PTHB Board

Wed 24 September 2025, 09:30 - 14:15

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_Agenda_24SEPT25.pdf (4 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

Board_1.2_Board Members Declaration Of Interests summary 2025-26_June 2025.pdf (3 pages)

1.3. Board Action Log

Board_1.3_Action Log Sept25.pdf (1 pages)

1.4. Experience Stories

1.4.1. Patient Experience

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Baord_1.6a_Chair's Report to Board September 2025 - DRAFT.pdf (5 pages)
Board_1.6ai_PSOW Annual Letter 2024-25_Redacted 2.pdf (10 pages)

1.6.2. Vice-Chair

1.6.3. Chief Executive

Board_1.6c_CEO Board Report.pdf (6 pages)

1.7. Assurance Reports of Board Committees

Board_1.7_Committee Chair Reports_Jul2025.pdf (8 pages)
Board_1.7a_AppA_CFC AAAI report.pdf (3 pages)
Board_1.7b_AppB_F&P Chairs AAAI Report Sept2025.pdf (6 pages)
Board_1.7c_AppC_AAAI_PPPH_Chairs Report_14 August 2025 Final.pdf (5 pages)
Board_1.7d_AppD_Chairs AAAI for PEQS Jul25.pdf (4 pages)
Board_ 1.7e_AppE_EC Chair's Assurance Report SEP25.pdf (10 pages)

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1.8. Report of the Chief Officer of Llais

Board_1.8_RD Report September 2025.pdf (3 pages)

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2. CONSENT AGENDA BUSINESS

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1. Strategic Commissioning Framework

- Board_3.1_SCF cover paper.pdf (7 pages)
- Board_3.1a_App1_PTHB Commissioning Framework September 2025.pdf (31 pages)

3.2. Annual Report of Director of Public Health

- Board_3.2_Powys Population Health Strategic Framework_cover paper.pdf (3 pages)
- Board_3.2a_PTHB DPH report 2025 FINAL.pdf (54 pages)

3.3. Director of Corporate Governance Report

Director of Corporate Governance

- Board_3.3_DCG report.pdf (4 pages)
- Board_3.3a_HPF Terms of Reference.pdf (7 pages)
- Board_3.3b_Petitions Update.pdf (5 pages)

3.4. Minutes of the previous meeting held on 20 July 2025, for approval

Chair

- Board_3.4_Unconfirmed Board Minutes 30JUL2025 V2.pdf (22 pages)

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4. ITEMS FOR BOARD ASSURANCE

4.1. Better Together

Executive Director of People and Culture

- Board_4.1_Better Together Stage 2 engagement update.pdf (13 pages)

4.2. Financial Performance 2025/26 Month 05

Pete Hopgood

- Board_4.2_Financial Performance Report Mth 05.pdf (19 pages)

4.3. Integrated Quality and Performance Report 2025/26 Month 04

- Board_4.3_IQPR_Month_4_cover paper.pdf (10 pages)
- Board_4.3a_IPR_25-26_Month_4_Final.pdf (51 pages)

4.4. Annual Delivery Plan 2025/26 Quarter 1

- Board_4.4_Q1 2025-26 Delivery Plan cover paper.pdf (12 pages)
- Board_4.4a_Q1 Progress against Plan 2025.pdf (101 pages)

4.5. Duty of Quality Annual Report 2024/25

Regional Director of Llais

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- Board_4.5_Duty of Quality Annual Report cover paper.pdf (2 pages)
- Board_4.5a_PTHB Annual Duty of Quality Report 2024-2025.pdf (42 pages)

4.6. Nurse Staffing Levels 2024/25

- Board_4.6_Nurse Staffing Act Report 24-25.pdf (7 pages)

4.7. Winter Vaccination Programme

Board_4.7_Covid and Influenza Vaccination Paper 2025-26.pdf (11 pages)

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5. CONSENT AGENDA

5.1. Assurance Reports of the Board's Joint Committees

Board_5.1_Joint Committee Reports_Sept25.pdf (2 pages)
Board_5.1a_AppA_JCC Public Minutes - 15.07.25.pdf (12 pages)

5.2. Assurance Report of the Board's Partnership Arrangements

Board_5.2_Summary of Partnership Board Activity July 25.pdf (2 pages)
Board_5.2a_App1_SSPC Assurance Report 17 July 2025.pdf (8 pages)

5.3. Assurance Report of the Board's Advisory Groups

Board_5.3_ Assurance Report of Boards Advisory Group Sept 2025.pdf (2 pages)

5.4. Safeguarding Annual Report 2024/25

Board_5.4_PTHB Safeguarding Annual Report 2024-25 cover paper.pdf (4 pages)
Board_5.4a_PTHB Safeguarding Annual Report 2024 - 2025.pdf (72 pages)

5.5. South East Regional Committee Terms of Reference

Board_5.5_ SE Regional Committee Terms of Reference cover paper.pdf (2 pages)
Board_5.5a_Appendix 1_SERJC_TORs_Final.pdf (14 pages)

5.6. Board Assurance Dashboard and Strategic Risk Register overview

Board_5.6_Strategic Risk Summary - September 2025 (July 2025 Data).pdf (11 pages)

5.7. Board Work Programme

Board_5.7_Work Programme Sept25.pdf (3 pages)

5.8. GLOSSARY

Board_5.8_Powys Teaching Health Board Glossary.pdf (6 pages)

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6. OTHER MATTERS

6.1. Any Other Urgent Business

Chair

6.2. Close

6.3. Date of the Next Meeting: 24 October 2025 via Microsoft Teams

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7. CONFIDENTIAL MATTERS

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

Chair

7.1. Welcome and apologies for absence

Chair

7.2. Declarations of interest

All

7.3. Minutes from the In-Committee meetings held on 30 July 2025 and Action Log

Chair

7.4. CEO Briefing

Director of Corporate Governance

7.5. Procurement: Primary Care Out of Hours Contract

7.6. Any other urgent business

7.7. Close

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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 24 SEPTEMBER 2025
09:30 – 15.15
Via Teams
CHAIR: Dr Carl Cooper

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

AGENDA

1: PRELIMINARY MATTERS				
09.30	**1.1**	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.3	Board Action Log	Attached	Chair
09.40	**1.4**	Experience Stories: • Patient Experience Story	Attached	Executive Director of Nursing, Quality, Women and Family Health
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
09.50	**1.6**	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Attached Verbal Attached	 Chair Vice-Chair Chief Executive
10.10	**1.7**	Assurance Reports of the Board's Committees: • CFC 15 September • F&P 02 September • PPPH 14 August • PEQS 31 July • Execs 23 July – 03 September	Attached	Committee Chairs Chief Executive
10.35	**1.8**	Report of the Chief Officer of Llais	Attached	Llais Regional Director
2: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.				
3: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.40	**3.1**	Strategic Commissioning Framework	Attached	Executive Director of Planning, Performance and Commissioning
10.55	**3.2**	Preventing the preventable: Population Health Strategic Framework for Powys 2025-2035	Attached	Executive Director Public Health
11.15	**3.3**	Director of Corporate Governance Report to include:	Attached	Director of Corporate Governance

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11.20	**3.4**	Minutes of Previous Meeting held on 30 July 2025	Attached	Chair
11.25 BREAK 15 minutes				
4: ITEMS FOR BOARD ASSURANCE				
11.40	**4.1**	Better Together	Attached	Executive Director of People and Culture
11.50	**4.2**	Financial Performance: 2025/26 - Month 05	Attached	Executive Director of Finance, Capital and Support Services
12.25	**4.3**	Integrated Quality and Performance Report 2025/26 month 04	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.55	**4.4**	Annual Delivery Plan 2025/26 Quarter 1	Attached	Executive Director of Planning, Performance and Commissioning
13.05 LUNCH BREAK 35 minutes				
13.30	**4.5**	Duty of Quality Annual Report 2024/25	Attached	Executive Director of Nursing, Quality, Women and Family Health
13.40	**4.6**	Nurse Staffing Levels 2024-25	Attached	Executive Director of Nursing, Quality, Women and Family Health
13.55	**4.7**	Winter Vaccination Programme	Attached	Executive Director of Planning, Performance and Commissioning / Executive Director Public Health
5: CONSENT AGENDA				
	5.1	Assurance Report of the Board's Joint Committees **Purpose**: Assurance	Attached	Chief Executive
	5.2	Assurance Report of the Board's Partnership Arrangements (LPF 14/07) **Purpose**: Assurance	Attached	Chief Executive
	5.3	Assurance Report of the Board's Advisory Group **Purpose**: Assurance	Attached	Executive Director People and Culture
	5.4	Safeguarding Annual Report 2024/25 **Purpose**: Assurance	Attached	Executive Director of Nursing, Quality, Women and Family Health

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	5.5	South East Regional Committee – terms of reference **Purpose**: Information	Attached	Executive Director of Planning, Performance and Commissioning
	5.6	Board Assurance Dashboard and Strategic Risk Register Overview **Purpose**: Information	Attached	Director of Corporate Governance
	5.7	Board Work Programme **Purpose**: Information	Attached	Director of Corporate Governance
	5.8	Glossary **Purpose**: Information	Attached	Director of Corporate Governance
6: OTHER MATTERS				
14.15	**6.2**	Any Other Urgent Business	Verbal	Chair
	6.3	Close		
	6.4	Date of the Next Meeting: ▪ 26 November 2025 via Teams		

7. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

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

Time	Item	Title	Attached / Verbal	Presenter
14.30	**7.1**	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
	7.3	Minutes of Previous In-Committee Meetings held on 30 July 2025 and Action Log	Attached	Chair
14.35	**7.4**	CEO Briefing	Verbal	Chief Executive
15.00	**7.5**	Procurement: Primary Care Out of Hours Contract	Attached	Executive Director of Primary, Community Care and Mental Health
	7.6	Any other urgent business	Verbal	Chair
15.15		Close		

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MESSAGE TO THE PUBLIC:
Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26								Updated: June 2025
Position	**Name**	**Interest Category**	**Interest Situation**	**Relevant Dates from**	**Relevant Dates to**	**Description of Declaration**	**Comment**	**Date Returned**
INDEPENDENT MEMBERS								
PTHB Chair	**Carl Cooper**	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil	
Vice Chair	**Kirsty Williams**	Non Finanical personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025
		Non Finanical personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsiduary of Cardiff University	None	
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Finanical personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Independent Member (General)	**Rhobert Lewis**	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL	30/05/2025
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	**Cathie Poynton**	NIL	NIL	NIL	NIL	NIL	NIL	01/05/2025
Independent Member (finance)	**Steve Elliot**	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current	Partner-Director of RA and CJ Consulting Limited	Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	**Simon Wright**	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	

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		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	**Christopher Walsh**	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owneer:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party	NIL	
Independent Member (Capital)	**Michael Giannai**	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	**Ian Thomas**	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	**Hayley Thomas**	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	**Pete Hopgood**	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
Executive Medical Director	**Kate Wright**	Non-Finanical professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025
		Non Financial professional Interests	Hospitality	19-Nov-24	20/11/2024	Attended digital conference which was funded by the hosting organiser (Health Strategy Forum).	An opportunity to meet with other NHS senior leaders and consider opportunities for use digital innovation in transforming Health care.	

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Executive Director of People and Culture	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	29/05/2025
Executive Director of Public Health	**Mererid Bowley**	Non-Finanical professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
Director of Corporate Governance / Board Secretary	**Helen Bushell**	Non-Finanical professional Interest	Outside Employment	Nov-21	Current	School Governor – Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	My partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	Jul-24	Oct-24	My partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	
Director of Strategic Improvement and Transformation	**Lucie Cornish**	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson**	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton**	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	£2,960 Per Annum	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board	Nil	

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Liz Patterson

Board Action Log								
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
Board								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS - FOR REVIEW (24 SEPTEMBER 2025)								
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	**27.01.2025 update:** This is on the agenda for February PEQS and March Board. Action not yet due to report to Board. **26.03.25 update** - PEQS considered an update in February, release of the national framework awaited, update will be provided to the Board in May following PEQS in April. Date change requested. **21.05.25 update** - PEQS in April received an update including the recently released national framework. The PTHB framework will be considered by PEQS in July, date change requested to the September 2025 Board. **24.09.2025 Update:** Framework now received and internal work underway to develop the PTHB framework, due to be considered by PEQS in October and therefore Board in November - date change requested.	Mar-25	Nov-25	At risk
21/05/2025	PTHB/25/12	DCG and EDPP&C	Integrated Quality and Performance Framework (IQPF)	Clarity to be provided on reporting of quality measures in the IQPF in PEQS and at Board	**30.07.2025 Update:** Action on track to be presented for September **24.09.2025 update:** Update will be provided within the IQPF item within the September Board meeting	Sep-25		On track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (MEETING 24 SEPTEMBER 2025- NONE)								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 24 SEPTEMBER 2025 - NONE)								

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6a

BOARD	**DATE: 24 SEPTEMBER 2025**
Subject:	**CHAIR's REPORT**
Approved and presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair
Prepared by:	Carl Cooper, PTHB Chair
Other Committees and meetings considered at:	N/A

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in July 2025.

RECOMMENDATION(S):

It is recommended that the Board **RECEIVES** this report.

Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The report of the Chair covers a wide range of activities across the health board.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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CHAIR'S REPORT:

Board Membership

Interviews have taken place for the role of Independent Member of the Board. A recommendation has been submitted to the Cabinet Secretary regarding the substantive appointment to the post currently filled on a direct appointment basis.

The Vice-Chair vacancy is currently being advertised. Dates have been agreed for the recruitment process, and we hope to have a new vice-chair colleague in post as soon as practicable. A link to the information is here - Recruitment of Vice Chair of Powys Teaching Health Board - Powys Teaching Health Board

This meeting is the last for Kirsty Williams, Vice-Chair and Claire Roche, Executive Director for Nursing, Midwifery, Women & Children's services. It has been a pleasure and privilege to work alongside both of these impressive colleagues. As executive and non-executive leads for quality, safety and patient experience, they have tirelessly ensured we are continually focussed on ensuring that patients are central to all we do. We will miss their contribution and colleagueship but wish them well in the next chapter of their respective lives.

Escalation

We remain in Level 4 escalation for Finance, Strategy and Planning within the NHS Wales Intervention and Escalation Framework Arrangements. We remain in routine monitoring (level 1) for all other domains of the NHS Wales Intervention and Escalation Framework Arrangements.

We take seriously the fact that our Annual Plan remains unsupported by Welsh Government due to its deficit position and are committed to delivering our agreed Annual Plan with a £28.3m forecast deficit. To that end, we are exhausting all opportunities to financially derisk this plan. However, there are significant risks that are affecting our financial position that were unforeseen in our plan. Please see the financial report for more detail.

Importantly, we are also continuing with the Better Together programme, a key element within our route map to sustainability. This year's plan and our longer-term plan are mapped against the de-escalation criteria set by Welsh Government in order that we achieve our objectives as expeditiously as possible.

Listening and Learning

The Board continues to prioritise engaging with patients and staff members in order that we may hear directly about people's experiences. Alongside the data and information, we receive in many reports, the lived experience of people helps to paint a holistic picture of reality within Powys Teach Health Board and Powys.

Each monthly Board Development session includes an opportunity to engage with different, operational colleagues. Since the July 2025 Board meeting, we have spent time listening to staff wellbeing practitioners. It has been encouraging and assuring to learn how we are supporting the well-being of colleagues across the organisation. We want Powys Teaching Health Board to be a good, enjoyable,

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rewarding and supportive place in which to work. It is good, therefore, to know that we are taking important steps to ensure colleagues are valued and cared for.

The Vice Chair and my programme of Board Walkaround visits continues apace. This programme creates an opportunity to meet with staff and patients across the organisation in a variety of settings. These opportunities are shared with all board members who, subject to availability, also participate in the visits. I'm particularly grateful to colleagues for the warm welcome and useful conversations during the following visits:

- Therapies & Health Sciences management team.
  It was particularly striking to learn of the open, collaborative and effective ways in which this team is overseeing performance.
- Planning Team
  This is a small team whose skills and expertise produce essential, detailed and comprehensive plans and information for our Board and for executive managers. We discussed the complexity of the planning environment and the need to ensure we operate as simply as possible.
- Machynlleth Hospital
  I was pleased to meet with nursing staff and see the improvements that have been made to the inpatient ward. The new section of the hospital is now well established & enabling integrated working between teams and primary care. Further work needs to be done to realise the aspiration of community use. Conversely, the café is proving to be a vibrant hub for hospital and community alike.
- Chat to Change Shapers and Champions
  I attended a session for Chat to Change shapers and champions, staff colleagues who volunteer to promote the support, information, participation and wellbeing opportunities within teams and services. The discussion covered a range of topics such as estate changes, better together feedback and the need to operate more cost-efficiently. The tone and content of the meeting were mutually respectful, challenging and supportive. There was a shared commitment to taking things forward together.
- Ystradgynlais Hospital
  I am grateful to the staff of Ystradgynlais Community Hospital for the generous amount of time they gave to me during a recent visit to the wards, outpatients and Minor Injuries Unit. It was encouraging to hear so many patients' expressing appreciation for the quality of compassionate care they are receiving. It was also helpful to learn colleagues' thoughts on how we might improve things further as we plan for the future.
- Aspiring Nurses Programme and Preceptorship Programme
  I valued the opportunity to attend a session of both the Aspiring Nurses Programme and the Preceptorship Programme, each for new staff colleagues. After sharing a little information about the responsibilities of the board and my role as Chair, I took the opportunity to assure them that the Board is committed to ensuring the organisation is a great place to work.

Patterson,Liz
22/09/2025 15:05:14

Regional Joint Committees

The Cabinet Secretary for Health and Social Care has required the health boards of South-East and South-West Wales to establish separate regional committees to improve effectiveness and efficiency through greater cooperation. There is also a requirement placed on the health boards to include PTHB as an associate member and on us to fulfil our responsibilities as an associate member.

I have attended meetings of both committees. The South-West committee has been operating for a little while, but the South-East committee is being established and is finalising its terms of reference (please see more details in our consent agenda).

We need to manage our capacity very carefully given the large number of collaborative arrangements with which we engage due to our large county border. However, these are additional opportunities to seek to ensure that Powys patients are considered when decisions are made by neighbouring and commissioned partners.

Regional Partnership Board (RPB)

I have agreed to serve as Chair of the RPB when Kirsty Williams steps down from the role at the end of September until a new Chair is elected in due course. I recently met with the RPB service user and unpaid carer representatives to hear their perspective and priorities. I also met with the Kirsty and the co-vice-chairs to catch up on RPB business. I look forward to re-engaging with this important partnership.

Better Together Engagement

I attended the second deliberative event workshop in August that brought together over 100 stakeholders and partners to discuss the early shape of options based on the engagement feedback so far. Everyone in the workshop participated with interest and commitment and effectively contributed to the ongoing development of our transformation journey.

Public Services Ombudsman for Wales (PSOW) Annual Letter

I have received the Annual Letter from the PSOW. It is included in the papers for today's meeting as an appendix to this report.

There are several matters that are noteworthy in the report, not least the fact that, again this year, the Ombudsman received fewer complaints, numerically and proportionately, regarding Powys Teaching Health Board (PTHB) compared with all other Health Boards in Wales. Of the complaints from Powys, only 1 was upheld. However, PTHB performed the worst among Health Boards as regards compliance performance.

This letter will be discussed in more detail at the next meeting of our Patient Experience Quality and Safety Committee (PEQS) in October. Any consequential actions or matters for escalation will be reported in the PEQS report to our next board meeting.

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22/09/2025 15:35:14

Strategic Contacts and Involvement

Together with the Chief Executive, my principal strategic contacts since the last Board meeting have been with elected representatives from all parties that represent Powys. I also met with the Plaid Cymru Health Spokesperson, Mabon ap Gwynfor. It was helpful and useful to discuss specific matters of mutual interest, and to share information about our strategic and operational position, including Better Together.

Patterson,Liz
22/09/2025 15:35:14

Ombwdsmon
Ombudsman
Cymru · Wales

Ask for: Communications
01656 641150
Caseinfo@ombudsman.wales

Date: 14 August 2025

PERSONAL & CONFIDENTIAL
Carl Cooper
Powys Teaching Health Board

By email only
carl.cooper@wales.nhs.uk
Hayley.Thomas@wales.nhs.uk
[redacted]

Dear Carl Cooper

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

Patterson,Liz
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ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 949 complaints about health boards. This is an increase of only 1% since last year, and shows that the rate of increase in health board complaints is still slowing down. Still, we are now receiving 26% more complaints about health boards than in 2019-20.

Predictably, most complaints about health boards concern health services. By far, the most common area of these complaints is clinical treatment in hospital. In addition, about 16% of complaints about health boards related to complaint handling. This was a welcome drop from 18% the year before.

We intervened in 27% of health board complaints that we closed – compared to 31% last year.

In 2024-25, we received 20 complaints about Powys Teaching Health Board and closed 25 – some complaints were carried over from the previous year. Powys Teaching Health Board's intervention rate was 24%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

We made 16 recommendations to your organisation during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 10 recommendations were due. 20% of the recommendations due was complied with in the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

Pattern Ltd 22/09/2025 15:05:14

We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

- improve recording practices
- improve how information is shared with carers
- offer staff refresher training on carers' rights
- collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25, 6.13% of complaints made to NHS bodies went on to be referred to us.

Finally, this year we also published 1 thematic report, which included as case studies complaints about health boards:

- 'Equality Matters' (January 2025): a thematic report on inclusion and accessibility across public services.

This report includes general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter can I ask that your organisation takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

Patterson,Liz
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- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

- Provide my office with a copy of the Health Board's Annual Report for 2024-25 on the Duty of Candour and Quality.

- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris

Michelle Morris
Public Services Ombudsman

Cc. Hayley Thomas, Chief Executive, Powys Teaching Health Board
[redacted], PSOW Liaison Officer, Powys Teaching Health Board

Patterson,Liz
22/09/2025 15:35:14

Information Sheet

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Patterson,Liz
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Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
Betsi Cadwaladr University Health Board	236	691991	0.34
Cardiff and Vale University Health Board	149	518269	0.29
Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	**973**	**3164404**	**0.28**

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Appendix B – Complaints received (by organisation)

Powys Teaching Health Board	Complaints Received	% Share
Admissions/discharge and transfer procedures	0	
Adult Mental Health	2	10%
Ambulance Services	0	
Appointment procedures (including outpatients)	0	
Care Homes	0	
Child and Adolescent Mental Health	1	5%
Clinical treatment in hospital	7	35%
Clinical treatment outside hospital; Dentist	0	
Clinical treatment outside hospital; GP	0	
Clinical treatment outside hospital; Other	0	
Clinical treatment outside hospital; Physiotherapist	0	
Complaints Handling	0	
Confidentiality	1	5%
Continuing care	3	15%
De-Registration	1	5%
Disclosure of personal information / data loss	0	
Funding	0	
Gender Identity Funding	0	
Health	3	15%
Housing	0	
Medical records/standards of record-keeping	0	
Medication > Prescription dispensing	2	10%
Non-medical services	0	
Nosocomial (Framework)	0	
Other	0	
Out of Hours GP care	0	
Patient list issues	0	
Poor/No communication or failure to provide information	0	
Prisoner Care	0	
Referral to treatment time	0	
Rudeness/inconsiderate behaviour/staff attitude	0	
Various Other	0	
Total	**20**	

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Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	50	176	28%
Betsi Cadwaladr University Health Board	64	227	28%
Cardiff and Vale University Health Board	27	154	18%
Cwm Taf Morgannwg University Health Board	36	104	35%
Hywel Dda University Health Board	43	131	33%
Powys Teaching Health Board	6	25	24%
Swansea Bay University Health Board	33	136	24%
Welsh Ambulance Services University NHS Trust	4	29	14%
Total	**263**	**982**	**27%**

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Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Powys Teaching Health Board	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	8	32%
Early resolution*	5	20%
Matter out of jurisdiction	5	20%
Non-public interest report issued: complaint not upheld	1	4%
Non-public interest report issued: complaint upheld*	1	4%
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	0	
Premature	5	20%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	0	
Special Interest Report*	0	
Voluntary settlement*	0	
Total	**25**	

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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	136	151	60%
Betsi Cadwaladr University Health Board	194	190	55%
Cardiff and Vale University Health Board	72	101	61%
Cwm Taf Morgannwg University Health Board	101	120	39%
Hywel Dda University Health Board	137	135	82%
Powys Teaching Health Board	16	10	20%
Swansea Bay University Health Board	86	87	53%
Welsh Ambulance Services University NHS Trust	18	6	17%

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6c

BOARD MEETING	**24 September 2025**
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Director of Corporate Governance with contribution from other colleagues
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through other Board reports.

The report specifically covers:

- Level 4 Escalation and Intervention arrangements
- EMRTS – judicial review update
- Third Sector commissioning review
- Hate Crime Charter
- Fast Track Cities Paris Declaration
- Respiratory Syncytial Virus (RSV Vaccination)
- Engagement and Service Change (Hywel Dda and Aneurin Bevan University Health Boards)
- PTHB Colleague Achievements

A number of other key matters are contained within the Board's agenda for the 24 September meeting so I have not included them in my report.

RECOMMENDATION(S):

The Board is asked to **RECEIVE** the report and **DISCUSS** any key issues.

Approve/Take Assurance	Discuss	Note
N	Y	N

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The CEO report covers a board spectrum of updates that impact on a number, if not all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

CEO REPORT:

Level 4 Escalation and Intervention Arrangements

The escalation status of the Health Board has remained unchanged at the last review by the Cabinet Secretary for Health and Care on the 15 July 2025. The statement is here - Written Statement: Escalation and Intervention Arrangements (15 July 2025) | GOV.WALES

With the support of Welsh Government, external support has been procured and awarded to Grant Thornton, to assist us in three predominant areas of work:

1. Financial sustainability
2. Commissioning
3. Continuing Health Care

The detailed project timeline is currently being finalised and work is underway to provide Grant Thornton with relevant information to undertake their work.

The organisation continues to work closely with Welsh Government on the actions contained with the de-escalation criteria for the Health Board. Our third Targeted Intervention meeting is scheduled with Welsh Government for the 21 November 2025. Relevant Committees will continue to receive reports on activity related to our escalation status, as will the Board as per its work programme.

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) - Judicial Review update

As I have reported previously, a judicial review was granted in relation to EMRTS. A two day hearing took place in Cardiff Crown Court on the 22 and 23 January, a further day of the hearing took place on the 7 February 2025. The judgement, dated 19 June 2025, confirmed that the grounds failed and therefore the judgement not upheld, the decision taken by the Joint Commissioning Committee stands.

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The Claimant sought permission to appeal which was denied. The claimant has now made an application of appeal to the High Court, at the time of writing the Court's response is not known.

Third Sector Commissioning Review
Third sector services commissioned by Powys Teaching Health Board (PTHB) play an important role in improving health and wellbeing outcomes for Powys people. Executive Committee have approved a framework to undertake a review of the existing services commissioned by the health board, which is an Annual Plan commitment. The Health Board needs to ensure that it spends the resources it stewards in a way that best delivers its agreed strategic objectives.

The review will cover approximately 26 providers and a commissioning value of £2.7m, spanning hospice care, mental health, cancer, hospital discharge support, children with disabilities, unpaid carers, hearing loss, bereavement, the association for voluntary services, advice, advocacy, volunteer bureau and community support.

The Framework is based upon, and learns from, the review of the Regional Integration Fund (RIF) within the Regional Partnership Board. Whilst there are differences, the need to assess: strategic alignment; geographical coverage; impact on burden of disease, individuals, equity, equality, quality, value, experience and outcomes; sustainability; and governance are similar. The work will be undertaken during Quarter 3 and will report back to the Executive Committee.

Hate Crime Charter
I am pleased to confirm that Powys Teaching Health Board has pledged its support to victims of hate crime by signing up to the Hate Crime Charter**,** established by Victim Support in 2020.

Hate crime can have a profound and lasting effect on an individual's emotional wellbeing, confidence, and sense of safety. By visibly committing to the Charter, PTHB would send a clear message to staff, patients, and the wider community that hate crime has no place in our organisation or the communities we serve.

By signing the Hate Crime Charter, we have taken a proactive step in supporting victims, promoting equality, and ensuring that our Health Board is a place where all feel safe, valued, and respected.

Fast Track Powys
Powys Teaching Health Board signed the Fast Track Cities Paris Declaration, on 23rd July 2025, at the Royal Welsh Show, joining all other Welsh Health Boards to make Wales the first Fast Track Nation. Fast Track Powys is a multi-agency initiative aligned to the Welsh Government's HIV Action Plan and the global Fast Track Cities movement, aiming to eliminate new HIV transmissions and reduce stigma by 2030. This initiative supports broader health equity and wellbeing

Powys Teaching Health Board 2025/09/24 09:30:13

objectives, and its implementation will be supported by Fast Track Cymru through resources, training, and national campaign alignment. A multi-agency steering Group has been established to lead this work, supported by Fast Track Cymru. The group has identified three priorities: increasing HIV testing, raising awareness and reducing stigma, and boosting uptake of Pre-Exposure Prophylaxis (PrEP).

Respiratory Syncytial Virus (RSV) vaccination programme
The RSV vaccination programme is offered year-round to the following groups: 1) older adults, as they turn 75 years old; 2) pregnant women, who are offered vaccination at 28 weeks gestation; 3) a one-off campaign for older adults was established, targeting those individuals aged between 75 and 79 years old, with eligibility retained until their 80th birthday.

As at 28/08/2025, following concerted targeted efforts uptake rates of RSV vaccination in eligible people in Powys uptake rates have improved significantly with:

- 66.7% for adults aged 75-79years vaccinated in the catch-up programme against target of 70% (compared to the Wales average of 62.9%)
- Over 60% of pregnant women being vaccinated on a monthly basis.

On 18th August 2025, the Welsh Government directed that those already eligible under the existing RSV catch-up programme will remain eligible indefinitely. Since the introduction of the RSV vaccine programme in 2024, a study in Scotland showed the effectiveness of the programme with a 62% reduction in the total number of RSV related hospitalisations in the 75-79 year old eligible age group. Further expansion of eligibility for the programme is also currently being investigated for all individuals over 80, and those residents in a care home for older adults, who are not in the current catch up.

Engagement and Service Change - Hywel Dda University Health Board Clinical Services Plan consultation
Since the last meeting of the Board, Hywel Dda University Health Board (HDUHB) has concluded their period of formal consultation on proposals affecting nine clinical service areas: Critical care, Dermatology, Emergency General Surgery, Endoscopy, Ophthalmology, Orthopaedics, Radiology, Stroke, and Urology.

These proposals will affect the way that Powys residents access some services from HDUHB including at Bronglais General Hospital (BGH, Aberystwyth) and Glangwili General Hospital (Carmarthen).

The key proposal attracting patient, public and stakeholder interest within Powys communities relates to changes to stroke services at BGH. BGH currently provides an acute stroke unit; if the consultation proposals are implemented it would become a "treat and transfer" unit with acute stroke services provided in Llanelli and Haverfordwest.

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PTHB has provided an initial response to this consultation, seeking assurances in relation to continued access to time-critical care for Powys residents and highlighting the key themes we had heard during engagement:

- Powys residents are generally concerned that they already have to travel long distances to access district general hospital services. There are no safe and sustainable options for providing these services within the county due to the rural and sparsely populated nature of Powys.
- The key area of concern related to the proposals for stroke services, and particularly that acute inpatient care would be provided following initial "treat and transfer" at BGH at very remote hospitals in Llanelli or Haverfordwest. We heard concerns about the impact for family and carers if inpatient care is provided 100 miles from their home, and they described the value and importance they felt in maintaining family contact during this immediate recovery phase. Public transport challenges were cited including that it would not be feasible to visit Llanelli or Haverfordwest in a single day and that additional support for families in relation to transport and accommodation should be considered by HDUHB.
- In relation to stroke services, we heard some concerns that there did not appear to be an overall national vision for access to stroke services and that decisions were being made at a regional basis. They cited the relocation of stroke services from Shrewsbury to Telford in 2014, the temporary changes introduced at Prince Charles Hospital in January 2025, and the proposals to change Hereford Hospital from inpatient care to "treat and transfer" and questioned how the aggregate impact of these changes will maintain access to high quality and time critical care for Powys residents.
- Whilst BGH is the main HDUHB hospital used by Powys residents, there are some flows to GGH and some of our communities around the A483 in A40 see this as their main emergency hospital. We heard some concerns from these communities that the proposed changes to GGH will adversely affect their access to emergency and critical care. These and the other issues highlighted above were exacerbated by concerns regarding ambulance response times and forthcoming changes to air ambulance services.

We have asked HDUHB to share with us the feedback that they have heard from Powys residents and stakeholders so that we can provide a fuller response, and we will continue to work with HDUHB through our commissioning arrangements as they give conscientious consideration to the issues raised during the consultation.

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22/09/2025 15:35:14

Engagement and Service Change - Aneurin Bevan University Health Board engagement on the future role of Enhanced Local General Hospitals (ELGH)

A period of engagement by Aneurin Bevan University Health Board (ABUHB) on how services are delivered at their Enhanced Local General Hospitals (Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr) has concluded. As part of the engagement, through discussion with PTHB, ABUHB has arranged a public drop-in event in Crickhowell on 12 August 2025.

Further information on the next steps is awaited, and we will continue to work with ABUHB through our commissioning arrangements.

PTHB Colleague Achievements

Congratulations to Joy Groves who received the Silver Kite award in July. This award, made by Powys County Council, recognised her commitment to her community of Builth Wells, to high quality care and to lifelong learning and development.

Colleagues across the health board are achieving new qualifications and skills to help us develop and strengthen health and care in the county. Recent achievements include Yasmin Collins who is the first person in PTHB to complete the Level 4 Assistant Therapy Practitioner qualification; Vicky Ryder who has achieved her Specialist Practitioner Qualification in District Nursing; Codi Owen, Kelly Cooper and Tracy Cartwright who have achieved the Foundation Level Exam of the Institute of Health Records & Information Management; and Gail Morris who has achieved her PGCE.

Patterson,Liz
22/09/2025 15:35:14

Agenda item: 1.7

BOARD	24 SEPTEMBER 2025
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the summary assurance reports appended to this covering paper taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Committee Chairs reports cover a range of areas across the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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22/09/2025 15:35:14

EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to committee agendas and papers are appended for the information of the Board:

Charitable Funds Committee

- The Committee Chair's report of the meetings held on 15 September 2025 is attached at Appendix A.

Finance and Performance Committee:

- The Committee Chair's summary report to support a verbal briefing of the meeting held on 02 September 2025 is attached at Appendix B.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 14 August 2025 is attached at Appendix C.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 31 July 2025 is attached at Appendix D.

Executive Committee:

- The Committee Chair's report of the meetings held from 23 July to 03 September 2025 is attached at Appendix E.

Escalation and Information to the Board

A summary of the position of items escalated/communicated to Board from the Committees is outlined below to support the Board in keeping track of these items. Whilst items are reported to the Board at each meeting, the table below includes the latest update for ease of reference. Historic updates are included as **Appendix One**.

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Meeting	Escalated Matter	Date Escalated	Purpose of Escalation	Latest Update
PEQS	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	July 2023	For Board awareness, no specific action requested	**PEQS 31 July 2025:** The Patient Experience Framework is due to PEQS in October 2025 and Board in November 2025 **Item remains escalated.**
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	**PEQS 31 July 2025:** Executive Committee have reviewed progress made on the Improvement Plan and reduced the level of local escalation to Level 2a as of 23 July 2025. The position remains challenging and PEQS have requested details of funding arrangements to the October PEQS meeting, along with details of the quality of assessments. **Item remains escalated.**
P&C	Availability of Regional Investment Funding	Mar 2025	For Board awareness, no specific action requested	P&C has not met since the last meeting of Board. An update will be provided to the Board in November.
F&P	Organisational Status	Feb 2025	For Board awareness, no specific action requested	**F&P 02 September 2025:** Update provided in the F&P Chairs report and the CEO report. Further written

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				update to be included in update to November Board **Item remains escalated.**
ARAC	Annual Accounts 2024/25 - the Health Board has failed to meet its statutory deadline for signoff of annual accounts.	July 2025	For Board awareness, no specific action requested NB – the completed audit of annual accounts and report is within the papers for the 30 July 2025 Board meeting.	ARAC 8 July 2025: ARAC noted work continues with Audit Wales to conclude the audit and the Committee will receive outcome of lessons learned to October meeting and report to Board. **Update:** ARAC has not met since the last Board meeting. The Annual report and accounts were approved by the Board on the 30 July and ARAC will receive a lessons learnt report at its next meeting on the 7 October. **Item is therefore de-escalated as resolved.**

NEXT STEPS:
Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 26 November 2025.
IMPACT ASSESSMENT – NOT REQUIRED
This section must be completed for all strategic organisational decisions including approval of health board policies.

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Appendix One – reporting history to the Board

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. **PEQS 16 April 2024:** • received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. **PEQS 30 July 2024:** • A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed. **PEQS 07 Nov 2024:** • A presentation on the 'Peoples Experience Framework' was brought to Committee. The Draft People's Experience Framework will be brought to PEQS in February 2025.

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		PEQS 11 February 2025: This work is tied to the imminently expected publication of the Wales Patient Experience Framework. **PEQS 30 April 2025:** • received an update within the Integrated Quality Report on Patient Experience – Civica.
PEQS (transferred from Delivery and Performance Committee) 22 October 2024	Neurodiversity Services	**D&P 22 Oct 2024:** • This service has been placed into local escalation by the Executive Committee. D&P have transferred oversight of this service to PEQS to enable a focus on quality as well as performance. **PEQS 07 Nov 2024:** • PEQS received this item noting the recent local escalation recognising the change of status and opportunity to focus on improvements to the service. An update will be received at the February 2025 meeting. **PEQS 11 February 2025:** • Received the action plan and a progress report – took assurance that the IQPF escalation mechanism is providing robust oversight **PEQS 30 April 2025:** • Progress had been made although challenges remained. (see PEQS Chair's Report to Board).
D&P February 2025	Organisational Status	**D&P 06 March 2025:** • Monitoring report received and assurance taken that PTHB continues to report as required in relation to its organisational escalation status

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		D&P 01 May 2025: • D&P heard that the first Level 4 Escalation meeting with Welsh Government had taken place where the escalation framework and support package were discussed. **F&P 26 June 2025:** • The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and will continue to do so. Board reporting will also continue as scheduled.

De-escalated Items:

PEQS 4 July 2023 PEQS 30 April 2025 de-escalated	Infection Prevention and Control (Reported to Board IC July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and • agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee **PEQS 16 April 2024:**

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		Action plan is nearing completion and all actions are on track **PEQS 30 July 2024:** • Progress has been made (see PEQS Chair's Report to Board) but this matter remains escalated to Board. **PEQS 07 Nov 2024:** • Progress has been made (see PEQS Chair's Report to Board). **PEQS 11 February 2025:** • Majority of actions completed or completion is imminent. Expect to receive a report recommending de-escalation to April meeting of PEQS **PEQS 30 April 2025:** • 45 of the 47 improvement actions had been completed. The remaining two were due for completion within the next few weeks. The Executive Committee recommended Infection Prevention and Control be de-escalated.
W&C March 2025 P&C June 2025 De-escalated	Availability of Regional Investment Funding	**W&C 13 Mar 2025:** • RIF funding currently supports a number of work streams across Powys is subject to review by the Regional Partnership Board (RPB). Should funding be discontinued there would be implications for the deliverability of Better Together Agenda. W&C to monitor and alert Board of any fundamental changes. **P&C 03 June 2025:** • Committee continues to monitor, RIF decisions now confirmed.

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Reporting Committee:	**Charitable Funds Committee**
Committee Chair	Carl Cooper
Date of last meetings:	16 September 2025
Paper prepared by:	Liz Patterson
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Charitable Funds Committee (CFC) at its meeting on 16 September 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Charitable Funds Committee is set out in Schedule 4 (pages 66-76) of Standing Orders.

3. HIGHLIGHT REPORT

Links to agenda: Microsoft Word - CFC Agenda 15Sept2025 FINAL

Alert / Escalate	There are no matters to alert or escalate
Advise	There are no matters to advise
Assure	**Applications for support from the General Fund:** • Replacement OCT scanner (approved in principle) • Welshpool Dining Room Furniture (approved) • Wellbeing Programme Expansion (approved) • Cysur Natur (approved) **Projects approved under delegated authority:** Committee received a list relating to expenditure approved under delegated authority **Estate of TH** Committee determined a course of action to take in relation to the Estate of TH

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	Financial Report as at 31 July 2025 Committee were advised the Charitable Fund balance was valued at £4.3m at 31 July 2025 with expenditure of £378k and income of £245k between the period of April to July 2025. **Charity Manager update:** • engagement with League of Friends groups across the county, • the imminent launch of the new Charity website, • donations via the Just Giving website had totalled £2.4k between April and July 2025. **Charity Dashboard** Committee welcomed the inclusion of the Charity dashboard and looked forward to the inclusion of trend analysis **Communications** An update on communications was received with increased engagement shown with the move to a story telling approach **Property Assets Register** Committee were given requested information on the Property Assets Register and **APPROVED** for a new lease to be agreed in relation to a property in Ystradgynlais. A review of assets shared equally with Swansea Bay UHB Charity and a Church in Ystradgynlais will take place in the near future.
Inform	**Charity Strategy 2026-2029** The Charity Strategy 2026-2029 is in development and engagement will take place at a Board Development session later in 2025. A task and finish group is to be convened with Ian Thomas volunteering as a member.
Appendices	
NEXT MEETING: 01 December 2025	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance

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Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Finance and Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meetings:	02 September 2025
Paper prepared by:	Deputy Board Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Finance and Performance Committee (F&P) at its meeting on 02 September 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Finance and Performance Committee is set out in Schedule 4 (pages 17 – 27) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: 02-september-2025- PTHB Finance-and-Performance Committee

*This is a summary report which lists the items presented to the Committee to support a verbal update by the Chair to Board in September 2025. A full written report will be presented to Board in November 2025

Alert / Escalate	**ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT** The Committee received an update which confirmed that a support package had been agreed by Welsh Government to procure external support across a number of key areas to sustain the escalation criteria. A Red Amber Green (RAG) rating self-assessment exercise had been undertaken with a change to the de-escalation criteria to support the strategic vision for the organisation. The external support contract had been awarded to Grant Thronton providing support with partners, Clarity consultant

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	associates and UB Healthcare. The key work streams included financial sustainability, commissioning contracting and Continuing Health Care (CHC) including mental health providers. Feedback had been received on the Planning Maturity Matrix from Welsh Government. The maturity matrix is due to be refreshed in September prior to reporting to the Planning, Performance and Population Health Committee in October and subsequently to the Board in November. The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report.
Advise	There were no matters discussed.
Assure	**COMMITTEE CONTINUOUS DEVELOPMENT PLAN** The Committee **RECEIVED** the Continuous Development Plan 2025-26 and took **ASSURANCE** that the implementation of continuous development actions would be monitored throughout the year as a key principle of good governance. **FINANCE PERFORMANCE REPORT MONTH 04** The Committee received the report and were provided with an overview on the latest performance position against the NHS Wales Performance Framework 2025/26. The following key themes were highlighted: • At month 04, the Health Board was reporting a £11.336m deficit. This comprised the evenly profiled forecast deficit £9.438m, with an operational overspend of £1.898m. • The £23.080m savings target was profiled into the position. Actions were progressing to deliver the savings. • There were a series of operational pressures that needed to be addressed, including the provision of acute mental health and learning disability services (private providers). • The revenue forecast for 2025/26 was £28.312m. There were several underlying assumptions and a range of risks and opportunities surrounding this forecast. • The Health Board's planned underlying deficit was £42.071m

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The Committee **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Committee **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 03

The Integrated Quality & Performance Report (IQPR) provided an update on the latest available performance position against the NHS Wales Performance Framework 2025/26 containing information up until the end of June 2025 (month 3).

The following matters were highlighted to the Committee:

- Provider Services Performance including
  - Planned Care
  - Mental Health
  - Neurodevelopmental Services (Children and Young People)
  - Emergency Care
- Commissioned Services
  - Planned care (RTT) Wales
  - Planned care (RTT) England
  - Cancer Pathways (Welsh and English Providers)
  - Emergency Care
- Month 3 measures by escalation level

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

ANNUAL DELIVERY PLAN PROGRESS REPORT Q1

The Committee received the update which provided an update of the progress made against the Annual Plan for the Quarter 1 period (April to June 2025) and an overview of the change requests for consideration that have been requested from Executive Leads as part of the Quarter 1 monitoring process.

The Committee:

- **ENDORSED** the change requests that had been submitted by leads as part of the Quarter 1 process

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(the summary table of change requests has been attached) for onwards approval by the Board.
- **CONSIDERED** how the report may be strengthened with any additional information.
- Took **ASSURANCE** that there was a process in place for monitoring progress against plan and **ENDORSED** the report for onwards reporting to the Board.

SIX MONTHLY REPORT ON CONTINUING HEALTHCARE COSTS

The report provided an overview of the current operational pressures and financial performance in relation to Continuing Health Care (CHC) /Complex Care. The Committee considered:
- the CHC Framework
- growth in CHC demand and spend from 2020/24 to 2024/25
- benchmarking against other providers
- the financial position and savings targets
- National Service changes
- the National Value and Sustainability Board key actions

The Committee:
- **RECEIVED** the update provided
- **DISCUSSED** the content of this report
- took **ASSURANCE** that plans were in place to effectively manage CHC and evolve the service based on expected national changes.

DEEP DIVE – PRIVATE PROVIDERS, MENTAL HEALTH PROVISION

The Committee received the presentation which provided the current position, progress against the recovery response plan and assessment of projection/forecast for the private provider usage for Mental Health (MH) and Learning Disabilities (LD) patients.

The presentation included:
- Out of Area Health Board Comparison data
- the Health Board's current financial position
- Mitigations
- Progress against the Further Recovery Response Plan

The Committee took **ASSURANC**E from the report and plan.

DEEP DIVE - VARIABLE PAY

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Variable pay has increased significantly in recent years and was recognised as one of the drivers for the Health Board's underlying deficit. An overview of current trends, and actions that are being progressed to reduce this expenditure was provided to the Committee including:

- actions set to reduce significantly the variable pay expenditure by the Variable Pay oversight group and the Operational group and an overview of the action tracker
- 2022-23 to 2025-26 Agency and Locum spend data
- Community Services and Mental Health Services: Annual spend and 25/26 forecast by Staff Type and Monthly spend by Staff Type
- Ward staffing position
- Non-Ward Staffing position
- Locums position

The Committee took **ASSURANCE** regarding the actions and focus being taken to improve the position.

GENERAL MEDICAL SERVICES (GMS)

The Committee received the item which provided assurance regarding the General Medical Services Contract Assurance Framework process applied to the 2024/2025 contract year and summarised:

- the GMS Unified Contract Assurance Framework (UCAF) process
  - 2024-25 UCAF cycle 2024-25 key dates and milestones
  - Contractual compliance
  - Non-contractual compliance
  - Immunisations performance (childhood and flu)
  - National Prescribing Indicators
- Practice Sustainability, Escalation, Workforce and Additional Capacity
- Patient Access Experience and Contact Activity

The Committee took **ASSURANCE** that the General Medical Services Contract Assurance Framework monitoring process was an effective mechanism for providing oversight of general practice contract management.

CAPITAL AND ESTATES STRATEGY MONITORING

The item provided an update on the current status of key areas of activity in regard to Capital and Estates including:

- Capital funding and programme
- Regional Partnership Board Capital update
- Estates and Facilities update

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	• Better Together / Site Review status The Committee **RECEIVED** the item and took **ASSURANCE** that progress had been made against the Capital and Estate Strategy's key areas of activity since the last report. **COMMITTEE RISK REGISTER** The received the revised Committee Risk Register comprised of risks allocated to the Committee for oversight within the newly developed Strategic Risk Register (SRR) as adopted by the Board on 30 July 2025. The Committee **RECEIVED** the corporate risks within the Committee's remit and took **ASSURANCE** that risks were being managed in line with the Risk Management Framework.
Inform	**INTERNAL AUDIT REPORT: CONTRACT MANAGEMENT** The Committee **RECEIVED** the Internal Audit Report for information. **COMMITTEE WORK PROGRAMME** The Committee **RECEIVED** the work programme for information.
NEXT MEETING: 21 October 2025	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Planning, Partnerships and Population Health Committee**
Committee Chair	Rhobert Lewis
Date of last meetings:	14 August 2025
Paper prepared by:	Corporate Governance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Planning, Partnerships and Population Health Committee meeting on 14 August 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Planning, Partnerships and Population Health Committee is set out in Schedule 4 (pages 56 – 65) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: Planning, Partnerships and Population Health Committee - Powys Teaching Health Board)

Alert / Escalate	Nothing to report from this meeting
Advise	Nothing to report from this meeting.
Assure	**STRATEGIC CHANGE REPORT/SERVICE CHANGE ENGAGEMENT REPORT** An update was provided against the stocktake of Strategic Change programmes across NHS Wales and England that may impact healthcare for Powys residents. All plans in Wales remained subject to Welsh Government feedback. An overview of best practice shared nationally through the Value and Sustainability Board and the Finance Performance and Delivery Unit's Vault was provided, which was intended to help organisations adopt effective initiatives and savings plans. The Committee NOTED the report and DISCUSSED its content. ASSURANCE was taken that the mechanisms were in place to

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ensure strategic change programmes that have the potential to impact Powys are captured.

PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK REPORT

Members received the first update following approval of the Partnership Governance and Assurance Framework in April 2025, focusing on twelve key statutory partnerships. A risk table and heat map were developed to support future planning and ensure proper accountability.

The Committee RECEIVED the report and took ASSURANCE that an appropriate mechanism was in place to monitor the Health Board's statutory partnerships (as per the Partnership Governance and Assurance Framework).

TRANSFORMATION AND CHANGE – BETTER TOGETHER

Members received an update on the Better Together portfolio and its progression, strong stakeholder engagement and use of external clinical expertise to develop community health services. Assurance was provided that the team was managing risks regarding staff capacity, delivery of milestones and continued to maintain open communication with Welsh Government and staff. The focus remained on strategic engagement, effective governance, and workforce planning to ensure ongoing improvement.

The Committee took ASSURANCE on the progress made in relation to the Better Together Portfolio and on the progress made in relation to engagement and options development for adult physical and mental health community services. The planned forward activity and risk identified in relation to organisational capacity to deliver the portfolio and timescale to deliver Phase one was NOTED.

WINTER/SYSTEM RESILIENCE PLANNING

The Committee was informed that the Winter System Resilience Plan for 2025-26 was being developed in close collaboration with the Regional Partnership Board, following guidance from the Welsh Government. It was explained that winter planning efforts had commenced earlier than usual this year to enhance coordination across services. Submissions related to the plan had already begun, with further updates scheduled for September and October. A structured governance process was in place to review and approve the plan, and appreciation was extended to both operational and public health teams for their contributions.

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It was clarified that preparations for the COVID and flu vaccination programmes were set to begin in late September or early October, aligning with the broader Winter Respiratory Plan, which would be presented to the Board in September 2025.

The Committee was assured that the resilience plan comprehensively addressed Welsh Government priorities, particularly in the areas of system flow and preparedness for winter pressures. The organisation expressed confidence in its planning approach and welcomed feedback from Committee members to support continuous development.

The Committee DISCUSSED and NOTED the process that has been put in place for coordination and completion of the Winter System Resilience Plan for 2025-26, whilst taking ASSURRANCE that mechanisms were in place to complete and submit the plan in line with Welsh Government's timeline.

APPROACH TO THE ANNUAL REPORT OF DIRECTOR OF PUBLIC HEALTH

The Committee was provided an overview of the progress, methodology, and priorities surrounding the development of Powys Teaching Health Board's Population Health Strategic Framework. Assurance was provided that the full framework would be presented to the Board in September. The frameworks focus was highlighted: promoting wellbeing, addressing health inequalities, and shifting emphasis from treatment to prevention.

A presentation was provided on the current health challenges in Powys, particularly the implications of an ageing population and growing health disparities. Core strategies, such as evidence-based interventions and population-wide preventative measures were highlighted as central elements. An overview of both the immediate steps being taken and the long-term vision for improving public health in Powys was provided the Committee.

The Committee was ASSURED that the final document was in development in readiness for presentation to the Board in September.

REGIONAL PARTNERSHIP BOARD ANNUAL DELIVERY PLAN 2025/26

The Committee was updated on the ongoing development the Powys Regional Partnership Board (RPB) Annual Delivery Plan

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2025–2026, which was due to be presented to the Board in September. It was highlighted that the delivery plan had been prepared by the RPB Co-ordinator, approved by the RPB, and previously been shared with the Board.

Additionally, it was highlighted that the purpose of the Regional Partnership Board (RPB) was to provide a central and effective structure for coordinating health and care objectives in Powys, including alignment with major legislative requirements, including the Social Services and Well-being Act and the Well-being of Future Generations Act.

It was noted that the RPB's strategy extended to 2027, with work underway to prioritise and evaluate initiatives—particularly in prevention and integrated service delivery. The Committee considered ongoing development of evidence to demonstrate effectiveness, particularly for audit and statutory review purposes.

The Committee RECEIVED the Regional Partnership Board (RPB) Annual Delivery Plan 2025/26 and NOTED that the PTHB Board received the RPB annual report at its last meeting on 30 July 2025

ADDITIONAL LEARNING NEEDS (ALN)
The Committee was provided with an update on Powys Teaching Health Board's responsibilities and progress working collaboratively with Education partners to support children and young people with additional learning needs. It was noted that recent improvements had been made relating to governance and digital systems. Compliance levels with legislative requirements, and ongoing efforts to address service demands and maintain high standards through regular reporting and audit activities were also recognised.

The Committee took ASSURANCE that the report was an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act, including the activity to date and plans moving forward will meet the requirements of the ALN Act and REQUESTED an updated report in six months to monitor progress on ALN-related improvements, and the introduction of twice-yearly updates, to provide ongoing assurance as compliance levels increase and the requirements of the ALN Act are further embedded in practice.

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	COMMITTEE RISK REGISTER The Committee provided with the Committee Risk Register, comprising of those risks allocated to the Committee by the Board as part of the newly developed Strategic Risk Register presented at the Board meeting on 30 July 2025. They received an overview of the four risks. The Committee RECEIVED the Strategic Risks allocated to the Committee by the Board and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.
Inform	Nothing to report from this meeting.
NEXT MEETING: 20 November 2025 via Microsoft Teams	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Kirsty Williams
Date of last meetings:	31 July 2025
Paper prepared by:	Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Patient Experience, Quality and Safety Committee (PEQS) at its meeting on 31 July 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the PEQS Committee is set out in Schedule 4 (pages 28 -42) of Standing Orders.

3. HIGHLIGHT REPORT

Links to agenda and reports: 31 July 2025 - Powys Teaching Health Board

Alert / Escalate	• **Neurodiversity Services** – This service was placed under local escalation (level 3) by Executive Committee on 02 October 2024. PEQS were advised that Executive Committee have reviewed the progress made on the improvement plan and taken a decision to reduce the level of local escalation to Level 2a at their meeting on 23 July 2025. PEQS noted the position remains challenging and requested details of funding arrangements to be included in the next report to Committee, together with details relating to the quality of assessments rather than just quantitative information. This matter is escalated to Board and PEQS will continue to provide updates • **Civica** – patient experience system – PEQS heard that the People's Experience Framework had been developed into an action plan as a self-assessment toolkit for PTHB

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	services to use to benchmark current feedback and engagement. This is due for completion by 19 September 2025. The adoption of the Peoples Experience Framework is scheduled to be brought to PEQS in October and Board in November 2025. This matter remains escalated to Board and PEQS will continue to provide updates.
Advise	• **Mental Health Services** – A further monitoring report on post escalation performance will be received at the October meeting of PEQS.
Assure	• The **Safeguarding Annual Report** 2024/25 was APPROVED. • The **Duty of Quality Annual Report** 2024/25 was APPROVED • The Terms of Reference of the **Mental Health Act Power of Discharge Group** were APPROVED subject to the inclusion of reference to organisational learning • **Integrated Quality Report** The Committee RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting. Attention was drawn to the number of incidents recorded with no harm value. Action is being taken to ensure services address this matter. Assurance was given that actions had been taken to improve prescribing practices for antimicrobials with confidence that improvements would be seen. Assurance was given that the improved performance in responding to complaints was sustainable and attention had now turned to reducing response times. • **Committee Governance Action Plan** The Committee RECEIVED the Committee Continuous Development Plan 2025-26 and took ASSURANCE that the implementation of continuous development actions will be monitored throughout the year as a key principle of good corporate governance. • **Committee Risk Register** The Committee RECEIVED the risks relating to the Committee and took ASSURANCE the risks were being managed in line with the Risk Management Framework. • **Update on JAG (Endoscopy)** The Committee received a verbal update advising that action had been taken since accreditation had been lost in November 2024 relating to a lack of appropriate

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	medical leadership. A re-accreditation visit was scheduled for November 2025. • **Monitor implementation of management actions for Deprivation of Liberty Standards Internal Audit Report** The Committee took ASSURANCE on the progress made within the Action Plan aligned to the Limited Internal Audit report on Deprivation of Liberty Safeguards. • **Annual Clinical Audit Annual Report 2024/25** The Committee took **ASSURANCE** that the 2024-25 Clinical Audit programme has been delivered subject to updates to be provided in relation to those clinical audits deferred or withdrawn. • **Infection Prevention and Control Annual Assurance Report** The Committee took ASSURANCE from the contents of the Infection, Prevention and Control annual report that the Health Board is fulfilling its responsibilities. • **Electronic Prescribing and Medicines Administration System update** The Committee took ASSURANCE from the progress made and NOTED the upcoming milestones and intended benefits.
Inform	The following Internal Audit Reports were received for information: • Pharmacy Stores (Reasonable) • Quality, Safety and Governance (Reasonable Assurance) • Business Continuity Planning (Substantial Assurance) • Risk Management (Reasonable Assurance) • Mattresses Final Report (Limited Assurance) which had been received by the Audit, Risk and Assurance Committee on 13 May, 17 June and 08 July 2025. The **Joint Commissioning Committee Quality Patient Safety Committee Highlight Report** from the meeting held on 20 May 2025 was shared for information. The 2025 PEQS **Work Programme** was received. The Transition of Care Annual Report 2023/24 had been expected to the July meeting, but a request had been made for this to be deferred to the October meeting. The Committee had reluctantly accepted this request on the basis that no further extensions would be agreed.

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Appendices	None
NEXT MEETING: 23 October 2025	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	3 September 2025
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meets within In-Committee sessions due to the practical nature of the day-to-day management and operations of the organisation.

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 23 July, 6 August, 15 August, 20 August and 3 September 2025. Meetings following these dates will be reported to the Board in September 2025.

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Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	Nothing to report.				
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Better Together Portfolio Update	Assurance	The Committee NOTED an update on the Better Together programme for information, receiving information on the options development week and key dates for upcoming events.	Board	23.07.25
	Financial Performance Report - Month 3	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place and DISCUSSED the financial forecast for 25/26 of £28.3M and the underlying deficit of £42.1M.	Board	23.07.25
	Integrated Quality Report	Assurance	The Committee RECEIVED the report and took ASSURANCE that quality and safety is appropriately monitored and reported. It was agreed for future reports to strengthen reporting of quality assurance around complex care.	Patient Experience, Quality & Safety Committee	23.07.25
	Neurodevelopment Services Escalation Oversight Update	Assurance	The Committee took ASSURANCE from the ongoing monitoring and evaluation mechanisms in place and discussed progress made. The Committee APPROVED the recommendation that the service is de-escalated to Level 2a at this point, for noting by PEQS Committee.	Patient Experience, Quality & Safety Committee	23.07.25
	Temporary Service Changes	Assurance	The Committee RECEIVED the evaluation of the changes and RECOMMENDED to the Board that the temporary service changes remain in place in line with Better Together programme.	Board	23.07.25

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	Regional Partnership Board Annual Report	Assurance	The Committee RECEIVED the RPB Annual Report and took ASSURANCE that the RPB is fulfilling its role. It was noted that a separate assurance report would be presented to the PPPH Committee in August.	Board and PPPH Committee	23.07.25
	Safeguarding Annual Report 2024-25	Assurance	The Committee RECEIVED and took ASSURANCE of the report - the Committee commended the report for its accessibility and clarity.	Patient Experience, Quality & Safety Committee	23.07.25
	Infection Prevention & Control Report	Assurance	The Committee acknowledged the progress made and took ASSURANCE from the contents of the report that the Health Board is fulfilling its responsibilities.	Patient Experience, Quality & Safety Committee	23.07.25
	Clinical Audit Programme Annual Report 2024/25	Assurance	The Committee REVIEWED the content and agreed to update and strengthen ahead of consideration at PEQS Committee. The Committee were ASSURED on delivery of the 2024/25 clinical audit programme.	Patient Experience, Quality & Safety Committee	23.07.25
	Suicide and Suspected Suicide Review Report	Assurance	The Committee received a report and overview of suicides and suspected suicides data in Powys noting the ongoing development work in Powys. The Committee NOTED the contents of the report and CONSIDERED any further work required to support and advance the suicide and self-harm prevention agenda.	Patient Experience, Quality & Safety Committee	23.07.25
	Better Together Portfolio Update	Assurance	The Committee received an update on progress and next steps. The Committee took ASSURANCE on progress and NOTED the planned forward activity and risks identified in relation to organisational capacity.	Planning, Partnership & Population Health Committee	06.08.25

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	North Powys Transformation Programme	Assurance	The Committee received a report outlining recent activities and next steps for the Programme. The Committee NOTED progress made to date and took ASSURANCE that appropriate programme management arrangements are in place.	Planning, Partnership & Population Health Committee	06.08.25
	Capital and Estates Strategy Monitoring	Assurance	The Committee received an update on key Capital and Estates activities and no major issues were highlighted for discussion. The Committee took ASSURANCE appropriate activity is in place.	Finance & Performance Committee	06.08.25
	NHS England Elective Commissioning Intentions 25/26 Implementation	Assurance	The Committee received an update outlining the current status of the transition with NHS England providers and took ASSURANCE on the approach of the Health Board Commissioning Intentions with NHS England providers for 2025/26.		06.08.25
	Strategic Change Report	Assurance	The Committee RECEIVED and DISCUSSED the content, providing assurance and any further updates that colleagues are aware of and took ASSURANCE an appropriate mechanism is in place to monitor and report Strategic Change programmes around Wales and England.	Planning, Partnership & Population Health Committee	06.08.25
	Additional Learning Needs	Assurance	The Committee ACCEPTED the report as an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act and took ASSURANCE regarding activity to date and plans moving forward to meet the requirements of the ALN Act.	Planning, Partnership & Population Health Committee	06.08.25
	Regional Partnership	Assurance	The Committee RECEIVED the RPB Annual Delivery Plan which outlined the strategic projects and investment	Planning, Partnership	06.08.25

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	Board Annual Delivery Plan 2025/26		priorities across the Start Well, Live Well, Age Well and Enabling Programmes.	& Population Health Committee	
	Covid and Influenza Vaccination Programme 2025/26	Assurance and Approval	The Committee NOTED the national changes made to the flu and Covid-19 Immunisation Programmes and APPROVED: - The plan for delivering the Covid-19 Immunisation Programme in Powys - The advice provided Vaccine Preventable Disease Programme - The plan for delivering the National Influenza Immunisation programme in Powys.	Board	06.08.25
	Information Governance Toolkit Outturn Report and Improvement Plan	Assurance and Approval	The Committee received an update on the Health Board's performance against the NHS Wales Information Governance Toolkit. The Committee REVIEWED the content of the report and APPROVED the publication of the Toolkit compliance standard for each area.	Audit, Risk and Assurance Committee	06.08.25
	High Level Partnership Governance and Assurance Report	Assurance	The Committee discussed the first edition of the report and took ASSURANCE a reporting mechanism is in place to support the Partnership Assurance and Governance Framework.	Planning, Partnerships & Population Health Committee	06.08.25
	Better Together Portfolio Update	Assurance	The Committee RECEIVED the update.		20.08.25
	Financial Performance	Assurance	The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place.	Finance and Performanc	20.08.25

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	Update (Month 4)			e Committee	
	Integrated Quality and Performance Report (Month 3)	Assurance	The Committee were ASSURED that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Finance and Performanc e Committee	20.08.25
	Annual Delivery Progress Update (Quarter 1)	Assurance	The Committee APPROVED the change requests that have been submitted by leads as part of the Quarter 1 process and CONSIDERED how the report may be strengthened with any additional information for accuracy. The Committee took ASSURANCE that there is a process in place for monitoring progress against plan.	Finance and Performanc e Committee	20.08.25
	Organisational Escalation Status Update	Assurance	The Committee RECEIVED the report and took ASSURANCE that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.	Planning, Partnership s & Population Health Committee	20.08.25
	Six-monthly Report on CHC Costs	Assurance	The Committee REVIEWED and DISCUSSED the content of this report and took ASSURANCE that plans are in place to effectively manage CHC and evolve the service based on expected national changes.	Finance and Performanc e Committee	20.08.25
	Unified Contract Assurance framework, Primary Care, General Medical Services	Assurance	The Committee RECEIVED the update provided and took ASSURANCE that the General Medical Services Contract Assurance Framework monitoring process is an effective mechanism for providing oversight of general practice contract management. The Committee also ENDORSED the future presentation of this report the Finance and Performance Committee and quarterly PTHB Access	Finance and Performanc e Committee	20.08.25

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			Forum to be presented in Q3 to align with completion of the UCAF cycle.		
	Primary Care Out of Hours Service	Assurance	The Committee RECIEVED the update provided and took ASSURANCE that the OOH Commissioning Assurance Framework monitoring process is an effective mechanism, providing assurance to PTHB on OOH contract management. The Committee took ASSURANCE that plans are in place to progress procurement of continued GMS OOH service provision from 01 July 2026.	Finance and Performance Committee	20.08.25
	Deep Dive: Mental Health Private Providers	Assurance	The Committee took ASSURANCE from the report and plan and supported the report to be considered at Finance and Performance Committee's In-Committee meeting.	Finance and Performance Committee	20.08.25
	Better Together Portfolio Update	Assurance	The Committee RECEIVED an update following the recent Better Together Portfolio Board meeting, with no items escalated for attention at this stage.		03.09.25
	Nurse Staffing Levels Act	Assurance	The Committee received an annual update on the work, actions and processes in place to ensure that the Health Board complies with the Act for the period 2024/25. The Committee took ASSURANCE that the Health Board meets its statutory requirements under Section 25A of The Act and ENDORSED the report for onwards reporting to Board.	Board	03.09.25
	Safeguarding Review - Felindre Ward	Assurance	The Committee took ASSURANCE in relation to the oversight of safeguarding related incidents on Felindre Ward and the service management and learning response.		03.09.25
	NHS England Elective	Assurance	The Committee DISCUSSED and took ASSURANCE on the approach and progress of the commissioning intentions.		03.09.25

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	Commissioning update				
Inform	Equality, Diversity and Inclusion Annual Report	Recommendation	The Committee RECOMMENDED the approval of the Equality Annual Monitoring report to the Board to enable publication on the Health Board's website	Board	23.07.25
	Strategic Risk Register and Board Assurance Framework	Recommendation	The Committee DISCUSSED the Strategic Risk Register and APPROVED the document for onwards reporting to Board. The newly developed Board Assurance Framework Dashboard was reviewed and APPROVED for onwards reporting to Board.	Board	23.07.25
	Planning for Winter 2025/26	Approval	The Committee APPROVED the response to Welsh Government by the 6 August	Board	23.07.25
	Strategic Commissioning Framework	Discussion & Recommendation	The Committee were provided with an update on the proposed Strategic Commissioning Framework and DISCUSSED the contents of the report. The Committee RECOMMENDED the proposed framework for phased implementation.	Board Development and Board	06.08.25
	Consent to Treatment and Examination Policy	Approval	The Committee APPROVED the Consent to Treatment and Examination Policy for use within the Health Board and in line with All Wales guidance.		06.08.25
	WCCIS Replacement	Approval	The Committee received a request to accelerate the WCCIS replacement, noting the financial risk of proceeding and the clinical, operational and strategic risk of not proceeding. The Committee APPROVED the WCCIS Replacement Programme.		06.08.25
	PACS Fees and RISP Implementation	Approval	The Committee received an update outlining financial risks and implementation expectations related to the RISP system and the incoming provider. The Committee SUPPORTED the recommendations.		06.08.25

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	Audit Wales Digital Audit Self-Assessment	Approval	The Committee received the Audit Wales self-assessment on digital transformation and SUPPORTED it for onward consideration by Board members.		06.08.25
	Planned Care Insourcing	Approval	The Committee APPROVED the award of the contract.		15.08.25
	Better Together Options Appraisal, Methodology and Content	Assurance and Approval	The Committee took ASSURANCE on work to date and DISCUSSED the risks to delivery within the required timeframe. The Committee APPROVED the following: - Presentation and Methodology of the options to be appraised at the options appraisal and development of consultation materials. - The Progression of the shortlisted options to the options appraisal workshop.	Board	03.09.25
	Winter Plan Self Assessment Toolkit Submission	Approval	The Committee DISCUSSED and ENDORSED the submission for the Planning Together for Winter 2025/26 self-assessment toolkit, ahead of final approval by the RPB Executive Group and submission to WG on 12 September 2025.	RPB Executive Group	03.09.25
	Contract Negotiations - Data Source and Provision of Shropdoc Changes	Approval	The Committee DISCUSSED and APPROVED the recommended option for future procurement of Out of Hours General Medical Services and Community Hospital Medical Cover.		03.09.25
	Director of Public Health Annual Report: Population Strategic Framework	Recommend ation	The Committee DISCUSSED and APPROVED this report ahead of presentation to Board for approval.	Board	03.09.25

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	PTHB Commissioned Third Sector Services Review Framework	Approval	The Committee DISCUSSED and APPROVED the framework.		03.09.25

ITEMS TO BE ESCALATED TO THE BOARD
A large number of topics from this report are reported either to the full Board or one of its other Committees. There are no specific topics to escalate that have not already been reported to or addressed by the Board or a Board Committee.
NEXT MEETING
The Executive Committee generally meets fortnightly with additional meetings held if urgent matters arise. The Committee will continue to report to the Board.

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy (list not exhaustive)
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information

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Region:	**Powys**
Report:	**Regional Directors Report**
Period Covered:	**23 July 2025 – 15 September 2025**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**24th September 2025**

Headlines

No. engagement activities	No. visits	No. consultations	No. service changes	No. representations	No. open advocacy cases	No. people engaged with
3	0	5	9	6	94	268

Engagement/ Consultations:

No. relating to health	3	PtHB – Better Together (including attending ODEC as an observer) HDUHB – Clinical Services Plan ABUHB - Future plans for Nevill Hall and other hospitals
No. relating to social care	2	Day Centres Adult Services
Total No. consultations	5	

Representations:

No. relating to health	4	SBUHB Maternity Services Report PtHB - Temporary Service Change Communications PtHB – Sepsis Better Together Engagement – What we've heard
No. relating to social care	2	PCC – Age Cymru – Why are we still waiting RPB - Age Cymru – Why are we still waiting
Total No. representations	6	

Advocacy:

Total no. new cases opened this month	4
Total no. cases closed this month	6
Total no. open advocacy cases	94

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Future Engagement:

2nd October	9am – 4pm	Drop-In Eatery & Art Club	Knighton Community Centre
4th October	9am – 1pm	Presteigne Local Food Market	Presteigne Memorial Hall
6th October	8.30am – 10.30am	Presteigne Doctor's Surgery	Presteigne Medical Centre
8th October	9am – 4pm	Knighton Coffee Morning	Knighton Community Centre
10th October	10.30am – 4pm	Knighton Weight Loss Management Course, Mind Drop In & Knighton Festival	Knighton Community Centre
13th October	8am – 9.45am	Knighton Doctor's Surgery	Wylcwm Street Surgery
13th October	10am – 2pm	Knighton Men's Shed	
14th October	9am – 12pm	Women's Hour & Community Cafe	Knighton Community Centre
15th October	10am – 2pm	Presteigne Coffee Morning	Presteigne Assembly Rooms

What we continue to hear in Powys:

Health Issues

Access to GP Services - Long waits for non-urgent appointments, delisting from GP lists after mental health incidents, difficulty getting through triage systems.

Access to NHS Dental Services - Long waits for appointments, deregistration without notice, lack of local provision forcing long travel or private care.

Access to Mental Health Services - Long waits for assessments, poor communication, gaps between children's and adult services, lack of flexible and consistent care.

Poor Communication by Health and Social Care Services - Families not kept informed about changes in care; patients left uncertain about complaints processes; missing follow-up after complaints.

Ambulance & Hospital Stays – We keep hearing about long ambulance waits, challenges with follow-up care, and people being stuck in hospital because the right support isn't in place for them to go home.

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Social Care Issues:

Discharge Delays and Care Package Provision - Delays organising social care support after hospital discharge; lack of communication about when support would start.

Delays in Assessments – Social care assessments are taking too long, leaving people without the support they need.

Support for Carers – Unpaid carers are finding it tough. There's a real need for clearer guidance and financial support.

Poor Communication by Health and Social Care Services - Families not kept informed about changes in care; patients left uncertain about complaints processes; missing follow-up after complaints.

National Updates:

Have Your Say: https://www.llaiswales.org/news-and-reports/news/have-your-say-national-conversation-reimagine-health-and-social-care-wales

Response – Disabled People's Rights Plan: https://www.llaiswales.org/news-and-reports/news/llais-responds-draft-disabled-peoples-rights-plan

Katie Blackburn

Regional Director – Llais Powys

15 September 2025

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

BOARD	**24 SEPTEMBER 2025**
Subject	Strategic Commissioning Framework for Powys Teaching Health Board
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Prepared by:	Deputy Director of Performance and Commissioning
Other Committees and meetings considered at:	Executive Committee - 06 August 2025 – who endorsed the Framework to the Board Board Development – 4 September 2025

PURPOSE:

The purpose of this paper is to provide the Board with an update on the proposed Strategic Commissioning Framework (SCF) for Powys Teaching Health Board (PTHB).

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the proposed Strategic Commissioning Framework for phased implementation during 2025/26.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

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EXECUTIVE SUMMARY

Powys Teaching Health Board (PTHB) is responsible for planning, providing, and commissioning healthcare services to improve the health and wellbeing of the people of Powys.

The proposed Strategic Commissioning Framework (SCF) details PTHB approach to commissioning of delegated services for its population with the aim to ensure that:

- Services are commissioned effectively to meet the population health needs of the people of Powys.
- There is a common understanding of what commissioning is.
- A methodology for use within PTHB is clearly described to act as a guide for all staff involved in commissioning.
- There is alignment with the principles of the NHS Wales Duty of Quality to facilitate a step change in quality informed improvement and management.
- PTHB resources are used wisely to get the best possible outcomes (individual, service, organisation, and community), quality and experience for the population we serve.
- The evidence base is clear and fundamental to ensuring informed decisions are made around effective interventions, looking at unwarranted variation in services, outcomes, and costs, and when measuring the impact actions are having on improving experience and outcomes of individuals and populations and the use of resources.
- There is consistent focus on outcomes, quality, experience, and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- There is an annual commissioning and contracting work programme supporting PTHB sustainability and recovery and Level 4 de-escalation criteria through the delivery of the PTHB Integrated Plan (which responds each year to the Strategy, the NHS Wales Planning Framework, and the Ministerial Priorities).

The SCF has been developed alongside the refresh of the Health Board Integrated Quality and Performance Framework (IQPF), which was approved by the Board in May 2025.

The scope of the SCF applies to services the Health Board provides and commissions in County and out of County, with the exception of Primary Care (all contracts), Continuing Health Care and Mental Health Out of Area placements. It does not apply to care home or domiciliary care commissioning which is the responsibility of the Local Authority.

This report asks the members of the Board to approve the SCF for implementation within the Health Board.

DETAILED BACKGROUND AND ASSESSMENT

The proposed SCF 2025/26 – 2026/27 (see Appendix One) defines commissioning as the process of assessing needs; planning and prioritising; purchasing and

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monitoring health services, in order to achieve the best health outcomes and value for money.

It defines the process involving many actions ranging from the health needs assessment of a population, through clinically based design of patient pathways, to service specification development, affordability, contract negotiation or procurement and continuous quality assessment, improvement, and innovation.

The SCF covers the following elements:

- Strategic Commissioning – Current commissioning arrangements within PTHB primarily take the form of transactional contracting with individual providers. It is proposed that the PTHB commissioning approach should adopt a more strategic approach in line with the Joint Health and Care Strategy, based on the health needs of the population, improving outcomes and supporting the recovery and sustainability of the Health Board.

  It is proposed that in line with the NHS Confederation Report on the vision for ICB strategic commissioning, that the following are required to achieve this shift to strategic commissioning:
  - Become more proactive, less reactive – shift from managing demand to addressing underlying needs of the population.
  - Downstream to upstream – explore options to allocate resources from care where ill health is treated towards preventative measures that address the root causes of ill health.
  - Competition to collaboration – development and maintenance of strong relationships and shared objectives between partners is key to sustainable change.
  - Transactional to transformational – a focus on the patient's journey through services should replace traditional approaches with care designed and delivered in an integrated way as opposed to fragmented across organisations.
  - From cost to value - there needs to be a move towards funding aligned with population needs and long-term health outcomes, utilising a programme budgeting approach and supporting integrated care pathways, incentivising the delivery of services across the entire patient pathway
  - From compliance to leadership - the system must empower leadership at all levels to sustain service improvements.

- Design principles - the SCF is designed to ensure that PTHB acts in accordance with a set of agreed principles when making decisions about the commissioning of services and treatments:
  - Culture of Innovation and Improvement- these arrangements are intended to support the development of a culture of continuous improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients.

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- Integrated - the SCF approach will be integrated with focus on the health needs of the population, improving quality and patient outcomes.
- Empowerment and Delegation - the structure within which employees work will nurture a culture of collaborative working where solving problems at a local level is the norm and a culture of mutual support is adopted in order to optimise delivery.
- Promoting excellence and quality - Ensuring service provision meets NHS Wales's Health and Social Care Quality and Engagement Act (2020) requirements re Duty of Quality and Duty of Candour.
- The SCF will provide a focus on both the quality domains (Safe, Timely, Effective, Efficient, Equitable, Person Centred) and enabling actions as per the PTHB Quality Management System.
- Focussed on outcomes - PTHB will use nationally reported clinical outcomes and develop other outcome-based measures for provided and commissioned services to measure and drive improvement over time.
- Focus on data - effective commissioning requires utilisation and ownership of data (both quantitative and qualitative) to monitor, assess, and improve organisational performance with the goal of ensuring high quality care.
- Evolve over time - the SCF will be updated as time progresses to ensure it remains current and reflective of learning within and out with the organisation.
- Efficiency to make more effective use of resources - to secure best value for money, reduce variation wherever possible and improve productivity.

- <u>SCF Criteria</u> – the SCF is underpinned by the following criteria which align to the Joint Health and Care Strategy:
  - Population and individual impact.
  - Anticipated health benefits / health gain.
  - Impact on health inequalities.
  - Clinical effectiveness.
  - Strategic fit.
  - Cost effectiveness.
  - Affordability.

- <u>Commissioning Cycle</u> – sets out the range of activities required to effectively undertake commissioning, and to continuously seek opportunities to improve quality, efficiency, value, and improved outcomes for the population served:

  - *Strategic Planning*
    - Assessment of need.
    - Resource assessment and allocation.
    - Service review and gap analysis.
    - Prioritisation.

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- *Service Design*
  - Pathway design.
  - Procurement / Contracting.
  - Plan capacity, manage demand and ensure access.

- *Assurance and Evaluation*
  - Provide support with robust and ongoing performance monitoring and review of service delivery to provide assurance that the service is delivered expected performance and outcomes.

- Expected Outputs and Outcomes – the SCF defines is designed within the context of 'A Healthier Wales' Quadruple Aim and Design Principles (and associated performance measures contained within the NHS Wales Performance Framework for 2025/26), Prudent and Values Based Health Care principles.

  The SCF also references specific frameworks (e.g. NHS Wales Outcomes Framework, Public Health Wales Outcomes Framework) to provide a mechanism to focus on performance and drive improvements in health outcomes for PTHB responsible population.

- Strategic Context – due to the unique geography and commissioning pattern of PTHB, the SCF is considered within the context of NHS Wales and NHS England policies and frameworks, and local strategies including:
  - NHS Wales Planning Framework.
  - NHS England priorities and operational planning guidance.
  - A Healthier Wales (2024 refresh).
  - NHS Wales Duty of Quality.
  - PTHB Health and Care Strategy.
  - PTHB Annual Plan.
  - Population Needs Assessment.
  - PTHB Integrated Quality and Performance Framework.

- Roles and Responsibilities – the SCF proposes that commissioning is everyone's business and describes the expected roles and responsibilities of the Board, Executive Team, Senior Leaders, and Managers.

- Implementation and Delivery Plan – the SCF describes the governance arrangements that are in place within PTHB to provide oversight and assurance and to drive implementation under the leadership of the Executive Director of Planning, Performance and Commissioning:
  - Better Together Portfolio.
  - Commissioning for Value Group.
  - Integrated Quality and Performance Framework.
  - Commissioning Oversight and Assurance Group.
  - Contract Quality, Performance and Resource Meetings.

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- System of reporting – it is proposed that the system of reporting, review and assurance is via the Integrated Quality and Performance Group mechanism, alongside the Commissioning Oversight and Assurance Group, the outputs of which will feed into the Integrated Quality and Performance Report which reports into the Finance and Performance Committee, Patient Experience, Quality and Safety Committee, and to the Board.

- Period of Review – the SCF will be reviewed annually by the Finance and Performance Committee.

Delivery Confidence Assessment
A '3c' assessment has been undertaken of the confidence to implement the SCF. From this assessment, it has identified strengths and areas for improvement across the Health Board.

The Health Board is strongest in the performance management elements of the Framework and contracting, particularly around activity and finance reporting; and have made progress in referral optimisation, and data analysis of our commissioned services which supports the 'Big 4' analysis undertaken for the Health and Care Strategy.

There are opportunities for improvement in population health assessment & evidence appraisal, transformation resources to drive pathway change & referral optimisation at scale, monitoring and reporting of the quality of commissioned service & data, information and financial support to support change.

SCF Implementation
Due to known capacity constraints within the Health Board, it is proposed that a phased implementation approach is developed aligned to the delivery of the Annual Plan 2025/26, development of the Annual Plan 2026/27, Strategic Commissioning Intentions 2026/27 and Better Together.

IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both
Safe			X	
Timely			X	
Effective			X	
Efficient			X	
Equitable			X	
Person Centred			X	
Workforce			X	
Leadership			X	
Culture			X	
Information			X	
Learn, Improve, Research			X	
Whole Systems Approach			X	

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EQUALITY:					
	No impact	Negative	Positive	Both	
Age	X				
Disability	X				
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity	X				
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers	X				

RISK ASSESSMENT:					
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

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Strategic Commissioning Framework 2025/26 – 2026/27

(September 2025)

Version subject to Board Approval

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Document Control

Document Authors:	Nicola Johnson ; Chris Moss; Simon McLellan; Tracey Gwyther
Document Owner:	Nicola Johnson (Executive Director Planning, Performance and Commissioning)
Document Type:	Framework
Approval:	Executive Committee Delivery and Performance Committee Board
Frequency of Review:	Annually
For Use By:	Internal use for Health Board

Version History and Control

Version	Author	Reasons and Changes	Issue Date
1.1	Nicola Johnson Chris Moss Simon McLellan Tracey Gwyther	First Draft	
1.2	Nicola Johnson Chris Moss	Updated draft to reflect comments from Informal Executive Committee 29 July 2025; and Executive Committee 6th August 2025.	
1.3	Chris Moss	Updated to reflect comments from Board Development Discussion 4th September 2025.	

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1. Background and Context

1.1 Purpose and Aims

The purpose of the Strategic Commissioning Framework (SCF) is to document Powys Teaching Health Board's (PTHB) approach to commissioning delegated services for its population. The direct commissioning of specialised services, ambulance and other delegated services is discharged to NHS Wales Joint Commissioning Committee who hold the responsibility for these services and for which the principle of this SCF and the Joint Commissioning Committee Commissioning Framework align.

The aims of the SCF are 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'

- There is a common understanding of what commissioning is and to lay out a methodology for use within PTHB as a guide for all staff involved in commissioning.

- Alignment with the principles of the NHS Wales Duty of Quality to facilitate a step change in quality informed improvement and management. This will build on the foundations in place to create a culture of quality focussed improvement which supports the delivery of the Annual Plan, manages risks effectively and provides assurance to the Board on delivery.

- PTHB resources are used wisely to get the best possible outcomes (individual, service, organisation, and community), quality and experience for the population we serve.

- The evidence base is clear and fundamental to ensuring informed decisions are made around effective interventions, looking at unwarranted variation in services, outcomes, and costs, and when measuring the impact actions are having on improving experience and outcomes of individuals and populations and the use of resources.

- Identification and monitoring of benefits realisation, both health outcomes and value for money.

- There is consistent focus on outcomes, quality, experience, and cost to help ensure that resources are allocated and managed to have the greatest positive impact.

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- The development of an annual commissioning and contracting work programme supporting PTHB sustainability and recovery and Level 4 de-escalation criteria through the delivery of the PTHB Integrated Plan (which responds each year to the Strategy, the NHS Wales Planning Framework, and the Ministerial Priorities).

- There is a robust, consistent methodology and approach followed by the Health Board which is open and transparent, when deciding what services and treatments to commission and how to commission them.

1.2 Definition of Commissioning

The definition used within the SCF:

Commissioning is the process of assessing needs; planning and prioritising; purchasing and monitoring health services, in order to achieve the best health outcomes and value for money.

It is process involving many actions ranging from the health needs assessment of a population, through clinically based design of patient pathways, to service specification development, affordability, contract negotiation or procurement and continuous quality assessment, improvement, and innovation.

1.3 Scope of the Framework

In scope: The SCF applies to the following services the Health Board provides and commissions in County and out of County:

Areas of Application	
PTHB Commissioned Services	Community, Mental Health & Secondary Care providers (NHS and Private Sector – England and Wales)
	Emergency Services and out of hours care providers.
	Voluntary Sector
PTHB Provided Services	Maternity Services
	Community Service Group
	Women and Childrens Services
	Mental Health and Learning Disabilities

Out of scope: The SCF will not apply to Primary Care, Continuing Health Care, Mental Health Out of Area placements.

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2. Strategic Commissioning

2.1 The shift to achieve strategic commissioning

Current commissioning arrangements within PTHB primarily take the form of transactional contracting with individual providers. It is proposed that the PTHB commissioning approach should adopt a more strategic approach in line with the Joint Health and Care Strategy, based on the health needs of the population, improving outcomes and supporting the recovery and sustainability of the Health Board.

PTHB proposes that the following are required to achieve this shift to strategic commissioning, referencing the recommendations of the recent NHS Confederation Report on the vision for ICB strategic commissioning[1]:

- Become more proactive, less reactive - shift from managing demand to addressing underlying needs of the population, tackling the 'curve of doom'[2]: a widening gap between growth in demand and provider capacity to supply services. Utilise population segmentation to address hidden needs and to better understand the diverse health requirements of the population and to be able to target interventions accordingly. Central to this will be the role of data and analytics.

  The commissioning strategy should be based on population need, with priorities set to achieve the greatest impact with an understanding of healthcare utilisation informing resource allocation decisions that align capacity with needs.

- Downstream to upstream - explore options to allocate resources from care where ill health is treated towards preventative measures that address the root causes of ill health. Prevention must take centre stage in commissioning decisions with services designed and funded to reduce the incidence of illness.

  This will involve supporting self-care and healthy lifestyle behaviours and empowering individuals to take greater control of their own health, thereby reducing future demand on services. There should be a focus on services that provide early intervention to address inequalities that can lead to more complex and costly care. Crucial in underpinning this approach is the use of data to shape services around the needs of the population; with commissioners encouraged to recognise the value and

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[1] Pioneers-of-reform_0.pdf
[2] Digital transformation will be key to 'last chance' NHS reforms | HSJ Interactive | Health Service Journal

input of third sector organisations, social networks, local infrastructure and not just focus on the traditional healthcare providers.

- Competition to collaboration – the development and maintenance of strong relationships and shared objectives between partners is key to sustainable change. There should be a focus on integrated working, a culture of shared responsibility for outcomes, shared financial arrangements, with accountability and driving improvement across organisations through integrated service delivery. As laid out in 'A Healthy, Caring Powys,' social care and third sector are equal partners in planning and delivering services.

- Transactional to transformational – a focus on the patient's journey through services should replace traditional approaches with care designed and delivered in an integrated way as opposed to fragmented across organisations. A shared infrastructure is required to enable system wide change and quality improvements across organisational boundaries with long term planning taking precedence over short term, annual contracting cycles to ensure that investments are aligned with strategic goals and that improvements are sustained over time.

- From cost to value – there needs to be a move towards funding aligned with population needs and long-term health outcomes, utilising a programme budgeting approach and supporting integrated care pathways, incentivising the delivery of services across the entire patient pathway. Long term and aligned financial planning is essential between the NHS and Local Authorities. Commissioners encouraged to make data driven decisions that balance immediate pressures with long term sustainability.

- From compliance to leadership – the system must empower leadership at all levels to sustain service improvements. A top-down compliance culture can mean that the risk of change outweighs the risk of standing still. Clinical leadership is crucial in shaping the direction, guiding strategic decisions, and aligning services with patient needs. The involvement of frontline staff and residents in the design, delivery, monitoring, and evaluation of services is vital.

2.2 Principles

The SCF is designed to ensure that PTHB acts in accordance with a set of agreed principles when making decisions about the commissioning of services and treatments. The principles set out below will apply to all parts of the commissioning cycle (see 2.4), are relevant to all those individuals who are involved in commissioning across PTHB and are intended to ensure that PTHB commissioning practices are not complex, focused on quality, value, and outcomes:

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- Culture of Innovation and Improvement: These arrangements are intended to support the development of a culture of continuous improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients.

- Integrated: The SCF approach will be integrated with focus on the health needs of the population, improving quality and patient outcomes.

- Empowerment and Delegation: The structure within which employees work will nurture a culture of collaborative working where solving problems at a local level is the norm and a culture of mutual support is adopted in order to optimise delivery.

- Promoting excellence and quality: Ensuring service provision meets NHS Wales's Health and Social Care Quality and Engagement Act (2020) requirements re Duty of Quality and Duty of Candour.

  The SCF will provide a focus on both the quality domains (Safe, Timely, Effective, Efficient, Equitable, Person Centred) and enabling actions as per the PTHB Quality Management System.

  The Duty of quality requires NHS bodies to establish effective quality management systems to improve the quality of healthcare services and improve outcomes for people in Wales. The four components of a Quality Management System are Quality Planning, Quality Control, Quality Assurance, Quality Improvement. These are reflected in the PTHB Quality Management System approach:

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.

- Focussed on outcomes: PTHB will use nationally reported clinical outcomes and develop other outcome-based measures for provided

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and commissioned services to measure and drive improvement over time.

- Focus on data: Effective commissioning requires utilisation and ownership of data (both quantitative and qualitative) to monitor, assess, and improve organisational performance with the goal of ensuring high quality care.

  Data input and data quality is vital in providing the right information to inform the commissioning cycle.

- Evolve over time: The SCF will be updated as time progresses to ensure it remains current and reflective of learning within and out with the organisation.

- Efficiency to make more effective use of resources: To secure best value for money, reduce variation wherever possible and improve productivity.

Specific focus will be given to the intended methodology to use data and intelligence on service need and current service provision data (financial, performance and quality related) to realise possible quality issues or value opportunities going forward for PTHB. This could allow the Health Board to focus more clearly on:

Service provision – meeting needs, evidence base, using BI/data supporting shape of future provision.

Contracts and procuring – understanding capacity, exploring future demand, impact on "structure of supply."

Monitoring and evaluation of quality – considering evidence provided for PTHB decision making, including published national clinical and service outcomes and PROMS/PREMS, and conforming to standards.

Value – examining available financial metrics (both local and general) and relating finance to outcomes and quality.

2.3 SCF Criteria

It is important to consider the optimal level of commissioning based on what is most efficient, effective, equitable and sustainable and that this should be based on commissioning for both value and outcomes.

The SCF is underpinned by the following criteria which align to the Health Board Health and Care Strategy.

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Strategic Assessment Criteria

PTHB Health and Care Strategy Principles						
Strategic Assessment Criteria (High level)	Services provided will focus on the outcomes that matter to the individual.	Services provided will be based on the best available research, knowledge and information on effective practice .	Services provided will care for those with the greatest need first, making the most effective use of available resources.	Services will provide equitable level of treatment, care or support to people throughout their lives.	The Health Board will work with residents as equal partners to determine how resources are best used to improve health and well-being.	Individuals will be supported to become partners in their own health and well-being.
Strategic Assessment Criteria (Detailed)	• Ensure services are STEEEP. • Personal value - how well does outcome relate to goals of the individual. • Clear understanding of resident's needs.	• What evidence base is available? • Will the intervention make a positive difference to the clinical outcome? • To what extent will it deliver measurable benefit over the existing intervention? • Will there be a positive impact on patient experience?	• How many people are likely to benefit from the intervention? • Balance of needs of individual; group of individuals; with demands of wider community.	• Improve access to services at the right place in the right time. • Improvement in patient reported outcomes and experience. • Will there be a positive impact on reducing health inequalities? (both difference in status of people's health but also differences in care that people receive and opportunities they have to lead healthy lives)	• Achieve best possible outcomes within available resources. • Provide services that meet needs and circumstances of the person and actively avoids ineffective or duplicative care that is not of benefit. • Value for money compared to alternative interventions for same population group. • Opportunity for releasing resources for alternative uses? • Achieving better outcomes and experience at reduced cost. • Is it affordable within the Health Board budget? • What are the opportunity costs for other interventions?	• People are more empowered to take more responsibility for their own health and well-being. • People are supported to be in control of their health and well-being. • People are active and engaged in their communities. • Families and friends who provide informal care are well-supported. • Improved levels of health literacy. • Improved Health Related behaviours.

SAFE	TIMELY	EFFECTIVE	EFFICIENT	EQUITABLE	PERSON-CENTRED
Does this option deliver against the objective we are trying to achieve in a way that promotes 'safe' care:	**Does this option deliver against the objective we are trying to achieve in a way that promotes 'timely' and 'accessible' care:**	**Does this option deliver against the objective we are trying to achieve in a way that promotes 'effective' care:**	**Does this option deliver against the objective we are trying to achieve in a way that promotes 'efficient' care:**	**Does this option deliver against the objective we are trying to achieve in a way that promotes 'equitable' care:**	**Does this option deliver against the objective we are trying to achieve in a way that promotes 'person-centred' care:**
Please consider as a guide for your assessment the extent to which this:	*Please consider as a guide for your assessment the extent to which this:*	*Please consider as a guide for your assessment the extent to which this:*	*Please consider as a guide for your assessment the extent to which this:*	*Please consider as a guide for your assessment the extent to which this:*	*Please consider as a guide for your assessment the extent to which this:*
• supports safe clinical practice *i.e. prevents and / or reduces harm / errors*	• delivers against required access standards / performance targets (such as reduction of delays and waits)	• is underpinned by reliable data, best practice guidance and evidence-base (e.g. NICE)	• makes best use of resources to improve patient outcomes and experience, staff satisfaction and enables us to live within our means	• delivers evidence-based care across Powys but can adapt to address differences in need; positively contributing towards reducing health inequalities	• Helps people to stay healthy, building self-reliance in patients and the population
• ensures a substantive workforce model *–i.e. the workforce is available, and a robust staffing model can deliver professional standards*	• improves access to services that support people to stay at home where possible and enables timely response when needs escalate	• supports delivery of future system models of care, national and local guidance	• uses digital technology where appropriate to aid efficient care, with consideration for those not able to use technology	• reduces inequity across Powys for example through removing unnecessary differences in the way services are delivered	• provides a responsive joined-up offer that supports people to achieve 'what matters most to them' and improves patient experience outcomes
• improves staff safety including promoting a culture of safety and speaking up safely	• enables efficient transfer and discharge pathways to prevent harm to patients	• addresses existing barriers to care in the case for change such as continuity of care and communication	• is feasible and can achieve a positive impact within the short or medium term *i.e. will improve the health of the whole population or have a very significant impact on the health of a small number*	• delivers an appropriate offer for all population groups – including those with protected characteristics (not necessarily the 'same' offer but the one that delivers the best fit between those characteristics and the care provided)	• Provides access to meet healthcare needs within acceptable travel times (in line with the evidence base)

Criteria	Description
Population and individual impact	• How many people are likely to benefit from the intervention? • Balance of needs of individual; group of individuals; with demands of wider community.
Anticipated health benefits / health gain	Overview of the size of the potential benefits to the population including: • Improved quality of life • Reduction in harm • Increase in life expectancy • Impact on families/carers • Impact on other public services

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Criteria	Description
	• Mental Health and Well-being • Prevention/early detection
Impact on health inequalities	• Will there be a positive impact on reducing health inequalities for the population? • Could this service act towards reducing health inequalities in the local area? • Is it accessed disproportionately by a marginalised or deprived group/area or targeted at such? • Would Personal Health Budgets benefit this proposal?
Clinical Effectiveness	Assessment of existing evidence and strength of evidence of the effectiveness of the intervention compared to other interventions. • Will the intervention make a positive difference to the clinical outcome? • Will it minimise harm that an illness or health condition could cause? • To what extent will it deliver measurable benefit over the existing intervention? • Will there be a positive impact on patient experience? • Is it supported by a needs assessment? • What scientific evidence base is available?
Strategic fit	• Is this a mandated? • Is it a 'must do'? • Is this subject to NICE Technology Appraisal guidance?How does the area fit with the delivery of national targets and align with the WG Essential Services Framework and Health Board Integrated Healthcare Strategy, IMTP, Better Together Programme.
Cost effectiveness	• Is there evidence or expectation of improved value for money? • How does this compare to alternative interventions for the same population group? • Have Personal Health Budgets been considered?
Affordability	• Cost of intervention per year • Cost per head of population that would potentially benefit? • Is it affordable within the Health Board budget? • Is there an opportunity for releasing resources for alternative uses? • What are the opportunity costs for other interventions?

2.4 The commissioning cycle

The PTHB agreed commissioning cycle (as below) sets out the range of activities required to effectively undertake commissioning. Through this cycle, we are continuously seeking opportunities to improve quality, efficiency, value, and improved outcomes for the population we serve.

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All commissioning decisions undertaken by PTHB will need to follow the cycle and consider the following:

- Comprehensive understanding of population needs and population expected outcomes.
- Alignment with national and local priorities.
- Overall budget allocation for existing service provision: To prioritise or re-prioritise spend across and between the full range of PTHB commissioned services.
- Pathway redesign: To prioritise interventions or services within a defined care pathway, either in the context of introducing additional stages or disinvesting in some.
- New resource allocation: To prioritise new proposals for investment such as the introduction of new technologies or interventions.
- Disinvestment: To prioritise proposals for service disinvestment.
- Impact of decisions: To pay due regard to the impact the commissioning decision will have across the population and provider landscape.
- Meaningful involvement of residents and engagement with stakeholders at every stage of the commissioning cycle.

2.4.1 Strategic Planning

This stage of the cycle involves:

- Assessment of need – This is the foundation of the commissioning process and forms the basis from which current and intended outcomes are identified, services are planned, resources committed and progress measured.

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It is imperative to understand the patient population and prevalence for which a service is being designed for, defining patient outcomes, and to understand any changes over the medium to long term.

- Resource Assessment and Allocation – At this stage of the cycle, it is crucial to understand the current commissioning budget, performance, and contract frameworks for the service. The SCF provides a structure to consider and support resource allocation in four broad areas:

    - Overall budget allocation – to prioritise and/or re-prioritise spend across and between the range of interventions provided or commissioned by the Health Board for the population it serves.

    - Pathway redesign – to prioritise interventions within a defined pathway either within the context of introducing new stages to the pathway or disinvesting in some.

    - New resource allocation – to prioritise investment in new proposals (service models, technologies, interventions).

    - Disinvestment – to prioritise proposals for disinvestment.

- Service review and gap analysis – In order to undertake effective commissioning, it is important to first review the services which are currently in place and to undertake a gap analysis in the context of identified need and relevant national benchmarking data. The review will need to include review of the health needs, clinical standards, demand and capacity plans, alignment with national and local priorities, commissioning budget and performance, workforce, digital and capital enablers, risks, and opportunities for change.

  Forecasting, and developing a better understanding of the causes of demand across services is vital to be able to identify opportunities to influence the level of demand, and key in managing future demand pressures within available resources.

  During this stage, the information collected from the assessment process will identify potential gaps and establish how these can be filled and undertake a detailed review to decide what is needed, what is available and what the current supply and demand capacity looks like.

- Prioritisation – Following completion of the above steps, this will involve the identification of priority areas to take forward into the service design stage of the cycle.

  A commissioning strategy will be produced outlining:
    - What actions will be taken and why as well as expected targets to be achieved.
    - Resources to be allocated.

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- Expected impacts upon existing service provision including how pre-existing services will be re-configured or decommissioned and identification of the risks involved in implementing the planned changes.
- Development of service specifications defining the service to be provided and the quality of service expected to be delivered.

2.4.2 Service Design

This stage of the cycle involves:

- Design pathways –The service specifications developed in the Strategic Planning stage will be further developed to detail clinical pathways and models of care.

- Procurement/Contracting – Translate service specifications, pathways, models of care into tender specification and associated contract:
  - Business Case development.
  - Market assessment.
  - Produce requirement.
  - Supplier selection.
  - Proposal evaluation.
  - Contract preparation.
  - Bid evaluation.
  - Award of contract.
  - Implementation.
  - Contract management.

- Plan capacity, manage demand and ensure access – Following completion of procurement process and award of contract, working with the successful supplier to plan available capacity and ensure that demand can be met within the context of the contract terms to ensure timely and equitable access.

  This then leads directly into the next stage in terms of contract monitoring.

2.4.3 Assurance and Evaluation

This stage of the cycle involves providing support for the service / system transformation, with robust and ongoing performance monitoring and review of service delivery to provide assurance that the service is delivering expected performance and outcomes. Performance will be measured against metrics included within the contract, will be based on the domains of the Health Board Integrated Quality and Performance Framework, and will consider the following:

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Models of Working	Cost Benefit
• To what extent are the projects/services new and transformational (i.e. have changed or replaced existing approach) or whether they are an extension of existing provision?	• What return on investment and/or financial savings have there been? Have the improvements delivered a positive cost benefit or have the benefits been improved citizen outcomes at the same cost?
• Which critical success factors of the new models are most important and have most impact?	• To what extent has the financial impact been influenced by other resources e.g. Integrated Care Fund, core budgets? What would have been the impact without this additional resource?
• Do the success of models differ by focus e.g. population group, geography, level of intervention, partners involved etc?	• How is financial sustainability being achieved?
• To what extent have the initiatives addressed the Health Board priorities, population needs and A Healthier Wales Design Principles? Have some Principles been met more than others? If so, what are the reasons for this?	**Engagement**
• To what extent have the initiatives utilised the philosophy of Prudent /Value Based Healthcare (not providing treatment where it is unlikely to benefit the patient, or could do harm)?	• To what extent has there been workforce and citizen involvement in the improvements and how has that contributed to the outcomes delivered?
• To what extent have the initiatives addressed the Well-being for Future Generations 5 ways of working (long term, integration, involvement, collaboration, prevention)?	• Have staff and/or citizens been asked to work/behave differently and can outcomes be attributed to this change?
• Can the new models demonstrate a shift to preventative services? To what extent can this be demonstrated and sustained?	• What partners have been involved in the improvement? Have there been different benefits/challenges resulting from different partner engagement? If so, what have these been?
• Have the design of models changed during the duration of the Programme? What has been the reason(s) for this change?	• What were the successful and unsuccessful components of engagement undertaken as part of the project?
• To what extent have the new models been scaled-up throughout the Programme? What were the critical factors in enabling scaling (or not)?	**Governance**
Outcomes and Performance Measures	• What governance arrangements have been in place for the improvement?
• What was it like before (baseline performance), what is it like now (current performance) and what brought about the changes?	• Has there been senior level ownership of the improvement and what impact has this had on the delivery of outcomes?
• What is best practice for measuring outcomes and performance in relation to the new models?	• Have new procedures/policies/processes been developed as a result of the improvement? What impact has this had on the delivery of outcomes?
• Are there still gaps in the evidence base for measuring outcomes and performance?	• Have there been barriers to change (e.g. information governance, workforce etc)? What impact did these have?

2.5 Systems Theory Approach

In developing the SCF, PTHB has referenced the Royal Academy of Engineering systems approach to health and care design and continuous improvement[3] which defined a system (or system of systems) as a set of elements: people, processes, information, organisations and services, as well as software, hardware and other systems that, when combined, have qualities that are not present in any of the elements themselves.

The systems approach uses a range of techniques to determine requirements for the system, organise its structure, create and evaluate alternative designs, produce quantitative analyses, assess possible threats and opportunities for people and other systems, integrate all the individual elements and deliver a system that is shown to be fit for its intended purpose.

This approach, which aims to determine the system design and implementation that delivers the best service, is a useful resource to inform the Commissioning Cycle to ensure we consistently commission high quality services through the integration of four complimentary perspectives:

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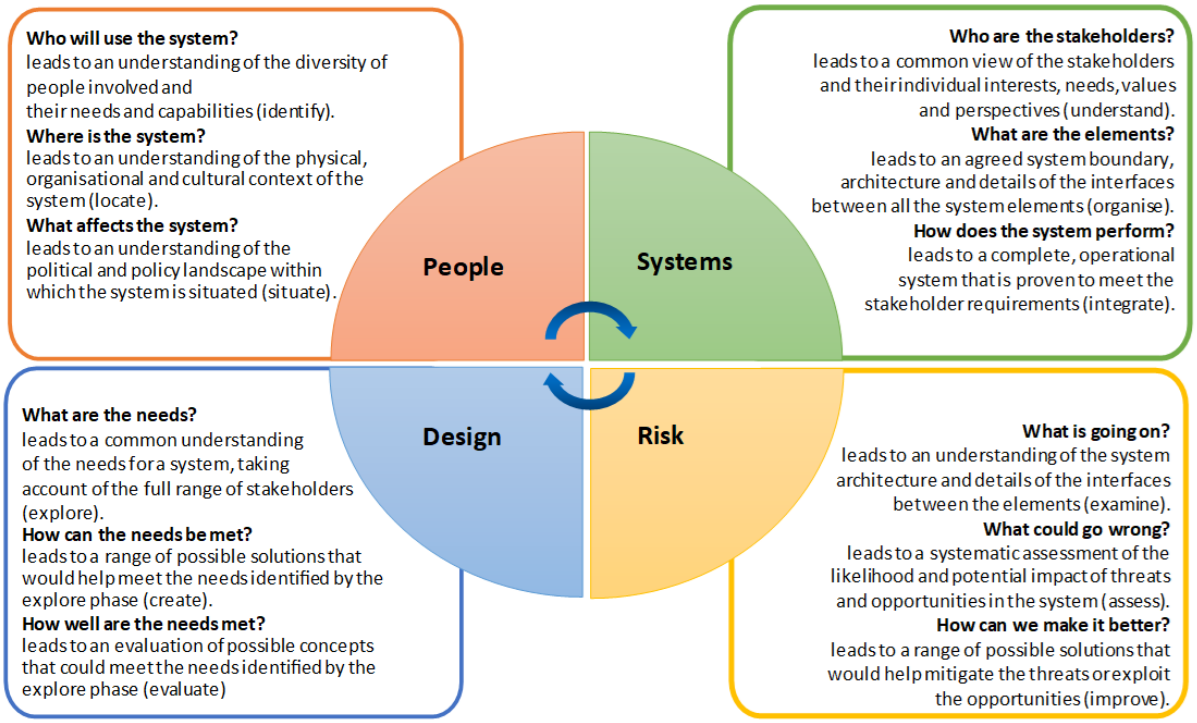
[3] Engineering better care: a systems approach to health and care design and continuous improvement. Royal Academy of Engineering (2017)



3. Expected Output and Outcomes

The SCF is designed within the context of A Healthier Wales Quadruple Aim and Design Principles (and associated performance measures contained within the NHS Wales Performance Framework), Prudent and Values Based Health Care principles:

	Aims/Principles	Expected outputs
A Healthier Wales Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management	Increased focus on prevention and early intervention. Empowering individuals to take greater responsibility for their own health and well-being, including self-management and support for family and community. Addressing health inequality and promoting health equity across all populations. Whole system approach to health and social care in which services are only one element of supporting people to have better health and well-being through their whole lives.

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	Aims/Principles	Expected outputs
A Healthier Wales Quadruple Aim continued		Aim to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.
	Better Quality and More Accessible Health and Social Care Services	Seamless and integrated services that are delivered as close to home as possible. Services designed around the individual's needs and preferences with a focus on what matters most to them. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. Reduced reliance on hospital based care with greater emphasis on community based services. Increased access to a wider range of professionals and services in primary and community care settings. Shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.
	Higher Value Health and Social Care	Optimising the use of resources by reducing waste, variation and harm. Adopting best practices and innovative approaches to improve efficiency and effectiveness. Utilising technology to support high-quality, accessible and personalised care. Ensuring that services are affordable and sustainable for future generations.

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	Aims/Principles	Expected outputs
A Healthier Wales Quadruple Aim continued		Delivering high value in health and social care will focus on outcomes that matter to the individual and making services Safe, Timely, Effective, Efficient, and Equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options in line with Prudent Health principles. Research, innovation and improvement activity will be brought together across regions, working with multiple partners including Regional Partnership Boards, universities, industry.
	Motivated and Sustainable Health and Social Care Workforce	Developing a workforce that is competent, capable and confident in their roles. Ensuring that the workforce is well-equipped to meet the evolving needs of the population.
A Healthier Wales Design Principles	Prevention and early intervention	Encourage good health and wellbeing throughout life, anticipating and predicting poor health and wellbeing.
	Safety	Healthcare that does no harm, but also enabling people to live safely, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.
	Independence	Support people to manage their own health and wellbeing, be resilient and independent for longer in their own homes and localities. Speeding up recovery after treatment and care and supporting self-management of long term conditions.
	Voice	Empowering people with information and support needed to understand and manage their

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	Aims/Principles	Expected outputs
A Healthier Wales Design Principles continued		health and wellbeing and to make decisions about care and treatment based on what matters to them. Empower people to contribute to improving our whole system approach to health and care. Provide simple, clear and timely communication and coordinated engagement appropriate to age and level of understanding.
	Personalised	Health and care services which are tailored to individual needs and preferences including the language of their choice, involving people in decisions about their care and treatment, supporting people to manage their own care and outcomes.
	Seamless	Services and information which are less complex and better coordinated for the individual,.
	Higher Value	Achieving better outcomes and a better experience for people at a reduced cost. Care and treatment which is designed to achieve what matters to people and is delivered by the right person, in the right place, at the right time.
	Evidence driven	Use research, knowledge and information to understand what works. Use innovation and improvement to develop and evaluate better ways of working.
	Scalable	Ensuring good practice scales up from local to regional and national level.
	Transformative	Ensuring new ways of working are affordable and sustainable and change or replace existing approaches as opposed to adding extra permanent service layers.

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	Aims/Principles	Expected outputs

	Aims/Principles	Expected outputs
Prudent Healthcare Principles	Achieve health and well-being with the public, patients and professionals as equal partners through co-production.	Collaboration between the public, patients, and healthcare professionals as equal partners in achieving health and well-being. It recognizes that individuals play an active role in managing their own health and that shared decision-making is crucial.
	Care for those with the greatest need first, making most effective use of all skills and resources.	Allocate resources to those who require the most support, ensuring that the most vulnerable and those with the most pressing needs receive timely and appropriate care.
	Do only what is needed (no more, no less) and do no harm.	Emphasis on the importance of evidence based practice, avoiding unnecessary interventions, preventing harm to patients, choosing the more appropriate and effective treatment based on the best available evidence.
	Reduce inappropriate variation using evidence based practices consistently and transparently.	Use evidence-based practices consistently and transparently to minimize variations in service provision. Aims to ensure that all patients receive the same high standard of care, regardless of where they are treated.
Values Based Healthcare Principles	Personal Value	Individuals receive appropriate care and is determined by how well the outcome relates to the value and goals of individual patients, considering both good and bad outcomes. Decisions are based on best current evidence, a careful assessment of an individual's

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	Aims/Principles	Expected outputs
Values Based Healthcare Principles continued		clinical condition and an individual's values.
	Technical Value	Achievement of best possible outcomes within available resources and determined by how well the resources allocated for investment for a particular sub-group of the population, defined by their condition, are used for all the people in need in the population.
	Allocative Value	Have resources been allocated to different groups equitably and in a way that maximises value for the whole population.
	Societal Value	Relating to whether the impact of the intervention in healthcare contributes to social cohesion, based on participation, mutual respect, equity and recognition of diversity.

Recognising the above principles, the SCF is also designed with reference to, as appropriate, specific frameworks and dashboards (e.g. National Maternity Dashboard, best practice standards including Getting It Right First Time, Clinical Implementation Networks, Interventions Not Normally Undertake and Evidence Based Interventions) to provide a mechanism to focus on performance and drive improvements in health outcomes for PTHB responsible population:

Domain	Expected outcomes (e.g.)
Preventing people from dying prematurely.	• Potential years of life lost. • Healthy life expectancy rates. • Deaths from intentional self-harm and undetermined intent. • Avoidable mortality. • Premature mortality from non-communicable diseases. • Deaths from unintentional and intentional injuries. • Hip fracture rate (65+).
Enhancing quality of life for people with long-term conditions (LTC)	• Health related quality of life for people with LTC. • Proportion of people feeling supported to manage their condition. • Unplanned hospitalisation for LTC.

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Domain	Expected outcomes (e.g.)
Helping people recover from episodes of ill-health or following injury.	• Emergency admissions for acute conditions that should not normally require hospital admission. • Emergency readmissions within 30 days of discharge from hospital. • Emergency admissions for particular patient and/or disease group. • Proportion of patients recovering from particular procedure or condition.
Ensure people have a positive experience of care.	• Patient experience of secondary care services – inpatient care; outpatient care. • Responsiveness to inpatient personal needs. • Staff views of patient care. • Patient Reported Outcome Measures (PROMs). • Patient Reported Experience Measures (PREMs).
Treating and caring for people in a safe environment and protecting them from harm.	• Incidence of infections. • Patient Safety Incidents reported. • Proportion of Patient Safety Incidents resulting in severe harm or death.
People are well and healthy in their own homes and communities	• People are supported to stay well with fewer people needing hospital care. • Reduction in community falls. • Reduced acute admissions following a fall.
Wider determinants of health.	• People living in poverty. • Smoking prevalence. • Alcohol consumption. • Healthy weight. • Physical activity levels.
Health Protection	• Screening uptake. • Immunisation coverage.

4. Strategic Context

4.1 NHS Wales and NHS England

Due to PTHB unique geography and commissioning pattern, the SCF for PTHB is considered within the context of NHS Wales and NHS England policies and frameworks, and local strategies:

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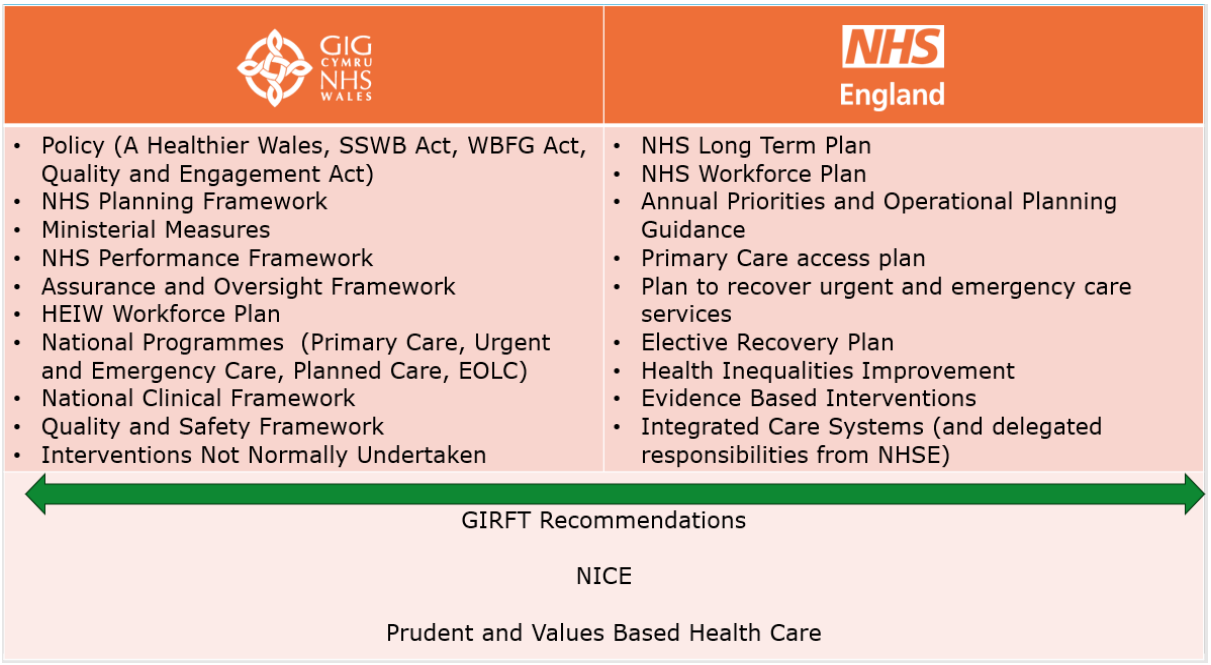

4.2 NHS Wales Planning Framework

The NHS Wales Planning Framework which is issued annually provides a structured approach and guidance for Health Boards to meet the statutory planning duty in NHS Wales. It also includes the key performance measures and in 2025/26 also included a set of 'Enabling Actions' for productivity and efficiency.

The Health Board produces an Integrated Plan each year which demonstrates the delivery of our Wellbeing Objectives as outlined in the agreed Health and Care Strategy 'A Healthy, Caring Powys', responds to the organisation's strategic risks, the NHS Wales Planning and Performance Frameworks in the context of the financial settlement in the annual Allocation Letter.

Health organisations, including PTHB, are required to complete an MDS (Minimum Data Set) comprising service, financial, and workforce information and to submit it each year with the Integrated Plan. The MDS provides assurance on the robustness of plans and ensures alignment with statutory duties and ministerial targets.

4.3 NHS England priorities and operational planning guidance

The NHS England priorities and planning guidance provides detail on the reduced number of national priorities for 2025/26 to improve patient outcomes with the aim for patients, service users, Integrated Care Boards and providers to work together with support from NHS England to drive reform that will support deliver of immediate priorities and ensure the NHS is fit for the future; live within the budget allocated, reducing waste and

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improving productivity; and maintaining collective focus on the overall quality and safety of services.

4.4 A Healthier Wales (2024 refresh)

In Autumn 2023, the Welsh Government's Chief Scientific Adviser for Health published a report "*NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales*" describing the challenges the NHS in Wales is likely to face over the next 10 to 25 years. The report made it clear that the current demographic, economic and societal challenges facing our health and care system in Wales will continue to place unsustainable demands on our services.

In response to the evidence set out in this report, a refresh of the actions within A Healthier Wales, long term plan for health and care, was announced.

A set of refreshed actions have been agreed to support the delivery of 'A Healthier Wales' and provide a key strategic context to inform PTHB Commissioning Intentions:

- Preventative.
- Person Centred.
- Sustainable.
- Equitable.
- High Quality and Safe.
- Digital and Data.
- Workforce.
- Research, Development and Innovation.
- Co-production and Partnership.
- Integration.

4.5 NHS Wales Duty of Quality

The Duty of Quality, mandated by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, compels NHS organizations to:

- Foster a culture of quality within their operations.
- Improve health services and outcomes continually.
- Actively monitor progress in quality improvement efforts and share this information transparently with the population.

4.6 PTHB Health and Care Strategy

The PTHB Health and Care Strategy recognised the challenges of affordability and sustainability of services; variation in service provision across the county; reliance on services provided outside of Powys with challenges of access.

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Our strategy aims to support people to:

- Start Well

- Live Well
- Age Well

We will focus on improving health and well-being through four main themes (our well-being delivery objectives):

- Focus on Wellbeing
- Early Help and Support
- Tackling the Big Four
- Joined Up Care

We will achieve these by four key areas that will help us make it happen (our well-being enabling objectives):

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

Delivery of the Strategy will be driven by clear principles:

- Do What Matters
- Do What Works
- Focus on Greatest Need
- Offer Fair Access
- Br Prudent
- Work With The Strengths of People And Communities

4.7 PTHB Annual Plan

The PTHB Annual Plan sets out the action on immediate challenges and a sustainable model of care. This is in recognition of the challenging financial position and the associated escalation of PTHB's intervention status to 'Level 4' for strategy, planning and finance by Welsh Government.

The plan also responds to the requirements in the NHS Wales Planning Framework and the areas of focus set out as Strategic Priorities by the Cabinet Secretary for Health and Social Care.

4.8 Population Needs Assessment

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

- The Powys Population Needs Assessment: www.powysrpb.org
- The Powys Wellbeing Needs Assessment: https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis

4.9 PTHB Integrated Quality and Performance Framework (IQPF)

The IQPF describes the mechanisms by which the Board discharges its duty to scrutinise and assure the performance of the organisation in line with the

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strategic objectives, and most importantly the delivery and commissioning of quality, patient centred services.

5. Roles and Responsibilities

Commissioning is everyone's business in PTHB with the SCF adopting an approach that is based on the health needs of the population, improving outcomes and supporting the recovery and sustainability of the Health Board.

The Board drives a culture of quality and performance by providing a clear vision together with health board aims, objectives and priorities by holding the Executive Team to account for the delivery of the Annual Plan 2025/26 including the agreed performance measures and trajectories. Effective commissioning requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

5.1 Board

The Board has overall responsibility for the implementation of the SCF. The Board's role is to provides leadership and direction to the organisation and will agree the health board's Strategy including the vision, Wellbeing Objectives, Enabling Objectives, Strategic Priorities and Critical Actions through approval of the Annual Plan. The SCF outlines the framework and processes to ensure that the Health Board implements a strategic commissioning approach. The Board will delegate scrutiny and assurance to its Sub-Committees as appropriate.

5.2 Chief Executive Officer

The Chief Executive Officer is accountable for the management of the organisation including ensuring that the quality and performance of services are achieved in line with the Annual Plan within available resources.

The Chief Executive has delegated responsibility for the detailed operation of the SCF to the Executive Director of Planning, Performance and Commissioning. To discharge this responsibility, they will work with the Executive Directors, to ensure effective arrangements are in place across the Health Board to discharge the responsibilities of the SCF.

5.3 Executive Directors

The Executive Team, through the Executive Committee, provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees.

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Each Executive Director is responsible for supporting the development of strategic and organisational plans including the Annual Plan and in the development and implementation of their own Directorate Plan ensuring all plans are informed by evidence, are achievable and challenging with particular reference to their areas of responsibility and/or expertise; with all having a key role in supporting the shift to strategic commissioning as outlined in section 2.1.

- The Executive Director of Planning, Performance and Commissioning has the delegated responsibility for the development of and for implementing and updating the SCF.

- The Executive Director of People and Culture is responsible for the Innovation and Improvement, Transformation and Value and North Powys Wellbeing Programme teams within the organisation and key regional and national links in relation to these areas.

- The Executive Director of Nursing, Quality, Women and Family Health ensures that the required levels of quality management and performance are in place through the IQPF and ensures that delivery against the Quality Outcomes Framework is embedded into this process.

- The Executive Director of Primary Care, Community and Mental Health is accountable for a significant proportion of operational delivery across the Health Board. Through using this framework, they are responsible for ensuring that operational services are planned and delivered in the context of Commissioning Cycle and that appropriate internal oversight arrangements are in place.

- The Executive Director of Public Health is responsible for ensuring that robust plans are in place to secure improvement in population health and well-being and to protect the health of the local community.

- The Executive Medical Director ensures that the required levels of medical performance and relevant quality areas are in place through the SCF.

- The Executive Director of Allied Health Professionals, Health Science and Digital ensures that the health board has the required digital systems, IT infrastructure, reporting, and analysis to provide high quality support to the health boards staff at all levels which will underpin the SCF and linked processes.

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- The Executive Director of Finance, Capital and Support Services (DoF) and Deputy Chief Executive is responsible for ensuring there is an effective system of internal control and financial governance and there is a financial strategy and Annual Plan and budget plan established for the organisation which integrates with the workforce and & service plans. As part of delivery and monitoring and reporting, the DoF will ensure there are mechanisms established to provide financial information, analytics, and insight into the SCF.

- The Director of Corporate Governance is responsible for advising on the process and system of reporting/escalation to the Committees and the Board and is responsible for the health board's corporate governance framework. Internal and external communication also forms part of the portfolio.

5.4 Senior Leaders and Managers

Senior leaders and managers across the organisation have responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their Directorate Plans and the Annual Plan and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting the culture of strategic commissioning within the Health Board.

5.5 All Staff

All employees contribute towards to the successful implementation of the SCF by being encouraged and supported to work within the principles of the SCF to identify improvement opportunities and to take the required action. It is important that staff own the data and information on their activity and understand how that translates to the corporate performance of the organisation, taking positive personal action and responsibility to improve their own practice and performance.

6. Implementation and Delivery Plan

The quality of care and experience that patients and their families receive is central to the PTHB SCF and is enshrined in law in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Executive Director of Planning, Performance and Commissioning will lead the implementation of the SCF with delegated responsibility to the Assistant Director of Performance and Commissioning, Head of Commissioning and Head of Performance, with the following governance arrangements being in place:

a) Better Together Portfolio

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The aim is to improve quality and outcomes for the population by ensuring future models of care and configuration of services deliver viable and economically sustainable services that meet the needs of rural Powys.

A 'Value Based Healthcare' approach underpins this work, to assess and develop future patterns of service delivery and commissioning. Alongside the longer term planning, there is a focus on development and delivery of short and medium term opportunities which support recovery, improve quality and make best use of resources.

b) Commissioning for Value Group

The aim is to review the services that PTHB both provides and commissions to ensure that PTHB resourecs are used wisely; with a focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.

c) Integrated Quality and Performance Framework (IQPF):

The IQPF applies to all parts of the Health Board and includes all services the Health Board provides and all 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, and via the following structure set out the processes to support the delivery of quality care through quality improvement, quality planning and quality control.

i. Integrated Quality and Performance Report and associated escalation process.
ii. Integrated Quality and Performance Group meetings.
iii. Escalation Oversight Group.

d) Commissioning Oversight and Assurance Group (COAG):

The COAG provides a formal forum for internal oversight and escalation for the performance monitoring of commissioned non-specialist services, informed and supported by the Contract, Quality, Performance and Resource meeting (CQPRM) process with reference to the PTHB IQPF; NHS Wales Planning Guidance and Performance Framework; and NHS England Annual Priorities and Operational Planning guidance.

The Group, which will be chaired by the Executive Director of Planning, Performance and Commissioning, will provide oversight of the performance of commissioned service providers against the four domains of the IQPF:

- 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.

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- Receive updates, from CQPRMs, to feed into the Health Board Integrated Quality and Performance Report.

- Identify and discuss specific challenges and issues that impact the performance of services. This process will underpin the IQPF exception and escalation process.

- Review and monitor action plans that address the identified challenges and outline the steps required for mitigation/improvement. These plans should be specific, measurable, achievable, relevant, and time-bound (SMART) to ensure effective implementation with progress against timelines of recovery / improvement.

- Update and maintain the commissioning services risk register, reviewing and validating the risk score/impact and feed into overarching corporate risk register

- Determine requirement for further internal escalation and enact these as required

e) Contract, Quality, Performance and Resource Meetings (CQPRM) with commissioned service providers:

Provides a mechanism to oversee the arrangements for performance monitoring of PTHB Commissioned Services with reference to the PTHB IQPF; NHS Wales Planning Guidance and Performance Framework; and NHS England Annual Priorities and Operational Planning guidance.

The CQPRM will ensure that:

- PTHB and Provider resources are used wisely to get the best possible outcomes (individual, service, organisation, and community) and experience for the population we serve.

- The evidence base for which interventions are most effective, looking at unwarranted variation in services, outcomes, and costs, and measuring the impact actions are having on improving experience and outcomes of individuals and populations and the use of resources.

- There is focus on quality outcomes, experience, and cost to help ensure that resources are allocated and managed to have the greatest positive impact.

- There is clear, consistent strategic direction, strong leadership, and transparent lines of accountability.

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- At all levels there is a person-centred approach, putting patients, patient safety and experience as well as safeguarding above all other considerations.

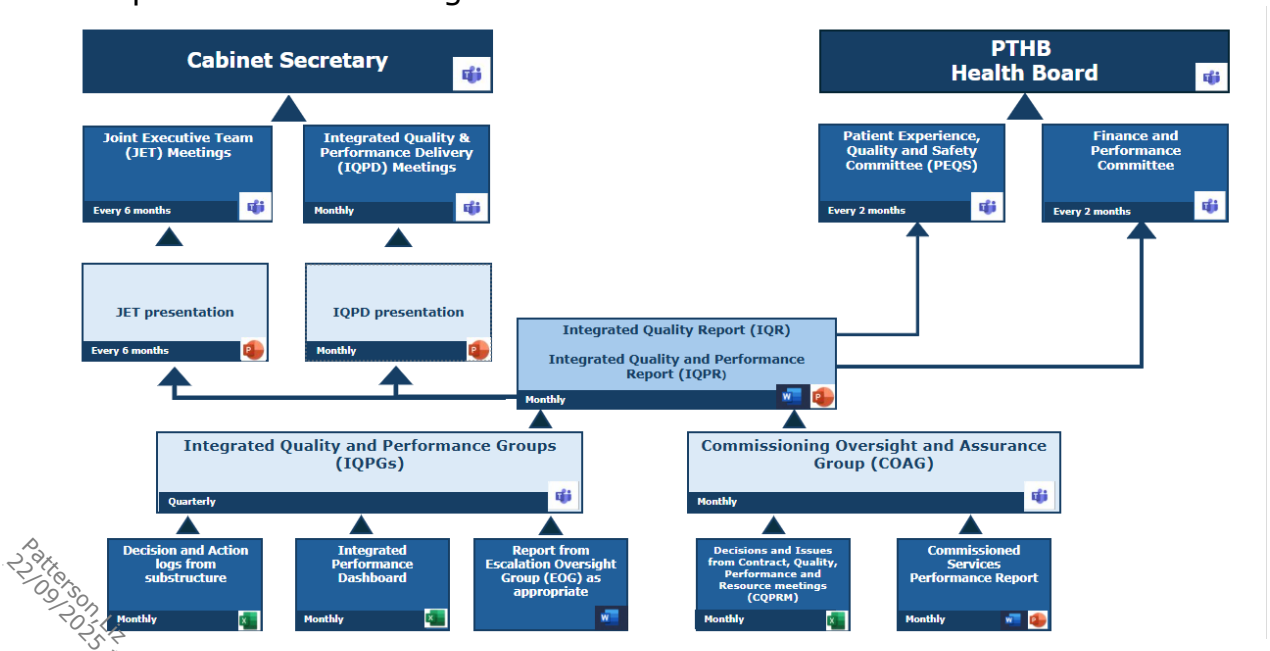
- The right systems and processes are in place to deliver from a patient's perspective – safe, timely, efficient, effective, and equitable services.
- There is good team working, non-hierarchical collaboration and partnership working to provide the best possible health and wellbeing outcomes. Risks and issues are actively identified and robustly managed at all levels.

- Relationships with commissioned service providers ensure that decisions are based upon valid, accurate, complete, and timely data and information.

The frequency of CQPRMs will be dependent on the circumstances, performance and range of risks identified for each contract with NHS Wales, NHS England, private sector commissioned service providers. Within these meetings, assurance on compliance will be sought and information reviewed in line with the contract requirements to ensure national standards for performance, quality, patient experience and finance are met as detailed within the NHS Wales and NHS England Performance and Delivery Frameworks.

6. System of Reporting, Review and Assurance

The illustration below sets out the high-level approach to commissioning and performance oversight:



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7. Feedback

Key to continuous improvement, learning and development is effective feedback. The process set out in the framework should be accompanied by feedback on actions taken, outcomes and learning.

8. Review of the SCF

This SCF will be approved by the Board. It will be reviewed annually by the Finance and Performance Committee who will make recommendations for refresh when deemed necessary or in three years whichever comes first.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

PTHB Board	**24 September 2025**
Subject:	***Preventing the preventable: Population Health Strategic Framework for Powys 2025-2035***
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Executive Director of Public Health Consultant in Public Health Head of Service: Public Health Programmes and Projects.
Other Committees and meetings considered at:	Planning, Partnerships & Population Health Committee - presentation on the approach to developing the Framework (14/08/25) Executive Committee (Report) (03/09/25)

PURPOSE:

Preventing the Preventable: Population Health Strategic Framework for Powys 2025-2035 (the 'Framework') provides a set of actions for improving health and wellbeing in the Powys population. It meets a commitment in the Health Board's *Integrated Plan 2024-29* to develop a whole system prevention plan across the life course. It also serves as the Director of Public Health Annual Report for 2025.

RECOMMENDATION(S):

The Board is asked to **DISCUSS** and **APPROVE** the Framework.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	This item contains recommended actions which help to tackle the big four: circulatory disease, respiratory disease, mental health problems and cancer. It also takes a prevention, i.e. wellbeing, approach and takes a primary prevention approach to ensure help is provided as early as possible.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

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EXECUTIVE SUMMARY:

The population of Powys is living longer than the population of Wales as a whole, but not all these years are necessarily spent in good health. Some sections of the Powys population are spending nearly a third of their life in poor health. The evidence shows that many of the most common health conditions such as health disease, type II diabetes and certain cancers, are largely preventable. If we can improve health of the population across the life course and delay the development of disease, we can reduce the time some people spend in ill health.

The Framework outlines how investing in prevention sets the foundation for good health throughout life. It highlights that there needs to be a focus and investment in preventing the preventable to enable people to live in good health for longer, and if they do develop chronic conditions, how supporting them to self-manage and to live as well as possible to maintain their health to avoid complications and bigger health problems from arising later.

This Framework highlights those interventions that reduce the cumulative impact of health risks throughout life and across generations to the greatest effect. Priorities for action are set out for six modifiable risk factors: diet and physical activity, substance misuse (including alcohol and smoking), health protection (including vaccination and screening), mental wellbeing and the wider determinants of health. It is these risk factors that collectively account for the majority of poor health and premature mortality in Powys. To reflect the *Health and Care Strategy for Powys 2017-2027*, the actions in the Framework are set out in start well, live well, and age well sections. In each section there are a number of case studies which illustrate work that is already happening, recognising that there is a lot of good practice already in place which we can build on.

The actions chosen primarily focus on primary prevention (i.e. preventing illness) as this is where the greatest population impact will be achieved, as well as being chosen using a return on investment approach. What this means is that actions are included because they have been shown to deliver a positive return on investment, as measured by direct savings to the NHS, reductions in growth in demand or wider savings to society. The actions are demonstrably the 'best buys' in respect of population health and draw on a value based approach.

NEXT STEPS:

The Framework sets out the approach we will take in the Health Board for strengthening focus on prevention, and actions will be reflected in the Health Board's strategic annual planning cycle, in addition to being shared through the regional partnership structures.

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IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe	X				This item should have no negative impact on the quality of services provided by the Health Board.
Timely			X		
Effective			X		
Efficient			X		
Equitable			X		
Person Centred			X		
Workforce			X		
Leadership	X				
Culture			X		
Information			X		
Learn, Improve, Research			X		
Whole Systems Approach			X		

EQUALITY:

	No impact	Negative	Positive	Both	
Age			X		There are no negative impacts on equality. The item should address issues in an equitable way across the life course as well as focusing on the wider determinants of health.
Disability	X				
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity			X		
Race			X		
Religion or Belief	X				
Gender			X		
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status			X		
Social exclusion			X		
Carers	X				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	X				The main risks are rated low and associated with implementation. Shifting from a treatment focused system to increasing focus on prevention has risks in terms of financial planning that will need to be addressed.
Financial		X			
Corporate		X			
Operational		X			
Reputational		X			

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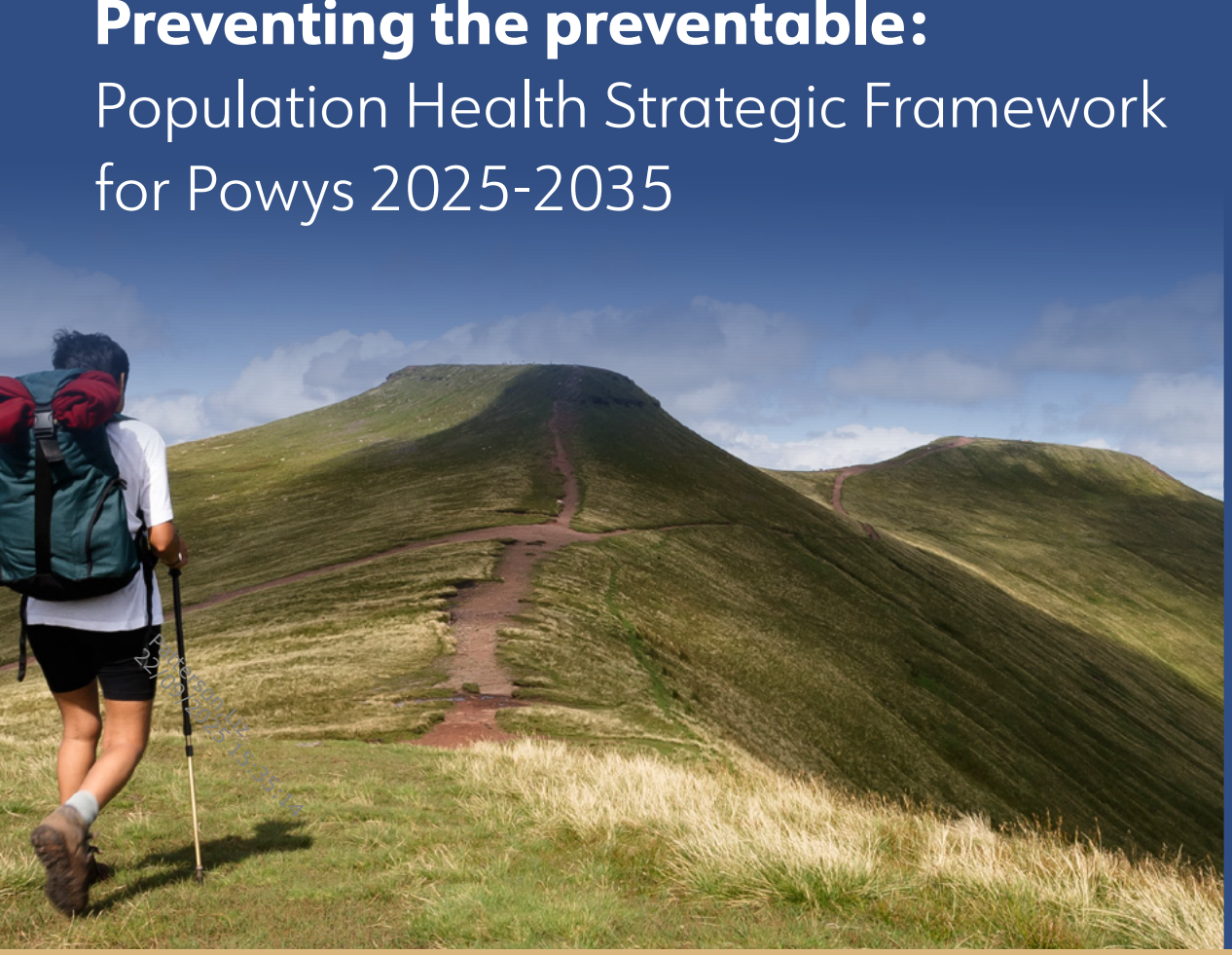
Powys Teaching Health Board

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

Annual Report of the Director of Public Health 2025

Preventing the preventable:
Population Health Strategic Framework for Powys 2025-2035



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Foreword

Everybody knows that prevention is better than cure. In my annual report last year I made the point that, in the current economic climate, the challenge for us all is to ensure that short term imperatives don't detract from our goal of better health and wellbeing. This remains the case twelve months on, and there continues to be extraordinary power in getting prevention right. If we do this, we can improve the health of the population of Powys by reducing premature mortality, social disparities, and the absolute time some people spend in ill health. In turn, this will reduce the burden on the NHS and social care.

In this year's report I outline how investing in prevention sets the foundation for good health throughout life. The evidence is clear. Many of the most common health conditions such as heart disease, type II diabetes and certain cancers, are largely preventable. This Framework highlights those interventions that reduce the cumulative impact of health risks throughout life and across generations to the greatest effect. In taking this approach, I aim to show that prevention is not a distraction from the immediate acute healthcare pressures, but rather a key part of a sustainable solution.

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> *They [Welsh public bodies] must focus on stopping problems from happening in the first place. They must make the connections between different parts of their work and join up with other public bodies. They must listen to and work with their communities. Ultimately, public bodies must take a longer-term view, so they can meet the needs of the present without compromising the ability of future generations to meet their own needs.*
>
> **Auditor General for Wales***

This Preventing the Preventable Framework report is both the Annual Report of the Director of Public Health for Powys Teaching Health Board for 2025, and a framework for population health. This Framework sets out the Powys approach to prevention at a population level. As such, it is designed to deliver on a commitment in Powys Teaching Health Board's Integrated Plan 2024-29 to develop a whole system prevention plan across the lifecourse. The Framework will also be reflected in the health board's strategic plans, Better Together programme and Strategic Commissioning Framework. I look forward to working with people across Powys in implementing this Framework to support people to live healthier, longer lives.

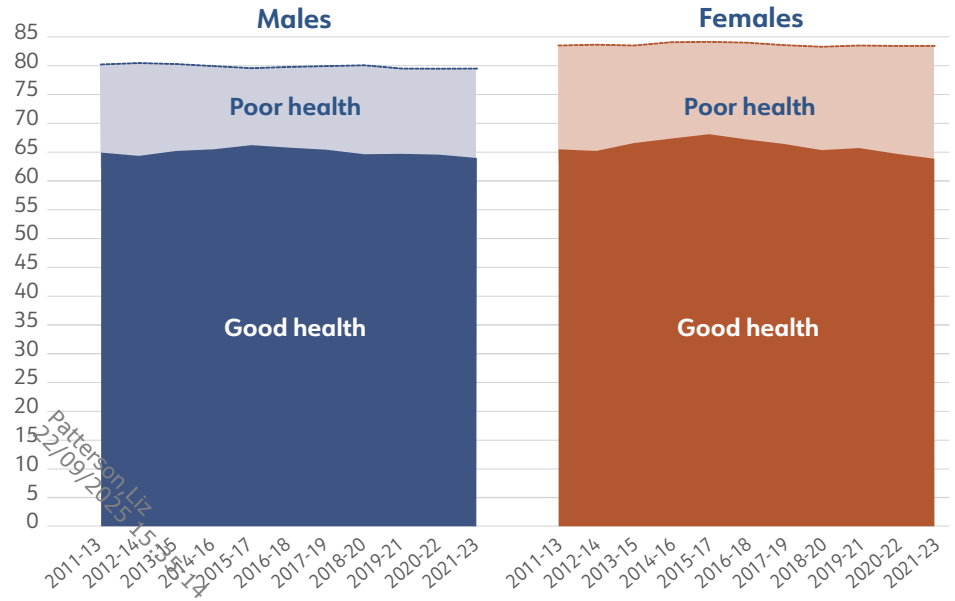
Mererid Bowley,
Executive Director of Public Health, Powys Teaching Health Board

* Auditor General for Wales (2025) No time to lose: Lessons from our work under the Well-being of Future Generations Act. Audit Wales. Available from: No time to lose: Lessons from our work under the Well-being of Future Generations Act | Audit Wales [Accessed 01/08/2025]

Chapter 1 Building blocks for health

The population of Powys is living for longer than the population of Wales as a whole, but not all these years are necessarily spent in good health. Latest figures show life expectancy of 83.4 years for women and 79.5 years for men, while healthy life expectancy is 64 years for both (Figure 1.1). Women tend to live longer than men, but more of this extra time is in poorer health. Women will live around 19.5 years in poorer health and males around 15.5 years. Also, the downward trend in healthy life expectancy, particularly for women, is concerning.

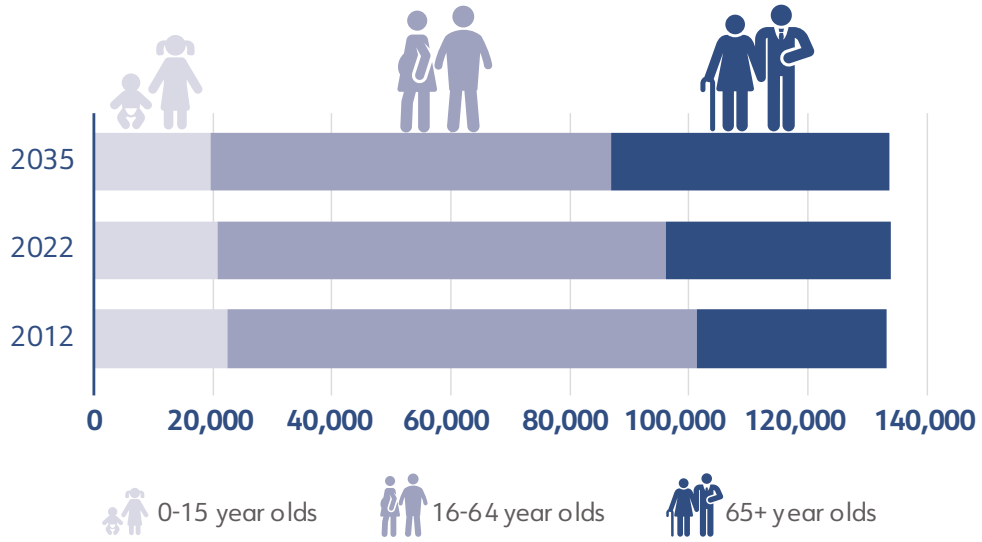
Figure 1.1 Male and female life expectancy (LE) and healthy life expectancy (HLE) at birth in Powys, 2011-13 to 2021-23



Source: data produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS)

Out of all local authorities in Wales, Powys has the highest proportion of older adults, with three in ten people aged 65 years and over. Powys has 39,000 people aged 65 years, but by 2035 it is projected that there will be 45,500, representing over a third of the total population (Figure 1.2). Around a third of households in Powys have just one person in it, with over half being older than 65 years.

Figure 1.2 Trend in Powys population by age group



Source: Mid-year popluation estimates and Population projections (ONS)

Health inequities

Some people live longer, healthier lives than others simply because of the conditions they were born into or live in. The conditions can make it harder for some people to stay healthy or get the care they need.

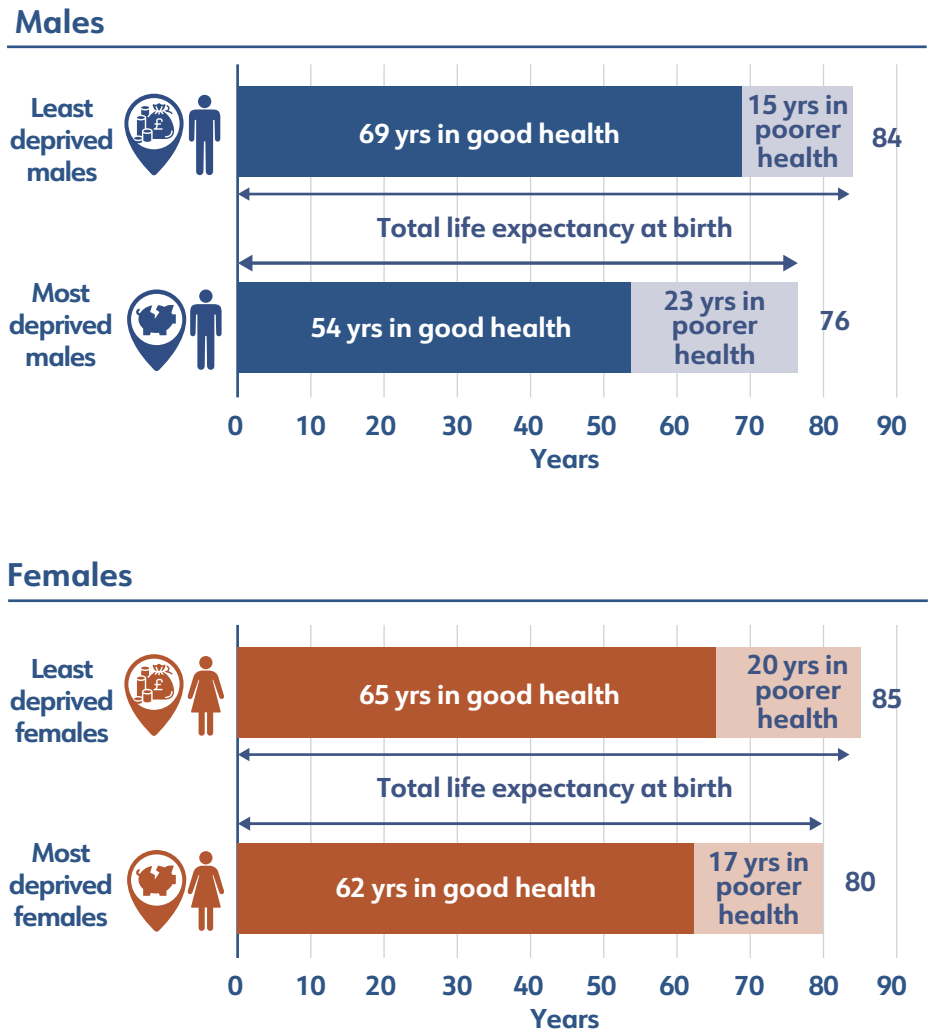
Health inequities are gaps in health outcomes that are unfair and avoidable. These differences can affect:

- how long people live
- how healthy they are during their lives

There is a clear link between deprivation and health across the lifecourse, from low birthweight to life expectancy. Those born in the most deprived areas of Powys spend fewer years in good health compared to those born in the least deprived areas (Figure 1.3).

Males born in the most deprived parts of Powys spend 15 fewer years in good health compared to those born in the wealthiest areas

Figure 1.3 Life expectancy and healthy life expectancy at birth in the most and least deprived areas in Powys, 2018-2020



Source: data produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)

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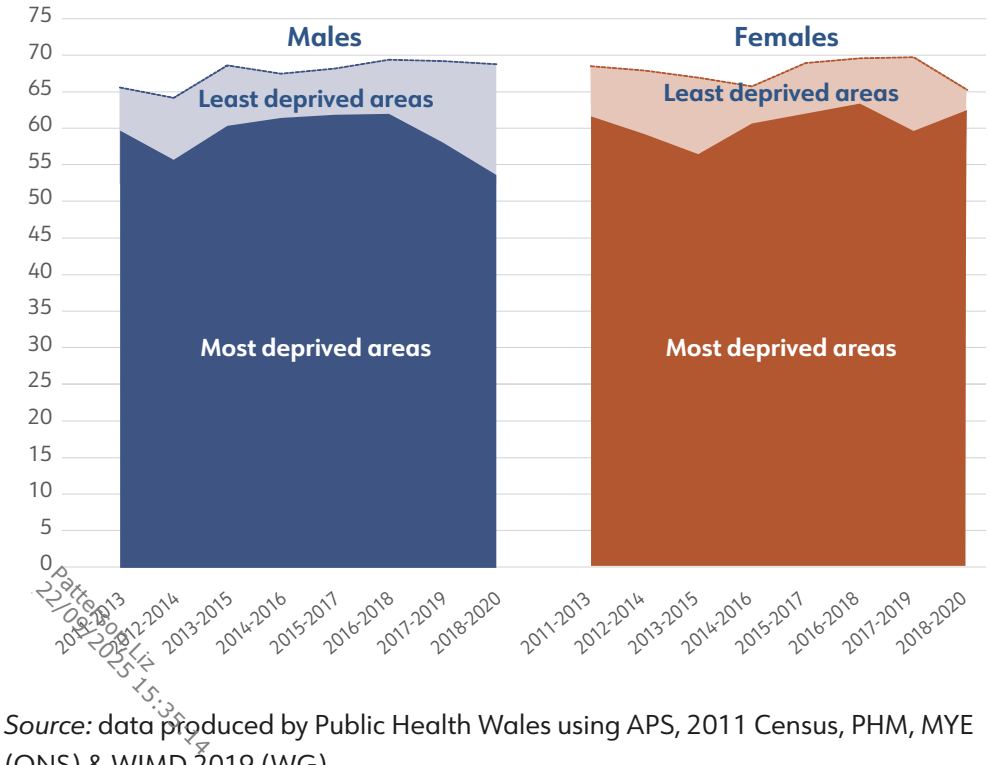
Whilst the gap has increased for males it has narrowed for females, but mainly due to a fall in the life expectancy of women in the more well-off areas (Figure 1.4).[1]

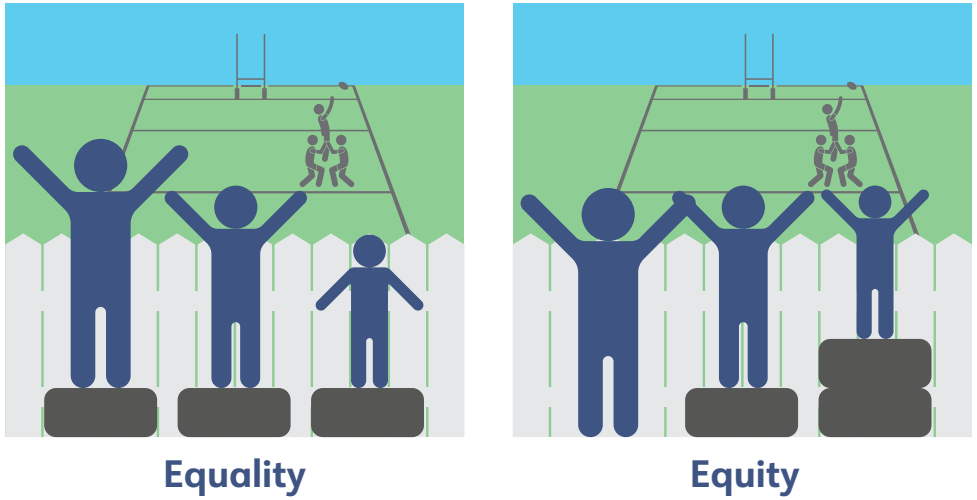
Tackling inequity means ensuring that where a person lives or their social circumstances do not lead to a lesser quality of life or premature death. It is about fairness, making sure everyone has the chance to live a healthy life for longer.

Figure 1.4 Trend in male and female healthy life expectancy, most vs least deprived areas in Powys, 2011-13 to 2018-2020



Source: data produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)

People have different needs, so should have support tailored to their needs in order to achieve fairer outcomes.



There needs to be a **focus on preventing the preventable to enable all people to live in good health for longer**, and if they do develop chronic conditions, that they are supported to maintain their health and live as well as possible.

We must ensure the foundations for better health by tackling the underlying social and economic determinants (for example, employment, education, transport) in deprived areas. There are also groups within the population that experience poorer health outcomes and, therefore, may need additional or enhanced services.

Supporting vulnerable populations to be vaccinated

To improve access and ensure individuals with Learning Disabilities have a positive experience, the health board's Vaccination Service has adapted by providing:

- appointments at quieter times of the day
- alternative entrances to avoid queues
- easy read information leaflets.

Learning Disabilities Champion roles have been created to advocate and share best practice with vaccination colleagues.

Example of a Vaccination Centre Learning Disabilities Champion notice board

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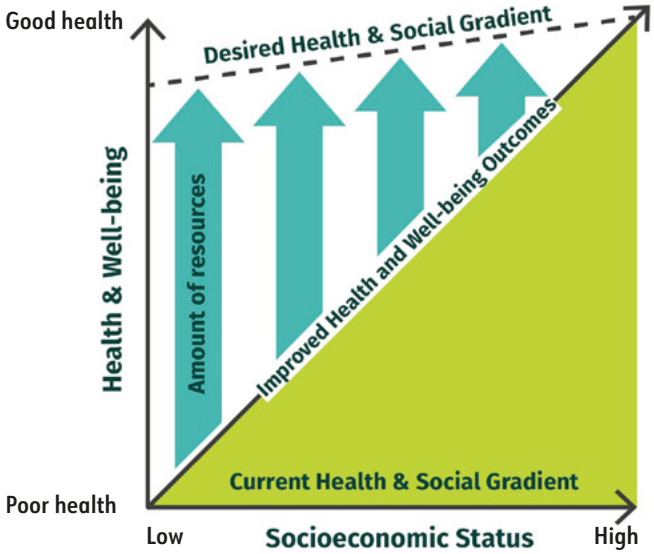
For care home residents, the Vaccination Service has reviewed and improved its Mental Capacity Assessment and consent process. This has included developing an information pack for care home managers. Feedback from care homes has been positive, such as *"A very professional service and good communication. Thank you"*

To reduce inequity in health outcomes, actions must be universal, but with a scale and intensity that is directly related to the level of disadvantage. This is known as proportionate universalism. Greater intensity of action is needed for those living in Powys with greater social and economic disadvantage. Focusing solely on the most disadvantaged, however, will not reduce the health gradient, and will only tackle a small part of the problem. We must act in the interests of everyone, but at a scale and pace that recognises the unfair and uneven distribution of social and material resources.

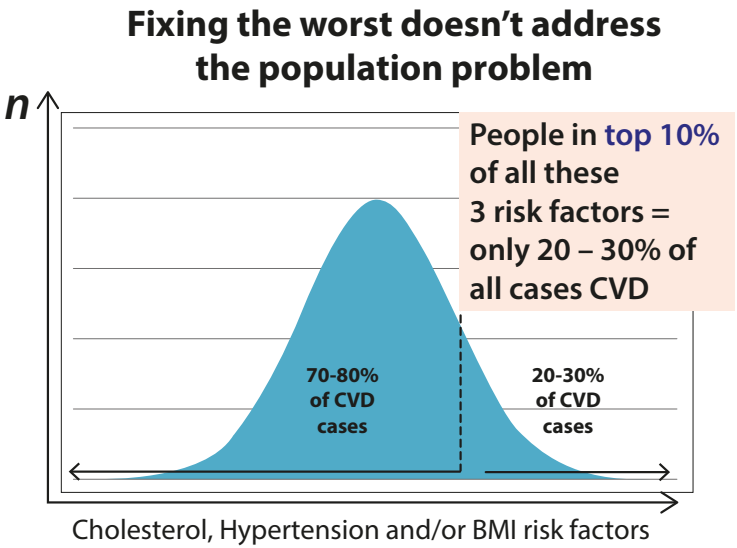
Figure 1.5 Proportionate universalism



Source: BC Healthy Communities (2019) [X] 10 September. Available from: https://t.co/ZQhc3ofn4K" / X [Accessed 18/08/2025]

Small changes in large numbers of people leads to a bigger population health gain than larger changes in small numbers of people. The example in Figure 1.6 shows that most cases of cardiovascular disease (CVD) will happen in people with only moderately high-risk factors. This happens because, although the individual risk is lower, the number of people is much larger, so the population effect is greater. This is called 'the prevention paradox.'

Figure 1.6 The Prevention Paradox



Source: Davies A et al[2]

The prevention paradox challenges the traditional treatment perspective, which aims to identify those at highest individual risk and with most to benefit (individually) from an intervention. It demonstrates that population based strategies, while potentially less impactful for each individual, are more effective in improving overall population health. A balanced approach is therefore required.

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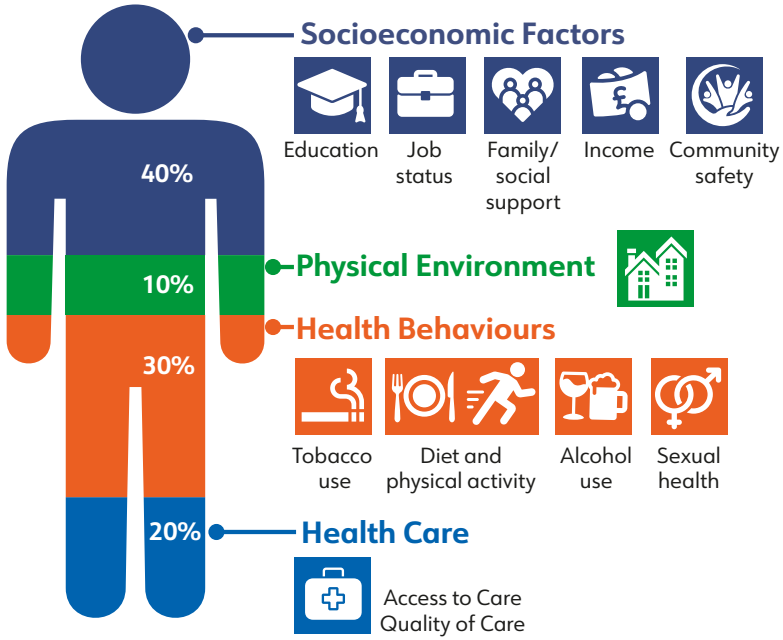
Building blocks for health

What contributes to living longer in good health? Along with health care, the building blocks for health (Figure 1.7) include behaviours such as smoking and diet, socioeconomic factors such as education and jobs, and the physical environment (including green spaces, decent homes, public transport).

Figure 1.7 The building blocks for health – percentage estimates of the contribution to health status



Source: based on American Hospital Association[3]

This means that impactful change in the health of the Powys population requires coordinated efforts across the system as a whole. To support good health, all partners have a role to play, including the communities and residents of Powys, to ensure all the right building blocks of health are in place.

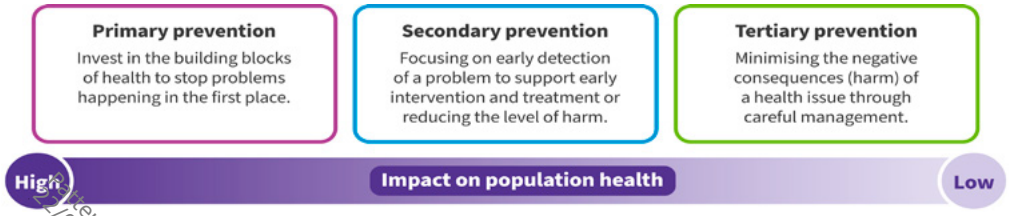
Vision and aspiration

The vision of this Framework is that *by 2035 all the people living in Powys will be well and stay healthier for longer.* This Population Health Strategic Framework sets out priorities for action to help achieve this and how we can measure progress towards improving the health and wellbeing of the Powys population. It sets out a long-term future vision of a whole system approach which is focussed on promoting good health and wellbeing, tackling inequities, on preventing illness and delaying avoidable illhealth

To achieve the vision, the aspiration is to implement a **primary prevention** and a **population health** approach to health and wellbeing.

Population health means improving the health of the entire population, whilst also reducing health inequity. Primary prevention means greater energy and investment is made in stopping poor health and illness occurring in the first place (Figure 1.8).

Figure 1.8 The three types of prevention



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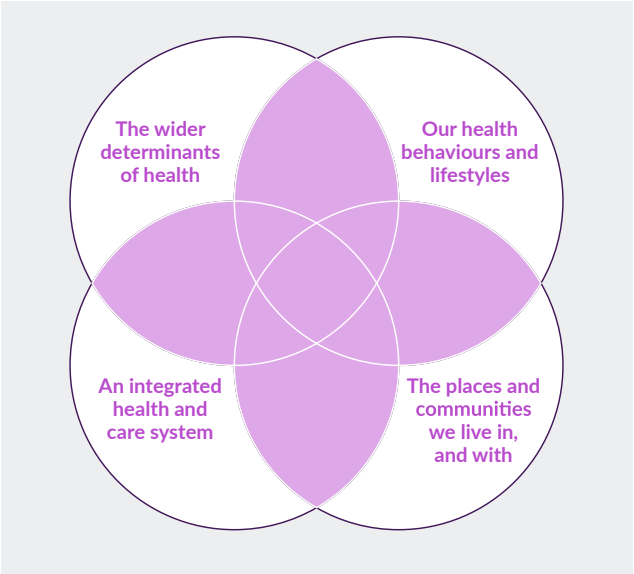
Source: Public Health Scotland[4]

A primary preventive, population health approach must be rooted in what drives our health, and what can improve and maintain it over time. The King's Fund has set out four 'pillars' to drive this approach: the wider determinants of health, our health behaviours and lifestyles, integrated health and care, and fostering place and community (Figure 1.9).[5] The development of the recommended actions in this Strategic Framework has been informed by the four pillars approach and also by Marmot's eight principles. The eight principles aim to eliminate unfair and avoidable differences in health which can be caused by where people live, what kind of job they do, and how they are treated in society.

Figure 1.9 The four pillars of population health



Source: Buck et al[5]

Marmot's eight principles

Principle	Focus
1. Give every child the best start in life	Ensuring children to have access to quality care, education and support to reach their full potential.
2. Enable all children, young people and adults to maximize their capabilities and have control over their lives	Empowering individuals with the skills, knowledge and resources to make healthy choices and participate fully in society.
3. Create fair employment and good work for all	Recognising the importance of decent work, fair wages and safe working conditions as crucial determinants of health.
4. Ensure a healthy standard of living for all	Addressing poverty and ensuring everyone has access to basic necessities like adequate housing, food and healthcare.
5. Create and develop healthy and sustainable places and communities	Need for well-designed, safe, and resource-rich environments that support physical and mental well-being.
6. Strengthen the role and impact of ill health prevention	Proactive measures to prevent disease and promote healthy behaviours, such as vaccination programmes and public health campaigns.
7. Tackle racism, discrimination and their outcomes	Impact of social injustices on health and calls for addressing systemic inequalities.
8. Pursue environmental sustainability and health equity together	Interconnectedness of environmental health and human health, emphasizing the need to protect the environment while promoting health equity.

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Source: Institute of Health Equity Marmot Places - IHE [Accessed 18/08/2025]

By focusing on primary prevention and population health it is the aspiration of this framework to also drive a 'shift to the left' to health prevention in the way effort and resource is concentrated. This means focussing more on keeping people healthy instead of just treating them when they get sick. It is about preventing health problems before they start, helping people to stay healthier for longer and support people who are already living with several long-term health conditions to avoid bigger health problems later as we age.

A more fundamental shift to prevention and population health is the foundation for wellbeing and applies across the lifecourse, starting early in life. To have the best chance of getting traction on curbing the scale of growing health and social care demand Powys needs to invest in a preventive, population approach, co-ordinated across the system and across the lifecourse.

Prevention is key to a sustainable approach to healthcare as it "is often more cost effective than treatment."[6]

Why primary prevention? It's good value

Example: Hip and knee replacements

A 2021 study of 2,296 knee replacements and 3,411 hip replacements performed in public hospitals in Ireland found that:[7]

- over two thirds of all knee replacements and over half of all hip replacements were provided to patients with overweight/obesity.
- in total, overweight/obesity was estimated to account for a third of the total hospital spend on hip and knee replacements.
- in accordance with other research, the promotion of healthy weight was found to be the most cost-effective strategy to control demand, despite investments in prevention programmes and weight management services that would be needed upfront.

For the Powys population, there were nearly 700 primary hip and knee replacement procedures in 2023/24. A hip replacement in Wales cost between £7,300-£11,300 in 2021/22.

The Auditor General for Wales's report marking the Well-being of Future Generations Act 10-year anniversary reported that:

"increases in health spending have been directed to secondary care. It grew by 39% in real terms, when comparing 2014-15 and 2022-23. However, real terms spending on primary care remained relatively stable over the period (see Exhibit 5). This is in the context of primary care having a key role to play in preventative healthcare through routine health checks, immunisations, patient education and lifestyle advice. Primary care also plays a key role in the effective management of chronic conditions – such as diabetes, asthma and hypertension – by helping prevent complications and unplanned hospital admissions."[8]

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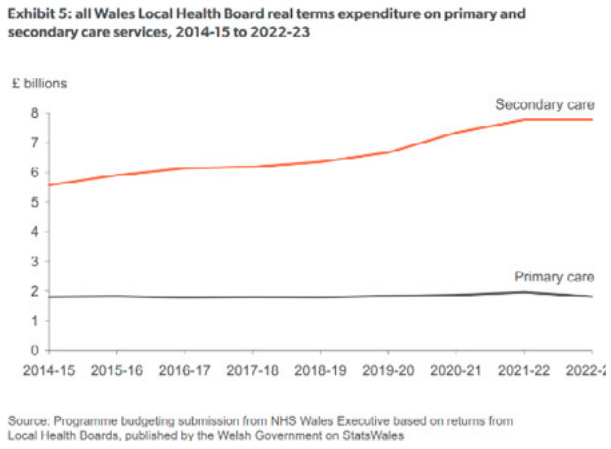

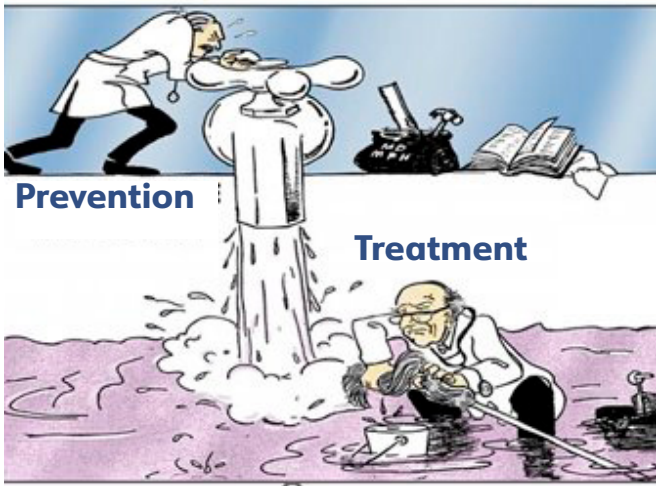

...we're calling for a greater focus on prevention and the wider determinants of health, requiring a shift to long term budgets and planning. At its heart, this is about moving from a reactive model (treating people when they are unwell) to a proactive one (focusing on prevention and early intervention). This requires working across all sectors to support people to be active participants in their own health and wellbeing, creating resilient communities.
Welsh NHS Confederation[9]

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Approach in this document

This Population Health Strategic Framework adopts a health across the lifecourse approach, with chapters for Start Well, Live Well and Age Well. The Framework uses driver diagrams to provide a clear line of sight between activity and how to improve population health, illustrating the steps needed to make a difference to key public health outcomes (see Appendices). It is a simple, yet comprehensive means of breaking down the evidence-based pathways of cause and effect within complex relationships.

We recognise that some of the actions outlined in the chapters may be challenging to deliver. The aim, however, is to be ambitious; we want to achieve progress and improvement in population health by investing in effective prevention and implementing what we know works at scale.

Return on Investment

When selecting actions for inclusion in the framework, a return on investment approach has been used wherever possible. Return on Investment is a form of economic evaluation that values the financial return, or benefits, of an intervention against the total costs of its delivery. Typically, this is presented as 'for every £1 spent you get £x in return'. For example, a return on investment of £4 means that every pound invested yields a return of £4 plus the original £1 back. Return on Investment is useful as it helps with comparison of different interventions.

Return on Investment values are derived from three elements: direct cashable savings, non-cashable savings from reductions in future growth, and the wider financial return to society from a healthy population.

We need to invest in prevention, not just despite the challenging financial position of public services in Wales, but because of it.[10]

Overall, preventive interventions offer significant return of £14 for every £1 invested.

This compares favourably with healthcare which has a return of £3 for every £1 invested.[11]

Alignment with other strategies

Population health is a shared goal, and links with the aims of other national and local strategies:

Strategy	Aim
Well-Being of Future Generations (Wales) Act 2015[12]	Requires public bodies to think about the long-term impact of their decisions and to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
A Healthier Wales: Our Plan for Health and Social Care[13]	Focuses on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
The Public Health (Wales) Act (2017)[14]	Aims to improve the health of people across Wales and reduce health inequalities.
Marmot Nation (announced June 2025)	Wales becoming a Marmot Nation acknowledges the fundamental role of the wider determinants driving people's health and wellbeing. Recognises that everyone needs to benefit, but at a scale and intensity that is directly related to need.
Health and Care Strategy for Powys 2017-2027[15]	Describes a vision where partner organisations in Powys will focus more time and effort helping people to stay well, and help people act early to prevent ill health.
Powys Public Services Board Well-being Plan[16]	One of its three objectives is for people in Powys to live happy, healthy and safe lives.
Social Services and Well-being (Wales) Act 2014	Aims to promote well-being and a preventative approach to ensure that people are happy, healthy and comfortable with their life and what they do, and reduce the need for formal support.
Powys Regional Partnership Board Joint Area Plan 2023-2028[17]	Wellbeing is a focus, with an objective for population health improvement, including health inequalities.
Powys Teaching Health Board Integrated Plan 2024-2029[18]	Strategic priority 1 is to develop a whole system prevention plan across the lifecourse.

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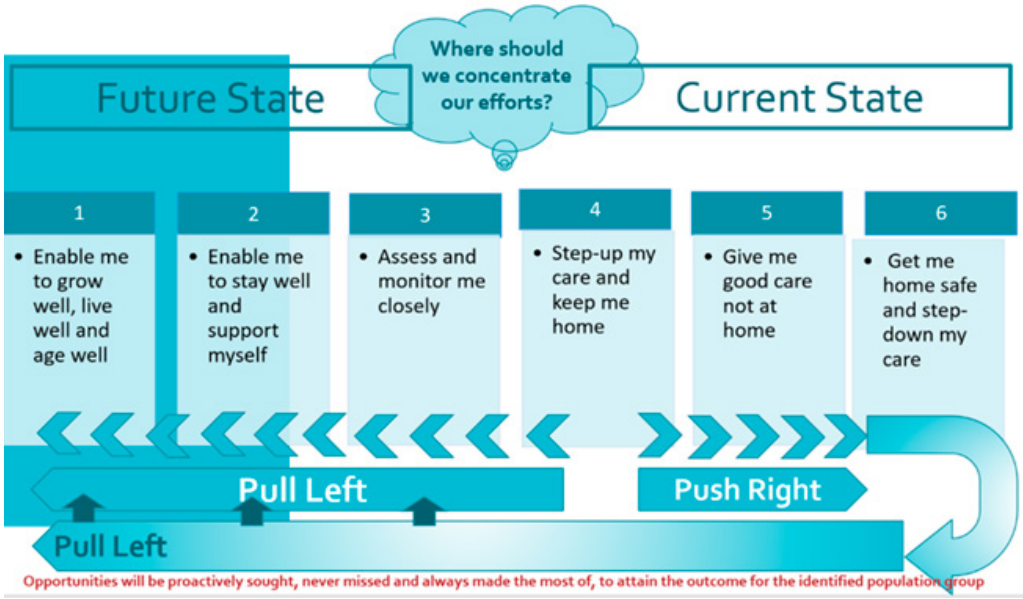
Preventing the Preventable: Population Health Strategic Framework for Powys complements and aligns with the Health Board's Integrated Plan, and contributes to Pillar 1 and 2 of the 'Future State' (Figure 1.10).

Figure 1.10 Shift to the left: from treatment to prevention



Source: Powys Teaching Health Board[18]

Powys Teaching Health Board will help to make this delivery system work by working in partnership towards achieving the vision.

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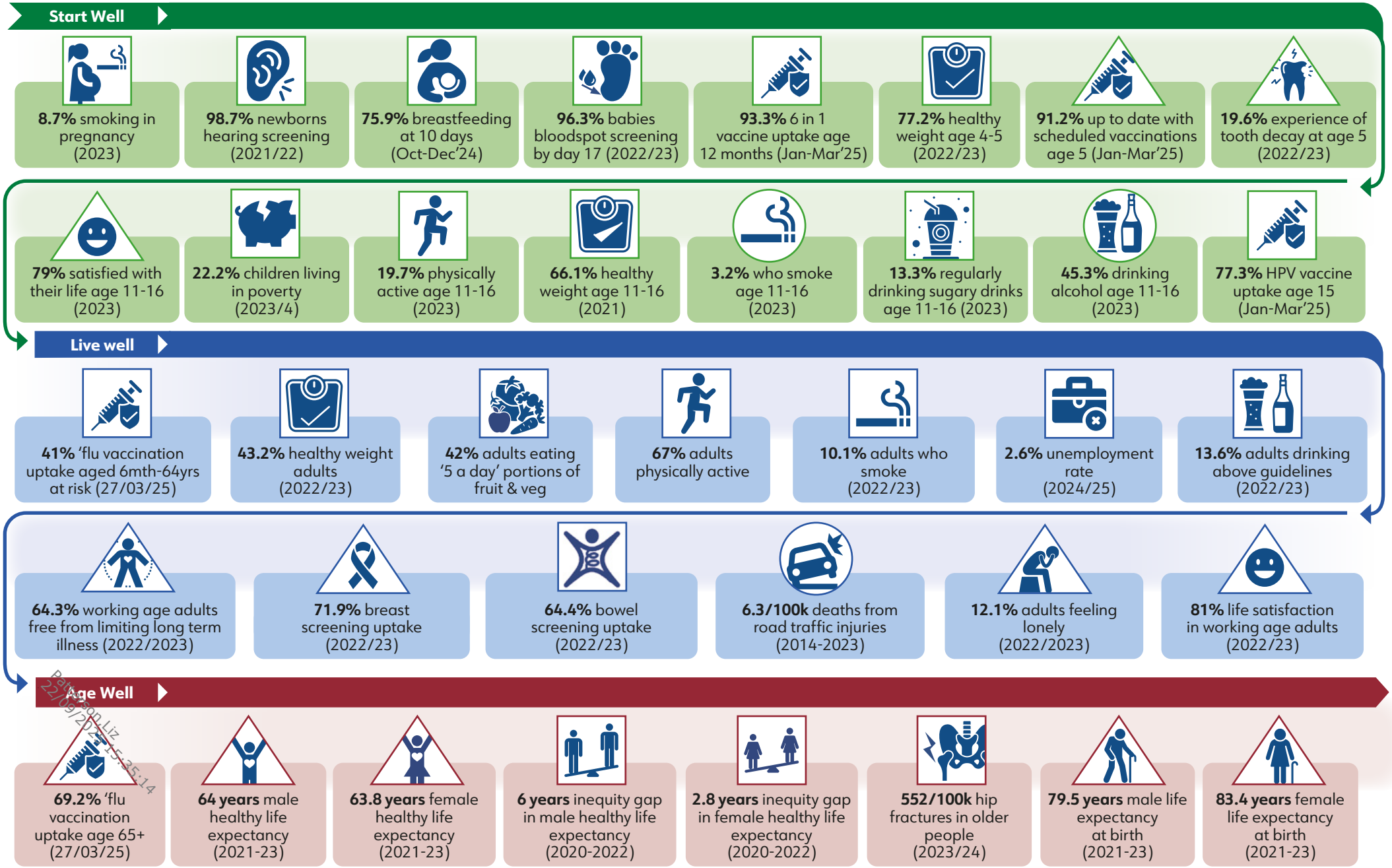
Measuring progress

Key population health indicators, as in Figure 1.11, will serve as a baseline for future years to measure progress in improving the population health of our residents and identify the priority areas of focus.

Figure 1.11 Population Health indicators



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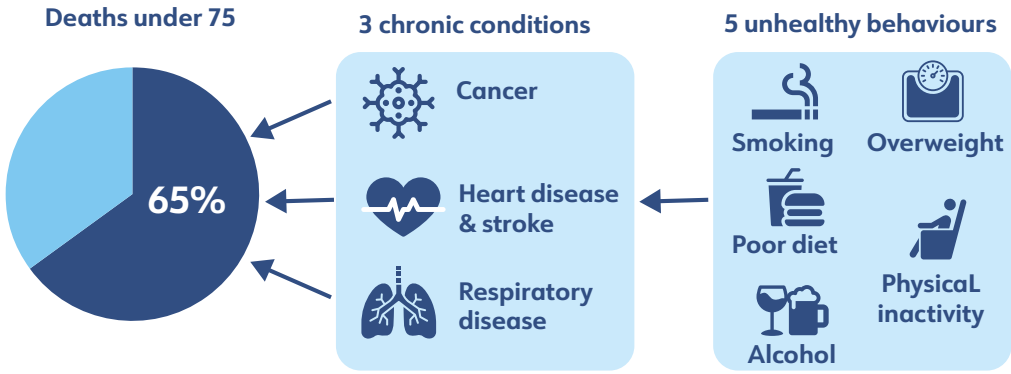
Chapter 2 Modifiable risk factors

There needs to be a focus on preventing the preventable to enable people to live in good health for longer, and if they do develop chronic health conditions, support them to self-manage and to live as well as possible to maintain their health to avoid complications and bigger health problems from arising later.

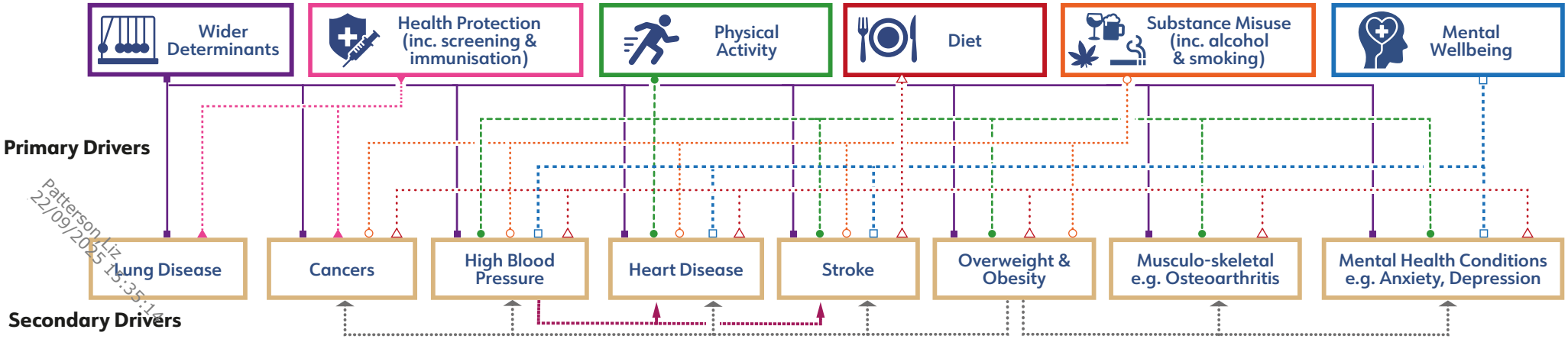
In Powys, some people are dying too young. Under the age of 75 years, two-thirds of early deaths are caused by 3 chronic conditions: cancer, heart disease and stroke, and respiratory disease. These conditions share the same or similar risk factors which are preventable. These risk factors are also common in other chronic conditions, such as dementia and diabetes (type II). Figure 2.1 outlines links between risk factors and health conditions.



Around 4 in 10 cancer cases could be prevented.

Smoking is the largest cause of cancer in the UK, followed by overweight and obesity.[19]

Figure 2.1 Relationship between modifiable risk factors and health conditions



The population of Powys generally has good health in comparison with other parts of Wales, but improvements can be made (Figure 2.2).

Figure 2.2 Risk factors in the Powys population

Adults aged 16 and over age-standardised percentage: 2022/23		
	Wales	**Powys**
Healthy weight	36.1%	43.2%
Eating '5 a day'	28.5%	41.9%
Physically active	55.4%	66.8%
Smoke	12.8%	10.1%
Drinking above guidelines	17.2%	13.6%

Significantly better than Wales

Source: data produced by Public Health Wales using NSfW (WG)[20]

Primary prevention aimed at addressing the underlying risk factors, rather than developing separate interventions to reduce the impact of different health conditions, allows us to tackle the major modifiable causes of ill health effectively and efficiently. Modifiable risk factors can be reduced or eliminated through changes in behaviour, environment or medical intervention.

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Diet and physical activity

Outcome

The prevalence of the health conditions that are associated with a poor diet and or physical inactivity are reduced in the population of Powys.

Story behind the baseline

Diet and physical activity are important risk factors for obesity and a wide range of the most common non-communicable diseases, including type II diabetes, cardiovascular disease, osteoarthritis and some cancers. Relevant key indicators include: breastfeeding rates, the proportion of children aged 5 years who are a healthy weight, overweight or obesity, tooth decay** in children aged 5 and 12 years, the proportion of adults who are a healthy weight, physical activity levels and the consumption of 'five a day' portions of fruit and vegetables in adults, the proportion of older people who are a healthy weight and falls rates in older people.

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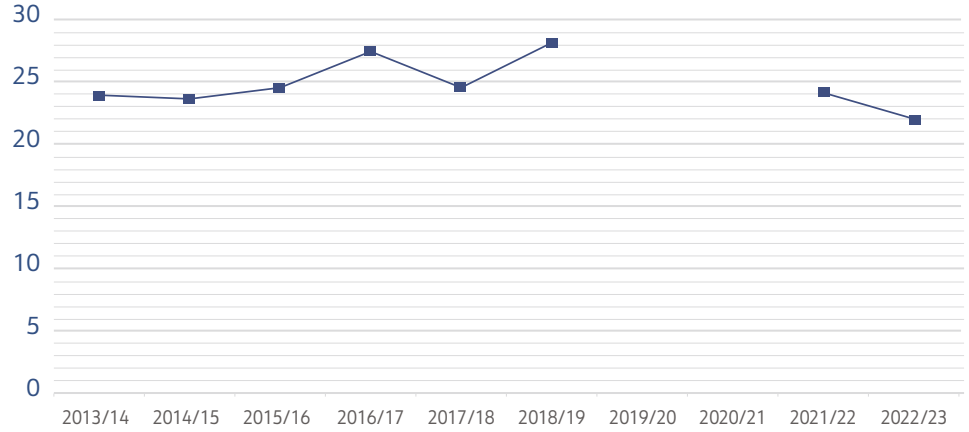
Figure 2.3 Percentage of children aged 4-5 years with overweight or obesity in Powys, 2013/14-2023/24



Due to interruptions in data collection during the pandemic period, data are unavailable for 2019/20 and 2021/22.
Source: data produced by Public Health Wales using Child Measurement Programme

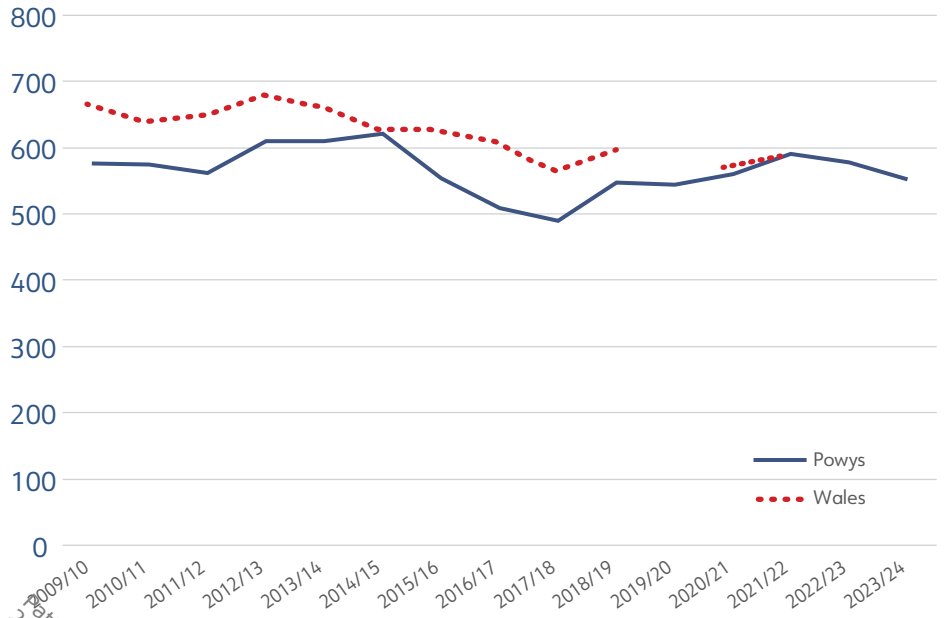
Trends in the risk factors and outcomes relating to diet and physical activity in Powys are generally improving or staying the same, though they remain of concern in terms of their impact on health outcomes and costs to health services. Only 43% of adults have a healthy weight (just under 47% in older adults) and 67% of adults meet physical activity guidelines, with only 42% eating at least five portions of fruit or vegetables per day.[21]

Outcomes amongst children in Powys are also of concern with nearly one in every four children being overweight or obese at the age of five years (Figure 2.3) and a similar proportion having already had some experience of tooth decay by the same age (20%).[22,23]

** Tooth decay is related to the intake of sugar containing food and drink (total amount and frequency of exposure), as well as exposure of the teeth to fluoride, for example from fluoride toothpaste and fluoride varnish.

Investing in evidence-based interventions that improve population diet and activity levels offers significant opportunities for cost savings to health services. For example, falls prevention interventions have been shown to have a benefit of £20.60 for every £1 spent within just 18 months, and physical activity brief advice can give a return on investment of £23.70 for every £1 spent.[11] Figure 2.4 shows that there has been little improvement in hip fracture rates in Powys.

Figure 2.4 Hip fractures in persons aged 65+ in Powys, 2009/10 to 2023/24 (European Age Standardised Rate per 100,000)



Source: data produced by Public Health Wales using PEDW (DHCW) & MYE (ONS)

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Powys Gold Standard Healthy Snack Award

Having healthy food and drink helps to give children the best possible start in life. Pre-school settings, such as nurseries and playgroups, can play an important role by helping children to establish positive eating habits from an early age. These settings can also provide opportunities for children to learn about healthy foods and making healthy food choices through play activities and cooking.

The Powys Gold Standard Healthy Snack Award, aimed at pre-school childcare providers, was launched in 2024. To achieve the award, a setting must meet a number of standards, such as providing snacks that are healthy and in a positive eating environment. By July 2025, nine settings had achieved the award.

Presentation to the first cohort of settings achieving the Powys Gold Standard Healthy Snack Award (Powys Childcare Conference; January 2025)

Substance misuse

Outcome

The population of Powys is free from the harms of substance misuse and there is support for individuals to improve their health.

Story behind the baseline

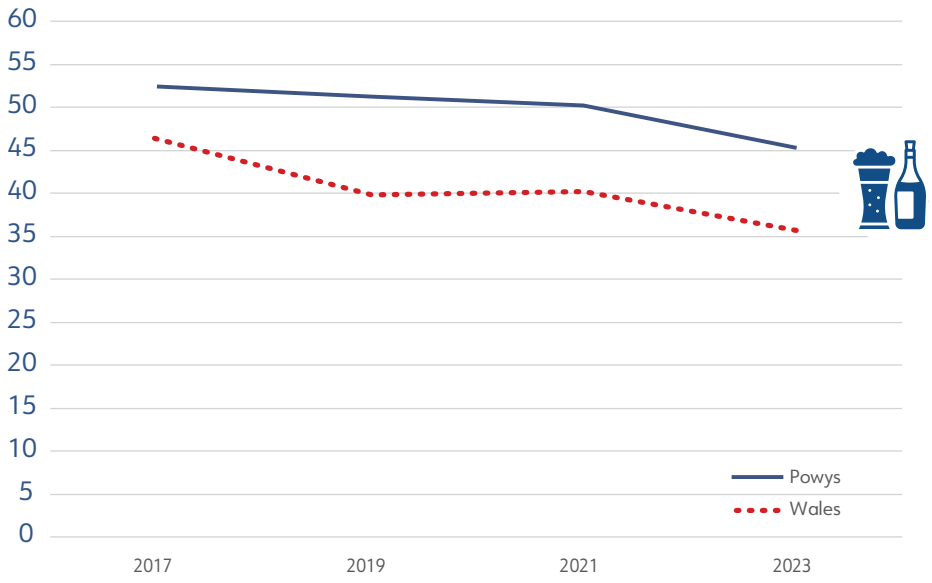
Across all ages, the rate of hospital admissions due to alcohol-attributable conditions has changed very little in Powys during the 10-year period 2014/15 to 2023/24. The rate of admissions due to alcohol-attributable conditions in Powys in 2023/24 was slightly above the Wales rate.[24]

Around 14% of adults in Powys self-reported consuming alcohol in excess of the recommended amount of 14 units a week in 2022/23. This is below the Wales average and represents a declining trend in drinking above recommended amounts over the last six years.[21]

In Powys in 2023, 45% of 11-16 year olds reported drinking alcohol (Figure 2.5), which was statistically significantly higher than in Wales as a whole, and 3% reported smoking at least once a week.[25]

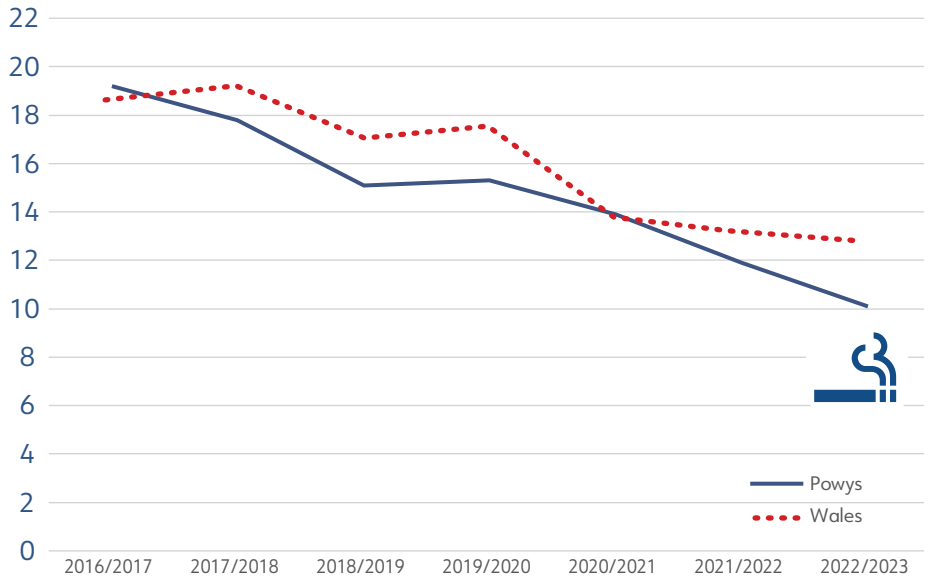
Approximately one in ten adults reported that they smoked in 2022/23 (Figure 2.6).[21] There were just four deaths related to drug misuse among Powys residents in 2023.[26]

Figure 2.5 Reported drinking alcohol in those aged 11-16yrs in Powys, 2017 to 2023 (percentage)



Source: data produced by Public Health Wales using SHRN

Figure 2.6 Adults aged 16+ who smoke in Powys, 2016/2017 to 2022/2023 (age-standardised percentage)



Source: data produced by Public Health Wales using NSfW (WG)[20]

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Powys Smoking Cessation Champions

No Smoking Day 12th March 2025 saw the launch of the volunteer Powys Smoking Cessation Champions scheme. Training is provided so that Champions can promote smokefree lifestyles, provide information on the benefits of quitting and signpost smokers to Help Me Quit services.

Many of the Champions are ex-smokers, and at the launch students from Newtown High School interviewed some of them to hear about why they had started smoking originally and how they quit successfully.

Powys Teaching Health Board's Stop Smoking Team provide support to smokers wanting to make a quit attempt

Health Protection

Outcome

The population of Powys is protected from infectious diseases and diseases detectable through screening are identified early when treatment is most effective.

Story behind the baseline

The general trend is one of maintaining or slightly improving trends in vaccination and screening uptake, but there are differences in uptake between groups, which is unfair. Despite this, achieving and/or sustaining national target rates for uptake requires sustained and targeted focus. In general, uptake rates in Powys are above the Wales average for both screening (Figure 2.7) and vaccination.

Vaccination, in particular, is one of the most important preventive actions the NHS can offer to people. There is also a strong value for money element, for example, MMR vaccination offers a return on investment of £13 for every £1 spent.[11] Since the introduction of the Respiratory Syncytial Virus (RSV) vaccine programme in 2024 we have increasing evidence of the protection it provides. Studies in Scotland showed a 62% reduction in the total number of RSV related hospitalisations in 75-79 year olds.[27]

Figure 2.7 Adult screening programme uptake in Powys

Screening programme	Eligibility in the reporting period	Screening interval	Reporting year	Powys uptake	Relative to other Health Boards in Wales
Breast	Women aged 50-70yrs	Three yearly	2021/22	69.1%	Joint 4th
Bowel	Men and women aged 55/58-74yrs	Two yearly	2022/23	67.7%	Highest
Cervical	Women & people with a cervix aged 25-64yrs	Five yearly	2021/22	72.8%	Highest
Abdominal Aortic Aneurysm	Men aged 65yrs	Once	2022/23	82.1%	Highest
Diabetic eye	Everyone 12yrs+ with diabetes	Annually or two-yearly depending on risk	2022/23	84.7%	Highest

Source: Screening Division, Public Health Wales

Mental wellbeing

Outcome

The Powys population has mental wellbeing enabling them to be resilient and able to cope with the stresses of life, realise their abilities, learn well and work well, and play a part in their community.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next.

World Health Organization[28]

Story behind the baseline

Overall, the data indicates that adults in Powys generally experience mental wellbeing in line with or better than the average for Wales. For young people, 79% of 11-16 year olds in Powys[25] reported that they were satisfied with life, compared with 80% for Wales. Boys, however, are reporting greater satisfaction than girls (85% compared with 74%), which is similar to the Wales average (86% and 75%).

The number of pregnant women reporting a mental health condition at antenatal booking, however, is slightly higher than the Welsh average.

Although Powys generally compares well with Wales, this does not mean that efforts do not need to be focused on maintaining and improving mental wellbeing. For every five working adults, four (81%) report being satisfied with their life, but this means that one in five is not satisfied.[21]

Children who experience stressful childhoods with multiple adverse experiences are more likely to experience poor mental health due to poor self-image and self-worth. They are more likely to adopt health-harming behaviours during adolescence which can lead to diseases such as cancer, heart disease and diabetes later in life.[10]

Parenting programmes offered a return of £15.80 for every £1 invested.

Enhanced mental health screening by midwives provided a net benefit of £490 million over a ten-year period in the UK.[10]

Wider determinants

Outcome

The social, economic and environmental factors which have the greatest impact on people's health are addressed to improve the life chances for everyone and reduce inequalities.

Story behind the baseline

It is estimated that socio-economic factors and the physical environment together account for around half of someone's health status, health behaviours account for around 30% and healthcare accounts for 20% (Figure 2.8). It follows that to improve health outcomes for the population and to reduce health inequity, action is required on the building blocks of health across the system, including the socio-economic and physical environmental influences. Improving the health of the population and a thriving society needs all the right building blocks of health in place, such as education, jobs, homes, green spaces and good transport. This requires coordinated efforts across the system as a whole, including communities, public organisations, partnerships, third sector and businesses.

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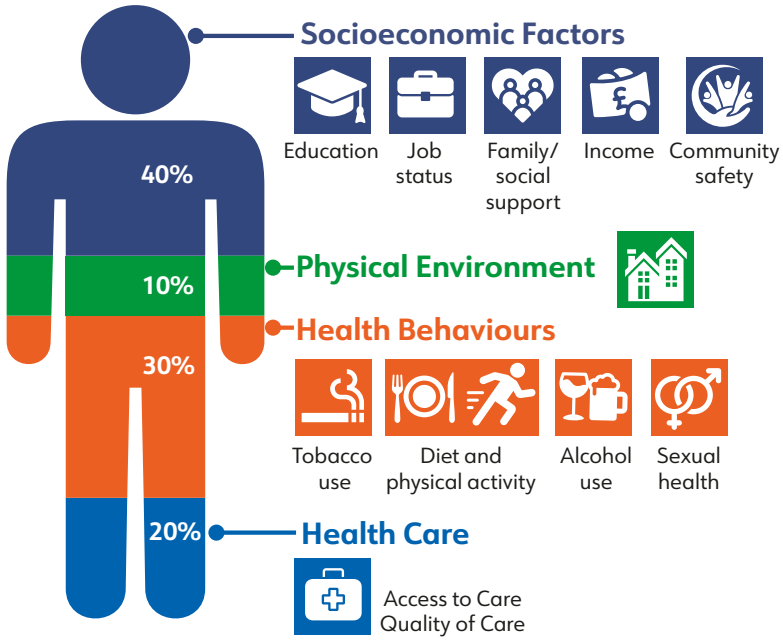
Figure 2.8 The building blocks for health – percentage estimates of the contribution to health status



Source: based on American Hospital Association[3]

Chapter 3 Start Well

All parents want the best for their children. Most of what happens during the early years of life is all about prevention and it is important that we give every Powys baby the best start in life, the chance to be the very best that they can be as they grow and develop their potential equipped for adulthood.

By supporting children from the very start, we can break the cycle that links early disadvantage to poorer outcomes later in life, as shown in Figure 3.1.[29] To reduce health inequalities, action must begin even before a child is born and continue throughout their early years.

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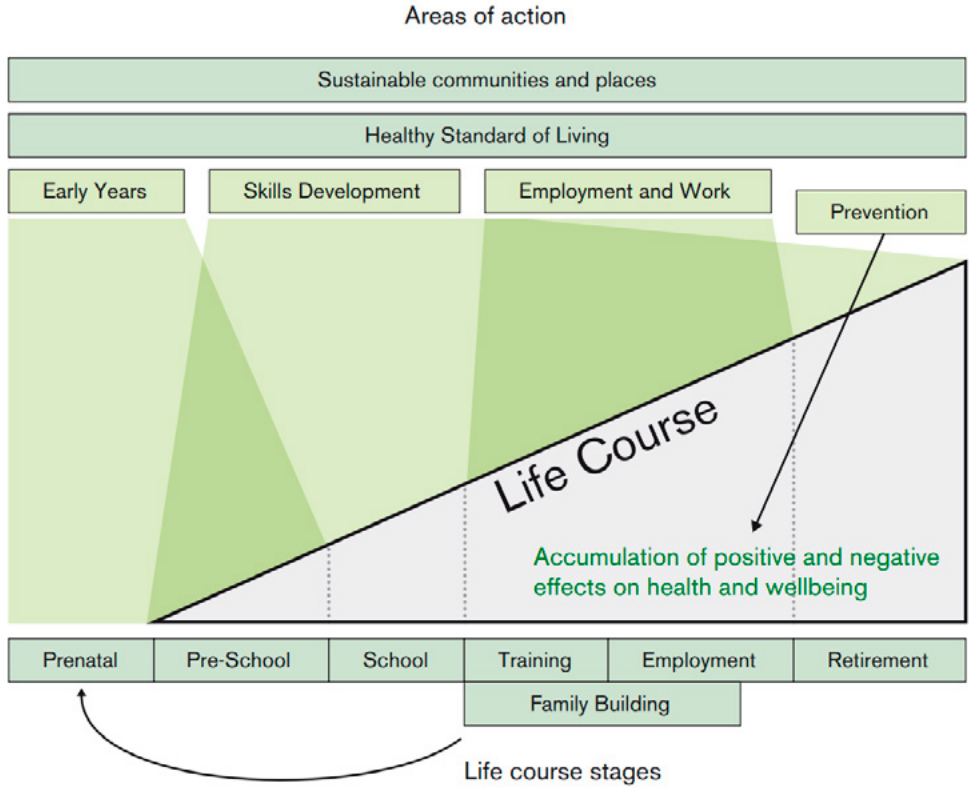
The building blocks for lifelong emotional and physical health are laid down in the period from conception to the age of two – the first 1,000 days of life. This period is recognised as a critical period of a child's development and forms the foundations for an individual's cognitive, emotional and physical development. But this period is also a time when babies are at their most vulnerable and are reliant on their caregivers and support available within the community. If development delays are not identified and addressed early, this could cause significant problems later on. Early diagnosis can improve long term outcomes for children and families.

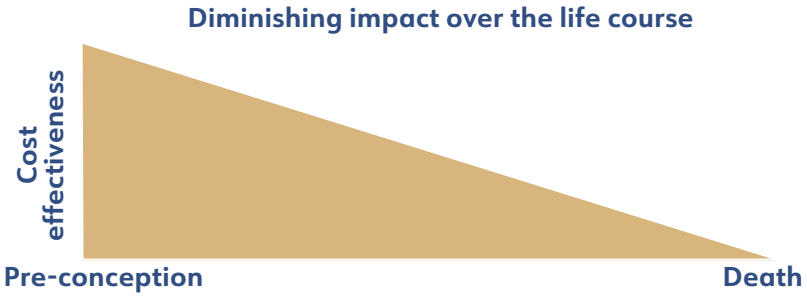
Figure 3.1 Actions across the lifecourse



Source: The Marmot Review[29]

Adolescence is a vital stage in shaping lifelong health and well-being. It is a time when young people form their identities, navigate mental health challenges and may be exposed to risky behaviours such as smoking or alcohol use. Interventions to support the adolescence stage can influence outcomes at a later stage of life. By investing in school-based health education, accessible mental wellbeing services, and opportunities for youth engagement, we can help teenagers build resilience and make healthier choices. Those early interventions not only support young people to thrive but also reduce long-term costs by preventing issues such as addiction.[30]

A good start gives children and young people a solid foundation to build on. There are also diminishing returns addressing things later in the lifecourse, so it is important that we support babies, children and young people to live healthy lives.



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Powys Child Poverty Task Force

The Powys Child Poverty Task Force is a cross-organisational group with local, regional and national members. Led by Powys County Council, it was launched in 2022 with the aim of working in collaboration to alleviate the growing crisis of child poverty in our communities.

Through the development of its action plan, the Task Force has worked in partnership to implement a number of initiatives. For example, Powys County Council's Money and Advice Team and Citizens Advice Powys developed and implemented a mutual referral scheme to support individuals seeking help, regardless of which organisation they contact.

A number of community-led projects have been delivered through funding by the Welsh Government's Child Poverty Innovation and Supporting Communities Grant Scheme. These include family cooking sessions, literacy events, youth engagement activities, and an Essential Support Scheme to provide urgent help with food, clothing and other necessities.

Action

Everyone has a part to play in supporting every Powys baby to have the best start in life. Achieving this cannot rest solely with a single service. It requires collaborative efforts between regional partnerships, local agencies, communities and the third sector.

The actions listed draw on evidence of what works and identifies interventions that can have the greatest population health impact, enabling the system to be shifted towards prevention and the reduction of inequalities. Some actions identified may already be in place but may need strengthening or scaling up.

Number	Actions: Diet and physical activity
S01	Deliver interventions that promote breastfeeding focusing on increasing breastfeeding rates at birth, 6 weeks and 6 months and reducing inequalities in breastfeeding rates.[31,10]
S02	Promote the uptake of Healthy Start vitamins and include/extend offer to: • women who are planning a pregnancy • women less than 10 weeks pregnant • infants aged 0–6 months • children aged from 4 to 5 years.[31,32]
S03	Implement Designed to Smile Programme to improve children's dental health and encourage participation of eligible primary schools and nurseries in the programme.[10,33]
S04	Deliver parenting programmes and the Healthy Child Wales programme ensuring that they are delivered in full and reach eligible families.[31,10]
S05	Promote the importance of outdoor and active play for children, and accessibility of public spaces for play.[10]
S06	Deliver community, preschool and school based programmes for children, young people and families focusing on improving nutrition, increasing physical activity and reducing obesity.[10]
S07	Deliver communications and social media campaigns that promote healthy weight.[10]
S08	Promote access to and use of green and blue spaces (nature).[34]

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Number	Actions: Substance misuse
S09	Deliver programmes supporting women to quit smoking during the antenatal period.[10]
S10	Deliver the JustB smoking prevention programme in secondary schools.
S11	Undertake insight work with young people and coproduce a campaign on the risk of vaping.
S12	Limiting access to smoking and tobacco products, including supporting smoke free environments.[35]
S13	Provide extended brief interventions with young people aged 16 and 17 years who have been identified via screening as drinking hazardously or harmfully.[36]
S14	Deliver Make Every Contact Count training to healthcare and community workers.

Number	Actions: Health protection
S15	Support and promote uptake of antenatal and neonatal screening programmes.
S16	Deliver tuberculosis (TB) prevention programmes among refugee and migrant children and adolescents.[10]
S17	Deliver vaccination programmes for children, teenagers and pregnant women that meet national uptake targets.[10]
S18	Provide community and school based vaccination opportunities, to make it easier for families to access children's vaccinations.
S19	Develop vaccination strategies to reduce inequities in scheduled childhood and teenage immunisation programmes.[37]
S20	Carry out awareness raising training for health and social care staff on vaccination.[37]
S21	Provide clear information and robust communications to help the public understand the importance of vaccination and screening.[37]
S22	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.[37]
S23	Deliver effective vaccination programmes that protect against respiratory diseases (influenza, COVID-19 and RSV).[38]
S24	Provide testing services which support the clinical management of patients and identification of vulnerable individuals who may be at risk of infectious diseases (for example, hepatitis B and C, HIV) .[39]
S25	Implement actions to eliminate hepatitis B and C.[39]

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Number	Actions: Mental Wellbeing
S26	Ensure prenatal and postnatal mental health screening for all women and appropriate care pathways in place.[40]
S27	Provide universal and targeted parenting programmes.[10]
S28	Implement school-based programmes that focus on improving mental health.[10]
S29	Promote and deliver '5 ways to Well-being' awareness campaign.
S30	Support Community Health Champions to deliver key health messages.
S31	Deliver interventions to tackle emotional-based learning challenges in schools.[41]

Number	Actions: Wider determinants
S32	Promote child poverty alleviation and debt advice services.[10]
S33	Raise awareness of impact of adverse childhood (ACEs) amongst professional groups.[10]
S34	Orientate delivery of programmes to target disadvantaged children and families with intensive interventions from early in pregnancy until 2 years.[41]
S35	Explore and support place-based, asset-based community development (ABCD) approaches.[41]
S36	Scope feasibility of area-based 'one-stop shops' in disadvantaged neighbourhoods to families with children under 5 years, including health services, parenting support, early learning and childcare, and parental employment support.[42]

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Powys Breastfeeding Welcome scheme

Breastfeeding is recognised as one of the most important interventions in improving children's health. It helps to protect babies from common illnesses like ear infections and stomach bugs. Breastfed babies also have a lower risk of asthma, obesity, type 1 diabetes and sudden infant death syndrome. There are also benefits for mothers, including reduced risk of breast and ovarian cancers, osteoporosis, obesity and heart disease, as well as promoting mental wellbeing.

Programmes promoting breastfeeding can save the NHS around £50 million annually by improving mental health and reducing hospital admissions.[10]

As part of the Powys Whole Systems Approach to a Healthy Weight programme, we are trying to make sure the environment locally supports breastfeeding, and this includes creating positive public attitudes.

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One of the elements of this work is the roll-out of the Powys Breastfeeding Welcome Scheme. Organisations and businesses signed up to the scheme to show they welcome breastfeeding and provide a welcome and suitable place to breastfeed. The Powys scheme was launched in August 2024 with Powys Teaching Health Board and Powys County Council pledging that all public facing areas will be breastfeeding welcome. By March 2025, over 220 businesses across Powys had already signed up to promote breastfeeding.

Launch of Powys Breastfeeding Welcome Scheme

Tackling vaping in young people

Despite it being illegal since 2015 to sell vapes to anyone under 18, the proportion of young people vaping has risen and many professionals who work with children are highlighting concerns around nicotine dependency. In 2024, Powys's 'Bursting with...' campaign, co-produced with local young people, was launched to raise awareness of the potential harms of vaping.

Building on the campaign, in March 2025 pupils in three secondary schools in the county took part in an educational activity. Fake vape packages - mimicking the bright colours, sleek designs and references to fresh fruit often used in their marketing - were used to draw attention to harmful marketing practices. On closer inspection, the images of fruit are mouldy and rotten, with the packets covered with health warnings and a QR code providing a link to further information.

Young people's reactions and concerns about vaping were captured in a short video and are being shared as part of the wider communications campaign. Also, Powys Public Health Team is working in partnership with Powys County Council, Adferiad, school nurses and youth services to offer educational sessions to pupils in other schools in Powys.

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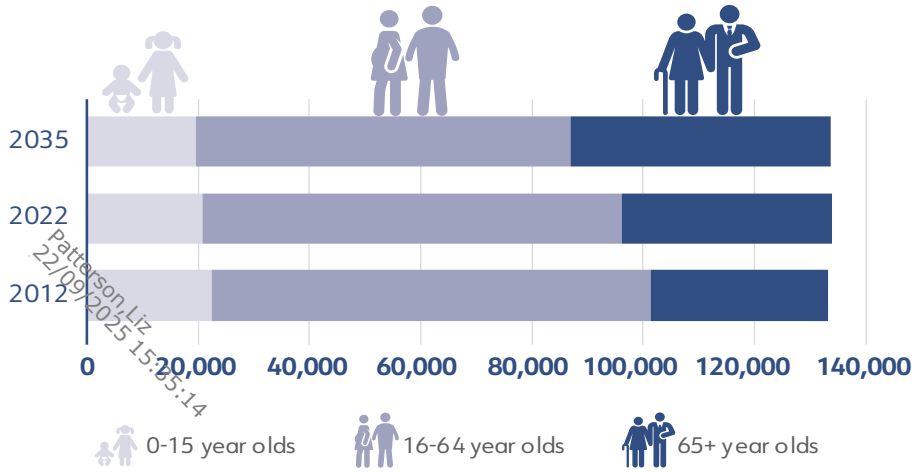
Chapter 4 Live Well

Living well during adulthood can create huge benefits in older age.

Living well during adulthood generally means taking proactive steps and positive choices to maintain and improve our overall health and well-being, encompassing physical, mental and social wellbeing.

During the working years, individuals play a vital role in society - not only through employment, but also by providing care for family members and contributing to their communities. According to the Bevan Foundation, the working age population (ages 16-64 years) in Wales is projected to decrease over the next 20 years, and at the same time, the number of people aged 65 years and over is expected to rise, placing increased pressure on health and social care services.[43]

Figure 4.1 Trend in Powys population by age group



Source: Mid-year popluation estimates and Population projections (ONS)

In Powys, as the population ages, there will be a fall in the proportion of the population who are of working age, that is those who provide the health and social care to look after the older population.

It is important therefore that we take positive steps to remain as healthy as possible through our working age, to build good health and prevent ill-health occurring as well as helping those with ill-health to live well and manage their condition.[44] By promoting workplace wellbeing interventions, offering easier access to preventative healthcare, and supporting flexible working arrangements, we can help people stay well for longer and prevent the development of chronic health conditions.[45]

Living a healthy life or accessing help when needed can be harder for some individuals due to a range of factors that influence their opportunities and choices. Tackling health inequalities is important so that everyone, no matter their background, has the chance to live well.

Action

The actions listed draw on evidence of what works and identifies interventions that can have the greatest population health impact, enabling the system to be shifted towards prevention and the reduction of inequalities. Some actions identified may already be in place but may need strengthening or scaling up.

Number	Actions: Diet and physical activity
L01	Deliver programmes for adults and older people focusing on improving nutrition, increasing physical activity and reducing obesity.[10]
L02	Train healthcare professionals via clinical champions to deliver physical activity brief advice and messages.[46]
L03	Promote and encourage participation of eligible groups in the National Exercise Referral Scheme (NERS), local walking groups.
L04	Deliver and promote community health walks/walking groups.[46]
L05	Develop a strategy for the provision of targeted group sport activities aimed at increasing physical activity across different age groups.[10,41]
L06	Deliver communications and social media campaigns that promote healthy weight.[10]
L07	Deliver communications and social media campaigns that promote physical activity.
L08	Deliver primary care programmes that address chronic conditions (including musculoskeletal, type II diabetes, respiratory and coronary heart disease) such as social prescribing and Diabetes Prevention programme.[10]
L09	Provide self-referral to physiotherapy for people with musculoskeletal problems.[10,47]
L10	Deliver social prescribing for lifestyle support for people with pre-diabetes.[10]
L11	Promote accessible and safe cycling routes.[11,41]
L12	Promote access to and use of green and blue spaces (nature).[34]

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Number	Actions: Substance abuse
L13	Promote Help Me Quit Stop Smoking Service to hospital patients, staff and visitors.[10]
L14	Limiting access to smoking and tobacco products, including supporting smoke free environments.[48]
L15	Deliver Help Me Quit Community Stop Smoking Service to help smokers to give up smoking.[49]
L16	Implement pathway to encourage patients likely to require surgery to at least stop smoking for 6-8 weeks pre-operatively.
L17	Implement intensive support to support pregnant women to give up smoking.[10]
L18	Implement motivational interviewing and behavioural self-control support for alcohol dependence.[10]
L19	Deliver Make Every Contact Count training to healthcare and community workers.
L20	Scope provision of combined treatments for alcohol dependency.[10]
L21	Encourage accessible peer-led programmes, e.g. Alcoholics Anonymous.[10]
L22	Screening and brief interventions for people at risk of an alcohol-related problem (hazardous drinkers) and those whose health is being damaged by alcohol (harmful drinkers).[36]
L23	Provide extended brief interventions to adults who have not responded to brief structured advice on alcohol.[36]
L24	Ensure provision of accessible needle syringe exchange programme.

Number	Actions: Health protection
L25	Support and promote uptake of screening programmes for eligible groups.
L26	Provide screening and treatment for TB, HIV, and viral hepatitis among refugees and migrants.[10]
L27	Develop vaccination equity strategies targeting low uptake groups.[37]
L28	Carry out awareness raising training for health and social care staff on vaccination.[37]
L29	Provide clear information and robust communications to help the public understand the importance of vaccination & screening.[37]
L30	Establish a central immunisation resource, which includes a core team of specialist immunisation nurses, to delivery outreach clinics and tailored support aimed at improving uptake.[37]
L31	Deliver effective vaccination programmes for respiratory diseases (influenza, COVID-19 and RSV) to eligible population groups.[38]
L32	Provide testing services which support the clinical management of patients and identification of vulnerable individuals who may be at risk of infectious diseases (for example, hepatitis B and C, HIV).[39]
L33	Implement action plan to eliminate hepatitis B and C.[39]

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Number	Actions: Mental Wellbeing
L34	Ensure workplace programmes to improve mental health are in place, particularly preventative programmes.
L35	Deliver lifestyle coaching for anxiety or depression.
L36	Promote and deliver '5 ways to Well-being' awareness campaign.
L37	Provide online Cognitive Behavioural Therapy for mild to moderate mental health problems.[10]
L38	Support Community Health Champions to deliver key health messages.
L39	Provide multi-component approaches to reducing self-harm and suicide.

Number	Actions: Wider determinants
L40	Scope availability and opportunities to promote work readiness programmes.[46]
L41	Implement healthy workplace schemes to promote and support health and wellbeing of staff.[10]
L42	Scope programmes aimed at reducing the risk of homelessness.[10]
L43	Deliver training to general practice teams to identify women experiencing domestic violence.[10]
L44	Develop and implement Health literacy programmes.[10]
L45	Develop and evaluate Community link workers model that connects people to community-based support that meet practical, social and emotional needs to support people to maintain their independence and social networks.[10]
L46	Promote volunteering opportunities, e.g. health champions, befriending schemes, social network interventions.[41]
L47	Explore and support place-based, asset-based community development (ABCD) approaches.[41]

Pattern Viz
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5K Your Way Move Against Cancer Supporting Powys Residents

During 2024/2025 three 5K Your Way groups were established in Powys in Builth Wells, Newtown and Brecon.

Instigated by the Move Against Cancer Charity, the groups offer a supportive place for people impacted by cancer to come together on the last Saturday of each month at their local parkrun event and build friendships, improve confidence and benefit from some gentle physical exercise. Each group has five or more ambassadors (volunteers) who run, jog or walk the route and chat to anyone living with cancer.

Exercise is one of the most important things anyone diagnosed with or affected by cancer can do to enhance their wellbeing and improve health outcomes.

To find out more visit: www.moveagainstcancer.org

5KYW ambassadors and supporters after doing Lingen Davies cancer champion training.

Farming Fit

The physical and mental toll of farming can sometimes be overlooked, leading to burnout, fatigue, or even mental health issues. Farming Fit is a tailored outreach service, accessible and appropriate to the specific health and mental wellbeing needs of the farming community in Powys. It launched at the Royal Welsh Show in 2024 and is delivered in partnership between Powys Teaching Health Board, Powys County Council, and Powys Association of Voluntary Organisations.

Livestock markets are gathering places for farmers and those working in the agricultural sector. Having health and wellbeing information and advice available at livestock markets can provide farmers with accessible and timely support and advice on improving lifestyles or work practices that can boost health by offering advice on nutrition, exercise, mental health, and stress management.

"I'm grateful for this service in an environment where I feel safe, and it's easily accessible."

"It gives me peace of mind knowing I can come to the market every month for a regular check-up and conversation if needed."

"It's a reminder that I need to monitor my own health, not just the health of my animals."

Use of Bronllys Hospital site to help improve wellbeing

Bronllys Hospital has recently achieved Green Flag status, an award which recognises well-managed and publicly accessible parks and open spaces. It is currently the only NHS Wales site to have this award.

For some time, the Estates Department has worked to create a safe and welcoming place to work and visit, and more recently has increased biodiversity provision by creating wildflower areas and changing cutting regimes to help local wildlife.

In addition, a partnership has developed between Powys Teaching Health Board and Flora Cultura, a local charity that provides social and therapeutic horticulture. Flora Cultura are now looking after a large section of the former orchard and kitchen garden at Bronllys Hospital, bringing them back into use as both orchards and a food garden, and working with patients and staff to improve mental and physical wellbeing. Gardening, outdoor activities and skills development are offered, and individuals can be referred to the service by any health department or organisation or by PAVO's Community Connectors.

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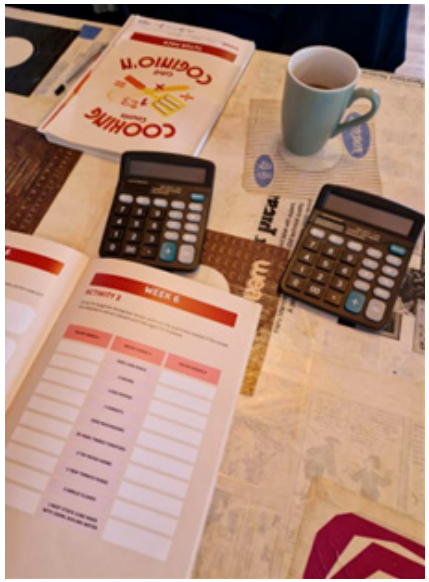
22/01/2026

Cooking Counts

Powys County Council and Powys Teaching Health Board (Dietetics and Public Health Teams) worked in partnership and were successful in obtaining a grant through the UK Government Shared Prosperity Fund (UKSPF). This allowed the development, delivery and evaluation of a new cooking and numeracy programme called *Cooking Counts*.

The project targeted areas with high deprivation, focussing on reducing overweight and obesity, aligning with the Powys Public Services Board's priorities and the national *Healthy Weight: Healthy Wales* strategy.[50]

The programme promoted healthy eating habits, financial resilience and confidence in using basic maths. The programme included practical cooking activities, budgeting and nutrition education.



11 courses were delivered across Powys, with a total of 45 participants enrolled on the course, and all 45 (100%) completed the course. Having completed the course, participants reported they had a better understanding of nutritional information, increased confidence in cooking from scratch, and improved budgeting skills. In addition, the opportunities for social interaction and community engagement were valued, contributing to the wider wellbeing and personal resilience of those involved. Some of the comments from those who attended included:

"I have shared the recipes with family, and it's made them enjoy new things"

"It has made me more confident, and I have been doing more cooking at home. I have also been making suggestions for the menu at home".

"It's given me more confidence to meet other people and join different courses"

"It has improved my mental health. I have gained a new boost for life."

Chapter 5 Age Well

1 in 3 people
in Powys will be aged 65 and over in 2035

There are 39,000 people aged 65 years and over in Powys, three in ten people. By 2035 it is projected that people aged 65 years and over will represent over a third of the Powys population. As the population ages, there will be a fall in the proportion who are of working age, those who provide the health and social care.

Older people are an enormous asset to the economy, culture and social structure of Wales. As people grow older, maintaining health and independence becomes increasingly important. This involves building good habits such as staying active and boosting physical strength, eating well, staying socially connected and keeping a positive outlook on life. This will help us extend our quality of life and continue to undertake everyday activities for many years.

Older adults may face challenges such as developing chronic conditions, loneliness, and reduced mobility. The Centre for Health Economics and Medicines Evaluation in a recent publication highlighted that by creating age-friendly communities, accessible healthcare, and proactive support to manage long-term conditions, people can be supported to live well and stay independent for longer. Supporting healthy ageing can improve quality of life, and also reduce pressure on health and social care services and enable people to continue to contribute to society as they age.[45]

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Action

The actions listed draw on evidence of what works and identifies interventions that can have the greatest population health impact, enabling the system to be shifted towards prevention and the reduction of inequalities. Some actions identified may already be in place but may need strengthening or scaling up.

Number	Actions: Diet and physical activity
A01	Deliver communications and social media campaigns that promote healthy weight.[10]
A02	Develop and deliver a comprehensive, evidence-based plan for falls prevention in older people including those with chronic conditions. Including: • FaME (Falls Management Exercise) approach to delivery of physical activity for older adults (65+) at risk of falling • Wider actions for falls prevention (housing adaptations, vision, medication) • Falls prevention interventions for early dementia patients
A03	Deliver physical activity programmes for older people with chronic conditions including early dementia.
A04	Promote and encourage participation of eligible groups in the National Exercise Referral Scheme (NERS), local walking groups.
A05	Promote access to and use of green and blue spaces (nature).[34]

Number	Actions: Substance abuse
A06	Deliver HelpmeQuit Community Stop Smoking Service to help smokers to give up smoking.
A07	Promote HelpmeQuit Stop Smoking Service to hospital patients, staff and visitors.
A08	Implement pathway to encourage patients likely to require surgery to at least stop smoking for 6-8 weeks pre-operatively.
A09	Delivery Make Every Contact Count training to healthcare and community workers

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Number	Actions: Health protection
A10	Support and promote uptake of screening programmes for eligible groups.
A11	Provide screening and treatment for TB, HIV, and viral hepatitis among refugees and migrants.[10]
A12	Develop vaccination equity strategies targeting low uptake groups.[37]
A13	Carry out awareness raising training for health and social care staff on vaccination.[37]
A14	Provide clear information and robust communications to help the public understand the importance of vaccination & screening.[37]
A15	Establish a central immunisation resource, which includes a core team of specialist immunisation nurses, to delivery outreach clinics and tailored support aimed at improving uptake.[37]
A16	Deliver effective vaccination programmes that protect against respiratory diseases (influenza, COVID-19 and RSV, pneumococcal) and shingles.[38]
A17	Provide testing services which support the clinical management of patients and identification of vulnerable individuals who may be at risk of infectious diseases (for example, hepatitis B and C, HIV).[39]
A18	Implement action plan to eliminate hepatitis B and C.[39]

Number	Actions: Mental Wellbeing
A19	Promote and deliver '5 ways to Well-being' awareness campaign.
A20	Provide online Cognitive Behavioural Therapy for mild to moderate mental health problems.[10]
A21	Support Community Health Champions to deliver key health messages.
A22	Ensure community activities and transport in place for older adults to support community engagement, for example, men sheds, craft cafes, community singing.[51]
A23	Promote and encourage peer support groups in communities for people with dementia and carers.

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Number	Actions: Wider determinants
A24	Implement Minor Home Adaptations Scheme to minimise risk of falls and injuries occurying.[46]
A25	Promote home insulation and warm homes initiatives as part of a Keep Well this Winter campaign.[46]
A26	Implement healthy workplace schemes to promote and support health and wellbeing of staff.[10]
A27	Develop and evaluate Community link workers model that connects people to community-based support that meet practical, social and emotional needs to support people to maintain their independence and social networks.[10]
A28	Promote volunteering opportunities, e.g. health champions, befriending schemes, social network interventions.[41]
A29	Explore and support place-based, asset-based community development (ABCD) approaches.[41]

Awyr Iach

Awyr Iach offers free professionally-led outdoor activities and volunteering in and around the Dyfi Valley. It aims to boost health and wellbeing for those aged 11 upwards by connecting people to nature. Activities include walking sessions, woodland skills, and hands-on outdoor projects such as taking care of the Bro Dyfi Hospital gardens.

It is led by outdoor health specialists Coed Lleol in partnership with Biosffer Dyfi, and has received funding from the National Lottery Community Fund until March 2028. People can self refer or be referred by a health or social care practitioner.

Powys 19/10/2023 15:13:14

National Exercise Referral Scheme (NERS)

NERS is a chronic condition prevention and management programme. It aims to improve the health and wellbeing of sedentary and inactive adults who are at risk of developing or who already have an existing chronic condition.

Once referred by their GP or a NHS health professional, patients that meet the criteria are invited for an initial assessment with a qualified exercise referral professional. They will then be offered a tailored, supervised exercise programme for 16 weeks, with the aim of embedding positive habits.

In Powys, NERS is run by Freedom Leisure at a number of venues across the county. In 2024-25, there were nearly 12,000 attendances with over 500 people completed the 16 week programme.

Keeping Healthy in Powys

CADW'N IACH YN KEEPING HEALTHY IN POWYS

This initiative aims to improve health and well-being of residents across Powys by bringing together local services and resources. It aims to strengthen communities and provide individuals with the choices and support they need to lead healthier, more fulfilling lives.

A range of statutory and third sector organisations were represented at the free drop-in events held in Ystradgynlais, Welshpool and Llandrindod Wells in March 2025 to:

- **Increase Awareness:** Educate communities on available services, initiatives, and resources for health and well-being that are suited to their needs.
- **Connect Communities:** Promote relationships among residents, encouraging networking, collaboration, and a stronger sense of community throughout Powys.

Conclusion

As well as planning and delivering local health services, local health boards have the challenging task of improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across their population.[i] This is difficult because of increasing demand on healthcare services and pressure to respond to acute issues. Nevertheless, the argument that resources should be focused on early intervention and prevention to improve outcomes and reduce demand is widely understood and supported. The challenge is making this a reality in the current system, and this Framework sets out the approach we will take in Powys Teaching Health Board. This approach will be reflected in the health board's strategic plans, Better Together programme and Strategic Commissioning Framework.

This Population Health Strategic Framework sets out in one place the high impact preventive interventions with significant, scalable potential where investment would have the greatest impact across the lifecourse, based around five key risk factors. To illustrate the degree of impact from just two examples included in this framework; there is evidence that every £1 spent on antenatal stop smoking services yields savings of £17 to the NHS within 5 years[ii], whilst every £1 spent on falls prevention programmes saves the NHS £20 within just 18 months.[iii] Taken together, the actions in this framework show the best buys in prevention that will improve health outcomes for the people of Powys and contribute to creating a more sustainable health and care system now and in the future.

There are many things we can do now to create the collective conditions for us to capitalise on this, and this Framework sets out how we will do it. This Framework serves as a guide to support children to have the best start in life, to grow well, and adults to live and age well in good health for longer.

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Acknowledgements

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- Public Health Wales: Data, Knowledge and Research Directorate, Policy and International Health WHO Collaborating Centre, and Screening Division.
- Thanks also to residents of Powys for photographs displayed in the report.

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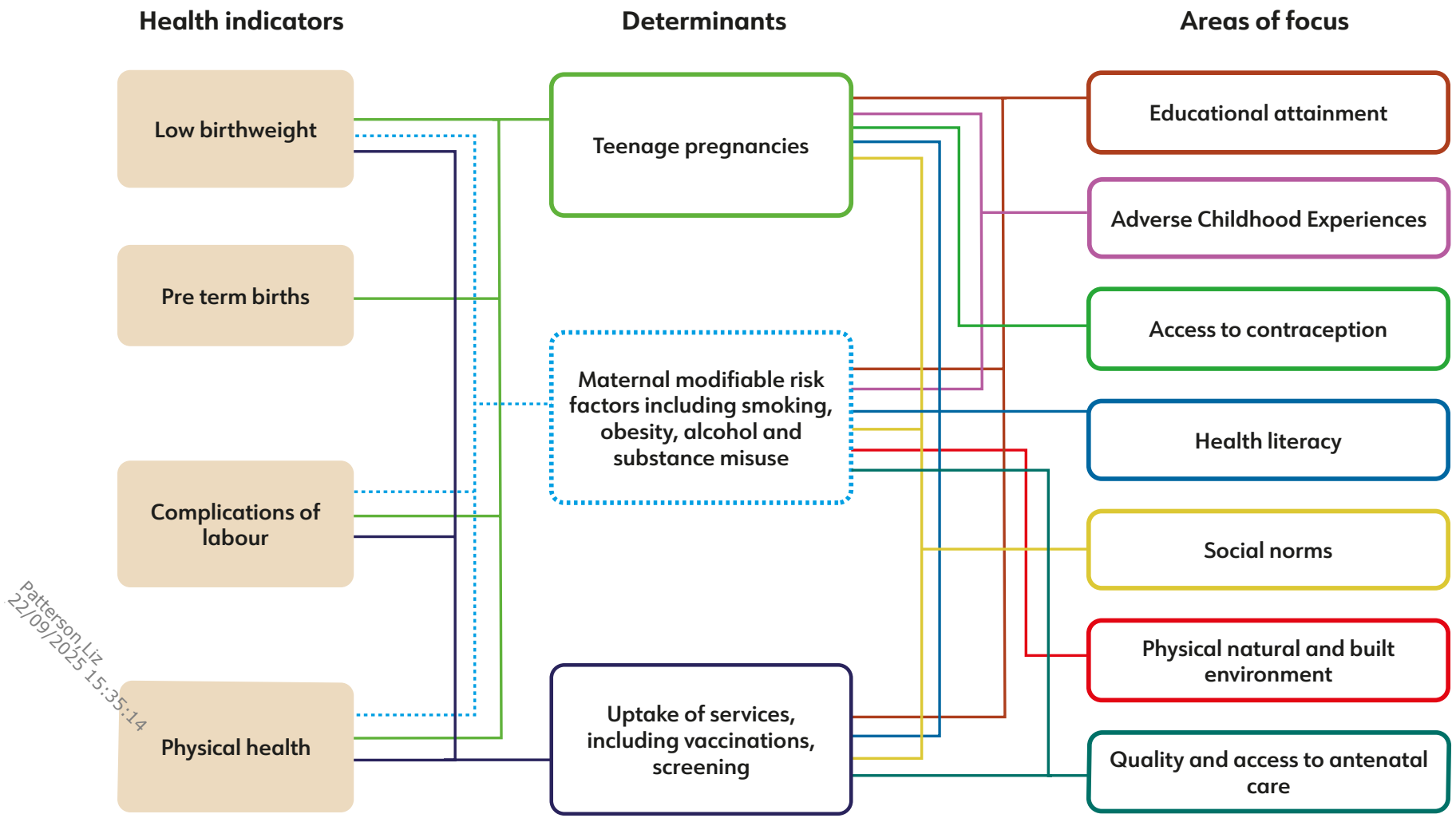
Appendix – Relationship diagrams

Examples illustrating some of the relationships between indicators of health and their determinants, and priority areas of focus to make an impact on population health in Powys across the lifecourse.

Newborns



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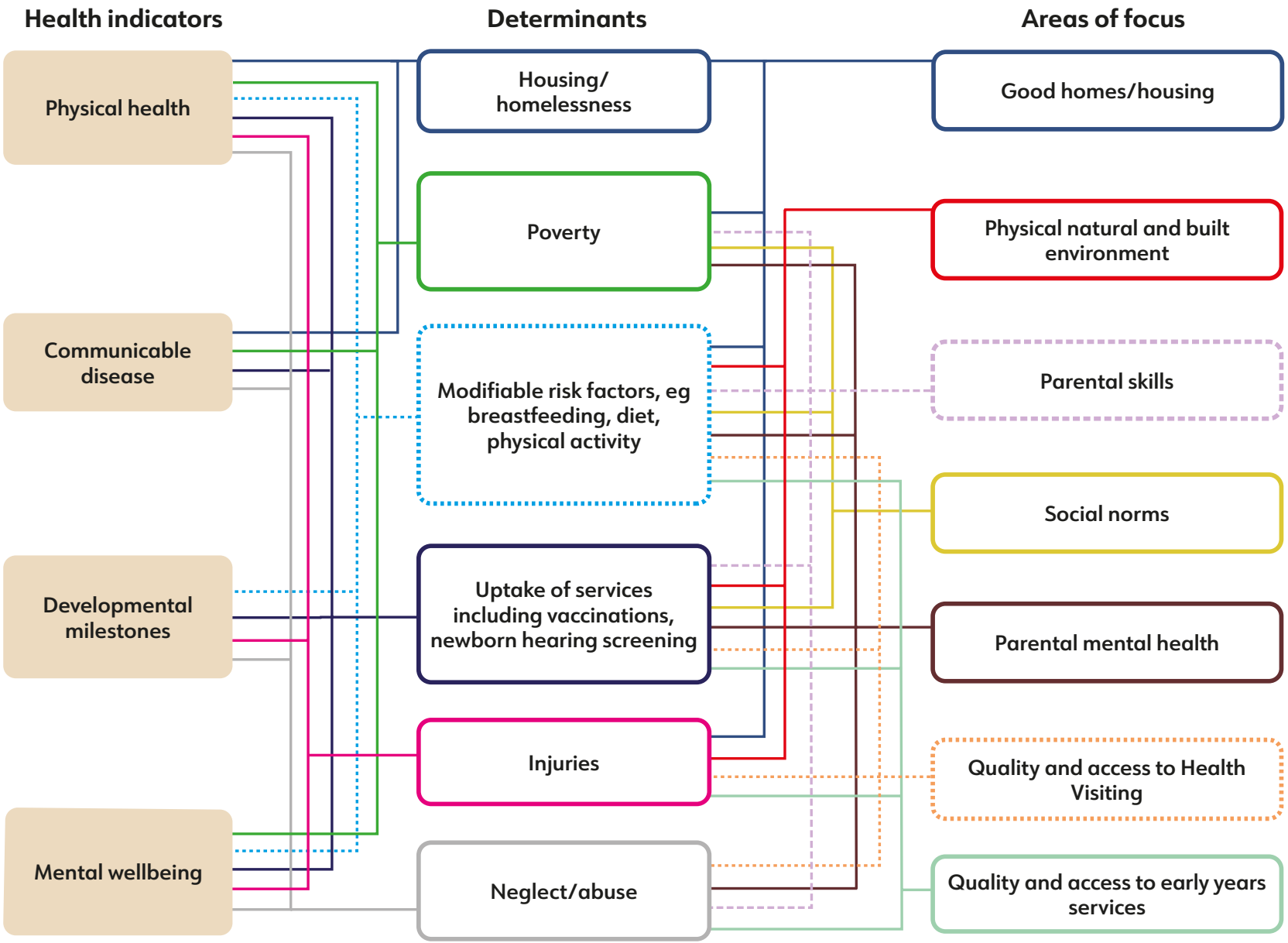
Early years children



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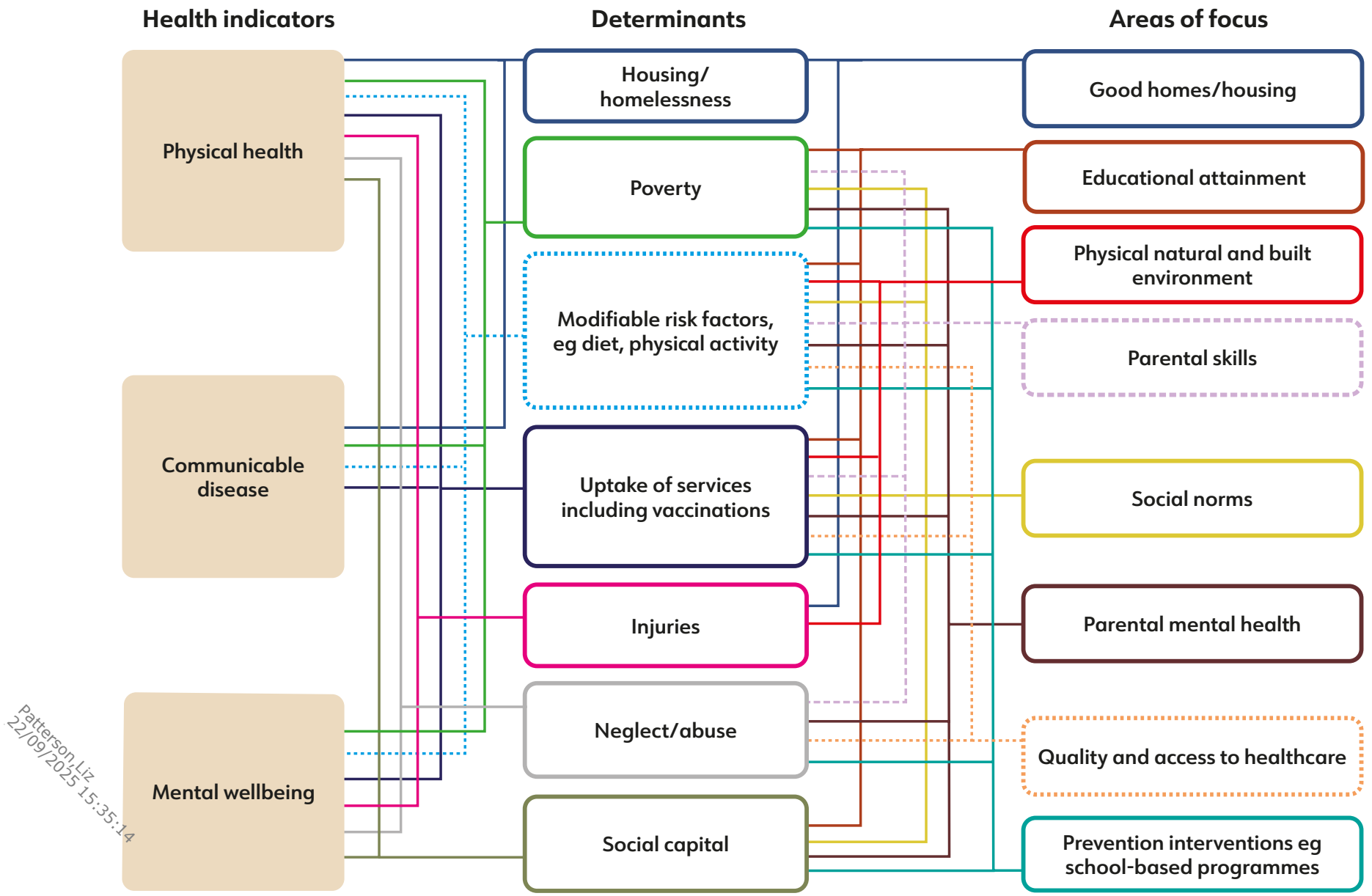
Children and young people



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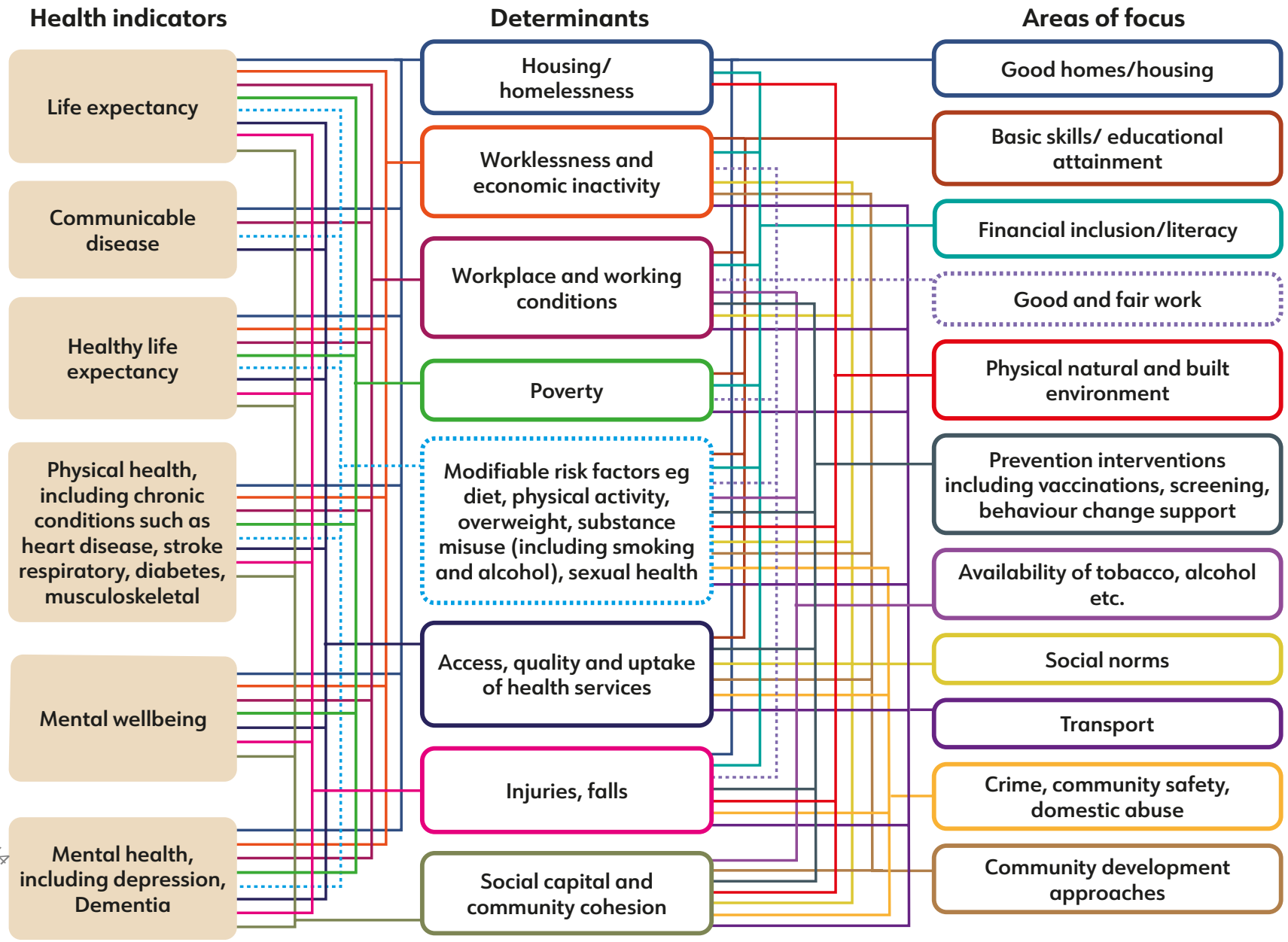
Working age adults



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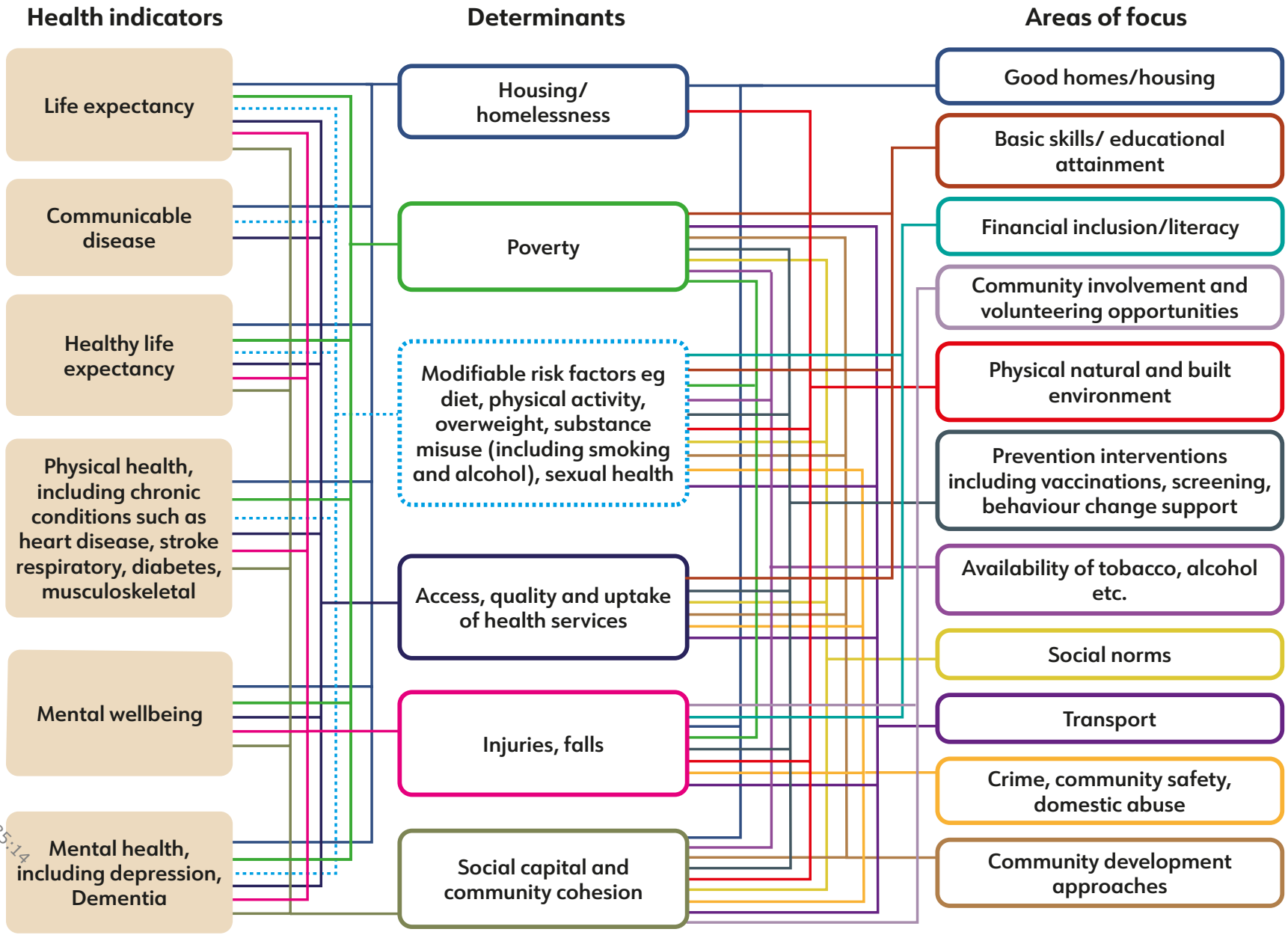
Older people



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GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

For any queries please contact:

PowysPHT.Admin@wales.nhs.uk

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

Agenda item: 3.3

BOARD	**24 September 2025**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

The paper provides a series of updates to the Board linked to:

- Board activity since the last meeting held on the 30 July 2025
- Board Committee Membership
- Healthcare Professionals Forum terms of reference
- Petitions protocol annual update.

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report
- **NOTE** the changes to Board Committee membership for 2025/26
- **APPROVE** the terms of reference for the Healthcare Professionals Forum (HPF), drawn from the model standing orders
- **RECEIVE** and take **ASSURANCE** from the annual update on Petitions that PTHB is compliant with its own protocol.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

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EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 30 July 2025.

In-Committee meetings
The Board aims to conduct as much of its business in public as possible. There are occasions where the Board will need to meet In-Committee (in private session) to discuss matters that are confidential at the time of meeting.

The Board have not held any additional In-Committee meetings since the last scheduled meeting on the 30 July 2025. In July, the Boards In-Committee agenda included:

- Chief Executives briefing
- Annual Plan 2025/26
- Primary Care Out of Hours Contract
- Procurement Approval (Primary Care)
- Strategic Risk Register (In-Committee content)
- Annual Review of the Major Incident / Emergency Response Plan and Corporate Business Continuity Plan
- Remuneration and Terms of Service Committee Annual Report

Additional In-Public Board meetings
The Board have not held any additional In-Public meetings since the last scheduled meeting on the 30 July 2025.

Board Development Sessions
The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:
1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held a Board Development session on the 4 September 2025.

Board Committee Membership
In July, the Board approved Board membership for the 2025/26. Recognising some change will naturally happen through the year, the Board is asked to NOTE the following:

- Simon Wright (current Vice Chair of the Committee) will Chair the Patient Experience, Quality and Safety Committee from 1 October – this will be reviewed once a new Vice Chair to the Board is appointed
- Simon will also join the Finance and Performance Committee on temporary basis.

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HealthCare Professionals Forum Advisory Group (HPF)
I am pleased to provide the draft terms of reference (ToRs) for the HealthCare Professionals Forum. The HPF is an advisory group to the Board of clinical representatives

The HPF is the formal mechanism by which clinicians are able to provide advice to the Board on professional and clinical issues it considers appropriate to improve health services for the citizens of Powys.

The terms of reference have been taken from the Model Standing Orders will minor adoption, relevant to the functions of PTHB being applied.

The Forum will be chaired by a clinical professional, who needs to be endorsed by the Cabinet Secretary for Health and Social Care. The Forum will operate alongside the Clinical Reference Group (CRG) set up within the Better Together Programme, whilst operating distinctly, this will allow us to maximise time and reduce duplication for our healthcare professionals.

The membership of the HPF is currently being developed (as set out in the Terms of Reference) and pending Board approval of the ToRs and Ministerial support for the Chair will meet before the end of 2025.

PTHB Petitions Protocol
The Health Board's "Protocol and Toolkit for Receipt, Acceptance and Management of Public Petitions" ("Petitions Protocol") sets out the arrangements we have in place for the consideration of Petitions. The Protocol was approved by the organisation in 2024. The report appended constitutes the annual paper to the Board offering assurance on compliance with our protocol.

We have ensured compliance with our Petitions Protocol. No non-compliances have been identified and no areas of learning or improvement on relation to the petitions process have been escalated.

Between 1 April 2024 and 31 August 2025 the Health Board has directly received one petition to PTHB (temporary service changes) and has engaged in the response to one petition submitted to the Petitions Committee directly relating to the activities and decisions of PTHB (commissioning intentions in relation to waiting times).

In addition, we have been aware of a number of other petitions as detailed below that relate to health board activities but have not been submitted to / received by the health board. However, where information has been publicly available we have taken account of these petitions in our decision making.

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NEXT STEPS:

The Director of Corporate Governance will continue to provide a relevant report to the Board at each meeting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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Schedule TBC

Healthcare Professionals Forum Advisory Group
Terms of Reference and Operating

1. Role and Purpose

1.1. The LHB Healthcare Professionals Forum (HPF) is the formal mechanism by which clinicians are able to provide advice to the Board on professional and clinical issues it considers appropriate to improve health services for the citizens of Powys.

1.2. HPF will provide a balanced, multi-disciplinary view of healthcare professionals views to advise the Board on local strategy and delivery. Its role does not include consideration of terms and conditions of services.

1.3. The purpose of the HPF will be to:

1.3.1. provide a balanced, multi-disciplinary view of healthcare professionals views to advise the Board on local strategy and delivery.

1.3.2. facilitate engagement and debate among a wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the Health Board's decision making

1.4. The HPFs role does not include consideration of terms and conditions of services.

1.5. In addition the HPF may subject to the Board's approval, establish sub groups to carry out specific tasks or investigations. Where these sub groups are developed they must report to the LHB HPF.

2. General Principles

2.1. The HPF shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the HPF.

2.2. **All members must:**

2.2.1. Be prepared to engage with and contribute fully to the HPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;

2.2.2. Comply with their terms and conditions of appointment;

2.2.3. Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development

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programmes; and

2.2.4. Promote the work of the HPF within the professional discipline they represent.

2.3. Forum members are accountable through the HPF Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the HPF.

2.4. The requirements for the conduct of business as set out in the LHB's Standing Orders are equally applicable to the operation of the Forum.

3. Membership

3.1. **Members**

3.1.1. The membership of the Forum shall comprise:

Chair: nominated from within the membership of the Forum by its members and approved by the Minister

Vice Chair: nominated from within the membership of the Forum by its members and approved by the Board.

The membership of the Healthcare Professionals' Forum reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the Forum shall therefore comprise the following eleven (11) members (or nominated deputy):

Welsh Medical Committee

- Primary and Community Care Medical representative
- Mental Health medical representative
- Specialist and Tertiary Care medical representative

Welsh Nursing and Midwifery Committee

- Community Nursing and Midwifery representative
- Hospital Nursing and Midwifery representative

Welsh Allied Health Professions Committee

- Therapies representative

Welsh Scientific Advisory Committee

- Scientific representative (this role may be less relevant to PTHB and will be reviewed as membership is developed)

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Welsh Optometric Committee

- Optometry representative

Welsh Dental Committee

- Dental representative

Welsh Pharmaceutical Committee

- Hospital and Primary Care representative
- Community Pharmacists representative

Where the Board determines it appropriate, the LHB may extend membership to other individuals in order to ensure an appropriate balance in representation amongst healthcare professional groupings and across the range of primary, community and secondary service provision.

3.2. **Attendees**

In attendance: The following Executive Directors of the Board will be regular attendees:

- Executive Director of Allied Health Professions, Health Science and Digital

3.3. **Secretariat**

The secretariat for the Forum will be determined by the Director of Corporate Governance.

4. Quorum

4.1. The Standing Orders on which these Terms of Reference are based do not specify a quorum for Healthcare Professionals' Forums; however it is considered to be good governance that at least one quarter of the agreed membership be present to ensure the quorum of the Healthcare Professionals' Forum and must include the Chair or Vice Chair of the Group.

4.2. If a meeting is not quorate, any decisions made must be ratified at the next meeting of the Healthcare Professionals' Forum.

5. Relationship with the National Professional Advisory Group

5.1. The Healthcare Professionals' Forum Chair (or Healthcare Professionals' Forum Vice Chair) will be a member of the National Professional Advisory Group.

6. Appointments and Terms of Office

6.1. Appointments to the HPF shall be made by the Board, based upon nominations received from the relevant Executive Director, and in accordance with any specific requirements or directions made by the Welsh Ministers. Members shall be appointed for a period specified by the Board, but for no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

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6.2. The **Chair** and **Vice Chair** will be nominated from within the membership of the Healthcare Professionals Forum, by its members, subject to an specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, which must submit a recommendation on the nomination to the Minister for Health. The appointment as Chair will be made by the Minister but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

6.3. The Chair's and Vice Chairs term of office will be for a period of up to two (2) years, with the ability to stand as Chair for one (1) additional year. The individuals may remain as a Member of the Healthcare Professionals Forum after the term of appointment as Chair has ended.

6.4. Members tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. Members must inform the Healthcare Professionals Forum's Chair as soon as is reasonably practicable to do so in respect of any issues which may impact on their eligibility to hold office. The Chair will advise the Board in writing of any such cases immediately.

6.5. The Health Board will require Forum members to confirm in writing their continued eligibility on an annual basis.

7. Resignation, suspension and removal of members

7.1. A member of the Forum may resign office at any time during the period of appointment by giving notice in writing to the Healthcare Professionals' Forum's Chair and the Board.

7.2. If the Board, having consulted with the Healthcare Professionals' Forum's Chair and where relevant the nominating body or group, considers that:

7.2.1. It is not in the interests of the health service in the area covered by the Healthcare Professionals' Forum that a person should continue to hold office as a member; or

7.2.2. It is not conducive to the effective operation of the Healthcare Professionals' Forum.

7.2.3. It shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

7.3. A nominating body or group may request the removal of a member appointed to the Healthcare Professionals' Forum to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

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7.4. If a Healthcare Professionals' Forum member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person

from office unless they are satisfied that:

7.4.1. The absence was due to a reasonable cause; and
7.4.2. The person will be able to attend such meetings within such period as the Board considers reasonable.

7.5. Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

8. Relationship with the Board, Reporting and Assurance

8.1. The Healthcare Professionals Forum's main link with the board is through the Forum's Chair's membership of the Board as an Associate Member and a mechanism for regular assurance reporting.

8.2. The Healthcare Professionals' Forum, through its Chair and Members, shall work closely with the other Committees and Advisory Groups to provide assurance and advice to the Board through joint planning and coordination of the Board and Healthcare Professionals' Forum's business including the sharing of information.

8.3. The Healthcare Professionals' Forum's Chair, supported by the secretariat shall:

8.3.1. Report formally, regularly and on a timely basis to the Board on the Forum's activities via a Chair's Assurance Report;
8.3.2. Bring to the Board's specific attention any significant matter under consideration by the Forum;
8.3.3. Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and / or Chairs or other relevant Committee, of any relevant urgent matter that may affect the operation and/or reputation of the Health Board.

8.4. The Board may determine that designated Board members or Health Board officers shall be in attendance at Advisory Group meetings. The Healthcare Professionals Forum's Chair may also request the attendance of Board members or Health Board officers, subject to any agreement by the Health Board's Chair.

8.5. The Board shall determine the arrangements for any joint meetings between the Board and the Healthcare Professionals Forum.

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8.6. The Board's Chair shall put in place arrangements to meet with the Healthcare Professionals Forum's Chair on a regular basis to discuss the Forum's

activities and forward plan.

8.7. The Healthcare Professionals' Forum Chair shall work closely with the Director of the Corporate Governance to undertake an annual review of effectiveness and report into the Annual Report as appropriate.

9. Rights of Access to Health Board for Professional Groups

9.1. The Health Board Chair, on the advice of the Chief Executive and/or Director of Corporate Governance, may recommend that the Board affords direct right of access to any professional group in the following exceptional circumstances:

9.1.1. where the Healthcare Professionals' Forum recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or

9.1.2. where a healthcare professional group has demonstrated that the Healthcare Professionals' Forum has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

9.1.3. The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

10. Management of Meetings

10.1. Forum will meet quarterly and shall agree a schedule of meetings at least 12 months in advance, consistent with the Health Board's annual plan of Board Business. As a minimum the Healthcare Professionals' Forum should meet at least three (3) times a year.

10.2. Additional meetings will be arranged as determined by the Chair of the Forum in discussion with the Lead Executive.

10.3. The Chair of the Forum, in discussion with the Forum Secretary shall determine the time and the place of meetings of the Forum and procedures of such meetings

10.4. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business.

10.5. An officer from the Corporate Governance Directorate will be responsible for supporting and working closely with the Chair / Vice Chair and Executive Lead to develop the forward plan and the agenda. Meetings to set the agenda will be held in good time ahead of the meeting date.

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10.6. The agenda will be based around the workplan, identified risks, matters arising, issues emerging throughout the year and requests from Advisory Group members. The Chair of the Health Board can also refer items for discussion to the Healthcare Professionals' Forum.

10.7. The agenda and papers will be distributed five (5) working days in advance of the meeting, unless something urgent is to be discussed and can be tabled on the day with the prior approval of the Chair and the Executive Lead. All papers must be approved by the Executive Lead.

11. Review

11.1. These terms of reference and operating arrangements shall be reviewed on an annual basis by the Healthcare Professionals' Forum for approval by the Board.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3b

BOARD	**24 SEPTEMBER 2025**
Subject:	**Annual Update on Petitions 2025**
Approved and presented by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Deputy Director (Engagement, Communication and Corporate Governance)
Other Committees and meetings considered at:	Executive Committee – 17 September 2025 who supported the report to the Board.

PURPOSE:

This paper provides an update on the receipt and consideration of Petitions in line with the Health Board's "Protocol and Toolkit for Receipt, Acceptance and Management of Public Petitions".

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** and take **ASSURANCE** from the annual update on Petitions that PTHB is compliant with its own protocol.

Approve / Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The Petitions Protocol supports the health board to ensure fair and proportionate consideration of petitions in line with the health board's Corporate Governance Framework as part of our wider delivery and assurance in relation to "Transforming in Partnership"
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

The Health Board's "Protocol and Toolkit for Receipt, Acceptance and Management of Public Petitions" ("Petitions Protocol") sets out the arrangements we have in place for the consideration of Petitions.

We have ensured compliance with our Petitions Protocol. No non-compliances have been identified and no areas of learning or improvement on relation to the petitions process have been escalated.

Between 1 April 2024 and 31 August 2025 the health board has directly received one petition to PTHB (temporary service changes) and has engaged in the response to one petition submitted to the Petitions Committee directly relating to the activities and decisions of PTHB (commissioning intentions in relation to waiting times).

In addition, we have been aware of a number of other petitions as detailed below that relate to health board activities but have not been submitted to / received by the health board. However, where information has been publicly available we have taken account of these petitions in our decision making.

PETITIONS RELATING TO ENGAGEMENT OR CONSULTATION: TEMPORARY SERVICE CHANGES:

During the period of engagement on temporary service changes from 29 July 2024 to 9 September 2024 the health board was made aware of four petitions raised in relation to these proposals.

The Board considered the outcome of engagement on 10 October 2024, by which time one petition had been received. This petition opposed the proposed changes to Graham Davies Ward at Llanidloes Hospital to become a Ready To Go Home Unit. This was received in person by the Chief Executive on 09 October 2024 with approximately 2300 signatures.

Two further petitions were not submitted directly to the health board but were publicly available:

- A petition to "keep Brecon hospital MIU out of hours open" had received 2436 signatures by the time of the Board meeting (Petition)
- A petition to "Demand Powys Teaching Health board to make Llandrindod Wells MIU Open 24/7" had received 688 signatures at the time of the Board meeting (Petition)

As these petitions were not submitted to the Health Board it was not possible to assess whether they met the criteria set out in the Petitions Protocol.

The health board was aware of a fourth petition led by a political party through their own website, but no information relating to this petition was submitted to the health board.

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In accordance with Section 6.1 of the Petitions Protocol, where petitions relate to matters subject to formal engagement or consultation the health board will give these due regard as part of the wider engagement or consultation methodology. Information about these four petitions was therefore included in the engagement report and presentation to the Board as part of the conscientious consideration of the findings of engagement on temporary service changes, and contributed to review and decision making on 10 October 2024. The health board can therefore represent due regard in accordance with our Protocol.

PETITIONS RELATING TO OTHER POLICIES AND COMMISSIONING DECISIONS OF PTHB:

No petitions were directly received by PTHB in relation to other policies and commissioning decisions.

The Health Board engaged in the response to one petition submitted to the Senedd Petitions Committee. This petitioned to "Prevent Powys patients who are treated in English hospitals from facing increased waiting times" (Petitions). This petition related to the commissioning intentions agreed by the Board on 26 March 2025.

When the petition closed it had received 2078 signatures of which 1959 were from Powys.

The petition was considered at a meeting of the Senedd Petitions Committee on 30 June 2025 (Agenda for Petitions Committee on Monday, 30 June 2025).

The transcript of the meeting indicates the intention of the Committee to close the petition and to write to the Health and Social Care Committee and the health board.

At the time of this report the health board has not received correspondence on this matter from the Senedd Petitions Committee.

The health board is also aware of two party further petitions linked to this matter led by political parties through their own websites, but no information relating to these petition has been submitted to the health board.

Whilst formal correspondence has not yet been received by PTHB from the Petitions Committee, we can take assurance from the ongoing review and consideration of these matters through Executive Committee and Board, and through Welsh Government scrutiny via the current escalation and oversight arrangements.

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PETITIONS OUTSIDE SCOPE:

Through our ongoing horizon scanning the health board also identifies key petitions that may relate to wider pathways.

There is one open petition to "Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer". As at 4 September 2025 this had received 10847 petitions of which 1997 are from Powys.

REVIEW OF PETITION ARRANGEMENTS:

No non-compliance issues, escalations or exceptions have been identified that require review or amendment of the Petitions Protocol.

The Senedd is current reviewing the procedures in place for the Senedd Petitions Committee, and Welsh NHS Confederation is coordinating a response informed by views and experiences of NHS bodies in Wales. No specific areas of learning have been identified from our engagement with the Petitions Committee, although we have highlighted that it is beneficial through the petitions map to understand the location of signatories and we would wish to understand whether this will continue to be possible following Senedd reform. Current signatures are mapped based on legacy Senedd constituencies (Montgomeryshire, Brecon & Radnorshire); in future North Powys will form part of a much larger Gwynedd Maldwyn constituency whilst South Powys will form part of a much larger Brycheiniog Tawe Nedd constituency.

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IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					This is an annual assurance report and impact assessment is not required.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					This is an annual assurance report and impact assessment is not required.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					This is an annual assurance report and risk assessment is not required.
Financial					
Corporate					
Operational					
Reputational					

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BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 30 JULY 2025 AT 09:30

HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
IN ATTENDANCE		
Rebecca Baldwin	RB	Team Leader District Nurse Team, Llanfyllin (Item 1.4)
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Adam Pearce	AP	Service Lead for Welsh Language and Equalities (Item 3.6)
APOLOGIES FOR ABSENCE:		

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Rhobert Lewis	RL	Independent Member (General)
Simon Wright	SW	Independent Member (University)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/35)

The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

1.2 DECLARATIONS OF INTEREST (PTHB/25/36)

No interests were declared in addition to those already declared within the published register. It was acknowledged that that the register of interests had been included within the agenda for reference.

HB made a declaration on behalf of all Board Members in relation to the Remuneration Report contained within the Annual Report as all Board member remuneration details are contained.

1.3 BOARD ACTION LOG (PTHB/25/37)

The action log was presented and it was noted that all three actions were 'on track'.

The Board **REVIEWED** and **ACCEPTED** the action log.

1.4 STAFF EXPERIENCE STORY (PTHB/25/38)

DWL introduced Rebecca Baldwin, Team Leader District Nurse Team, Llanfyllin, and highlighted her exceptional dedication to community nursing and impactful work in palliative care before inviting her to share her staff experience story. RB took the Board through a series of slides detailing her staff experience.

CC expressed heartfelt thanks to RB for her powerful and personal presentation, praising the way she conveyed her journey, passion, and the human side of community nursing, which brought the purpose of staff experience stories to life.

CR thanked RB for her engaging presentation, noting its personal resonance and commending her for exemplifying the breadth and professionalism of nursing, including the four pillars of clinical practice, education, research, and leadership, as well as the core values of the nursing code of conduct.

RB left the meeting.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/39)

CC advised that no questions from the public had been received.

1.6 UPDATES FROM: (PTHB/25/40)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

REPORT FROM THE VICE CHAIR

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KWi presented the report and invited any questions.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and drew attention to the following matters:

- The Board was informed that the commission to appeal in relation to Emergency Medical Retrieval and Transfer Service (EMRTS) and the Judicial Review had been refused on all grounds, representing a material update to the report.
- An update was provided regarding Swansea Bay University Health Board (SBUHB) maternity services. CR was offered as the lead to provide assurance to the Board on the response to the independent review. Following the publication of the SBUHB maternity services report on 15 July, the recommendations were reviewed and several key areas of focus identified. As a result, the Cabinet Secretary agreed to an all-Wales assurance approach. Early sharing of this information enabled preparation for a self-assessment, which has already commenced. Targeted support is being provided to women and families affected by the report or accessing services in Swansea Bay, through their named midwives. It was noted that the Board will remain sighted on learning, initially through the Patient Experience, Quality and Safety Committee and by exception to the Board.
- It was noted that CR will be retiring later in the year. Paul Hooton has been appointed as Executive Director of Nursing, Quality, Women and Family Health, and will commence in post at the end of September.

HT invited any questions.

Can you provide clarification on the expected timeline for the conclusion of the Hywel Dda University Health Board (HDUHB) Clinical Services Plan consultation? When will the Board expect to receive a formal update or progress on the next stage of the proposals?

HT responded that HDUHB would undertake a process to review and incorporate insights gathered through the engagement and consultation activities, confirming that specific insights from the Powys population would be shared with the Health Board and would inform whether the matter would return to the Board for consideration. While she noted that the consultation was expected to conclude by the end of August, HT advised that the due diligence process would likely take a couple of months thereafter. HT committed to confirming the exact timeline and assured the Board that the matter would be brought back for consideration as soon as it became available.

Does the Health Board intend to strengthen its commissioning oversight to ensure that (maternity) services provided to Powys residents are delivered safely and compassionately?

HT confirmed that the Board would receive an updated Strategic Commissioning Framework at its next meeting, which would outline how commissioning arrangements and oversight were undertaken across the Health Board. HT emphasised that the Health Board had historically maintained clear arrangements with individual providers, including robust oversight and engagement in improvement processes, particularly in relation to issues at Shrewsbury and Telford NHS Trust and Cwm Taf Morgannwg University Health Board. CR explained that oversight was maintained through formal commissioning arrangements, including CQPRM meetings involving the quality team. CR went onto highlight the

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direct communication channels between Executive Directors of Nursing and Directors of Midwifery across commissioned organisations. CR informed that the recent appointment of a Director of Midwifery, Women and Family Health had significantly strengthened leadership within the Health Board, while the Head of Midwifery role remained in place. She assured Members that structured mechanisms were in place for oversight and liaison with commissioned organisations, including formal communication channels and participation in national peer groups such as the Directors of Midwifery Advisory Group, which reported directly to Executive Directors of Nursing. She also noted her current role as lead Executive Director of Nursing for neonatal services, which provided enhanced oversight through the Maternity and Neonatal Safety Programme. CR offered to continue the discussion outside of the meeting should further clarification be required.

Is the Health Board confident in its ability to deliver the RSV vaccination programme on time? Given the importance of the campaign for two cohorts and the dual method of administration.
MB confirmed that while uptake was not yet at the desired level, an improvement plan had been implemented. Targeted outreach was underway with participating GP practices, aiming to reach the 70% target by the end of August. MB also reported that several practices had already exceeded the target, with the current average uptake at 62.7%. It was noted that uptake among pregnant women had consistently remained above 60%, with good practice being shared nationally.

Have any Powys patients been identified as affected by the SBUHB Maternity Service Review and if so, how has communication with those individuals been managed?
CR confirmed that, in relation to the detailed case reviews, Powys had not been advised of any cases involving Powys families. She noted that discussions were ongoing with SBUHB to ensure continued clarity and oversight.

Has the Clinical Services Plan consultation by HDUHB and the Enhanced Local General Hospital review led by Aneurin Bevan University Health Board (ABUHB) had any implications for the Better Together programme, and have these developments influenced the scenarios under consideration at this early stage?
HT advised that HDUHB was currently working towards presenting its Clinical Services Plan to its Board in November, subject to the scale and volume of consultation responses. An update would be brought to this Board in September to confirm the ongoing timeline. HT emphasised the importance of monitoring live consultations and assessing potential changes to neighbouring health boards and care pathways for Powys patients. While strategic options were being developed and would be presented to the PPPH Committee, no preferred option had yet been identified, and service planning would continue to adapt in response to emerging developments.

The Board **RECEIVED** and **NOTED** the Reports of the Chair, Vice Chair and Chief Executive.

Paterson, Lisa (NHS Wales) 22/09/2025 16:05:14

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/41)

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 13 May, 17 June and 8 July 2025. Attention was drawn to the following matters:

- Progress on the annual accounts was considered at both meetings and is addressed separately on the agenda.
- Received the Hosted Body Annual Report for Health and Care Research Wales, noting improvements in workforce metrics compliance.
- The final Head of Internal Audit Opinion for 2024/25 was received, based on 24 audits, with a rating of reasonable assurance.
- Several individual audit reports were reviewed, including one on mattresses, which received a limited assurance rating.
- An update was provided on the development of the 2025/26 audit plan.
- Counter fraud colleagues presented on the implications of the Economic Crime and Corporate Transparency Act 2023, noting current arrangements offer good protection, with recommendations for training and risk assessment.
- Received an update on the 2025/26 Clinical Audit Plan.
- The first monitoring report on Digital First was received, following the transfer of digital oversight from the Finance and Performance Committee.

Charitable Funds Committee

CC presented the item which provided an overview of matters considered by the Committee on 16 June 2025.

Finance and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on the 26 June 2025.

Planning, Partnerships and Population Health Committee

HB, in RL's absence presented the item which provided an overview of matters considered by the Committee on the 19 May 2025.

Question was raised regarding the caseload sizes identified in health visiting under the Healthy Child Wales Programme - what actions were being taken, whether any risks had been identified for affected families in Powys, and how the issue was being addressed.

CR confirmed that a review was underway focusing on caseloads and specific contacts with children and families under the Healthy Child Wales Programme. She noted that this work was being undertaken in the context of Powys' geography and as part of a broader workforce review within Women and Children's Services. An update would be provided to the Board and relevant Committees in due course.

People and Culture Committee

JOA presented the item which provided an overview of matters considered by the Committee on the 3 June 2025. Attention was drawn to the following matters:

- Received the Workforce Performance Report, noting improvements in variable pay data and progress towards meeting ministerial targets, with positive trends observed.
- An updated Director's Report was presented, highlighting impactful measures currently in place to monitor and support staff wellbeing.

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- Members were also informed of workforce establishment trends and the internal challenges being experienced, alongside ongoing work to improve data tracking and clarity in this area.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 14 May, 28 May, 11 June, 24 June, 9 July and 16 July 2025. Attention was drawn to the following matters:

- A productive Executive-to-Executive meeting had been held with Shared Services, with a commitment to report back to the Board on progress.
- CM detailed the importance of ongoing work in digital services and the WCCIS system was discussed. It was noted that the WCCIS system, which supports community healthcare and mental health services across Wales, is approaching end-of-life. A review is underway to explore options for its replacement, supported by a developed business case. This work forms part of a national programme titled Connecting Care, with close collaboration taking place to determine the way forward. Clarification on funding arrangements for health boards is awaited and it is hoped this will be resolved shortly to enable progress.

A question was raised querying the implications of Powys County Council's adoption of its own system, following previous shared use of WCCIS, and asked how this development might affect integrated system working, which the Board had previously recognised as a key priority.

HT acknowledged the importance of interoperability in light of Powys County Council's decision to procure a separate system and confirmed that this consideration was being addressed through the national Connecting Care programme. ND further assured the Board that interoperability had been a key requirement in the tendering and awarding of the new system for social services in Powys. She noted that the transition plan was underway, with data cleansing and preparatory work in progress to support a successful system implementation.

The Board received paper 1.7, which provided a consolidated overview of items escalated across all Committees, including those not reported at the current meeting. The paper also included a reporting history to the Board, developed following the revised Committee reporting and AAI framework introduced in the previous financial year. Five items remained escalated to the Board for awareness, with no immediate action required. It was noted that the item relating to Regional Investment Funding, previously escalated from the People and Culture Committee, had since been resolved and was recommended for de-escalation. The tracking and timely reporting of such items would continue at each meeting.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

2. CONSENT AGENDA BUSINESS

There were no requests to consider any items from the Consent Agenda.

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3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 AUDIT WALES AUDIT OF ACCOUNTS REPORT 2024/25 (PTHB/25/42)

PH introduced this item. Gareth Lucey and Mike Jones (Audit Wales) attended and presented the Audit of Accounts report.

GL confirmed that Audit Wales had issued an unqualified opinion on the truth and fairness of the financial statements, in line with expectations. However a qualified regularity opinion was issued due to the Health Board's overspend against its revenue resource limit and the absence of an approved Integrated Medium Term Plan, both known issues prior to the audit.

The Audit identified some corrections, detailed in Appendix 2 of the report and two uncorrected mis-statements relating to Continuing Healthcare accruals, which were not material to the overall opinion. The delay in presenting the report was attributed to the additional work required to resolve concerns around these accruals. A recommendation for improvement was included in Appendix 5 and accepted in full by management.

Audit Wales commended the Finance team for the quality of the draft accounts and supporting documentation and for their co-operation throughout the audit process. Subject to Board's approval, the accounts were ready for certification by the Auditor General for Wales from 1 August 2025.

The Board **RECEIVED** the Audit of Accounts Report 2024/25.

3.2 RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF THE ANNUAL REPORT AND ACCOUNTS 2024/25 (PTHB/25/43)

SE reported that the Audit and Risk Assurance Committee had reviewed progress on finalising the Annual Accounts at its meetings in May, June and July. The Committee had been kept informed by Audit Wales regarding additional testing required on Continuing Healthcare accruals following the identification of errors during the audit. At its July meeting, the Committee expressed disappointment that these issues had resulted in the Health Board missing the Welsh Government (WG) deadline for submission of the accounts. A lessons learned paper has been requested for presentation at the October Committee meeting to provide assurance to the Board.

SE highlighted the late invoice from Wye Valley NHS Trust for £5M, which remained under dispute and has been escalated to Welsh Government. This has been treated as a contingent liability in the accounts, with no financial charge applied and Audit Wales has accepted this treatment. Due to the Health Board's inability to meet its financial duties for the third consecutive year, the Auditor General for Wales issued a qualified regularity opinion. The cumulative overspend over the past three years stands at just under £35M. However, subject to receipt of the letter of representation the Auditor General intends to issue an unqualified opinion on the truth and fairness of the accounts.

The Audit, Risk and Assurance Committee therefore RECOMMENDED that the Board APPROVE the annual report and accounts, authorise the signing of the accounts and issue the letter of representation.

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The Committee also acknowledged the significant work undertaken across the organisation in preparing the accounts and thanked Audit Wales for conducting the audit efficiently.

HT, as Accountable Officer, acknowledged that missing the end-of-June deadline was not ideal, but emphasised the importance of completing the additional work on Continuing Healthcare accruals, confirmed that WG had been kept informed throughout and noted that a lessons learned exercise would be brought to the next Audit and Risk Assurance Committee meeting, with the associated recommendation accepted in full; HT also expressed gratitude to Audit Wales and the finance team for their efforts.

The Board **RECEIVED** the recommendation from the ARAC Committee.

3.3 ANNUAL REPORT AND ACCOUNTS 2024/25(PTHB/25/44)

PH confirmed that the Annual Report, Annual Accounts and Letter of Representation were included in full within the Board papers and recommended for approval, as outlined by the Audit and Risk Assurance Committee.

HB noted that, subject to Board approval, the accounts would be signed by the Auditor General for Wales on 1 August, submitted to WG, and published on the Health Board's website. She also advised that the Annual General Meeting had been rescheduled to 15 September 2025 due to the audit delay. The Board expressed thanks to all teams involved in the preparation of the report, with particular recognition given to Liz Patterson for her professional coordination of the process.

Independent Members asked the following questions for assurance:

How will the Executive Team ensure continued delivery against achieved targets and monitoring progress on areas requiring improvement?
HT acknowledged the importance of tracking in-year performance and confirmed that the Health Board uses its integrated performance report and quality and performance framework to monitor progress against set trajectories. Regular reporting to the Executive Team and relevant Committees ensures oversight of both maintained and improving performance, with exceptions escalated to the Board. She also noted that the organisation had received reasonable assurance on its performance tracking arrangements.

The Board:

- **APPROVED** the Annual Report and Accounts 2024-25 for signing in readiness for submission to Audit Wales and Welsh Government; and
- **APPROVED** the Letter of Representation for signing by the Chair and Chief Executive, on behalf of the Board.

GL and MJ (Audit Wales) left the meeting

3.4 ANNUAL PLAN 2025/26 UPDATE (PTHB/25/45)

HT, PH and NJ presented an update to the Board. The purpose of the slide pack was to support the discussion with the Board of the further potential for financial improvement following further correspondence from WG on the 14 July, and the requirement to send a further Accountable Officer letter on 31 July 2025. NJ also

Patterson, Liz (NWSSP) 12/09/2025 15:53:14

presented an update on the Ministerial Advisory Group (MAG) recommendations and alignment to the Board approved Annual Plan 20256/26 for the Health Board.

Independent Members asked the following questions for assurance:

Has the organisation responded constructively to the additional 2% savings target and are specific schemes being developed to meet this increased financial requirement?
HT noted that the additional 2% savings target has been recognised across the organisation as highly challenging, but necessary given the financial pressures. Communications have been shared internally (including with staff side partners) and while concerns remain about the impact and capacity to deliver, there is a general understanding of the need for financial improvement. Some proposed schemes, such as those related to prescribing have emerged from team-level analysis and further detailed discussions are planned to refine delivery plans. DWL noted that the organisation is adopting a firmer stance on cost-saving measures, including restrictions on training, external room hire and travel. While the changes may feel significant to staff, they are necessary given the financial pressures. DWL acknowledged the support from trade union partners and highlighted efforts by her teams to communicate changes, address concerns and signpost staff to well-being resources. DWL emphasised the importance of monitoring any potential impacts, such as increased sickness absence and committed to reporting back on the effects of these measures at future Board meetings.

Has the Health Board considered adjusting its annual programme in response to timing misalignments identified in the MAG recommendations analysis, and what metrics would be used to rigorously monitor the quality impact of commissioning arrangements with NHS England through reporting to the Executive and PEQS Committees?
NJ confirmed that the Health Board is considering adjustments to programme timings, with updates expected in the Quarter 1 report. CR noted that quality impact assessments are being conducted using established domains (timeliness, effectiveness, safety, efficiency and person-centredness) and are monitored through the Quality Oversight and Assurance Group, as outlined in the refreshed Integrated Quality Performance Framework (IQPF). Assurance mechanisms include tracking incidents, complaints, compliments and patient experience, with reporting to the Executive and PEQS Committees supported by the organisation's quality management system.

Has the Health Board received clarity on when data reporting issues at Shrewsbury and Telford would be fully resolved and what programme has been made on implementing the elective changes since 1 July 2025, given the urgency of the matter?
NJ noted that data reporting issues at Shrewsbury and Telford are improving but remain unresolved, with expectations for resolution by the end of the calendar year. Discussions with the provider are ongoing and treated with urgency. HT advised that a key meeting between Chief Executives is scheduled for next week, after which a further update will be provided to the Board.

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Has the Health Board began considering contingency plans to address the remaining financial shortfall, should current proposals fall short of meeting the

control total, given the challenges of implementing meaningful cost reductions later in the financial year?
HT confirmed that the Health Board is already implementing difficult financial decisions, including those made in March and the recent 2% savings target. HT assured the Board that further unpalatable options are being considered to close the remaining gap towards the £15.8 million control total. Additionally, independent support is being brought in under WGs Level 4 escalation to review the financial position and identify further opportunities. The findings from this external assessment will be shared with the Board promptly to inform next steps.

The Board:

- **NOTED** the correspondence from Welsh Government and the requirement to send an additional Accountable Officer letter on 31 July;
- Took **ASSURANCE** that the organisation continues to work towards implementing the Board's March 2025 decision regarding commissioning in NHS England;
- **NOTED** the approval of the In-Committee Board on 25 June to apply an additional 2% savings target across the Health Board.
- **NOTED** the assessment of the Ministerial Advisory Group and the application to the Health Board's Annual Plan and arrangement for monitoring and reporting.

3.5 BETTER TOGETHER (PTHB/25/46)

DWL presented the update to the Board on the current position and next steps on stage 2 engagement for the Better Together programme. DWL brought key items to the Board's attention:

- Stage 1 pre-engagement on the case for change concluded on 25 May 2025, with key findings informing the ongoing design and development work.
- A deliberative event with staff, public and partner representation took place on 3 June to support the development of the long list of options for the future shape of adult physical and mental health community services
- Stage 2 engagement materials were finalised and published, with stage 2 engagement taking place from 9 June to 27 July 2025
- Work is under way on a stage 1 and stage 2 engagement outcome report, which will be presented to the Board this autumn.
- Detailed clinically-led design work is taking place to review emerging options against the hurdle criteria to support development of a short list. Planning is under way for a further deliberative event on 13 August to provide "check and challenge" for this work.
- A contract has been awarded to ORS for independent delivery and analysis of stage 3 consultation from autumn 2025; a contract award for independent assurance of stage 3 consultation is expected shortly.
- Planning is underway for stage 3 consultation, which is currently expected to take place from 27 October to 18 January 2026.

Independent Members asked the following questions for assurance:

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Is the organisation satisfied with the level and diversity of public participation at recent engagement events? If not, how will lessons learned be applied to future engagement?

DWL acknowledged that whilst attendance numbers were modest, the conversations were rich and meaningful. The upcoming stage 2 report will consolidate reflections which will help guide future engagement. There is recognition of varied public awareness and the importance of maintaining dialogue through both general events and digital platforms. DWL advised that the report will be presented at the next Board meeting.

How is the Health Board ensuring meaningful engagement with young people (particularly those aged 15 to 30) given their growing role in civic participation and the observed lack of representation in previous engagement activities?
DWL fully recognised the importance of engaging with young people as the future generation, who may have different expectations around service access, particularly through digital means. While there has been some engagement through schools and other forums, we will review the demographic breakdown of the 100 public responses received to better understand youth participation. This will help inform how the Health Board strengthens engagement with younger age groups in future phases. CR noted the commitment to maximising existing forums, such as carers groups and the Junior Start Well Board, to ensure young people, including young carers, are included in future engagement activities.

The Board **RECEIVED** and took **ASSURANCE** the better together programme stage 2 engagement update

3.6 TEMPORARY SERVICE CHANGES (MIU AND READY TO GO HOME UNITS) (PTHB/25/47)

CC introduced this item and invited KB to provide a comment. KB emphasised that Llais is an independent statutory bod and not involved in the Board's decision making. KB shared that visits to all four wards affected by Temporary Service Changes were largely positive, with patients reporting improved quality of care. Some feedback highlighted areas for potential improvement, which KB suggested should be considered in future reviews. KB fed back no specific concerns had been raised about the MIU closure, thought there was a general sentiment about reduced services in rural mid Wales. KB stressed the importance of clear communication with affected communities and confirmed that the proposed service changes align with WG guidance.

KW presented the report providing an update ahead of the full evaluation to Board in July. It was confirmed evaluation and monitoring were ongoing, mitigations are in place and there are no items to escalate. KW shared a presentation on screen and brought the below key items to the Board's attention:

Evaluation Framework:
- Six-month temporary service change followed by structured evaluation using agreed decision-making criteria.
- Data gathered via dashboards, surveys, incident monitoring, and stakeholder feedback.
- Staff workshop held to review and challenge evaluation findings.

Minor Injury Units (MIUs):
- Improved workforce utilisation and reduced expenditure.
- No agency staff used; bank staff usage reduced.

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- Staffing costs reduced by 9%; cost per patient episode decreased in both Brecon and Llandrindod.
- Lone working eliminated; no unplanned closures since changes.
- No increase in primary care or out-of-county ED attendances.

Co-location Units:

Ready to Go Home Units:

- ~50% reduction in bank/agency costs.
- Length of stay reduced by 23%.
- Increased community admissions and reduced out-of-county delays.

Rehabilitation Units:

- ~50% reduction in bank/agency costs.
- Length of stay reduced by 7%.
- Increased throughput and ability to admit complex cases.
- Enhanced therapy input.

System-wide Impact:

- Overall reduction in length of stay and DGH bed days.
- Evidence suggests improvements are attributable to co-location, though small sample size limits certainty.

Outcome Measures:

- Challenges in collecting meaningful outcome data.
- DigiFlo usage improving; data shows increased low-dependency discharges.
- Sustained reduction in pressure sores (from 55 to 38 cases).

Staff and Patient Experience:

- Staff demonstrated strong engagement and enthusiasm despite challenges.
- MIU staff reported satisfaction due to improved working conditions and training opportunities.
- No serious incidents or patient concerns reported.
- Primary care did not experience anticipated increase in GP attendances.
- Some concerns raised about travel distances; others appreciated earlier repatriation.

Independent Members asked the following questions for assurance:

Have you examined whether the absence of Datix entries during the temporary MIU service changes reflected a true lack of incidents or potential underreporting, and have patient perceptions of safety been directly assessed alongside staff feedback?

KW acknowledged concerns about the reliability of Datix reporting and confirmed that staff feedback was triangulated through direct engagement during workshops and discussions with department managers to capture any unreported issues. While not all incidents may be formally recorded, there was no indication of unreported concerns. Regarding lone working, it was confirmed that this practice has been abolished, and future occurrences would likely warrant Datix reporting. On patient safety, staff reported improvements due to more reliable service provision and clearer communication. Although direct patient feedback was not quantitatively measured, qualitative insights were gathered through staff engagement indicating a perceived increase in patient safety.

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Can you assure the Board that, if the temporary service changes are extended, a more robust and quantitative evidence base would continue to be developed to support any future permanent decisions under the Better Together programme?

KW confirmed that while the presented findings focused on key points aligned with the original rationale for the temporary changes, a broader set of supporting data exists and has been carefully appraised. KW acknowledged the challenges in capturing outcome measures but noted emerging evidence of improved flow and efficiency. Dashboards are now in place to continue gathering quantitative data, which will inform future decisions under the Better Together programme. The commitment to ongoing data collection and system learning was reaffirmed.

Have you assessed the extent of staff concerns around skill loss in the ready to go home units, and whether families had been engaged to understand their perspectives on patient discharge and community transition?
KW acknowledged initial staff concerns about skill loss in the ready to go home units and confirmed that these concerns were explored through direct engagement with ward managers and staff. While some concerns persist, there has been no staff movement as a result. KW highlighted ongoing work within the Better Together programme to explore alternative care models, such as ambulatory or day case treatments, that could help retain and utilise staff skills in different ways. This includes encouraging staff to contribute ideas for maintaining skillsets while adapting service delivery.

Has data been collected on how often patients attending MIUs were redirected to Emergency Departments, and was this deemed appropriate? Has further work been considered to improve public understanding of the scope and limitations of MIU services? Has the aspiration for a whole-system, multidisciplinary approach in the ready to go home units been realised, including involvement from the voluntary sector and support for local authority assessments? Has the service model helped reduce out-of-county placements and supported earlier repatriation closer to home? Is admission to the ready to go home units still viewed as a system shortfall and are steps being taken to strengthen community-based care alternatives?

Have alternative methods been considered to more accurately capture patient, family and carer perspectives outside the ward environment, and have improvements in local authority collaboration, particularly around care assessments and package timeliness, been clearly evidenced and communicated, including the financial impact of reduced hospital stays?
CR acknowledged the importance of both qualitative and quantitative data in evaluating patient safety and confirmed that learning from the current evaluation will inform future phases. CR reassured the Board that patient safety is monitored through incidents, complaints and compliments, and highlighted the recent appointment of a People's Experience Co-ordinator to strengthen feedback collection from patients and families. On staff skills, CR noted ongoing discussions around professional development and rotational opportunities, particularly for nursing staff. Finally, CR affirmed that admission avoidance remains central to the Better Together programme, with a focus on minimising hospital stays and promoting discharge to home environments to prevent patient deconditioning.

Patterson
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Have you explored the reasons behind primary care and third sector feedback regarding the perceived need for therapists in the ready to go home units and what steps were taken to clarify roles and align expectations?

CM addressed concerns about therapy provision in the ready to go home units, explaining that the original aim was to co-locate patients needing rehabilitation to maximise therapy time and reduce therapist travel. While some patients expressed a desire for more therapy, all had been assessed and provided with appropriate programmes, either independently or with support. CM noted that patients may not always recognise non-traditional therapy delivery and that nursing staff are being trained in rehabilitation competencies. Reassurance was given that patients requiring further rehabilitation can be transferred back to the rehabilitation unit for intensive support.

ND welcomed the evaluation data presented on the ready to go home units and MIUs, noting its value for future Regional Partnership Board discussions. She highlighted early conversations about social care involvement on the wards and suggested revisiting the criteria for assessments as part of the pilot extension. ND also assured the Board of the local authority's commitment, confirming the introduction of dedicated hospital teams with named individuals assigned to wards to support multidisciplinary working and enhance continuity of care.

Can you provide assurance that this extension is not a delay tactic and that the changes will be actively integrated into Better Together, with timely decisions made as part of that programme?
HT gave assurance that the temporary service changes will be actively integrated into the Better Together programme - and there is a clear commitment to engaging and consulting the public properly on any permanent changes, with plans for this to be part of the programme's next phase in the autumn. The aim will be to ensure that the public has a meaningful role in shaping future service models.

KW thanked everyone and expressed appreciation for staff contributions throughout the engagement, rollout and evaluation phases, highlighting the significant learning gained. KW emphasised that this work will meaningfully inform the Better Together programme and commended staff for their leadership and commitment during a challenging period of change.

The Board

- **RECEIVED** the evaluation of the Temporary Service Changes
- **APPROVED** that the temporary service changes remain in place and are subject to public consultation, in line with the Better Together transformation programme during the Autumn of 2025

3.7 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/48)

HB presented the report to the Board which provided an update on Board activity since the last meeting held on the 21 May. The following key items were brought to the Board's attention:

- There has been one Chair's Action for approval since the last Board meeting in relation to the commencement of procurement of Dental Services.
- Independent Members membership on Committees have been reviewed.
- Board and Committee Effectiveness - noting this builds on previous Board meeting discussion and includes the Board's self-assessment from a recent development session. Priority areas for Board activity this financial year are detailed within the report.

Patterson, Lisa 22/09/2025 15:15:25

- Health Care Professionals Forum: It was noted that Terms of Reference have been developed for this advisory group; potential dates for the first meeting are being considered and a full update will be included in the next report.

One concern was raised about the complexity and dense language of document 3/8, noting that it may be difficult for members of the public to understand, which could hinder transparency. HB acknowledged the point, explaining that the document reflects WG templates often based on legislation, which can be inherently complex. She committed to discussing the issue with WG to explore ways of making such documents clearer and more accessible.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the Chair's Action taken on the 03 July 2025 to proceed with the procurement process for the General Dental Service (GDS) contract in Crickhowell.
- **RATIFIED** the Board Committee membership for 2025/26
- Took **ASSURANCE** that Board and Committee Effectiveness reviews have taken place from 2024/25 and a governance development plan is in place for 2025/26.

3.8 PTHB STANDING FINANCIAL INSTRUCTIONS (PTHB/25/49)

HB presented the report to the Board which sought to outline the amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the issue of the Welsh Health Circular 2025/012. HB noted that the Health Board is required to amend Model Standing Financial Instructions in relation to Chapter 11 Procurement and Contracting. It was noted that the Audit, Risk and Assurance Committee recommend the updated SRIs to the Board.

The Board **APPROVED** the changes to the Model Standing Financial Instructions in relation to Chapter 11 Procurement and Contracting

3.9 REGIONAL PARTNERSHIP BOARD ANNUAL REPORT 2024/25 AND FORWARD LOOK (PTHB/25/50)

MB presented the Regional Partnership Board's Annual Report for April 2024 to March 2025 highlighting the collaborative work between health, social care, PAVO, and wider partners aimed at improving outcomes for Powys residents. The report outlines progress against the joint area plan, which supports the 10-year Health and Care Strategy: A Healthy Caring Powys. Key achievements are organised under the Start Well, Live Well, Age Well partnership groups, which operate under the RPB's governance. The RPB Board is chaired by the Vice Chair, with the Executive Group chaired by the Director of Social Services and Well-being. MB noted the report was formally approved by the RPB on 10 June and is now presented for assurance of continued joint working and alignment with planning and governance frameworks. The 2025–26 delivery plan will be reviewed at the upcoming Planning Partnership and Population Health Committee in August.

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KWi formally acknowledged the valuable contribution of Joe Wellard and our Health Board colleagues in fulfilling our legal duty of co-operation through genuine partnership working to improve health and well-being in Powys.
Independent Members asked the following questions for assurance:

Given the current uncertainties (political shifts, financial pressures and upcoming elections), how does the RPB plan to sustain its valued initiatives beyond the current funding cycle to ensure continuity for both service users and staff?
MB noted that over the past eight or so months, the RPB coordinators, in collaboration with the Partnerships Office and Health Board colleagues, conducted a comprehensive evaluation of all programmes and services. This included assessing and strengthening sustainability plans to ensure long-term viability. While some projects already had robust plans, others required further development, work that is continuing into this year. MB noted that current funding is secured until March 2026, and efforts are underway to reinforce sustainability planning in anticipation of future financial challenges. The Health Board is also reviewing its role in supporting programmes funded through this route. KWi added assurance that the RPB Board has emphasised the importance of clear sustainability and exit strategies as part of its governance oversight. KWi also noted that while not all RPB-funded projects may be sustainable long-term, efforts are made to embed them where possible and where continuation is not feasible, the learning and insights gained are captured to inform future policy and service development.

The Board:

- **RECEIVED** the Regional Partnership Board (RPB) Annual Report and Forward Plan; and
- Took **ASSURANCE** that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy "A Healthy, Caring Powys".

3.10 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT (PTHB/25/51)

AP joined for this item. DWL presented the report to the Board which highlighted progress made over the past year. A key focus was the development and approval of the revised Anti-Racism Plan, aligned with Welsh Government's vision for an anti-racist Wales by 2030. Notable achievements included certification as an Age-Friendly Employer, attainment of the first stage of Disability Confident status, and the rollout of initiatives under the Speaking Up Safely framework. The report also detailed workforce data analysis, including ethnicity pay reporting for the first time, alongside statutory gender pay reporting. These actions supported the Health Board's ambition to be an employer of choice and contributed to addressing population inequalities through the Better Together programme and public health initiatives. Subject to Board approval, the report would be translated and published online.

Independent Members asked the following questions for assurance:

Was the bronze award received from Diverse Cymru part of a broader programme of engagement with the organisation, and are further opportunities for support around diversity and involvement being explored?
DWL confirmed that the short-term plan would continue to be reviewed to assess its viability for wider application across the organisation and other workforce teams.

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The Board **APPROVED** the Equality Annual Monitoring Report 2024-25 for publication on the health board's website. Once approved, the report will be made available in both Welsh and English to the public.

AP left the meeting.

3.11 MINUTES OF PREVIOUS MEETING HELD ON 21 MAY 2025 (PTHB/25/52)

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

3.12 FINANCIAL PERFORMANCE: 2025/26 - MONTH 03 (PTHB/25/53)

PH updated the Board on the financial performance report for month 03 and brought the following key items to the Board's attention:

- Reported an £8.494 million overspend against the break-even position.
- Against the forecast deficit plan of £28.3 million, the Month 3 position was £7.078 million overspent, resulting in a £1.4 million adverse variance.
- Key driver of variance: delayed impact of actions on commissioned services, expected from Quarter 2 onwards.
- Shortfall against £23.1 million savings target; current delivery at £18.2 million.
- Additional cost pressures include risks and use of private providers in mental health services.
- Mental health and learning disabilities identified as key cost pressure areas, including pay and CHC costs.
- Agency and locum spend showed month-on-month improvement; progress noted but remains a financial challenge.
- Joint Commissioning Committee (JCC) reported a year-to-date overspend; plan assumes return to balance.
- Continued overspend in commissioned spinal services; central planned care funding not available to support reduction.
- Prescribing performance exceeded expectations with £1.7 million forecast savings against a £1.5 million target.
- Continuing healthcare currently underspent, supported by planned funding increases.
- Savings delivery: £17.3 million in green/amber schemes, plus £900k newly identified, totalling £18.2 million.
- £58.3 million of risks included in the current forecast; mitigation required.

Independent Members asked the following questions for assurance:

What assurance was provided regarding the forecasted £2M overspend on mental health private providers, given the Month 3 report shows only a £200K overspend; does this reflect an improvement or a revised trajectory?
Additionally, what steps were being taken to ensure Powys received a fair share of the £120M WG allocation for waiting times through its contracts with other Welsh providers?

In response to the question regarding financial pressures and funding allocation, PH confirmed that the financial plan for 2025 included a £4M funding assumption based on the previous year's outturn for mental health private providers. A £2M pressure was currently forecast, with mitigating actions underway to bring this back in line. The £200K overspend shown in month 3 reporting included netting across subcategories and did not reflect a reduction in the overall forecast.

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Assurance was provided that activity funded through central planned care monies was being closely monitored to avoid duplication of charges. NJ added that long-term agreements with Welsh providers had been structured to mitigate the impact of additional activity funding, and these mechanisms continued to operate. It was noted that central funding was not applicable to Welsh patients waiting in NHS England, where Powys had a higher number of patients than in Wales, and this was highlighted as a point of factual accuracy for the Board's awareness.

What actions were being taken to address the reported vacancy rates of 22% in Mental Health and Learning Disabilities and 14% in Community Services—totalling over 250 posts—and how was this being balanced against the organisation's broader aim to reduce headcount?
In response to the question regarding high vacancy rates, PH confirmed that a significant recruitment programme was underway, including international nurse recruitment and the aspiring nursing initiative. EL added that vacancies in Mental Health, Learning Disabilities, and Community Services were being supported by agency staff where necessary to maintain safe patient care. She emphasised the importance of aligning workforce planning with future service models through the Better Together programme, supported by "grow our own" initiatives. DWL noted the success of internationally educated nurses and additional HEIW funding for future cohorts, including doctors. She reported that the trajectory for adult wards was improving, with vacancies close to being eliminated, enabling a more determined approach to reducing agency use. It was noted that other health boards had adapted service models to improve team resilience, which was being considered as part of Better Together programme. DWL confirmed that Powys had closely monitored its recruitment trajectory to avoid commissioning placements that could not be filled. The Health Board had benefited from a surplus of trained registered nurses in other areas, with several joining Powys. It was confirmed that the organisation would continue to observe external approaches while ensuring that relevant strategies were already being incorporated locally.

Was the £1.4M overspend at the end of the quarter expected to level off as commissioning changes became embedded or was it considered a one-off pressure to be absorbed within the overall budget deficit?
PH confirmed that based on the actions identified, the financial position was expected to improve over the remainder of the year. However, it was emphasised that a gap remained between the £18M currently identified and the £23M savings target, representing an ongoing risk. If the planned actions were delivered as expected the financial position was anticipated to stabilise going forward.

What intelligence was available to assess the potential financial impact of emerging risks, such as the shortfall in National Insurance contributions, JCC commissioning increases and Band 2/3 staffing issues. How might these affect the Health Board's ability to meet or exceed its financial plan?
PH confirmed that the emerging risks were being closely monitored and incorporated into both year-to-date and forecast positions as appropriate. The additional 2% savings target set for the organisation was intended to help maintain the forecasted £28.3M deficit by covering shortfalls in savings delivery, absorbing emerging cost pressures, and mitigating financial risks. These elements were actively tracked and integrated into the financial position as necessary.

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The Board **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Board **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

3.13 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26: MONTH 02 (PTHB/25/54)

NJ presented the Month 2 report to the Board and brought the below key items to the Board's attention:

- Maintained strong performance in 104- and 52-week planned care measures.
- Waiting time targets met in Minor Injury Units and across adult and children's mental health services.
- Diagnostics performance below standard; patient numbers breaching waiting time increasing monthly.
    - WG funding received to address echocardiogram delays; improvement expected by end of Q3.
- Therapies missed 14-week waiting time target due to workforce challenges; improvement anticipated from July.
- Psychological therapies and mental health services showing gradual improvement, though fragile due to small team sizes.
- Developmental services for children and young people maintained 104-week waits; service remains in escalation.
    - Internal escalation status reviewed at Executive Committee; further discussion planned with the Patient Experience, Quality and Safety Committee.
- Commissioned services show longer waits in NHS Wales compared to NHS England, though some Welsh Health Boards meet standards.
    - NHS England performance expected to align with NHS Wales frameworks in future reports.
- Cohort of spinal patients waiting over 104-weeks at Robert Jones and Agnes Hunt; LTA agreement nearing finalisation.
    - Central planned care funding not available to support commissioned service reductions.
- Cancer performance in commissioned services remains variable.
    - Overall, waiting times in Wales slightly better than in England.

Independent Members asked the following questions for assurance:
What level of confidence is there regarding the prolonged spinal delays at Robert Jones and Agnes Hunt (RJAH), given that these were understood to stem from the provider's internal capacity issues rather than financial constraints?

NJ noted that spinal capacity issues at RJAH were expected to persist throughout the year due to the complexity and resource demands of the procedures. The agreed LTA anticipated approximately 50 patients would remain waiting over 104-weeks by year-end. While NHS England was commissioning additional support for this cohort, the absence of centrally allocated funding for Welsh commissioners meant similar action could not be taken for Welsh patients.

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The Board:

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

3.14 RISK APPETITE STATEMENT (PTHB/25/55)

HB presented the proposed revisions to the Board's risk appetite statement, following review and refinement by the Audit, Risk and Assurance Committee (ARAC) on 17 June 2025, as requested by the Board on 21 May 2025. It was noted that the Committee had considered the statement on two occasions, including the proposal to structure risks into three sections. The Committee agreed that the cautious appetite around financial sustainability appropriately reflected the current position and annual plan and was content to recommend the revised statement to the Board. The Finance and Performance Committee also supported the revisions, noting that the statement was not fixed and would remain subject to ongoing refinement. It was considered a fair reflection of the organisation's current position.

Independent Members asked the following questions for assurance:

What practical impact will the risk appetite statement have, and how will it support consistent decision-making at executive and senior leadership levels?
HB confirmed that the executive team had been involved in the development and that risk appetite was embedded in strategic thinking. She advised that commentary on whether risks were operating within or outside of appetite would increasingly be reflected in service-level risk discussions. A training package would support implementation, with a top-down approach being taken to embed the framework.

The Board **RECEIVED** and **APPROVED** the revised Board's Risk Appetite Statement following further refinement to the categorisation of financial risks as supported by the Audit, Risk and Assurance and Finance and Performance Committees.

3.15 BOARD ASSURANCE FRAMEWORK AND STRATEGIC RISK REGISTER (PTHB/25/56)

HB presented the newly developed Strategic Risk Register (SRR) and Board Assurance Framework (BAF) Dashboard, both of which had been formulated following relevant engagement and development. The SRR now comprises 12 strategic risks, with full details provided in Appendix 1, and will be reviewed in detail by relevant Committees. Risk SRR011 will be considered in the In-Committee session. The Operational Risk Register is also in development and will be included in future information packs. The SRR will be presented to the Board three times annually, with the next update scheduled for November.

The BAF Dashboard was shared with the Board for the first time, offering a detailed overview of risk assurance and effectiveness, including a visual risk map. It was confirmed that three risks currently operate outside of the Board's risk appetite, and a manual outlining assurance levels and operating principles will be shared separately. Members welcomed the progress and acknowledged the importance of tracking new risks, including SRR08 relating to service delivery challenges. A

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prevention framework will be brought to the Board in September, supported by performance metrics.

The Board:

- **DISCUSSED** whether Strategic Risk Register (SRR) accurately reflects the Health Boards current strategic risk environment and **APPROVED** the document for formal adoption by the Health Board
- **DISCUSSED** the newly developed Board Assurance Framework (BAF) Dashboard and **APPROVED** the document for formal adoption by the Health Board
- **NOTED** risk SRR011 will be considered in greater detail within the In-Committee meeting of the Board.

3.16 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/57)

KB highlighted the positive reception of the Better Together engagement sessions, noting strong participation and meaningful discussions and emphasised the need to diversify engagement methods beyond digital platforms to avoid excluding rural or digitally disconnected communities.

KBs report addressed concerns around **maternity services**, referencing the response from Llais and regional directors who have written to health boards seeking assurances. There is a shared commitment to ensuring lessons are learned and that families do not experience repeated service failures. KB also drew attention to key items within the report:

- A rise in individuals accessing private healthcare, prompting efforts to understand this trend through direct engagement.
- Emerging concerns around temporary service changes, particularly at Llanidloes Hospital, with attention to unintended consequences.
- Persistent challenges in communication and care pathway clarity, especially regarding discharge and care packages.
- The launch of a new national project on rights, expectations and responsibilities, aimed at understanding public awareness and expectations of the health and care system.

Independent Members asked the following questions for assurance:

As transport, travel, and access continue to be significant barriers to healthcare (especially highlighted during recent community events) what is the Health Board doing to address these challenges and turn them into enablers for more forward-thinking solutions?

HT noted that the Health Board recognises that appointment timing and travel distances (both within and outside Powys) are significant barriers to healthcare access. To mitigate this, discussions are underway with the Local Authority, WAST and community transport partners to explore multi-step solutions, acknowledging that no single approach will suit all needs.

The Board **RECEIVED** the report from Llais.

Patterson
12/09/2025 15:35:14

4. CONSENT AGENDA

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

- **FOR ASSURANCE:** Assurance Report of the Board's Joint Committees
- **FOR ASSURANCE:** Assurance Report of the Board's Partnership Arrangements
- **FOR ASSURANCE:** Assurance Report of the Board's Local Partnership Forum
- **FOR ASSURANCE:** Committee Annual Reports:
  - People and Culture Committee
- **FOR ASSURANCE:** Board Work Programme
- **FOR INFORMATION:** Glossary.

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/58)

No other urgent business was raised.

5.2 DATE OF NEXT MEETING (PTHB/25/59)

The AGM meeting is scheduled for Monday 15 September 2025
The next Board meeting is scheduled for Wednesday 24 September 2025.

Meeting closed 14:49.

The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

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

Patterson,Liz
22/09/2025 15:35:14

PTHB Board	24 September 2025 Item: 4.1
Subject:	Better Together Programme: Stage 2 Engagement Update
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Author:	Director of Improvement and Transformation Deputy Director (Engagement, Communication and Corporate Governance)
Purpose:	This paper provides an update to PTHB Board on the current position and next steps on the Better Together Programme
Recommendations:	PTHB Board is asked to: • **RECEIVE** and **TAKE ASSURANCE** from the Better Together Programme update
Executive Summary:	Since the last report to PTHB Board on 30 July 2025: • A deliberative event with staff, public and partner representation took place on 13 August 2025 to support the development of the short list of options for the future shape of adult physical and mental health community services • Following the conclusion of Stage 2 Engagement from 9 June 2025 to 27 July 2025, the Stage 1 and Stage 2 Engagement Outcome Report has been produced and will be presented to the Board this autumn. • Detailed clinically-led design work has taken place to develop options for future delivery of our ambitions and vision. • A contract has been awarded to ORS for independent delivery and analysis of Stage 3 Consultation. • A contract has been awarded to HICO for independent assurance of Stage 3 Consultation. • Detailed planning is under way for Stage 3 Consultation.

Patterson, Liz
22/09/2025 15:35:14

Better Together - shaping the future of safe, quality health services for Powys

Update to PTHB Board – 24 September 2025

Gwella Gyda'n Gilydd

Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Better Together

Shaping the future of safe, quality health services for Powys

What is Better Together?

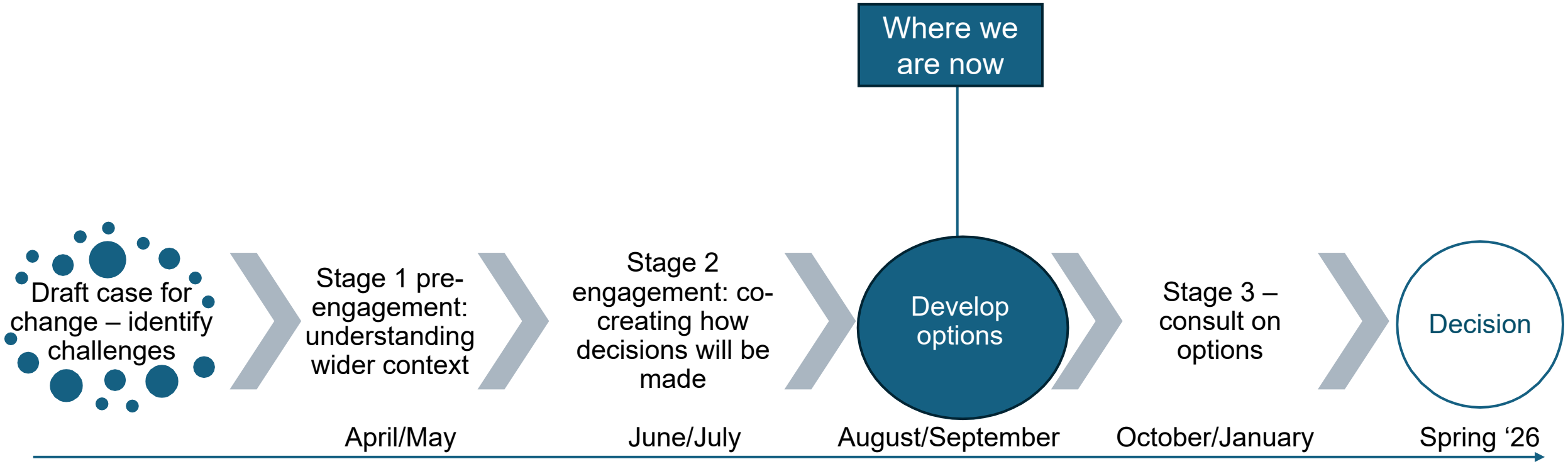
- Better Together is our big conversation, and our promise to work with you to transform healthcare services for the people of Powys.

- We must change how we work so we can continue to deliver the safe, quality health services you need, and to achieve the vision set out in the Health and Care Strategy for Powys.

- We're starting with adult physical and mental health community services, because patients, staff and partners say they are most urgent.

Patterson,Liz
22/09/2025 15:35:14

Where are we?



Better Together started in October 2024. We've been talking and listening ever since. We set out our challenges and asked for feedback in April/May this year (Stage 1 Pre Engagement). We asked for feedback on scenarios during Stage 2 engagement to help us identify future options for adult physical and mental health community services.

Papur 5 (a)
22/09/2025 15:35:14

Powys Voices Shaping the Future

Well over a thousand voices have shaped the work so far
This includes drawing on the feedback we have received from Llais, surveys, complaints and compliments. Practice Solutions has been commissioned to reach out across the geography of Powys to listen to people across the spectrum of equality protected characteristics. The voice of staff – both their professional perspective and their experience as patients and service users – also remains central. Feedback posters have been developed, which share key findings from Stage 1 engagement which ended on 25 May 2025.

Patterson, Liz 22/09/2025 15:55:14

Scope of work – Phase 1

Stage 2 engagement has provided an opportunity to raise awareness and re-test the current scope of work during Phase 1 of Better Together (2025/26), which is:

- **Inpatient Services**: Community hospital care and mental health inpatient wards, and end of life care both in and out of hospital.
- **Urgent Care:** This includes our Minor Injury Units, and how we work with GP practices and out-of-county hospitals to provide urgent care.
- **Mental Health:** This includes mental health services, our community teams that support older adults and inpatient care.
- **Other important community-based services:** This includes District Nursing, Home First and Falls Prevention teams, as other services in person and online.

Patterson,Liz
22/09/2025 15:35:14

Shaping our Decisions

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Stage 2 engagement has provided an opportunity to raise awareness of our design approach and to seek views on the assessment criteria that we will use to test our short list of options and make recommendations for the future shape of services:

- **Design Principles**: These are the key factors that we take into account when designing the future shape of services. This helps us develop a "long list" of options. For example, can the h service be provided in the home? Can it be provided in every locality? Does it need to be provided outside the county due to its specialist nature.
- **Hurdle Criteria**: These are tests that any options need to pass before they can be given further consideration. This helps us focus on a "short list" of options. For example, is the potential solution clinically sustainable? Is it deliverable?
- **Assessment Criteria:** We use these to test the shortlisted options and make recommendations. They are based on STEEEP principles. We are seeking feedback during Stage 2 Engagement to develop these Assessment Criteria.

Personal Data 2009/21 15:35:14

Stage 2 Scenarios

Stage 2 engagement has provided an opportunity to share the scenarios that have been identified from the work to date, and to seek views. A specific focus of our engagement is to gather insights that will inform our integrated impact assessment:

- **Scenario 1:** no change – this is not an option
- **Scenario 2:** small changes – "do minimum"
- **Scenario 3:** "Centres of excellence" in fewer Powys locations
- **Scenario 4:** Better home care services, with specialist treatments in fewer places
- **Scenario 5:** Hospital care outside of Powys and focus on home-based care within Powys
- **Scenario 6:** A District General Hospital for Powys – this is not an option

Pearson,Liz
09/09/2025 15:35:14

Stage 2 Engagement

We took a hybrid and multi-channel approach to Stage 2 engagement, including:

- Printed information in local libraries
- Dedicated engagement website for public and stakeholders
- Engagement document (EN, CY, Easy Read) with a telephone line to request a printed copy
- Dedicated intranet hub for staff
- Regular mailings to our subscribers and to stakeholders
- Public workshop events (Brecon, Llandrindod Wells, Newtown, Welshpool and Ystradgynlais, online) followed by drop-in events
- Public roadshow to local venues (e.g. supermarkets, Leg Clubs, community settings)
- Staff workshop events (Newtown, Llandrindod Wells, online)
- Staff roadshow (senior managers and wellbeing team visiting all PTHB sites)
- Presentations and updates to key meetings (e.g. LPF)
- Regular social and digital media posts plus paid-for social media advertising
- Media information for local press

Paterson, Lisa
29/09/2025 15:35:14

Stage 2 Engagement

Engagement events were attended by IMs, Executive Directors, Deputy & Assistant Directors and wider members of the Better Together programme community to help ensure that insights are directly informing the ongoing design work, and support conscientious consideration of the findings of engagement.

A report bringing together the key findings from Stage One and Stage Two engagement has been produced and will be presented to Board during the autumn.

Patterson, Liz 27/07/2025 15:25:14

Stage 3 Planning

Detailed clinically-led design work has taken place to develop options for future delivery of our ambitions and vision. These options have been informed by our engagement with the public and our stakeholders, we are undertaking detailed appraisal of their ability to deliver against the NHS Wales Quality Standards and our financial requirements.

A further deliberative event was held on 13 August 2025.

We keep our overall programme timeline under ongoing review, and currently anticipate formal consultation as part of Stage 3 to take place this Autumn. Planning is under way, and a detailed consultation plan has been developed.

To support independent analysis and assurance of Stage 3, procurement has been under way for two contracts:

- Consultation Analysis and Delivery: Contract awarded to ORS
- Consultation Assurance: Contract awarded to HICO

Patterson, Liz
22/08/2025 15:35:14

Engagement and Consultation Assurance

Our approach to engagement and consultation assurance includes:

Programme governance arrangements and self-assessment
(e.g. development of core plans, review of plans through programme governance, self-assessment)

Independent Engagement and Consultation Assurance
(HICO)

Engagement with Llais
(e.g. observer role in PTHB Board & Committees, ODEC, representations and observations)

Patterson,Liz
22/09/2025 15:35:14

Conclusions

In summary, since the last report to the Board on 30 July 2025:

- A deliberative event with staff, public and partner representation took place on 13 August 2025 to support the development of the short list of options for the future shape of adult physical and mental health community services
- Following the conclusion of Stage 2 Engagement from 9 June 2025 to 27 July 2025, the Stage 1 and Stage 2 Engagement Outcome Report has been produced and will be presented to the Board this autumn.
- Detailed clinically-led design work has taken place to develop options for future delivery of our ambitions and vision.
- A contract has been awarded to ORS for independent delivery and analysis of Stage 3 Consultation.
- A contract has been awarded to HICO for independent assurance of Stage 3 Consultation.
- Detailed planning is under way for Stage 3 Consultation.

Patterson,Liz
22/07/2025 15:35:14

Powys THB Finance Department
Financial Performance Report
Board

Period 05 (August 2025)
FY 2025/26

Date of Meeting: 24 September 2025

Item 4.2

Patterson,Liz
22/09/2025 15:35:14

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 05 OF FY 2025/26**
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 17 September 2025

PURPOSE:

This paper provides an update on the August 2025 (Month 05) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to:

- RECEIVE the financial report and
- Take ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place
- CONSIDER and DISCUSS the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

23rd Sept 2025 22/09/2025 15:35:14

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

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

Approval/Ratification/Decision/Assurance	Discussion	Information
✓	✓	

Summary Health Board Position 2025/26

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	-2,359	-4,394	↑
Reported Year To Date financial position – (deficit)/surplus	-11,797	-15,731	↑
Year end – (deficit)/surplus	-28,312	-28,312	↑

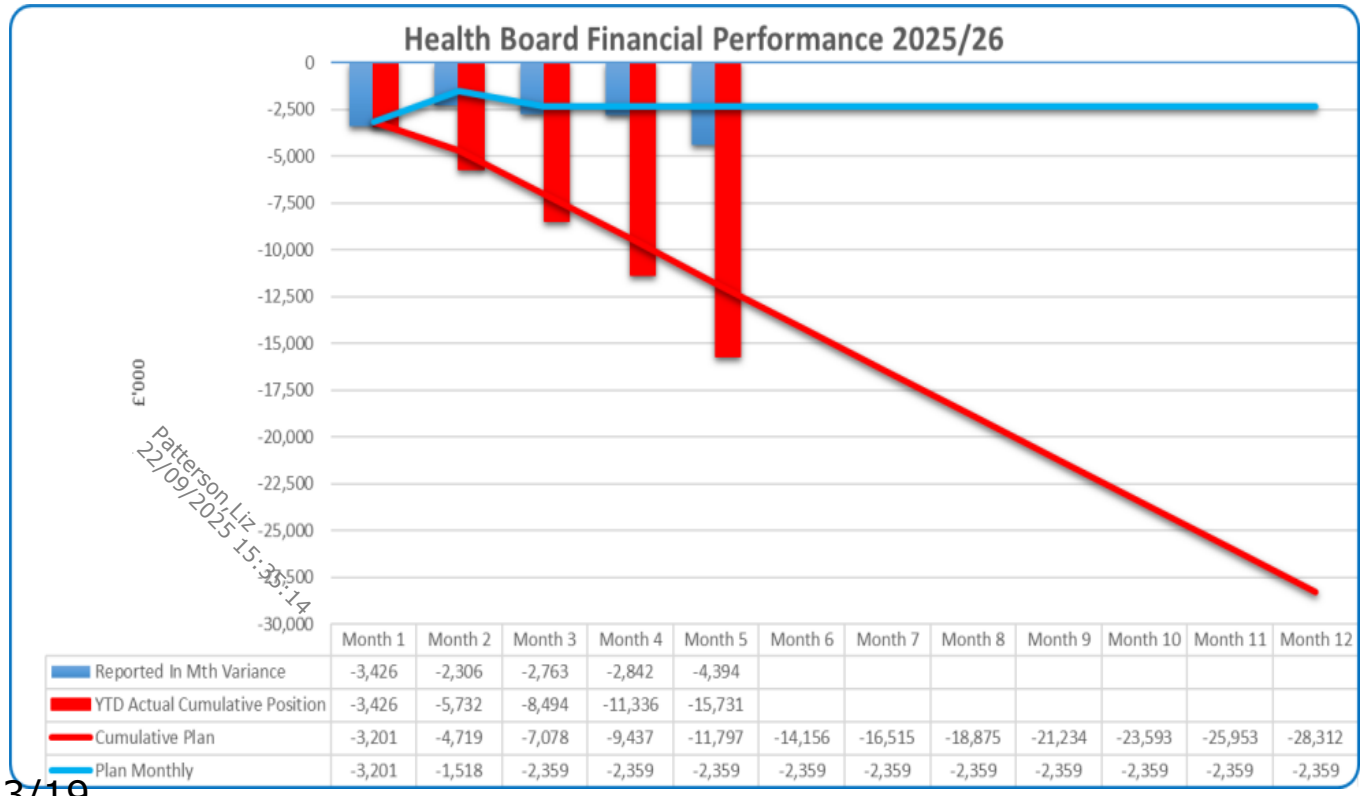
Capital		
	Value £'000	**Trend**
Capital Resource Limit	6,099	↑
Reported Year to Date expenditure	1,376	→
Reported year end – (deficit)/surplus – Forecast	6,099	↑

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

The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit. This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

At month 5, there is a £15.731m overspend. Compared to a planned deficit of £11.798m, (which is 5/12ths of a forecast £28.312m deficit), this equates to the Health Board having an operational overspend of £3.933m.

The capital resource limit for 2025/26 is £6.099m, the forecast outturn is £6.099m; with a YTD spend of £1.376m.



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-3,426	-2,306	-2,763	-2,842	-4,394							
YTD Actual Cumulative Position	-3,426	-5,732	-8,494	-11,336	-15,731							
Cumulative Plan	-3,201	-4,719	-7,078	-9,437	-11,797	-14,156	-16,515	-18,875	-21,234	-23,593	-25,953	-28,312
Plan Monthly	-3,201	-1,518	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359

DAY FIVE – summary report

- Commissioning is £3.704m overspent. In month deterioration compared to trend is due to recognition of cost pressure arising from price increase on non-elective tariffs in the English system. (Previously it had been assumed that WG funding allocation would be provided to cover this cost pressure.)
- Agency expenditure of £0.381m in the month, which continues the downward trend; and compared to M05 2024/25 it is £0.158m lower.
- CHC is overspent by £0.323m YTD. There are 375 packages of care, a net increase of 20 since Month 12 2024/25.
- Mental Health Private Provider is overspent. Forecast annual expenditure has increased to £6.778m.

Revenue Variance Position 2025/26

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(185,803)	(185,803)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(3,447)	(4,093)	(646)
Total Income	**(189,304)**	**(189,949)**	**(646)**
05 - Primary Care - (excluding Drugs)	20,231	19,879	(352)
06 - Primary care - Drugs & Appliances	14,746	14,746	0
07 - Provided services -Pay	51,400	51,402	2
08 - Provided Services - Non Pay	9,402	8,868	(533)
09 - Secondary care - Drugs	581	578	(3)
10 - Healthcare Services - Other NHS Bodies	78,486	82,190	3,704
12 - Continuing Care and FNC	16,931	17,254	323
13 - Other Private & Voluntary Sector	2,634	4,072	1,438
14 - Joint Financing & Other	4,252	4,252	0
15 - DEL Depreciation etc	2,272	2,272	0
16 - AME Depreciation etc	167	167	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**201,101**	**205,680**	**4,579**
Reported Position	**11,798**	**15,731**	**3,933**

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At Month 05, there is a £15.731m overspend against the forecast deficit of £11.798m giving the Health Board an operational overspend of £3.933m.

The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £3.704m overspent at M5. The in month deterioration compared to trend is due to recognition of cost pressure arising from price increase on non-elective tariffs in the English system. (Previously it had been assumed that WG funding allocation would be provided to cover this cost pressure.)

- Other private and voluntary sector is overspent YTD by £1.438m. This is due to an increased number of acute mental health and LD placements with private providers.

- There are underspends in primary care within dental and general medical services and in provider services – non-pay.

Health Board Provider Services

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

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(3,447)	(4,093)	**(£646)**
07 - Provided services -Pay	2,395	2,106	(289)	2,099	51,400	51,402	**£2**
08 - Provided Services - Non Pay	0	0	0	0	9,402	8,868	**(£533)**
Grand Total	**2,395**	**2,106**	**(289)**	**2,099**	**£57,355**	**£56,178**	**(£1,178)**
Directorate View							
Assistant Director Community Services	1,037	909	(128)	902	20,678	19,662	**(£1,016)**
Assistant Director MH/LD	535	414	(121)	417	10,326	13,242	**£2,916**
Assistant Director Women and Children	159	157	(2)	161	3,149	3,392	**£242**
Estates and Support Services	198	208	10	203	6,767	6,818	**£51**
Corporate and other Services	467	418	(48)	415	16,435	13,065	**(£3,370)**
Grand Total	**2,395**	**2,106**	**(289)**	**2,099**	**£57,355**	**£56,178**	**(£1,178)**

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

Presented to LJZ 12/09/2025 15:35:14

Risks

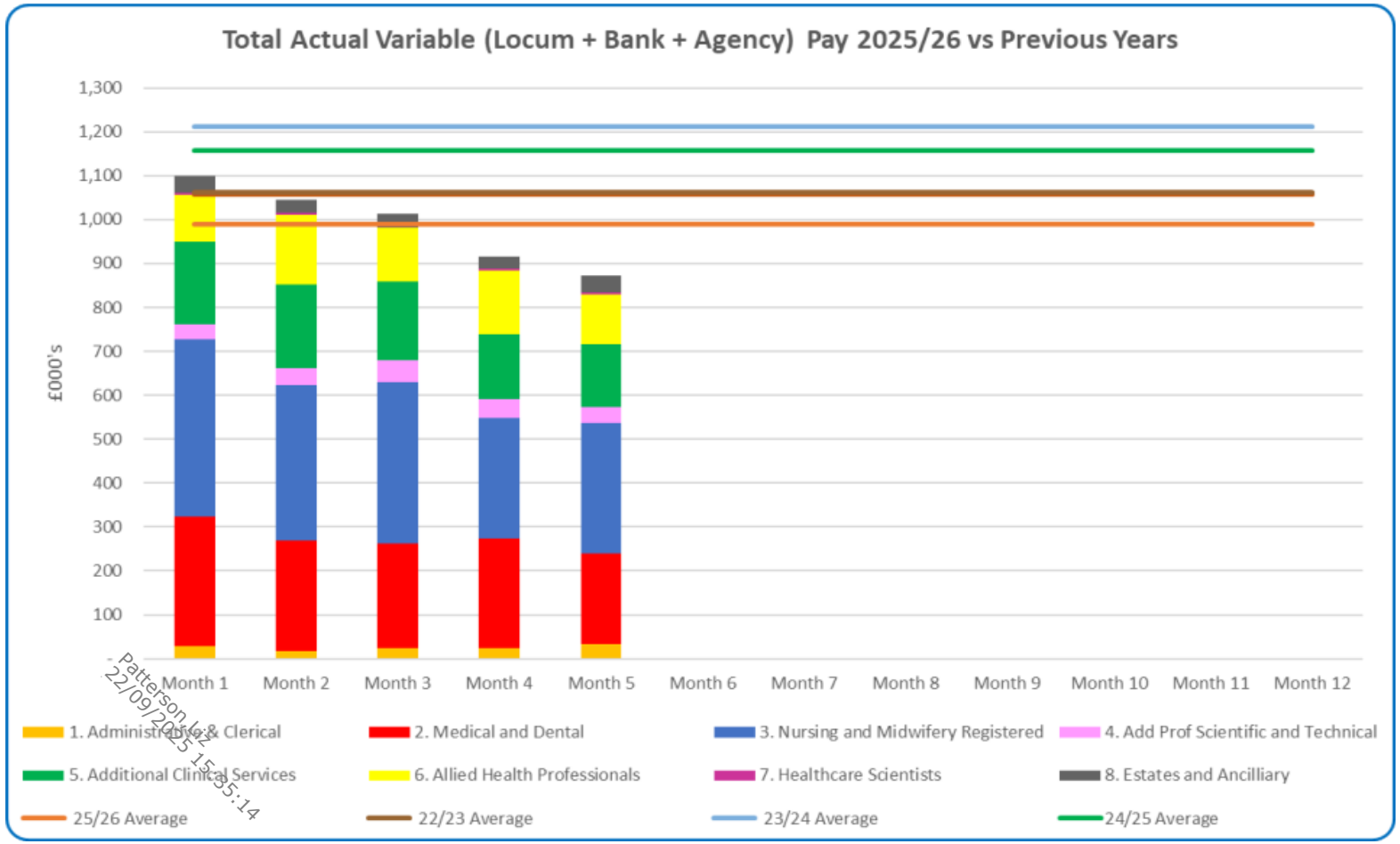
- Increased workforce gaps resulting in greater requirement for temporary workforce and associated premium spend.

Explanation of Performance

- The Month 5 position is showing an underspend of £1.178m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 23% (121 WTE) for MH&LD Services and 12% (128 WTE) for Community Services.
- Corporate and other Service are underspent. There are vacancies and financial reserves held centrally to off-set the overspends in MH&LD Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Health Board Agency and Locum Spend

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



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

Performance and Actions

- The chart opposite demonstrates in August variable pay is lower than prior months and a downwards trend is continuing. It is broken down by staff type.
- However, Powys continues to be an outlier within NHS Wales as forecasted agency spend was on average 5.7% of total forecasted pay in Month 4, against the Wales average of 1.9%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

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

Status Update
Welsh LTAs for 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being negotiated. The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly with SaTH, WVT and RJAH.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	21,084	20,331	- 753
English Providers	31,383	35,437	4,054
JCC	23,564	23,967	403
Other NHS Providers	2,067	2,067	0
Mental Health (LTAs Only)	388	388	(1)
Total	**78,486**	**82,190**	**3,704**

Patterson,Liz 22/09/2025 10:35:24

Risks

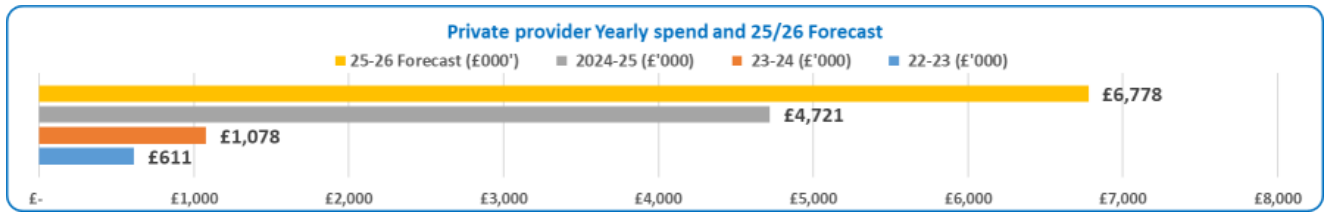
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

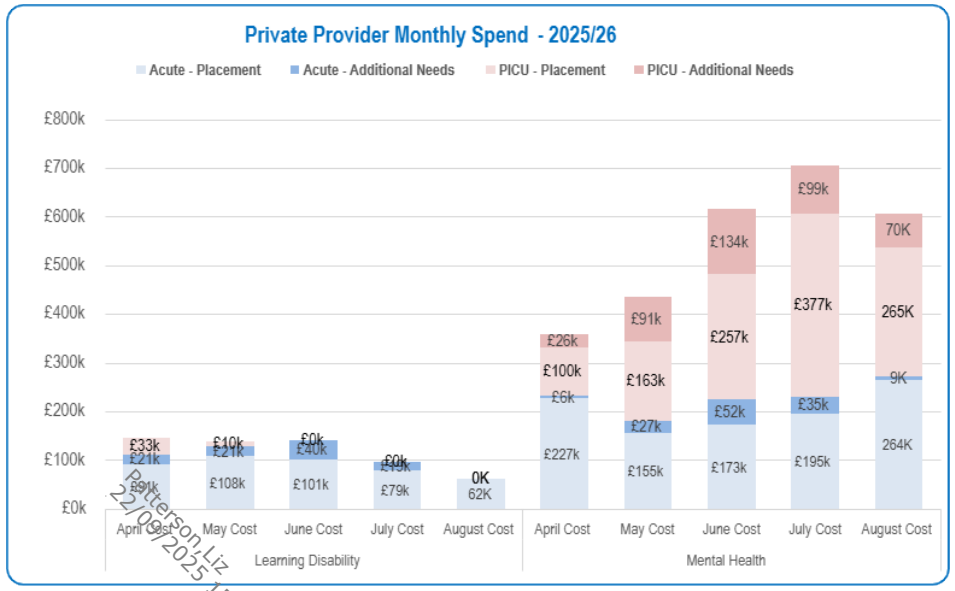
Performance

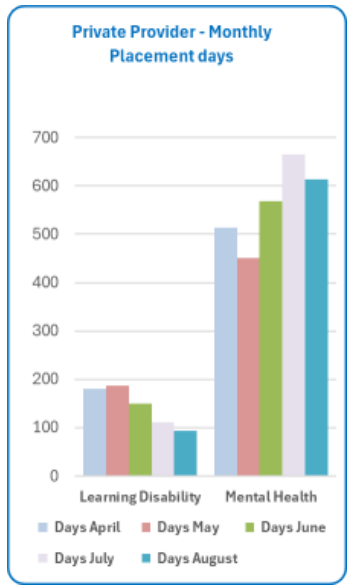
- The status of 2025/26 inflation in contracts:
  - i) Welsh Health Boards 1.77% to include cover non-pay and investments;
  - ii) English providers 2.83% to cover pay, non-pay inflation less efficiency factor; and
  - iii) English providers price increase in the English system for maternity and non-elective tariffs of circa a further average 13%. WG have confirmed this will not be funded, so it is an unfunded pressure.
- In month deterioration compared to trend is due to recognition of cost pressure arising from price increase on non-elective tariffs in the English system. (Previously it had been assumed that WG funding allocation would be provided to cover this cost pressure.)
- The other contributing factor is that the savings target is not currently forecast to be fully achieved (see later slide).
- Due to coding difficulties and delays with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.
- The JCC overspend reflects the situation that the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government, is not yet concluded.

Private Providers – Mental Health and Learning Disability

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







Performance and Action

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

As at M5, it is forecast that without action the costs will increase to £6.8m (£5.9m MH and £0.9m LD). The number of open packages is 20 at the end of August.

LD costs have slightly increased this month, whilst MH has stayed consistent, which is primarily drive by high cost PICU placements and Additional Needs (1-2-1 care).

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages.

What the table tells us

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

Risks

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

Patterson, Liz 22/09/2025 15:35:54

Prescribing

We are focused on this because:
The costs of prescribing rose significantly from April 2022 to September 2023. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend continued into FY24-25 and lower costs have continued into the first 3 months of FY25-26.

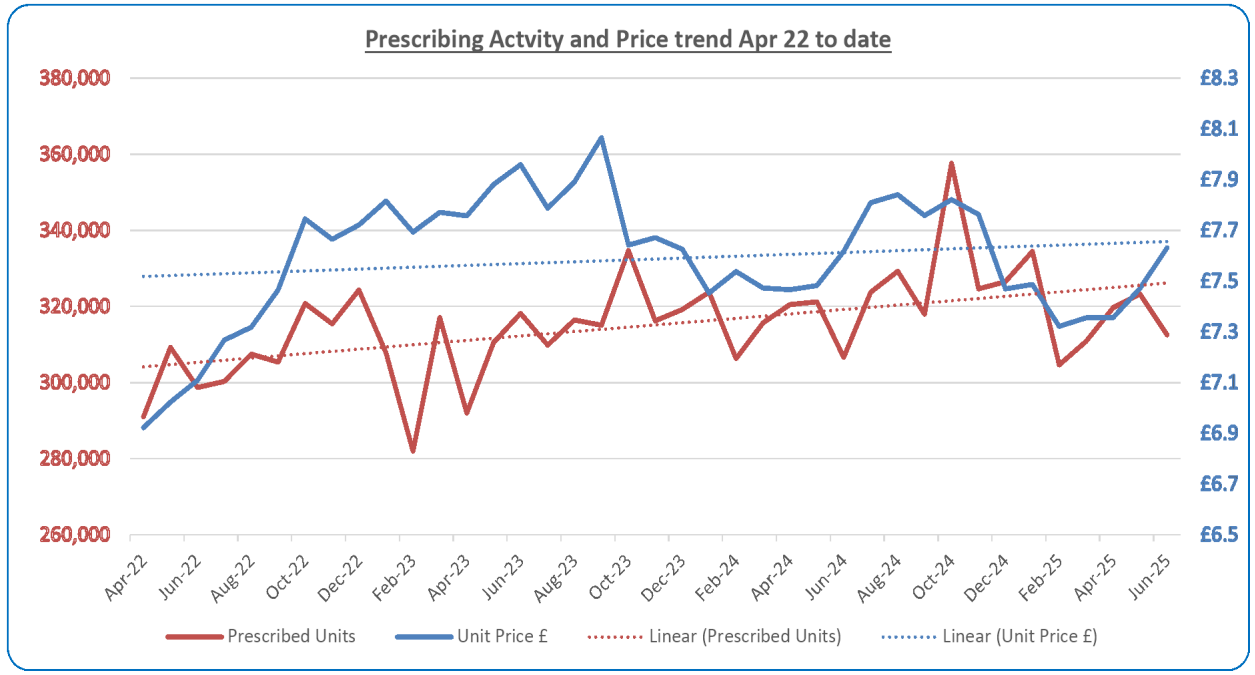
Status Update

Forecasting a breakeven position against a budget of £29.4m(incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-3, are in line with Q4 FY24-25 and M1-3 of FY24-25.

- Unit price decrease year on year of -1.6%
- Reducing % in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate further into FY25-26 as the full year effect of the Rivaroxaban cost reduction is realised.
- Prescribing activity year on year increase of 0.7%

Prescribing cost increases	FY21-22	FY22-23	FY23-24	FY24-25	F'cast FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	29,420
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	29,420
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-0.2%
Yr on Yr increase £ Total	**-344**	**1,859**	**1,727**	**292**	**-68**
Yr on Yr increase £ Growth	475	655	747	882	218
Yr on Yr increase £ Inflation	-819	1,204	980	-590	-286



Risks & Challenges

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

Medicines Management savings performance and actions

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

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Continuing Healthcare

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

Area	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£832	£137	£209	33.6%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,309	£366	£988	22.9%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£23,956	£1,365	£4,242	21.5%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,498	(£160)	£197	8.6%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,582	(£966)	(£345)	(8.8%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£1,929	(£8)	£259	15.5%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£38,105**	**£735**	**£5,302**	**16.2%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**375**		**20**	**5.6%**
D2RA		**£696**	**£201**	**£7**	**£9**	**(£0)**	**(£9)**	(£7)	(100.1%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£3,254**	**£0**	**£471**	**16.9%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£41,359**	**£726**	**£5,767**	(67.0%)

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

As at month 5, there is an overspend of £0.323m on the budget of £16.931m against Continuing Care and FNC. The number of CHC packages has increased by 20 to 375, since the 2024/25 outturn.

The table shows that a £735k overspend is currently forecast based upon the number of packages at the current time, which is below the 379 assumed in the Plan.

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What the table tells us

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

Risks

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

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

Health Board 2025/26 Savings Programme

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

Forecast Performance of Saving Schemes by Programme

	(£ '000s)									
	In-year 2025/26							Recurrent for future years		
Targeted Area	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	41	3,126	0	3,126	-273	845	3,400	2,922	-478
Medicine Management	1,500	6	1,465	0	1,465	-35	0	1,500	1,465	-35
MV and HP Programmes	1,000	1	699	0	699	-301	0	0	0	0
2% Recurrent	1,000	32	1,440	0	1,440	440	109	1,000	1,224	223
1% Non-recurrent	500	18	1,089	0	1,089	589	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	1,131	0	1,131	-1,949	0	1,420	1,131	-289
Commissioning (NHSE to Wales Targets)	7,100	14	6,000	0	6,000	-1,100	7,100	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	1,000	0	0	0
Commissioning (POCD)	1,500	2	673	0	673	-827	2,157	0	673	673
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	125	16,623	0	16,623	-6,457	13,289	9,320	8,614	-705

What the table tells us

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

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

Performance and Actions

- As shown in the table, green schemes with £16.623m savings are currently forecast, against the £23.080m target, giving a gap of £6.457m to be closed.
- The recurrent impact of saving schemes is £8.614m, compared to the £9.320m recurrent target. If the recurrent target is not achieved this would have an adverse impact on the Health Board's underlying deficit.

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

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WG Value & Sustainability Board

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

Risks and Opportunities

We are focused on this because:
The revised £28.312m deficit forecast is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the forecast and improve upon it.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Prescribing	-600	Low
Joint Commissioning Committee Performance	-776	High
Commissioning - Emergency activity NHS England	-2,000	Medium
Commissioning - Welsh HB's Emergency and Elective over-performance	-2,000	Medium
Commissioning - High Cost Drugs	-400	Medium
Inflation - Non-Pay	-300	Low
Commissioning - NSE parity of funding (WVT)	-8,100	Low
ENIC - Non Delivery of Mitigations to offset shortfall in funding	-1,176	High
Welsh Risk Pool - increase in risk	-1,138	Medium
Maternity & Non-Elective English 13% Average Additional Price Increase - Non Delivery of Mitigations to offset shortfall in funding	-5,400	High
Savings Gap	-6,457	Medium
Band 2 to 3 HCSW employment dispute	-1,289	Medium
Total	**-29,636**	
Opportunity		
Provided Services	1,500	Medium
Total	**1,500**	

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The risks and opportunities in relation to Continuing Health Care in terms of the growth in packages being lower or greater than the underlying assumption have been netted to zero.

Risks

- There is a potential risk of circa £4.400m for the THB relating to the level of activity undertaken by our providers and increase in the high-cost drugs.
- Wye Valley Trust raised an invoice for £5m in 24/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m.
- Non delivery of mitigations to offset the estimated cost pressure of £5.4m in relation to Maternity and Non Elective English 13% average additional Price increases.
- Resolution of the employment dispute regarding the banding of some healthcare support workers could have a £1.3m financial implications in 2025/26.
- There is a £1.2m funding shortfall in relation to ENIC. The additional Welsh Government funding does not cover the increase in employer's NI costs fully. Therefore, further mitigations are required to offset the shortfall.
- The NWSSP has alerted organisations that contributions to the Welsh Risk Pool could be greater than planned for.
- The JCC has identified risks for contributing Health Boards related to increased activity and non-delivery of savings.
- A current savings gap of £6.457m.

1. At month 5, PTHB is reporting a £15.731m deficit. This comprises the evenly profiled forecast deficit £11.798m, with an operational overspend of £3.933m.
   - The £23.080m savings target is profiled into the position. Actions are progressing to deliver the savings.
   - There are a series of operational pressures needing to be addressed, including the provision of acute mental health and learning disability services (private providers).

2. The revenue forecast for 2025/26 is £28.312m. There are several underlying assumptions and a series of significant risks and limited opportunities surrounding this forecast.

3. The Health Board's planned underlying deficit is £42.071m.

4. Other financial matters:
   - The Health Board has a £6.099m capital allocation, which it plans to spend fully.
   - Due to the £28.3m revised forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency and CHC invoices. The 2024/25 performance was 93.1%. Additional work is being undertaken to improve this.

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Powys THB Finance Department
Financial Performance Report – Appendices

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Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 11th September 2025.

MMR Narrative

MMR Narrative

MMR Tables

MMR Tables

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Capital 2025/26

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2025
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.066	2.066	0.677
Decarbonisation Programme	0.643	0.643	0.361
TEF - Fire	0.415	0.415	0.000
TEF - Infrastructure	1.290	1.290	0.010
TEF - Decarbonisation	0.100	0.100	0.000
TEF - Mental Health	0.080	0.080	0.006
TEF - Infection Prevention Control	0.230	0.230	0.001
DPIF - Medicines and Prescribing and Medicines Administrat	0.127	0.127	0.000
DPIF - Digital Maternity Cymru	0.100	0.100	0.000
IRCF - North Powys Integrated Health and Wellbeing Hub - F	0.971	0.971	0.321
DPIF - RISP	0.077	0.077	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**6.099**	**6.099**	**1.376**

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Cash Flow 2025/26

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**629**	**674**	**336**	**1,352**	**1,022**	**2,260**	**500**	**500**	**500**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	40,157	43,273	36,945	40,902	38,125	40,104	5,067
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(232)	(64)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	76	1,061	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	1,274	517	497	540	1,574
Income from other Welsh NHS Organisations	771	499	737	586	798	778	403	681	425	887	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	686	860	567	700	671	703	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	43,211	45,447	39,374	42,417	40,997	42,240	10,140
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	2,900	3,000	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	450	900	0	900	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,450	2,900	0	2,900	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	507	450	450	450	450	450	450	450
Non Cash Limited Payments	134	145	155	141	144	150	150	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,200	10,200	10,200	10,200	10,200	10,200	10,200
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,138	27,150	25,142	24,500	24,500	24,500	24,673
Capital Payment	5,433	380	600	310	308	1,233	697	632	517	497	540	579
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,437	42,735	44,971	45,447	39,374	42,417	40,997	42,240	38,952
NET CASH FLOW IN MONTH	**45**	**(338)**	**1,016**	**(330)**	**1,238**	**(1,760)**	**0**	**0**	**0**	**0**	**0**	**(28,812)**
Balance c/f	**674**	**336**	**1,352**	**1,022**	**2,260**	**500**	**500**	**500**	**500**	**500**	**500**	**(28,312)**

Due to the £28.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers and staff.

Balance Sheet (SoFP)

	Opening Balance Beginning of Apr-25	Closing Balance End of Aug-25	Forecast Closing Balance End of Mar-26
Non-Current Assets	**£'000**	**£'000**	**£'000**
Property, plant and equipment	110,704	112,210	112,210
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	**111,054**	**112,560**	**112,560**
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	10,518	10,518
Other financial assets	0	0	0
Cash and cash equivalents	629	2,260	(28,312)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	**11,817**	**12,976**	**(17,596)**
TOTAL ASSETS	**122,871**	**125,536**	**94,964**
Current Liabilities			
Trade and other payables	50,135	47,842	41,833
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,396	3,396
Current Liabilities sub total	**53,938**	**51,238**	**45,229**
NET ASSETS LESS CURRENT LIABILITIES	**68,933**	**74,298**	**49,735**
Non-Current Liabilities			
Trade and other payables	720	720	720
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
Non-Current Liabilities sub total	**1,523**	**1,523**	**1,523**
TOTAL ASSETS EMPLOYED	**67,410**	**72,775**	**48,212**
FINANCED BY: **Taxpayers' Equity**			
General Fund	16,781	22,144	(2,419)
Revaluation Reserve	50,629	50,631	50,631
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	**67,410**	**72,775**	**48,212**

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Core Financial Plan Year 1 2025/26

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

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

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

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

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Agenda item: 4.3

BOARD	**24 SEPTEMBER 2025**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Report – Month 4 2025/26.
Presented by:	Nicola Johnson, Executive Director of Planning, Performance, and Commissioning.
Prepared by:	Deputy Director of Performance and Commissioning Head of Performance Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	Executive Committee - 17 September 2025 who supported the report to the Board. Finance and Performance Committee considered the months 3 (earlier) report at their meeting on the 2 September 2025.

PURPOSE:

This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 containing information up until the end of July 2025 (month 4).

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The IQPR covers a number of aspects of organisational activity.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	

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

SUMMARY:

This report provides the Executive committee with the latest performance information to highlight performance achievements and challenges. This is provided as an exception and escalation version for July (month 4) 2025/26.

As an escalation and exception report the narrative is only included for those measures that are internally escalated to level 3 for performance or are unable to meet their national target (level 2a).

Summary for Month 4

PTHB Provider Services

Planned care:

- Diagnostic waits reported increase to 144 breaches in July from 139 in June. Breaching pathways are for echocardiograms (106 pathways), diagnostic endoscopy (2) and non-obstetric ultrasound (36 pathways). Additional capacity is still being sought via bank staff for cardiac physiologist support to undertake echo cardiograms and the demand and capacity work remains underway with the service. Non-obstetric ultrasound breaches were caused by short term sickness and a recovery plan is in place with performance recovery planned by September (agency has been used to support capacity).

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets with no breaches reported for new outpatient appointments over 52 weeks or for treatments over 104 weeks. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including ENT, Ophthalmology, Orthopaedics and Rheumatology this fragility risks breaches monthly and places services under significant pressure.

- Therapies pathway breaches increased in July to 37 from 20 in June. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff.

- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in July but breaches are very limited with 5 adults waiting over the 14-week target and 1 child waiting over the 6-

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week target. Pathway timeliness is challenged by significant vacancies in adult services whilst paediatric audiology is reliant on a single clinician service pan-Powys.

- New provider cancer pathways have seen a decrease in referrals (34 below average) in July and key diagnostics (endoscopy) have been carried out within target. Downgrades within 28 days performance has seen further improvement to 66.7%. Although not an NHS Performance Framework measure, the health board reported that 66.7% of patients sent straight to test continuing to achieve the 12-month improvement trend for the sixth consecutive month. Finally, the percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing with June performance of 7.1% reported against the 95% target (All Wales performance for the same period is 4.9%). This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in both the provider and across Wales acute providers.

Mental Health:

- Under-18s: Compliance achieved in July for assessments (100%), interventions (88.9%), and care and treatment plans (95.0%).

- For Adults: Compliance achieved in July for assessments (83.6%) and interventions (93.2%).

- Care and Treatment Plan (CTP) compliance: Performance has fallen in July to 80.7% from 84.0% in June (target 90%). Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.

- Psychological therapy waiting times have improved again in July from 82.4% to 86.3% against the 80% target.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported in July improved to 25.2% from 22.5% in June.
- 20 patients waited over 104 weeks on the referral to assessment list at the end of July 2025 however there is a risk that further pathways will

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exceed 104+ weeks resulting from the long wait cohort size and clinical capacity at the end of Q2.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (99.9% compliance) and reporting median waits of 7 minutes for triage and 7 minutes for senior clinician assessment.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has increased from 361 breaches in June to 365 in July. Only Swansea Bay UHB is compliant for Powys residents although all providers except Cwm Taf Morgannwg UHB and Aneurin Bevan UHB show improvement for this snapshot.

- Very long waits (over 104 weeks) during July for RTT continue increase slightly to 51 pathways but remain special cause improvement. Swansea Bay UHB reports that no Powys resident pathway waited over 2 years for treatment.

Planned care (RTT) England:

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

- Wye Valley NHS Trust (WVT) reports the best performance of all Powys commissioned providers with 70.4% of pathways waiting under 26 weeks for treatment, 117 wait over 52 weeks in June. WVT is the only English provider to consistently report special cause improvement for all key wait bands.

- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports a more challenged position although long waits over 52 weeks remain stable the total numbers of waiters over 36 weeks has grown. No patients wait over 104 weeks in SATH in June.

- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in June breaches over 104 weeks increased further again to 56, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

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Cancer Pathways:

Welsh Providers

- At the end of July, the provisional position reported a total of 285 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 238 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target.

- Reported performance for July has improved from to 57% in the previous month to 66%. (31 of 47 pathways being treated within the 62-day target) this is compliant against the 12-month improvement target working toward 80% by March 2026.

English Providers

- Reporting quality issue – The Powys Performance Team have been incorrectly reporting pathway breaches against the 62-day cancer pathway for Shrewsbury and Telford NHS Trust (SATH). The numbers of breaches reported only included those patients who waited over 104 days with a breach report. This did not report the numbers of patients who waited between 62 and 104 days. The data source changed e.g., the provider ceased providing breach reports on all breaches. As of the 12/09/2025 the reported position is under investigation and a more complete update will be available in Month 5.

- Shrewsbury and Telford NHS Trust (SATH) reported no Powys resident breaches over 104 days in June. The Trust has been de-escalated from Tier 1 to Tier 2 NHS England monitoring following recent improvements. Their whole system performance was reported to be above local trajectory (e.g., 62-day compliance of 62.6% vs 56% forecast in June).

- Wye Valley NHS Trust (WVT) performance reported in June that 53.8% of 26 Powys residents started treatment within 62 days. Most breaches reported were for breast cancer pathways and WVT acknowledges that this specific pathway is of challenge (overall compliance including non-Powys residents was 36% in June for breast). It should be noted that low numbers of Powys pathways can distort compliance.

Commissioned Emergency Care:

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- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired from the start of July as a measure from the NHS Performance Framework and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). Further details can be found here how our service is changing - Welsh Ambulance Services University NHS Trust. The expected performance (target) is that median response times should be 6-8 minutes.

- Powys achieves the median target for Purple Arrest (Cardiac or respiratory arrest) for the first reported data point in July (00:07:22 minutes).

- Powys median emergency response time to red is significantly higher than All Wales (approximately 30% longer response time) reporting 00:11:26 minutes vs the All-Wales compliance of 00:08:47 minutes.

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

Month 4 measures by escalation level

There are a total of 50 reportable measures currently in the 2025/26 financial year. The retirement of Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has now been replaced with the 2 new median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). Although they are not allocated framework numbers they are now included in both quadruple aims compliance and escalation compliance.

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

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

- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

A further 19 measures are rated at level 2a, and 27 are achieving level 1 compliance e.g., no issues reported.

Three measures remain without a RAG rating:

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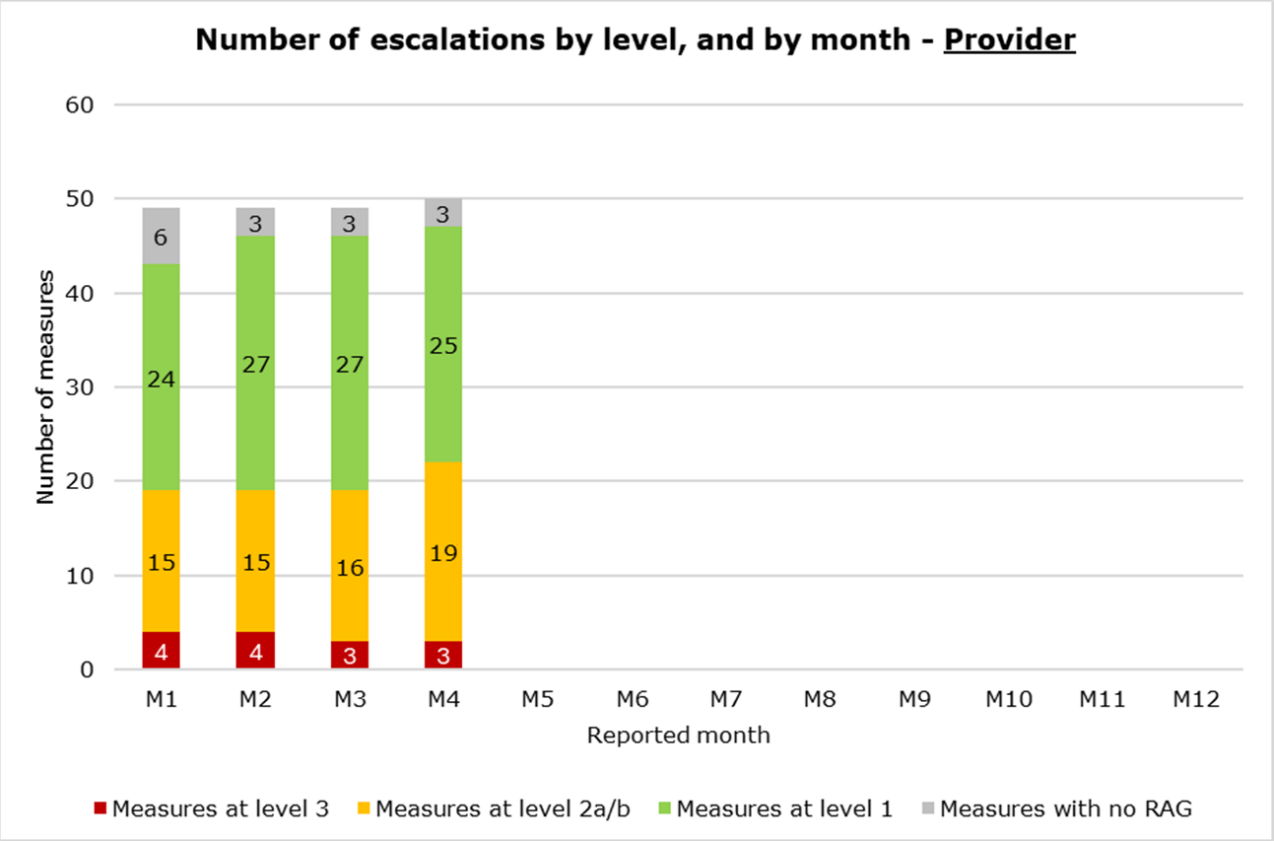
- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

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



Quality Outcomes Framework

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

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

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The health board is required to ensure measures are included in Board level reporting from October 2025 to support assurance of service quality and help identify areas for strategic improvement. The Performance team will now include this report monthly and will work to report against all metrics as the data becomes available.

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Quality Outcomes Framework													
Quality Standard	**Area of Measurement**	**Measure Name**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**
Safe	**Mortality**	RAMI*	0.95	1.33	1.31	1.19	0.85	1.01	1.3	1.03	1.15	0.72	1.31	
Safe	**Mortality**	Crude Mortality**	5.80%	5.80%	6.00%	5.80%	5.70%	5.70%	5.90%	5.80%	6.10%	5.90%	5.80%	
Safe	**Safeguarding**	Safeguarding Adults – Level 1 training	90.0%	91.0%	90.0%	90.0%	91.0%	90.0%	91.0%	91.0%	91.0%	90.0%	93.0%	92.0%
Safe	**Patient Safety**	Never Events reported to NHS Wales Performance and Improvement	0	0	0	0	0	0	0	0	0	0	0	0
Safe	**Deconditioning**	People allocated to a D2RA pathway or No Pathway Allocated within 1 Day of admission (Proportion of patients maintaining or improving their D2RA pathway from admission to discharge)	Measure remains under development											
Safe	**Infections**	Antibiotic prescribing rates - Antibacterial items per 1,000 STAR-PUs	Q2 24/25 = 229.46		Q3 24/25 = 270.76			Q4 24/25 = 262.49			Q1 25/26 = 214.52			
Timely	**Access to care**	12-month improvement trend in percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building towards national target of 80% by 31 March 2026	Not Applicable											
Timely	**Access to care**	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	69.9%	69.0%	66.4%	69.7%	75.1%	69.1%	73.6%	68.2%	72.8%	68.8%	71.2%	68.8%
Effective	**Population health**	% of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	48.8%	48.7%	48.4%	48.6%	48.5%	48.7%	50.0%	50.5%	50.5%	49.8%	50.1%	
Efficient	**Sustainability**	Agency spend as a percentage of total pay bill	9.1%	9.7%	10.0%	7.7%	8.3%	7.6%	9.9%	4.1%	7.0%	7.6%	7.2%	6.6%
Equitable	**Communication**	Preferred language of communication - Were you able to communicate in your preferred language? (%)	Data currently not available											
Person-centered	**Experience of care**	Overall experience rating - People Experience Survey – Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?	Data currently not available											
Person-centered	**Patients as partners**	Patient involvement in care planning – People Experience Survey – Were you involved as much as you wanted to be in decisions about your care?	Data currently not available											

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NEXT STEPS:

- Quality Outcome Framework – Further development working with NHS Performance & Improvement & Beacons dashboard to source and report against all required measures.
- NHS Performance & Improvement dashboard is due to go live to the Public from the end of September 2025. This information is planned to be included within the IQPR where applicable from Month 5.
- Data quality issue linked to The Shrewsbury and Telford NHS Trust cancer breach reporting is to be investigated including liaison with SATH to improve data sharing. Planned update for Month 5 IQPR.

IMPACT ASSESSMENT
Not required

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 4 - 2025/26
Updated on 15/09/2025

Version – Exceptions & Escalation IQPR

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Introduction	
Executive Summary	
Provider National Focus (NHS Performance Framework)	Level 3 Performance Challenges
	Level 2a/2b Performance Challenges
	Level 1 Achievements
	Quadruple Aim 1
	Quadruple Aim 2
	Quadruple Aim 3
	Quadruple Aim 4
Provider/Commissioned service assurance	Provider Cancer & Quality & Safety
	Commissioned Planned & Emergency Care Inc. Cancer

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

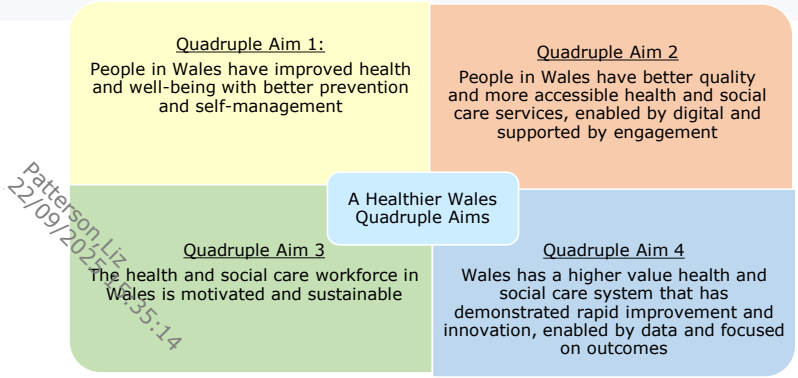
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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

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

What is the NHS Performance Framework?

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



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

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

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

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

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

Link to escalation descriptor slide

Summary of Performance Provider – Month 4

Provider services

Planned care:

- Diagnostic waits reported increase to 144 breaches in July from 139 in June. Breaching pathways are for echocardiograms (106 pathways), diagnostic endoscopy (2) and non-obstetric ultrasound (36 pathways). Additional capacity is still being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms, the demand and capacity work remains underway with the service. Non-obstetric breaches caused by short term sickness, recovery plan in place with performance recovery planned by September (agency has been used to support capacity).
- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the National targets with no breaches reported for new outpatient appointments over 52 weeks or very long waits e.g., over 104 weeks. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including ENT, Ophthalmology, Orthopaedics and Rheumatology this fragility risks breaches monthly and places services under significant pressure.
- Therapies pathway breaches increased in July to 37 from 20 in June. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff.
- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in July but breaches are very limited with 5 adults waiting over the 14-week target and 1 child waiting over the 6-week target. Pathway timeliness is challenged by significant vacancies in adult services whilst paediatric audiology is reliant on a single clinician service pan-Powys.
- New provider cancer pathways have seen a decrease in referrals (34 below average) in July and key diagnostics (endoscopy) have been carried out within target. Downgrades within 28 days performance has seen further improvement to 66.7%. Although not an NHS Performance Framework measure, the health board reported that 66.7% of patients sent straight to test continuing to achieve the 12-month improvement trend for the sixth consecutive month. Finally, the percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing with June performance of 7.1% reported against the 95% target (All Wales performance for the same period is 4.9%). This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in both the provider and across Wales acute providers.

Mental Health:

- Under-18s: Compliance achieved in July for assessments (100%), interventions (88.9%), and care and treatment plans (95.0%).
- For Adults: Compliance achieved in July for assessments (83.6%) and interventions (93.2%).
- Care and Treatment Plan (CTP) compliance: Performance has fallen in July to 80.7% from 84.0% in June (target 90%). Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Psychological therapy waiting times have improved again in July from 82.4% to 86.3% against the 80% target.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported in July improved to 25.2% from 22.5% in June.
- 20 patients waited over 104 weeks on the referral to assessment list at the end of July 2025 however there is a risk that pathways will exceed 104+ weeks resulting from the long wait cohort size and clinical capacity at the end of Q2.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (99.9% compliance) and reporting median waits of 7 minutes for triage and 7 minutes for senior clinician assessment.

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Summary of Performance Commissioned – Month 4

Commissioned services

Planned care (RTT) Wales:
- The number of patients waiting over 52 weeks for a new outpatient appointment has increased from 361 breaches in June to 365 in July. Only Swansea Bay UHB is compliant for Powys residents although all providers except Cwm Taf Morgannwg UHB and Aneurin Bevan UHB show improvement for this snapshot.
- Very long waits (over 104 weeks) during July for RTT continue increase slightly to 51 pathways but remain special cause improvement. Swansea Bay UHB reports that no Powys resident pathway waited over 2 years for treatment.

Planned care (RTT) England:
- Powys residents accessing services in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH).
- Wye Valley NHS Trust (WVT) reports the best performance of all Powys commissioned providers with 70.4% of pathways waiting under 26 weeks for treatment, 117 wait over 52 weeks in June. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports a more challenged position although long waits over 52 weeks remain stable the total numbers of waiters over 36 weeks has grown. No patients wait over 104 weeks in SATH in June.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in June breaches over 104 weeks increased further again to 56, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

Cancer Pathways:
Welsh Providers
- At the end of July, the provisional position reported a total of 285 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 238 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target.
- Reported performance for July has improved from to 57% in the previous month to 66%. (31 of 47 pathways being treated within the 62-day target) this is compliant against the 12-month improvement target working toward 80% by March 2026.

English Providers
- Reporting quality issue – The Powys Performance Team have been incorrectly reporting pathway breaches against the 62-day cancer pathway for Shrewsbury and Telford NHS Trust (SATH). The numbers of breaches reported only included those patients who waited over 104 days with a breach report. This did not report the numbers of patients who waited between 62 and 104 days. The data source changed e.g., the provider ceased providing breach reports on all breaches. As of the 12/09/2025 the reported position is under investigation and a more complete update will be available in Month 5.
- Shrewsbury and Telford NHS Trust (SATH) reported no Powys resident breaches over 104 days in June. The Trust has been de-escalated from Tier 1 to Tier 2 NHS England monitoring following recent improvements. Their whole system performance was reported to be above local trajectory (e.g., 62-day compliance of 62.6% vs 56% forecast in June).
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Commissioned Emergency Care:
- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired from the start of July as a measure from the NHS Performance Framework and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). Further details can be found here how our service is changing - Welsh Ambulance Services University NHS Trust. The expected performance (target) is that median response times should be 6-8 minutes.
- Powys achieves the median target for Purple Arrest (Cardiac or respiratory arrest) for the first reported data point in July (00:07:22 minutes).
- Powys median emergency response time to red is significantly higher than All Wales (approximately 30% longer response time) reporting 00:11:26 minutes vs the All-Wales compliance of 00:08:47 minutes.
- Reported in July no commissioned service meets the required national 4 or 12hr targets for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

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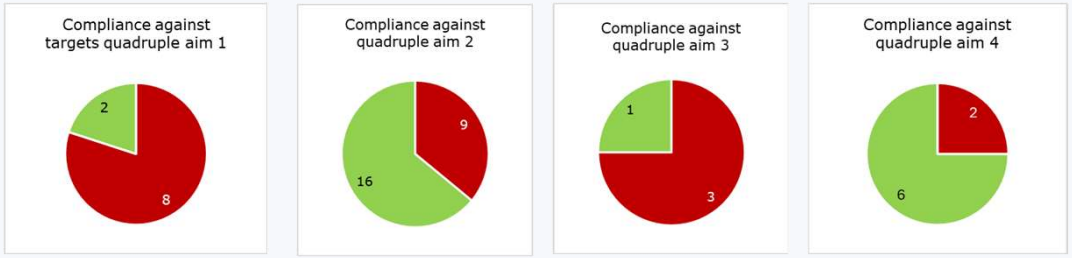
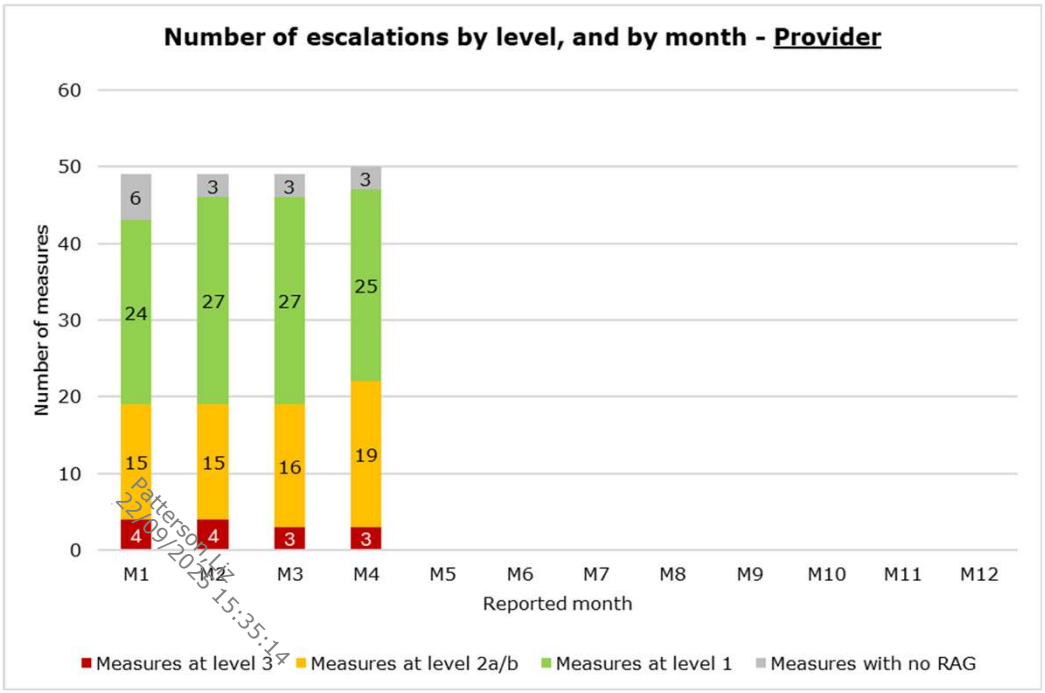
Visual summary of performance at month 4 (July 2025)

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

Compliance against NHS Performance Framework 2025/26 measures at month 4 by quadruple aim area.





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- For Powys Teaching Health Board currently *50 quantitative measures are reportable of the *54 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

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

Level 3 - Performance Challenges

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

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

8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment**
	Period: May-25 | Target: 90% | Actual: 0.0% | SPC icon
		Escalated by Powys Performance team for poor target compliance.	• Key challenge feedback following Public Health Wales assurance visit includes;
			  ○ Single handed consultant service impacting waiting times for screening.
			  ○ Ongoing insource requirement to support delivery which is further challenged by procurement processes.
			• Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable.
			• Escalated performance reporting concern linked to methodology of measures, ongoing engagement with BSW remains un-resolved.
				• Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August
				• Deep dive on pathways to be undertaken in Q2 2025/26.

26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Jul-25 | Target: 0 | Actual: 144 | SPC icon	This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	• Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. • 2 endoscopy breaches due to lack of capacity volume of urgent referrals • National shortage of Endoscopists particularly colorectal. • National increase in urgent suspected cancer referrals with resultant diagnostic demand increase. • All health care providers in Wales are utilising insource to help negate increased demand challenges. • Non-Obstetric Ultrasound – Short term sickness challenge and fragility due to limited scale.	• Use of agency and bank for breaching patients. • Demand and Capacity workstream to assess system efficiency and implement improvements. • Continuous monitoring of waiting list. • Recruited a development post with a view to complete preceptorship 2025/26 • Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS). • Explore repatriation opportunities to increase scale of service • Implementation of new booking process through the Therapies Hub.
32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%** Period: Jul-25 | Target: < same month pre. year | Actual: 1365 | SPC icon Patterson,Liz 22/09/2025 15:35:14	FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.	• Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways. • Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways. • Increased number of over 100% delays reported requiring further investigation. • De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26. • De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review. • Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.	• PTHB standardised service operating procedure for validation, and submission under development. • New Power BI report initial version released September 2025, this report will now have a further consultation window with services. • Proactive action on validation with services has confirmed; • Significantly improved pathway management and validation for consultant led specialties. • Limited issues reported linked to system challenges (under assessment). • Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities. • Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU. • Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
2	**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks** Period: Q4 2024/25 | Target: 40% Annual target | Actual: 14.8% | SPC icon: N/A	Measure not meeting target	• Many clients are choosing telephone support, so it is challenging to obtain validated Carbon monoxide (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.	• CO validation appointments are offered at face-to-face clinics across Powys for clients choosing telephone support. • Drop-in community-based CO validation clinics are offered in Welshpool and Brecon to allow clients accessing telephone support to CO validate their successful quits. • 2 local pharmacies in Newtown work in partnership with Smoking Cessation team to offer CO validation to community clients.
3	**Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)** Period: Q1 2025/26 | Target: 4 Quarter Improvement Trend | Actual: 79.6% | SPC icon: N/A	Measure not meeting target *please note that from August 2025 national methodology has changed for this measure.	• Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time. • South Powys Dual Diagnosis worker role remains vacant. • Lack of full time Clinical Lead role for Area Planning Board (APB).	• Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups. • PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider. • Recruitment campaign for remaining vacant Dual Diagnosis post.
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5** Period: Q4 2024/25 | Target: 95% | Actual: 89.6% | SPC icon: N/A	Measure not meeting target • Most recent data update (Q4 2024/25) was first reported in Month 2 IQPR, no further data update received since	• Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.	• Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) • Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q4 2024/25 | Target: 90% | Actual: 77.3% | SPC icon: N/A	Measure not meeting target • Most recent data update (Q4 2024/25) was first reported in Month 2 IQPR, no further data update received since	• Obtaining signed parental consent forms can be challenging. There are discrepancies in data being captured by different systems. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.	• Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools • Data cleansing work underway to improve accuracy of data and to inform targeted catchup to increase vaccination uptake rate.
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Mar-25 | Target: 75% | Actual: 69.2% | SPC icon: N/A	Measure not meeting target • Data reported as at season end (March 2025), first reported in Month 2 IQPR, no further data to report.	• Autumn/Winter 2024/25: • Adult flu vaccine is offered through GP Practices, all community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data which does not automatically include vaccinations given by pharmacy and therefore reliant on the timely input into the GP data system.	• Autumn/Winter 2024/25: • GP led clinics organised across Powys for eligible residents by GP Practices. • Pharmacy flu clinics also available in many communities across Powys. • Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: Jun-25 | Target: 75% | Actual: 55.7% | SPC icon: N/A	Measure not meeting target. • To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period. The next period will start from September (Month 6).	• Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates. • Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore cannot be included for a vaccination • Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme	• Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. • The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. • Data currently being collected by the vaccination service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.
9	**Percentage of well babies completing the hearing screening programme within 4 weeks** Period: May-25 | Target: 90% | Actual: 85.7% | SPC icon:	Measure is not meeting target	No challenges reported	• No actions reported by service.

Patterson, Lisa 22/09/2025 15:35:17

Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
NA	**Median emergency ambulance response times to red (emergency category calls)** Period: Jul-25 | Target: 6-8 minutes median response time | Actual: 00:11:26 | SPC icon: N/A	Measure not meeting target	• This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.	• All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. • All Wales urgent care system escalation calls being held daily (often more than once per day). • Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option. • Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
20	**Median emergency response time to amber calls** Period: Jul-25 | Target: 12-month reduction target | Actual: 00:58:03 | SPC icon:	Measure not meeting target	• Demand for urgent care services continues to increase including calls to 999 ambulance services. • Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.	• All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. • All Wales urgent care system escalation calls being held daily (often more than once per day).
27	**Percentage of children <18 waiting 14 weeks or less for a specified AHP** Period: Jun-25 | Target: 12-month reduction target | Actual: 99.7% | SPC icon:	Measure not meeting target	• Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT). • The key challenges for SLT: • Staffing vacancies and maternity leave • Previously unrecognised backlog of long waiting patients. • High caseload demand. • Key challenges for OT: • Forecast 50% staff vacancy (August 2025)	• Remedial action plan undertaken by services for escalation as required. • New standard operating procedure in place (SOP) to improve service processes for SLT. • Demand and capacity work is being undertaken to improve flow for SLT and OT. • Recruitment plans underway for SLT and OT. • Service Manager reviewing the caseload and waiting list. • SLT scoping to introduce clinic based rather than community to improve efficiencies
28	**Number of therapy breaches 14+ weeks (all ages)** Period: Jul-25 | Target: 0 | Actual: 37 | SPC icon:	Measure not meeting target.	• Month 3 internal movement of staff and staff vacancy. • Month 4 saw an improvement in the number of breaches with a trajectory to recover in Month 5. • Podiatry remains significantly fragile with one clinician pan-Powys potential breaches in Month 5. • OT Hand Therapy – single point of failure.	• MSK Physio – agency use and new recruits in place, therefore a reduction in breaches from Month 3 • Podiatry – continue to recruit. • OT Hand Therapy – member of staff due back Month 5, anticipating recover Month 8. Looking at re-skilling within existing budget to develop a second-hand therapist to improve resilience of service and support the Orthopaedic work.
29	**Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)** Period: Jul-25 | Target: Month on Month reduction | Actual: 5 | SPC icon: N/A	Measure not meeting target.	• Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.	• All clinical posts advertised. • Admin post frozen. • Bank and agency staff in place supporting waiting list • Liaising with Swansea Bay HB regards professional support for the service. • Head of Physiotherapy currently operationally managing the service.
30	**Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)** Period: Jul-25 | Target: Month on Month reduction | Actual: 1 | SPC icon: N/A	Measure not meeting target.	• Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.	• Reviewing demand and any efficiencies where appropriate.

Public Session Liz 23/09/2025 15:35:14

Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Jul-25 | Target: 80% | Actual: 25.2% | SPC icon	Measure is not meeting target.	• From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. However, these funding streams to not fully cover the staffing costs of the service. Awaiting confirmation and receipt into budget. • Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place. • Ensuring a substantive and robust staffing model in is place is a priority during Q3, current plan is to maintain <104 week wait. This was not achieved for month 4 due to multiple cancelled appointments by patients or Was Not Brought. However, appointments have been re-scheduled for these families within 8 weeks.	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. • KPI's to ensure quality service is in place. • Robust scheduling, with the utilisation of joint appointments. • Commencements of improved clinic scheduling. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times. • Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer. • Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Anticipated year 2 to be commissioned jointly with education. • Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise. • Use of automated text messaging (WPAS) - implemented July 2025.
36	**Percentage of sickness absence rate of staff** Period: Jul-25 | Target: 80% | Actual: 5.37% | SPC icon	Measure is not meeting target.	• Rolling sickness absence had a steady downward trajectory for an extended period but between September 2024 and July 2025 there has been a slight increase, although this has remained relatively small. This was largely driven by an increase in Long term absence with actual sickness absence levels increasing between October 2024 to May 2025 . • Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal.	• The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary. • All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy. • The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
37	**Turnover rate for nurse and midwifery registered staff leaving NHS Wales** Period: May-25 | Target: Rolling 12-month reduction against a baseline of 2024/25 | Actual: 9.74% | SPC icon	Measure is not meeting target.	• Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally. • HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".	• Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. • The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention. • The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Jul-25 | Target: 85% | Actual: 79.3% | SPC icon	Measure is not meeting target.	• Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.	• The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. • The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. • Targeted work is underway in directorates with lower compliance.

Patterson,Liz 22/09/2025 15:35:14

Level 2 - Performance Challenges

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

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

44	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over**								Measure not meeting target.	• Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
										• Targeted work with specific teams who have the most significant capacity challenges is ongoing.
											• Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.
											• Continue to advertise vacant positions.
											• There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
											• Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.
											• Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
											• Focussed work is being undertaken striving for improvement for next reporting period as follows.
											  • Outpatient's Clinics have been revised to accommodate CTP reviews
											  • Compliance data and out of date reviews have been added as standard MDT agenda item
											• It is anticipated that performance will reach the 90% target by the end of October.
											• Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.

	Period	Jul-25	Target	90%	Actual	80.7%	SPC icon				

Patterson,Liz 22/09/2025 15:35:14

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 2024/25	5% cumulative annual target	5.45%	N/A
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jun-25	95%	100%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	May-25	Improvement compared to the same month in the previous year	50.1%	H
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Jun-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	15.3%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jun-25	Increase compared to the same month in the previous year	528	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Jul-25	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Jul-25	80%	88.9%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 and over	Jul-25	80%	83.6%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 and over	Jul-25	80%	93.2%	
TBC	Median target for Purple Arrest: Cardiac or respiratory arrest	Jul-25	Median 6–8-minute response time.	00:07:22	N/A
21	Median time from arrival at an emergency department to triage by a clinician	Jul-25	15 minutes or less	7	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Jul-25	60 minute or less	7	N/A
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Jul-25	Improvement compared to the same month in the previous year, towards the national target of 95%	99.9%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Jul-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
31	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jul-25	0	0	L

Patterson, Liz
22/09/2025 15:35:14

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
33	Number of patients waiting more than 104 weeks for referral to treatment	Jul-25	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jul-25	80%	86.3%	
38	Agency spend as a percentage of the total pay bill	Jul-25	12-month reduction	6.6%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	May-25	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Jun-25	90%	100%	
42	Number of pathways of care delayed discharges	Jul-25	12-month reduction trend	51	
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-25	90%	95.0%	
45	Number of patient experience surveys completed and recorded on CIVICA	Jul-25	Month on month improvement	505	
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	Jul-25	12 month improvement trend towards national target of 95%	68.8%	
53	Number of patient safety incidents that remain open 90 days or more	Jul-25	12-month reduction trend	10	

Non-RAG rated measures (new measures or measures with no national target applicable for PTHB)

46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Jul-25	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Jul-25		2.23	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Jul-25		17.80	

Jamieson,Liz
23/09/2025 15:35:14

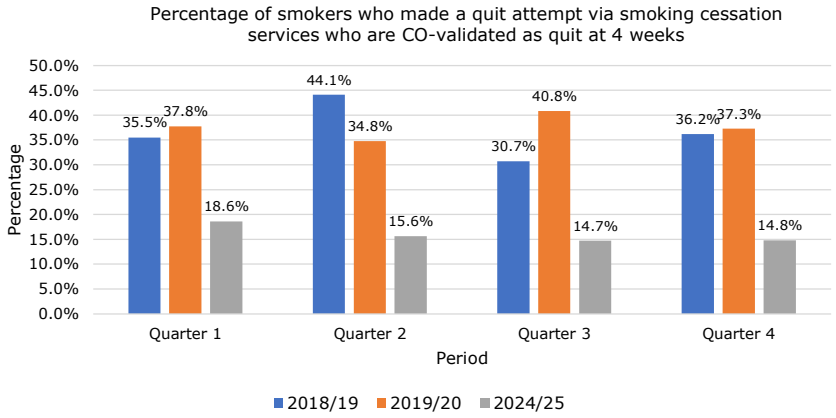
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 2**

Smoking - Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	14.8%	Benchmark position (Wales)	5th (18.0%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- In Q4 2024/25 14.8% of treated smokers were officially reported Carbon monoxide (CO) validated as quit at 4 weeks. In addition, the health board is aware that 55% of residents who took up treatment self-reported as having quit at 4 weeks. From a health board perspective this would mean that 70% of smokers treated in Q4 had quit smoking.

Anderson,Liz
12/09/2025 15:35:14

Challenges

- Many clients are choosing telephone support, so it is challenging to obtain validated Carbon monoxide (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.

Actions & Mitigations

- CO validation appointments are offered at face-to-face clinics across Powys for clients choosing telephone support.
- Drop-in community-based CO validation clinics are offered in Welshpool and Brecon to allow clients accessing telephone support to CO validate their successful quits.
- 2 local pharmacies in Newtown work in partnership with Smoking Cessation team to offer CO validation to community clients.
- Pregnant smokers are being offered their own personal CO monitor to validate progress through their quit attempt. The sonography team also offer CO validation at routine scan appointments to pregnant women who have quit smoking.

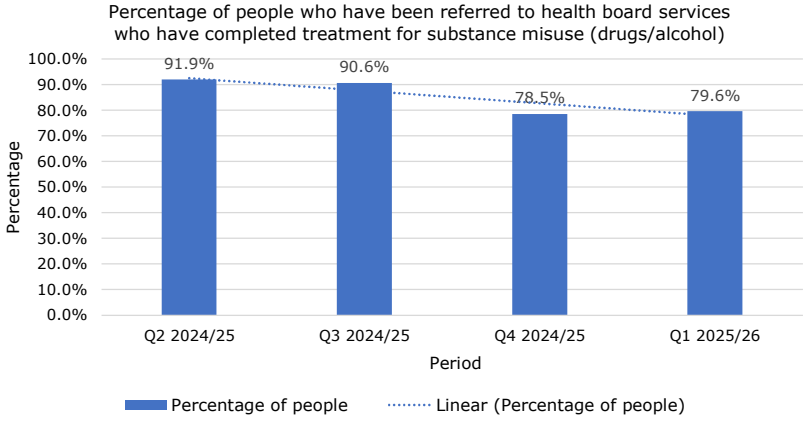
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 3**

Substance Misuse - Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)

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

Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	79.6%	Benchmark position (Wales)	5th (86.5%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance has decreased over the last 12 months with 79.6% in Q1 2025/26 and 86.0% reported in Q1 2024/25.
- The health board benchmarked 5th in Wales with an All-Wales position of 86.5% for Q1 2025/26.
- **Note: The methodology for this measure has changed from August 2025 and all historic data has been revised for at least the last 12 months. This data now excludes neutral closures, such as; referred elsewhere, moved on, moved to GP prescribing and prison, as it is deemed that these individuals will continue their treatment elsewhere.**

Patterson 22/01/2026 13:35:14

Challenges

- Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.
- South Powys Dual Diagnosis worker role remains vacant.
- Lack of full time Clinical Lead role for Area Planning Board (APB).

Actions & Mitigations

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups.
- PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
- The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.
- Regular commissioning monitoring meetings with provider in place to monitor community demand.
- Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.
- Recruitment campaign for remaining vacant Dual Diagnosis post.
- Agreed that PTHB will utilise ringfenced substance misuse funding to establish a Clinical Lead Post that will oversee Harm Reduction and Dual Diagnosis and will enhance clinical governance arrangements.
- Substance Harm reduction plan is established in line with area need.
- An APB co-production Planner is in place for 2025-26.
- A full clinical audit has been completed of the kaleidoscope services.
- An analysis of Needle exchange provision has been completed.
- A series of Stigma videos' have been completed.
- Since the last reporting period an interim clinical lead role within PTHB has been established and is reviewing performance with APB colleagues with a view to revising and strengthening joint working including referral pathways. This work is now moving forward at pace.

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

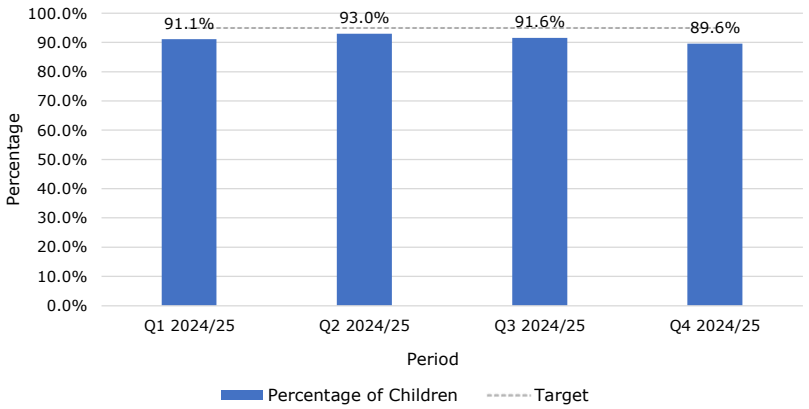
Access & Activity | **NHS Performance Measure – 4**

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

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

Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	89.6%	Benchmark position (Wales)	2nd (87.5%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2024/25		

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



What the data tells us

- **Most recent data update (Q4 2024/25) was first reported in Month 2 IQPR, no further data update received since.**
- Reported uptake performance for Q4 (89.6%) remains below target (95%), uptake in Powys is the second highest in Wales with the All-Wales benchmark reported as 87.5%. To reach 95%, a further 14 children would have needed to complete the full schedule.

Davies-Jon,Liz
5/9/2025 15:35:14

Challenges

- Data on uptake is sourced nationally from the Child Health System, whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked; therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.
- Childhood schedule changes from 01/07/2025 with the removal of Hib / Meningococcal Group C at 12 months – hard stop on supply of Menitorix, Meningitis B and Pneumococcal (PVC) swap at 12 and 16 weeks.
- Pending introduction of an 18-month appointment to include a fourth DTaP/IPV/Hib/Hep B (6 in 1) and bringing forward the pre-school MMR (suggested Jan 2026). With potential MMR/V (Varicella) from March 2026 – although awaiting confirmation on this.
- The digital infrastructure for appointing these changes is not in place and therefore will rely on manual changes to the schedule from primary care.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing.
  - Enhanced monitoring of practice queues lists.
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).
- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists/understand waits and cover equity. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System and prevent delays with returning forms to Child Health.
- MMR Catch-up completed and the Health Board achieved the WHC target of reaching over 90% for 2 MMR vaccines in both primary and secondary schools.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPrIS(the child health record database).
- The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated.
- VPDP have provided a letter and visual guide to primary care clinicians to support with the childhood vaccination schedule changes.
- New complete routine immunisation schedule for Wales published from 1st July 2025 – to reflect childhood changes
- VPDP have provided Q&A sessions for Primary Care since the changes on 01/07/25.

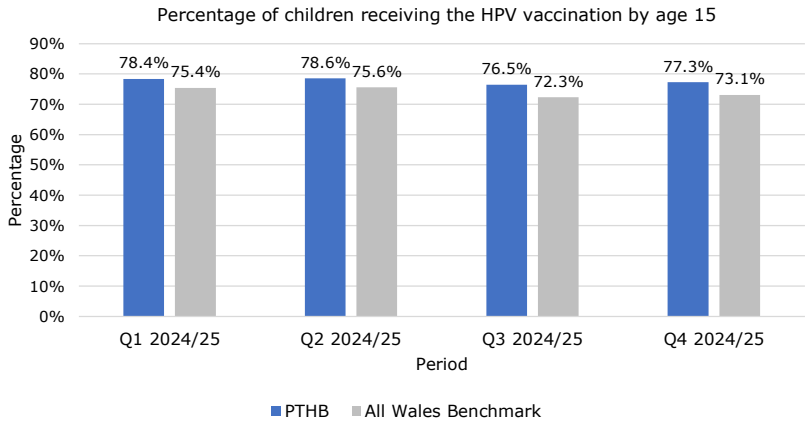
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	77.3%	Benchmark position (Wales)	3rd (73.1%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- **Most recent data update (Q4 2024/25) was first reported in Month 2 IQPR, no further data update received since.**
- Reported uptake improved slightly in Q4 2024/25 but is expected to be higher when the annual HPV programme is operational in schools during the Summer Term (i.e. Q1 2025/26).

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Challenges

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

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
- E-consent has been rolled out with the aim of increasing the return rate of consent.
- A piece of work is currently being undertaken by the School Nursing service and Child Health in relation to data cleansing to improve accuracy of data and uptake rates.
- Drop-in clinics have been held by the Vaccination Centres over the summer to offer catch-up of teenage vaccines. These have been successful.

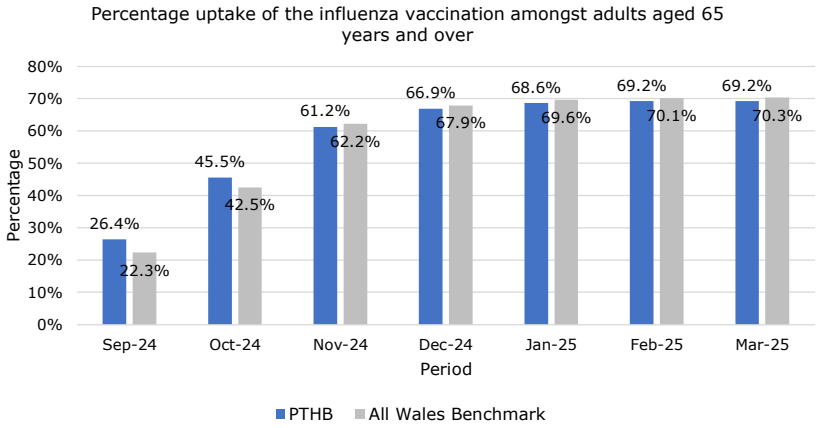
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Mar-25	Status of measure	Level 2a
Reported performance	69.2%	Benchmark position (Wales)	5th (70.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		



What the data tells us

- **Data reported as at season end (March 2025), first reported in Month 2 IQPR, no further data to report.**
- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- PTHB did not meet the 75% target, vaccine fatigue is being anecdotally reported across Wales. However, two practices in Powys did reach the 75% target

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Challenges

- Autumn/Winter 2024/25:
- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Adult flu vaccine is offered through GP Practices and community pharmacies across Powys
- Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy. This data needs to be manually inputted by GP Practices so therefore there maybe incomplete data and underreporting of uptake.
- Adult flu vaccination commencing later this season, October 2024, to ensure 2–3-year-olds targeted first. Vaccinating adults in October, however, does allow the older population to be appropriately protected in the peak season of flu.
- Difficulty in identifying and targeting unvaccinated patients due to flu vaccines being recorded on GP systems which the Health Board does not have access to.

Actions & Mitigations

Autumn/Winter 2024/25:

Actions implemented:

- GP led clinics organised across Powys for eligible residents by GP Practices.
- Pharmacy flu vaccination clinics also available in many communities across Powys.
- Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
- Additional targeted support provided to GP Practices to increase uptake
- Continued monitoring of uptake, and engaging with GPs to encourage further sessions
- Opportunistic vaccination of eligible population through vaccination centres
- Mapping out of remaining flu stock across Powys and signposting patients to where appropriate stock is available
- Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels
- Communications issued through local advertising methods- i.e. local newspapers, local beacon and PAVO newsletter
- Public Health Practitioner is conducting a "lessons learned" session with primary care contractors with the highest uptake of influenza vaccination to enable sharing of ideas to increase vaccination uptake across Powys.
- The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies

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

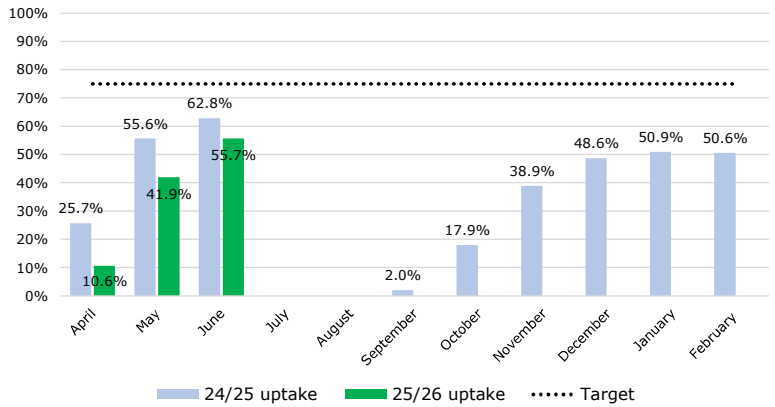
Access & Activity | **NHS Performance Measure – 7**

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

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

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	55.7%	Benchmark position (Wales)	2nd (52.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

- **To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period. The next period will start from September (Month 6).**
- Uptake of the COVID-19 Spring vaccination programme is lower than at the same point in last years spring vaccination campaign
- Uptake rates of COVID-19 vaccination have decreased, with vaccine fatigue being anecdotally reported across Wales.

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Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment.
- Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited.
- Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination.
- Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme

Actions & Mitigations

- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes.
- The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for.
- Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Drop-in clinics offered from June 2025 for the remainder of the campaign- advertised weekly via PTHB social media channels.
- Data currently being collected by the vaccination service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.

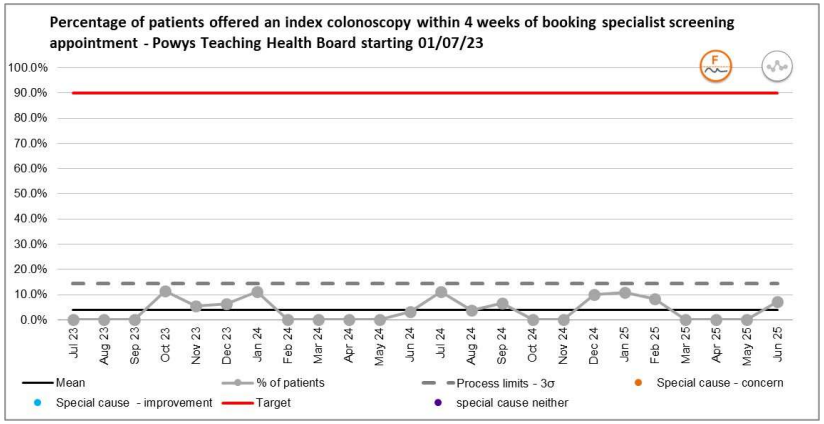
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Jun-25	Status of measure	Level 3
Reported performance	7.1%	Benchmark position (Wales)	All Wales 4.9% (no rank available)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Red
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 7.1% in June 2025, All Wales performance is also challenged against this measure reporting 4.9% compliance for the same period.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality has been flagged red until this is satisfactorily resolved.

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Challenges

- Key challenge feedback following Public Health Wales assurance visit includes;
  - Single handed consultant service impacting waiting times for screening.
  - Ongoing insource requirement to support delivery which is further challenged by procurement processes.
- Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable.
- Further expansion of national FIT test criteria from October 2024 has increased demand.
- In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider.
- Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays.
- Patient choice including appointment deferral resulting in significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH.
- National staff resource has been re-directed to support CTMUHB which impacts on the capacity for PTHB service with resultant increase in wait times.

Actions & Mitigations

- Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August.
- Deep dive on pathways to be undertaken in Q2 2025/26.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.

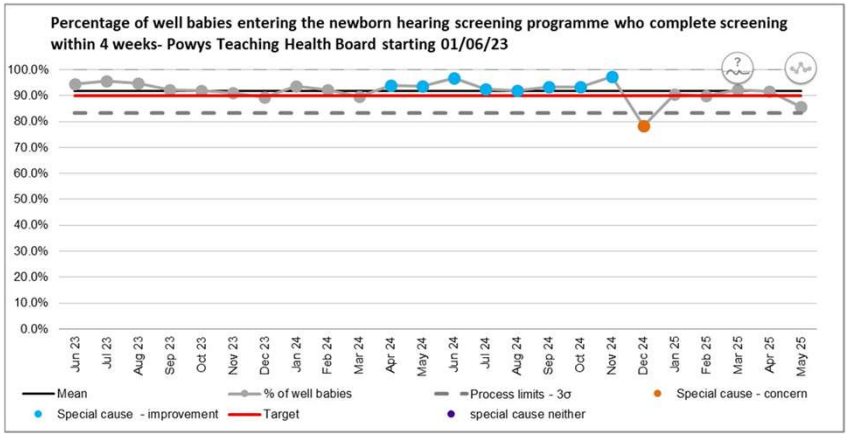
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 9**

Screening - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	85.7%	Benchmark position (Wales)	7th (96.8%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys performance reported 85.7% compliance in May against the 90% target (ranked 7th in Wales).
- All Wales performance for May is 96.8%.

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Challenges

- No challenges reported.

Actions & Mitigations

- No actions reported.

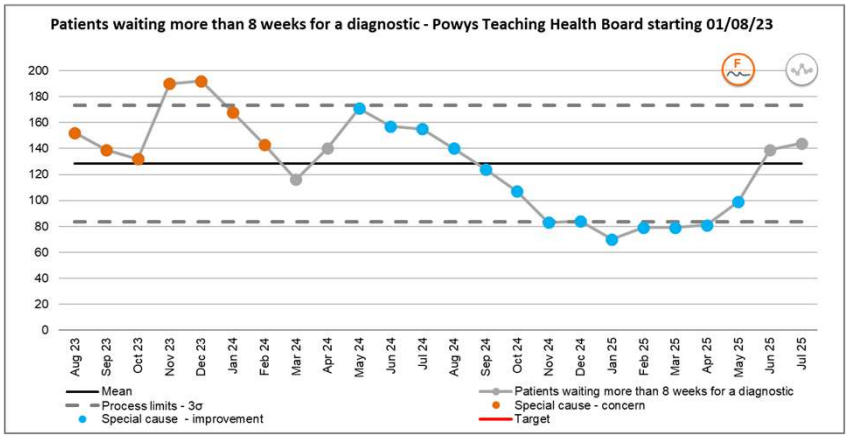
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jul-25	Status of measure	Level 3
Reported performance	144	Benchmark position (Wales)	1st (40,425)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	147	106	72%
Diagnostic Endoscopy	Colonoscopy	8	1	13%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	1	33%
Diagnostic Endoscopy	Gastroscopy	14	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	23	1	4%
Radiology - GP referral	Non-Obstetric Ultrasound	391	35	9%

What the data tells us

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

- The health board has reported 144 breaches in July 2025, 106 breaches are for Cardiology (Echo Cardiograms), 2 breaches reported within Endoscopy and 36 breaches are within non-obstetric ultrasound.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.

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

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

Access & Activity	NHS Performance Measure – 26	Frequency - Monthly

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

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

Cardiology - Challenges	No. of breaches	106

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.

Cardiology - Actions & Mitigations

- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms.
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal, insourcing currently being progressed.

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Diagnostic Endoscopy - Challenges	No. of breaches	2

- 2 endoscopy breaches due to lack of capacity volume of urgent referrals
- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers in Wales are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- JAG 5 Year Assurance accreditation status to be reassessed November 2025/26.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.

Diagnostic Endoscopy - Actions & Mitigations

- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Endoscopy medical lead commenced June 2025 to support JAG reaccreditation in November 2025.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Sponge capsule (cyto-sponge) feedback so far has been excellent from both staff and patients.
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024.
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.

Non-Obstetric Ultrasound - Challenges	No. of breaches	36

- Slight improvement from month 3 short term sickness
- Fragility of service due to limited scale

Non-Obstetric Ultrasound - Actions & Mitigations

- Use of agency and bank for breaching patients.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.
- Recruited a development post with a view to complete preceptorship 2025/26.
- Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS).
- Explore repatriation opportunities to increase scale of service.
- Implementation of new booking process through the Therapies Hub.

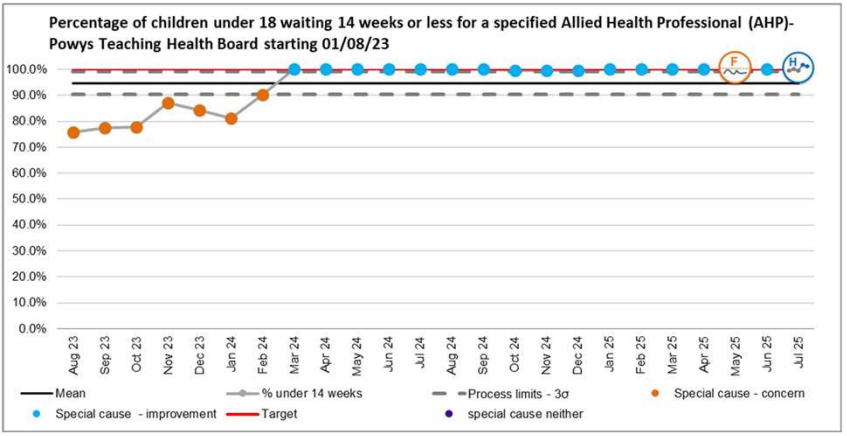
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 27** | **Frequency - Monthly**

Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	99.7%	Benchmark position (Wales)	1st (87.3%)*
Target	100%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) does not meet the target with 99.7% compliance in July.

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Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Staffing vacancies and maternity leave.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - Forecast 50% staff vacancy (August 2025).

Actions & Mitigations

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for SLT.
- Demand and capacity work is being undertaken to improve flow for SLT and OT.
- Recruitment plans underway for SLT and OT.
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.
- SLT scoping to introduce clinic based rather than community to improve efficiencies.

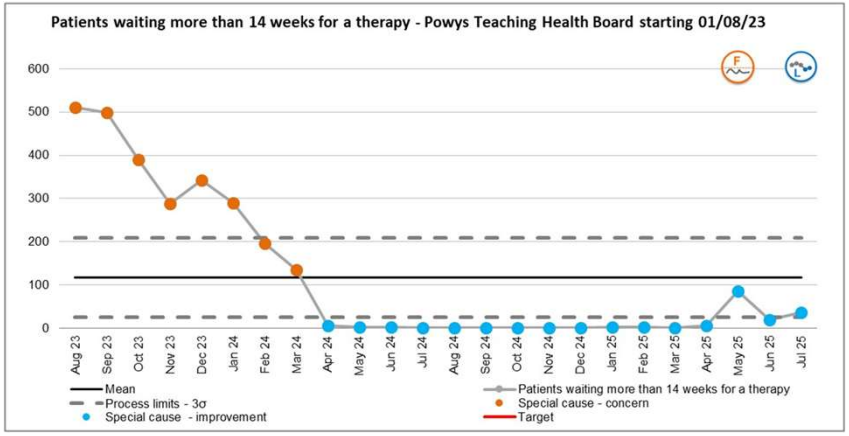
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	37	Benchmark position (Wales)	3rd (3,974)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- For 2025/26 Audiology performance is assured via new measures:
  29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)
  30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)
- July 2025 37 pathways breached the 14-week target.
- 24-month SPC assurance remains special cause improvement.

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Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	237	0	0%
Dietetics	Paediatrics	93	0	0%
Occupational Therapy	Adults	71	35	49%
Occupational Therapy	Learning Disabilities	4	1	25%
Occupational Therapy	Paediatrics	2	1	50%
Physiotherapy	Adults	2137	0	0%
Physiotherapy	Paediatrics	97	0	0%
Podiatry	Routine	542	0	0%
Podiatry	Urgent	19	0	0%
Speech Language	Adults	84	0	0%
Speech Language	Paediatrics	86	0	0%

Challenges

- Month 3 internal movement of staff and staff vacancy.
- Month 4 saw an improvement in the number of breaches with a trajectory to recover in Month 5.
- Podiatry remains significantly fragile with one clinician pan-Powys potential breaches in Month 5.
- OT Hand Therapy – single point of failure.

Actions & Mitigations

- MSK Physio – agency use and new recruits in place, therefore a reduction in breaches from Month 3
- Podiatry – continue to recruit
- OT Hand Therapy – member of staff due back Month 5, anticipating recover Month 8. Looking at re-skilling within existing budget to develop a second-hand therapist to improve resilience of service and support the Orthopaedic work.

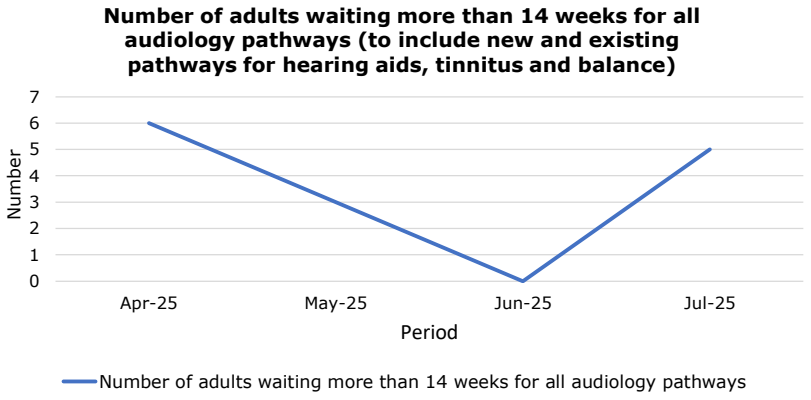
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	5	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- This is a new measure for 2025/26
- The measure is non-compliant in July against the month-on-month reduction target with 5 adults waiting in July compared to 0 in June 2025.

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Challenges

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

Actions & Mitigations

- All clinical posts advertised.
- Admin post frozen.
- Bank and agency staff in place supporting waiting list.
- Liaising with Swansea Bay HB regards professional support for the service.
- Head of Physiotherapy currently operationally managing the service.

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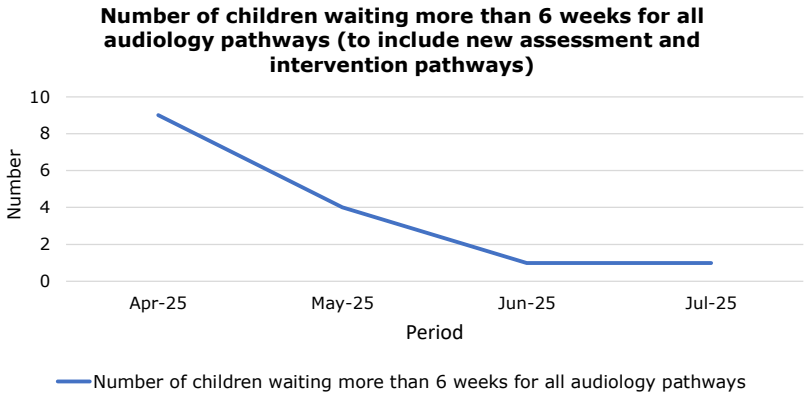
Access & Activity | **NHS Performance Measure – 30** | **Frequency - Monthly**

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

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

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



What the data tells us

- This is a new measure for 2025/26.
- The measure is non-compliant in July against the month-on-month reduction target with 1 patient waiting in July.
- Very limited breaches because of small fragile service with single practitioner.

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Challenges

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

Actions & Mitigations

- Reviewing demand and any efficiencies where appropriate.

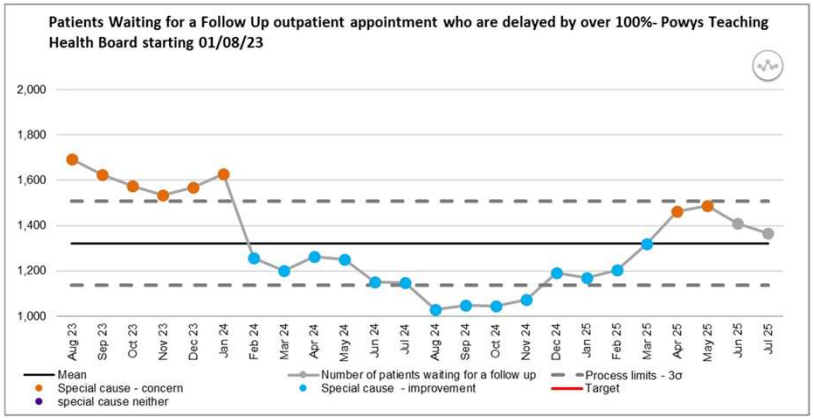
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity	NHS Performance Measure – 32	Frequency - Monthly

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

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

Latest available	Jul-25	Status of measure	Level 3
Reported performance	1365	Benchmark position (Wales)	1st (249,209)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		



What the data tells us

- In July 1365 Follow-up (FUP) outpatient appointments were reported as delayed by 100% or more of their target date, this is more than the equivalent period in July 2024 (1149) but is improvement on June's position.
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

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Challenges

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

Actions & Mitigations

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

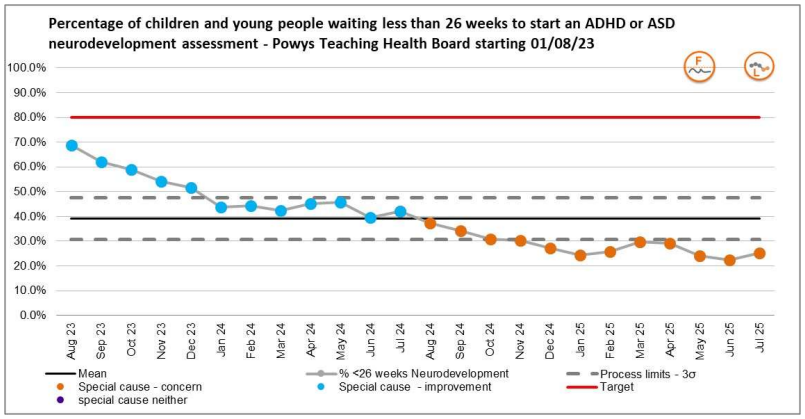
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	25.2%	Benchmark position (Wales)	5th (23.7%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

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

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 1031 pathways reporting in the July's snapshot 25.2% wait less than 26 weeks for their first assessment.
- 20 pathways were reported over 104+ weeks at the end of July increasing from 2 reported at the end of June.
- PTHB continues to benchmark positively against the All-Wales position however this reflects the system challenge in Wales rather than good performance locally.

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Challenges

- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. However, these funding streams to not fully cover the staffing costs of the service. Awaiting confirmation and receipt into budget.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place.
- Ensuring a substantive and robust staffing model in is place is a priority during Q3, current plan is to maintain <104 week wait. This was not achieved for month 4 due to multiple cancelled appointments by patients or Was Not Brought. However, appointments have been re-scheduled for these families within 8 weeks.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded.
- KPI's to ensure quality service is in place.
- Robust scheduling, with the utilisation of joint appointments.
- Commencements of improved clinic scheduling.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Anticipated year 2 to be commissioned jointly with education.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS).
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Multi Disciplinary Team (MDT) panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- Recurrent funding beyond March 2027 to be confirmed via business case and MDT model.

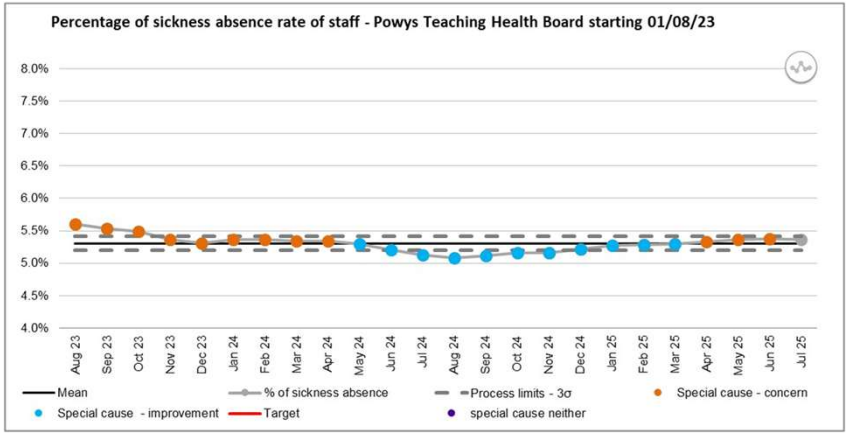
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

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

Percentage of sickness absence rate of staff

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	5.37%	Benchmark position (Wales)	6th (6.26%) (May-25)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.37% for July 2025
- The organisation benchmarks 6th and the All-Wales performance position is 6.26% for May 2025.
- Common cause variation.

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Challenges

- Rolling sickness absence had a steady downward trajectory for an extended period but between September 2024 and July 2025 there has been a slight increase, although this has remained relatively small. This was largely driven by an increase in Long term absence with actual sickness absence levels increasing between October 2024 to May 2025 .
- Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal.

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

- Additional Clinical Services – 6.37%
- Estates & Ancillary - 5.99%
- Nursing & Midwifery – 5.24%

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates.
- A focussed deep dive into absence relating to anxiety, stress and depression took place in October 2024 to better understand trends within this area and enable more focussed interventions where possible. Since the review and following subsequent actions anxiety, stress and depression related absence has reduced by approximately 7 WTE.
- P&C has recruited Mindfulness Practitioners onto the bank. They have developed some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent) as well as supporting staff to remain in work. The feedback and evaluation has been very positive with future targeted activity planned during the current financial year.
- There has been an increase in the numbers (183 as of June) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.
- We have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (note; this service will not issue fit notes)

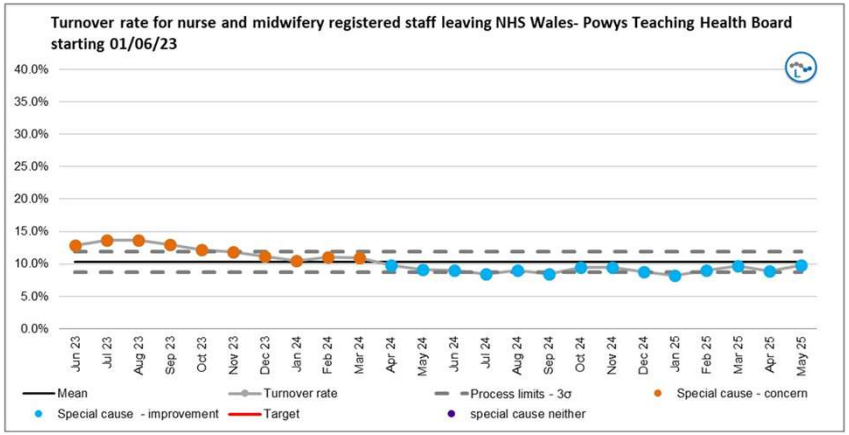
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 37	Frequency - Monthly

Turnover rate for nurse and midwifery registered staff leaving NHS Wales

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	9.74%	Benchmark position (Wales)	10th (6.06%)
Target	Rolling 12-month reduction against a baseline of 2024-25		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB is non-compliant against the target as reported in May with turnover rate 9.74%.
- PTHB benchmarks 10th with All Wales performance at 6.06%

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Challenges

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".

Actions & Mitigations

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.
- The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
- An initial organisational self-assessment against the national nurse retention plan has been completed which will inform the forward plan.
- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.
- The health board have successfully appointed to the Workforce Retention Lead role which will support the delivery of the nurse retention plan within Powys.

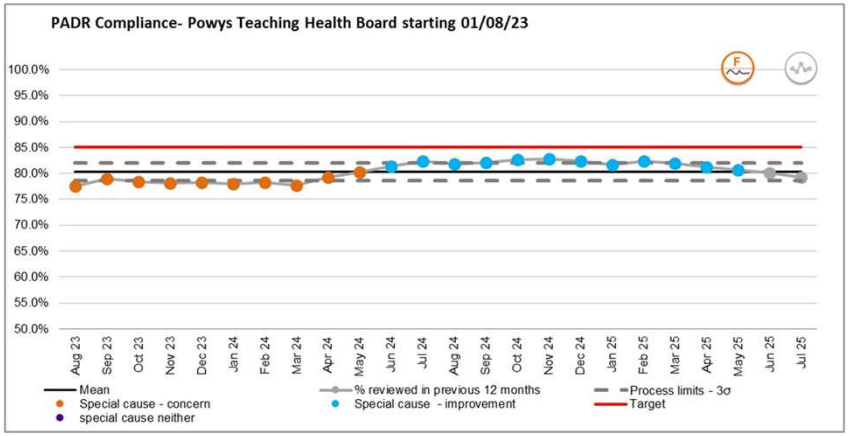
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

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

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	79.3%	Benchmark position (Wales)	5th (76.8%) (May-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		



What the data tells us

- PTHB PADR compliance is reported at 79.3% for July 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in May showed PTHB benchmarking 5th out of 13 organisations.

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Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work is underway in directorates with lower compliance.

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

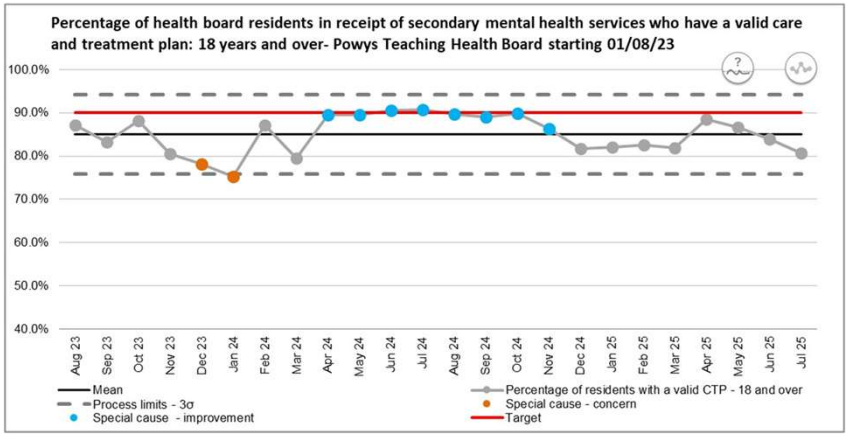
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	80.7%	Benchmark position (Wales)	4th (78.4%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 80.7% and reports common cause variation.
- PTHB benchmarked 4th against an All-Wales position of 78.4% in June.
- Data challenge around retrospective updates in CTP performance.

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Challenges

- Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Targeted work with specific teams who have the most significant capacity challenges is ongoing.

Actions & Mitigations

- Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership. Team to define future operating model.
- Continue to advertise vacant positions.
- An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
    - Outpatient's Clinics have been revised to accommodate CTP reviews.
    - Compliance data and out of date reviews have been added as standard MDT agenda item.
- It is anticipated that performance will reach the 90% target by the end of October.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.

Provider Service Assurance

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

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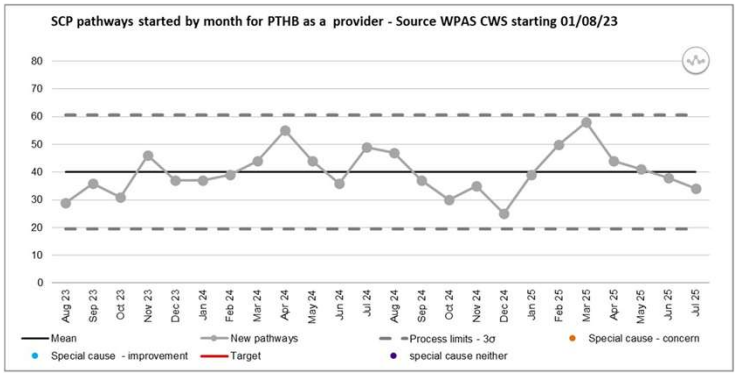
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

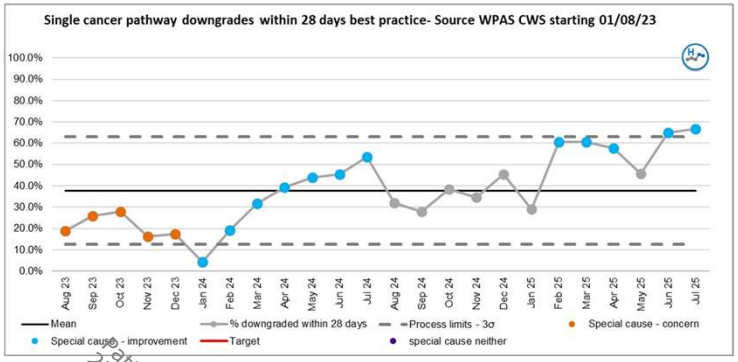
Access & Activity | **Local Measure** | **Frequency - Monthly**

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

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

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





What the data tells us

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

- Powys has reported 34 new pathways in July 2025 with 28 via primary care, referral numbers are below the 24-month average.
- The health board has reported a very positive compliance of 66.7% for downgrades within 28 days of the 21 closed pathways in July.
- PTHB meets the straight to diagnostic test 12-month improvement trend in July with 66.7% compliance. However, compliance is volatile because of small numbers sent for diagnostics 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.

Challenges

Key challenges within PTHB align to the national issues:

- Shortages of Endoscopists particularly colorectal.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bid to Welsh Government Cancer Transformation fund declined in round 2.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

Actions & Mitigations

- Internal Cancer Audit undertaken Q1 2025/26 with reasonable assurance rating.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- DHCW data resource review with PTHB Digital team and Operational services to strengthen pathway tracking for patients referred to treatment. This review has provided key improvement recommendations in Q1 25/26 which where locally driven have been implemented, but further work requires DHCW led changes to central data set, a timeline for this has been requested.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Appointed colorectal specialty lead on a locum basis.

Source National SCP dataset	Target	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07
% of patients who are sent straight to test	12 month improvement trend	42.9%	28.6%	23.1%	26.3%	33.3%	45.5%	58.3%	73.3%	60.0%	40.0%	33.3%	66.7%

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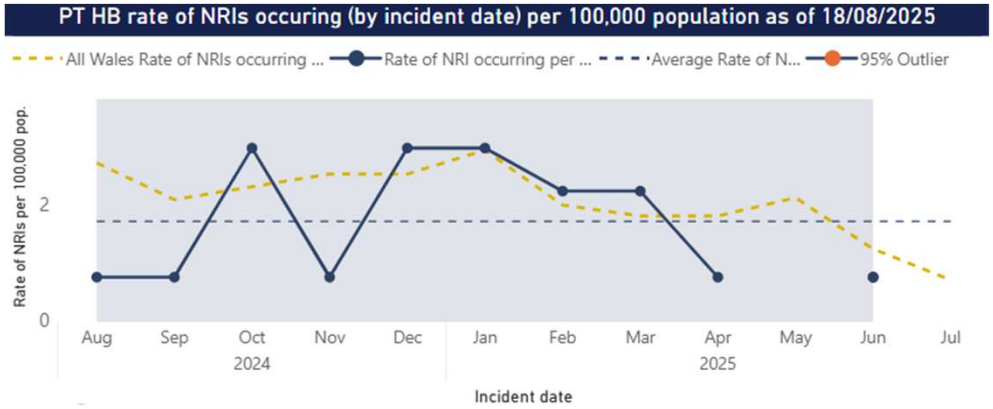
Key quality measures – Powys as a provider



Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	18/08/2025	100%
National reportable incident rate per 100k pop	June 2025	1.53 per 100k
% Complaints settled within 30 days (month received)	June 2025	73.7%
Reported never events	18/08/2025	Zero
Mortality Rate Rolling Annual	June 2025	5.8%

What the data tells us

- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.
- Powys reported 5.8% rolling annual rate for June 2025, this slightly lower than the equivalent period last year that reported 6.2%.

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Challenges

- Historic NRI investigations requiring joint review have prevented closure within timeframe.
- The Health Board has a small pool of experienced, incident investigators to draw on for investigation completion.
- Two incidents pending police investigation have prevented reporting within timeframe.
- Assurance process has caused delays.

Actions & Mitigations

- Review of incident investigation training being undertaken.
- Mental Health have recruited an external incident investigator to review historic outstanding NRI investigations to coach to closure.
- Reviewing and update the Incident Management Framework to provide robust process on the completion of investigations and the accompanying action plan to prevent delay of closure.

Quality Outcomes Framework – Phase 1 measures

Please note that this framework remains under national development.

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

Quality Outcomes Framework													
Quality Standard	**Area of Measurement**	**Measure Name**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**
Safe	**Mortality**	RAMI*	0.95	1.33	1.31	1.19	0.85	1.01	1.3	1.03	1.15	0.72	1.31	
Safe	**Mortality**	Crude Mortality**	5.80%	5.80%	6.00%	5.80%	5.70%	5.70%	5.90%	5.80%	6.10%	5.90%	5.80%	
Safe	**Safeguarding**	Safeguarding Adults – Level 1 training	90.0%	91.0%	90.0%	90.0%	91.0%	90.0%	91.0%	91.0%	91.0%	90.0%	93.0%	92.0%
Safe	**Patient Safety**	Never Events reported to NHS Wales Performance and Improvement	0	0	0	0	0	0	0	0	0	0	0	0
Safe	**Deconditioning**	People allocated to a D2RA pathway or No Pathway Allocated within 1 Day of admission (Proportion of patients maintaining or improving their D2RA pathway from admission to discharge)	Measure remains under development											
Safe	**Infections**	Antibiotic prescribing rates - Antibacterial items per 1,000 STAR-PUs	Q2 24/25 = 229.46		Q3 24/25 = 270.76			Q4 24/25 = 262.49			Q1 25/26 = 214.52			
Timely	**Access to care**	12-month improvement trend in percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building towards national target of 80% by 31 March 2026	Not Applicable											
Timely	**Access to care**	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	69.9%	69.0%	66.4%	69.7%	75.1%	69.1%	73.6%	68.2%	72.8%	68.8%	71.2%	68.8%
Effective	**Population health**	% of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	48.8%	48.7%	48.4%	48.6%	48.5%	48.7%	50.0%	50.5%	50.5%	49.8%	50.1%	
Efficient	**Sustainability**	Agency spend as a percentage of total pay bill	9.1%	9.7%	10.0%	7.7%	8.3%	7.6%	9.9%	4.1%	7.0%	7.6%	7.2%	6.6%
Equitable	**Communication**	Preferred language of communication - Were you able to communicate in your preferred language? (%)	Data currently not available											
Person-centered	**Experience of care**	Overall experience rating - People Experience Survey – Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?	Data currently not available											
Person-centered	**Patients as partners**	Patient involvement in care planning – People Experience Survey – Were you involved as much as you wanted to be in decisions about your care?	Data currently not available											

*Provisional monthly data (Last 90 days)
**Rolling annual mortality rate

Please note that the Quality Outcome Framework duplicates measures 12, 25, 38 and 50 with the NHS Performance Framework.

Patterson, Julie 22/09/2025 11:35:14

Commissioned Service Assurance

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

Patterson,Liz
22/09/2025 15:35:14

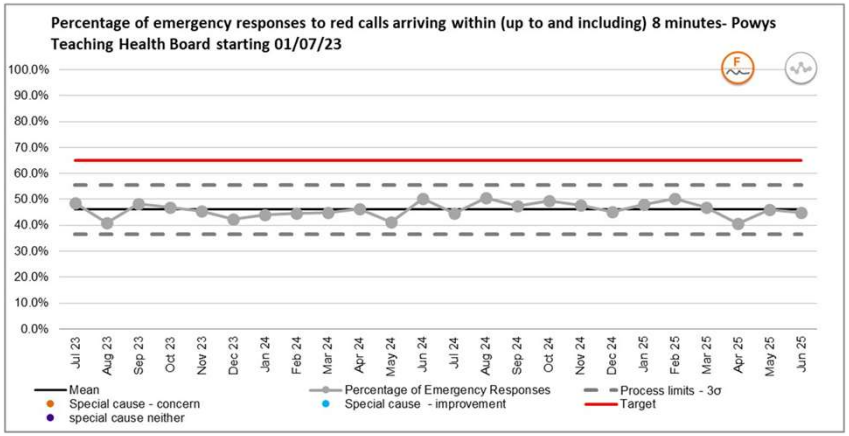
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity	NHS Performance Measure – 19	Frequency – Retired measure

Urgent & Emergency Care - Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes within Powys

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

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	44.8%	Benchmark position (Wales)	7th (50.7%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Retired		
Recover by?			



What the data tells us

- Please note that this measure has been retired, June is the last month reported against the Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. Reporting will recommence in August against the revised categories as described on the Welsh Ambulance Services website how our service is changing - Welsh Ambulance Services University NHS Trust.

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02/09/2025 15:35:14

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

Access & Activity	NHS Performance Measures – TBC	Frequency – Monthly

Urgent & Emergency Care –

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

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

Median emergency ambulance response time to purple: arrest category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Jul-25	00:07:35	00:06:57	00:07:34	00:08:01	00:07:17	00:09:31	00:07:22	00:07:02

Median emergency ambulance response time to red: emergency category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Jul-25	00:08:47	00:08:19	00:08:46	00:08:10	00:09:53	00:09:10	00:11:26	00:08:52

What the data tells us

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

Data is sourced from the Welsh Government Performance team.

- The data above contains information on the performance of the respective Welsh health board areas and will contain non-Powys responsible response times.
- Core target for both measures is Median response (6-8 minutes) e.g., any median time of 00:08:01 or higher is classed a missing target.
- Powys achieves the median target for Purple Arrest (Cardiac or respiratory arrest) for the first reported data point in July (00:07:22).
- Powys median emergency response time to red is significantly higher than All Wales (approximately 30% longer response time) reporting 00:11:26 vs the All-Wales compliance of 00:08:47.

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22/09/2025 15:35:14

Challenges

- WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.
- Challenges in median ambulance response time to purple arrest category calls in Cardiff and Vale and Hywel Dda UHB areas.
- Challenges in median ambulance response time to red emergency category calls across Wales, performance in Powys tHB area currently the worst in Wales.

Actions & Mitigations

- Meeting being arranged between PtHB, NHS Wales Joint Commissioning Committee and WAST colleagues to discuss performance, patient experience and outcomes; and identified improvement actions including enhancement of current in county pathways.
- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.

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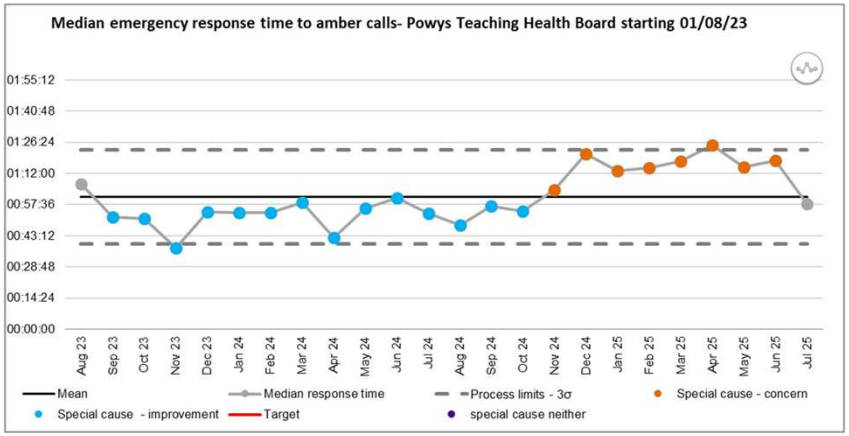
Access & Activity | **NHS Performance Measure – 20** | **Frequency - Monthly**

Urgent & Emergency Care - Median emergency response time to amber calls

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

Latest available	Jul-25	Status of measure	Level 2a
Reported performance	00:58:03	Benchmark position (Wales)	1st (01:23:00)
Target	12-month reduction target		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported an improved performance in July 2025 with response times decreasing to 00:58:03
- PTHB ranks 1st in Wales for July with the All-Wales average for July at 01:23:00

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Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays and lost hours continue to be a challenge across Wales.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

Actions & Mitigations

- Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.

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

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

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

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

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

What the data tells us

- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.
- Hywel Dda University Health Board continues to report the highest median times to triage and clinical decision of the Welsh emergency flow services.

Actions & Mitigations

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

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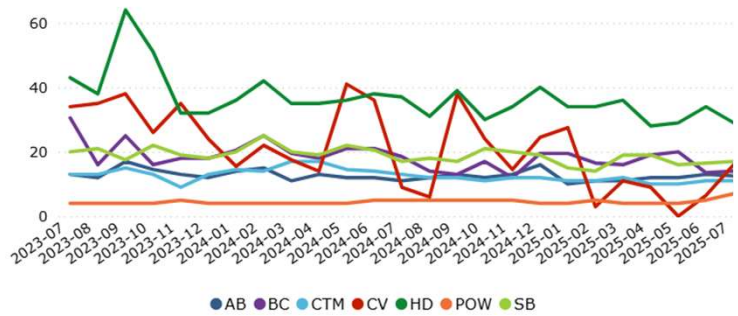
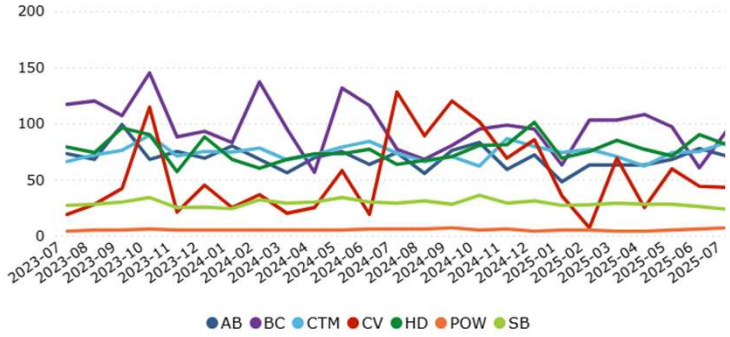
Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



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

Jul-25 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	13	16	71	126
BCUHB	14	19	94	135
CTMUHB	11	12	83	73
C&VUHB	16	5	43	65
HDUHB	29	29	81	80
SBUHB	17	20	24	22

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

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

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

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

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

What the data tells us

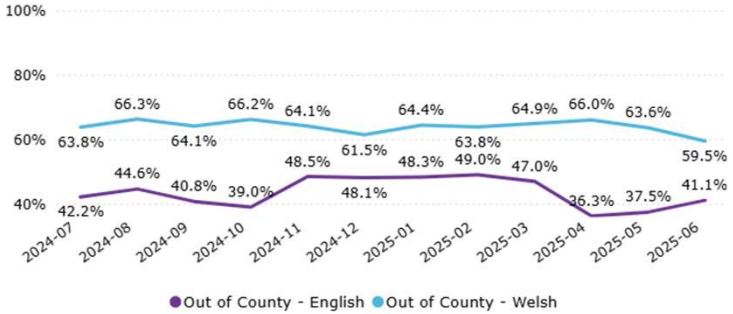
Welsh Emergency Access (A&E) providers
- Powys residents have seen a slight fall to 59.5% in June from 63.6% in May for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs increases slightly to 147 but remains within expected variation.

English Emergency Access (A&E) providers
- PTHB residents attending English emergency units see the longest wait with very poor compliance to the 4-hour target. 41.1% were reported in June as waiting less than 4hrs in their units.
- In June provisional data shows 320 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge.

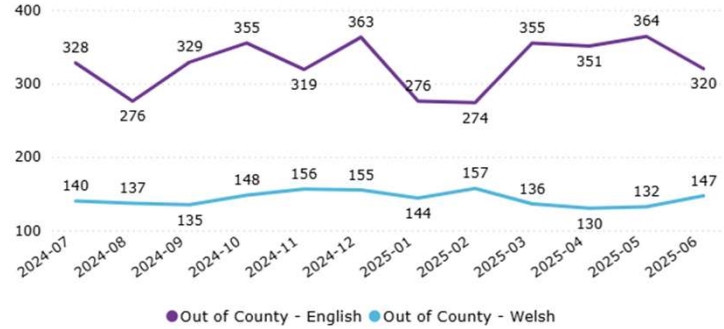
Data Quality
- Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance. which will be noticeable between reporting month although minor.

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

Percentage of ED Waits Seen Within 4 Hours by Arrival Month



Number of ED Waits Over 12 Hours by Arrival Month



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

Dashboard Liz 30/07/2025 15:35:14

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

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

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

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

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

Latest available	Jul-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

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

HealthBoard	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07
Aneurin Bevan UHB												
Pathways With Treatment	16	11	9	13	16	15	15	16	8	16	14	23
Treated Within 62 Days	10	7	8	7	9	11	9	11	4	10	7	18
Breaching 62 Day Target	6	4	1	6	7	4	6	5	4	6	7	5
% Treated Within Target	63%	64%	89%	54%	56%	73%	60%	69%	50%	63%	50%	78%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	1	1	3	2		1		3	2		3
Treated Within 62 Days			1	3	2				2	1		1
Breaching 62 Day Target	1	1					1		1	1		2
% Treated Within Target	0%	0%	100%	100%	100%		0%		67%	50%		33%
Cardiff And Vale UHB												
Pathways With Treatment	1				1	1						1
Treated Within 62 Days	1					1						1
Breaching 62 Day Target					1							
% Treated Within Target	100%				0%	100%						100%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	7	6	5	3	9	4	3	5	3	2	5	7
Treated Within 62 Days	4	2	4		4	1	1	1			4	2
Breaching 62 Day Target	3	4	1	3	5	3	2	4	3	2	1	5
% Treated Within Target	57%	33%	80%	0%	44%	25%	33%	20%	0%	0%	80%	29%
Hywel Dda UHB												
Pathways With Treatment	8	8	5	7	7	9	6	6	9	10	11	8
Treated Within 62 Days	6	5	2	6	2	6	4	3	4	3	6	5
Breaching 62 Day Target	2	3	3	1	5	3	2	3	5	7	5	3
% Treated Within Target	75%	63%	40%	86%	29%	67%	67%	50%	44%	30%	55%	63%
Swansea Bay UHB												
Pathways With Treatment	14	7	11	9	11	11	5	7	6	4	5	5
Treated Within 62 Days	8	5	7	5	8	6	1	5		2	3	4
Breaching 62 Day Target	6	2	4	4	3	5	4	2	6	2	2	1
% Treated Within Target	57%	71%	64%	56%	73%	55%	20%	71%	0%	50%	60%	80%
Pathways With Treatment	**47**	**33**	**31**	**35**	**46**	**40**	**30**	**34**	**29**	**34**	**35**	**47**
Treated Within 62 Days	**29**	**19**	**22**	**21**	**25**	**25**	**15**	**20**	**10**	**16**	**20**	**31**
Breaching 62 Day Target	**18**	**14**	**9**	**14**	**21**	**15**	**15**	**14**	**19**	**18**	**15**	**16**
% Treated Within Target	**62%**	**58%**	**71%**	**60%**	**54%**	**63%**	**50%**	**59%**	**34%**	**47%**	**57%**	**66%**

Jackson Liz
23/09/2025 15:35:14

What the data tells us

- At the end of July, the provisional position reported a total of 285 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 238 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target with the longest wait reported as 187 days in Hywel Dda UHB for a urological pathway.
- Compliance reporting in Commissioned services has become more complicated following the target change for 2025/26. With low numbers of Powys residents across multiple providers the improvement trend and target compliance can be significantly affected. However reported performance in July has risen again to 66% with two providers showing improvement, Swansea Bay UHB showing 80% of 5 cases being treated within target, and Cardiff and Vale UHB reporting 100% compliance for a single treatment pathway in the same period.

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

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour site breaches in July include Urological (5), Breast (3), Lower GI (3), and Gynaecological, Upper GI, and Skin (excluding Basal Cell Carcinoma).
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed.
- Open pathway data quality remains challenging, and the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathways.

Actions & Mitigations

- Breaches of greater than 146 days for 2024/25 have been reviewed with the Commissioned providers including detailed pathway breach reports and no resultant harm following review has been reported.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- New digital report for enhanced assurance utilising key elements of national workstream but with Powys resident's focus.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.

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

Access & Activity	NHS Performance Measures – 25	Frequency - Monthly

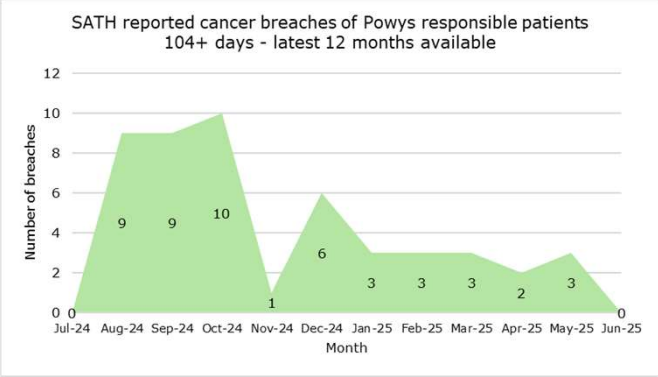
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

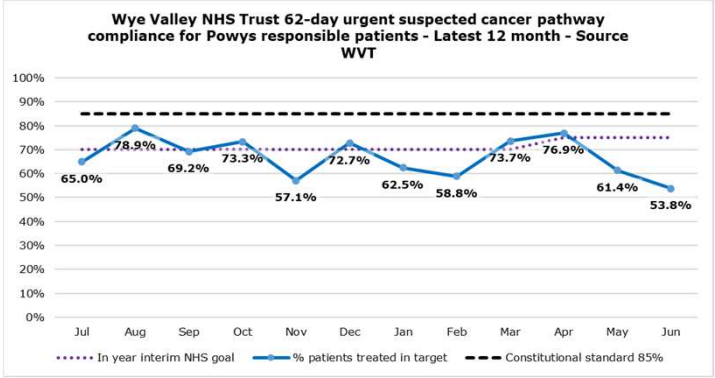
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning

Latest available	Jun-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Poor
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

NHS England Cancer Measures, and target

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





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

Jun-25	SATH	WVT	All English Providers	Target
28-day FDS	72.5%	81.4%	76.8%	75%
31-day DTT	87.9%	83.1%	91.7%	96%
62-day USC	62.6%	69.0%	67.1%	85%

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

What the data tells us

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

- Reporting quality issue – The Powys Performance Team have been incorrectly reporting pathway breaches against the 62-day cancer pathway for Shrewsbury and Telford NHS Trust (SATH). The numbers of breaches within the above graph only included those patients who waited over 104 days with a breach report. This did not report the numbers of patients who waited between 62 and 104 days. The data source changed e.g., the Provider ceased providing breach reports on all breaches. As of the 12/09/2025 the reported position is under investigation and a more complete update will be available in Month 5.

- Shrewsbury and Telford NHS Trust (SATH) reported no Powys resident breaches over 104 days in June. The Trust has been de-escalated from Tier 1 to Tier 2 NHS England monitoring following recent improvements. Their whole system performance was reported to be above local trajectory (e.g., 62-day compliance of 62.6% vs 56% forecast in June).

- Wye Valley NHS Trust (WVT) performance reported in June that 53.8% of 26 Powys residents started treatment within 62 days. Most breaches reported were for breast cancer pathways and WVT acknowledges that this specific pathway is of challenge (overall compliance including non-Powys residents was 36% in June for breast). It should be noted that low numbers of Powys pathways can distort compliance.

Challenges

- Data quality challenge with The Shrewsbury and Telford NHS Trust (SATH).
- Capacity challenges for outpatients, and treatment listed alongside complex diagnostics for breaches reported to the health board in March.
- Commissioned cancer assurance for English pathways remains limited, re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information has not progressed as hoped. Challenge has been provided back via Welsh audit process to drive recommendations at a national level and is routinely raised with Welsh Government via monthly engagement meetings.
- NHS England priority targets for 2025/26 are:
  - 62-day standard: 75% of patients begin first definitive cancer treatment within 62 days of urgent referral/upgrade.
  - 28-day Faster Diagnosis Standard (FDS): 80% of patients to have cancer confirmed or ruled out within 28 days of urgent referral.

Actions & Mitigations

- Requesting new information flow from SATH to resolve data quality challenge.
- SCP performance reviewed and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SATH outsourcing/redirecting referrals where possible, utilising mutual aid where available and actively triaging all referrals to focus on cancer and treat accordingly (impact on routine waiters).
- Lack of cancer data submission from WVT escalated at CQPRM.

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

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

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

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

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

What the data tells us

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

- Only Swansea Bay UHB continues to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents in July although 4 health boards still show special cause improvement.
- Cwm Taf Morgannwg UHB is the only provider who show an increasing challenge for those patients waiting under 52 weeks for a new outpatient appointment flagging special cause concern in July.
- The total number of patients waiting over 52 weeks in Wales for a new outpatient appointment increases slightly in July but remains below the 24-month average and reports common cause variation.

- **Measure 33. Number of patients waiting more than 104 weeks for referral to treatment**
- Swansea Bay UHB are the only compliant health board in July reporting no pathways over 104 weeks. It should be noted however that all providers continue to show statistical improvement with the exception of Cardiff & Vale UHB.
- Betsi Cadwaladr UHB and Cardiff & Vale UHB continue the trend of long wait challenges with the highest proportion of total pathways waiting reported over 104 weeks for Powys responsible patients.

	Jul-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	62.7%	710		372		8		2692	134	
Betsi Cadwaladr University Local Health Board	45.8%	316		181		29		756	98	
Cardiff & Vale University Health Board	50.1%	158		111		11		387	32	
Cwm Taf Morgannwg University Health Board	53.9%	322		198		1		908	100	
Hywel Dda University Health Board	57.5%	448		245		2		1480	1	
Swansea Bay University Health Board	59.4%	570		288		0		1979	0	
Total	57.8%	**2524**		**1395**		**51**		**8202**	**365**	

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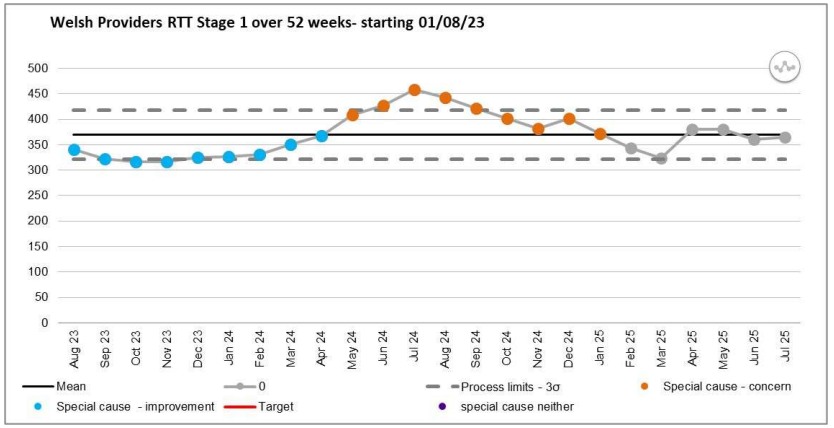

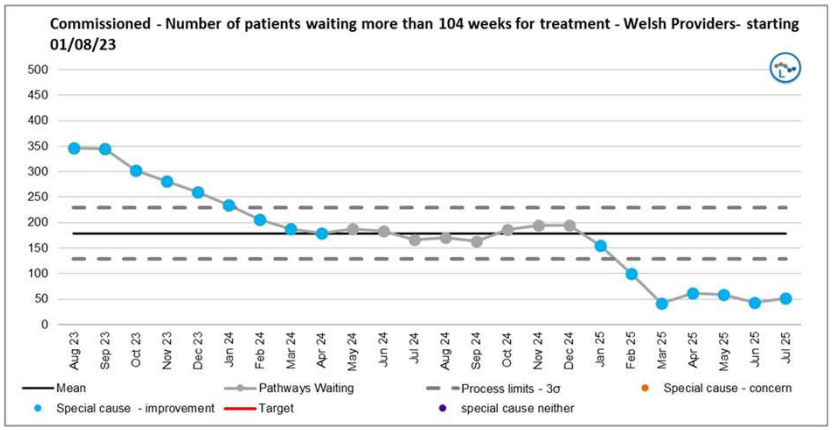

Challenges and actions narrative link (slide 48)

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

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

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

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

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

Challenges and actions narrative link (slide 48)

What the data tells us

- Powys residents in England have consistently waited less time for treatment with the exception of Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH).
- **Wye Valley NHS Trust (WVT)** reports for June the best performance of all Powys commissioned providers with 70.4% of pathways waiting under 26 weeks for treatment, 117 wait over 52 weeks. WVT is the only English provider to consistently report special cause improvement for all key wait bands. The longest wait in June is 74 weeks for Orthopaedics.
- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** reports a more challenged position with an increase in those pathways over 36 weeks (reporting special cause concern) however all other bands report common cause variation. No patient waits over 104 weeks.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits showing a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in June breaches over 104 weeks increased further again to 56 pathways, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care.

English Providers	Jun-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	65.4%	59		13		0		289
The Robert Jones and Agnes Hunt Orthopaedic Hospital	52.6%	1411	H	824	H	56	H	4000
The Shrewsbury and Telford Hospital NHS Trust	63.7%	1054	H	331		0		4571
Wye Valley NHS Trust	70.4%	609	L	117	L	0	L	3610
Total	62.1%	**3133**	H	**1285**	H	**56**	H	**12470**

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

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

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

Commissioned RTT for Welsh providers challenges and actions

Challenges

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

Actions & Mitigations

- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Long waiters are discussed in CQPRM with all Welsh and where applicable English providers to understand the delays and when they are booked/expected to be treated.
- Welsh Government confirmed national programme to reduce overall size of waiting lists in Wales by targeting a reduction of 200,000 first outpatient appointments. This has involved national procurement of 164,000 first outpatient appointments.
- Health Boards will also deliver up to 50,000 first outpatient appointments via local plans with all Health Boards having submitted costed plans indicating specialty and volume per specialty.

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Commissioned RTT for English providers challenges and actions

Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge).
- Wye Valley NHS Trust continues to provide excellent access as reported in April driving down waiting times. The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
  - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
  - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment .
  - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
  - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift.
- Patients in June have already reported to PTHB concerns on the impact for their pathways for procedures initially planned from Q2 2024/25 in Wye Valley NHS Trust and RJAH.

Actions and Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times. Work on-going to roll out to Mid Powys.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- SATH data system challenges – commenced conversations to continue 24/25 block arrangements into Q1 25/26
- Discussions continued with SATH, WVT, RJAH around working to WG performance framework targets.
- CSU undertaken work to assess impact of increase in NHSE tariffs, WG notified of increase in costs for PTHB.
- Communications around deferral of waiting times in WVT/RJAH shared with providers, stock response in place for initial response, individual responses provided where appropriate/required.

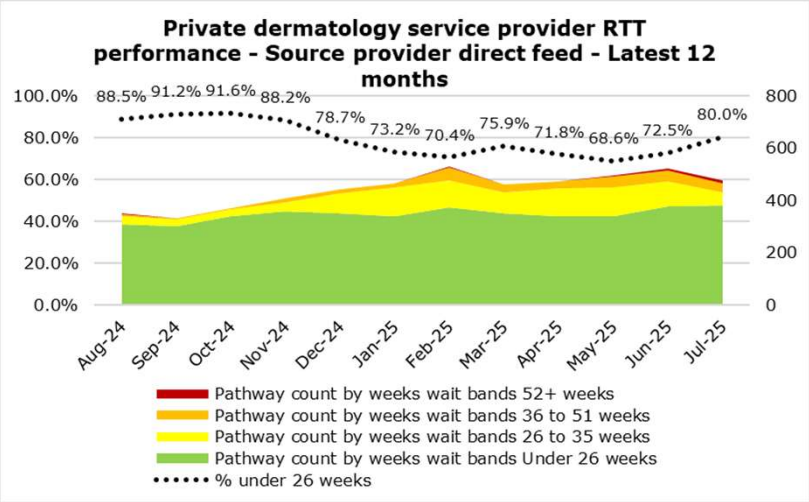
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Referral to Treatment - Private dermatology service provider

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

Latest available	Jul-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Aug-24	88.5%	309	30	7	3	349
Sep-24	91.2%	301	26	2	1	330
Oct-24	91.6%	339	25	6	0	370
Nov-24	88.2%	359	33	15	0	407
Dec-24	78.7%	348	76	18	0	442
Jan-25	73.2%	338	109	15	0	462
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475

What the data tells us

- Under 26-week performance has improved significantly to 80% reported in July 2025. Patients waiting over 36 weeks has reduced to 44 in July from 49 in June, but over 52 week waits increases to 10 in July from 5 in June.

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Challenges

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

Actions & Mitigations

- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

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

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

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

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

Part 2 - 2021-15 Strategy

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:

PTHB Board	**24 September 2025**
Subject:	**Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 1 period, April to June 2025**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee - 20 August 2025 Finance and Performance Committee - 02 September 2025 who supported the paper to the Board.

PURPOSE:

This report provides the Board with an update of the progress made against the Annual Plan for the Quarter 1 period (April to June 2025).

Following consideration at this meeting, it will be submitted to Welsh Government, as a formal report of Progress against the Plan for Quarter 1.

RECOMMENDATION(S):

The Board are asked to:

- **CONSIDER** the report ahead of submission to Welsh Government,
- Take **ASSURANCE** that there is a process in place for monitoring progress against plan.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

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EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made in Quarter 1 (April to June 2025) against the 2025-26 Annual Plan.

Once considered and approved by the Board this will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 1 period.

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

BACKGROUND

This report provides the Board with an update of the progress made in Quarter 1 (April to June 2025) against the 2025-26 Annual Plan.

As this is the first report of the current Annual Plan, there are items that were identified as part of the plan development and prioritisation process, that are a progression of items from the previous plan. Notably i) items that are annual cycles of delivery and therefore repeated in each annual plan ii) items that cross over multiple years of delivery as they are medium / longer terms programmes of work iii) items that adapt / refine or build on actions that were not completed at year end 2024/25 but were prioritised and agreed by the Board for 2025/26.

The Committee and Board had requested that these items are tracked. As these are multiple and vary in nature as noted above, they are not specifically highlighted, but rather form an integral part of the Progress against Plan report.

The change control process will be applied in the same way as previous years, to ensure the integrity of tracking across all areas of the plan.

1) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 1.

An additional explanation including mitigating action is also included where any items are **BRAGG** rated as Red. Executive Leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan.

As discussed with the Board in the updates on the Annual Plan during Q1, Executive Leads were asked to review the deliverables and milestones in the Plan in the light of the additional savings requirements, acceleration of Better Together and any additional actions required as a result. It is noted that there are very few change

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requests as a result of these requirements or changes to the Delivery Confidence Assessments.

The Delivery Plan has also been mapped to the Ministerial Advisory Group requirements as discussed below. At present, no changes to the timeline of actions are included and Executive Leads were asked to review the timelines for delivery of these actions to assess deliverability in the context of the MAG report (see below).

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

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

2)Progress Summary at Q1

The report shows the progress made with delivery of the actions and priorities in the Plan as reported for Q1.

Of the 348 key deliverables identified for completion in 2025/26, 21 have been completed (Blue), 125 are on track (Green), 38 are at risk (Amber) and 5 are behind schedule (Red), with 160 not due yet (Grey).

Ministerial Advisory Group Recommendations

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

Further detailed tracking in line with the recently released WG 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) will be incorporated into the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report) pending the national work on the development of metrics.

Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings; and new bi-monthly meetings in relation to MAG.

This also responds to discussion held at PTHB Board in July relating to ensuring a line of sight on the MAG areas of focus.

Key Areas of Delivery MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:**	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**Not due yet**	Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	

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- All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.3)** Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**Not due yet**	delay in the national directive on theatre system requirements.
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**At risk**	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**Not due yet**	
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	**On track**	Further Faster discussions in progress with each in reach consultant to discuss opportunities for Outpatient efficiencies, developing Standard Operating Procedures for Outpatient procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of Follow Ups with additional validation and Attend Anywhere Workshops to be held with inreach consultants to increase digital offer. Review of room booking systems undertaken, awaiting Digital Lead to support development of business case for investment which will need to be resource neutral.
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**On track**	
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	Delivery against the plan is ongoing with annual review due in Q4. PTHB Performance and Commissioning continue to monitor pathway performance and raise areas for improvement with Commissioned Service Providers via regular CQPRM meetings. Collaboration with National Strategic Clinical Network for Cancer and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times. The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment to the Communication and Engagement role, the team will be up to full complement in Q2.
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**On track**	Reduced number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking. 6% reduction in Total Delays (number of service users experiencing PoCDs) from Q1 2024/25
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**On track**	

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Cross reference to MAG Report 2025 recommendations: - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input Also note ambulance handovers included (see MAG for detail)	**10.2.3)** Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**At risk**	Revised Pathway of Care Delays codes in use since April 2025. Daily 'huddle' to review patients with the longest length of stay to maintain focus on discharge plans and continue to reduce average lengths of stay Discharge Liaison Team of 5 officers active across 8/9 Community Hospital Wards have contributed to reducing average length of stay on wards down from 63.24 in April 2024 to 43.92 in April 2025. Reduced number of super-stranded patients through escalation and tracking Q1-Q4: Ongoing risks to the capacity of social care teams - January Social Worker allocation average was 39 days, June Social Worker allocation average reduced to 21 days.
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**On track**	
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Behind Schedule**	Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued to contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Not due yet**	
	10.5.3) Scope and assess means to address identified barriers Q3	**Not due yet**	
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	A place-based pilot in Knighton, delivered in collaboration with Powys County Council, has continued throughout the quarter, with early findings indicating a positive impact. In addition, Trusted Assessment principles have been embedded within CHC assessment processes, contributing to a reduction in assessment delays.
	10.6.2) Review outcomes of the pilot Q2	**On track**	
	10.6.3) Scoping of next steps Q3	**On track**	
	10.6.4) Implementation of Trusted Assessment Q4	**On track**	
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	**12.1.1)** Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**On track**	

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Progress of Critical Actions:

Additionally in this year's Plan, due to the board's escalation status, a set of 'critical actions' has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them. Of the 48 critical actions identified in the Plan:

- 26 are "not due yet"
- 2 are "complete" relating to the GP Out of Hours Shropdoc contract and defining of the scope and priorities of the Flow Hub (as part of the Sustainability model)
- 12 are "on track" for delivery
- 8 are reported as "at risk" relating to strategic assessment of community MDTS, commissioning Swansea Bay UHB to deliver Out of Hours service in Ystradgynlais, developing a new commissioning model, delivering improvements in the Diabetes pathway and identifying opportunities in the Mental Health Transformation Programme

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

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided (items "at risk")
Focus on Wellbeing	3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	**On track**
Early Help and Support	**4.1) Enhanced Community Care Model** Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams **CRITICAL ACTION**	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	**On track**
		4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	**At risk** Capacity issues taking this forward alongside the accelerated community model work
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	**On track**
		4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	**On track**
	4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	**Complete**
		4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	**At risk** 2025/26 SLA is unsigned with outstanding areas to be resolved at Executive level meeting. Service delivery continues with no impact on patients.
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital **CRITICAL ACTION** Q1-Q3	**On track**

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	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	**At risk**
Tackling the Big Four	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) **CRITICAL ACTION**	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	**At risk** Progress in Q1 has been limited due to competing priorities
		7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	**At risk** Service mapping for Diabetes care pathways began in Q1 and is continuing into Q2.
		7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	**At risk** Initial scoping of the potential to deliver elements of the hybrid closed loop pathway closer to home has begun and will be continued through Q2.
	8.1) Mental Health Transformation Programme **CRITICAL ACTION**	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	**At risk** There are capacity issues taking this forward alongside the accelerated community model work.
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	**On track**
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	**On track**
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	**On track**
Joined Up Care	9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	**On track**
	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	**Complete**
	11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	**At risk** Off track due to competing priorities within team particularly around NHS England Commissioning. Likely to be concluded in Q2.
Workforce Futures	12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale)	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**On track**

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	also note recommendation for HEIW in relation to Leadership programmes		
Digital First	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level **CRITICAL ACTION**	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	**On track**
	16.7) DSF Strategic Theme - Infrastructure and Security **CRITICAL ACTION** Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	**On track**

Achievements to date

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

Focus on Wellbeing:

- Additional 2 Early Years settings achieved the Gold Standard Healthy Snack Award, over 250 premises signed up to be Breastfeeding Welcome.
- 5.59% of smokers treated by smoking cessation service in previous 12 months, exceeding national 5% target.
- 2 Making Every Contact Count training sessions held with 31 participants targeting midwives, primary care and Powys Association of Voluntary Organisations colleagues.
- Covid-19 spring vaccination uptake is 55.69% (over 12,970 doses administered) and 650 care home residents (77.65%) vaccinated (data as of 30th June 2025).
- 89.6% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) January-March 2025. For population herd immunity, a further 14 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.
- Agreed structure for Childrens Continuing Care.

Early Help and Support:

- Blueteq Dermatology forms in use with St Michael's Clinic, Rheumatology and PTHB Weight Management planned for Q2.
- New Medicines Safety Officer appointed with additional team resource to promote learning and share best practice. Datix use promoted with all providers.

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- Good improvements made in 4C antimicrobial prescribing especially co-amoxiclav in Primary Care.
- Gabapentin use is on a downward trajectory, well below national average.
- 1744 community pharmacy clinical consultations in April (>1500 for first time) with the majority of activity in North Powys.
- Successful PHW assurance visits to PTHB Cervical Screening & Bowel Screening with multidisciplinary team, regional working and quality improvement commended by PHW.
- MSK clinical and administrative team recruited and in post. Speciality lead consultant orthopaedics appointed start date September 2025.
- Ophthalmology GIRFT recommendations successfully progressed istents for glaucoma pathways and PTHB nurse led laser service with equipment purchased by charitable funds.
- Maximising of scarce in reach consultant capacity DNA rates – less than 3% waiting well calls to patients to support attendance.

- Continuing Healthcare:
- Robust weekly Panel processes are in place to ensure that the NHS Framework for CHC is complied with consistently and new governance for financial sign off at the highest level is in place from April 1st 2025.
- Arrangements with partner agencies to ensure effective operation of the framework are developing.
- Implementation of recommended improvements from last year's audit is in progress. A further audit will commence in Quarter 2.
- Benchmarking work with Hywel Dda University Health Board is ongoing.
- Work has commenced on improving digital performance and management information. Procurement around a National Digital system has commenced and is being led by NHS Wales Performance and Improvement.
- Rolling programmes of joint training to maintain and increase good practice and the meeting of quality standards around CHC is in place.

<u>Workforce Futures:</u>

- Evaluation report approved by Workforce Futures Programme Board May 2025. A blended whole school, and immersive approach enabled the scheme to increase engagement in the last academic year to over 5,750 (3,800 in 23/24) learners between October 2024 and April 2025. Snapshot key findings for the whole school approach: 56% were likely to be interested in going into a career in health and social care, this is more than double from last year showing a year-on-year increase in interest in the health and social care sector.
- The Clinical Leadership Immersive Programme (CLIP) in PTHB is seen by HEIW as best practice.
- Rollout of video interpretation has increased overall usage, meaning patients are now receiving interpretation who would not have done in the past. This has been achieved whilst simultaneously reducing costs.

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<u>Digital First:</u>

- Increased Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations.
- Financial performance for Q1 has been robust, with revenue growth exceeding projections. Cost management initiatives have also contributed to improved profitability. Despite this, there is a risk of market fluctuations and economic uncertainties that could impact financial stability and growth in the upcoming quarters.
- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on enhanced service offerings and support. Continue to prioritize customer experience and committed to maintaining high standards. However, there is a risk of not being able to sustain the high levels of customer satisfaction if facing any service disruptions or failing to meet evolving customer expectations.

Innovative Environments:

- The Capital Programme for 2025/26 will be the busiest in terms of project numbers with 61 already scheduled.
- Electric Vehicle charge point capability has now been rolled out to four of the main hospital sites and solar PV has been introduced to three main hospital sites along with Spa Road, Llandrindod Wells.
- Environmental Health Officer inspections of the catering facilities have achieved Food Hygiene Ratings of 5 across the estate.

Transforming in Partnership:

- A Partnership Development Framework has been developed and agreed, and implementation is underway.
- Board approval of revised Terms of Reference and Annual Work Programmes for all Committees in May 2025.
- Identification and Board approval of x12 Strategic Risks, currently under detailed development for reporting to the Board in July 2025.
- Production of the Annual Governance Statement and co-ordination of the Annual Report 2024-25.
- Completion of the Board and Committee Annual Effectiveness Review for 2024-25, and production of subsequent continuous improvement action plans for implementation in 2025-26.
- NHS Wales Information Governance Toolkit 2024-25 and out-turn report completed with 2025/26 Improvement plan developed.
- Continued collaboration at national level to review and align core Information Governance documentation and templates.
- Finalisation and deployment of activity tracker within the Information Governance Team which supports completion of the outstanding Internal Audit Recommendation.

Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 1.

Agenda Item 4.4 - 22/09/2025 15:35:14

Strategic Priority	Key Areas of Delivery	Key Deliverables	Reason for delay/action for recovery	Delivery Confidence Assessment at Q1
SP 7	Respiratory	7.3.2) Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions Q1-Q4	Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPDHub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.	Low
SP 10	Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued to contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. As a result, this action has been marked as red. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.	Medium
SP 11	Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q1	Timescale has been updated to align with 5.1, target of Q4.1	Medium
SP 16	DSF Strategic Theme - Leadership, Partnership and Alliances System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4	Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.	Medium
SP 21	Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2	The finalisation of the Information Governance and Records Management Strategy, originally scheduled for completion in Q1, has experienced a slight delay due to demands on resources on several national programmes of work. However, work is progressing well, and the strategy is now on track for completion and submission for approval during Q2–Q3.	Medium

3) Next Steps

This report provides the Board with an update of the progress made in Quarter 1 (April-June 2025) against the 2025-26 Annual Plan.

Following consideration and approval at this meeting, this report will then be submitted Welsh Government as a formal report of Progress against the Quarter 1 of the 2025-26 Annual Plan in line with national reporting requirements.

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NEXT STEPS:
Following consideration at this Board meeting, this report will be provided to Welsh Government as a formal report of Progress against Plan for Quarter 1 in line with national reporting requirements**.**

IMPACT ASSESSMENT
Not required

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Integrated Plan Progress Report

Quarter 1 2025-26

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

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

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Plan on a page 2025 > 2026

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

Logic Map

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

Key Drivers

(aligned with escalation status and de-escalation criteria)

RISK
Addressing performance/ quality/delivery/ corporate risk

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

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

CRITICAL ACTIONS in the Delivery Plan 2025 - 26

Wellbeing Objectives

A whole system approach to wellbeing & prevention

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

CRITICAL ACTION:
- Neurodevelopment Services for Children & Young People

A responsive community based model of care

4. Enhanced Primary & Community Care

CRITICAL ACTION:
- Community Model

CRITICAL ACTION:
- GP Out of Hours

5. Planned Care and Diagnostics

CRITICAL ACTIONS:
- Performance & Delivery
- Referral Optimisation

6. Complex and Continuing Healthcare

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

Effective care across the Big Four

7. Major Conditions

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

8. Mental Health

CRITICAL ACTION:
- Transformation Programme

Sustainable and resilient health care

9. Community Hospital Model and Rural Regional Centre

CRITICAL ACTION:
- Optimising inpatient pathways and bed use

10. Improve System Resilience

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

11. Commissioning for Value

CRITICAL ACTION:
- Strategic and Tactical Commissioning Framework

Strategic Priorities

Enablers

WORKFORCE FUTURES

CRITICAL ACTION:
- Workforce Transformation

DIGITAL FIRST

CRITICAL ACTIONS:
- Cybersecurity
- WCCIS Replacement

INNOVATIVE ENVIRONMENTS

TRANSFORMING IN PARTNERSHIP

CRITICAL ACTION:
- RPB Prioritisation for greatest system impact

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

Gwella Gyda'n Gilydd ✓ Better Together

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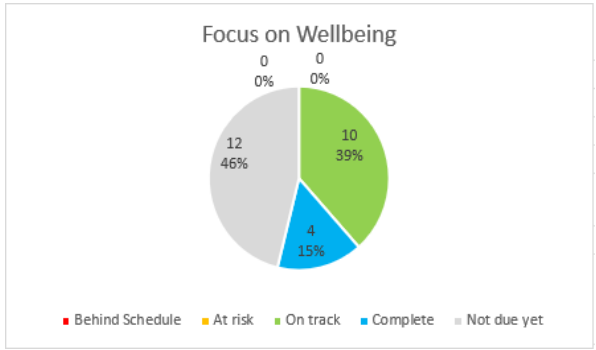
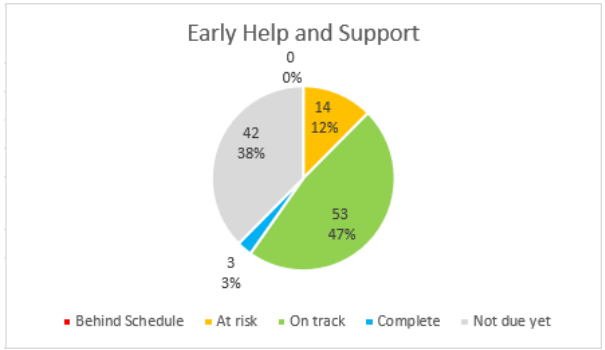
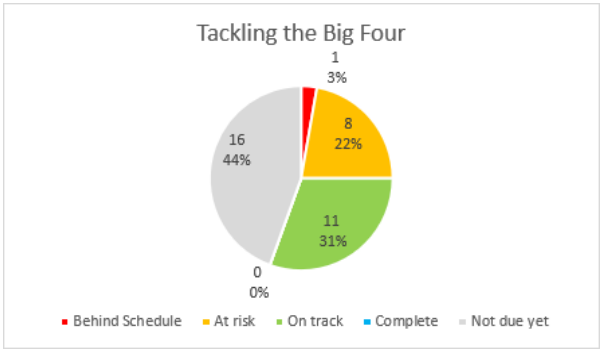
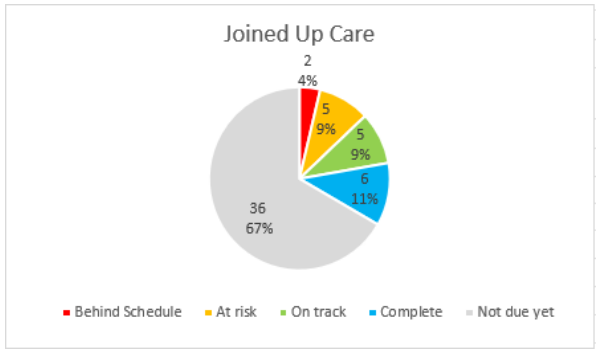
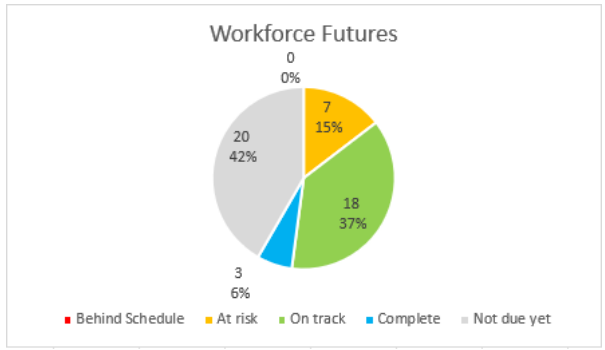
SUMMARY OVERVIEW

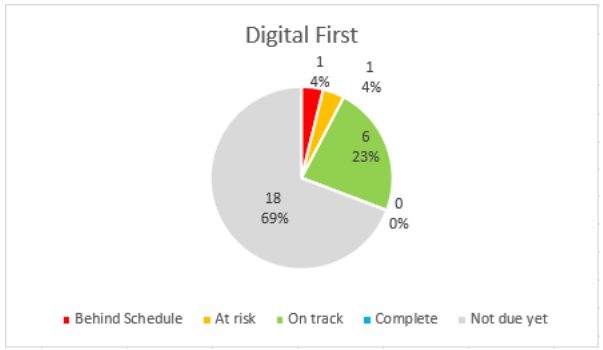


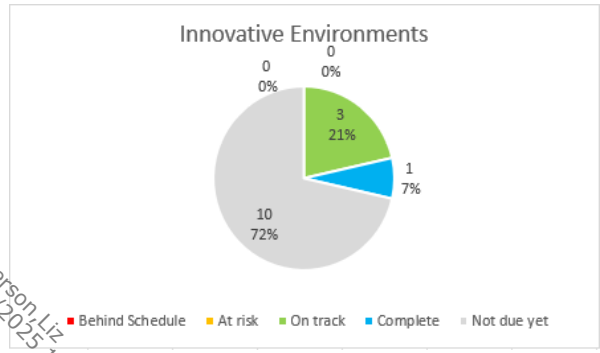


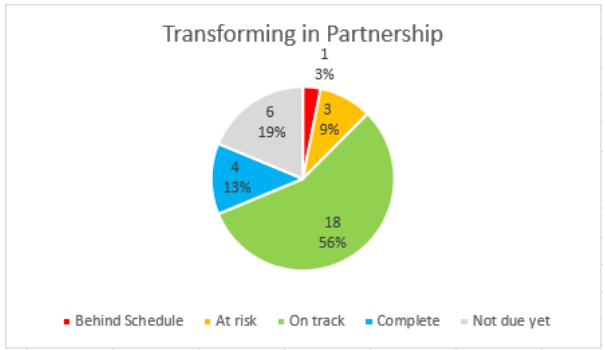


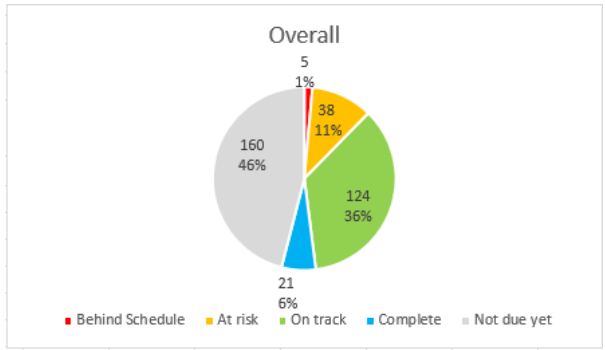












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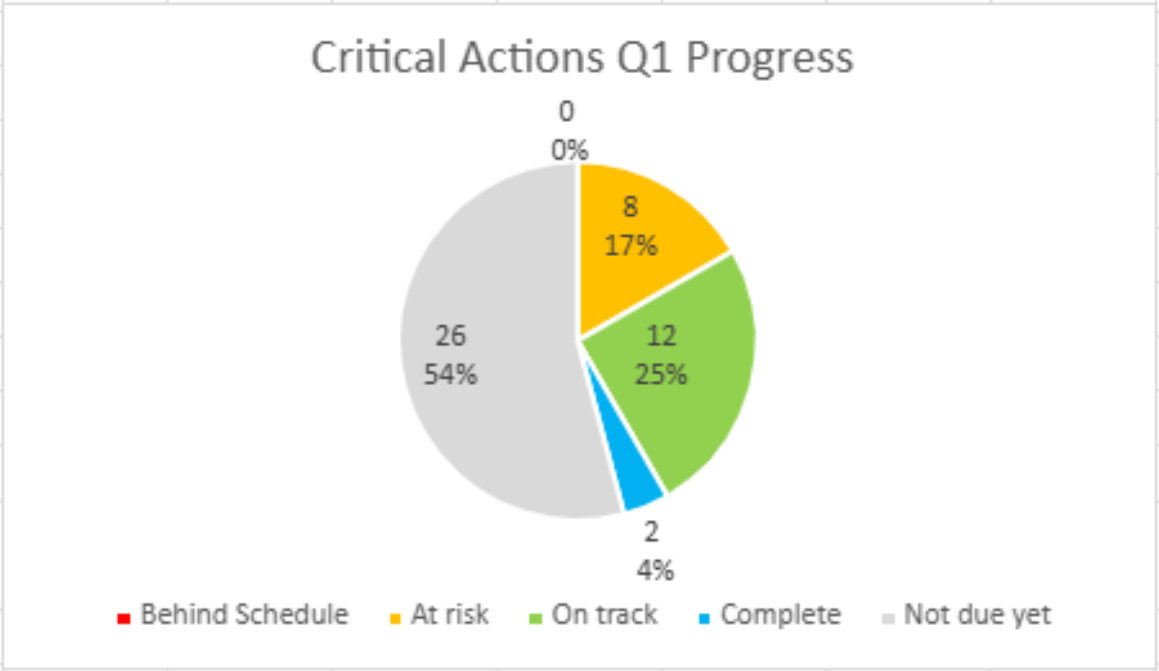
Critical Actions



Of the 48 critical actions in the Delivery Plan:

- 26 are “not due yet”
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Response to Ministerial Advisory Group recommendations Q1

Key areas of delivery: Ministerial Advisory Group recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity i.e. cases per session (see MAG for specifics) (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	**5.6.1)** Development of theatre dashboard in line with national programme Q3	**Not due yet**	Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	**Not due yet**	
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	**Not due yet**	
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	**At risk**	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	**Not due yet**	
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways	**5.7.1)** Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	**On track**	Further Faster discussions in progress with each in reach consultant to discuss opportunities for Outpatient efficiencies, developing Standard Operating Procedures for Outpatient procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of Follow Ups with additional validation and Attend Anywhere Workshops to be held with inreach consultants to increase digital offer. Review of room booking systems undertaken, awaiting Digital Lead to support development of business case for investment which will need to be resource neutral.
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	**On track**	

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7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	**7.2.1)** Delivery against Cancer Improvement plan Q1-Q4	**On track**	Delivery against the plan is ongoing with annual review due in Q4. PTHB Performance and Commissioning continue to monitor pathway performance and raise areas for improvement with Commissioned Service Providers via regular CQPRM meetings. Collaboration with National Strategic Clinical Network for Cancer and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times. The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment to the Communication and Engagement role, the team will be up to full complement in Q2.
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	**On track**	
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	**On track**	
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	**On track**	
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	**On track**	
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input	**10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	**On track**	Reduced number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking. 6% reduction in Total Delays (number of service users experiencing PoCDs) from Q1 2024/25 Revised Pathway of Care Delays codes in use since April 2025. Daily 'huddle' to review patients with the longest length of stay to maintain focus on discharge plans and continue to reduce average lengths of stay Discharge Liaison Team of 5 officers active across 8/9 Community Hospital Wards have contributed to reducing average length of stay on wards down from 63.24 in April 2024 to 43.92 in April 2025. Reduced number of super-stranded patients through escalation and tracking Q1-Q4: Ongoing risks to the capacity of social care teams - January Social Worker allocation average was 39 days, June Social Worker allocation average reduced to 21 days.
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4	**On track**	
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4	**At risk**	
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4	**On track**	

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Also note ambulance handovers included (see MAG for detail)			
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** Hospitals must ensure all admitted patients are placed on D2RA pathways	**10.5.1)** Develop R2G and D2RA Information and Performance dashboards Q1	**Behind Schedule**	Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued to contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.
	10.5.2) Monitor and review data outputs and identify barriers Q2	**Not due yet**	
	10.5.3) Scope and assess means to address identified barriers Q3	**Not due yet**	
	10.5.4) Develop targeted action plan to address identified barriers Q4	**Not due yet**	
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	**10.6.1)** Pilot of Trusted Assessment approach Q1	**Complete**	A place-based pilot in Knighton, delivered in collaboration with Powys County Council, has continued throughout the quarter, with early findings indicating a positive impact. In addition, Trusted Assessment principles have been embedded within CHC assessment processes, contributing to a reduction in assessment delays.
	10.6.2) Review outcomes of the pilot Q2	**On track**	
	10.6.3) Scoping of next steps Q3	**On track**	
	10.6.4) Implementation of Trusted Assessment Q4	**On track**	
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working **CRITICAL ACTION**	**12.1.1)** Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	**On track**	

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Cross reference to MAG Report 2025 recommendations: • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes			

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **1.2.1)** Whole Systems Approach to a Healthy Weight action plan being implemented, including roll out of Breastfeeding Welcome Scheme in Powys and Gold Standard Healthy Snack Award in early years settings.
- **1.2.1)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained.
- **1.2.5)** Making Every Contact Count (MECC) training sessions held to improve knowledge and staff practice in raising behaviour change.

Commentary on red rated actions: N/A

Achievements:

- Additional 2 Early Years settings achieved the Gold Standard Healthy Snack Award, over 250 premises signed up to be Breastfeeding Welcome.
- 5.59% of smokers treated by smoking cessation service in previous 12 months, exceeding national 5% target.
- 2 MECC training sessions held with 31 participants targeting midwives, primary care and Powys Association of Voluntary Organisations colleagues.

Progress against key actions and milestones

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

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

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

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

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **2.1.1)** In compliance with PTHB statutory obligations, plans have been reviewed and updated in preparation for submission to Board in Q2 (PTHB Major Incident & Emergency Response Plan; Emergency Planning Resilience and Response Annual Report; Corporate Business Continuity Plan and NHS Wales Emergency Planning Self-Assessment Annual Report). Regular internal and external communications tests have taken place, at local and regional levels. The Heath Board continues to be engaged in national emergency planning, resilience and response preparedness activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level, includes engagement in a range of planning, training and exercising activities.
- **2.2.1)** Work has been undertaken with residential and nursing homes in Powys to develop a Health Protection Champions programme. This will strengthen the partnership, communication and training in order to protect vulnerable elderly residents in Powys.
- **2.2.1)** Health protection responses have been made to respond to acute incidents:
    - Work is underway, in partnership, for Powys to become a FastTrack area to contribute to ending HIV in Wales.
    - Progress is being made against the Hepatitis Elimination Programme, delivering Dried Blood Spot Tests, and improving surveillance data. Covid-19 Spring Vaccination campaign delivered through a blended delivery model between 1st April 2025 and 30th June 2025. Outreach clinics held across county in 8 locations to increase accessibility, along with housebound patients by District Nurses and inpatients by ward staff.
- **2.3.1)** RSV routine vaccination programme started 1st September 2024. 7 GP practices offering older adult routine programme to their patients; patients from other 9 practices being offered the vaccine by Immunisation Service. Midwifery teams vaccinate pregnant women.
- **2.3.1)** RSV catchup campaign running January to August 2025 or until resident reaches 80th birthday.

Commentary on red rated actions: N/A

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Achievements:

- Covid-19 spring vaccination uptake is 55.69% (over 12,970 doses administered) and 650 care home residents (77.65%) vaccinated (data as of 30th June 2025).
- 89.6% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) January-March 2025. For population herd immunity, a further 14 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises Q1-Q4	ED PH	Green				H	High
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green				M	High
2.3) Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	2.3.1) Plan and deliver annual respiratory vaccination programmes Q1, Q3, Q4		Green				H	High
	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3							High
2.4) Implement immunisation schedule in line with National	2.4.1) Plan and deliver vaccination programmes Q1-Q4		Green				H	High

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Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4							Medium
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening) Q1 (recorded in 1.2.5)		Blue				H	High
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales Q1-Q4		Green					Medium
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4							High

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

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes:

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

Commentary on Progress in this Quarter:

- **3.1.1)** The Neurodevelopment Business case is to be considered by Investment Benefits Group in July, this will further support robust delivery model aligned to demand and capacity analysis (recognising interim funding from NDIP and RIF)
- **3.2)** Women's Health Steering Group established and recruitment to Clinical Lead underway.
- **3.3.3)** Job Descriptions for Continuing health care structure awaiting Job Evaluation process.
- **3.4)** Commitment of intent submitted - awaiting response from UNICEF Baby Friendly Initiative.

Commentary on red rated actions: N/A

Achievements:

- Agreed structure for Childrens Continuing Care.

Progress against key actions and milestones

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

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3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards **CRITICAL ACTION**	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	ED NQW&FH	Green				H	High
	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2							High
	3.1.3) Ensure a robust workforce model is in place Q2							High
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) Develop, design and commence implementation of the Powys Women's Health Plan, including scoping the Women's Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women's Health Q1-Q4		Green				H	High
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan Q1-Q3		Green				H	High
3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK Q1		Blue				H	High
	3.4.2) Completion of Stage 1 Accreditation Q3							High

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

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Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

Significant progress being made to develop the community model through the Better Together transformation programme. Realistic delivery of operational change unlikely until design phase completed and options development complete towards end of year, as likely to require shift of resources.

- **4.1.1):** The Community Resource Team (CRT) Supplementary Service review had originally commenced through an existing fortnightly Supplementary Service Review Group in Q4 2024/25, however a dedicated CRT Supplementary Service Review Task & Finish Group met on 1st May 2025 and 4th June 2025 including members of the Local Medical Committee and PTHB departments. A reflective audit questionnaire has been circulated to GPs to provide feedback on the existing arrangements. The Primary Care Dept is finalising the updated supplementary service ready to seek approval from the

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Executive Lead. The revised service specification will provide additional data and outcomes to better reflect the impact of Community Resource Teams for patients and also enable additional reporting to Welsh Government.

- **4.1.2):** Capacity issues taking this forward alongside the accelerated community model work. The proposed structure for the Strategic Assessment has been agreed, quantitative data provided by enabling services and analysis underway. From a qualitative perspective, a questionnaire has been sent to all Service Leads across community physical and mental health Heads of Service/Service Leads. The questionnaire will gather robust data/intelligence on the services to address the needs of 4.1.1. Completed questionnaires are due back 30th June 2025, with data analysis to follow in July 2025.
- **4.1.3):** A series of workshops were delivered in May 2025 to enable clinical and operational staff across PTHB, social care and the third sector in Powys to develop ideas for a new community model for adults physical and mental health. Workshop output reports have been drafted and agreed through programme board. The Options Development Group (Community Model) was created and has met weekly since 10th April 2025 to coordinate the accelerated work across physical and mental health. Further work is underway to develop the long list of options from the ideas generated through the workshops.
- **4.1.4)**: Discussions have taken place with Adult Social Care and PAVO around locality / neighbourhood models. This included a workshop session on 18th June 2025 with key individuals from PTHB to share points around developing shared definitions and agreement on the scope of integrated teams, including workforce and geographical structure.
- **4.2.1):** Shropdoc contract issued by Direct Award Option 2 from 1st April 2025 has been extended from 1st July 2025 to 31st March 2026. Performance has remained consistent. Financial viability reviewed and assurance given.
- **4.2.3):** 2025/26 SLA is unsigned with outstanding areas to be resolved at Executive level meeting. Service delivery continues with no impact on patients.
- **4.3.1):** Draft workplan and structure to finalise the model approved by Programme Board on 19th June 2025. Task & Finish Groups being established to finalise the model during Q2, noting interdependencies with national work around hospice commissioning and the consultation around the National Service Specification for Palliative and End-of-Life Care.
- **4.4.1):** Capacity issues taking this forward alongside the accelerated community model work. Following the request to review access to Fracture Liaison Services (FLS) for Powys patients, development of the FLS business case commenced towards the end of 2024/25 through the FLS Task & Finish Group. A preferred model has been proposed, and the relevant costings have been made. The acceleration of the community model work has meant that the finalising the business case has had to be paused - national colleagues have been informed of this - and it is intended that the business case will be finalised in July. The business case identifies potential improved outcomes and experience for patients through the new FLS approach, as well as potential cost savings.
- **4.5.1)**: An outline model for a Level 2 community-based falls response offer has been developed, with consideration to delivery within the Powys context. A multi-agency workshop held in April confirmed broad support for piloting delivery through existing community teams, with follow-up sessions in June focused on aligning the pilot with the planned development of a Single Point of Access for Urgent and Emergency Care within PTHB [10.1]. This alignment will enable a more streamlined, scalable model from the outset and support consistent access for service users. Further work is planned in Q2

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to refine the pilot offer ahead of the proposed September launch. The development of this offer directly supports key ministerial priorities for 2025/26 (Urgent and Emergency Care 1) and is expected to reduce unnecessary ambulance conveyances and pressure on neighbouring Emergency Departments.

- **4.11)** Medicines team actively engaging with GP practices on all medicine's priorities. Dashboard developed to monitor progress monthly. Two representatives on the national Value & Sustainability Group to help steer future priorities and keep ahead of the national directives.
- **4.12)** New Medicines Safety Officer appointed with additional team resource to promote learning and share best practice. Datix use promoted with all providers.
- **4.12.3)** Moderate reduction in opioid burden, Powys under national average.
- **4.12.5)** Business case under development for specialist mental health pharmacy roles.
- **4.13.2)** Inpatient Electronic Prescribing and Medicines Administration implementation on track to complete Q3 & Q4
- **4.13.3)** Electronic Prescribing System roll out progressing – Dyfi Valley went live in June. Additional software requirements for dispensing practices may slow progress with this group later in the year.
- **4.14.3)** Support scheme in development to backfill community pharmacy independent prescribers to expand scope of clinical practice via additional training.
- **5.15.1)** Central procurement of flu vaccines may allow additional vaccinations by community pharmacy. New national smoking cessation service specification in development. Engaging closely with weight management team on the introduction of GLP1 prescribing.

Commentary on red rated actions: N/A

Achievements:

- Blueteq Dermatology forms in use with St Michael's Clinic, Rheumatology and PTHB Weight Management planned for Q2.
- New Medicines Safety Officer appointed with additional team resource to promote learning and share best practice. Datix use promoted with all providers.
- Good improvements made in 4C antimicrobial prescribing especially co-amoxiclav in primary care.
- Gabapentin use is on a downward trajectory, well below national average.
- 1744 community pharmacy clinical consultations in April (>1500 for first time) with the majority of activity in North Powys.

Progress against key actions and milestones

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

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

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4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2		Amber				H	Medium
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4							Medium
4.5) Falls Response Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2		Green				M	Medium
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4							Medium
4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4		Green				H	High
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4		Green				H	High
	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4						L	Low
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4						M	Medium
	4.6.5) Develop the Optometry Collaborative Q1-Q4		Green				H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4		Green				H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1		Green				H	High
4.7) General Medical Services (GMS)	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q2						H	High

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Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4		Green				H	High
	4.7.3) Access Standards analysis, review and action planning Q1		Green				H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4						H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2		Green				H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3						H	High
4.8) Optometry Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision Q2						H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green				H	High
	4.8.3) Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3						M	Medium
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber				M	High
	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 Q1-Q4		Green				H	High
4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity Q1		Green				M	Medium
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4		Green				H	High

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dentistry services across Powys	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform Q1		Blue				H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4		Green				M	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4						H	High
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4						H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4						M	Medium
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4						M	Medium
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4		Green				H	High
4.10) Primary & Community Care Academy Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4		Green				H	High
	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills Q1 & Q4		Green				H	High
	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4						H	High
	4.10.4) Develop cluster & collaborate lead workshops Q2						H	High
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity Q1-Q4		Green				H	High

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	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4		Green				H	High
4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board Q1-Q4	EMD	Green				H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4		Green				M	Medium
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4		Amber				M	Medium
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm Q1-Q4		Green				M	High
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4		Green					High
	4.12.3) Deliver improvement in opiate prescribing Q1-Q4		Green					High
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4		Green					High
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4							Low
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations Q1-Q4		Green				H	High
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4							High
	4.13.3) Implement Electronic Prescribing System Q1-Q4		Amber					Medium
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW Q2						M	Medium
	4.14.2) Support for development of portfolio roles Q1-Q4		Green				H	High

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	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4		Green				H	High
4.15) Public Health & Preventative Medicine	4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management Q1-Q4		Green				M	Medium
	4.15.2) Support for roll out of self-administration of medicines Q1-Q4		Green				H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

Q1 Additional Deliverable to be added

4.7) New additional request: Review and analysis of patient experience accessing general medical services Q4

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

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Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **5.1.1)** Clinically led optimisation is on track for orthopaedics /ophthalmology at operational level, DHCW systems work for MSK is being finalised through testing due to complete end August. Ophthalmology IG processes are being finalised and recruitment to optometry post in Aug 25 to support triaging. PTHB Transformation & Value Programme leading on spread scale modelling with systems review undertaken. Forward plan under development with respiratory highlighted as potential next specialty for development.

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- **5.1.5)** Clinical Governance Quality and Safety Framework continues to develop in Planned Care. Positive Public Health Wales Quality Assurance visits to PTHB Planned Care in Q1 for Bowel Screening and Cervical Screening with quality improvements, multi-disciplinary team and regional working recognised.
- **5.1.7)** PTHB priority specialities agreed with Welsh Government are orthopaedics and ophthalmology - attendance at these Clinical Implementation Networks continues to be prioritised. Fully engaged in National Planned Care Programme with successful bids to WG to for management of diagnostic and Outpatient backlog including insourcing/outsourcing solutions to commence from Quarter 2. There continues to be a large volumes of National Planned Care data, submissions, presentations requested nationally across specialities with a small PTHB Planned Care Team fielding this.
- **5.2.1)** Clinically lead optimisation is on track for orthopaedics operationally with recruitment completed, however there are digital challenges flagged on risk register (national DHCW delay to end August 2025). Operational teams are looking to use paper based alternative in the interim. Appointment made to orthopaedics speciality lead post and uppers consultant sessions - awaiting outcome of further Robert Jones and Agnes Hunt financial job planning discussions. Orthopaedics optimisation maturity matrix assessment submitted to WG in Q1 awaiting feedback.
- **5.3.1) & 5.3.2)** Eyecare transformation progressing well in line with GIRFT recommendations. New service developments for glaucoma/cataract pathways to “go live” from Q2. Ophthalmology optimisation framework maturity assessment submitted to ophthalmology Clinical Implementation Network in Q1 awaiting further National Planned Care feedback. Developing business case for North Powys Wet AMD nurse led service with Hywel Dda University Health Board as part of mid Wales Collaborative regional approach for submission to Planned Care Board August 2025.
- **5.4.2)** Locum Speciality Lead Consultant appointed in June 2025 to support JAG requirements, however JAG will require substantive appointment prior to Assurance visit in November 2025. This will require case for investment - funding stream is unclear due to financial challenges in commissioning. Business case to be provided to Planned Care Board August 2025 following internal Executive review. North Powys HDUHB/PTHB Colorectal Outpatient pilot outcome evaluation to be presented to Commissioning Collaborative July 2025 with request to continue business as usual and progress scoping of service expansion to repatriate patients from BCUHB/SaTH.
- **5.6.4)** Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.
- **5.7.1)** Further Faster discussions in progress with each in reach consultant to discuss opportunities for Outpatient efficiencies, developing Standard Operating Procedures for Outpatient procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of Follow Ups with additional validation and Attend Anywhere Workshops to be held with inreach consultants to increase digital offer.
- **5.7.2)** Review of room booking systems undertaken, awaiting Digital Lead to support development of business case for investment which will need to be resource neutral.
- **5.9.2)** Point of Care Testing included in MIU Task & Finish group and the Diagnostics section of Better Together.
- **5.9.3)** On track but risk of delay due to capacity within POCT. Internal Quality Control data can be easily downloaded for all hospital-based locations from the middleware (NovaNet) for Glucose testing, analysed and report produced but minimal capacity to do this at present.
- **5.9.4)** Plan developed to get PTHB POCT Policy adopted within Primary Care.
- **5.9.5)** On track and working with ABUHB on customising this for PTHB.

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- **5.9.6)** Clinical Education Team will be trained by all suppliers as 'Trainers'. All course materials will be prepared and ready to share for delivering the training on all POCT devices by the end of the year. The first device will be the Nova Glucose/Ketone Meter followed by Coagucheck INR.
- **5.9.7)** Service workshop completed to explore further POCT opportunities within PTHB. Options were reviewed and refined with the Medical Director and are now integrated into diagnostic deliverables under the Planned Care and Diagnostics workstream and aligned with accelerated Better Together Transformation priorities—specifically the Community Model and Mental Health, including ward-based care.
- **5.9.8)** Service workshop completed with opportunities for additional primary care POCT identified. Options were reviewed and refined with the Medical Director and a further meeting held with Head of Primary Care Development. Potential options are now integrated into diagnostic deliverables under the Planned Care and Diagnostics workstream and align with Primary Care thematic chapter.

Commentary on red actions: N/A

Achievements:

- Successful PHW assurance visits to PTHB Cervical Screening & Bowel Screening with MDT, regional working and quality improvement commended by PHW.
- MSK clinical and administrative team recruited and in post. Speciality lead consultant orthopaedics appointed start date September 2025.
- Ophthalmology GIRFT recommendations successfully progressed istents for glaucoma pathways and PTHB nurse led laser service with equipment purchased by charitable fund “Jack and Iris Lloyd Fund “.
- Maximising scarce in reach consultant capacity DNA rates – less than 3% waiting well calls to patients to support attendance.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) –		Green				H	Medium

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5.1) Delivery of prioritised strategic planned care improvements	joint work across Transformation, Operational teams, Commissioning and Digital **CRITICAL ACTION** Q1-Q3	ED PCC&MH/ ED PP&C							
	5.1.2) Strategic assessment of provided and commissioned planned care Q4								Medium
	5.1.3) Development and delivery of consolidated priority speciality delivery plan Q2-Q4								Medium
	5.1.4) Review and implementation of plan for in-reach provision Q3								Medium
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green						High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4								Medium
	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green						High
5.2) Pathway Development Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4		Green					H	Medium
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4		Green					H	Medium
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4		Green						Medium
	5.3.3) Scope opportunity for eyecare surgical hub in Powys Q1-Q4		Green						Medium
5.4) Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys Q2							L	Low
	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards Q1-Q4		Amber						Low
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3							H	High

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	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2							High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4							Medium
5.6) Theatres: Development of key day case pathways **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) - (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	5.6.1) Development of theatre dashboard in line with national programme Q3					H		High
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4							Medium
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2							Medium
	5.6.4) Digitalisation – costed proposal for theatre management system Q1		Amber					Medium
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2							Medium
5.7) Outpatients: Develop a single management system and oversight **Cross reference to MAG Report 2025 recommendations:** - All Health Boards should within three months develop a plan to reduce	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4		Green			H		Medium
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4		Green					Medium

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

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Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	✓	**Change in Timescale**	N/A	
Q1 change in scope • **5.1.3) / 5.1.4)** could be removed as is duplicate/contained within 5.1.2. • **5.6.4)** Health Boards were anticipating one theatre system for Wales but this has not happened so PTHB will develop WPAS in interim • **5.1.1)** Optimisation digital delays I have moved to medium also protracted discussions with RJAH re consultant posts now finance queries				
Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning)			

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Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **6.6.4)** Earlier this year, the NHS Wales Joint Commissioning Committee (NWJCC) agreed in principle to lead on a CHC national programme if funding was made available. The funding was not made available so the NWJCC will not be able to support this proposed work. Welsh Government Value and Sustainability Board requested the NHS focused on just two areas of the seven recommendations: the deployment of a CHC digital national system, and the training of CHC assessors. The National Director of Digital, Data, and Technology at the NHS Wales Performance and Improvement will lead on the deployment of the digital CHC system. The procurement of the digital system will be supported by the IT procurement teams from the NHS Wales Shared Services Partnership. The National Director for Complex Care will lead and liaise with Health Boards on the Training of CHC assessors and this work is ongoing.

Over the quarter there has been some small achievements in that work has started around a digital system, internally but capacity is limited.

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- **6.2.1)** Executive Committee paper submitted incorporating a comprehensive review of private provider with a focus on adult mental health needs, identifying systemic and financial drivers, and proposing governance, operational, and strategic reforms to reduce reliance on external placements through sustainable, locally commissioned alternatives.

Commentary on red rated actions: N/A

Achievements:

- Robust weekly Panel processes are in place to ensure that the NHS Framework for CHC is complied with consistently and new governance for financial sign off at the highest level is in place from April 1st 2025.
- Arrangements with partner agencies to ensure effective operation of the framework are developing.
- Implementation of recommended improvements from last year's audit is in progress. A further audit will commence in Quarter 2.
- Work with NHS Executive (now NHS Wales Performance and Improvement) has not commenced, but bench marking work with Hywel Dda University Health Board is ongoing.
- Work has commenced on improving digital performance and management information. Procurement around a National Digital system has commenced and is being led by NHS Wales Performance and Improvement.
- Rolling programmes of joint training to maintain and increase good practice and the meeting of quality standards around CHC is in place.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	Q2	Q3	Q4	Initial	Current
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model **CRITICAL ACTION**	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	ED PCC&MH	Amber				M	Medium
	6.1.2) Outputs of appraisal used to inform further improvement plan Q2							Medium
6.2) Systematic review of high growth commissioned activity –	6.2.1) Review of private providers, specifically for adult mental health needs Q1		Green				M	Medium

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cost and volume, to determine further improvement activity	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2			Green				Medium
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4							High
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4			Green			H	High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4			Green				High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4			Green				High
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community Q1-Q4			Green				High
6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time Q1-Q4			Green			H	High
	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4							High
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments Q1-Q4			Amber			H	High
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB Q1			Green			H	High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1			Blue				High
	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q1-Q2			Green				High

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	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4		Amber					High
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope	N/A	**Change in Timescale**	N/A						
Executive Director Sign Off	Elaine Lorton (Executive Director Primary Care, Community & Mental Health)								

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Tackling The Big Four

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **7.1.1)** Progress in Q1 has been limited due to competing priorities; initial scoping of the Diabetes High Value High Impact pathway has begun, with further work planned for Q2.

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- **7.1.2)** Service mapping for Diabetes care pathways began in Q1 and is continuing into Q2, with early insights being gathered to inform a more detailed review of outcomes and will be provided back to Diabetes and Integrated Plan 2025-26 programme.
- **7.1.3)** Initial scoping of the potential to deliver elements of the hybrid closed loop pathway closer to home has begun via the Diabetes and Integrated Plan 2025-26 programme with early engagement and mapping underway to assess feasibility and will be continued through Q2.
- **7.2.1)** Delivery against the plan is ongoing with annual review due in Q4.
- **7.2.2)** PTHB Performance and Commissioning continue to monitor pathway performance and raise areas for improvement with Commissioned Service Providers via regular CQPRM meetings.
- **7.2.3)** Collaboration with National Strategic Clinical Network for Cancer and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times.
- **7.2.4)** The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment to the Communication and Engagement role, the team will be up to full complement in Q2.
- **7.2.5)** The Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.
- **7.5.2**) Action beyond Health Board control, reliant on national arrangements, awaiting further updates once the national Fragile Services report is approved.

Commentary on red rated actions:

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

Achievements:

Progress against key actions and milestones

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

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		Lead Executive	Q1	Q2	Q3	Q4	Assessment Initial	Assessment Current
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL **ACTION**	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber					High
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber				M	Medium
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber				H	Medium
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2						H	High
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3						M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4						H	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						M	Medium
7.2) Cancer **Cross reference to MAG Report 2025 recommendations:** No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green				H	High
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green					High
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green					High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green					High

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types and incentives; and associated data development (see MAG for detail)	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green					High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D					H	High
	7.3.2) Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions Q1-Q4		Red					Low
	7.3.3) Evaluate the impact of the remote monitoring of Powys patients with respiratory conditions and confirm the next steps Q4							Low
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH					M	Medium
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3							Medium
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4							Medium
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) Q1-Q4	ED PP&C	Green				M	High
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary changes in place at Cwm Taf Morgannwg University Health Board) Q1-Q4		Amber					Low

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	✓	**Change in Timescale**	N/A	
Q1 change in scope				

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This request is to remove the following Key Deliverables from the Integrated Plan: • **7.3.2)** and **7.3.3)** Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.	
Executive Director Sign Off	Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) Kate Wright (Executive Medical Director)

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Tackling The Big Four

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Service and Pathway improvements:

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

Commentary on Progress in this Quarter:

- **8.1.1)** There are capacity issues taking this forward alongside the accelerated community model work. The proposed structure for the Strategic Assessment has been agreed, quantitative data provided by enabling services and analysis underway. From a qualitative perspective, a questionnaire has been sent to all Service Leads across community physical and mental health Heads of Service/Service Leads. The questionnaire will gather robust data/intelligence on the services with completed questionnaires due 30th June 2025, with data analysis to follow in July 2025.
- **8.1.2)** The Triage service and 111 press 2 service, forming the 'front door' single point of access, (SPOA), for Mental Health have managed staffing issues, including a change of agency and training of new staff, whilst further recruitment is underway. Output from phase 2 workshop will inform analysis for phase 2, which is now in scope of the accelerated Community Model work and planning is aligned with 'long list' options for public engagement.
- **8.1.4)** Prolonged negotiation regarding handover of previous modelling work completed by external party to PTHB internal enabling services. This handover is required for progression of ongoing demand & capacity modelling work which will underpin design of the Better Together accelerated scope of work for the Community Model Re-design and Inpatient model. Service area workshops, across physical and mental health, are being planned to determine modelling assumptions required for planned demand & capacity work.

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- **8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4**
- **8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4**
- **8.1.8) Rescope Sanctuary model in above context, in North Powys Q2-Q3**
- **8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3**
- **8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4**
- **8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4**

- The above deliverables, 8.1.5 – 8.1.10 & 8.1.13, whilst due for delivery during Q2-Q4, have been included within the scope of Better Together accelerated work for Community Model Re-design and Inpatient Model. The scope of Better Together accelerated work was agreed by Executive Committee on 9th April 2025, post agreement of the Integrated Plan timescales. Consequently, work relating to accelerated deliverables has been taking place, at pace, within Q1, which has adversely impacted staff capacity available for planned Q1 deliverables.
- A series of 6 workshops and a Deliberative Event have been delivered, facilitating clinical and operational staff across PTHB, social care, WG and the third sector in Powys to develop ideas for a new community model for adults physical and mental health. Workshop output reports have been drafted and agreed through programme board. An Options Development Group (Community Model), working group has been created and has met weekly since 10th April 2025, coordinating the accelerated work across physical and mental health. Further work is underway to develop the 'long list of options' from the ideas generated through the workshops.
- A tactical Organisational Development group has been set up for managing internal staff engagement and communications, project managed by the Transformation team. A series of Better Together Case for Change documents have been created by operational and corporate teams, with a summary document released to the public on 28th April 2025. Further documents relating to service areas are due for release.
- Discussions have taken place with Adult Social Care and PAVO around locality / neighbourhood community models. This included a workshop session on 18th June 2025 with key individuals from PTHB, PCC and PAVO sharing points around developing shared definitions and agreement on the scope of integrated teams, including workforce and geographical structure.

- **8.1.11)** Work is underway with Digital team to define best use of current electronic systems for the proposed Dementia Home Treatment Team (DHTT) operational process, to support data collection and retrieval for reporting purposes, (pending introduction of future 'WCCIS replacement' system). Efficient data capture will facilitate the production of a Business Intelligence dashboard for DHTT measurable outcomes.

- **8.1.12)** High level feedback following the Supportive Assessment, (conducted March 2025) has been received from NHS Executive and incorporated into Better Together workshop ideas generation. The Supportive Assessment Report has not yet been received.

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- **8.1.14)** Original report for existing model can potentially provide a baseline for further demand & capacity modelling during Q2. This report requires clinical staff capacity for rectification prior to sharing.

- **8.1.15)** SBAR detailing proposed new staff structure, working pattern and operational process is awaiting additional data and analysis, before submission to Transformation Programme Board for approval. If approved, a staff Organisational Change Process (OCP) may be required, with guidance from People & Culture team. Revised Job descriptions are prepared and ready to be submitted for evaluation. If an OCP is required then Q2 timeline for implementation may be unachievable.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
8.1) Mental Health Transformation Programme **CRITICAL ACTION**	**Community Model Re-Design for Mental Health Services**	ED PCC&MH					**H**	High
	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1		Amber					
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green				**H**	High
	8.1.3) Implement electronic GP referral to SPOA Q2						**M**	Medium
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green				**L**	Medium
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4						**M**	Medium

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	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4						M	Medium
	8.1.7) Develop phased implementation plan Q4						M	Medium
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q2-Q3						L	Medium
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3						L	Low
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4						L	Low
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green				M	Medium
	Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1		Amber				H	High
	8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4		Green				H	High
	Older Adult Mental Health Services 8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1		Amber				L	Medium
	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2		Amber				H	High
8.2) Suicide and Self Harm Prevention & Postvention	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: ○ Developing the pathways for people who self-harm ○ Further aligning crisis support with the Single Point of Access		Green				H	High

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	○ Promoting the provision of specialist postvention support ○ Ongoing suicide surveillance and rapid response to suspected suicides Work with partners to implement strategy, building resilience of communities and responding to learning Q1-Q4										
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	**Change in Timescale**	✓								
8.1.3) Implement electronic GP referral to SPOA Q2: Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4. Whilst a large scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity.											
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)										

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Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **9.1.1)** Workshop session held 12th June 2025 to present qualitative and quantitative data from the Monitoring & Evaluation Group for discussion with key stakeholders. Paper being prepared for Executive Committee ahead of PTHB Board decision in July.

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- **9.2.1)** Following Stage 1 engagement with over 300 PTHB staff in February and March, public engagement took place from 28th April 2025 to 25th May 2025 on the updated Case for Change document. Stage 2 public engagement has commenced, as planned.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	Q2	Q3	Q4	Initial	Current
9.1) Optimising inpatient care and bed utilisation **CRITICAL ACTION**	**Colocation by clinical need** 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	ED PCC&MH	Green				H	High
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4							High
9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme Q1		Green				H	High
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2							High
	9.2.3) Commence formal consultation on the options (if required) Q3							High

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	9.2.4) Confirm the new model Q4									High
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	N/A	**Change in Timescale**	N/A							
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)									

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Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) that relate to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. It is recommended in the MAG report that progress against the Six Goals programme should be reported publicly (which is discharged through existing PTHB Progress against Plan and Performance reporting, further development of metrics to be led nationally).

Commentary on Progress in this Quarter:

- **10.1.1)** The role and future priorities of the Integrated Flow Hub have been defined through a dedicated Task and Finish Group established in Q1. The Integrated Flow Hub will serve as a core component in the development of a Single Point of Access (SPoA) for Urgent and Emergency Care in Powys. A baseline assessment against the National SPoA Framework, published in June, has been completed to inform local planning, with some risks emerging from the national specification which has limited alignment to a community provider model. The model is being developed in parallel with other key

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initiatives, including the Level 2 Falls Response offer [4.5], ensuring a streamlined and scalable approach. Key roles have been identified to support delivery, with further refinement of the offer planned in Q2 ahead of a proposed September launch. This work directly contributes to ministerial priorities for 2025/26 (UEC2) and is anticipated to reduce avoidable ambulance conveyance and demand on neighbouring emergency departments.

- **10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4:

	2024/25				**2025/26**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Total Delays	170	192	183	179	160			

  - 6% reduction in Total Delays (number of service users experiencing PoCDs) from Q1 2024/25
  - Revised Pathway of Care Delays codes in use since April 2025.
  - Daily 'huddle' to review patients with the longest length of stay to maintain focus on discharge plans and continue to reduce average lengths of stay
  - Discharge Liaison Team of 5 officers active across 8/9 Community Hospital Wards have contributed to reducing average length of stay on wards down from 63.24 in April 2024 to 43.92 in April 2025

- **10.2.2)** Reduce the number of super-stranded patients through escalation and tracking Q1-Q4:

  - 10% decrease from 2024/25 Q4 to 2025/26 Q1:

		2024/25			**2025/26**		
		Q4			**Q1**		
	Super-Stranded (100+ days Length of Stay)	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
		10	7	12	9	11	6

- **10.2.3)** Ongoing risks to the capacity of social care teams - January Social Worker allocation average was 39 days, June Social Worker allocation average reduced to 21 days.

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- **10.2.4)**

	2025/26			
	March *(baseline)*	**April**	**May**	**June**
Total Days Delayed	2265	2079	1704	2012

- **10.3.1)** The evaluation of the temporary service changes for Minor Injury Units has taken place. This report is to be received by Temporary Service Change Programme Board on 8th July 2025 and Executive Committee on 9th July prior to presentation to the PTHB Board on 30th July 2025.

- **10.6.1)** A place-based pilot in Knighton, delivered in collaboration with Powys County Council, has continued throughout the quarter, with early findings indicating a positive impact. In addition, Trusted Assessment principles have been embedded within CHC assessment processes, contributing to a reduction in assessment delays.

- **10.7.1)** The expansion of Powys DigiFLO to Mental Health wards has been scoped during Q1, with developments identified to support implementation and utilisation within Mental Health inpatient settings. Further work is required in Q2 to finalise planning, with rollout expected to begin throughout Q2 as scheduled. This expansion will enhance the monitoring of patient flow within Mental Health inpatients services and ensure readiness to engage with upcoming national developments, including the anticipated extension of D2RA allocation and monitoring into Mental Health in the coming months.

Commentary on red rated actions:

- **10.5.1)** Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued to contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	Q2	Q3	Q4	Initial	Current
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow **CRITICAL ACTION**	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue				H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2							Medium
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3							Medium
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4							Medium
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report. **Cross reference to MAG Report 2025 recommendations:** - Health Boards should make improvement in processes, partnerships and investment in specific community	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green				H	High
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green					High
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4		Amber					Medium
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4		Green					High

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pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input • Also note ambulance handovers included (see MAG for detail)								
10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1		Blue				H	High
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2							High
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2						H	High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3							High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3							High
	10.4.4) Advance pathway development - define vision for the future service Q4							High
10.5) Further develop PTHB's utilisation of the Optimal	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1		Red				H	Medium

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Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green **Cross reference to MAG Report 2025 recommendations:** - Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.2) Monitor and review data outputs and identify barriers Q2							Medium
	10.5.3) Scope and assess means to address identified barriers Q3							Medium
	10.5.4) Develop targeted action plan to address identified barriers Q4							Medium
10.6) Further strengthening the approach to Trusted Assessment **Cross reference to MAG Report 2025 recommendations:** • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	10.6.1) Pilot of Trusted Assessment approach Q1		Blue				L	High
	10.6.2) Review outcomes of the pilot Q2							High
	10.6.3) Scoping of next steps Q3							High
	10.6.4) Implementation of Trusted Assessment Q4							High
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1		Blue				H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2							High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3							High
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4							High
	10.7.5) Embed all DigiFLO processes into business as usual Q4							Medium
Formal change request (Please tick as applicable and provide explanation below)								

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Change in Scope	N/A	**Change in Timescale**	N/A
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)		

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Joined Up Care

Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning

Intended Outcome/ Impact

The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:

- Resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population.
- We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value.
- Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity.
- Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance.
- Robust service specifications underpinning contracted activity levels.
- Focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.
- A citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.
- Development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery.
- Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model.
- Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services.
- Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency
- Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

Commentary on Progress in this Quarter:

- **11.1.1)** Off track due to competing priorities within team particularly around NHS England Commissioning.
- **11.3.2) and 11.3.3)** Out of the Health Board's control being escalated through Joint National Commissioning Committee processes.

Commentary on red rated actions:

- **11.4)** Timescale has been updated to align with 5.1, target of Q4.1.

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Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
11.1) Commissioning development Framework **CRITICAL ACTION**	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	ED PP&C	Amber				H	Medium
11.2) Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership Q1		Amber				M	Low
	11.2.2) Review of population need, current and intended outcomes Q2							Medium
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q2							Medium
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q2							Medium
	11.2.5) Develop proposed service specifications Q2							Medium
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q3							Medium

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	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q3							Medium
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q3							Medium
	11.2.9) Develop pathway implementation plans Q4							Medium
	11.2.10) Develop performance monitoring and assurance framework Q4							Medium
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement Q1		Blue				L	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4		Amber					Low
	11.3.3) Develop implementation plan for identified options – Q1-Q4		Amber					Low
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q1		Red				M	Medium
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms Q1		Blue				H	High
11.6) Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	11.6.1) Establish review group, clinical and managerial leadership Q2						H	Medium
	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3							Medium
	11.6.3) Develop KPI's and agree new reporting metrics Q2							Medium
	11.6.4) Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and							Medium

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	other third sector services in support of future commissioning approach Q4									
	11.6.5) Review opportunities for reallocation of funding streams Q2-Q3									Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	✓	

Q1 change in timescale

11.2.1) Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework, agreed via the Better Together Portfolio Board to reprofile to Q4.
11.4) Timescale has been updated to align with 5.1, target of Q4.1.

Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

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Workforce Futures

Strategic Priority: Transformation and Sustainability Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Meeting Welsh Government 30% agency reduction spend target
- Zero agency spend on Agency Healthcare Support Worker, Admin & Clerical, and Estates & Ancillaries
- Reduction in Whole Time Equivalent vacancies
- Increase workforce pipeline routes
- Restorative supervision Trained clinical managers
- Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits
- Home grown capability in rural healthcare, with associated improvements in patient care and experience

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Workforce which are specific to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are further recommendations for Welsh Government and HEIW which may also require collective action / health board implementation at a later stage. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **12.2.1)** Between March and April 2025, PTHB were pleased to welcome six Registered Mental Health Nurses (RMNs) to Powys. All undertook their OSCE training programme within Swansea Bay University Health Board, successfully passed their exams, and are now awaiting confirmation of their Nursing and Midwifery Council PINs. Each nurse has transitioned to their allocated ward, with two placed at each of the following sites: Ystradgynlais, Bronllys, and Llandrindod Wells Hospitals. In June 2025, four Registered Adult Nurses arrived in Powys and have been allocated to Welshpool Hospital. They are currently completing their OSCE training programme, delivered by Powys Teaching Health Board (PTHB). Additionally, two medics are in the final stages of recruitment having recently completed all compliance checks. Once accommodation arrangements are confirmed, travel plans will be finalised, and PTHB look forward to welcoming them to Powys in the near future.
- **12.5.1)** As part of strengthened vacancy scrutiny measures (to support the Health Board's financial recovery and savings programme), an enhanced Executive Director approval process has been in place since January 2025. Under this process, weekly email notifications are sent to each relevant Executive Director, outlining any new roles added to Trac within their area of responsibility during the preceding week. These roles are subject to direct review and scrutiny. No further People and Culture actions are taken on Trac, and adverts are not progressed, until written confirmation is received

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from the respective Executive Director authorising the recruitment. This added layer of oversight ensures that all vacancies are aligned with service priorities, workforce planning, and the Health Board's commitment to delivering maximum value for money in its staffing decisions.

- **12.6.1)** The Resourcing Team and HR Business Partners, as part of their routine operations, hold regular meetings with service leads. At every opportunity, they actively encourage service leads and recruiting managers to advertise vacant posts that contribute to variable pay expenditure. This expenditure is consistently monitored, tracked, and shared with service leads to support workforce planning. While there has been a long-standing challenge in recruiting to hard-to-fill roles, some progress has been made - particularly through the international recruitment of medical staff, which has enabled the successful appointment to a number of these positions.
- **12.7.1)** PTHB are progressing into Phase 3 of the national Registered Nursing Associate (RNA) project, following full engagement as a Health Board throughout Phases 1 and 2. Currently awaiting the establishment of the Welsh Government Workforce Board, which will provide overarching governance for several national programmes, including the RNA initiative. The RNA role has been formally agreed in Wales; however, national work remains ongoing in key areas, including the development of policy, clarification of parameters of practice, and necessary legislative updates. At a local level, initial scoping work has been completed to assess the current Band 4 workforce - examining the number of existing roles, qualifications held, and levels of interest in progressing to the RNA role. During Phases 1 and 2, local engagement took place with stakeholders and are now moving to formalise a local working group to lead implementation in Phase 3. This group will be instrumental in driving forward local delivery of the RNA role, translating national strategy into practical, operational action. Importantly, the group will also provide a vital two-way communication channel - enabling PTHB to inform the Welsh Government Workforce Board of the support and infrastructure needed to ensure the Health Board is RNA-ready, while actively contributing to relevant national workstreams.
- **Band 2/3 Update:** The national job descriptions for band 2/3 health care support workers have now been agreed and shared with organisations for adoption. Locally, discussions are underway to develop local implementation plans for validation of health care support workers (band 2) in line with the national validation tool, it is anticipated that the validation exercise for band 2 HCSW will be completed by Q3. Implementation plans will then extend to band 3 roles to align staff to the nationally agreed job descriptions. The health board continues to be supportive of reaching a national position in relation to the backdating of pay arrangements which is still currently being negotiated.
- **12.8.1)** In line with the non-pay elements of the pay award, a range of national job descriptions will be developed for adoption by the organisation, whilst organisationally, there will be a focus initially on band 2/3 health care support workers. Further implementation plans for adoption of national job descriptions will be necessary as this work progresses nationally. To date, only health care support worker job descriptions have been released but it is anticipated that registered nurse job descriptions will be available in Q2.
- **12.9.2)** Recruitment for the September 2025 Aspiring Nurse Programme is well underway. Advertising began in May and generated a strong response, with over 150 applications received. Following a robust shortlisting process, 30 candidates were invited to attend an Assessment Centre in June, which formed a key part of the recruitment and selection process. The Assessment Centre included a range of assessment methods - including assessed group discussions, clinical activities and a formal interview—designed to rigorously evaluate candidates against the programme's requirements. PTHB are now in the final stages of decision-making and anticipate making offers to 15 candidates imminently.

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- **12.10.2)** Evaluation report approved by Workforce Futures Programme Board May 2025. A blended whole school, and immersive approach enabled the scheme to increase engagement in the last academic year to over 5,750 (3,800 in 23/24) learners between October 2024 and April 2025. Snapshot key findings for the whole school approach: 56% were likely to be interested in going into a career in health and social care, this is more than double from last year showing a year-on-year increase in interest in the health and social care sector.
- **12.11.1)** A cohort of 474 staff has been identified as Practice Assessors/Practice Supervisors. Of these 279 are up to date with the remaining 195 requiring updating. By the end of Q1, it is anticipated that 48 will be trained which is 23.7% of those requiring updates.
- **12.12.1)** The number of staff who have completed the training is low 4/80 - due to the training being delivered only in Cardiff and at the moment face to face is the only offer with 12 places available across all Health Boards every couple of months. With only 5% of identified staff having attended by end of Q1, it is possible that may not reach/ train all 80 staff during the year.

Commentary on red rated actions: N/A

Achievements:

- Evaluation report approved by Workforce Futures Programme Board May 2025. A blended whole school, and immersive approach enabled the scheme to increase engagement in the last academic year to over 5,750 (3,800 in 23/24) learners between October 2024 and April 2025. Snapshot Key findings for the whole school approach: 56% were likely to be interested in going into a career in health and social care, this is more than double from last year showing a year-on-year increase in interest in the health and social care sector.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	ED P&C	Green				**M**	High

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transformation and new ways of working **CRITICAL ACTION** **Cross reference to MAG Report 2025 recommendations:** • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) • also note recommendation for HEIW in relation to Leadership programmes								
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4		Green				M	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4						H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2						H	High
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2						M	High
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4		Green				H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4		Amber				H	Medium
12.7) Work with clinical and operational directorates, ensure staffing models are	12.7.1) Schedule of reviews operationalised Q1-Q4		Green				H	High

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reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role								
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4		Green				H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4						H	High
	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green					High
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4						M	High
	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue					High
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4		Green				H	High
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4		Amber				H	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

Strategic Priority: A Great Place to Work Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Turnover percentage in terms of retention
- A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
- Associated improvements in recruitment and retention and reductions in workplace absences
- Staff are able to raise concerns and speak up safely

Commentary on Progress in this Quarter:

- **13.2.1)** Due to availability, Q1 meeting of the SUS Steering Group had to be stood down. However, arrangements are in place to ensure future quarterly meetings proceed with the relevant staff and trade union colleagues. Issues raised through the Our Voice portal are actively monitored and tracked to ensure concerns are redirected and resolved appropriately.
- **13.3.1)** 5 SharePoint news items (weekly) across different areas, as well as physical posters and information communicated across all sites. All service areas and Executives have had detailed feedback and support sessions with their data. Each area encouraged to make own action plans/next steps.
- **13.5.1)** The programme continues to evaluate extremely well. Whilst courses have been scheduled each month uptake has been very low and June cohorts were cancelled due to low numbers. Whilst there is a recognition of service pressures and staff being released to attend, Executive Directors have been asked to reinforce the importance of staff being able to attend.
- **13.6.1)** The one-day pilot is ready to promote for Band 5s.
- **13.7.1)** Meetings have taken place during May and June with HEIW and an agreed action plan to deliver Clinical Leadership Immersive Programme (CLIP) for other Health Boards is in draft. HEIW keen to scale up PTHBs CLIP offer for all Health Boards as it dove tails with their 'advanced 'clinical leadership programmes. CLIP in PTHB is seen by HEIW as best practice.
- **13.8.1)** 12 participants have started this quarter and due to complete by end of Q2 - an additional 5 are finishing final modules from previous cohorts. Numbers are deemed low due to service pressures and the ability to be released. Delivery of courses will be reviewed and potentially moved to a quarterly delivery (as April and June courses were cancelled due to numbers).
- **13.9.1)** The first cohort will finish in June, with the evaluation process commencing thereafter. 16 started (8 mentors and 8 mentees) with 2 mentors recently leaving the organisation. One mentor has already commented on how the programme has been 'hugely beneficial to them'. The 2nd round will be promoted during July.

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Commentary on red rated actions: N/A

Achievements:

- Clinical Leadership Immersive Programme (CLIP) in PTHB is seen by HEIW as best practice.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	Q2	Q3	Q4	Initial	Current
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template Q2	ED P&C					H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3							High
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact Q1&Q4		Amber				H	High
	13.2.2) Evaluate Vivup SUS offer Q2							Medium
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - "you said we have/ did" model Q1-Q2		Green				H	High
13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return Q3						H	High
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes Q1-Q4		Amber				M	Medium
13.6) Develop a one-day CLIP for B5's	13.6.1) Pilot and then implement a 1 day CLIP programme Q1-Q4		Green				M	Medium

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13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green				M	Medium
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber				H	Medium
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2nd round Q1-Q2		Green				M	Medium
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4						M	Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

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Workforce Futures

Strategic Priority: Employee Health and Wellbeing Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

Commentary on Progress in this Quarter:

- **14.1.1)** During 2024/25 over 350 staff attended which represented 82% of staff on duty on the days the roadshow were on site. Planning has already commenced for 2025/26 staff roadshows with a wide range of services being able to support on the day.
- **14.1.2)** Vivup GP Online, EAP Provision, Menopause support have been promoted via SharePoint, as well as through the staff Facebook and posters for service areas. The Vivup EAP currently has 170 staff using the wellbeing 'your care 'App and 167 views were recorded on the EAP platform and 70 staff accessed user guides this quarter. Knowing that Stress and anxiety are high wellbeing factors, A Stress Awareness Month – Kindness Calendar was promoted along with other areas such as Silver Cloud Wales 111P2 and Mental Health Awareness Week.
- **14.1.3)** Pilot cohort delivered for *Exploring Caring* which was developed in partnership. The course included sessions on Psychological Safety & Compassionate Care; Wellbeing for Carers: What are my needs; Carers Coaching Skills; Compassionate Conversations.
- **14.2.1)** 2 courses, 12 participants (11 PTHB staff), have been run this quarter with a further 2 planned for delivery in June to take the total to 4, signups from 25 participants have been received with 17 of these PTHB staff. Due to the transformation work, it is anticipated that sessions may not be scheduled every month for Q2-4.
- **14.3.1)** A match and gap exercise has been completed with PTHB faring well with few gaps. Findings will feed into the development of the Wellbeing Action Plan.
- **14.3.2)** Action plan drafted, this then changed after results of Staff Survey 2024 came out. Action plan will also include measurable Key Performance Indicators.
- **14.4.1)** During a short period of intervention, the programme has shown notable decreases in distress, overwhelmingly positive qualitative feedback, and a clear alignment with staff needs related to burnout, trauma, menopause, neurodiversity, and workplace challenges. Main outcomes from the pilot were a safe, trusted space to speak openly, highly valued non-judgmental approach, an immediate sense of calm, clarity, and emotional regulation, appreciation for practical tools: breathing exercises, compassion circles, clarity through Acceptance Commitment Therapy (ACT) diffusion and values

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work, requests for continuity and more follow-ups. Evaluation presented at Board Development and currently work is underway on funding to expand the offer throughout the year.

- **14.5.1)** Case reviews are in place for any long-term sickness absence over 6 months to ensure regular dialogue on the management of absence in conjunction with the People and Culture Business Partner team. Targeted work with wards has also taken place particularly in areas to support management of absence which has included more regular discussions to support absence management with improvements seen in the 4 areas where this has taken place. However, management of frequent absence continues to be challenging.
- **14.6.1)** Absence management training continues to be delivered as part of the managers induction programme, and an ongoing offer of training is available on a departmental or service basis.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green				H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green				H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green				M	Medium

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14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4		Amber				M	Medium
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1		Blue				M	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green					High
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1		Blue				H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4						H	High
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4						H	High
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2		Green				H	High
	14.7.2) Award and implement EAP Q2-Q3							High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

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Workforce Futures

Strategic Priority: Equalities and Welsh Language Executive Lead – Executive Director of People and Culture

Intended Outcome/ Impact

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation

Commentary on Progress in this Quarter:

- **15.3.1)** The Sexual Safety in the Workplace policy is currently under development at a national level. The organisation remains supportive of adopting a national approach and continues to engage as appropriate in national discussions and developments. Locally, processes have been established in collaboration with the Safeguarding Team to support the management of any related issues. Publication of the local approach has taken place through Powys Announcements. Regular signposting to these processes will continue via roadshows, local drop-ins, and news announcements.
- **15.5.1)** A review of the organisation's gender awareness training and associated approach will be undertaken considering the recent Supreme Court ruling. The Health Board is currently awaiting national guidance from the Welsh Government to inform the development of its local approach.
- **15.4.1 & 15.4.2)** Work continues to progress in delivering the local Anti-Racism Action Plan. An in-depth analysis of recruitment and staff development has been completed and is being developed into a presentation for wider dissemination. While a number of activities within the plan remain on track, there have been delays in developing and delivering board-level training relating to equality, diversity, and inclusion (EDI). An initial approach to subject areas has been drafted, and Clinical Leadership Immersive Programme currently exploring a range of delivery methods. It is anticipated this will now be achieved in Q3/Q4 of this year.
- **15.6.1)** Guidance on reasonable adjustments, along with the "My Health Passport," has been published and promoted as part of the overall approach to managing attendance at work. This is now available to staff as a toolkit through the People and Culture pages.
- **15.8.2)** Performance has been maintained in the use of on-demand Interpretation since the rollout of on-demand Video interpretation in 2023-24. Interpretation was used on 1,258 separate occasions in 2024-25, 955 of these (78%) via on-demand Video or Telephone systems.

Year	Total Instances	On-demand
2024-25	1,258	955 (78%)

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2023-24	1,037	651 (63%)
2022-23	1,133	525 (46%)
2021-22	706	313 (44%

- On-demand interpretation offers a number of advantages over face-to-face interpretation as it can be used where the need for interpretation was not foreseen or where it was not possible to arrange a local interpreter due to availability. It also avoids costs and travel where the service user or interpreter fails to attend. These are particularly useful in a rural context like Powys where travel costs are high. 2022-23 saw an unusually high demand in interpretation likely due to the Russian invasion of Ukraine in February 2022. This demand has since substantially subsided, but removing instances of Russian and Ukrainian from the dataset gives the following trend:

Translation usage (excl. Russian & Ukrainian)

	Total Instances
2024-25	1,214
2023-24	967
2022-23	943
2021-22	705

- The most popular languages for interpretation in 2024-25 were Polish (32%), Dari (10%), Bulgarian (10%), Arabic (9%), Ukrainian (7%) Bengali (5%) and BSL (3%).

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Commentary on red rated actions: N/A

Achievements:

- Rollout of video interpretation has increased overall usage of interpretation, meaning patients are now receiving interpretation who would not have done in the past. This has been achieved whilst simultaneously reducing costs.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	Q2	Q3	Q4	Initial	Current
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C					H	High
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3						H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q1		Amber				H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green				H	High
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4							High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4						H	High

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15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4						H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4						H	High
15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings Q4						H	High
	15.8.2) Continued utilisation of online translation Q1-Q4		Green					High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)			

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Digital First

Strategic Priority: Leadership and Planning for Digital Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

Intended Outcome / Impact

- Staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.
- Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care.
- Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as the redesign the digital model of care.
- Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes
- Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and DHCW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.

Commentary on Progress in this Quarter:

Overall, the progress in Quarter 1 has been very encouraging and remain focused on objectives and are confident in the ability to deliver on commitments for the remainder of the year.

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- **16.1)** Board development session focussed on Cyber and Information Governance has been scheduled for Q3 (October) with a Digital Data Board Brief also scheduled for Q3 (November).

- **16.2)** Digital Clinical Leadership Boards have now commenced which will embed digital clinical accountability on the cost and use of systems and will see improved outcomes in standardising data collection, improved reporting, efficient correct and safe use of clinical systems. Increase Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations. This is the first of the Board meetings and Dashboards on print usage and cost for example are used in collaboration with services to highlight areas of focus.

- **16.3)** Current Planned Care pathways identified areas are Orthopaedics and Ophthalmology. A request submission has been provided to the DHCW National NHS Wales Programme Team for the NHS Wales App. The request sets out the intended outcomes, how this will improve current waiting times and the onboarding process. Further administrative workflows that are making progress, not to reduce wait times but to reduce inefficiency, are E-Consent and patient validation in commissioning. These two identified work flows will aim to reduce duplication and inefficiency, improve quality and safety. E-Consent is live, and within Commissioning the user Testing Phase is underway, awaiting the outcome report of findings. Digital Teams are actively engaged with the NHS Wales App working groups, to prioritise areas. An NHS Wales app brief has been provided to Board Members on the capability of NHS Wales app and the challenges realised currently. There is collaboration from Primary Care and the Public required to drive adoption and usage, and noting is one of four digital Ministerial Priorities.

- **16.5)** Fixed Term Trainers have been appointed as part of the Electronic Prescribing and Medicines Administration programme. This function is being developed at pace to support improvement and inclusivity for Digital Skills and Confidence and is being clinically led by the Chief Nurse Information Lead (CNIO). Clinical Safety Officer Training has been completed by a number of professional roles, increasing the skills within the organisation.

- **16.6)** Demand and Capacity is being reported well in IT Technical functions, still experiencing gaps in Project and Data functions as streamline access to services, there is a challenge with directing service areas to follow a standard process to access data, which is preventing a full transparent way to understand demand on the service. This is because of the current communication channels and heavy use of emails to individuals.

- **16.7)** Cybersecurity initiatives have been a top priority, with significant advancements in enhancing the security posture. This includes the implementation of advanced threat detection and response systems. However, there is a risk of emerging cyber threats that could compromise systems and data. There is continuous updating of security protocols and conducting regular assessments to mitigate these risks. With limited capacity, whilst technically robust, there is work to assure best practice through regular performance reporting and documentation requirements.

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- **16.8)** With AI technology in place, there is a dependency on identifying which areas to utilise the technology, the current clinical systems are a barrier in how it is possible to actively use AI in demand and capacity work. Two Planned Care areas have been identified to review the use of the NHS Wales app and how that might reduce waiting times, this is being reported through the Planned Care Admin Review and the Business Efficiencies work.

- **16.9)** The WCCIS Replacement case is progressing through internal PTHB Governance frameworks and actioned as instructed and directed by Welsh Government and Digital Health and Care Wales. However, there is a risk of additional financial pressure to PTHB, process, which could impact the overall estimated timescales of system procurement and supplier's costs. This is being closely monitored to ensure transparency at all levels. Electronic Prescribing Medicines Administration (EPMA) is progressing in line with the programme plan. Digital Maternity Case is now in project start up, with scheduled Clinical Data Standards and Technical Implementation activities and Programme Governance in place. Radiology Information System Programme (RISP) has been delayed due to User Acceptance Testing, however Soft Go Live has been achieved, and the programme is progressing.

Commentary on red rated actions:

- **16.4.2)** Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.

Achievements:

- Increased Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations.
- Financial performance for Q1 has been robust, with revenue growth exceeding projections. Cost management initiatives have also contributed to improved profitability. Despite this, there is a risk of market fluctuations and economic uncertainties that could impact financial stability and growth in the upcoming quarters.
- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on enhanced service offerings and support. Continue to prioritize customer experience and committed to maintaining high standards. However, there is a risk of not being able to sustain the high levels of customer satisfaction if facing any service disruptions or failing to meet evolving customer expectations.

Progress against key actions and milestones

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

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16.1) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	ED AHPHS&D	Green				M	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2							High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4							Medium
16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets Q1-Q4		Green				M	High
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4		Green					High
	16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste Q2							High
	16.2.4) Collect patient feedback on the access to digital tools and services Q3							High
	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4							High
16.3) DSF Strategic Theme - Citizen Centred Care and Support ○ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales	16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities Q2						M	High
	16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients Q3							High
	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and							High

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	documentation, reduce data collection and input duplication and support the design of new requirements Q4							
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4							High
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances ○ System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	16.4.1) Information Sharing agreements in place across providers and commissioners Q3						L	Medium
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4		Red					Medium
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances ○ Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively	16.5.1) To support all staff to adopt technology and use systems effectively create a business case to support Digital Skills and Confidence training which must include patient engagement, and supporting partners such as Workforce and Development, Health Education in Wales Q2						L	High
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4							High
16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness ○ Workforce Planning for Digital and Clinical Informatics services through a Demand and	16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality Q1-Q2		Amber				M	High

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Capacity exercise to support Digital Transformation across the organisation								
16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION ○ Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4		Green				M	High
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence ○ Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4		Green				M	High
16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement Q2						M	High
	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1		Green					High
	16.9.3) Radiology Information System Programme Upgrade Go Live Q4							High
	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3							High
	16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution Q3							High
	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review Q4							High

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- Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4									High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)			

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Innovative Environments

Strategic Priority: Strategic Capital Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) for Capital. However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Commentary on Progress in this Quarter:

- **17.3)** The overall Capital programme of activity is progressing as expected and is in the early stages of the annual cycle.
- **17.5.1)** The Llanfair Caereinion project is pending the outcome of discussions with NWSSP-Procurement.

Commentary on red rated actions: N/A

Achievements:

- The Capital Programme for 2025/26 will be the busiest in terms of project numbers with 61 already scheduled.

Progress against key actions and milestones

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Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) Q3	AD EF&SS					H	High
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3						H	High
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green				H	High
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4							High
17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q1		Blue				H	High
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4		Green				M	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

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Innovative Environments

Strategic Priority: Environmental Management and Decarbonisation Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- Electricity reduction across the programme
- Gas reduction across the programme
- ~~R~~evenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

Commentary on Progress in this Quarter:

- **18.2)** It is recognised that Welsh Government have commissioned Welsh Government Energy Service to review and reset the Decarbonisation Strategic Delivery Plan (DSDP) 'in year' and depending on the new criteria, this may result in a change in compliance status. The reason for the reset is that the original baseline calculations for the DSDP have been queried as reporting mechanisms have improved/matured significantly over recent years.

Commentary on red rated actions: N/A

Achievements:

- Electric Vehicle (EV) charge point capability has now been rolled out to four of the main hospital sites and solar PV has been introduced to three main hospital sites along with Spa Road, Llandrindod Wells.

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Progress against key actions and milestones									
Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q2	AD EF&SS					H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green				H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4						H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2						H	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)			

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Innovative Environments

Strategic Priority: Estates and Facilities Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

Commentary on Progress in this Quarter:

- **19.1.1)** Progress on the work to identify synergies and efficiencies between Facilities and Estates will be dependent on the successful appointment to the Head of Facilities role which is shortly being readvertised for the third occasion.

Commentary on red rated actions: N/A

Achievements:

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- Environmental Health Officer (EHO) inspections of the catering facilities have achieved Food Hygiene Ratings of 5 across the estate.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS					H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3						H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3							High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3						H	High

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

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

Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

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Transforming in Partnership

Strategic Priority: Partnership Development Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation, Executive Director of Public Health

Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1) & 20.1.2)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process, a multiagency Regional Partnership Board (RPB) Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve reprioritisation focused on the greatest system pressures (including the Ready To Go Home Units, which are subject to the PTHB Board decision in July 2025). The revised resource plan for 2025/26 was approved by the RPB on 10th June 2025.
- **20.2.1)** A Partnership Development Framework was developed and supported by the RPB Executive, the self-assessment tools include Welsh Governments tool for RPB Boards. Implementation through a series of self-assessments is underway. This will help to discharge self-assessment requirements under the Partnership Regulations.
- **20.3.1) & 20.3.2)** The RPB is implementing the findings of the EPA. A series of projects are being aligned to deliver the Social Model for Health and Wellbeing and there has been work to strengthen implementation, risk and exit plans. Further work will take place in the Autumn to develop recommendations for the resource plan for 2026/27 (with RIF ending March 2027).
- **20.6.2)** A prevention at scale proposal received by The Marches Forward Partnership was explored, but it was concluded it would not be possible to take it forward at this stage due to significant resource and governance dependencies.
- **20.8) Business Efficiencies programme:**
  - Wound Dressing Project (BE04): Product brochure draft has begun. Closure report draft has begun. Information for PTHB Intranet site drafted.
  - Knighton OPD (BE05): Closure report drafted for Programme Manager review ahead of Senior Responsible Officer sign-off.
  - Admin Review of Planned Care (BE06): Output report from workshop drafted and shared with Assistant Director and Chief Digital Officer. Referral forms pulled together from across services.
  - Referral Optimisation (BE08): Meetings have been held and linking together with work being undertaken in Diagnostics & Planned Care programme to ensure single workplan and reporting route.

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- Stock Optimisation (BE09): First site visit taken place at Llanidloes hospital. Meeting held with finance colleagues to discuss 2024-25 Oracle Purchase Orders and how to break down this information.
- Commissioning Team Business Efficiencies (BE10): Project scheduled to start in June following discussion between Digital and Commissioning.

Commentary on red rated actions: N/A

Achievements:

- A Partnership Development Framework has been developed and agreed, and implementation is underway.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Progress against key actions and milestones

Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report **CRITICAL ACTION**	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C					M	Medium
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2							Medium

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20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue				H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4							High
20.3) Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027) Q1		Blue				M	High
	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) Q4							Medium
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PH	Green				M	High
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4	ED PP&C	Green				H	High
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) Work with the health group to influence other Marches Forward Partnership programmes to implement a population health and preventative approach -including within external funding bids Q4						L	Low
	20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward Q1		Blue					High

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20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green				H	High
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme Q1-Q4	DSI&T	Green				M	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	✓	**Change in Timescale**	N/A	

Q1 change in scope

- **20.6.1)** A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action.

Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Improvement and Transformation)

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Transforming in Partnership

Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board's Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board's governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

Commentary on Progress in this Quarter:

- **21.1)** As part of the Board Assurance Framework and in support of the newly developed Strategic Risk Register, a Board Assurance Framework (BAF) Dashboard is under production. The reporting template has been developed, which will provide assurance that the actions deployed by the Board to

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manage/mitigate its key risks are adequate and effective and the assurance basis for the findings. The dashboard will also present an opportunity to consider further action where gaps or weaknesses are identified. This dashboard will therefore be a key reporting mechanism in terms of both the BAF and SRR. The draft BAF Dashboard template will be shared with the Audit, Risk and Assurance Committee on 8 July 2025 for review and feedback.

- **21.2)** Throughout Q1 there has been continued focus on the delivery of core Board and Committee Governance. Following a period of development and extensive consultation on 21st May 2025 the Board approved revised Committee Terms of Reference, Committee Annual Reports 2024-25 and the Annual Committee Work Programmes for 2025-26.
- **21.3)** The team has also facilitated 5 Board Development sessions and 2 Board Briefings since April 2025 (there is currently discussion in regard to potential reduction of the Board Development programme to help alleviate financial and systemic pressures).
- **21.4)** In March 2025 the Board approved a revised Risk Management Framework and significant work had been undertaken throughout Q1 to implement and integrate the updates. In May 2025 the Executive Committee and Board took the opportunity to undertake a fundamental review of its strategic risks and Risk Appetite Statement. 12 Strategic Risks were identified and approved by the Board in May 2025. Following approval of the risk descriptions further development of risk details such as scoring and controls has continued, with the fully developed Strategic Risk Register (SRR) due to be reported to the Board in July 2025. A revised Risk Appetite Statement has also been developed following engagement with the Audit, Risk and Assurance Committee and Finance and Performance Committee upon request of the Board in May 2025. It is however recognised that some elements of implementation such as the integration of the RM Datix system may need to be deferred/delayed due to governance and organisational capacity to support implementation.

From an Information Governance perspective, support to internal and national projects – Q1 has seen a higher than usual demand on resources within the Team to support national projects, where IG and Records Management expertise and guidance has been required to ensure alignment with national and local priorities and compliance.

- **21.8)** – Delivery of focussed training has continued across the organisation in response to specific incidents, Information Asset Register ownerships and accountability. Targeted exercises have been undertaken during Q1 to address non-compliance with mandatory Information Governance training, focusing on staff who were overdue. A paper on the Information Asset Register (part of 21.10) in June raising awareness and highlighting a compliance position on the number of assets logged was submitted to the Executive Committee. The paper has positively raised awareness across the organisation resulting in increase in the number of assets added with 7 training sessions delivered during Q1.

A significant proportion of non-compliance has been identified among bank and agency staff. Work is scheduled to commence in Q2–Q3 in collaboration with NWSSP and the People and Culture team to explore targeted approaches for this workforce group and to gain assurance of their understanding/training around Information Governance responsibilities. A training needs analysis was drafted during Q1 with the aim to explore opportunities for considerations how this required training can be delivered. This aims to support staff who regularly access and process information, ensuring they have the appropriate knowledge and skills to meet governance and data protection requirements.

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- **21.9)** Work is scheduled to commence this year on the refurbishment of O Ward, Bronllys to bring sections of this space up to the required standard for secure records storage. This will ensure alignment with relevant records management and information governance requirements, supporting safe and compliant handling of physical records. Annual Records Security Checklists have been issued to Corporate Services to ensure corporate records are being stored safely and securely.
- **21.10)** Nationally work is progressing towards standardised NHS Wales version of key national IG documentation which will continue to support greater consistency, efficiency and best practice across all organisations. Target for completion is the end of Q3.

Commentary on red rated actions:

- **21.6)** The finalisation of the Information Governance and Records Management Strategy, originally scheduled for completion in Q1, has experienced a slight delay due to demands on resources on several national programmes of work. However, work is progressing well, and the strategy is now on track for completion and submission for approval during Q2–Q3.

Achievements:

- Board approval of revised Terms of Reference and Annual Work Programmes for all Committees in May 2025.
- Identification and Board approval of x12 Strategic Risks, currently under detailed development for reporting to the Board in July 2025.
- Production of the Annual Governance Statement and co-ordination of the Annual Report 2024-25.
- Completion of the Board and Committee Annual Effectiveness Review for 2024-25, and production of subsequent continuous improvement action plans for implementation in 2025-26.
- NHS Wales Information Governance Toolkit 2024-25 and out-turn report completed with 2025/26 Improvement plan developed.
- Continued collaboration at national level to review and align core Information Governance documentation and templates.
- Finalisation and deployment of activity tracker within the IG Team which supports completion of the outstanding Internal Audit Recommendation.

Progress against key actions and milestones

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

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21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green				M	High
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green				H	High
	12.2.2) Work plans delivered Q4							High
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green					High
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green				H	High
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue				H	High
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber					Medium
21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4		Amber				M	Medium
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2		Red				H	Medium
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4		Green				H	High
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4		Green				H	High

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21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4		Amber				H	Low
21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4		Green				H	High
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green					High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	
Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)			

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Transforming in Partnership

Strategic Priority: Engagement, Communication and Corporate Affairs Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

Enabling contribution across all health board outcomes (as agreed/prioritised). Specifically:

- Better informed public and stakeholders
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to "Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system" (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included support for the health board's commissioning intentions in relation to waiting times, for which widespread communication has been issued through channels ahead of implementation from July 2025. A further key priority has been the Staff Excellence Awards. Applications closed in early April, followed by judging ahead of Celebration events for each category from late June. These are due to conclude early Q2. Recruitment has also concluded for maternity backfill for the Digital Communications Officer.
- **22.2)** A key focus during Q1 has been the continued design and delivery of the programme of engagement on Better Together. Following staff engagement on the case for change during Q4 24/25, work focused first on public and stakeholder engagement on the case for change during April and May, followed by staff, public and stakeholder engagement on scenarios for the future shape of adult physical and mental health community services from June. This period of engagement will continue into Q2, alongside planning for future consultation. There have been delays by SSP in relation to the procurement of external support to the programme. A further uncertainty relates to demands arising from neighbouring health board and Trust service change programmes which can be unpredictable and are outside direct control. Consultation by Hywel DDa UHB on their clinical services plan commenced in May, followed by engagement by Aneurin Bevan University Health Board on the enhanced Local General Hospital model from June. Management of medium- and longer-term risks has been supported by recruitment of two engagement officers who commenced in post during June.

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- **22.3)** Work has progressed on shared Regional Partnership Board/Public Service Board priorities with the latest six-monthly report on engagement activity prepared for RPB and PSB Executive. The RPB communications and engagement lead has secured a new role which will affect capacity and continuity of these programmes, and priorities are being reviewed in this context.
- **22.4)** Ongoing review of the stakeholder map remains in place, particularly in the context of Better Together. A revised programme of meetings with MSs and MPs is under way, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues, and a Board Development session has taken place on Senedd Reform with support from NHS Confed. Work continues to align Health Board leadership with a locality approach to support ongoing stakeholder and community engagement, and this has included the latest programme of joint Town and Community Council sessions with Powys County Council.
- **22.5)** Work requirements relating to COVID Inquiry and Special Purposes Committee have been low level during the quarter but some uncertainty remains regarding future demands particularly in relation to the Special Purposes Committee.
- **22.6)** Recruitment is under way for the Head of Charity role, following approval by Charitable Funds Committee in June. Final action is in place for launch of the new Powys Health Charity website.

Commentary on red rated actions: N/A

Achievements:

- Completion of Stage One Better Together Engagement
- Launch of Stage Two Better Together Engagement
- Successful recruitment to engagement officers and digital communication officer (maternity cover)
- Recruitment under way to revised head of charity role
- Staff Excellence Awards celebration events have commenced

Progress against key actions and milestones

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

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22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks Q1-Q4	DCG	Green				H	High
22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) Q1-Q4		Green				M	Medium
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker Q1-Q4		Green				M	Medium
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 Q1-Q4		Green				H	High
22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee Q1-Q4		Green				M	Medium
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 Q1-Q4		Green				M	Medium

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	**Change in Timescale**	N/A	

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Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

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