, Early Intervention and Lifestyle
2. Shared Responsibility
3. Wider Determinants of Health
4. Communication
5. Services and Support
6. Workforce
7. Demographic

### Background:

In autumn 2023, the Bevan Commission hosted a series of conversations – one in each Health Board area – to discuss the challenges facing the Welsh health and social care sector.

Seventeen people attended the Powys event in Brecon on 3 October 2023, and around 100 Powys residents completed an online survey.

Analysis of the key factors affecting the health and wellbeing of people and communities across the Powys locality were listed under seven themes.

## Better Together

1. Access to services/Coordination of care
2. Communication/ Education/Information
3. Current/Future Services
4. Data/Evidence/ Research
5. Mental Health
6. Our ageing population
7. Relationships/ Partnerships
8. The prevention agenda
9. The role our communities play in supporting health and well-being
10. Workforce
11. Travel and transport in our rural county

### Better Together Background:

In February and March 2024 the health board hosted workshops in the 13 Powys localities to start a conversation about the future of health services including the key challenges facing health in the county. Data and plans around key models of care like mental health, frailty, planned care were shared. Participant views and health care concerns were captured. 11 themes were identified.

Note: A model on Mental Health, workforce challenges and our ageing population were topics introduced as part of the workshop sessions with conversations ensuing so are listed as key themes.

## Temporary Service Change

1. Travel and transport in our rural county
2. Communication/ Education/Information
3. Workforce
4. Access to services/coordination of care
5. Current/Future services (downgrading)
6. Workforce
7. Mental health (impact of changes on patients)
8. Civic pride in local community hospitals
9. Equality and wellbeing impacts
10. Engagement and Listening

### Background:

During the Summer 2024 engagement took place on proposals for PTHB services including inpatient wards and MIUs. We heard directly from nearly 800 voices in addition to thousands of interested individuals through online events, public meetings, visits to online engagement platforms and petitions.

Some of the engagement feedback echoed the key themes captured from the Better Together engagement. Some was more pertinent to the proposals. We also asked a question about the key themes and what respondents felt was missing in terms of health provision. Above are the key themes that respondents fed back.

## Wider Issues (TSC survey)

1. Travel and transport in our rural county
2. Access to services/coordination of care
3. Our ageing population
4. The prevention agenda
5. Workforce
6. Relationships/ Partnerships
7. Communications/ Education/Information
8. Engagement and Listening
9. The Bigger Picture
10. Care Closer to home
11. Collaboration
12. Equity of Care for all

## Llais Local Engagement

1. Access to services/ coordination of care
2. Travel and transport in our rural county
3. Communication/ Information/Education
4. Mental Health
5. Primary care
6. Current/Future services
7. Our Ageing Population
8. Civic pride in our local community hospitals
9. Praise for PTHB
10. The Bigger Picture

### Llais Powys has 3 Priorities

- Care and support closer to home
- Getting good care wherever you live in Powys
- Supporting carers

Llais Powys Region has launched a programme of locality-based engagement across the county, visiting each of the 13 Powys localities in turn to gather insights from citizens' experience of health and care.

## PAVO Locality Networks

- Transport to health & social opportunities
- Access to Primary health services
- Access to Dental
- Lack of Day Opportunities
- Social Isolation & Loneliness
- Financial concerns for individuals
- Changes to benefits for the elderly
- Access to appropriate housing
- Cross Border health access
- Financial concerns for 3rd sector due to lack of access to core funding and increase in NI contributions
- Lack of volunteers available

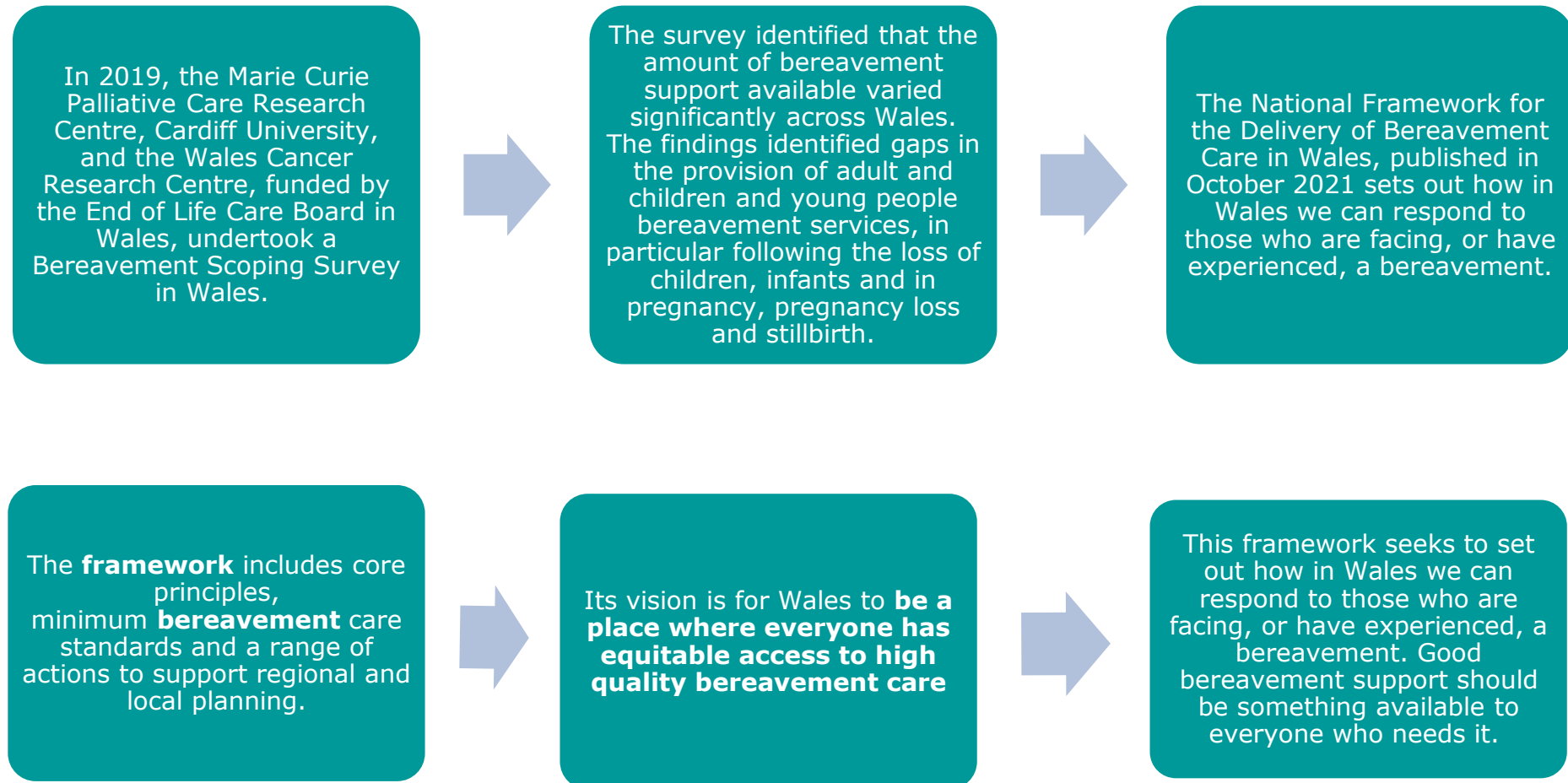
PAVO hosts 13 locality networks capturing views from the voluntary sector. They seek views on gaps which feed into the Social Value Forum and funding.

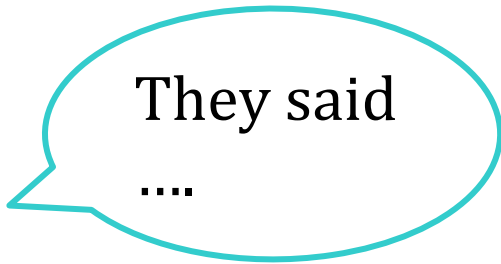


## 5.0 Bereavement Care and Medical Examiner Service

### 5.1 Bereavement Care

Following the Welsh Government directive, a survey of Bereavement Care in Powys was conducted which showed several gaps in the directive, Bereavement Care to the residents of Powys and therefore the Powys Teaching Health Board's Bereavement Service was established 2nd April 2024.





### They Said:

- Health Boards are to report progress on implementation plans, including local needs assessments and collaboration with bereavement support providers.
- Implement Immediate Support Pathway for sudden and unexpected deaths in individuals up to age 25.
- Provide bereavement support to patients and families, including those affected by nosocomial COVID-19 incidents.
- Enhance support for individuals with Protected Characteristics.
- Gather feedback on the impact of bereavement support services.

### We Did:

- Ongoing engagement with external support organisations.
- Delivery of bereavement training (Child Bereavement, Grief First Aid, Baby Loss).
- PRUDIC applied following unexpected child or young person deaths.
- Bereavement midwife support provided for baby loss; meetings underway to enhance maternity bereavement support and establish a mothers' group.
- Strong links established with hospices in north and south Powys.
- Bereavement resources (packs, posters, leaflets) distributed across the Health Board, in English and Welsh.
- Bereavement information is available on the Health Board website.
- Bereavement questionnaire launched via CIVICA and shared through social media, websites, and GP QR codes.
- Regular bereavement roads shows to begin countywide from end of May.
- Medical Examiner process in place, with learning shared via mortality review panels and internal learning platforms

## 5.2 Medical Examiner Service



In line with government requirements, Powys Teaching Health Board is working closely with the Medical Examiner Service. The medical examiner is a senior doctor not involved in the care of the patient, who provides an independent scrutiny of each death. This service allows the cause of death to be more accurately identified, and the circumstances surrounding the death to be more objectively assessed.

The medical examiner's officers contact the deceased's family in the days following the death. They will discuss with them the cause of death and listen to their views on the care provided. They can answer any questions the family may have about the cause of death and the circumstances of the death.

For further details about the service please access the link below:

[Medical Examiner Service - NHS Wales Shared Services Partnership](#)

### ME referrals 2024 - 2025:

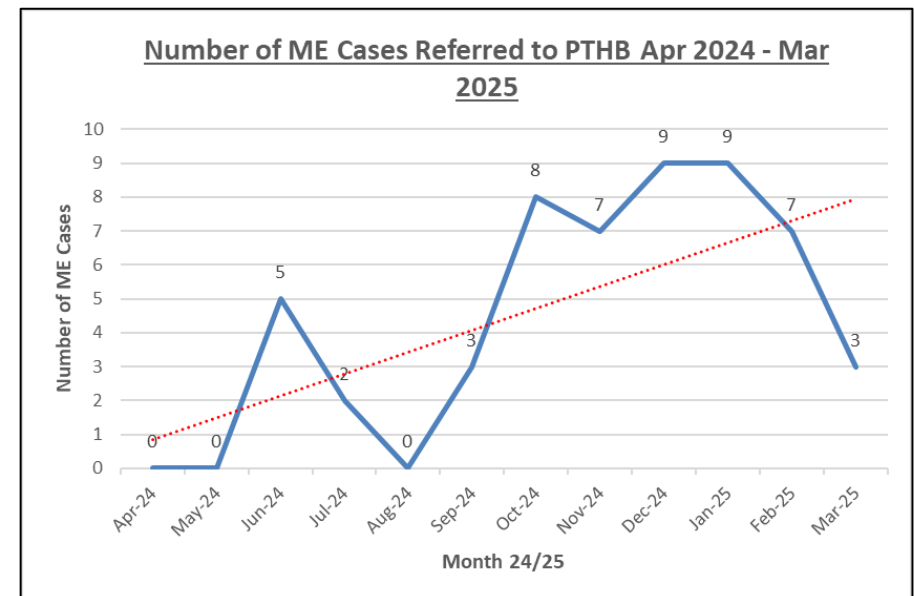
Since the changes to the ME service on 9 September 2024, there has been a marked increase in the number of reports received by the Health Board. The data indicates that the number of reports has nearly doubled compared to previous months.

### Care Provided by Other Health Boards

Some of the issues raised in Medical Examiner (ME) reports relate to care delivered by other Health Boards. As Powys Teaching Health Board commission services for residents, we receive these reports, even when the care was provided elsewhere. In such cases, those Health Boards are responsible for addressing any concerns.

### Care in Nursing Homes

Of the 53 ME referrals received, 12 involved Nursing Homes, which are managed by the Local Authority. Any concerns are shared with them to ensure appropriate follow-up and learning.



## 6.0 Mental Health Services Update – De-escalation and Improvement Progress

Since March 2024, Powys Teaching Health Board's (PTHB) Mental Health Services have been under internal escalation (Level 2a) to address several areas for improvement. Following the implementation of a focused Improvement Plan and strong progress across priority areas, the Executive Committee agreed to de-escalate internal escalation status from 16 October 2024. This decision reflects the Mental Health and Learning Disabilities Service's commitment to learning, improvement, and providing safe, effective care.

### Key Improvements Made

- **Patient Safety:** Overdue incident reports reduced from around 480 to 67, with reviews now happening on time.
- **Care & Treatment:** Audits have been completed across teams, and targeted training plans are now in place.
- **Training & Development:** A full workforce training needs analysis has been completed, with future plans mapped out.
- **Governance:** Team leadership structures and clinical governance have been strengthened.
- **Workforce Stability:** Recruitment challenges have been addressed, including full staffing on Tawe Ward.

### Ongoing Positive Developments

- As part of the All-Wales Strategy for Mental Health, PTHB is **piloting suicide risk assessment training** in Wales.
- Leading a **Community of Practice for Community Mental Health Teams**.
- Actively engaged with the national **NHS Patient Safety Programme**.
- **New team bases** for Adult and Older Adult CMHTs in Newtown and Llandrindod Wells are underway.
- The **Single Point of Access (SPOA)** model continues to develop and improve.
- It is hoped that the new Care and Treatment Plan (CTP) Lead role will be sustained to continue to support teams across Powys with Bi-monthly CTP audits.



Powys Teaching Health Board remains committed to maintaining these improvements as part of everyday practice, ensuring high standards of care and support for people across Powys.

## 7.0 Duty of Candour

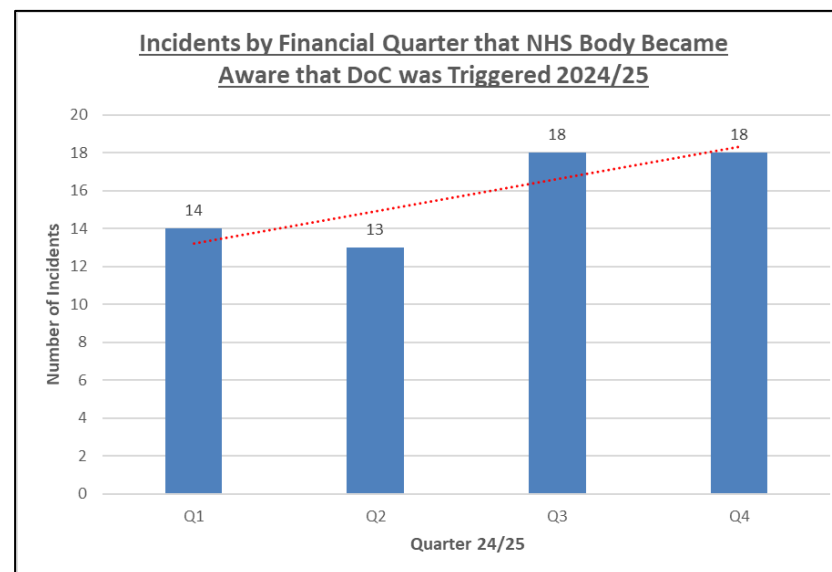
The Duty of Candour is a legal requirement for NHS bodies in Wales to be open and honest with service users receiving care and treatment. The duty stems from the Health and Social (Quality and Engagement) (Wales) Act (2020) and became operational from 1 April 2023.

Powys Teaching Health Board strives to provide high quality, safe and compassionate care to all service users. However, even when staff do their best, service users may sometimes experience harm. That is why the Duty of Candour was introduced.

The Health Board's goal is to create a culture of trust and openness, so that service users feel confident in the care they receive.

To follow Duty of Candour the Health Board will:

1. As soon as we know that Duty of Candour applies, contact the person affected or someone acting on their behalf. This will be done in person, either by phone, video call, or face to face.
2. During this conversation, say sorry, explain what it knows so far, offer support, outline what will happen next, and give contact details for further help.
3. Within five working days, send a letter confirming what was discussed
4. Carry out an investigation to understand what happened, why it happened, and how the Health Board can stop it from happening again.
5. This process will follow the NHS Wales Putting Things Right procedure ([Putting Things Right Leaflet](#)).



In 2024/2025, Duty of Candour was triggered 63 times and several areas for improvement were identified to ensure safer, more inclusive, and effective care across services. Key themes include:

**1. Inclusive Communication and Access**

Interpretation services must be offered when English is not a person's first language. Family members should not be used as interpreters. Electronic tablets have been placed in all birth centres to support access to interpreter services.

**2. Safe Maternity and Antenatal Care**

Staff reminded to carry out full antenatal assessments and to follow guidance when women report contact with infections. Missed vaccinations due to medicine shortages highlighted the need for weekly stock checks in birth centres.

**3. Falls Prevention and Enhanced Care**

Staff are reminded of their responsibility to maintain 1:1 care to reduce fall risks. Training and expectations for staff providing enhanced care have been reinforced. Post-fall observations and risk assessments must be completed and updated as needed.

**4. Medication Safety**

Medication ward rounds must be completed in a dedicated space with no interruptions to reduce errors. Mental health wards will review medication administration errors in team meetings to support learning.

**5. Administrative Accuracy**

Letters and reports are double-checked before posting to avoid communication errors, especially within the Integrated Autism Service.

**6. Staff Training and Planning**

Staff must complete agency inductions and comply with mandatory training. Nurse leaders must ensure staff are appropriately allocated to duties during each shift.

**7. Improved Patient Assessment and Risk Management**

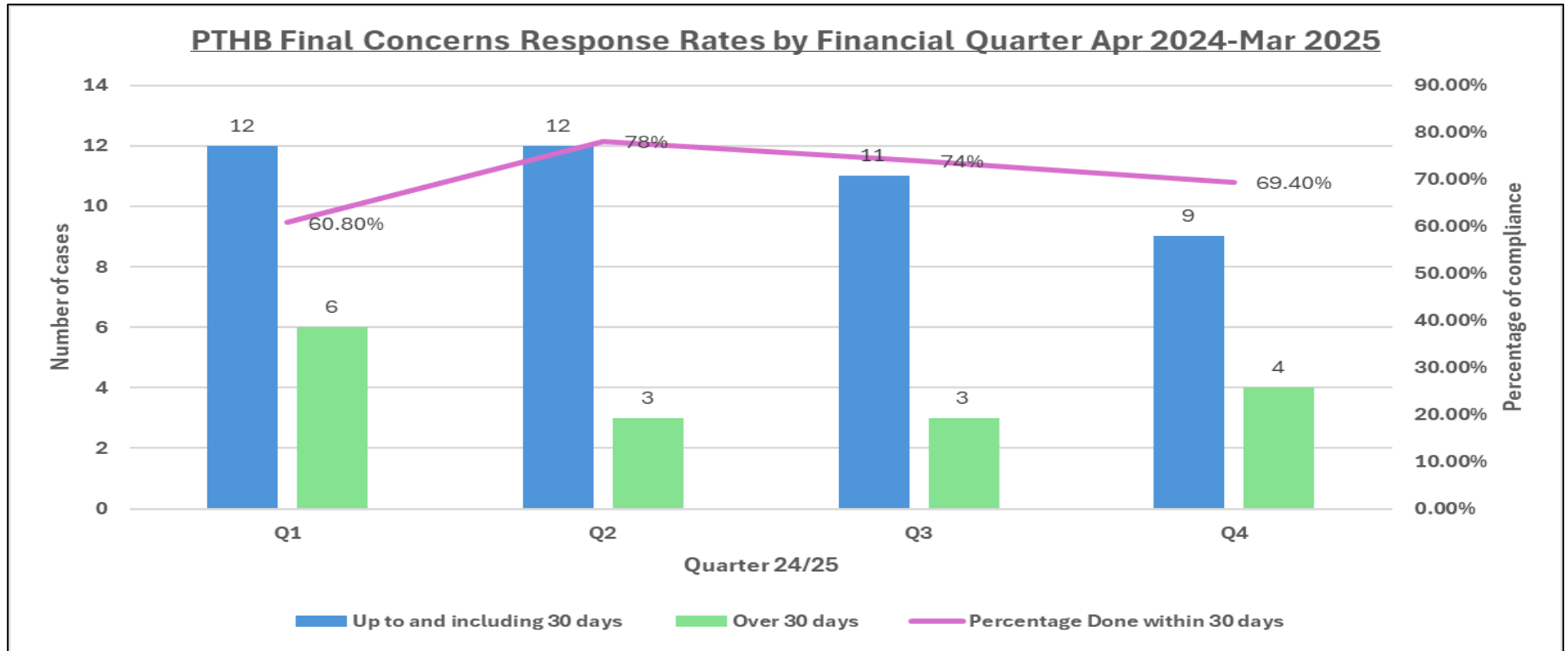
All patients must have a full risk assessment on admission. Deprivation of Liberty Assessments and documentation must be up to date and audited.

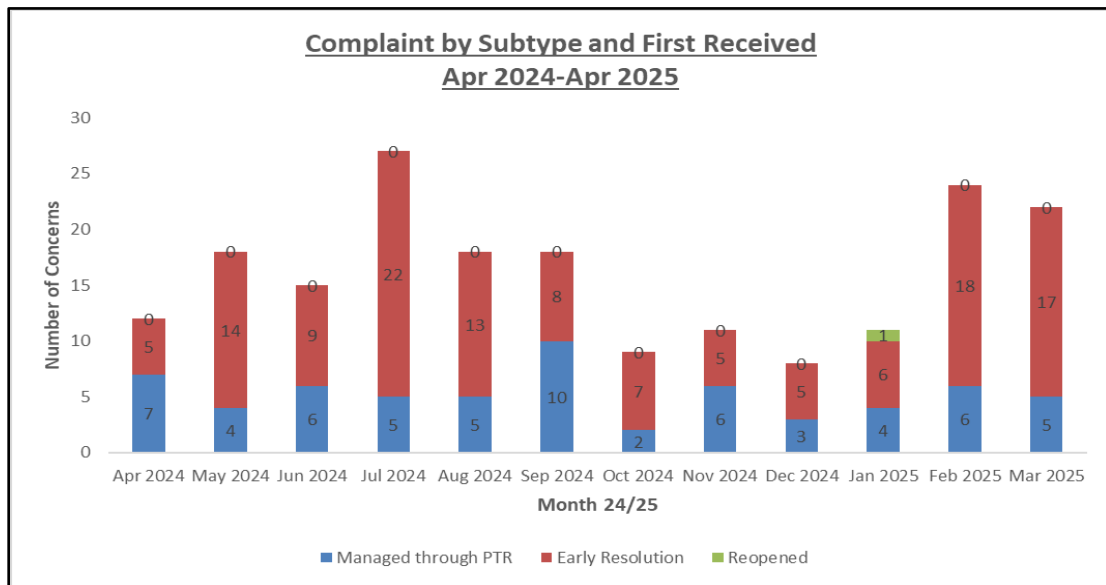
**8. Clinical Pathway and Emergency Care Improvements**

Pathways from Minor Injury Units to hospitals are being reviewed. Continued focus on the management of deteriorating patients, including pain management and response to sepsis.

## 8.0 Putting Things Right (PTR) – Concerns Management

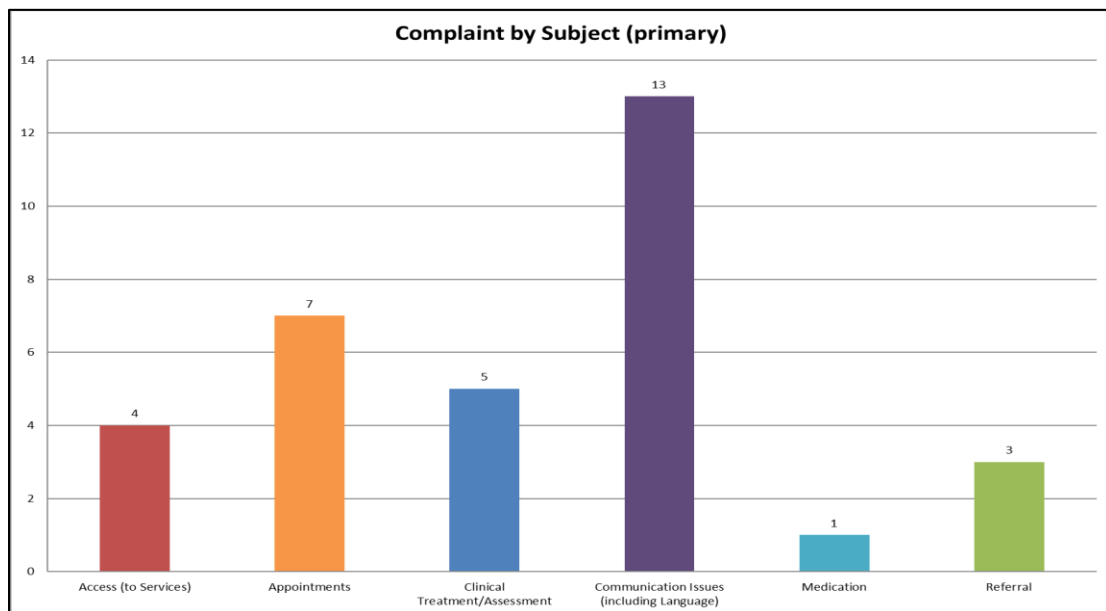
At the end of 2024/25, Powys Teaching Health Board (PTHB) reported a 70.5% compliance rate for responding to concerns within 30 working days, which is slightly under the national average of 75%. While this is positive, the organisation faced challenges when managing complex cases involving multiple Health Boards or Trusts, which impacted overall performance.





#### Key Trends:

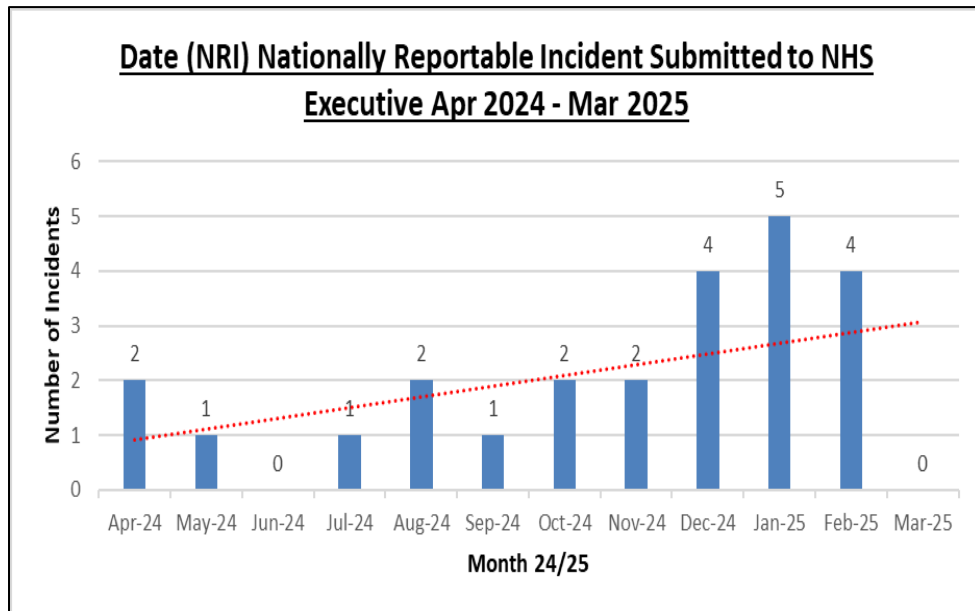
- Most concerns are resolved through Early Resolution, suggesting effective front-line handling.
- PTR managed complaints remained relatively stable, averaging 5 to 7 per month.
- A single concern was reopened in January 2025, indicating mostly satisfactory outcomes.



#### Key Themes:

- Clinical & assessment.
- Attitude & behaviour of staff.
- Availability of rehabilitation equipment.
- Communication with relatives/family/next of kin.
- Discharge issues
- Appointments cancellations and delays in planned care.
- Delays with prescribed medication
- Access to Orthodontist services outside of Powys.
- Access to Dental services across Powys

## 9.0 Nationally Reportable Incidents (NRIs)



Serious incidents are reported to the NHS Performance and Improvement (Formally NHSE) if they meet the reporting criteria for Nationally Reportable Incidents. During 2024/25 PTHB reported a total of 24 incidents from all services across the Health Board.

PTHB on average took 190 days to complete NRI investigations, complicated by:

- Capacity of services to complete investigations
- Delays in obtaining information from commissioned organisations involved in patient safety incidents.

Focus for 2025/26 will be to improve:

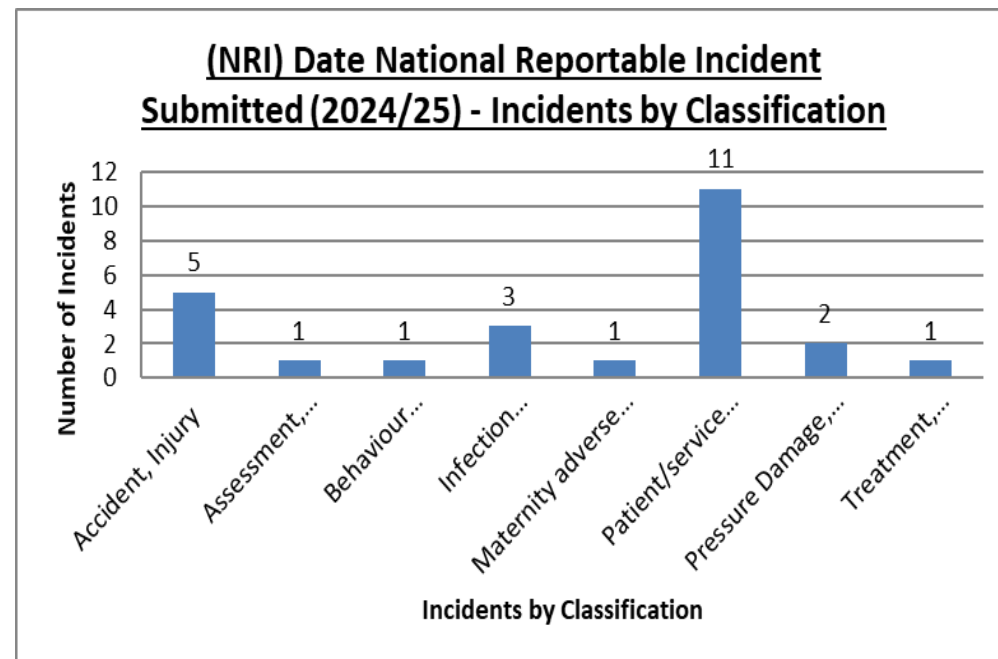
- Staff training on investigations
- Staff support during incident management
- Timely reporting on investigation outcomes to families and the NHS Performance and Improvement.

Themes from NRI incidents throughout the year included:

- Accident and injury
- Assessment
- Behaviour
- Hospital acquired infection
- Maternity adverse event.
- Unexpected death of an individual known to mental health services in the 12 months prior to death.
- Treatment

All incidents were robustly investigated, resulting in action plans and learning events for services.

All NRI incidents are automatically treated as Duty of Candour events requiring engagement with patients and their families, ensuring their contribution and opportunity to ask questions in Health Board investigations, post incident support and timely updates on outcomes and next steps.











## 10.0 Patient experience

Receiving real-time feedback from patients/carers/family, whether positive or negative, supports continual improvement in the services provided, including commissioned services thus ensuring service decisions are made including those thoughts and experiences.

Since 2022, when the Health Board implemented the CIVICA Patient Experience Survey System, services have been able to use the feedback received to:

- Prioritise risk areas.
- Drive service improvement.
- Highlight positive & negative comments.
- Analyse comments.

Results from the CIVICA patient experience survey system for the Your NHS Experience Survey during 2024 to 2025:-

A total of 1147 Your NHS Experience Survey responses were received (1 April 2024 to 31 March 2025)			
	87.47% scored their experience as "Excellent" (5 and above)		70.57% stated they always felt cared for
	70.82% felt they were always listened to		74.03% said that the time they waited was either shorter than expected or about right
	40.82 % felt they always had assistance when they needed it		68.37% always understood what was happening with their care
	71.19% said explanations were always given in a way they could understand		68.50% always felt they were involved as much as they wanted to be in decisions about their care



# People's Experience Framework

Review date: August 2028

gov.wales

In April 2025, Welsh Government launched the People Experience Framework ([People's experience framework: guidance for NHS Wales | GOV.WALES](#)).

The aim of the framework is to “empower organisations to evaluate their current position and to develop an ambitious improvement plan for people’s experience through a Value lens”.

People’s experience is described as “*People’s experience is ‘the sum of all interactions, shaped by the culture of the organisation, staff and systems’.* People’s experience can be described as how people feel when using any services and programs offered by NHS in Wales. Whether it be in a hospital ward, outpatient appointment, participation in national screening programs, engagement with primary care services (such as GP, Optometrist, Pharmacist, Dentist), interaction with health promotion practitioners, or attendance at any event hosted by an NHS Wales Organisation”.

As part of the framework, there has been a refresh of the Your NHS Experience Survey which will change to the People’s Experience Survey from April 2025

## 10.1 Patient Stories

Patient stories are an invaluable method of bringing the patients voice to the center of healthcare planning and improvement. The Framework focuses on understanding what matters to people – their needs, values, and experiences. Patient stories highlight these personal experiences in a powerful and relatable way, helping Health Boards to see care through the eyes of the people that use it.

They help Health Boards to understand the care they provide from a patient's point of view, something that data alone is unable to capture. Real experiences help us to understand what works well and which areas need improvement, they give the patient a voice and remind staff why their work matters, while supporting a patient-centered approach to care. Sharing patient stories reinforces the importance of compassion, communication and continuous improvement in healthcare delivery.

## 10.2 Powys Maternity Service

Powys maternity services use several ways to gain feedback to improve performance. Social media is utilised to share birth stories, feedback, and public health messaging as well as advertising antenatal classes. The reach of social media is monitored monthly and continues to grow.

Learning from feedback is shared through 'you said / we did/listened posters'. An example of you said/we did is:

### You Said:

Some of you were disappointed with the lack of continuity at times in your care, you reported that sometimes care has felt dis-jointed.

Some of you noted that there were periods of time where it was evident we were short staffed and some of you felt that this impacted on you developing a trusting relationship or that the midwife did not fully understand your needs.

### We Listened:

We are sorry that we have had some periods of sick leave within the maternity team. When this happens, your care will need to be picked up by another member of the team to ensure that you are seen at the appropriate points in your pregnancy or postnatal care. We are sorry that sometimes this means you will see different midwives. In 2025, we have been completing some philosophy and physiology training with all midwives. In the sessions we talk about the evidence supporting continuity models of care. All staff will have attended by June 2025.

We have also re-established the 'buddy system' within each team. You should expect to have a named midwife and a 2nd 'buddy' midwife who you will also meet during your care. This means two people should review your care plan and get to know you in the hope that if your named midwife is not available the 'buddy' would try to see you. Wherever possible we aim to have a handover of care if needed so that any important information is handed over to a new midwife.

Sometimes postnatal care visits may need to happen when your named midwife or 'buddy' are not working. We are committed to ensuring continuity with a different midwife should this happen.

## Patient Experience

- Powys maternity is one of three trial sites for the launch of the All-Wales Perinatal Experience Measures (questionnaires) through the Patient Experience Survey System (CIVICA) which will launch on 1<sup>st</sup> April 2025. These will replace the Powys Teaching Health Board surveys.
- The changes will mean that women who birth outside of Powys will not receive a survey from Powys to ask for feedback related to labour care out of Powys as this feedback will be obtained by the hospital they birth in if in Wales. The service is considering how best to obtain feedback from women who give birth in England. The feedback from core questions will feed into the national dashboard enabling monitoring and comparison across Wales.

## Birth stories

Social media continues to be utilised with a consistent rise in views and subscribers to the pages. Birth Stories are shared on these pages, promoting births in Powys with 15 birth stories submitted over a 14-month period.

The service proactively contacts families who have been transferred from home or a birth centre, with an opportunity to provide feedback about their experience.

### 10.3 Children's Neurodevelopment Service



The Children and Young People (CYP) Neurodevelopment Service was launched the February 2018. This service superseded the virtual Social Communication Assessment Teams (SCAT) who were responsible for the assessment and diagnosis of CYP with suspected Autistic Spectrum Disorder (ASD). The Neurodevelopmental pathway and its standards now offer CYP diagnostic assessment for both Autism and Attention Deficit Hyperactivity Disorder (ADHD).

Since its inception, the CYP Neurodevelopmental service has experienced increased and sustained demand with capacity constraints in the service adversely impacting on the ability to achieve the Welsh Government Referral to Treatment (RTT) targets of 80% of CYP waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.

A transformation program of work commenced during 2024/25 to review the whole service provision. This aligned to the implementation of Co-production activity facilitated by Parents and Carers Voices in Wales to ensure service were informed by service users and their experiences. The co-production activity has included partners in Powys County Council Education department to ensure the child remains the focus of all services and is at the heart of any service developments.

Additional in-year funding was received from Welsh Government during Quarter 3 2024/25 to address the longest waits which were >4 years at that time. The funding enabled the team to provide additional capacity along with procured activity which resulted in the longest wait reducing to 2 years.

Continue transformation and service redesign will continue into 2025/26 to ensure a sustainable need-led service for children is in place and able to meet demand aligned to a whole system approach.

#### 10.4 Child and Adolescent Mental Health Services – CAMHS

##### Supporting Children and Young People in Powys

Several key achievements and improvements have been made in CAMHS services across Powys during 2024-2025. There includes a focus on mental health crisis support, parenting programmes, and the impact of training for staff to ensure families receive the right help, at the right time, in the right way.

**The CAMHS Crisis Service** was launched in March 2024. This service offers fast and flexible mental health support for children and young people in crisis. Children and young people receive the help they need at home or in the community, potentially avoiding attending A&E or staying in hospital.

What we did	What changed	What people said
<p>Offered 304 mental health assessments during 2024-2025.</p> <p>Support contacts grew each month, from 68 in April 2024 to 372 by February 2025.</p>	<p>A&amp;E visits for mental health support by children and young people dropped by 21% (Sep–Nov) and 27% (Apr–Nov) compared to 2023-2024.</p>	<p>Families reported they felt safer and more involved in decisions. With easier access through 111, children and young people receive quicker care, avoiding hospital trips unless absolutely necessary.</p>

##### Parenting Support – Helping Families Thrive

CAMHS parenting practitioner supports parents and a carers by working closely with local services and schools to identify where help is needed most. This includes running programmes for parents and carers of children with autism and helping families build stronger, more positive relationships.

Autism Parenting Programme Results (Sept–Dec 2024):	What changed	What parents said
Offered 5 parenting groups  32 parents joined, 26 of whom completed the full course (81%)	Children and young people stress scores dropped (average score fell from 23.9 to 19.2)  30% of children and young people scored below the level considered a concern after the course	"My confidence has grown. I enjoy parenting again."  "We feel more connected as a family."  "I wish we had found this support sooner."

### **CAMHS Staff Training – Building Knowledge and Confidence**

#### **Feedback from Training Participants:**

Staff found that the most useful part of the training was hearing real-life examples, engaging with the trainers, and peer discussions. The training also meant that staff felt more confident and better equipped to support families

#### **Looking Ahead**

During 2025-2026 the CAMHS service will be looking to:

- Expand the CAMHS Crisis Service so more young people can benefit
- Build stronger parenting support with even better access
- Continue improving our training to meet staff needs

Together, Powys CAMHS are working to make Powys a place where children, young people, and families feel supported, valued, and heard.

## 10.5 Outpatients and Waiting Well

Outpatient Services across Powys Teaching Health Board have embedded the CIVICA Patient Experience Survey System to collect feedback relating to one-to-one appointments. Service users are able to provide feedback via QR codes and through the use of iPads which are available in each outpatient unit. The surveys consistently show that service users feel listened to, that they can make joint care decisions and that their care reflects what is important to them.

The feedback is reviewed monthly and shared with the team via email and at service audit days. Feedback has influenced service development across the Health Board using the "You said" "We did" proforma.

### **"You said"**

**It would be good to have the ability to get a hot drink, especially when there is a longer wait in clinics.**

### **"We did"**

**Collaborative working approach with hotel facilities staff has resulted in the installation of hot drinks machines across the sites, enabling patients and families who attend the hospital to access hot drinks.**

Learning from patient feedback led to the development of an Outpatient Learning Disability Care Bundle in collaboration with the Learning Disability team and the Paul Ridd Foundation. This Outpatient Care Bundle is the first of its type in Wales and enables staff to work with patients who have additional needs to plan their clinic visits, ensuring all needs are met, improving patient and family experiences. Feedback from service users has been extremely positive.

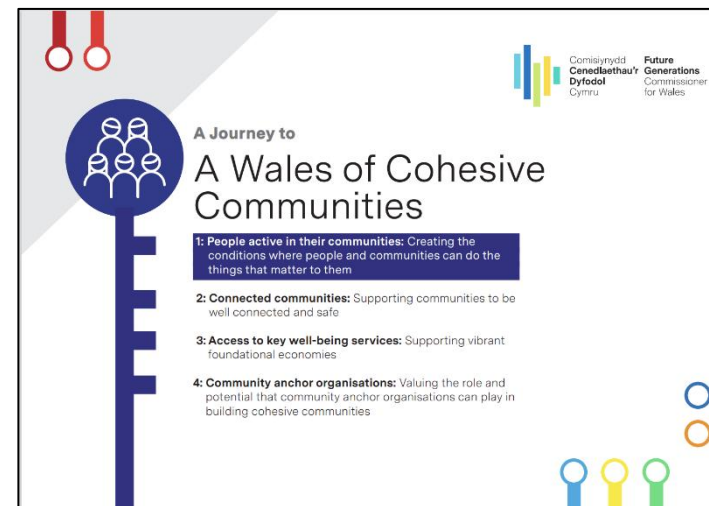
***"My daughter has learning difficulties and autism. Staff and consultant very caring, explained everything to her in a way she understood and treated her like an individual, most people just speak to me. Wonderful experience and as a family very appreciative of care provided."***

In 2023 the Outpatient Team across Powys Teaching Health Board embedded a pre appointment triage phone call with service users. The aim of these phone calls is to develop relationships prior to clinic appointments. This has enabled staff to identify service users who require additional support during their appointment and to plan their visit in accordance with their needs. These conversations have promoted the development of the nurse-service user relationship and has fostered joint decision making. This service has also led to a reduction in the clinic DNA (did not attend) rate to 3.8%.

***"I felt that I was listened to and was given plenty of time for my appointment. The staff were extremely friendly and caring towards me. I was given a lot of options and information about my care."***

## 10.6 Powys Living Well Service (PLWS)

The digital team in the Powys Living Well Service won the “Cohesive Communities Wales Award” at the first NHS Wales Sustainability Awards in 2024 for their partnerships with Powys County Council Libraries and Accessibility Powys. The partnership work, under the title of “Breaking Down Barriers - Supporting people to access digital healthcare in rural Powys” involves providing digital support to service users across Powys ranging from reassurance and coaching on using technology through to arranging loans of iPads from a local library or even providing individual support within their home. In all cases, their approach seeks to reduce the stigma attached to requesting support. All support provided is free to access and is available to anyone engaging with the Health Board, regardless of their health condition or socio-economic situation.



The service was also shortlisted in the "Healthier Wales Award" category at the NHS Wales Sustainability Awards in the "Person Centred Care" category at the 2024 NHS Wales Awards, for their work in delivering a co-produced service to support people in Powys experiencing long-term health conditions. Over 95% of people using the service state that they feel involved in the decisions about their care, leading to a better experience and better outcomes. By taking a Digital First approach, the service has reduced the typical waiting time for first appointments by 50% and driven a significant reduction in their environmental impact by reducing the need for travel and the volume of materials being printed, whilst delivering accessible and person-centred care.

## 10.7 Therapies and Health Care Sciences

Therapies and Healthcare Science Services capture patient feedback using questionnaires on Civica (Patient Experience Survey System). The response rate was initially low in all services, so in March 2025, Muscular Skeletal Physiotherapy (MSK) implemented a text message when patients were discharged from the service with a link to the patient experience questionnaire to capture their feedback. This had a significant impact on the number of responses received.

The responses received during 2024-2025 showed 95.76% would recommend the service to others and 89% were either satisfied or very satisfied that the service met their needs.

Some positive feedback on the MSK Physiotherapy service included:

*"The physiotherapist has really helped my mobility, and I was shown and helped by being shown all the best exercises" and*

*"My physiotherapist was all that you could wish for. He listened carefully and was specific / clear when giving instructions."*

A new Frailty Allied Health Professionals service was implemented during 2024-2025. This service supports people staying well at home, early discharge from hospital and helps to prevent unnecessary hospital admissions. The service has received a number of positive comments, examples include:

*.... was excellent during the visit to our home today. Explained how the services were available and has arranged a further visit next week. It was nice to have someone who listened and was sympathetic to my wife's problems. Thank you.*

*...A very nice young lady she helped with choices on what pieces of equipment would be to my advantage. 10 out of 10.*

*...Practitioner was lovely and very caring really appreciated the service*

*...Today has been helpful. I was not sure what this would be about, and I was a bit anxious, but you put me at ease right away. I would recommend this service it has been wonderful.*

In April 2024 the Orthotic service transferred to the Therapies Hub to support their appointments and arrangement of appliances. Their Did Not Attend (DNA) rate in 23/24 was 10.45%. Following the introduction of text reminders for appointments DNAs have significantly reduced to 5.25% in 24/25 as patients have the option to cancel their appointments if required and the Therapies Hub are able to utilise cancelled slots. This has improved service efficiency, and several positive compliments have been received including:

***A patient's daughter called into the Therapies Hub today and explained to another member of the team that the patient had sadly passed away at the weekend. She wanted to express her gratitude and thank the member of staff personally for their help with her father's appointments in such a kind and helpful manner.***

Following the successful implementation of an online form for Audiology service users to request replacement batteries and tubes, Lymphoedema have implemented a similar form for patients to request additional prescribed garments. Feedback from the Service Lead has noted that the form is working well. This not only makes it easier for patients to request new prescriptions, but it also helps staff and the service to handle demand more effectively and efficiently.

Speech and Language Therapy (SLT) have implemented national Therapy Outcome Measures (TOMS) which review impairment, activity, participation, wellbeing and carer wellbeing. This has been supported by the Royal College of Speech and Language Therapy with an online tool (ROOT) to help the service capture the data. From the data collected to date for the adult SLT service, 58% have improved in their impairment score, 55% in their activity scores, 43% in their participation and 43% improved in their wellbeing.

## **10.8 Dementia**

The All-Wales Dementia Care Pathway of Standards superseded the previous Dementia Action Plan for Wales in 2022. The Standards were developed with over 1800 people in Wales to establish what people believe will make a positive difference to dementia care in Wales. Powys Teaching Health Board have worked collaboratively with Powys County Council and third sector partners to embed the standards and improve dementia care in Powys ([Dementia Care - NHS Wales Executive](#)).

Four task groups were developed to progress the requirements of the Dementia Care Pathways of Standards with their focus being on community engagement, memory services including learning disabilities, the Dementia Friendly Hospital Charter and workforce and organisational development.

The outcomes of the task groups have meant that:

- Engagement projects in an identified community established what good dementia care meant to that community. The group also engaged with communities across Powys to develop a job description for a new Dementia Navigator role which will commence in May 2025.
- Memory services saw an increase in diagnostic rates and a reduction in waiting times for a diagnosis of dementia. Prevention and intervention programs have also commenced to support families following diagnosis. The feedback from people who have attended these services has been very positive and teams are working to ensure there is a consistent offer across Powys.
- The Dementia Friendly Hospital Charter focused on developing dementia friendly environments with wards being decorated in dementia friendly colour schemes to support orientation. Bronllys Hospital Outpatient's Department was decorated in a colour scheme to support living with dementia who have commented about the positive effect this has had when visiting outpatient clinics. Plans are in place to replicate the improvements in all outpatient department and ward corridors.

Meaningful activities on the wards enhance their admission and keep people active and involved during their stay and reduce the risk of de-conditioning and prolonged admission.

- The workforce group has focused on dementia training and has seen dementia awareness training for staff mandated in eight departments across the Health Board. Powys Teaching Health Board have also worked in partnership with local authority colleagues to develop a digital training resource in a dementia e-book, which will give staff the skills they need to support people living with dementia. This will be rolled out in 2025-2026.

At a national level, Powys Teaching Health Board are involved in developing the next Dementia Action Plan for Wales with the NHS Executive team, this is due to be launched late in 2025 or spring 2026.

### Improvements to Bronllys Outpatient Department:

As part of the Dementia Friendly Hospital Charter work, the Health Board is looking at the environment that people living with dementia may come into contact with. This started in early 2024 with the refurbishment of the outpatient's corridor at Bronllys Hospital. This new environment scheme will be rolled out to all Powys Teaching Health Board ward and outpatient corridors during 2025-2026.



**Bronllys outpatient corridor after refurbishment**

The Dementia Friendly Hospital Charter requires that *“the environment is comfortable, empowering and promotes independence. Hospital planning and maintenance incorporates dementia friendly areas and there is support from all departments to design, achieve and upkeep them.”*

Principles of the environmental section of the charter include:

- People living with dementia and staff work together.
- Signage, symbols, and markers support navigation and are consistent throughout a region's hospitals.
- Adaptations are made to support people living with dementia.
- The environment helps people to see, hear and communicate better and promote independence.

Colour schemes also support people who are neurodivergent and living with a visual impairment.

## 11.0 Safeguarding

Powys Teaching Health Board is committed to ensuring safeguarding is part of its core business. The Health Board recognises that safeguarding children and adults at risk is a shared responsibility that requires all our employees to have the competencies to safeguard people, and can develop strong, effective joint working relationships with our partner agencies and colleagues.

Our vision is that Powys residents live their lives free from violence, abuse, neglect, and exploitation. The Health Board will promote the United Nations Convention on the Rights of the Child, Human Rights, and the United Nations Principles for Older Persons in all its work.

Measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex. Annually, Powys Teaching Health Boards Safeguarding Service coordinates the completion of an NHS Wales Safeguarding Maturity Matrix (SMM) self-assessment which enables scrutiny of the effectiveness, innovation, quality, learning and risks within safeguarding and leads to the development of a safeguarding improvement plan. There are 6 Standards within the assessment tool:

- Well Led, Effective Leadership & Governance
- Confident & Competent Workforce
- Person Centred
- Learning Culture
- Multi agency Partnership Working
- Responsive, Resilient & Purposeful

Powys Teaching Health Board's SMM self-assessment & improvement plan is shared with the National Safeguarding Service, where it contributes to a National Safeguarding Report to the Chief Nursing Officer in Welsh Government. Capturing a national overview of safeguarding helps drive improvement, horizon scan, informs the NHS Wales National Safeguarding Service key priorities and shares best practice.

Powys Teaching Health Board's 2024-2025 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to the Health Boards Safeguarding Strategic Group. Most of the actions have been completed, any that remain open will be reviewed and where applicable, carried forward into 2025-2026.

## 12.0 Recommendations from External Reviews and Inspection

### Health Inspectorate Wales

During 2024-2025 Health Inspectorate Wales (HIW) undertook 2 inspections of services at Clywedog Ward, Llandrindod Wells Hospital Team [Llandrindod Wells County War Memorial Hospital | Healthcare Inspectorate Wales](#) and Newtown Community Mental Health [Newtown Community Mental Health Team | Healthcare Inspectorate Wales](#)

## **Clywedog Ward**

Health Inspectorate Wales recommended that the service could improve in the following areas:

- Ensure structured therapeutic activity provided for service users
- The environment of care issues are addressed.

HIW reported service was responsive to patient worries with opportunities for patients and their relatives to provide feedback and raise any concerns.

Overall, HIW found the ward environment to be calm and quiet, with positive and respectful interactions between staff and patients noted. All patients that we spoke with agreed that staff treated them with dignity and respect. However, the ward lacked environmental stimuli.

## **Newtown Community Mental Health Team**

Health Inspectorate Wales recommend that the service could improve in the following areas:

- Ensure a person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation consistently reflects service users' views on how they wish to be cared for
- Ensure all service users and their carers are aware of how to access support and advice outside of normal office opening hours
- Ensure service users are offered the option of receiving service through the medium of Welsh and that this is consistently recorded within care notes
- Update the Community Mental Health Team (CMHT) web page to ensure the information reflects the CMHT's current address and contact details.

They also reported that the service did well in the following areas:

- Single point of access to services
- Service users' involvement in the assessment and care planning process
- Availability of health promotion material to include smoking cessation advice and support

Overall service users spoken with during the inspection were generally satisfied with the care and support that they received. They felt listened to and that their views and wishes were considered during the care planning process. Service users reported generally satisfactory experiences when accessing services and that they were involved in the assessment and care planning process. The report did note that care documentation did not always reflect the person-centered planning and provision, and service users' views were not always consistently recorded within care treatment plans.







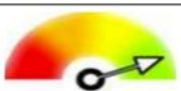
## Welsh Risk Pool

The Welsh Risk Pool (WRP) Assessment process provides a framework for the analysis of an organisation's compliance with the WRP Reimbursement Procedures, the requirements of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, the Health & Social Care (Quality & Engagement) (Wales) Act 2020 and other national policies and procedures related to the Putting Things Right sector. Following a review in 2023, the 2024 programme of WRP assessments includes a specific area for assessment in relation to Inquests which is in acknowledgement of the increased work in this area. The scope of the review related to policies and procedures in place and matters opened, under investigation, or closed between 1 January 2024 to 31 March 2024; this included 1010 incidents reported including

- Management of Concerns (Incidents)
- Management of Concerns (Complaints & Enquiries)
- Redress Case Management
- Claims Case Management
- Inquest & Coronial Inquiry Management
- Organisational Learning
- WRP Reimbursement Process

The review found that there were still challenges in the timely closure of National Reportable Incidents (NRI) and Duty of Candour (DoC incidents, however, the quality of the outcomes had improved. The Assessment noted recommendations from the previous review which had not been addressed. The overall Assessment noted positive, sustained changes in practice. Putting Things Right (PTR) was considered to be led by the small Corporate Quality and Safety Team to a high standard, with several areas of exemplar practice identified.

Ten recommendations were made (including three previous recommendations to be completed), which have been incorporated into a Health Board action.

Management of Concerns (Incidents)	REASONABLE ASSURANCE	
Management of Concerns (Complaints & Enquiries)	SUBSTANTIAL ASSURANCE	
Redress Case Management	SUBSTANTIAL ASSURANCE	
Claims Case Management	SUBSTANTIAL ASSURANCE	
Inquest Case Management	SUBSTANTIAL ASSURANCE	
Organisational Learning and Learning from Events	SUBSTANTIAL ASSURANCE	
WRP Reimbursement Process	SUBSTANTIAL ASSURANCE	
<b>NOTES</b>		
<p>The Assessment Team were pleased to note that the changes in practice which had preceded the previous WRP Assessment had been sustained. The operation of PTR was considered to be led by the small corporate team to a high standard. While there is a smaller volume of each type of matter in this organisation, the corresponding resources are equally limited and therefore the team are working efficiently and effectively. There are a number of areas of exemplar practice.</p> <p>Through embedding of further processes, outlined in the existing recommendations to monitor compliance with incident management principles, the Health Board can expect to increase assurance in this area also.</p>		

## 13.0 Speaking up Safely Framework

The Speaking up Safely Framework was circulated to NHS Wales Chief Executives at the end of August 2023. The purpose was to support Health Boards to reflect on their quality and safety systems. The Framework was in response to high-profile cases, which served as a stark reminder of the requirement to ensure that everyone working in the NHS feel safe and confident to speak up about anything that gets in the way of delivering safe, high-quality care.

In response, the Health Board established a working group to carry out the internal action plan which was created to meet the thirteen requirements in the Speaking Up Safely Framework. Over the past twelve months most actions have been completed and there remains a clear commitment to the ongoing development of a culture where staff feel safe to raise concerns. The actions through the last year have been:

- Development of the 'Our Voice' portal as a single place where staff can raise concerns.
- Development and delivery of a specific Speaking up Safely training session to provide a toolkit of discussions that can take place in team meetings.
- A clear process for any concerns raised to be considered and managed by the most appropriate senior manager.
- The creation of the Speaking Up Safely Steering Group which meets quarterly to understand trends of concerns raised, understand any barriers to raise concern and direct further actions to continuously improve the culture.
- Annual reporting through to the Workforce and Culture Committee to assure progress.

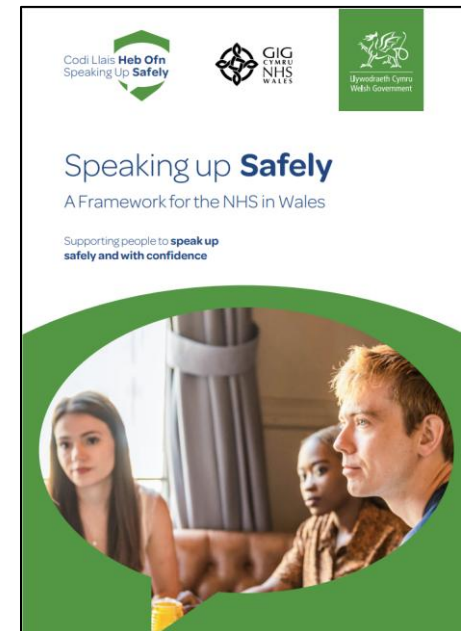
[Speaking up Safely: A Framework for the NHS in Wales](#)

## 14.0 Commissioned Services

### Quality Management System: Integrated Quality & Performance Framework (IQPF)

Powys Teaching Health Board is responsible for planning, providing, and commissioning healthcare services to improve the health and wellbeing of the people of Powys. To ensure that the best possible health and wellbeing outcomes are achieved for Powys residents and that services are provided to the necessary standards, the Health Board sets out in its framework for improving quality and performance processes to provide assurance on the comprehensive implementation of its Integrated Medium-Term Plan (IMTP).

The objective of this framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.



The IQPF applies to all activities in all parts of the Health Board. The scope therefore includes all services the Health Board provides and those commissioned in County and out of County.

The key purpose of the framework is to:

- Define roles and responsibilities for managing and improving performance.
- Describe the structures required to deliver robust quality care, performance management and improvement.
- Set out the processes of a quality management system which will support quality improvement, quality planning and quality control through proactive problem solving and risk management.

In order that the Health Board can robustly assess performance across all aspects of service and delivery it is vital that an integrated approach is adopted with a focus on the necessary attributes and coverage requirements of performance management and reporting processes.

The coverage requirements below set out the areas which inform assurance processes, and which must be considered and evaluated within the framework of organisational performance.

Coverage	Description
<b>Core Areas</b>	
Access to Care and Timeliness	Assurance of 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 are safe, personal, effective and continuously improving. Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of Patient Reported Outcomes Measure (PROMS) and Patient Reported Experience Measures (PREMS).
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 PTHB has a motivated and sustainable workforce that is well-trained.

## Attributes of the Framework for Improving Performance

Attribute	Description
Link to Aims & Strategic Objectives	Clear links to strategic aims, objectives, and annual priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of poor or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual information providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.
Analytics	Looking beyond results to interpret and communicate meaningful patterns in data.
Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery and to enable regular monitoring of performance.
Performance Against Targets	Using status scales to effectively communicate performance against plan/target/trajectory.
Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and performance recovery are delivered.
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review escalations pulling out "performance hotspots". Focus upon accountability through management intervention - actions, consequences, tolerances, incentives

The key to the success of our Quality Management System is ensuring and enabling everyone across the Health Board to be engaged and dynamic in ensuring quality is at the heart of everything we do:

### 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.

## 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.

## Quality 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

## 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

## **Performance and Assurance via Commissioning Oversight Assurance Group (COAG) and Contract Quality, Performance and Review Meetings (CQPRMs)**

For the services PTHB commissions (contracts) from external NHS service providers, the Commissioning Oversight and Assurance Group (COAG) and the Contract Quality, Performance and Review Meetings held internally and with the commissioned providers, ensure there are mechanisms in place to oversee the arrangements for the contractual performance monitoring of PTHB Commissioned Services, including focus on quality outcomes and patient experience.

PTHB works collaboratively with their Commissioned Service providers to review:

- Analysis of relevant data including demand and capacity of service, NHS Wales and NHS England Performance Framework adherence, workforce availability/cost, trends, areas of concern, and opportunities for improvement
- Identification and discussion on specific challenges and issues that impact the performance of services.
- Review and monitoring of action plans that address the identified challenges and outline the steps required for improvement.
- Integrated performance updates across each provider the Health Board commissions from, which gives greater insight into the services residents are receiving out of county.

All elements of the information provided, reported and reviewed through the CQPRM meetings will be utilised within organisational performance management processes to help inform the future delivery and development of services by PTHB.

## 15.0 Overseas Nurse Recruitment

Over the last few years, Powys Teaching Health Board, along with other Welsh Health Boards have been recruiting nurses from overseas, specifically from India.

In 2024 Powys Teaching Health Board successfully recruited Adult Nurses and Medics.

A further cohort has been recruited, undertaking their training in February and March of 2025. This latest cohort, who will be based in Brecon War Memorial Hospital completed their training and have received their Nursing and Midwifery Council personal identification number (PIN) number.

The nurses are employed on a permanent basis providing continuity of high-quality patient care.

The program sits alongside the Health Board's work to attract local young people into the health and care sectors. This latter work is done in partnership with Powys County Council (under the flag of the Powys Regional Partnership Board) through the Powys Health, Care and Social Care Academy, which currently has sites in Bronllys and Llandrindod Wells and is looking to open in Newtown in the coming years.



"We have noticed that community hospital nursing is different in quite a few ways to my home. In community hospitals, surgery would be taking place, for example hysterectomies and c-sections whereas here I notice we are providing care to a lot more people with dementia."

Overseas Nurse

"We've had a warm welcome from the local community – this area is a nice, safe place to live; a calm and quiet area."

Overseas Nurse

"We feel very lucky to have had our six internationally educated nurses join our team. They are all truly lovely and a perfect fit with our team and they have all worked so hard to pass their OSCE's. We are very proud to have them."

Ward Manager

"Overseas colleagues join us in PTHB community hospitals. They bring a wealth of nursing knowledge and expertise, and every cohort allows continued support to our existing overseas nurses which will support retention of these valued staff members"

Community Services Manager

## 16.0 Future Developments

### Digital transformation set to improve hospital care for patients in Powys

Powys Teaching Health Board has been working through 2024-2025 to lay the groundwork for a new and exciting digital transformation. This will be a significant step forward towards a safer and more efficient prescribing and medicines administration in hospitals. Further work will be undertaken in 2025-2026 to complete the implementation of this system.

The Health Board has chosen Better as its technology partner to support delivery of the electronic Prescribing and Medicines Administration (ePMA), which will revolutionise medicines management within the Health Board's community hospitals and other healthcare settings.

This new digital system will streamline prescribing by replacing the use of paper in hospitals and freeing up time for clinicians. ePMA will help to ensure that information is captured accurately, is up to date and readily available, reducing the risk of medication errors and improve patient care.

The implementation of ePMA in Wales is a key part of the national [Digital Medicines](#) Programme led by Digital Health and Care Wales (DHCW) and supported and funded by Welsh Government.

### Looking Forward Quality Priorities 2025/2026

The following priorities reflect the issues and learning of the Health Board during 2024/25 through collaboration with services across the Health Board, under the auspices of the Health Boards Quality Management System and the Integrated Medium-Term Plan (IMTP). The IMTP sets out the key priorities of the organisation and how these will be achieved. The four main priority themes are:

- Strengthening our Quality Management System
- Improving the Health Board quality performance position
- Improving feedback opportunities and learning events from patient experience
- Continued improvements to patient safety

### Strengthening our Quality Management Approach How we will improve our performance

- Ensure that all safety reviews are completed in line with the NHS Wales policy on patient safety and management and the Health Board Incident Management Framework.
- Ensure that all service users and their relatives are afforded timely opportunity to contribute their experience to patient safety reviews.

- Ensure that feedback is provided to all staff throughout an incident review.
- Strengthen the quality and safety structure at service level to include a review of training provision and quality metrics that inform performance and culture of patient safety management.
- Continue to evolve and improve the Integrated Quality Report to Board.

### **How improvements will be measured and monitored**

- In 2025-2026 undertake a review of the Incident Management Framework and associated training to ensure it remains commensurate with Welsh Government legislation.
- By December 2025, audit patient safety investigations to ensure consistency with staff and family engagement and feedback.
- The staff survey results on quality and safety structures, knowledge and implementation.

### **Improving the Health Board quality performance position**

#### **How we will improve our performance**

- Continue to evolve and improve our use of performance monitoring IT platforms to improve patient outcomes.
- Continued implementation of the Bereavement Assurance Framework and the People's Experience Framework.
- Reviewing the Health Boards quality assurance process for responses to concerns and patient safety incidents under the auspices of Putting Things Right and Duty of Candour.
- Improving reporting performance on Nationally Reportable Incidents.
- Improving Concerns response times within 30 working days.

### **How improvements will be measured and monitored**

- Use of performance data to inform the Board through bi-monthly updates on Duty or Candour and Nationally Reported Incidents.
- Quarterly updates on the People's Experience Framework, engagement with services and patients and feedback through CIVICA, via the People's Experience Steering Group.
- Bi-annually reporting to the Welsh Government on continued progress and priority actions on the Bereavement Assurance Framework.
- By December 2025 a review of quality assurance processes will be undertaken to improve response times for concerns and incidents under the Duty of Candour and Putting Things Right

### **Improving feedback opportunities and learning events from patient experience**

#### **How we will improve our performance**

- Embedding and implementing the People's Experience Framework across the Health Board
- Engaging with stakeholders for people's experience to evolve and mature the Health Board's position on obtaining feedback and documenting patient stories.
- Improve the Health Board's use of SMS messages for obtaining feedback across all services.
- Maturing the Health Board repository for organisation-wide learning from experience.

- Obtain and present more patient stories to aid service improvement.

### **How improvements will be measured and monitored**

- Completion of the People’s Experience Framework self-assessment to create an action plan for implementation of the Framework.
- Creation of a Health Board strategy to implement the People’s Experience Framework through collaboration with staff and key-stakeholders by September 2025.
- Auditing the use of SMS messages across all services to target areas of improvement.
- Supporting services in acquiring patient stories in a digital format for sharing and presenting to the Board.
- Continued engagement with our community to understand and hear opinions on service developments and people’s experiences.
- Quarterly comparisons on the percentage of patient feedback received and themes identified.

### **Continued Improvements to Patient Safety**

#### **How we will improve our performance**

- Review training to ensure all staff are equipped to manage and investigate patient safety incidents to the best of their ability.
- Audit of incident management across the Health Board.
- Thematic reviews of patient safety incidents to target areas for improvement.
- Continued rollout of Dementia friendly environments.

### **How improvements will be measured and monitored**

- Thematic reviews will be reported through the quarterly Integrated Quality Report to the Board.
- There will be a weekly audit and communication to all services of patient safety incidents, ensuring the timely investigation and where necessary escalation, in line with Duty of Candour reporting.
- Ensure that Incident management training is accessible online by September 2025.
- To ensure that all historical patient safety NRI investigations (pre-2025) are closed by November 2025.
- Monthly reporting of patient safety incidents through IQPF.

### **Conclusion**

Over the past 12 months, the Health Board has demonstrated its unwavering commitment to providing excellent patient care through a strong focus on collaboration and continuous service improvement. These achievements have only been possible through the power of co-production, working alongside dedicated staff, valued stakeholders, and the communities of Powys.

The health board is proud of what has been achieved, not just in the progress made, but in how it has been made: through shared effort, open dialogue, and a deep commitment to doing what is right for the Powys communities. This includes the Health Board’s ability to listen, adapt, and learn from experience. This approach ensures that services are responsive, inclusive, and truly centered around the needs of those the Health Board serve.

As the Health Board looks ahead, it remains dedicated to building on this momentum, continuing the journey with partners and communities,

delivering a real and lasting impact for the people of Powys, and sharing future achievements in the coming year.