

# DIRECTOR OF FINANCE COMMENTARY

## FINANCIAL YEAR 2024/2025

### FINANCIAL PERFORMANCE TO MONTH 11 (FEBRUARY 2025)

#### 1. Introduction

Powys THB submitted an Integrated Plan to Welsh Government (WG) on 31 March 2024, which included a financial deficit of £24.948m. At a Board meeting in May, the Board approved a revised financial plan for 2024/25, which aims to achieve a financial deficit of £22.948m, which is an improvement of £2m. Following the additional allocations of £7.178m in Month 8, we have revised the plan for 2024/25, which aims to achieve a deficit £15.770m.

#### 2. Summary Position

As at month 11, the Health Board is reporting an overspend position of £14.479m. This can be categorised as:

- Operational overspend - £0.021m.
- Planned deficit - £14.458m.

A summary of the position is provided in Table 1 below and sections 3-9 of this report provide further details.

#### Table 1 – Summary of PTHB Position

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(404,647)	(404,647)	0
02 - Capital Donations	(119)	(119)	0
03 - Other Income	(9,605)	(10,601)	(996)
<b>Total Income</b>	<b>(414,371)</b>	<b>(415,367)</b>	<b>(996)</b>
05 - Primary Care - (excluding Drugs)	45,520	43,821	(1,699)
06 - Primary care - Drugs & Appliances	35,024	32,647	(2,377)
07 - Provided services -Pay	104,947	107,277	2,331
08 - Provided Services - Non Pay	25,055	22,565	(2,490)
09 - Secondary care - Drugs	1,298	1,246	(53)
10 - Healthcare Services - Other NHS Bodies	168,422	169,920	1,498
12 - Continuing Care and FNC	30,080	31,826	1,747
13 - Other Private & Voluntary Sector	4,211	6,430	2,219
14 - Joint Financing & Other	9,402	9,243	(159)
15 - DEL Depreciation etc	4,735	4,735	0
16 - AME Depreciation etc	136	136	0
18 - Profit\Loss Disposal of Assets	0	0	0
<b>Total Costs</b>	<b>428,828</b>	<b>429,846</b>	<b>1,017</b>
<b>Reported Position</b>	<b>14,458</b>	<b>14,479</b>	<b>21</b>

### 3. Actual Year to Date and Forecast Variance 2024/25 (Table A, B, B2, B3)

#### Table A:

The overall plan reported in Table A of a planned deficit of £15.770m for 2024/25 is in line with the revised plan submitted to WG on the 31 May 2024 reduced by the allocations of £7.178m in month 8. Achieving this forecast is challenging for the Health Board, given the expenditure run rates it is experiencing and the level of risks it is subject to.

Table A of the month 9 MMR showed that further mitigating actions with an impact of £9.4m were required to enable the Health Board to achieve its financial plan. The Board met on 10 and 29 January 2025 to consider the mitigating actions.

The Board supported the immediate delivery of variable pay reductions through reduced use of agency and locums and a vacancy freeze for all posts to be overseen by the revised vacancy control process. It also noted that there were other actions across all areas.

Notification has been received that the Cabinet Secretary has agreed to provide £5.700m and £0.650m of additional funding support in 2024/25 to the Health Board. As a result of this additional funding support and in combination with actions that have been implemented to constrain expenditure and maximise non-recurrent opportunities, the Health Board is able to maintain a forecast of a £15.8m deficit for 2024/25.

A reconciliation of this is as follows:

- Additional funding support - £5.700m
- Actions across commissioning and provider services - £2.650m
- Additional funding for specialist services (JCC) - £0.650m
- Revenue to capital - £0.400m

As reported at month 11, the Health Board’s financial position is in line with its profile. It is forecast that the Health Board will have a deficit of £15.8m for 2024/25. The Board continues to be especially focussed on the financial performance of the Health Board and is keeping the forecast under review.

In line with the comments on the month 10 MMR, the areas of forecast underspend on specific ring fenced allocations have been shown separately on Table A. The leads within the Health Board are in discussion with the relevant policy officer in the Welsh Government team.

**Table B, B2 & B3:**

- Primary Care (Table B Line 8)  
The Month 11 position is based on the 2023/24 outturn adjusted for known non-recurrent items or known new year adjustments, with all uplifts to the contracts assumed to be funded by WG.
- Primary Care Drugs (Table B Line 9)  
The Month 11 position is informed by extrapolation of M09 PAR actual spend and the PAR forecast.
- Provider Services Pay (Table B Line 10)  
Analysis of the Pay position is provided in section 7 of this report. Significant workforce challenges persist with substantive recruitment driving agency and locum usage at premium rates.
- Healthcare Services Provided by Other NHS Bodies (Table B Line 13)  
There is a YTD £1.498m adverse variance on the NHS commissioning position. This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.

The following table provides a breakdown of the variance and explains the most significant variance.

Area	YTD Variance (£m)	Explanation
Wales	0.820	There has been a slight overall improvement due to improvement across several Welsh Health Boards
England	0.306	Deterioration is due to Wye Valley Trust increased activity
JCC	0.307	Deterioration is due to increased activity
Other NHS providers	0.065	

<b>TOTAL</b>	<b>1.498</b>
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- Continuing Care and FNC (Table B Line 15)  
There is a £1.747m overspend reported against CHC and FNC at month 11. CHC will continue to pose a risk to financial plan delivery, as currently there are 348 packages being funded, which is greater than the planning assumption of 315. Using the metric of CHC days there has been a 11.1% increase in 2024/25 compared to 2023/24.

The table below compares activity and costs from 2023/24 actual to 2024/25 forecast. It shows that the greatest pressure is being experienced within Mental Health (predominantly EMI). Followed by growth in Learning Disability days of CHC and the cost of the packages for children CHC.

(Please note that South, Mid, North relates to general CHC in the three localities of Powys.)

M11 Forecast VS M12 2324	SOUTH	MID	NORTH	MH	CHILDREN	LD	Total £000
<b>2024/2025</b>							
PACKAGES (current)	22	21	45	204	5	51	<b>348</b>
£'000s	£1,634	£2,249	£3,883	£19,771	£613	£4,297	<b>£32,446</b>
Days	9,156	8,099	16,120	77,458	1,686	19,131	<b>131,650</b>
Avg cost per day	£178	£278	£241	£255	£363	£225	<b>£246</b>
<b>2023/2024</b>							
PACKAGES (current)	25	29	37	194	5	37	<b>327</b>
£'000s	£1,955	£2,123	£3,475	£16,201	£310	£3,549	<b>£27,613</b>
Days	11,215	9,818	13,413	67,457	1,830	14,727	<b>118,460</b>
Avg cost per day	£174	£216	£259	£240	£170	£241	<b>£233</b>
<b>Forecast Change</b>							
PACKAGES (current)	(3)	(8)	8	10	0	14	<b>21</b>
£'000s	(£321)	£125	£408	£3,571	£303	£748	<b>£4,833</b>
Days	(2,059)	(1,719)	2,707	10,001	(144)	4,404	<b>13,190</b>
Avg cost per day	£4	£61	(£18)	£15	£194	(£16)	<b>£13</b>
<b>Impact Breakdown</b>							
Increase in Days (@23/24 £)	(£359)	(£372)	£701	£2,402	(£24)	£1,061	£3,409
Increase in Daily Fee	£38	£497	(£294)	£1,169	£327	(£313)	£1,423
	(£321)	£125	£408	£3,571	£303	£748	<b>£4,833</b>

- Covid - Table B3
  - Health Protection and PPE (A1) – based on Testing, Tracing & Surveillance as included in IMTP.
  - Covid 19 Vaccination Programme (immunisation) (A2) – based on the Vaccination Plan as included in the IMTP.
  - Long Covid & Other (A3)

Current expenditure against these three programmes is reflected in this table. As per the guidance, the Health Board is assuming that any variance on these programmes is managed by the Health Board.

#### 4. Underlying Position (Table A1) & Financial Plan 2024/25

The Health Board's planned underlying position has been revised taking into account the £5.7m additional support funding and the recurrent nature of specific cost pressures. It is assumed that conditions will be met for the £5.0m provided in December 2024 to be recurrent. Most of the existing off-setting savings and options for further mitigations authorised by the Board are non-

recurrent in nature. Therefore, the underlying deficit continues to be included in Table A1 at £30.6m.

As highlighted above the Board remains focussed on the financial performance of the Health Board and is keeping the forecast, including the underlying deficit, under review.

## 5. Risk Management (Table A2)

Tables 4 and 5 below summarise the risks and opportunities reflected in Table A2, which are currently not included in the financial forecast, or the Financial Plan submitted on 31 May 2024. Both the risks and the opportunities have reduced in magnitude, reflecting the fact that we are approaching the financial year end.

**Table 4 – Risks**

Risk	£ '000	Likelihood
Continuing Healthcare	-200	Medium
Prescribing	-500	Medium
Joint Commissioning Committee Performance	-200	Medium
Other Contract Performance	-400	High
Band 2 to 3 HCSW employment dispute	Not Quantified	Medium
Other Non Pay	-200	Medium
<b>Total</b>	<b>-1,500</b>	

**Table 5 – Opportunities**

Opportunity	£ '000	Likelihood
Commissioning - reduced activity than forecast	500	Low
Continuing Healthcare - Winter Impact	250	Medium
Core	100	Medium
Prescribing - Drug Price Reduction	500	Medium
<b>Total</b>	<b>1,350</b>	

Further details on the assumptions supporting these risks and opportunities are detailed below:

### Risks

- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan and the forecast expenditure.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk of circa £0.500m.
- The Health Board incurs circa 40% of its expenditure on commissioning services from others. There is a potential risk of circa £0.400m for the THB relating to the level of activity undertaken by our providers. The Joint Commissioning Committee is also forecasting a level of risk in the financial position, which it is reporting.
- Resolution of the employment dispute regarding the banding of some healthcare support workers could have financial implications in 2024/25.
- Non-pay inflation expenditure – there is a risk that this will be greater than allowed for.

## Opportunities

- Providers are experiencing some capacity issues in their plans to recover waiting times. There could be a reduction in expenditure of circa £0.500m compared to forecast.
- Continuing healthcare – during the winter period there could be a reduction in CHC costs.
- Prescribing - If the price reductions in drugs, including those that are coming off patent continue there is an opportunity of £0.500m above the forecast expenditure.

## **6. Ring Fenced Allocations (Table P, N & O)**

The table below provides a summary of the ring fenced and directed allocations.

At Month 11, the PTHB anticipates underspends against the below areas as identified in Table P:

- Further Faster £314k – Due to staff not in post until month 05 (August 2024) given recruitment delays, and programme still below full establishment as unable to appoint appropriate staff.
- Planned Care £125k – Given delays in recruitment resulted in staff commencement from Quarter 2. Fixed term funding continues to create challenges in recruiting to full establishment.

**Table 6 - Ring-fenced and Directed Allocations**

Details of Ringfenced and Directed Allocations			
	As per Allocation letter	Allocations received in year	Total allocations
	£M	£M	£M
<b>HCHS Allocations</b>			
Learning Disabilities	7.494	0.000	7.494
Depreciation	5.857	0.000	5.857
Mental Health Services	32.935	0.000	32.935
Palliative care funding	0.374	0.000	0.374
Integrated Care Fund	6.386	0.000	6.386
Further Faster	0.506	0.000	0.506
Funding for Planned and Unscheduled Care Sustainability for 2022-23 onward	5.307	0.000	5.307
Value based Recovery	0.583	0.000	0.583
Genomics	0.451	0.000	0.451
Critical care funding (including WHSSC funding)	0.174	0.000	0.174
Critical care funding (EASC funding)	0.049	0.000	0.049
<b>Sub total - HCHS Ringfenced</b>	<b>60.115</b>	<b>0.000</b>	<b>60.115</b>
<b>Directed Expenditure</b>			
Radiotherapy	0.263	0.000	0.263
Assistive Technology (Staff costs)	0.013	0.000	0.013
PH & W Coordinator Posts (WHIG)	0.035	0.000	0.035
Endometriosis Nursing posts (WHIG)	0.055	0.000	0.055
Velindre NHS Trust Chief Operating Officer Post	0.003	0.000	0.003
Cancer Support/ SLAs from Wales Cancer Network	0.023	0.000	0.023
Early Retirement Provision (ERP) funding	0.050	0.000	0.050
<b>Sub total - Directed</b>	<b>0.442</b>	<b>0.000</b>	<b>0.442</b>
<b>General Medical Services</b>	<b>35.685</b>	<b>0.000</b>	<b>35.685</b>
<b>TOTAL</b>	<b>96.242</b>	<b>0.000</b>	<b>96.242</b>

**Tables N – GMS and O - Dental**

Table N – ongoing risk related to high number of GP dispensing practices and associated drivers of prescribing spend.

Table O - risk to income of further deterioration in patient charges. However, this would be mitigated by reduced contract performance.

**7. Pay including Agency/Locum (Table B2)**

A breakdown of the Pay position, including spend on Agency and Locums is provided in Table 7 below, which will reconcile to the Pay line on Table 1 above.

**Table 7 – Pay Breakdown 2024/25**

	Month 01	Month 02	Month 03	Month 04	Month 05	Month 06	Month 07	Month 08	Month 09	Month 10	Month 11	Total
<b>Net Budget YTD</b>	<b>8,537</b>	<b>8,784</b>	<b>8,966</b>	<b>9,262</b>	<b>9,095</b>	<b>9,375</b>	<b>9,088</b>	<b>12,244</b>	<b>9,875</b>	<b>9,897</b>	<b>9,822</b>	<b>104,946</b>
<b>Spend to date:</b>												
Contracted	7,996	8,161	8,035	8,001	8,030	8,207	8,162	11,217	8,736	9,016	8,820	94,381
Bank	245	217	183	184	208	197	223	294	253	217	263	2,484
Agency	635	818	712	546	539	569	627	619	448	635	736	6,884
Locum	274	259	389	240	331	381	355	400	416	166	317	3,529
<b>Total Spend to date</b>	<b>9,150</b>	<b>9,454</b>	<b>9,319</b>	<b>8,971</b>	<b>9,109</b>	<b>9,354</b>	<b>9,367</b>	<b>12,530</b>	<b>9,853</b>	<b>10,034</b>	<b>10,136</b>	<b>107,277</b>
<b>YTD Variance</b>	<b>(613)</b>	<b>(670)</b>	<b>(353)</b>	<b>291</b>	<b>(14)</b>	<b>21</b>	<b>(280)</b>	<b>(285)</b>	<b>22</b>	<b>(136)</b>	<b>(314)</b>	<b>(2,331)</b>

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## 8. Savings (Table C, C1, C2, C3, C4)

The key assumptions within the financial plan relating to savings are:

- An ambitious recurrent £9.9m (original £7.9m plus additional £2.0m as per revised plan) savings target. Delivering this in year and on a recurrent basis will be a significant challenge for the Health Board and work continues in finalising delivery values and profiles.
- Schemes assessed as green or amber amounting to £10.5m have been identified. The value has increased since month 10 due to the recognition of accountancy gains in month 11.

## 9. Income Assumptions (Tables D and E)

As per Table E the overall RRL at month 11 for 2024/25 is £441.270m. This includes anticipated allocations as detailed on Table E, including:

- £0.450m relating to RIF IRCF Revenue.
- £0.121m relating to Overseas Nursing.

## 10. Health Care Agreements & Major Contracts

Welsh LTAs were signed by the deadline of 30 June 2024. Contract proposals from English providers are being discussed with providers.

## 11. Statement of Financial Position (Table F)

A list of the provisions brought forward from 2023/24 is included below Table F. The THB has reviewed the quarterly data and PES discount rate change to update the position from that reported at the year-end, which has not significantly changed the provision.

It is assumed that the closing balance sheet positions for trade receivables and trade payables will be broadly consistent with the current balance sheet positions with the working balances adjustments identified in respect of Capital and Other NHS/Non NHS trade Payables.

## 12. Aged Welsh Debtors (Table M)

There is one aged debt reported as of 28 February 2025 that have been outstanding for more than 11 weeks. Payment for this invoice was received on the 6 March 2025.

### 13. Cash Flow (Table G)

	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
<b>OPENING CASH BALANCE</b>	<b>215</b>	<b>201</b>	<b>663</b>	<b>1,577</b>	<b>783</b>	<b>2,559</b>	<b>1,465</b>	<b>2,845</b>	<b>2,092</b>	<b>682</b>	<b>3,998</b>	<b>1,927</b>
<b>Receipts</b>												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	40,899	35,800	38,570	37,129	27,394
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(232)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	76	1,061	57	4	969	308	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	300	3,128	500	4,464	7,639
Income from other Welsh NHS Organisations	1,075	484	343	419	731	778	403	681	425	887	817	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	686	860	567	700	671	703	1,600
<b>Total Receipts</b>	<b>42,619</b>	<b>40,125</b>	<b>35,834</b>	<b>37,091</b>	<b>42,000</b>	<b>35,570</b>	<b>37,676</b>	<b>42,354</b>	<b>39,926</b>	<b>41,445</b>	<b>43,189</b>	<b>39,141</b>
<b>Payments</b>												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,716	2,990	2,781	2,779	3,287	4,457	3,000
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	425	1,087	319	607	626	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,589	3,022	1,561	1,484	1,430	0
Primary Care Services : General Dental Services	478	426	474	484	523	367	439	407	494	449	334	0
Non Cash Limited Payments	86	130	152	135	134	118	117	137	116	90	140	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,836	8,898	10,557	10,953	9,567	9,696	9,750
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,565	21,428	24,655	23,752	21,731	24,347	31,145
Capital Payment	0	111	83	63	48	62	410	461	1,362	914	4,230	6,623
Other items	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Payments</b>	<b>42,633</b>	<b>39,663</b>	<b>34,920</b>	<b>37,885</b>	<b>40,224</b>	<b>36,664</b>	<b>36,296</b>	<b>43,107</b>	<b>41,336</b>	<b>38,129</b>	<b>45,260</b>	<b>51,068</b>
<b>NET CASH FLOW IN MONTH</b>	<b>(14)</b>	<b>462</b>	<b>914</b>	<b>(794)</b>	<b>1,776</b>	<b>(1,094)</b>	<b>1,380</b>	<b>(753)</b>	<b>(1,410)</b>	<b>3,316</b>	<b>(2,071)</b>	<b>(11,927)</b>
<b>Balance c/f</b>	<b>201</b>	<b>663</b>	<b>1,577</b>	<b>783</b>	<b>2,559</b>	<b>1,465</b>	<b>2,845</b>	<b>2,092</b>	<b>682</b>	<b>3,998</b>	<b>1,927</b>	<b>(10,000)</b>

The THB confirms, based on its current revenue financial forecast, that it will require between £11m and £16m cash assistance. This will be a mixture of circa £6m working capital (as defined in Table E) and as shown in the table above a maximum of £10m of strategic cash assistance, for which an Accountable Officer letter has been sent. We will not draw down cash unless it will be utilised, which is why a range is provided at this point as we are awaiting confirmation of claims of overperformance from English Providers. If agreed the full Strategic £10M cash will be required. If not then it is anticipated only £5M Strategic Cash assistance will be required. The THB will manage this cash position during March 2025 to ensure it meets its obligations to suppliers and staff.

### 14. PSPP (Table H)

This Table is not required at Month 11.

### 15. Capital Schemes & Other Developments (Tables I, J and K)

The capital allocation shown below is based on the Capital Resource Limit dated 28 February 2025.

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 28th February 2025
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	0.978	1.256	1.219
EFAB Infrastructure	0.304	0.304	0.041
EFAB Fire	1.208	1.113	0.403
Replacement Roofing, Bronllys Hospital	0.216	0.128	0.128
Diagnostic Equipment 2024-25	1.700	1.700	1.075
Backlog Maintenance 2024-25 - Llandrinodod Wells	3.000	2.905	0.986
DPIF - RISP	0.214	0.214	0.162
DPIF - Electronic Prescribing and Medicines Administration (	0.198	0.198	0.107
Decarbonisation Programme	3.624	3.624	2.871
Year End Funding - October 2024	1.028	1.028	0.360
Diagnostic and Medical Equipment 2024-25	0.100	0.100	0.000
Digital Equipment - December - 2024-25	0.391	0.391	0.391
Year End Funding - January 2025	0.188	0.188	0.000
Year End Funding - February 2025	0.300	0.300	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
IFRS16 Leases - Tranche 2	0.610	0.610	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>14.236</b>	<b>14.236</b>	<b>7.743</b>

### Discretionary Capital £0.978m

The discretionary capital limit for the year is £0.978m made up of £1.431m discretionary allocation less an agreed 30% contribution to EFAB. From this allocation there are a number of Estates and Statutory Compliance programmes being undertaken. An amount of £1.219m has been expended to date and is being managed through other project underspends.

### EFAB – Infrastructure £0.304m

An amount of £0.304m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Infrastructure. This is part of a 2 year programme of works and the funding will be used to continue next phase BMS at Ystradgynlais. Spend to date is £0.041m.

### EFAB – Fire £1.208m

An amount of £1.208m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Fire compliance. This is part of a 2 year programme of works and the funding will be used to continue the fire compliance works at Brecon and at the back of the hospital at Machynlleth. An amount of £0.213m has been expended to date.

### Replacement Roofing, Bronllys £0.216m

Capital funding was made available of £1.684m in respect of funding for replacement roofing at Bronllys Hospital. The purpose of the funding was to replace the Adult Mental Health ward roof £1.016m and Outpatient department roof £0.668m including PV panels for both. The funding spans two financial years with the remaining £0.216m profiled to spend in 2024/25. Spend to date is £0.128m.

### Diagnostic Equipment £1.700m

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As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £1.700m has been awarded to Powys to enable the purchase of equipment and associated capital works. There has been £1.075m spend to date.

**Backlog Maintenance 2024-25 – Llandrindod Wells £3.000m**

An amount of £3.000m has been awarded in respect of backlog maintenance at Llandrindod Wells Hospital. The works will continue the upgrades at the site and protect recent investments and will include replacement windows, roofing and external access improvements. Spend to date is £0.986m.

**DPIF – RISP - £0.214m**

As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £0.214m has been allocated to fund the digital requirements of the project. Spend to date is £0.162m.

**DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation - £0.198m**

Capital funding of £0.198m has been received to fund the procurement of Digital Mobile Hardware to enable the continuation of the EPMA implementation. £0.107m has been spent to date.

**Decarbonisation Programme - £3.624m**

An amount of £3.624m has been awarded to undertake energy efficiency, decarbonisation and renewable energy generation projects across the estate of Powys Teaching Health Board to enable decarbonisation targets to be met. Spend to date £2.871m.

**Year End Funding – October 2024 - £1.028m**

Capital funding of £1.028m has been made available from Year End Funding – October 2024. Estates and Statutory compliance works will be carried out to the value £783k and £245k of medical equipment will be purchased. Spend to date £0.360m

**Diagnostic and Medical Equipment 2024-25 - £0.100m**

Funding of £0.100m has been made available for the purpose of Diagnostic and Medical Equipment 2024-25 and will be used to purchase a CBCT Dental Machine.

**Digital Equipment – December - 2024-25 - £0.391m**

Funding has been approved to the value of £0.391m for the purpose of Digital Equipment and will be used to purchase the following; Networking firewalls and wireless access point refresh, Hosting uninterruptable power supplies and Client Services Monitor, Laptop and Mobile phone refresh. Spend to date £0.391m.

**Year End Funding – January 2025 - £0.188m**

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Capital funding of £0.188m has been received and will be used to purchase a number of equipment items; Stellaris Elite Vision Enhancement Anterior System, Fluent Fluid Management System, Visual Fields Analyser and 6 No. hot food trolleys.

#### **Year End Funding – February 2025 - £0.300m**

Funding of £0.300m has been received to purchase 2 Ultrasounds scanners for Ystradgynlais and Llandrindod hospitals.

#### **IFRS16 New Leases £0.787m**

An amount of £0.787m has been received in respect of new IFRS16 leases, tranche 1; relating to 11 new pool car contracts entered into and tranche 2; 9 further new pool car contracts plus the lease of Presteigne Health Centre. The final submission has been made due date 7<sup>th</sup> March 2025, to include a further 8 new pool car contracts, Westwood day centre lease and the IFRS16 element of the RISP contract.

#### **Donated Assets £0.130m**

It is estimated that the THB will receive donated capital assets from League of Friends and the THB Charity within year.

#### **16. IFRS 16 & CAME (Table Q)**

This table has been updated in line with the recent IFRS16 return submitted on the 7<sup>th</sup> March.

#### **17. Authorisations and Reporting**

In instances where either the Chief Executive or Director of Finance are not available, signatories will be provided by their nominated Deputies, these are:

Deputy CEO – Pete Hopgood

Deputy Director of Finance – Hywel Pullen

This report together with Tables A, A2, B3 and C, C1, C2 and C3 will be presented to the next Board meeting, which is on the 26 March 2025.

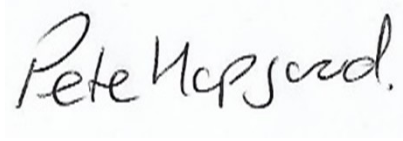
#### **18. Conclusions and key issues**

In summary this paper identifies that:

- The THB is reporting an overspend at month 11 of £14.479m.
- The THB is forecasting a £15.770m deficit in line with the revised plan submitted in May reduced by the additional £7.178m in-year allocations.
- The THB will continue to maximise all opportunities to improve its financial position in 2024/25.
- The THB will require working capital/strategic cash assistance in March 2025.

The financial information reported in the monitoring return aligns to the financial details included within the internal Board papers.

**19. Authorisation of Return**



**Pete Hopgood**  
**Director of Finance**  
**13<sup>th</sup> March 2025**

**Hayley Thomas**  
**Chief Executive**  
**13<sup>th</sup> March 2025**

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## Action Point for Month 11

### Movement of Opening Financial Plan to Forecast Outturn (Table A and A1)

#### Action Point 10.1

In relation to the 'Operational actions across commissioning and provider services - £2.650m', it is difficult to ascertain where these assumptions have been factored into the spend profiles in SoCNE. It is also not clear how that value correlates to the items reported in Table A. Further clarity is therefore sought, including a statement as to whether the actions totalling £2.650m are finalised.

The Health Board has confidence that mitigating actions totalling £2.650m are underway and will have the impact of enabling the Health Board to achieve its financial plan.

#### Action Point 10.2

Linked to the above, it is noted that Table A line 26, is showing a further benefit this month of £1.749m. It has not been possible to find an explanation in the supporting narrative and it is not clear if these are linked to the 'Operational actions of £2.650m'. Please can you provide greater clarity on what this £1.749m benefit relates to.

This includes items such as negotiations with providers, slippage on funding streams and impact of pay related controls and decisions, as well as the cumulative impact of many other smaller operational variances over the Healthboard cost base.

#### Action Point 10.3

It is noted that there is still a single entry in the table reflecting a recurring FYE value of -£1.436m (equivalent to a cost pressure) described as N/R items to mitigate the financial position. This should be removed for Month 11. If the u/l position is truly deteriorating by £1.436m, then correctly show the in year N/R actions and the associated Recurring and FYE cost pressure on Table A. If you have already included these items, then you need to adjust the Recurring assessment of an existing cost pressure, if it is understated. If you need assistance, please contact a member of the NHSFM Team.

Table A has been updated and this item removed. We think this has been done correctly, but if it could be improved, we would welcome assistance.

#### Action Point 10.4

Our assessment generally, of in year cost pressures and benefits as Recurring/Non Recurring (lines 28 to 32) is that it does not yet appear robust particularly when consideration the monthly variation of items in Table A. I trust this will be reviewed and updated for Month 11.

Volatility in monthly variance prior to M10 is in part reflecting more in depth analysis of data that is one or two months delayed, and the necessary correction to YTD figures in given months. M11

and M12 have been reviewed and updated, in line with latest position and forecast for these areas.

## **Risks & Opportunities (Table A2)**

### **Action Point 10.5**

Whilst there is no reference to the risk of non delivery of the remaining mitigations to deliver your forecast outturn, it is noted that there are £2.7m of further expenditure risks set out in the submission as High/Medium, relating to CHC, Prescribing, Contract Performance and Non Pay. There are also £1.9m of Opportunities mostly relating to the same issues as the Risks, suggesting a high level of uncertainty either way. We expect to see these items significantly reduced, if not fully eliminated, by Month 11

Please again review the numerous items that are being reported as risks to the delivery of the outturn position, taking a balanced approach. We remain concerned at the level of risk to the delivery of the forecast outturn, which is in addition to £9.4m issue relating to Mitigating Actions.

Table A2 has been assessed and revised based on latest assessments. Inevitably risks and opportunities continue to be in play within the M12 position, these represent circa 4% of M12 expenditure, but it needs to be noted, there is one or two month's lag in data for a significant proportion of PTHB's expenditure items, such as Commissioning and Primary care, and the R&Os also takes consideration of this.

## **Pay expenditure Analysis (Table B2)**

### **Action Point 10.6**

Please review the forecast (Feb & Mar) Agency values, as these appear overstated (in total each month) and within each of lines, the forecast values do not bear correlation to current trends. Whilst your narrative refers to the Board agreed actions within this area, the narrative should provide supporting details of material movements. For example, at Month 10 there was a material movement of spend compared to previous month in M&D & Nursing, with no explanation provided.

February actuals and March forecast are in line with estimates made in M10. Variation in trends for M&D and Nursing prior to that relate to estimates in M08/M09 being realigned given gaps in dataflows in these months.

## **Covid (Table B3)**

### **Action Point 10.7**

We note that £0.217m underspend is reported in Health Protection (including PPE) at month10. As per the guidance, the Health Board is rightly assuming that any variance on these programmes is

managed by the Health Board. However, the narrative must describe the circumstances that have led to the reduced spend.

The circumstances for the underspend outlined below:

Transport – at the start of 24/25 the service teams were not aware that Health Couriers Wales were going to continue with covering the cost for vaccination transportation for Powys. This may not continue in to 25/26

Security – the security threat levels for vaccination have been reduced in 24/25. The evolving model of outreach meant the reduced number through the centres (as model is now more dispersed e.g. centre model with outreach on same day) and the reduced need for support with traffic management. Unlike Winter 24/25 there has been no cease and desist letters issued to schools and centres around the schools flu programme.

Waste – collection of infectious waste was originally through a separate contract. At the start of 24/25 this contract was terminated, and infectious waste was moved to 'business as usual' with a watch and wait approach to see if it had a significant impact on existing waste collection.

Staffing – challenges with recruitment due to VCP for non-clinical roles. Some posts did not attract suitable candidates due to the fixed term nature and were not eventually appointed to.

### **Savings (Table C, C1, C2 & C3)**

#### **Action Point 10.8**

The Savings delivery within Primary Care Drugs have not been achieved this month, with a negative £8k being reported. The delivery in February and March has been revised upwards to compensate. Please provide a supporting explanation for the Month 10 performance and why this is expected to recover in the final two months.

The primary care YTD position at M9 had been overstated due to a scheme being double counted. The M10 YTD position therefore included a correction.

#### **Action Point 10.9**

It is noted that you have one remaining Amber scheme with an in year delivery of £50k. We request that you review the status of the scheme for Month 11, as the scheme has remained as Amber for some time. It is also noted that as a Recurring Scheme there should be a FYE value – this should be considered if the in year delivery is achieved as currently forecast.

Schemes reassessed and revised for M11.

#### **Action Point 10.10**

FP&D colleagues are seeking clarification on the classification of prior month releases

of Accountancy Gains relating to settlement of year end commissioning positions with English Trusts, being classified as Non Pay.

To ensure the 2024/25 year to date expenditure and forecast on PTHB's commission position has a clear read-through from source data and reports, to MMR tables and Board reports, any accountancy gains which do not reflect Commissioning expenditure in 2024/25 are reported in Line 11 Non-Pay.

### Ringfenced (Table P)

#### Action Point 10.11

We note an underspend against Plan with the 'Further Faster' and 'Planned Care' scheme of £0.367m and £0.260m respectively. In the event corresponding expenditure plans are not committed and delivered, we trust you will immediately contact the appropriate WG policy colleagues as the funding is ring-fenced. **If retention is agreed, then this must be shown as a separate transparent item on Table A as a ring fenced benefit supporting your position.**

Noted. Table A updated and discussions underway with Policy Leads.

#### Action Point 10.12

Please discuss the performance of the ring-fenced schemes in your narrative. As per WHC Guidance, the narrative must provide sufficient supporting details for uncommitted spend, including timeframe for finalisation. Any material forecast underspends must be discussed with the applicable Policy Lead; approval must be obtained to utilise these on other pressure areas, or they must be recorded as being returned to Welsh Government.

Ringfenced items reviewed and reassessed, and Table P and narrative updated accordingly, and discussions underway with Policy Leads.



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CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.2**

<b>Board</b>		<b>26 March 2025</b>	
<b>Subject:</b>	Powys Teaching Health Board Integrated Quality & Performance Report – Month 10 (January 2025)		
<b>Presented by:</b>	Executive Director of Planning, Performance and Commissioning		
<b>Approved by:</b>	Executive Director of Planning, Performance and Commissioning		
<b>Prepared by:</b>	Head of Performance Administrative Officer, Integrated Performance		
<b>Other Committees and meetings considered at:</b>	Executive Committee - 19 March 2025		
<b>PURPOSE:</b>			
This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position by exception for Powys Teaching Health Board against the NHS Wales Performance Framework 2024/25 up until the end of January 2025 (month 10).			
<b>RECOMMENDATION(S):</b>			
The Board is asked to:			
<ul style="list-style-type: none"> <li>• <b>DISCUSS</b> the content of this report; and</li> <li>• Take <b>ASSURANCE</b> that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</li> </ul>			
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>	
Y	Y	Y	

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**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

1. Focus on Wellbeing	Y	The IQPR represents all areas of work 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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## **BOARD SUMMARY:**

This report provides the Executive team with the latest performance information to highlight performance achievements and challenges at a high level, as well as comparison to the All-Wales performance benchmark where available.

The month 10 IQPR is a full report covering all measures applicable to Powys with narrative provided by Executive & Officer leads focusing on the areas of challenge and resultant actions.

### **Summary for Month 10**

#### **Provider**

##### Planned care:

- Diagnostic wait breaches reduced from 84 to 70 in January. Breaches predominately involve echocardiograms (66 pathways), endoscopy (1 pathway), and non-obstetric ultrasound (3 pathways). The health board is not achieving its ministerial priority trajectory although complexity around clinical practice change post trajectory in setting (Mar-24) has increased echo cardiogram demand significantly. Due to the agreed insourcing provision the position is projected to continue to improve to the end of March 2025, but it is not envisaged that the target of zero will be achieved in-year.
- Referral to treatment (RTT) compliance remains positive:
  - 104-week waits: 0 pathways.
  - 52-week new outpatient waits: 0 pathways.
  - 52-week treatment waits: increased breaches reporting 22 in January from the previous month (19). Breaches are predominately linked to pathways awaiting complex acute care provided diagnostics.
- Therapies waits remain robust with 100% of under 18s seen within 14 weeks. Three adult pathways breached the 14 weeks target and two of these pathways are for audiology (adult hearing aids).
- Provider cancer pathway performance for outpatients and diagnostics remains robust with key diagnostics (endoscopy) being carried out within target. Referrals into the service were slightly below average with 39 recorded in January. Downgrades within 28 days performance fell slightly to 29.2% but remains challenged by numerous factors including acute centre diagnostics and reporting delays. Finally, in January 45.5% of pathways went straight to diagnostic endoscopy.

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- Overall performance in January was good for planned care however improvement has slowed. Challenges remain with in-reach capacity fragility, and complex diagnostic delays (delays in commissioned diagnostics) affecting specialties including Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost throughput especially for the key urgent and urgent suspected cancer pathways in Q4.

#### Mental Health:

- Under-18s: Compliance was achieved in January for assessments, interventions, specialist child and adolescent mental health services (SCAMHS) and care treatment plans (CTP).
- For Adults there is a mixed picture showing the effects of absence on small teams:
  - Assessments: Performance has fallen from 78.7% to 58.0% in January (target of 80%). Staffing fragility including sickness and leave impacted capacity during this period, however the preliminary reports for February show that performance significantly improves.
  - Interventions: Linked to staffing challenges the performance has declined from 95.6% to 79.0%, falling below both target and trajectory for January.
  - CTP compliance: Performance has stabilised seeing slight improvement from 78.6% to 79.1% in January which is expected to continue throughout Q4.
  - Psychological therapy waiting times compliance has improved to 66.4% in January from 63.1% in December.

#### Neurodevelopmental Services:

- Significant challenges persist, with no improvement in performance against the nationally reported measure in January (24.4% compliance). Waiting times against the measure will continue to be challenged as the improvement plan is rolled out across service. A focus on longest waits for first appointments and conclusion of long open pathways of assessments was underway at the time as well redesign of the capacity to take from the back of the list and temporary extra capacity available via insourcing in Q4.
- As evidenced in the Escalation Oversight Group reports the effects will be seen in the February and March reports, with assurance from the service that there will be 0 patients waiting over 104 weeks by the end of March.

#### Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 4 minutes for triage and 5 minutes for senior clinician assessment. This will be kept under review as the temporary service changes progress.

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## **Commissioned services**

### **Planned care:**

- Long waits remain challenging; although Welsh providers show slow progress on RTT targets there is a significant risk to their overall compliance at the end of year. The Commissioning and Finance team continue to track the ongoing effectiveness of the additional planned care funding that has been released to Welsh providers. Total waiting lists continue to grow, with increasing demand forecast and risk of further breaches.
- Pathways in NHS England tend to result in faster treatment than NHS Wales, though key wait bands remain a concern. The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) pathways continue to report a special cause concern for the cohort sizes (increasing) in long wait bands and specifically continue to have challenging long waits 2+ years for complex spinal pathways. The Shrewsbury and Telford Hospital NHS Trust (SATH) are challenged with whole system pressures. A revised trajectory has been requested from the provider.

### **Cancer Pathways:**

- Performance against the 62-day target remains poor in both English and Welsh commissioned services, with diagnostic delays, outpatient, and treatment capacity provided as key reason of delay via assurance and monitoring engagement. Wye Valley NHS Trust (WVT) is PTHB's only commissioned provider that is showing consistent positive improvement towards English targets and reports better than All-England average for most measures.

### **Commissioned Emergency Care:**

- Welsh Ambulance Service (WAST) 8-minute response times to RED calls remain poor but have improved in January reporting 47.9%.
- 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.
- It should be noted that The Shrewsbury and Telford Hospital NHS Trust (SATH) data has not been available since July-24 following reporting challenges.

## **Month 8 measures by escalation level**

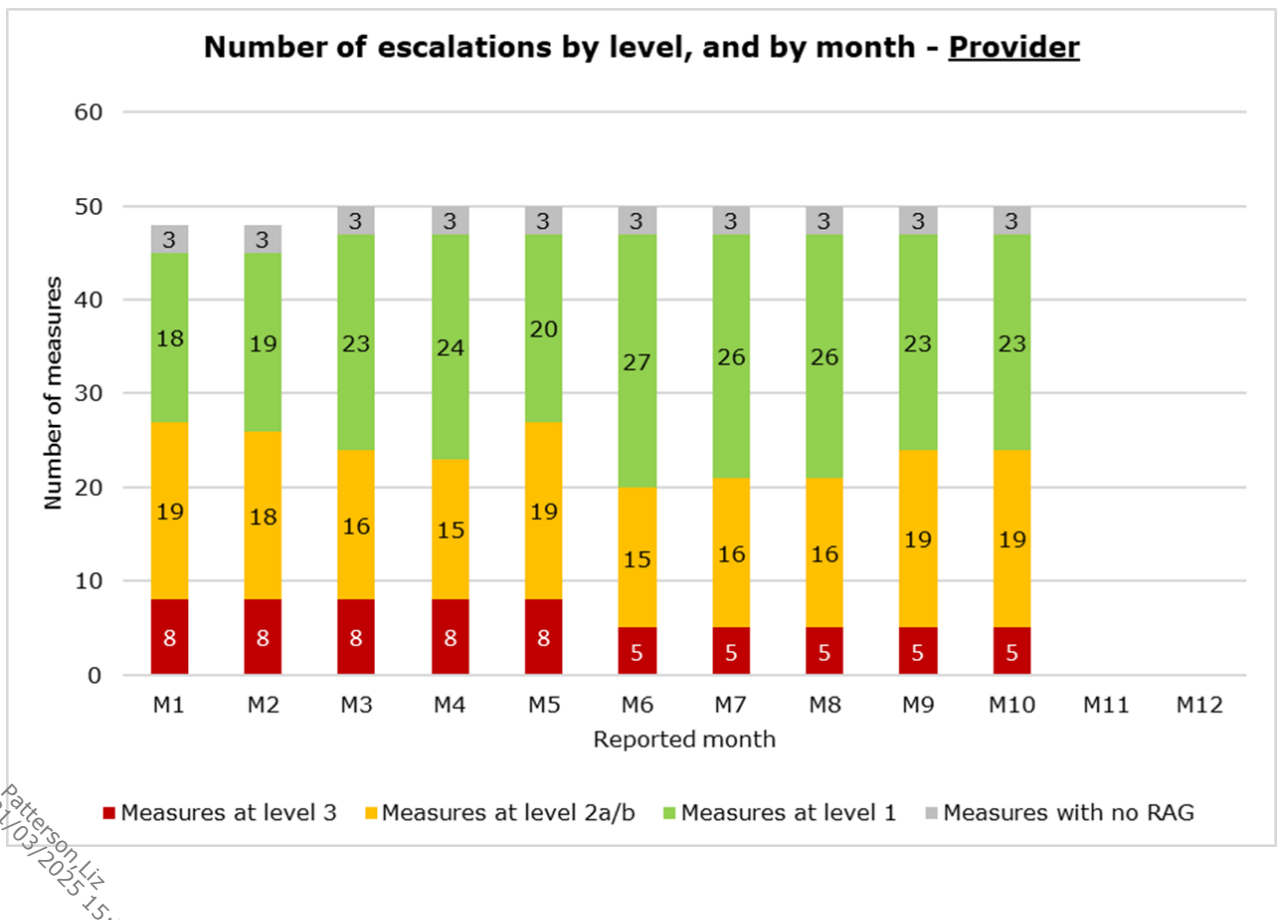
There are a total of 50 reportable measures, with 5 remaining at level 3 as follows:

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

- Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over.
- 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.
- Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.

A further 19 are rated at level 2a, and 23 are achieving level 1 compliance e.g., no issues reported. To note measure 1 "Percentage of adult smokers who make a quit attempt via smoking cessation services" is rated as level 1, although not compliant in Q2 they are on track for meeting their respective end of year performance target (cumulative annual target). A further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions by 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 that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.





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Key performance indicators 2024/25 (Health Board submitted trajectories)

For the January 2025 snapshot the Health Board reports compliance on 4 of 6 Powys applicable submitted key performance indicator trajectories. The measures unable to meet trajectory are:

- Patients waiting over 8 weeks for a diagnostic, this missed a trajectory of zero with 70 pathway breaches reported.
- Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over this missed the submitted trajectory of 85.6% reporting 79.0% in January.

Please note that for the below tables scoring is colour and icon coded dependant on compliance of trajectory and national target, please note that:

- Value cell shading is **red/green** and denotes compliance to health board submitted trajectory as a key performance indicator.
- Value cell icon either green tick  or red cross  denotes compliance against the NHS Performance Framework target (mental health improvement trajectory targets match the NHS performance targets bar two with slight variation as noted in table).

Ministerial Priority Measures			Baseline	Month											
Measure	NHS Performance Target	KPI Improvement Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25		
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0	0	0	
				Actual											
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0	0		
				Actual											
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0	0		
				Actual											
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0	0		
				Actual											
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%		
				Actual											
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%		
				Actual											

Of the key mental health improvement trajectories submitted by the health board, 4 of the 9 performance orientated measures have achieved the health board trajectory in January.

Non-compliant to trajectory/target measures include;

- Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment. The measure reported 24.4% (Jan-25) against a target of 80% and the health board set trajectory of 45% for the same period.
- Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt

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of referral. This measure reported 58% against an 80% national target and health board trajectory for the same period (Jan-25).

- Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged 18 years and over. The measure reported 79% compliance against the 80% national target and 86% health board set trajectory (Jan-25).
- Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over. Performance improved but did not meet the 90% national target and health board set trajectory for January.
- Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health. Again, measure performance improved but does not meet the 80% national target or 95% health board set trajectory.

Policy Lead Priority Measures			Month											
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	
Under 18's	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	
			Actual	98.0%	98.1%	100.0%	94.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	
			Actual	80.0%	86.5%	83.7%	93.1%	90.0%	87.5%	92.1%	89.2%	92.9%	86.7%	
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	
			Actual	94.1%	93.9%	90.8%	91.0%	93.6%	94.9%	94.9%	97.8%	94.8%	96.3%	
Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%		
		Actual	45.4%	45.8%	39.6%	42.0%	37.2%	34.3%	30.9%	30.5%	27.3%	24.4%		
SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		
		Actual	98.0%	92.7%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%		
18 years and over	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	70.0%	70.0%	70.0%	75.0%	75.0%	75.0%	75.0%	75.0%	80.0%	80.0%	
			Actual	44.1%	54.1%	69.2%	74.0%	45.3%	46.7%	58.7%	71.4%	78.7%	58.0%	
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	
			Actual	95.2%	95.3%	93.0%	95.1%	87.5%	91.7%	92.3%	98.3%	95.6%	79.0%	
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%	90%	90%	90%	90%	
			Actual	89.0%	90.4%	91.3%	91.5%	90.6%	89.6%	88.6%	84.1%	78.6%	79.1%	
Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%	95.0%	95.0%	95.0%	95.0%		
		Actual	75.1%	69.4%	75.2%	76.9%	78.7%	79.9%	72.9%	67.0%	63.1%	66.4%		

**NEXT STEPS:**

- 2025/26 Performance Framework is now available, trajectory setting will be undertaken through Q4 2024/25.
- Performance information for January to be utilised for Annual Report.

**IMPACT ASSESSMENT**

Not required for this report.

Patterson, Liz  
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# Powys Teaching Health Board

## Integrated Quality & Performance Report

Month 10  
Updated on 14/03/2025

Version – Full IQPR for Board 26 March 2025

Patterson.Liz  
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Delivery Area	Report section
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# Background of the IQPR

## What is the Integrated Quality & Performance Report (IQPR)

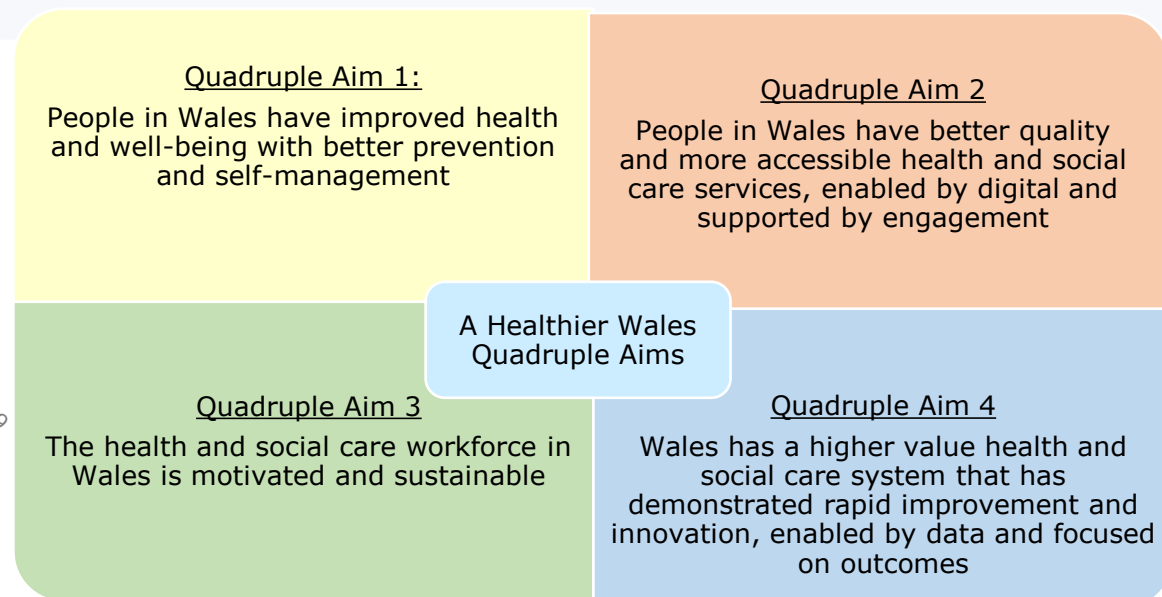
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The IQPR uses key NHS Performance Framework measures updated for 2024/25 which include Ministerial priorities and other 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 2024 to 2025 | GOV.WALES](https://gov.wales/nhs-wales-performance-framework-2024-to-2025)



## 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 IQPF is a revision of the 2023/24 Integrated Performance Framework with a greater focus on quality, it remains undergoing phased implementation across the health board.

Key for the framework is the 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](#)

# 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)	<ul style="list-style-type: none"> <li>Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.</li> <li>No exceptions or quality concerns.</li> <li>Sound governance arrangements in place.</li> <li>Performance within expected targets either national or local</li> </ul>	<ul style="list-style-type: none"> <li>No escalation action.</li> <li>Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.</li> </ul>	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	<ul style="list-style-type: none"> <li>Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance.</li> <li>Sustained deterioration on 1 or more domain.</li> </ul> <p><b>This can include:</b></p> <ul style="list-style-type: none"> <li>Failure to deliver on an NHS Performance Framework target or local target trajectory.</li> <li>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.</li> <li>Failure of quality standard.</li> <li>Where SPC methodology notes variance of concern.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</li> <li>Recovery plan to be developed that address issues to be recovered/improved.</li> <li>Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG.</li> <li>Reported through to Executive Committee.</li> <li>Monthly reporting where appropriate via IQPR as an exception to performance.</li> </ul>	<p><b>Options include:</b></p> <ul style="list-style-type: none"> <li>IQPG engagement monthly with Executive</li> <li>Internal support as required (QI/vbhc/planning – issue dependent).</li> <li>Consideration of compliance with Professional clinical codes and standards and proportionate response.</li> <li>Consideration of compliance with managerial code of practice.</li> <li>Internal peer review.</li> <li>Executive support (directly or from other teams).</li> <li>Consider need for bespoke response.</li> <li>Minimum monthly updates to Executive Committee.</li> </ul>
Level 2b (Exception)	<p><b>Specially for finance:</b></p> <ul style="list-style-type: none"> <li>Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.</li> </ul>	Identified through monthly financial reporting	<p>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).</p> <p><b>Agreed action plan established:</b></p> <ul style="list-style-type: none"> <li>Monitored through financial reporting arrangements.</li> <li>Review period established if plan failing.</li> </ul>
Level 3 (Escalation)	<ul style="list-style-type: none"> <li>Serious concerns on quality and governance.</li> <li>Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives.</li> <li>Clear articulation of reasons for escalation and criteria for escalation.</li> </ul> <p><b>This can include:</b></p> <ul style="list-style-type: none"> <li>Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action.</li> <li>Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures.</li> <li>Performance recovery is failing to improve or maintain performance.</li> <li>Any significant failure of quality standard.</li> <li>Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</li> <li>Service Area or corporate directorate demonstrating recognition of issues and commitment to improve.</li> <li>Improvement/recovery plan required to address issues identified.</li> <li>Reported through to executive and relevant committee.</li> <li>Escalated frequency of IQPG meetings and resultant remedial action plan completion.</li> <li>Challenge review on appropriate shift to the Escalations Oversight Group (EOG).</li> <li>Monthly reporting where appropriate via IQPR as an exception to performance.</li> </ul>	<p><b>Actions could include:</b></p> <ul style="list-style-type: none"> <li>Escalation Oversight Group (EOG)</li> <li>Independent review of service/corporate department effectiveness.</li> <li>Deployment of appropriate HR policies e.g. Capability policy.</li> <li>Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria).</li> <li>Consideration of compliance with Professional clinical codes and standards and proportionate response.</li> <li>Consideration of compliance with managerial code of practice.</li> <li>Suspension or revision of service provision.</li> </ul> <p><b>De-escalation:</b> The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.</p> <p>A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.</p>

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## **Provider**

### **Planned care:**

- Diagnostic wait breaches reduced from 84 to 70 in January. Breaches predominately involve echocardiograms (66 pathways), endoscopy (1 pathway), and non-obstetric ultrasound (3 pathways). The health board is not achieving its ministerial priority trajectory although complexity around clinical practice change post trajectory in setting (Mar-24) has increased echo cardiogram demand significantly. Due to the agreed insourcing provision the position is projected to continue to improve to the end of March 2025, but it is not envisaged that the set trajectory of zero will be achieved.

- Referral to treatment (RTT) compliance remains positive :
  - 104-week waits: 0 pathways.
  - 52-week new outpatient waits: 0 pathways.

52-week treatment waits: increased breaches reporting 22 in January from the previous month (19). Breaches are predominately linked to pathways awaiting complex acute care provided diagnostics.

- Therapies waits remain robust with 100% of under 18s seen within 14 weeks, three adult pathways breach the 14 weeks target and two of these pathways are for audiology (adult hearing aids).
- Provider cancer pathway performance for outpatients and diagnostics remains robust with key diagnostics (endoscopy) being carried out within target. Referrals into the service were slightly below average with 39 recorded in January. Downgrades within 28 days performance fell slightly to 29.2% but remains challenged by numerous factors including acute centre diagnostics and reporting delays. Finally in January 45.5% of pathways went straight to diagnostic endoscopy.
- Overall performance in January meets 2 out of 3 Ministerial priorities for planned care however improvement has slowed. Challenges remain with in-reach capacity fragility, and complex diagnostic delays (delays in commissioned diagnostics) affecting specialties including Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost throughput especially for the key urgent and urgent suspected cancer pathways in Q4.

### **Mental Health:**

- Under-18s: Compliance achieved in January for assessments, interventions, specialist child and adolescent mental health services (SCAMHS) and care treatment plans (CTP).
- For Adults:
  - Assessments: Performance has fallen from 78.7% to 58.0% in January (target of 80%). Staffing fragility including sickness and leave impacted capacity during this period, however February preliminary reports performance that significantly improves.
  - Interventions: Linked to staffing challenges performance has declined from 95.6% to 79.0%, falling below both target and trajectory for January.
  - CTP compliance: Performance has stabilised seeing slight improvement from 78.6% to 79.1% in January which is expected to continue throughout Q4.
  - Psychological therapy waiting times compliance has improved to 66.4% in January from 63.1% in December.

### **Neurodevelopmental Services:**

- Significant challenges persist, with no improvement in performance against the nationally reported measure (24.4% compliance Jan-25). Waiting times against the measure will continue to be challenged as the improvement plan is rolled out across service. A focus on longest waits for first appointments and conclusion of long open pathways of assessments is underway.
- Temporary extra capacity available via private insource Q4.
- Until the service backlog is resolved there remains an ongoing risk to achieving a performance improvement against the national measure.

### **Emergency Care:**

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 4 minutes for triage and 5 minutes for senior clinician assessment. This will be kept under review as the temporary service changes progress.

## **Commissioned services**

### Planned care:

- Long waits remain challenging, though Welsh providers show slow progress on RTT targets there is a significant risk of their overall compliance at the end of year. The Commissioning and Finance team continue to track the ongoing effectiveness of the additional planned care funding that has been released to Welsh providers. Total waiting lists continue to grow, with increasing demand forecast to risk further breaches.
- Pathways in NHS England tend to result in faster treatment than NHS Wales, though key wait bands remain a concern. The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) pathways continue to report a special cause concern for the cohort sizes (increasing) in long wait bands and specifically continue to have challenging long waits 2+ years for complex spinal pathways. The Shrewsbury and Telford Hospital NHS Trust (SATH) are challenged with whole system pressures.

### Cancer Pathways:

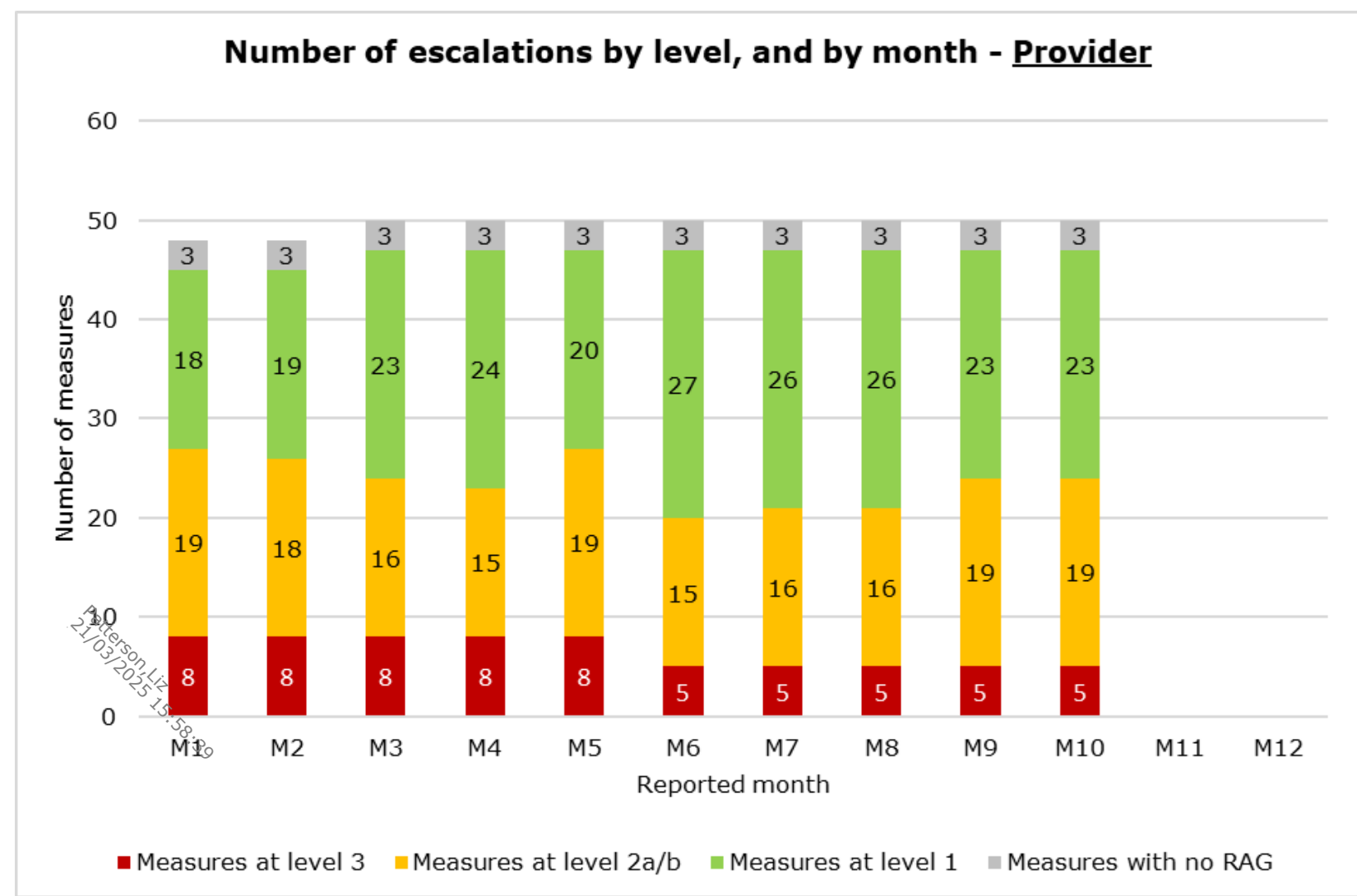
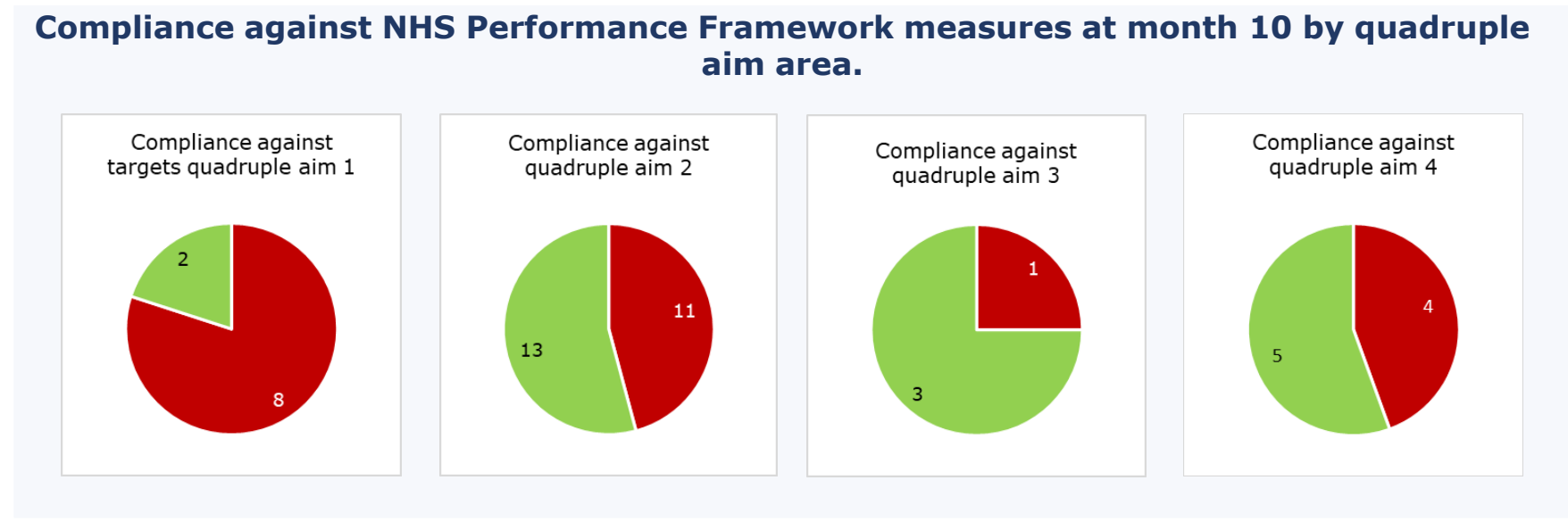
- Performance against the 62-day target remains poor in both English and Welsh commissioned services, with diagnostic delays, outpatient, and treatment capacity provided as key reason of delay via assurance and monitoring engagement. Wye Valley NHS Trust (WVT) is the only Commissioned provider that is showing consistent positive improvement towards English targets and reports better than All-England average for most measures.

### Commissioned Emergency Care:

- Welsh Ambulance Service (WAST) 8-minute response times to RED calls remain poor but have improved in January reporting 47.9%.
- 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.
- It should be noted that The Shrewsbury and Telford Hospital NHS Trust (SATH) data has not been available since July-24 following reporting challenges.

# Visual summary of performance at month 10 (January 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.



- 50 quantitative measures as a provider are reportable of the 52 total in the NHS Performance Framework with the inclusion from June of median emergency unit wait times.
- This graph provides the escalation level of NHS Performance measures for the health board that are applicable to the provider e.g., no commissioned 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 be raised as a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no RAG rating 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.

# 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	<b>Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment</b>								Escalated by Powys Performance team for historic and current poor target compliance	In-reach consultant unavailable during Q1, Q3, Q4 due to unplanned circumstances, backfill provided by in-source provider.	Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place end of March 2025. Insource capacity utilised for both screening and symptomatic service. The measure performance is not reflective of PTHB access times as a provider with PTHB often achieving or exceeding the 4-week target. PTHB Performance Team resolving reporting with Public Health Wales colleagues ongoing.
	Period	Dec-24	Target	90%	Actual	10.0%	SPC icon				
17	<b>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over</b>								Escalated by Powys Performance team for historic and current poor target compliance.	Staffing fragility including shortfall in administration capacity, practitioner sickness and vacancies, and summer annual leave at time of increased referrals.	There is now a regular mechanism (Weekly LPMHSS touchpoint meetings review Part 1a and 1b demand and capacity) that dynamically reviews position and required mitigation and can escalate any specific performance pressures in a timely way. Recruitment 3 FTE Mental Health Practitioners, and 1 agency mental health practitioner February position has already improved and anticipate this will now stabilise.
	Period	Jan-25	Target	80%	Actual	58.0%	SPC icon				
26	<b>Number of patients waiting more than 8 weeks for a specified diagnostic</b>								This metric has been escalated due to ongoing service pressure and non-compliance against Welsh Government set target. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group linked to in-reach fragility.	Key challenge within Echo-cardiograms because of in-reach fragility of ABUHB. Patients are also now sent straight to test by consultant prior to first outpatient appointment increasing demand. Endoscopy challenged primarily through in-reach service capacity in South Powys. Increased demand and urgency. NOUS challenge linked to North Powys in-reach from BCUHB.	Cardiology in-reach service escalated via CQPRM with ABUHB. Operational review of capacity ongoing with additional clinics being undertaken within the PTHB Community Cardiology service. Full evaluation of Community Cardiology Service to be undertaken in March 2025. Expected business case for service to be expanded to mid and south Powys in Q1 2025. Key use of agency to support NOUS.
	Period	Jan-25	Target	0	Actual	70	SPC icon				
31	<b>Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%</b>								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. This measure remains escalated until suitably resolved with Executive signoff.	Service pressure and demand to prioritise urgent and cancer pathways reducing FUP capacity. Ongoing data quality and validation challenges including patient administration system problems which are being resolved working with national team.	Ongoing validation work with Performance, Service, and Data & Business Intelligence (D&BI) department led by an Executive escalation group. SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
	Period	Jan-25	Target	< same month pre. year	Actual	1171	SPC icon				
34	<b>Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment</b>								Challenged whole pathway compliance with significant wait times for patients. Performance continues to fall against the measure and because of ongoing concern the Neurodevelopment service has been escalated to level 3. This service challenge has also triggered the Executive led Escalation Oversight Group process.	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 RTT and waiting list backlog. The measures pathway to assessment time will continue to worsen whilst those in the 'Assessments in progress' (Internal waiting list) backlog are addressed. Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service has been unable to meet the demand with the current model. Inability to recruit additional ND skilled workforce within timeframe, funded by the WG 24/25 waiting list initiative monies outlined below	Service delivery model improvements commenced December and January with focus on longest waits for first appointments and conclusion of long open pathways of assessment. Internal waiting list is being prioritised to ensure timely completion of pathway when children are removed from the measured pathway to assessment target, this will impact future performance in the short term whilst robust pathways are being developed. Robust scheduling in place with the utilisation of joint appointments. Commencements of improved clinic scheduling inclusive of weekend offering.
	Period	Jan-25	Target	80%	Actual	24.4%	SPC icon				

# 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	<b>Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks</b>								Measure not meeting target	Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.	Drop-in CO validation clinics in Welshpool and Brecon. Local pharmacies offering CO validation to community clients in Newtown.
	Period	Q2 2024/25	Target	40% Annual target	Actual	15.6%	SPC icon	N/A			
3	<b>Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)</b>								Measure not meeting target	Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.	Drop-in CO validation clinics in Welshpool and Brecon. Local pharmacies offering CO validation to community clients in Newtown.
	Period	Q3 2024/25	Target	4 Quarter Improvement Trend	Actual	65.5%	SPC icon	N/A			
4	<b>Percentage of children who are up to date with the scheduled vaccinations by age 5</b>								Measure not meeting target	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
	Period	Q2 2024/25	Target	95%	Actual	93.0%	SPC icon	N/A			
5	<b>Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15</b>								Measure not meeting target	Obtaining signed parental consent forms can be challenging when vaccinating in schools.	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
	Period	Q2 2024/25	Target	90%	Actual	78.6%	SPC icon	N/A			
6	<b>Percentage uptake of the influenza vaccination amongst adults aged 65 years and over</b>								Measure not meeting target	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.	Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks. Additional targeted support for GP practices to improve uptake. Opportunistic vaccination offered through HB vaccination centres from December 2024.
	Period	Jan-25	Target	75%	Actual	68.6%	SPC icon	N/A			
7	<b>Percentage uptake of the COVID-19 vaccination for those eligible</b>								Measure not meeting target, performance below previous year at same time point. Autumn booster started from October 2024.	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 are not included in invitations for a booster.	Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics. Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels
	Period	Jan-25	Target	75%	Actual	50.9%	SPC icon	N/A			






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# 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
12	<b>Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes</b>								Measure not meeting target	Performance is not as expected but has remained stable for both Type 1 and 2 patients across Powys. Powys remains the highest performing Health Board in Wales. Performance particularly low in foot surveillance and Urine Albumin.	Task and finish group being established with Executive leadership. Focussed work to be undertaken through clusters and GMS collaborative.
	Period	Dec-24	Target	> same month pre. year	Actual	48.5%	SPC icon	N/A			
18	<b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged 18 years and over</b>								Measure not meeting target	Staffing capacity impacted by leave and sickness has resulted in part 1 b performance in January. In recovery of Part 1a, more assessments have been undertaken than ever before in PTHB LPMHSS. Clearly this impacts on capacity for interventions, however, the Service have worked hard to align February improvement trajectories in both Part 1a and Part 1b.	Re-balance of Part 1a Assessment capacity to Part 1b interventions during February will see a marked improvement and return to target of 80% being achieved in March 2025.
	Period	Jan-25	Target	80%	Actual	79.0%	SPC icon				
19	<b>Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes</b>								Measure not meeting target	This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs. Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.	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.
	Period	Jan-25	Target	65%	Actual	47.9%	SPC icon				
20	<b>Median emergency response time to amber calls</b>								Measure not meeting target	Demand for urgent care services continues to increase including calls to 999 ambulance services.	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).
	Period	Jan-25	Target	12-month reduction target	Actual	01:13:20	SPC icon				
28	<b>Number of therapy breaches 14+ weeks (all ages)</b>								Measure not meeting target	None reported as of 07/11/2024	Validation process reviewed with service and updated.
	Period	Jan-25	Target	0	Actual	3	SPC icon				
29	<b>Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology</b>								Measure not meeting target	Unplanned sickness and cancellation of clinics. North Powys long term agreement with BCUHB poor waiting times. In-equity of access between North and South Powys.	Planned roll out of the First Point of Contact Advanced Audiology service in one site in North Powys in Quarter 4, to improve the quality of the referrals into the North Powys Audiology service and potentially increase the capacity of the adult hearing aid pathway.
	Period	Jan-25	Target	0	Actual	2	SPC icon				
33	<b>RTT patients waiting more than 52 weeks</b>								Measure not meeting target	Continued challenges from in-reach provider capacity. Key specialties under pressure include Orthopaedics, ENT, and General Surgery. There is a challenge with reliance on acute care diagnostics.	Continue to closely manage SLA providers and optimise case management.
	Period	Jan-25	Target	0	Actual	22	SPC icon				
35	<b>Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</b>								Measure not meeting target	The recent dip in performance has been principally attributed to: <ul style="list-style-type: none"> <li>Recruitment pause/freeze from Nov/Dec 2024 causing delay in the replacement of staff through recruitment.</li> <li>This deterioration in performance has been caused by short term pressures.</li> </ul>	In addition to the WG supported waiting lists initiative which is ongoing with an additional Band 7 and Band 6 (plus administrative support added to the) above establishment, through some focused work and extension of a locum on a temporary basis (within establishment, funded by vacancies and unrelated to recruitment pause) we anticipate the position to gradually improve (Feb performance in projected to be 70%).
	Period	Jan-25	Target	80%	Actual	66.4%	SPC icon				

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
39	<b>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)</b>								Measure 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 has continued to have an impact in the delivery of PADRs.	Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. Low compliance is addressed with individual managers and signposting to guidance also takes place
	Period	Jan-25	Target	85%	Actual	81.7%	SPC icon				
42	<b>Percentage of calls ended following WAST telephone assessment (Hear and Treat)</b>								Measure not meeting target – please note that no new data has been made available since April 2024. This has been raised with the Welsh Government Performance team.	This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.	Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
	Period	Apr-24	Target	17% or more	Actual	10.3%	SPC icon				
43	<b>Number of Pathways of Care delayed discharges</b>								Measure not meeting target. Of the delayed discharges only 2 were because of NHS bed related issues.	<ul style="list-style-type: none"> <li>Increased deconditioning following extended stays.</li> <li>Increased assessment delays trending upward.</li> <li>Limitations of domiciliary care market and wider social care provision market capacity &amp; responsiveness.</li> <li>Increasing community demand.</li> <li>Delayed social care allocation and assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Increased discharge liaison officers in post.</li> <li>Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge.</li> <li>Working with Powys County Council (PCC) to facilitate improved Domiciliary care market capacity and better understand demand.</li> <li>Current test of change for several Community Hospital sites operating model (Ready To Go Home Units and Rehabilitation)</li> </ul>
	Period	Jan-25	Target	12-month reduction trend	Actual	70	SPC icon				
45	<b>Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over</b>								Measure not meeting target.	<ul style="list-style-type: none"> <li>Team Lead sickness has improved and some individual teams have been targeted to improve their compliance which should see improvement in next reporting period.</li> <li>The service continues to be significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. In order to mitigate and align to work to modernise and streamline services the new triage and assessment service was launched in September. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity as they are holding additional pressures whilst assessments are moved from teams to the SPOA.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Continue to advertise vacant positions.</li> <li>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.</li> </ul>
	Period	Jan-25	Target	90%	Actual	79.1%	SPC icon				
54	<b>Number of National Reportable incidents that remain open 90 days or more</b>								Measure not meeting target.	<ul style="list-style-type: none"> <li>Complexity of 2 NRI's since Q2 2022 and Q1 2023 have required significant timescales to investigate outside of control of PTHB. Delayed contributions to investigations by external agencies. Mental Health investigations have a longer 120-day window to complete, this will impact performance against the 90-day measure.</li> <li>There is limited resource within the Quality and Safety Team to provide support the completion of investigations.</li> </ul>	<ul style="list-style-type: none"> <li>Continued high level of support to services from the Head of Quality &amp; Safety.</li> <li>Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.</li> <li>Regular and ongoing communication with NHS Executive to ensure data is accurate.</li> <li>Currently review of the Incident Management Framework is being undertaken following a year of implementation; Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs.</li> </ul>
	Period	Jan-25	Target	12-month reduction trend	Actual	14	SPC icon				

# 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	Q2 2024/25	5% cumulative annual target	2.75%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Nov-24	90%	97.3%	
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Dec-24	95%	97.5%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100%	N/A
13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Jan-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	61.7%	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-24	Increase compared to the same month in the previous year	632	
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 <u>under 18 years</u>	Jan-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 <u>under 18 years</u>	Jan-25	80%	86.7%	
21	Median time from arrival at an emergency department to triage by a clinician	Jan-25	15 minutes or less	4	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Jan-25	60 minute or less	5	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	Jan-25	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Jan-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
27	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jan-25	100%	100%	

\*Measure 1 - Percentage of adult smokers who make a quit attempt via smoking cessation services. This measure although noncompliant in Q1 & Q2 against annual target is on trajectory to achieve 5% target by March 2025. As such the measure is meeting local delivery of agreed objectives and performance.

# 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
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jan-25	0	0	
32	Number of patients waiting more than 104 weeks for referral to treatment	Jan-25	0	0	
36	Percentage of sickness absence rate of staff	Jan-25	12-month reduction trend	5.3%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Oct-24	Rolling 12-month reduction against a baseline of 2019/20	9.4%	
38	Agency spend as a percentage of the total pay bill	Jan-25	12-month reduction	7.6%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-24	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	Nov-24	90%	100%	
44	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	Jan-25	90%	96.3%	
46	Number of service user feedback experience responses completed and recorded on CIVICA	Jan-25	Month on Month Improvement	760	
51	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jan-25	12-month improvement trend towards national target of 95%	69.1%	

**Non-RAG rated measures** – Powys as a provider is not nationally benchmarked for infection control measures, as such they are not allocated a RAG rating.

47, 48, 49	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Jan-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)	Jan-25		8.79	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Jan-25		19.60	

## Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Principal Public Health Practitioner</b>
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Latest available	Q2 2024/25	Status of measure	Level 1
Reported performance	2.75%	Benchmark position (Wales)	4 <sup>th</sup> (2.63%)
Target	5% cumulative annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	Not applicable		

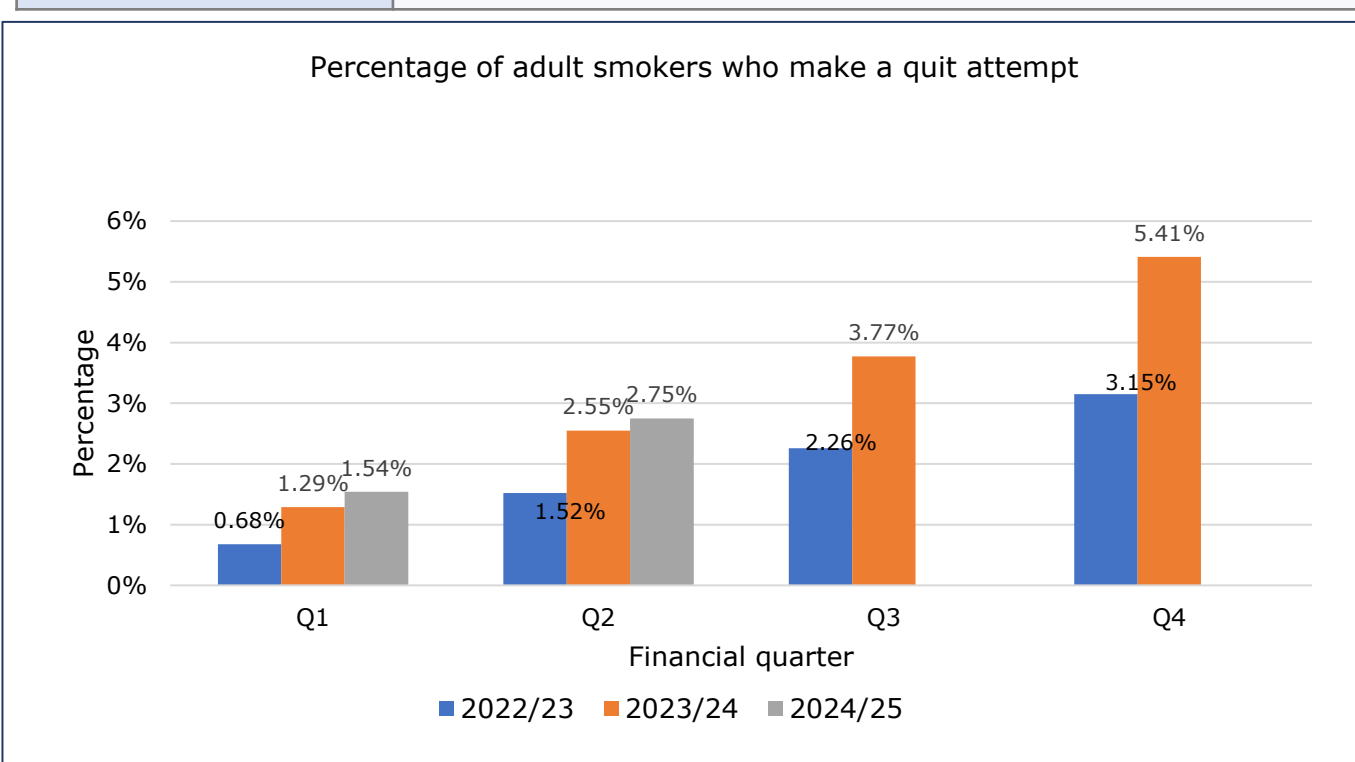
Challenges
<ul style="list-style-type: none"> <li>As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit and are often facing complex issues.</li> </ul>

### Actions & Mitigations

- Improving access and client focus:**
- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices to inform service delivery planning. In addition to individual face-to-face and telephone support, group support option is currently available in Brecon and Welshpool.
  - Clinical Lead in Smoking Cessation has engaged with PTHB community teams and outpatient clinics across Powys to promote the Smoking Cessation Service, and to encourage referral of smokers in Powys for Nicotine Replacement Therapy and behavioral support.
  - Referrals and CO monitoring of pregnant smokers in Powys have both improved. The teams with lower referral rates and CO monitoring rates have been offered further support from the Smoking Cessation team to try to increase CO monitoring and referral rates.

**Implementation of communication and engagement plan for public, professionals and partner agencies, including:**

- The GP Text message project targets registered smokers with offers of specialist support to quit. It is focused in areas of deprivation across Powys, currently running in 6 GP practices, including 2 new practices.
- NRT protocol for inpatients and the smoke free hospital policy continues to be promoted to PTHB staff.
- Powys Smoke Free Newsletter 2nd edition has been published and distributed widely amongst partners in Powys.
- Smoking Cessation Team have supported community events with promotional material and stop smoking adviser support.



### What the data tells us

Performance for Q1 and Q2 2024/25 is 2.75%, which is higher than the same period last year (2.55%), and is on track to achieve the 5% target again in 2024/25. The rolling 12-month performance is 5.61%

## Smoking - Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Principal Public Health Practitioner</b>
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Latest available	Q2 2024/25	Status of measure	Level 2a
Reported performance	15.6%	Benchmark position (Wales)	5 <sup>th</sup> (16.56%)
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?			

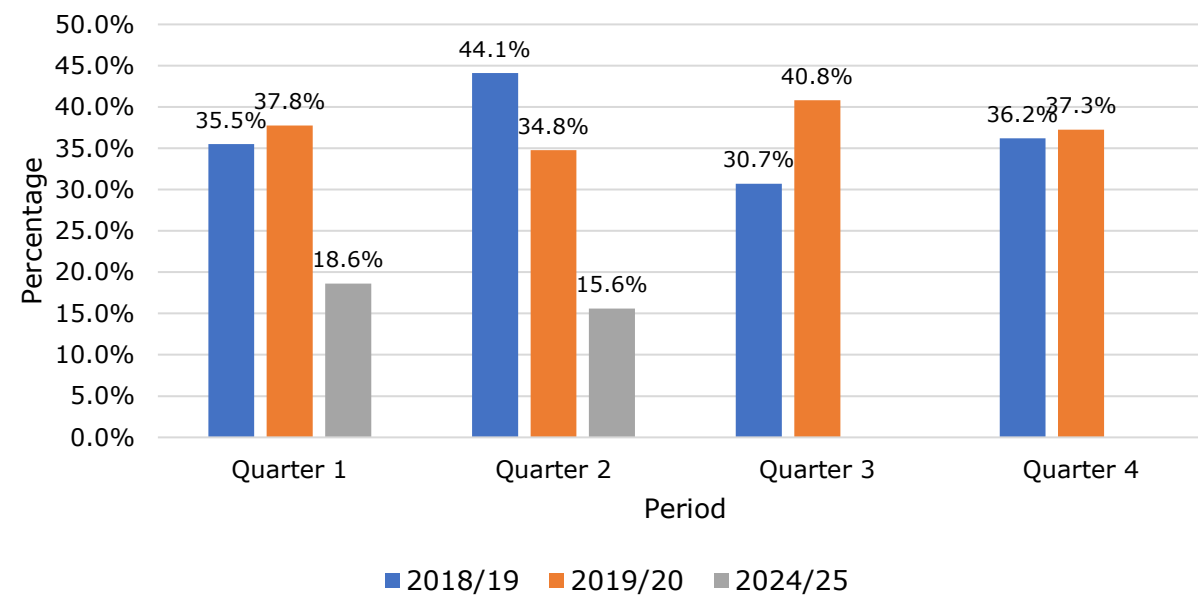
### Challenges

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

### Actions & Mitigations

- Drop-in 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 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.

Percentage of smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks



### What the data tells us

- In Q2 2024/25 15.6% made a quit attempt which was CO validated. Data submitted to WG for Q2 2024/25 shows 59% made a self-reported successful quit attempt.

Liz Patterson  
21/03/2025 15:58:39

**Substance Misuse** - Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)

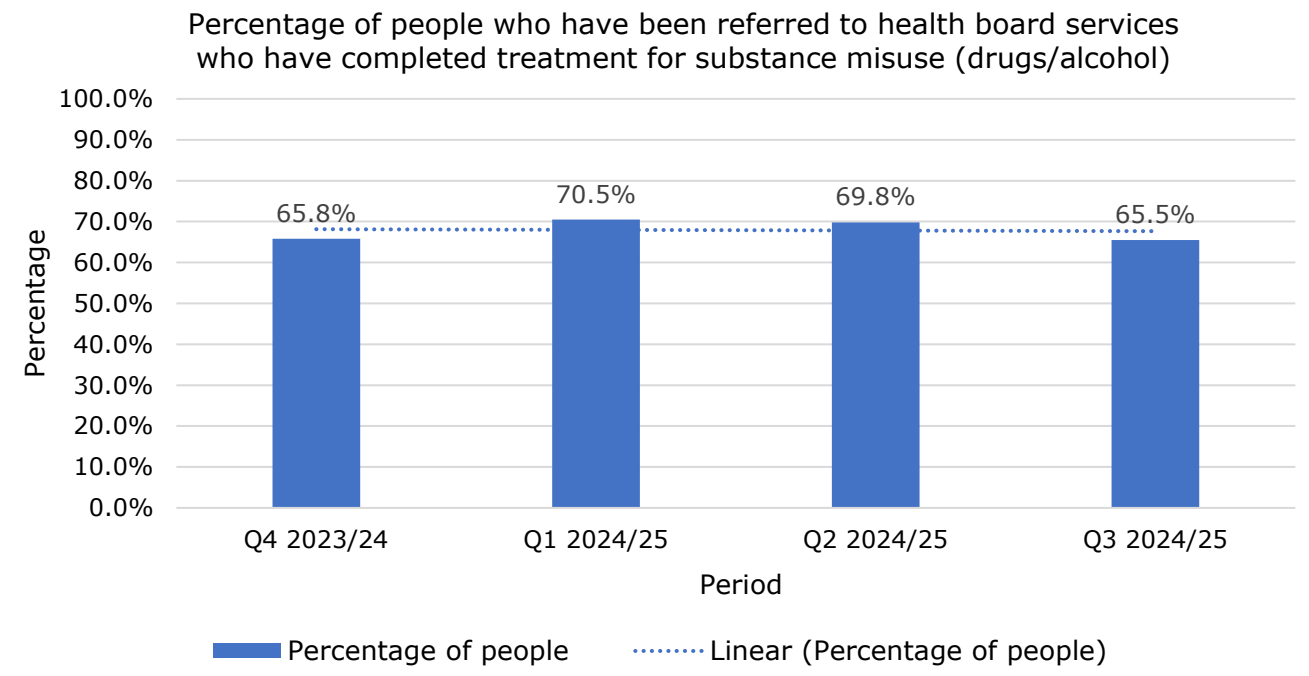
<b>Executive lead</b>	<b>Interim Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental Health</b>
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Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	65.5%	Benchmark position (Wales)	3 <sup>rd</sup> (56.2%)
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?			

Challenges
<ul style="list-style-type: none"> <li>• 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.</li> <li>• South Powys Dual Diagnosis worker role remains vacant.</li> <li>• Lack of f/t Clinical Lead role for APB.</li> </ul>

**Actions & Mitigations**

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from 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 SM funding to establish a Clinical Lead Post that will oversee Harm Reduction and Dual Diagnosis and will enhance clinical governance arrangements.



**What the data tells us**

- Performance has improved from 56.2% in Q3 to 65.5% in Q3.
  - The health board benchmarked 3<sup>rd</sup> in Wales with an All-Wales position of 56.2% for Q3 2024/25
- Person: Liz*  
*23/23/2025 15:58:39*

**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)

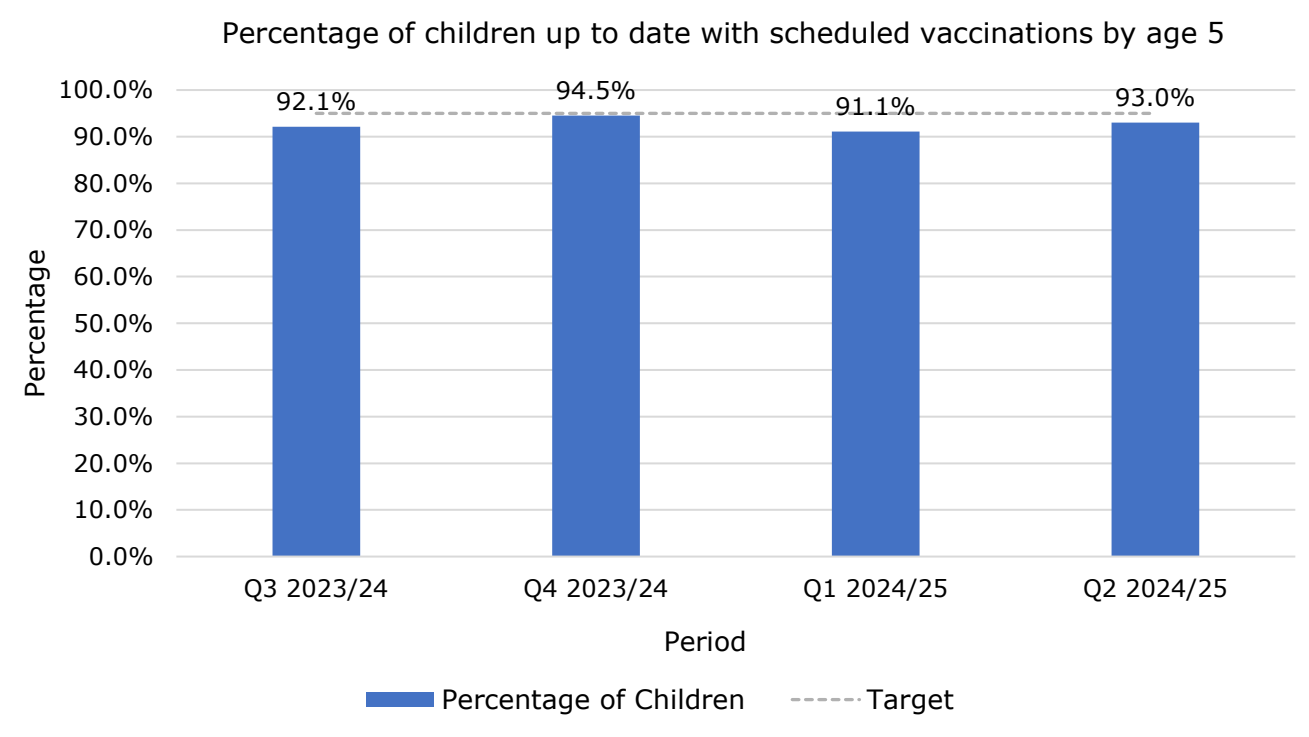
<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Head of Service: Public Health Programmes &amp; Services</b>
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Latest available	Q2 2024/25	Status of measure	Level 2a
Reported performance	93.0%	Benchmark position (Wales)	1 <sup>st</sup> (87.8%)
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		

Challenges
<ul style="list-style-type: none"> <li>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.</li> <li>Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care &amp; Child Health.</li> </ul>

**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. 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.
- 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 CHIPS pathway is currently being updated.



**What the data tells us**

- Reported uptake performance for Q2 (93.0%) remains just below target (95%) and is above Q1 2024/25 performance (91.1%). Uptake is highest in Wales.

*Liz Atkinson  
21/03/2025 15:58:39*

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

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Consultant in Public Health</b>
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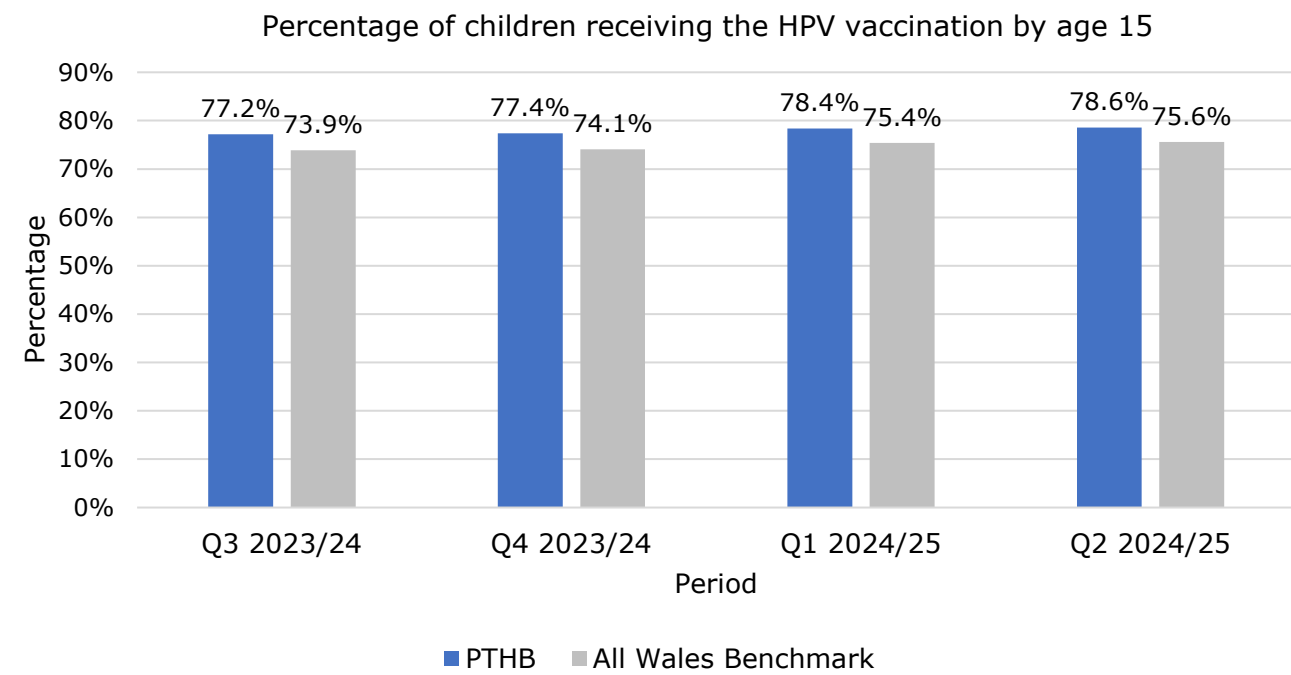
Latest available	Q2 2024/25	Status of measure	Level 2a
Reported performance	78.6%	Benchmark position (Wales)	3 <sup>rd</sup> (75.6%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		

### Challenges

- Obtaining signed parental consent forms can be challenging when vaccinating in schools.

### 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 is delivered in Powys schools during the quarter 1 (school summer term); uptake for Q1 2024 was 78.4%.
- Delivery of HPV vaccination consent forms will be via E-Consent, with the aim of increasing the return rate of consent, which in turn will increase uptake.



### What the data tells us

- Reported uptake improved slightly in Q2 2024/25 78.6% against the new 90% target for HPV vaccinations by age 15.
- Liz Patterson*  
21/03/2025 15:58:39

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

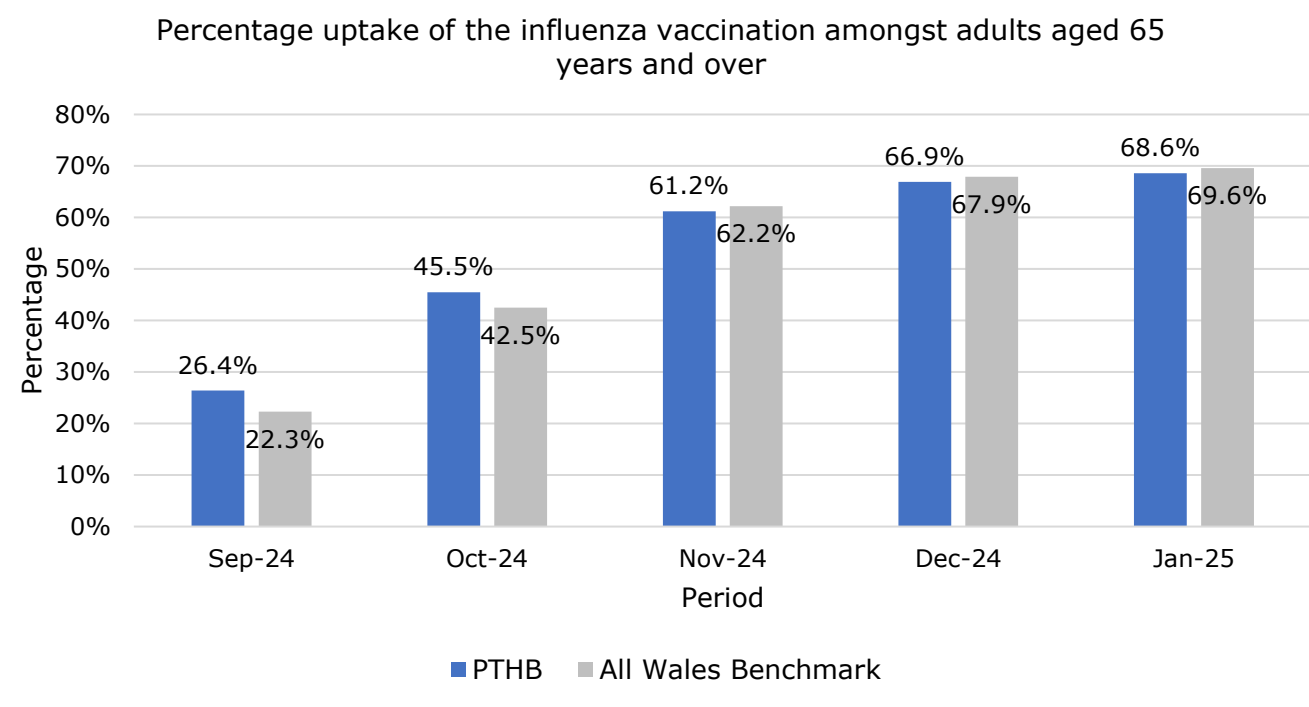
<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Head of Service: Public Health Programmes &amp; Services</b>
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Latest available	Jan-25	Status of measure	Level 2a
Reported performance	68.6%	Benchmark position (Wales)	5 <sup>th</sup> (69.6%)
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 23/24 season of vaccination has finished		

Challenges
<ul style="list-style-type: none"> <li>Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.</li> <li>Adult flu vaccine is offered through GP Practices and community pharmacies across Powys</li> <li>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 incomplete data and underreporting of uptake.</li> <li>Adult flu 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.</li> <li>Difficulty in identifying and targeting unvaccinated patients due to flu vaccines being recorded on GP systems</li> </ul>

### Actions & Mitigations

- Actions implemented
  - 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.
  - 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



### What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- Paterson, Liz  
21/03/2025 15:58:39*

## Vaccinations - Percentage uptake of the COVID-19 vaccination for those eligible - Spring and Autumn Booster 2024: All eligible people

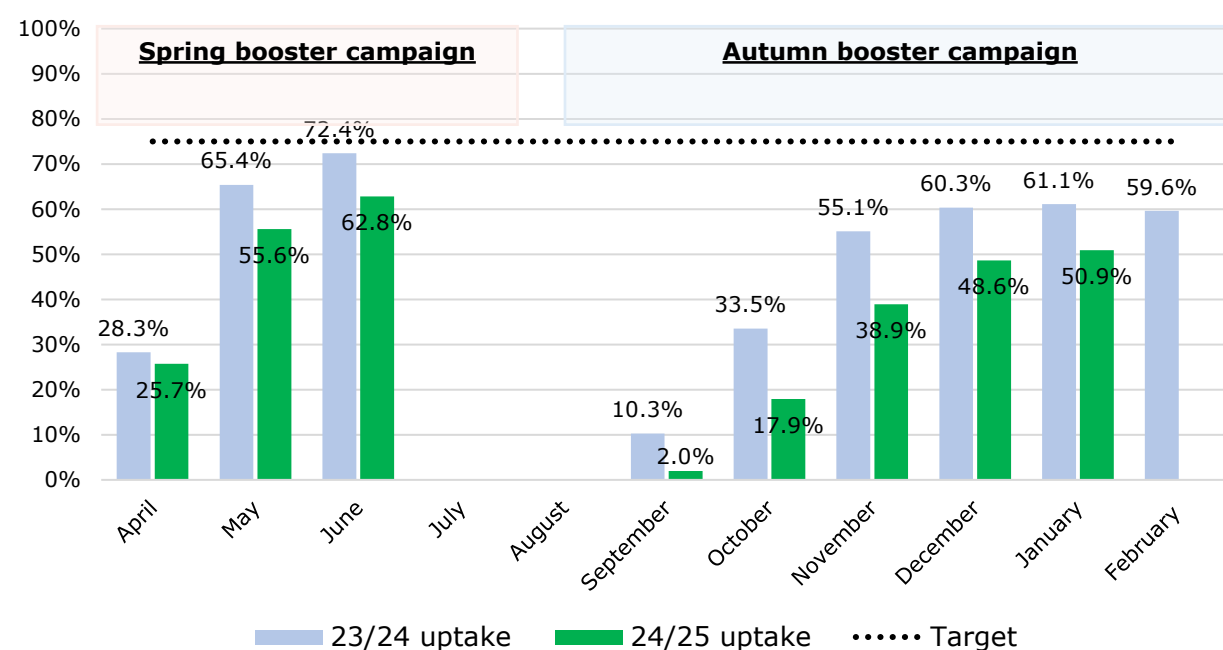
<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Head of Service: Public Health Programmes &amp; Services</b>
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Latest available	Jan-25	Status of measure	Level 2a
Reported performance	50.9%	Benchmark position (Wales)	1 <sup>st</sup> (46.4%)
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?			

### 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 included for a vaccination
- 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.

Percentage uptake of COVID-19 vaccination for those eligible



### Actions & Mitigations

- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.
- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels

### What the data tells us

#### Spring booster campaign

This campaign is complete, PTHB did not meet the 75% target to the end of June.

#### Autumn Vaccination campaign

- Autumn vaccination programme officially began 1 October 2024, although a small number of Powys citizens were vaccinated outside of Powys during September 2024.
- Uptake in the Autumn Campaign has reduced significantly from the 2023/24 campaign. This reduction has been mirrored across all Health Boards in Wales and vaccine fatigue is being reported across all Health Boards.

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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director Community Services</b>
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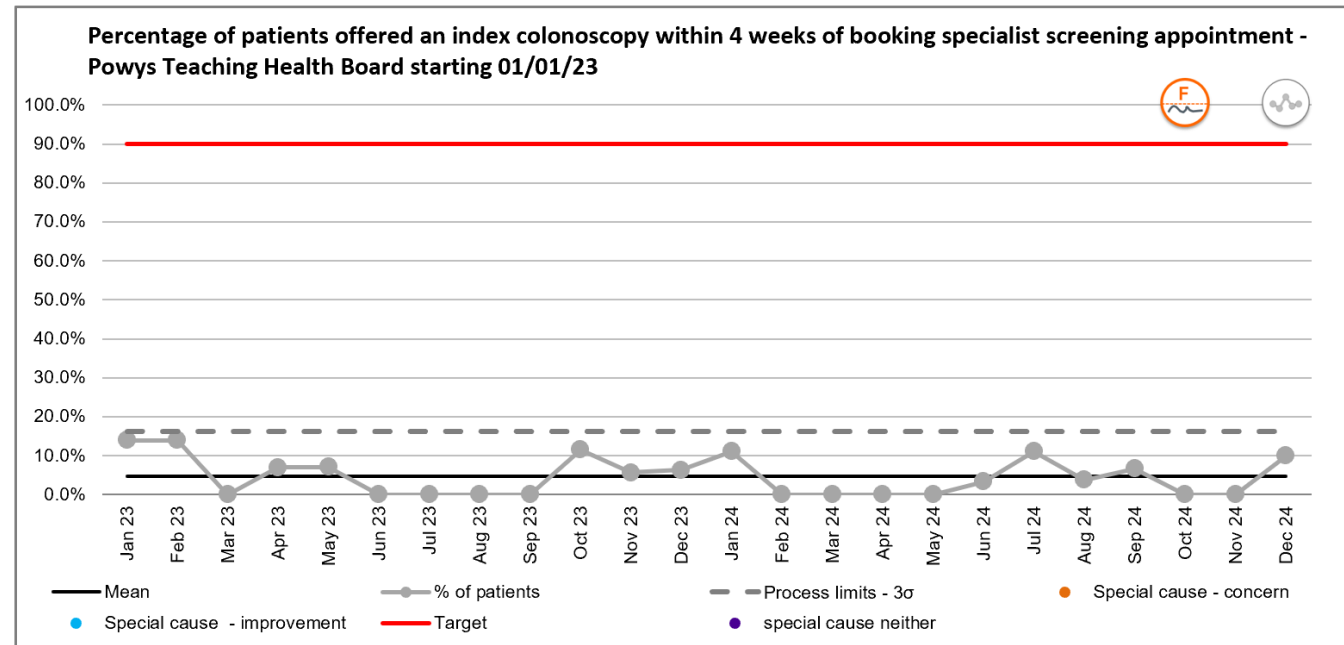
Latest available	Dec-24	Status of measure	Level 3
Reported performance	10.0%	Benchmark position (Wales)	7 <sup>th</sup> (32.5%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		

### Challenges

- In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- Service extremely fragile with in-source requirement to continue meeting current demand due to national shortage of colorectal capacity and acute care provider pressures including recent FIT test criteria from October is anticipated to increase demand.
- Further expansion of national FIT test criteria from October is anticipated to increase demand.
- Current insourcing arrangements will end in Feb 25, awaiting re-procurement process.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- 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.

### Actions & Mitigations

- Positive assurance review during Q3 with Public Health Wales, complimented in terms of service development and access times improvement.
- Increased number of patients being assessed and screened in PTHB, the service is also repatriating patients from CTMUHB pathways.
- Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q4.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Requested capacity for symptomatic and screening from commissioned health providers via the Contract Quality Performance Review Meeting (CQPRM)
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Successfully recruited two band 6 bowel screening specialist nurses.
- 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 Exec Feb 25 to progress.
- The measure performance is not reflective of PTHB access times as a provider with PTHB often achieving or exceeding 4 week target . PTHB Performance Team resolving with Public Health Wales colleagues.



### What the data tells us

- Powys performance against this measure is challenged reporting 10% in December 2024, All Wales performance is also challenged against this measure.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- During Q4 2024/25 the Performance team will be reviewing the data quality of this measure and checking methodology used. Actual waits within the provider are often better than the required 4-week target but it is non reflective within the percentage calculation.

**Screening** - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

<b>Executive lead</b>	<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Officer lead</b>	<b>Assistant Director of Women’s and Children’s Services</b>
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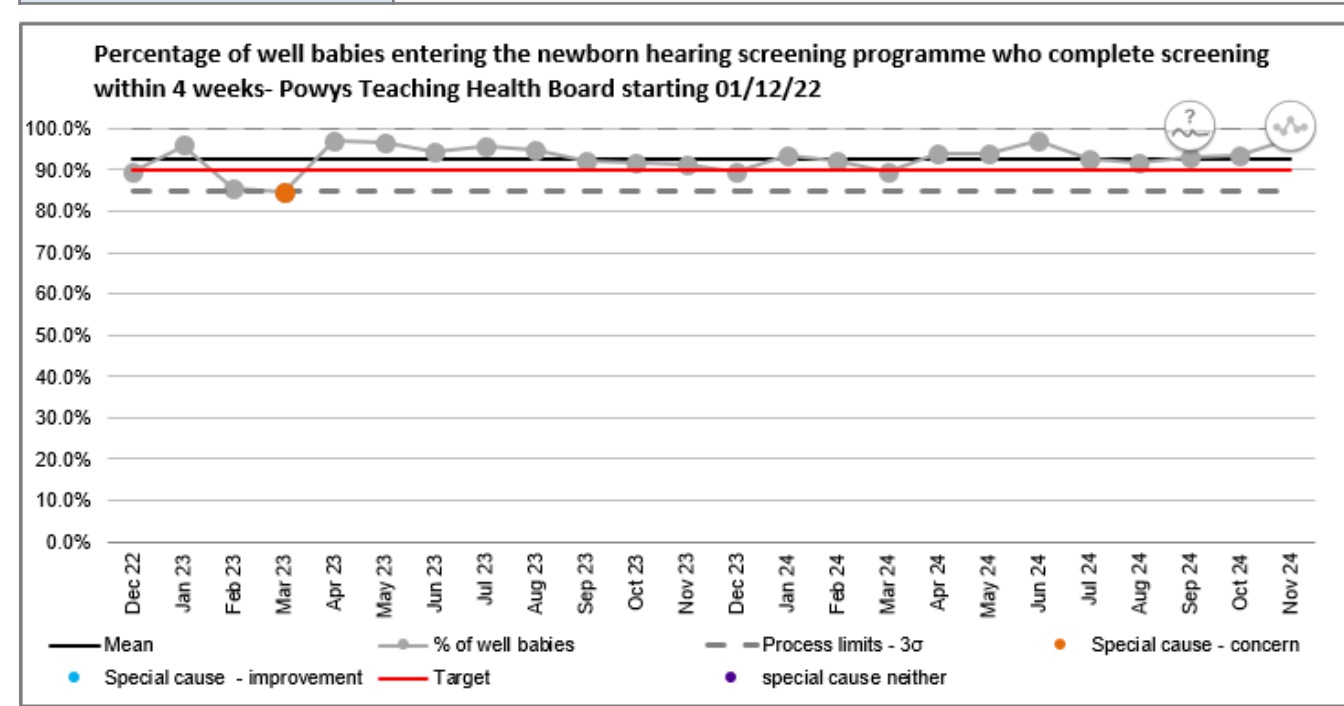
Latest available	Nov-24	Status of measure	Level 1
Reported performance	97.3%	Benchmark position (Wales)	6 <sup>th</sup> (98.7%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

**Challenges**

- No challenges reported as of 04/03/25

**Actions & Mitigations**

- No actions or mitigations reported as of 04/03/25



**What the data tells us**

- Powys performance reported 97.3% compliance in November against the 90% target (ranked 6th in Wales).
- All Wales performance for November is 98.7%.

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

Access & Activity

NHS Performance Measure – 10

Frequency - Monthly

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

<b>Executive lead</b>	<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Officer lead</b>	<b>Assistant Director of Women’s and Children’s Services</b>
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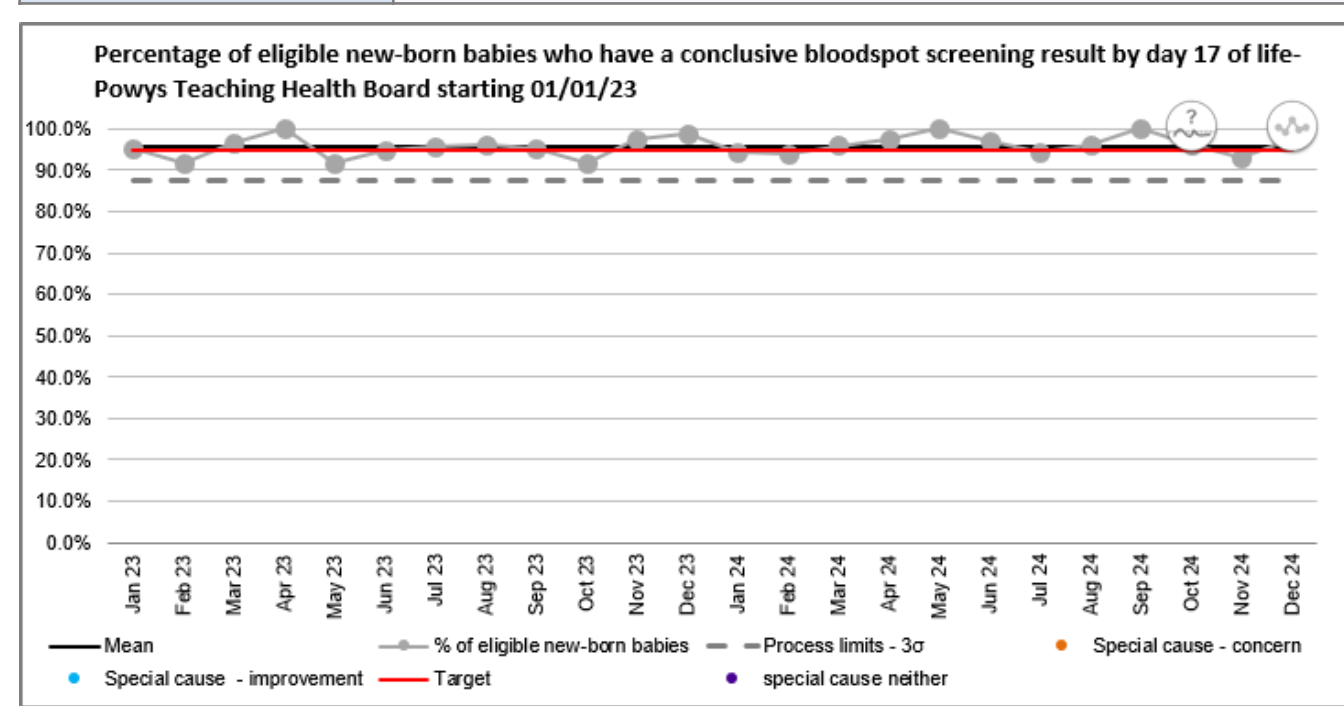
Latest available	Dec-24	Status of measure	Level 1
Reported performance	97.5%	Benchmark position (Wales)	1st (95.7%)
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		

### Challenges

- This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.

### Actions & Mitigations

- Continue to utilise the courier service to enhance timely collection and deliveries to laboratory.
- Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency.
- Collection days have been amended to improve transport to the laboratory.
- This was related to one baby that was based in special care and as it is postcode dependant, meant that as it was not taken within the 17 days, affected our rates. (so not related to midwifery in Powys)



### What the data tells us

- Powys Performance reported 97.5% in December against the national target of 95%. The health board ranks 1st in Wales against an All-Wales position of 95.7%.

Paterson, Liz  
21/03/2025 15:58:39

# 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 – 11 Frequency - Annual

### Primary Care - Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Primary Care</b>
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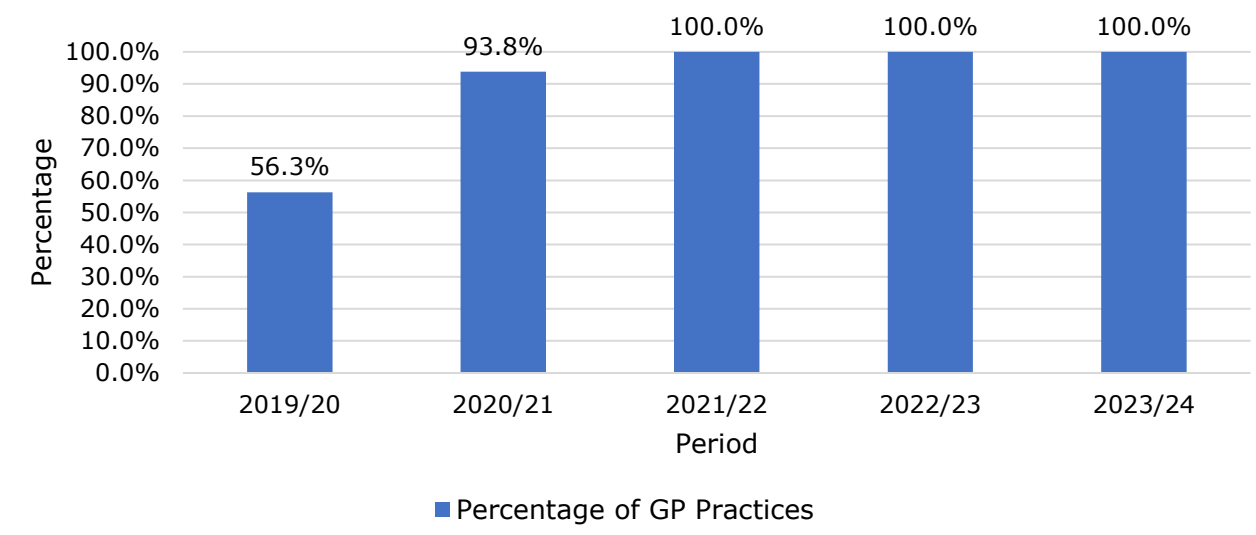
Latest available	2023/24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 <sup>st</sup> (97.3%)
Target	100%		
SPC assurance rating	Not applicable for this measure		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		

Challenges
<ul style="list-style-type: none"> <li>Element of the Access Standards, previously known as Phase 1 Standards are now embedded in the Unified Contract, effective from 1<sup>st</sup> October 2023. These areas are now picked up under routine contract monitoring.</li> <li>The Access Standards comprise of what was previously known as Phase 2 standards. These standards are optional, however 100% practices participated in the Access Standards 2023/24</li> </ul>

#### Actions & Mitigations

- PTHB Access Forum monitor and reviews compliance with Access Standards – formal quarterly review in place
- Unified Contract Assurance Monitoring checks ongoing compliance with the unified contract and the Access Standards.
- Compliance against open hours and appointment availability regularly monitored by Primary Care Department.
- Any raised access concerns are followed up with individual practices.
- Quarterly reporting confirms via the PC Information Portal that the Access Standards continue to be achieved – this will be verified following year end (31/03/25) in April 25.

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-Hours



#### What the data tells us

- National Access Standards achievement for 2023/24 confirms 100% compliance against all targets.
- Waterston, Liz  
21/03/2025 15:58:39*

# 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 – 12

### Primary Care - Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>TBC</b>
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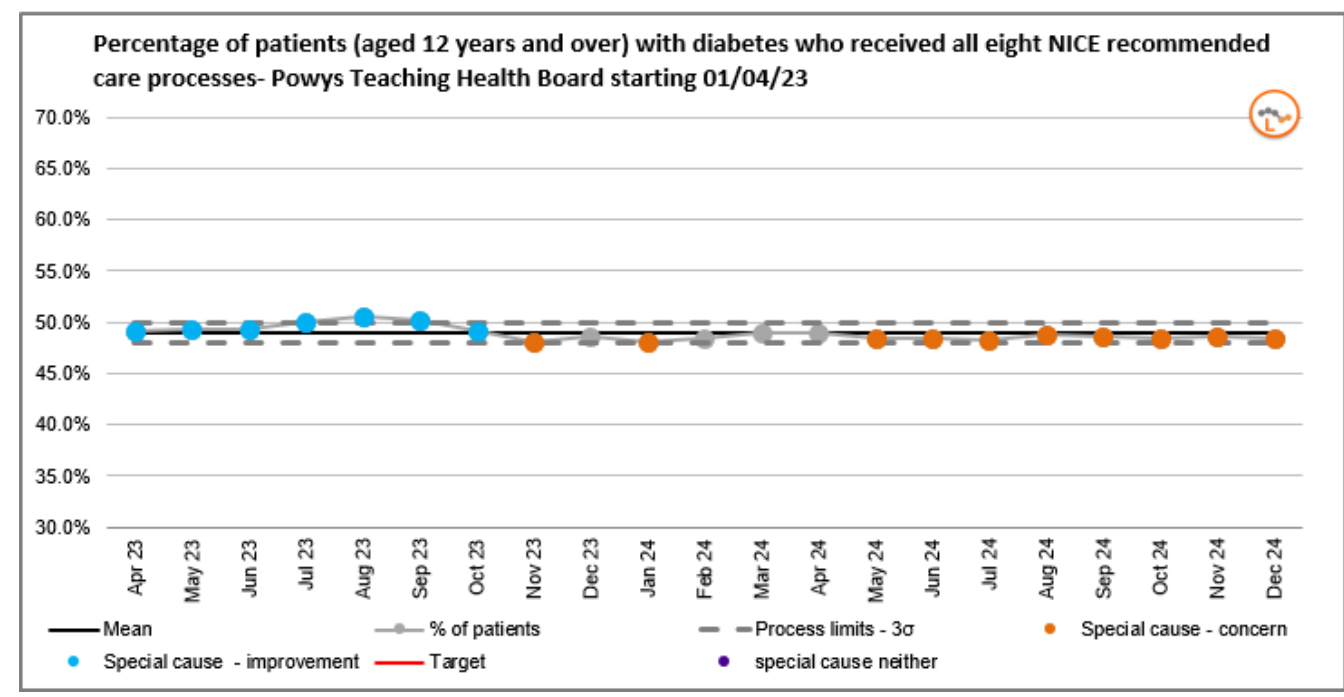
Latest available	Dec-24	Status of measure	Level 2a
Reported performance	48.5%	Benchmark position (Wales)	1 <sup>st</sup> (41.5%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

### Challenges

- Performance is not as expected but has remained stable for both Type 1 and 2 patients across Powys.
- Powys remains the highest performing Health Board in Wales.
- Performance particularly low in foot surveillance and Urine Albumin.

### Actions & Mitigations

- Task and finish group being established with Executive leadership.
- Focussed work to be undertaken through clusters and GMS collaborative.
- Officer lead to be confirmed.



### What the data tells us

- Performance against the measure is slightly higher than the All-Wales average of 41.5%
- Patterson, Liz  
21/03/2025 15:58:39*

# 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 – 13

Frequency - Monthly

**Primary Care** - Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

Executive lead

Executive Director of Primary Care, Community and Mental Health

Officer lead

Assistant Director of Primary Care

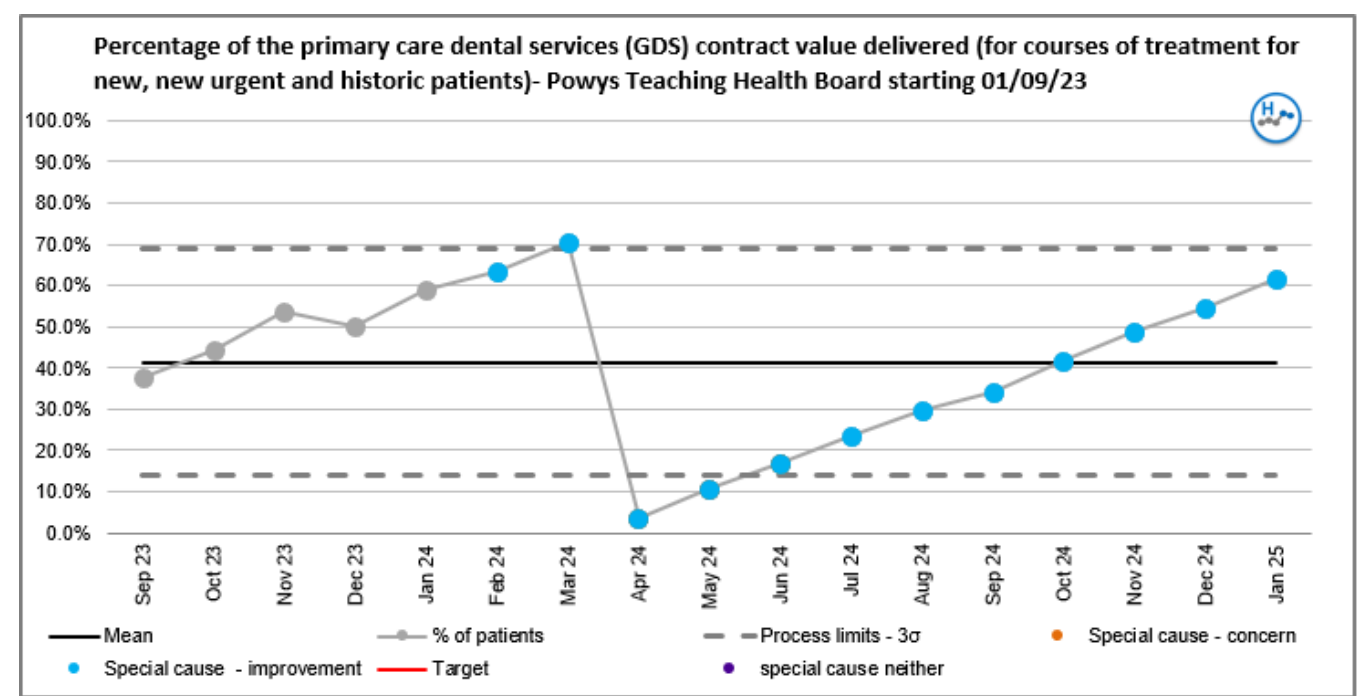
Latest available	Jan-25	Status of measure	Level 1
Reported performance	61.7%	Benchmark position (Wales)	5 <sup>th</sup> (70.1%)
Target	Deliver 30% contract value by Sep-24 and 100% by Mar-25		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	NHSBSA		
Recover by?			

**Challenges**

- Regulatory limitations impacts on the health board's ability to action recurrent contract reductions; therefore the release of cash to improve access in other areas of Powys is limited. Contractors are reluctant to commit to permanent contract reductions.
- This metric applies to Contract Reform practices only. 23% of practices are still working to the UDA model contract; therefore this data is not capturing this cohort to represent a true access position.

**Actions & Mitigations**

- Mid-year contract review meetings completed with all eligible UDA practices and 100% of Contract Reform Practices.
- Non recurrent adjustments being implemented for underperforming practices through mutual agreement (if agreed).
- Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.
- Year-end forecasting in place and reviewed/updated monthly.



**What the data tells us**

- Data provided by the NHS Business Services Authority (NHSBSA) only reports against Units of Dental Activity (UDA) and does not include a significant element of contracts under "contract reform" e.g., not a complete picture of compliance for dental practices in PTHB.
- January reports 61.7% and February is expected to show further improvement.

# 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 – 14 Frequency - Monthly

**Primary Care** - Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

<b>Executive lead</b>	<b>Executive Medical Director</b>	<b>Officer lead</b>	<b>Chief Pharmacist</b>
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<b>Latest available</b>	<b>Dec -24</b>	<b>Status of measure</b>	<b>Level 1</b>
Reported performance	632	Benchmark position (Wales)	7 <sup>th</sup> (16,820)
Target	Increase compared to the same month in the previous year.		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

**Challenges**

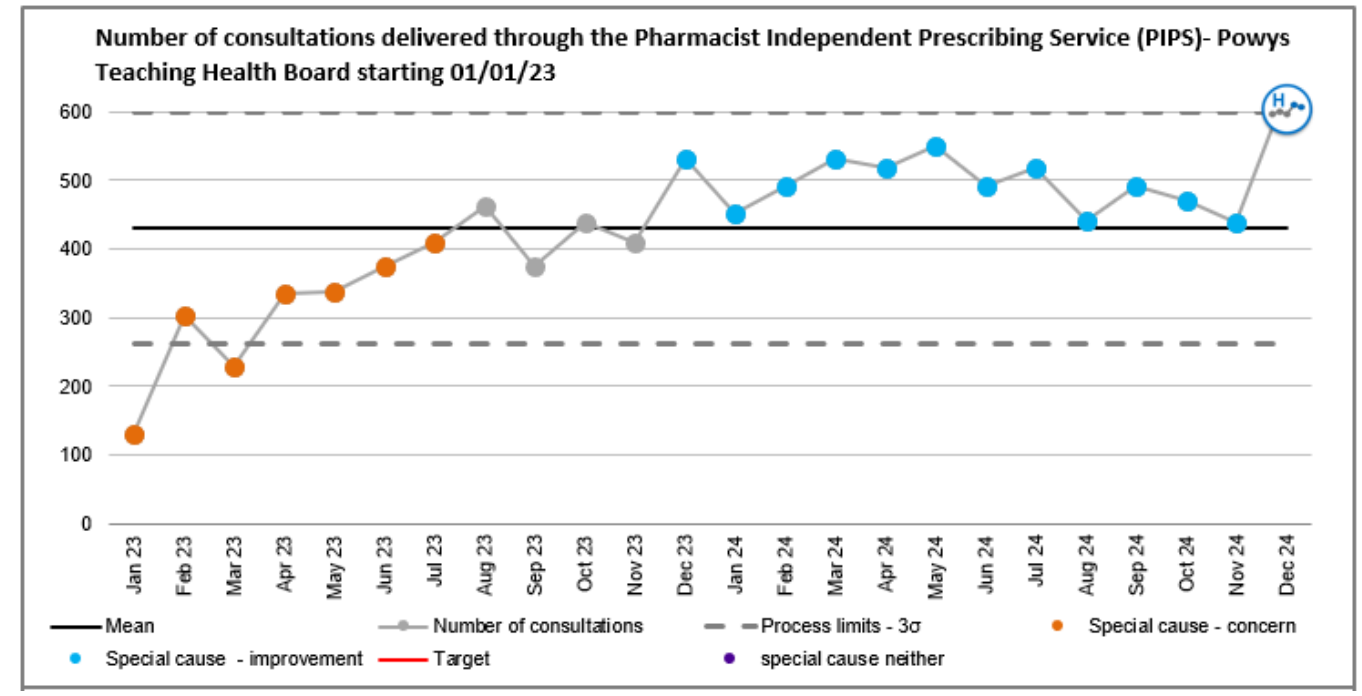
- Identifying mentors to support trainee Pharmacist Independent Prescribers (PIP) is a limiting factor – many struggle to identify a suitable, willing mentor.
- Please note that data validation has retrospectively change December 2023 previously number of consultations recorded from 548 to 532.
- Please note that data validation has retrospectively changed August 2024 previous number of consultations recorded from 423 to 440

**Actions & Mitigations**

We now have 7 Pharmacies with active Pharmacist Independent Prescribers:

- Llanidloes Pharmacy
- Llanwrtyd Wells Pharmacy
- Primrose Pharmacy – Haygarth
- RM Jones – Hay on Wye
- RJ Davies – Lower Cwmtwrch
- JG and RJ Davies – Ystradgynlais
- Well Pharmacy, Brecon

The health board is continuing to work with contractors to promote Pharmacist Independent Prescribers.



**What the data tells us**

- This was a new measure for the 2023/24 NHS Performance Framework. PIPS is the first UK nationally commissioned community pharmacy prescribing service with the aim to increase access to services that should relieve pressure across the NHS including common ailment services, emergency medicine supply, influenza vaccinations, and emergency, bridging and quick start contraception.
- Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 632 consultations were delivered in December 2024 compared to 532 consultations in December 2023.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2023/24</b>	334	339	375	410	463	374	439	409	532	451	491	531
<b>2024/25</b>	517	551	492	517	440	492	471	438	632			

**Mental Health - Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years**

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental health</b>
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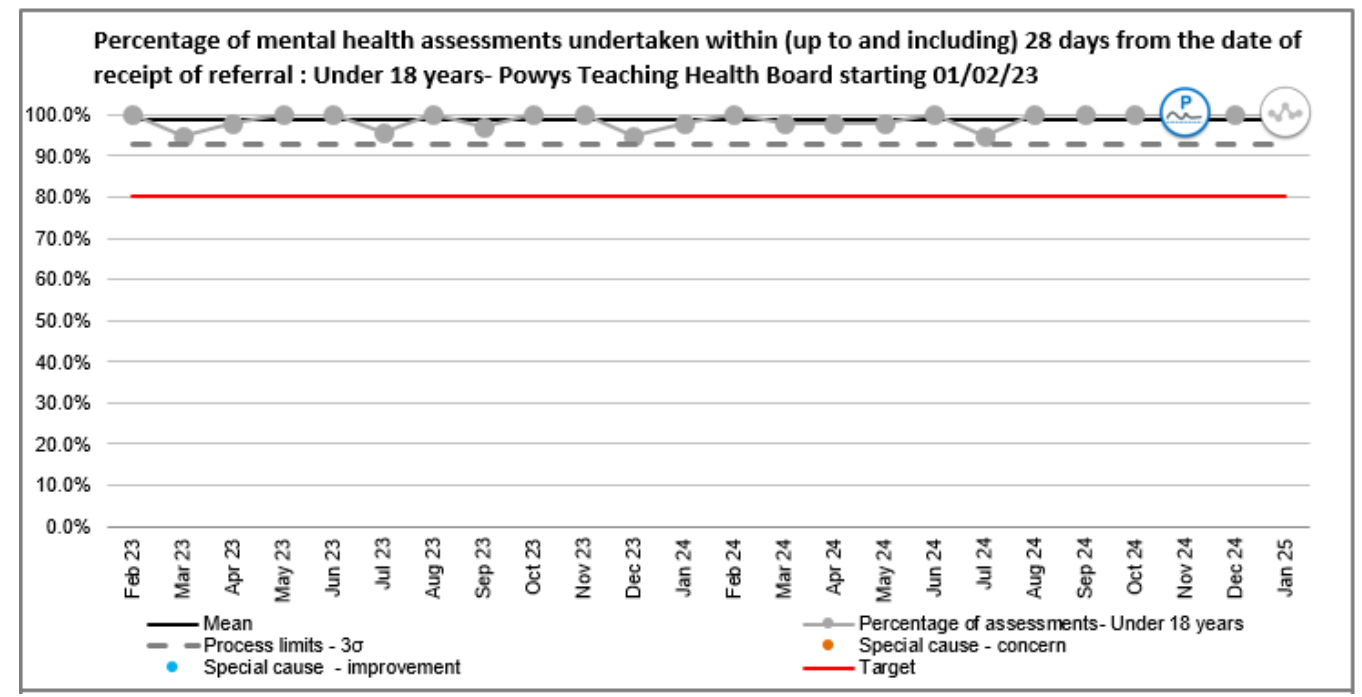
Latest available	Jan-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 <sup>st</sup> (92.2%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			

**Challenges**

- Whilst 100% compliance noted and no issues to report, important to note sustained increase in demand.

**Actions & Mitigations**

- Increasing demand is being monitored.



**What the data tells us**

- LPMHSS assessment carried out for young people (under 18 years of age) is reporting 100% compliance in January 2025, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 92.2% All Wales position in December 2024

# 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 – 16

Frequency - Monthly

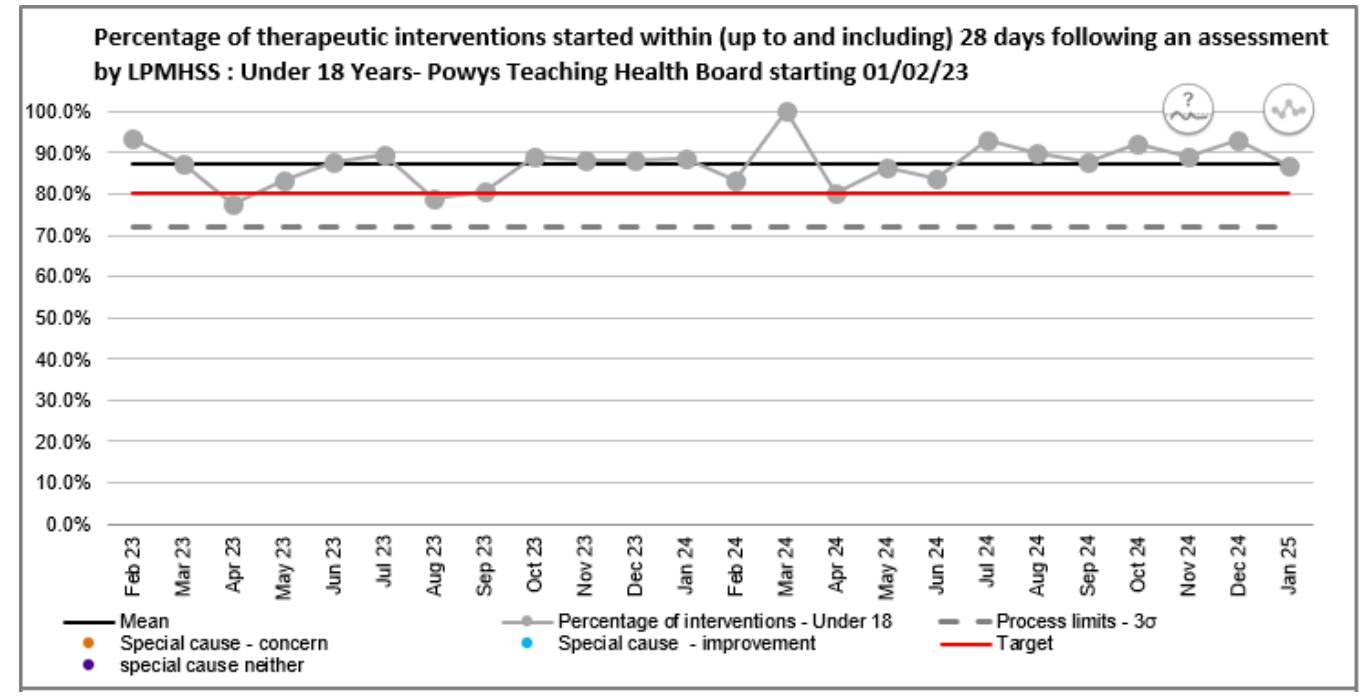
**Mental Health** - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged **under 18 years**

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

Latest available	Jan-25	Status of measure	Level 1
Reported performance	86.7%	Benchmark position (Wales)	3 <sup>rd</sup> (79.2%)*
Target	80%		
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?	By end of 2024/25		

## Challenges

- Whilst 86.7%% compliance noted and no issues to report, important to note sustained increase in demand.



## Actions & Mitigations

- No current actions or mitigations reported

## What the data tells us

- Performance for under 18's interventions reports 86.7% in January against the 80.0% target with common cause variation.
- PTHB ranked 3rd in Wales against an All-Wales position of 79.2% in December

# 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 – 17 Frequency - Monthly

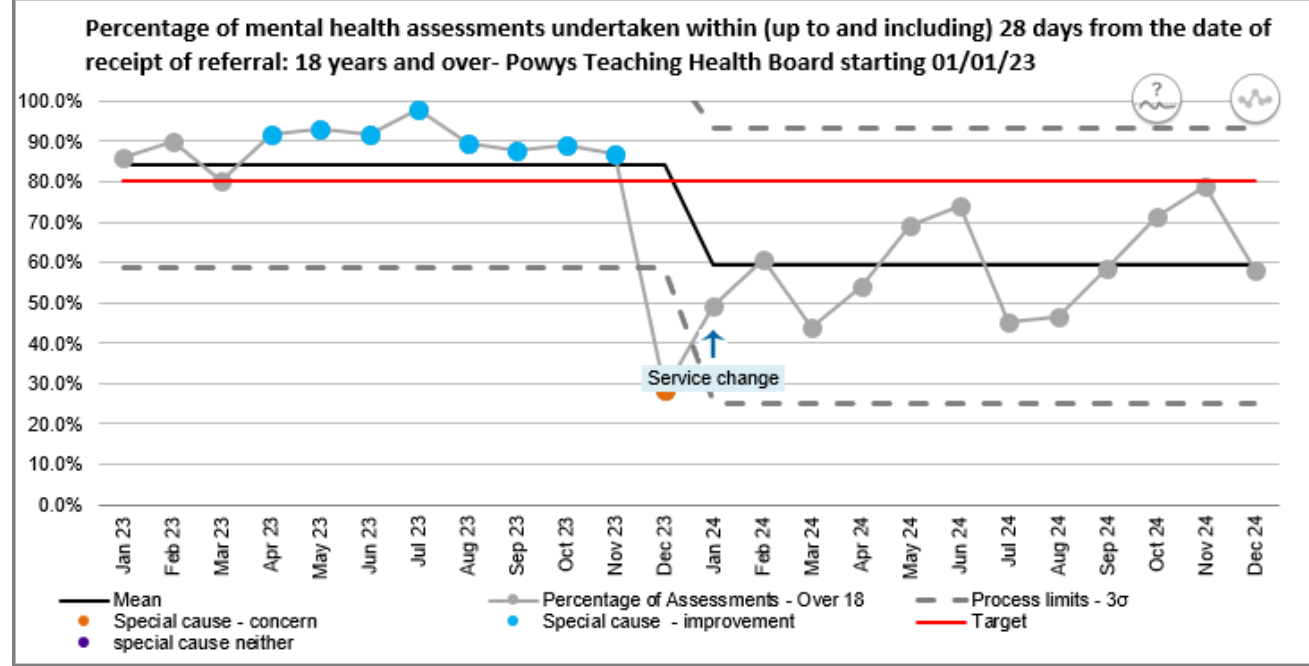
**Mental Health** - Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged **18 years and over**

<b>Executive lead</b>	Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Mental health
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Latest available	Jan-25	Status of measure	Level 3
Reported performance	58.0%	Benchmark position (Wales)	6 <sup>th</sup> (76.8%)*
Target	80%		
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?			

### Challenges

- Practitioner sickness and vacancies has much improved but not completely recovered as yet, it was also highlighted in previous report that Annual leave for the Christmas New Year period would likely see a January figure out of keeping with the sustained broader improvement trajectory that has steadily been achieved over 2024/25.
- The introduction of the single point of access (SPOA) and Triage Model has seen a significant increase in referrals for a Mental health Assessment in LPMHSS north. Whilst this increase in demand has been well responded to by the service, it had greater impact on the Christmas leave period.



### Actions & Mitigations

There is now a regular mechanism (Weekly LPMHSS touchpoint meetings review Part 1a and 1b demand and capacity) that dynamically reviews position and required mitigation and can escalate any specific performance pressures in a timely way. As of 1st March, the service is reporting that there are no breaches and all people referred are being offered an assessment within 4 weeks. The projected February 2025 figures are hoping to see a recovery from 58% to circa 85%.

#### 1A Referral to Assessment Performance (Target 80% assessed within 28 days of referral)

1A Performance		1A Performance	
Nov 2023	38%	Nov 2024	71%
Dec 2023	28%	Dec 2024	79%
Jan 2024	29%	Jan 2025	58%
Feb 2024	49%	Feb 2025	85%+ (projected)

#### Recruitment

- Successful recruitment of 3 whole time equivalent (WTE) mental health practitioners (1 north Powys, 2 south Powys) will significantly increase capacity for mental health assessments.
- Recruitment of 1 agency mental health practitioner (3-month term 0.8 WTE) to support recovery of Part 1A waiting list whilst pre-employment checks and induction are completed for new starters.

### What the data tells us

- Performance in January has declined from 78.7% to 58.0%
- Data quality improved and will be reviewed by the Performance team during Q4.

Patterson, Liz  
21/03/2025 15:58:39

# 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



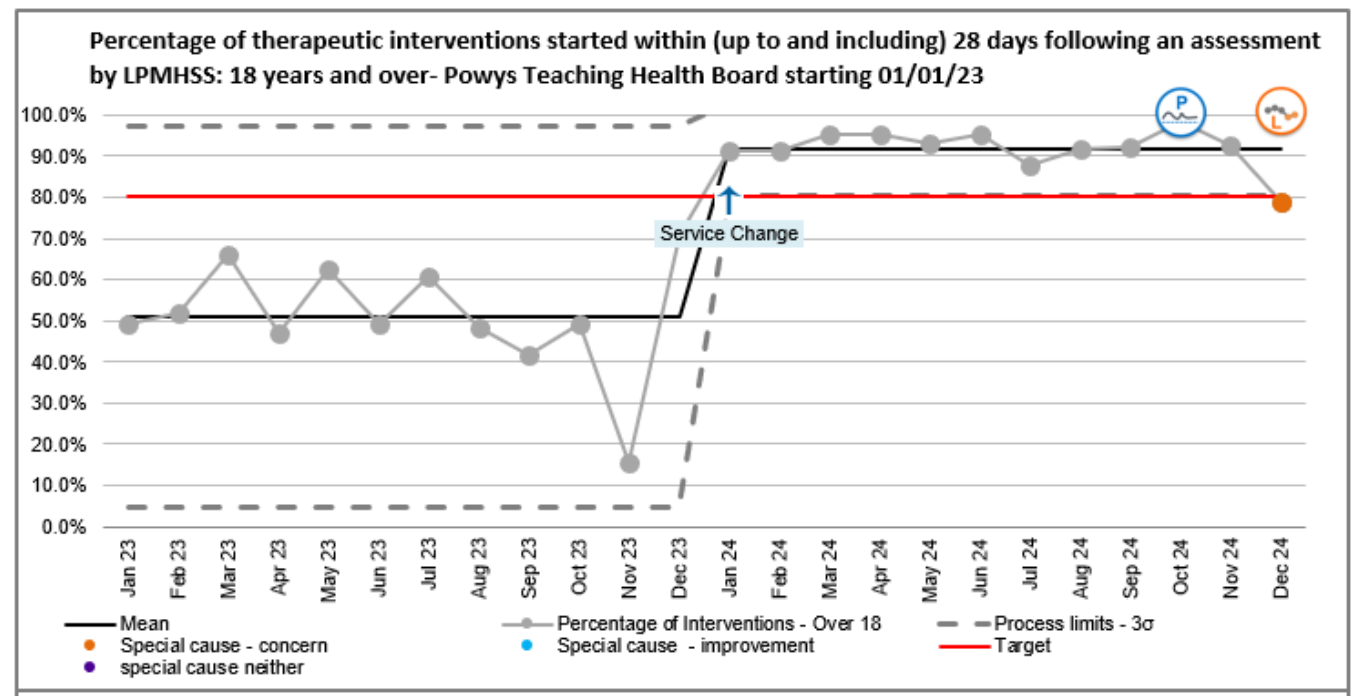
**Mental Health** - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged **18 years and over**

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental health</b>
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Latest available	Jan-25	Status of measure	Level 2a
Reported performance	<b>79.0%</b>	Benchmark position (Wales)	5 <sup>th</sup> (92.4%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	<b>Average</b>
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		

### Challenges

- Staffing capacity impacted by leave and sickness has resulted in part 1 b performance in January.
- In recovery of Part 1a, more assessments have been undertaken than ever before in PTHB LPMHSS. Clearly this impacts on capacity for interventions, however, the Service have worked hard to align February improvement trajectories in both Part 1a and Part 1b.



### Actions & Mitigations

Re-balance of Part 1a Assessment capacity to Part 1b interventions during February will see a marked improvement and return to target of 80% being achieved in March 2025.

### What the data tells us

- Health board performance for adult interventions has declined in January and no longer meets the required target of 80.0% reporting 79.0%
- Following service recovery and development plan compliance has been achieved ahead of schedule and the measure has been de-escalated.
- PTHB ranks 5<sup>th</sup> against the All-Wales position of 92.4% in December.

# 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 – 23

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

Executive lead

Executive Director of Primary Care, Community and Mental Health

Officer lead

Senior Manager Unscheduled Care

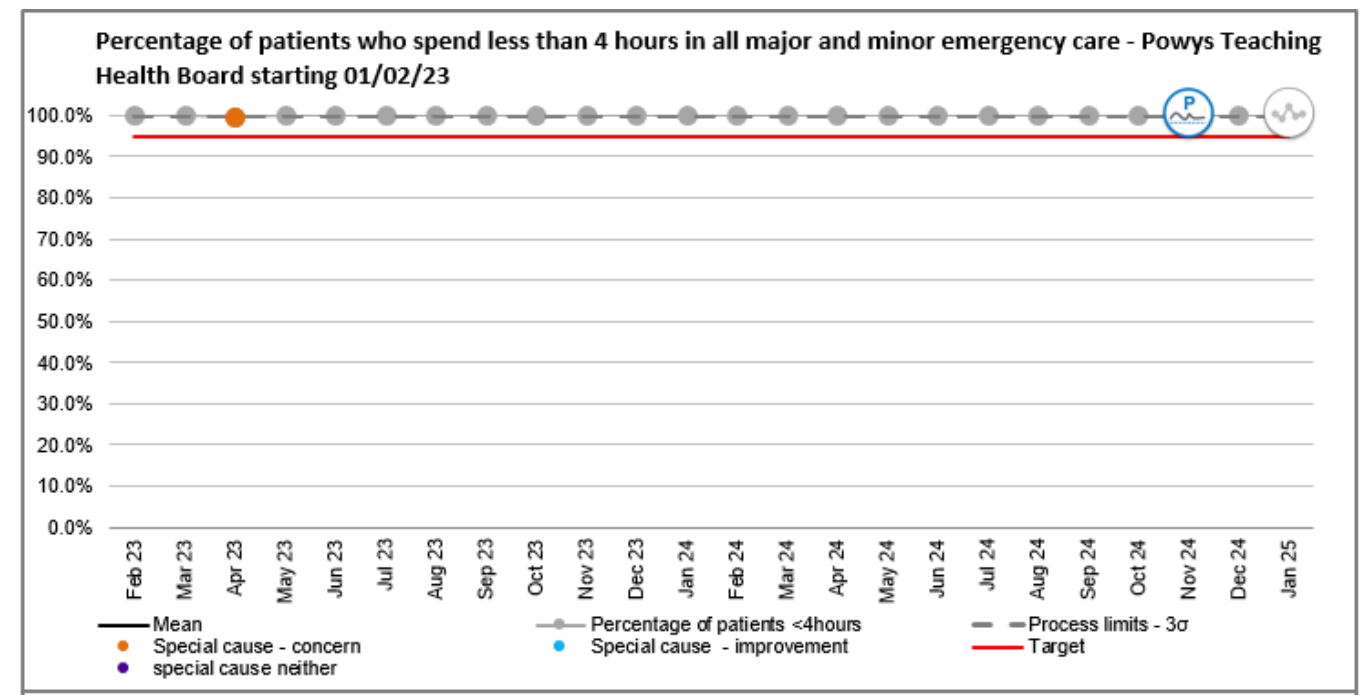
Latest available	Jan-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 <sup>st</sup> (64.8%)*
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			

## Challenges

- No issues with the Powys Minor Injury Units (MIU) currently reported.

## Actions & Mitigations

- No new actions from a provider perspective.



## What the data tells us

Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.

**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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Senior Manager Unscheduled Care</b>
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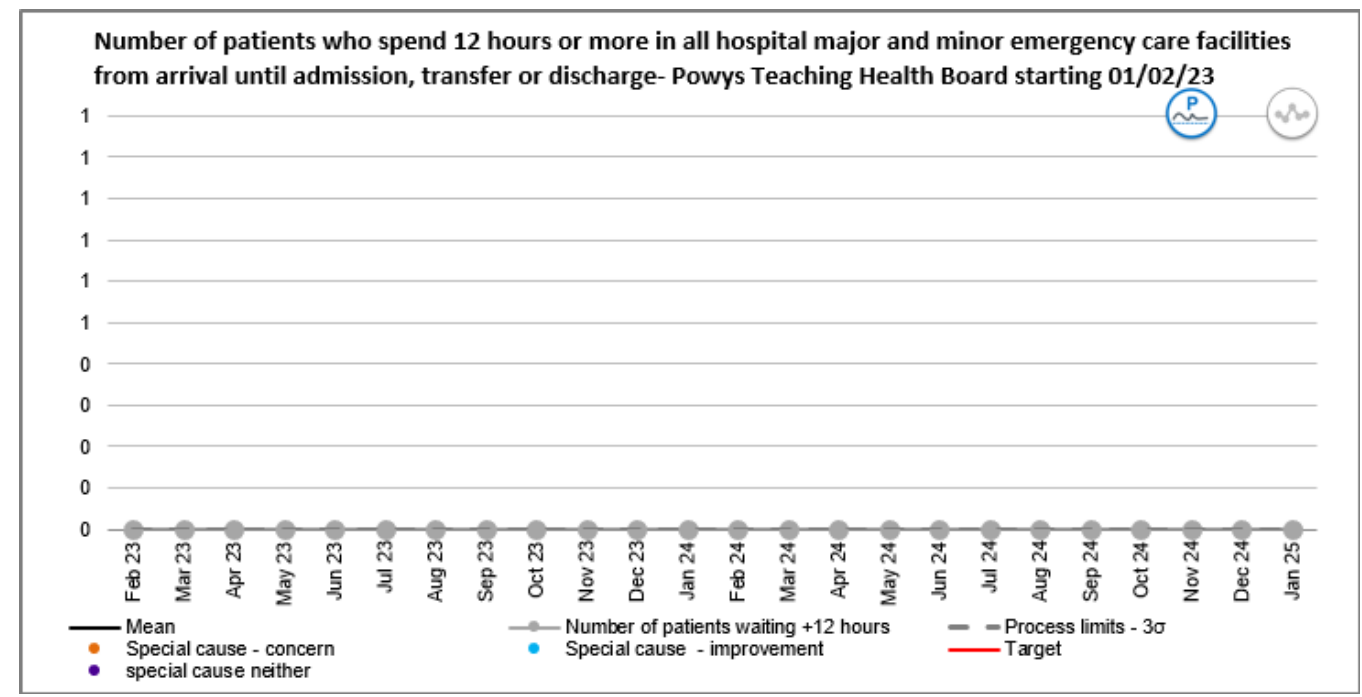
Latest available	Jan-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1 <sup>st</sup> (10,857)
Target	Reduction compared to the same month in the previous year, towards the national target of zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			

**Challenges**

- No issues with the Powys MIU's currently reported.

**Actions & Mitigations**

- No new actions from a provider perspective.



**What the data tells us**

- Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.

# 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

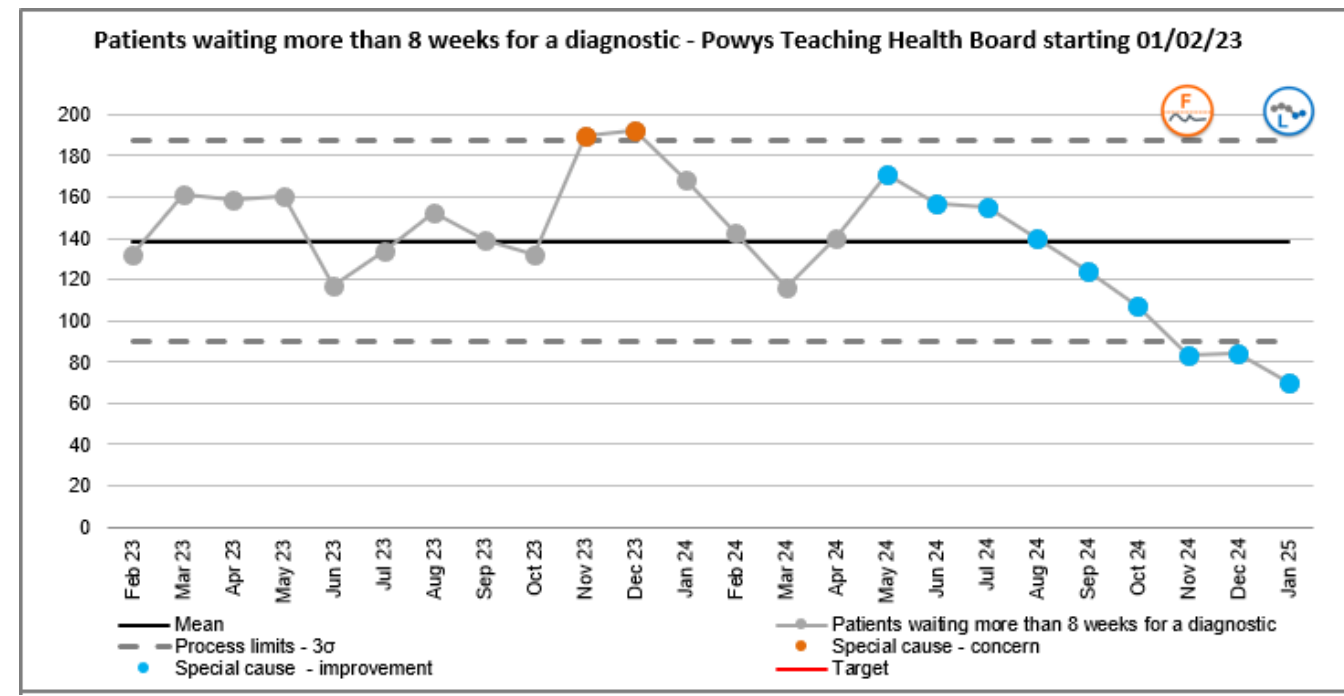
Frequency - Monthly

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

<b>Executive lead</b>	Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Service Group
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<b>Latest available</b>	Jan-25	<b>Status of measure</b>	<b>Level 3</b>
Reported performance	70	Benchmark position (Wales)	1 <sup>st</sup> (40,941)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC 2024/25		

Diagnostic's performance by sub service				
Service	Sub service	Total Waiting	Pathway breaches	% waiting over 8 weeks
Cardiology	Echo Cardiogram	105	66	63%
Diagnostic Endoscopy	Colonoscopy	12	1	8%
Diagnostic Endoscopy	Cystoscopy	2	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	0	33%
Diagnostic Endoscopy	Gastroscopy	27	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	19	0	0%
Radiology - GP referral	Non-Obstetric Ultrasound	521	3	1%



### What the data tells us

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

- The health board has reported 70 breaches in January 2025, 66 breaches are for Cardiology (Echo Cardiograms), 1 within Endoscopy and 3 reported for Non-Obstetric Ultrasound.
- This measure remains **escalated** due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target and trajectory.

**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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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<b>Cardiology - Challenges</b>	<b>No. of breaches</b>	<b>66</b>	<b>Diagnostic Endoscopy - Challenges</b>	<b>No. of breaches</b>	<b>1</b>	<b>Non-Obstetric Ultrasound - Challenges</b>	<b>No. of breaches</b>	<b>3</b>
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<ul style="list-style-type: none"> <li>Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University 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.</li> <li>National shortage of clinical physiologists, and other health boards remain dependant on insource arrangements to manage demand and waiting list delays (whole system fragility).</li> <li>National waiting times for echo-cardiograms have increased and remain high in acute providers.</li> </ul>	<ul style="list-style-type: none"> <li>National shortage of Endoscopists particularly colorectal.</li> <li>National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.</li> <li>All health care providers are utilising insource to help negate increased demand challenges.</li> <li>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.</li> <li>JAG 5 Year Assurance accreditation status to be reassessed Q3 2025/26 requires speciality medical leadership to progress.</li> <li>General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.</li> <li>Colonoscopy capacity is insufficient without supplementary insourcing.</li> <li>Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.</li> <li>Insource capacity available until Q4, procurement process in progress.</li> </ul>	<ul style="list-style-type: none"> <li>North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity because of only being able to provide alternate specialty for "lumps &amp; bumps" vs Musculoskeletal (MSK).</li> <li>South Powys have a similar challenge with SBUHB affecting capacity type and resulting breaches.</li> </ul>
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<b>Cardiology - Actions &amp; Mitigations</b>	<b>Diagnostic Endoscopy - Actions &amp; Mitigations</b>	<b>Non-Obstetric Ultrasound - Actions &amp; Mitigations</b>
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<ul style="list-style-type: none"> <li>Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA).</li> <li>Use of PTHB employed echo-cardiogram technician to support cardiology.</li> <li>Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).</li> <li>Development of clinical waiting list validation within in reach clinical team: On-going.</li> <li>Capital bid in place for a new echo cardiogram scanner for Brecon War Memorial Hospital from Q4 2024/25.</li> <li>Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal, insourcing currently being progressed.</li> <li>Operational review of capacity ongoing with additional clinics being undertaken within the PTHB Community Cardiology service.</li> <li>Full evaluation of Community Cardiology Service to be undertaken. Future plans for service to be expanded to mid and south Powys.</li> </ul>	<ul style="list-style-type: none"> <li>Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.</li> <li>Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3, successful in round 1 to progress to full business case.</li> <li>Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology &amp; pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.</li> <li>Start of sponge capsule (cytosponge) from 2nd October 2023 in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.</li> <li>Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024, ongoing. Alongside ongoing discussions with CTM for permanent clinical lead role.</li> <li>Rolling programme of clinical and administrative waiting list validation.</li> <li>Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.</li> <li>Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.</li> <li>Appointment colorectal specialty lead on a locum being progressed.</li> <li>Review of standard operating procedures (SOP's) and related documentation completed.</li> </ul>	<ul style="list-style-type: none"> <li>Use of agency for breaching patients.</li> <li>Urgent referrals are routed to acute providers.</li> <li>Demand and Capacity workstream to assess system efficiency and implement improvements.</li> <li>Continuous monitoring of waiting list.</li> </ul>
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## 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

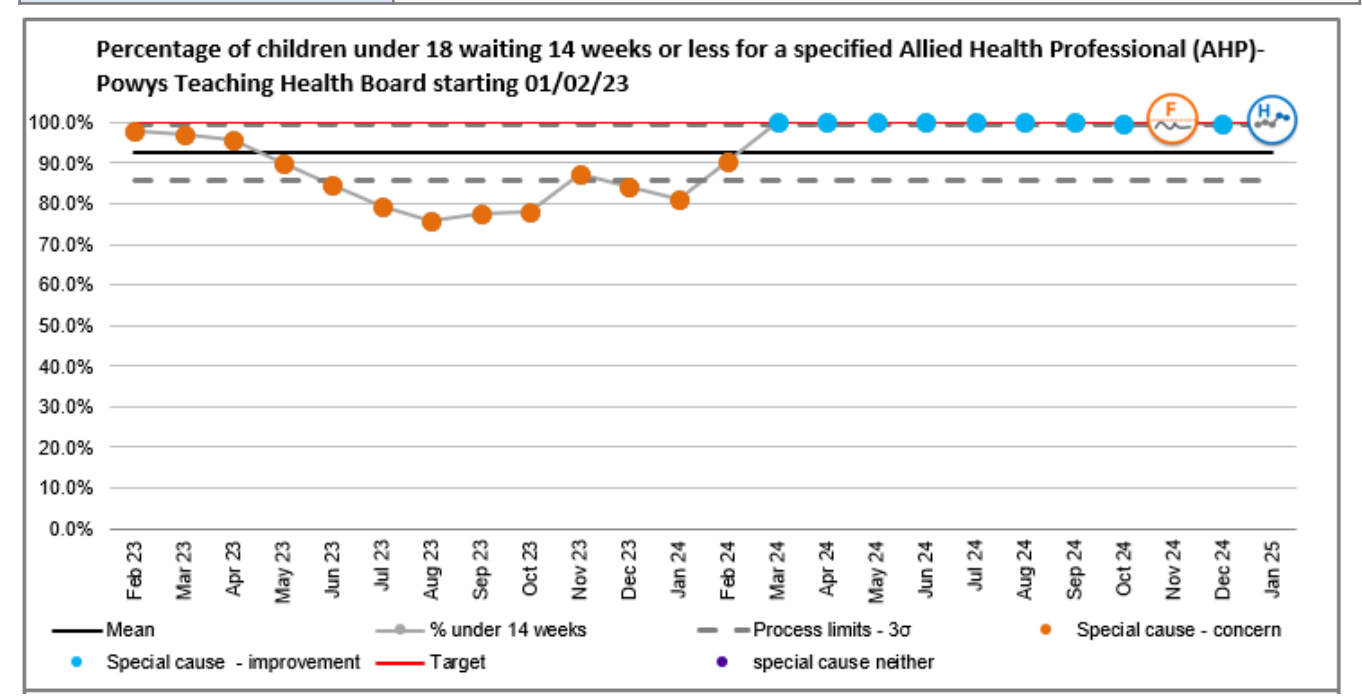
Latest available	Jan-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 <sup>st</sup> (88.5%)*
Target	100%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

### Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Significant staffing vacancy.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - 50% staff vacancy

### 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.



### What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) meets the target of 12-month improvement with 100% compliance in January

# 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

<b>Executive lead</b>	Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Service Group
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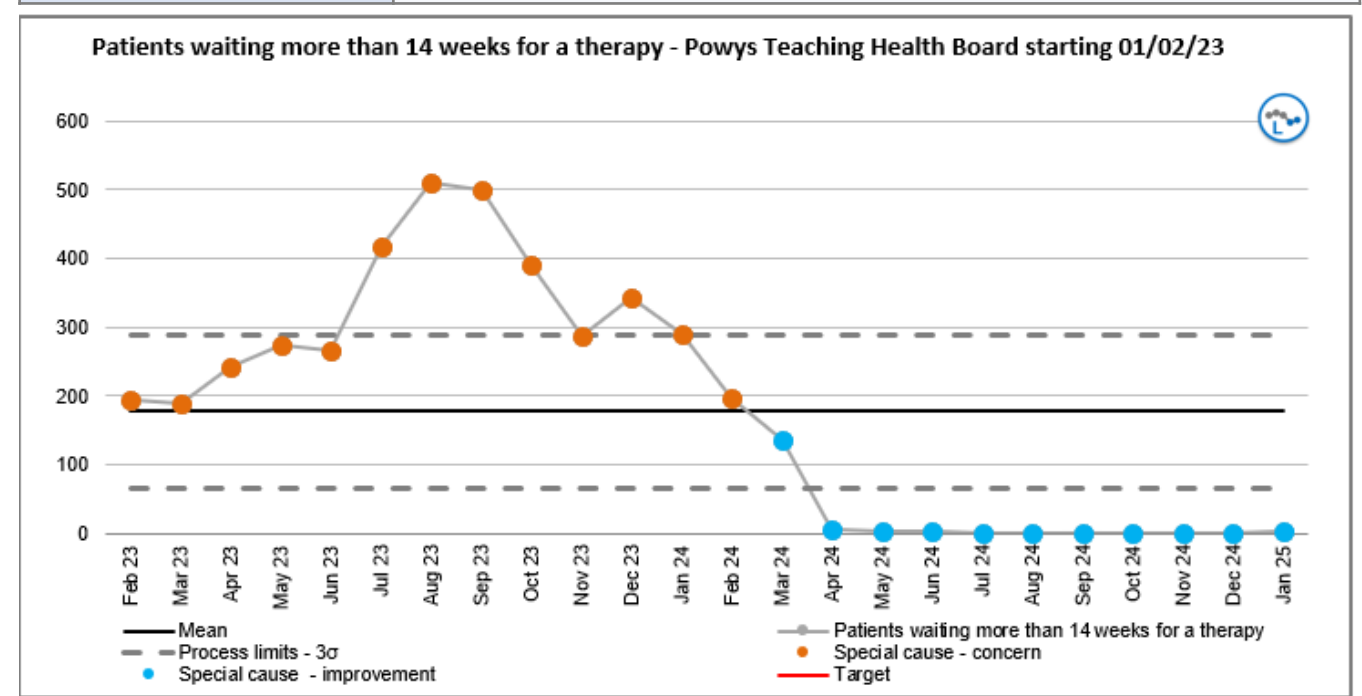
Latest available	Jan-25	Status of measure	Level 2a
Reported performance	3	Benchmark position (Wales)	1 <sup>st</sup> (5,117)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

### Challenges

- None reported as of 07/11/2024

### Actions & Mitigations

- Validation process reviewed with service and updated.



### What the data tells us

- 3 patients breached the 14-week target in January
  - Statistically reporting special cause improvement for the latest period.
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21/03/2025 15:58:39*

# 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 patients (adult hearing aids only) waiting more than 14 weeks for audiology

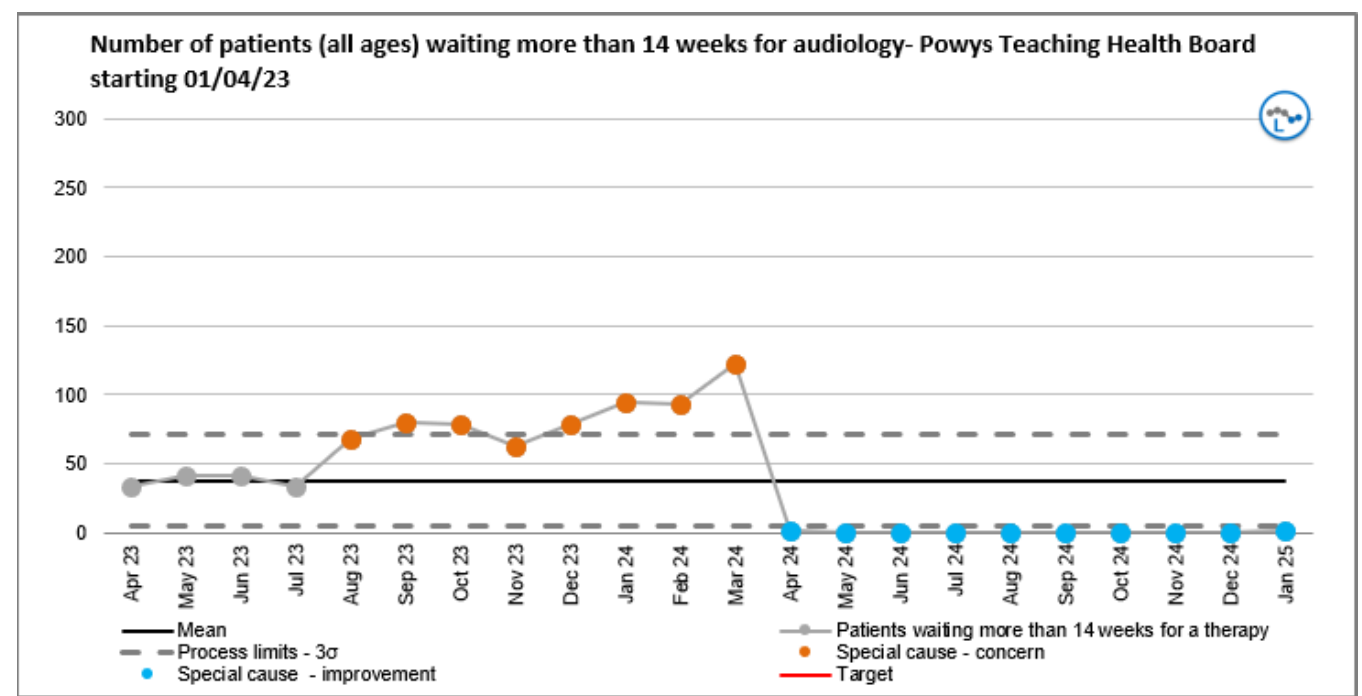
<b>Executive lead</b>	Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Service Group
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Latest available	Jan-25	Status of measure	Level 2a
Reported performance	2	Benchmark position (Wales)	1 <sup>st</sup> (4,074)*
Target	0		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Challenges
<ul style="list-style-type: none"> <li>Unplanned sickness and cancellation of clinics.</li> <li>North Powys Audiology Service commissioned via long term agreement to Betsi Cadwaladr University Health Board (BCUHB), Poor waiting times in BCUHB result in inequity of access waiting times between North Powys and South Powys.</li> </ul>

### Actions & Mitigations

- Monitoring of waiting list
- North Powys waiting times are now reported within BCUHB's reports as they are commissioned to provide the Audiology Service for patients in North Powys. They have since reduced the number of long-waiters and are down to 11 patients waiting over 14 weeks, all of whom have appointments in November (as at 06/11/2024) .
- Planned roll out of the First Point of Contact Advanced Audiology service in one site in North Powys in Quarter 4, to improve the quality of the referrals into the North Powys Audiology service and potentially increase the capacity of the adult hearing aid pathway.



### What the data tells us

- The PTHB provided service for South Powys patients reports 2 patients waiting over 14 weeks for Adult Hearing Loss Pathway.

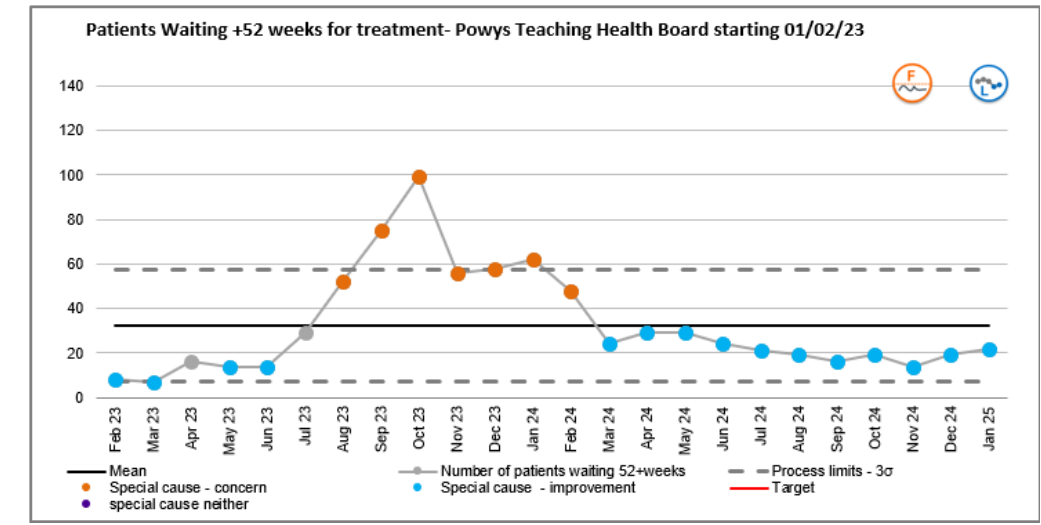
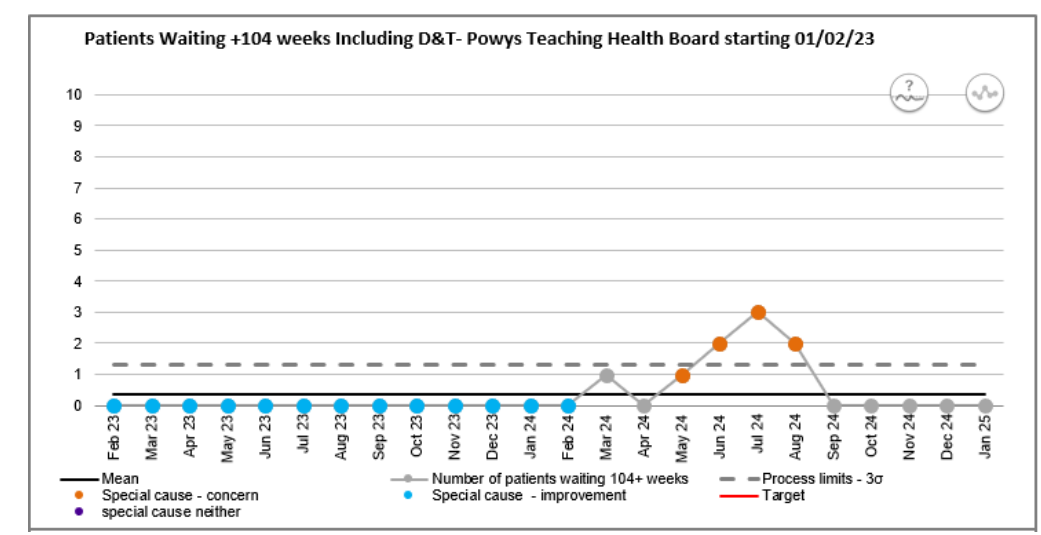
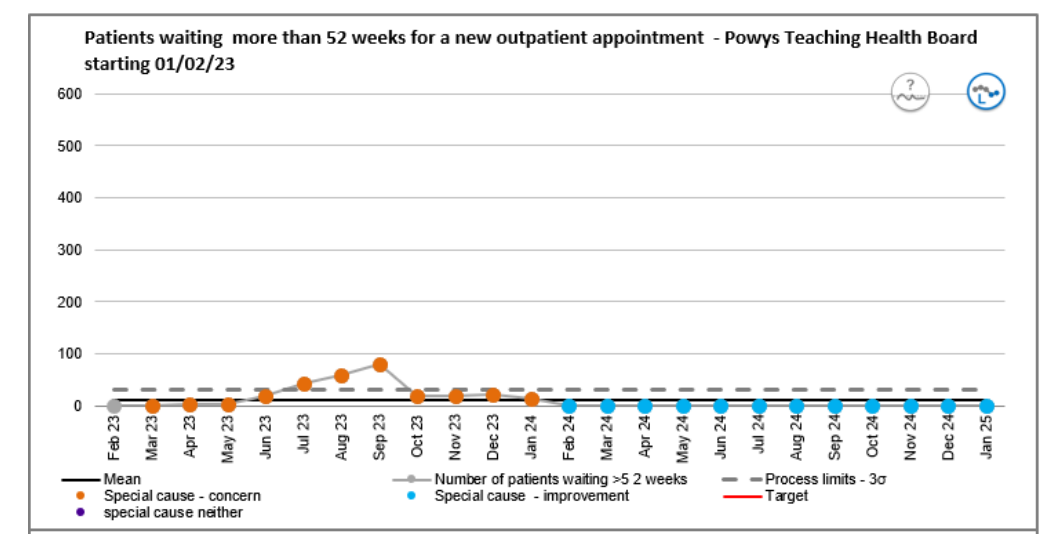
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## Planned Care & Cancer – Provider Referral to treatment (RTT)

<b>Executive lead</b>		Executive Director of Primary Care, Community and Mental Health			
<b>Latest available</b>		Jan-25			
No	Measure	Target	Actual	SPC variance	Escalation lvl
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	0	0	Special cause improvement	Level 1
32	Number of patients waiting more than 104 weeks for referral to treatment	0	0	Common cause variation	Level 1
33	Number of patients waiting more than 52 weeks for referral to treatment	Reduction to zero by Jun-25	22	Special cause improvement	Level 2
<b>Measure type</b>		NHSPF	Quality of measure data		Good
<b>Data source of measure</b>		DCHW			
<b>Recover by?</b>					

**Officer lead**

**Assistant Director of Community Service Group**



**What the data tells us**

- Zero pathways wait over 52 weeks for a new outpatient appointment in January.
- Zero pathways wait more than 104 weeks
- 22 pathways waited more than 52 weeks for treatment in January. This is an increase of 3 from December 2024
- Powys routinely reports the quickest waiting times in Wales, however as a non acute provider many pathways require diagnostics and or treatment in acute commissioned care.

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Further narrative and details on Provider RTT on 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 Measures – 30, 32, and 33 Frequency - Monthly

### Planned Care & Cancer – Provider Referral to treatment (RTT) – Combined narrative challenges and actions

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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#### Challenges

- Insource capacity available until Q3, procurement process in progress Q4.
- Challenges in Orthopaedics are a result from delays in DGH diagnostics (soft tissue & nerve conduction in particular).
- Ongoing challenge of Histology/Pathology delays risk timeliness of pathways including USC.
- ENT in North Powys in-reach fragility for Betsi Cadwalader University Health Board (BCUHB) & Shrewsbury and Telford NHS Trust (SATH) services.
- Broad ENT challenges for complex diagnostics within acute units e.g., Venous duplex scans etc.
- National system pressures contribute to the ongoing risk of fragile across all in-reach consultant led pathways within the provider.
- In-reach clinician fragility for General Surgery linked to national challenges including further business continuity challenges for 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.
- Other challenging specialties within the provider include Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- Fragility of PTHB staffing and recruitment linked to national problems for recruitment in England & Wales. Staff shortages are persistent with stress and high burnout resulting in many experienced clinicians opting to retire earlier without succession plan, there are significant recruitment challenges.
- Across the system a very significant backlog in elective care where patients need non-emergency treatment or diagnosis. Planned Care is still in recovery with all neighbouring HBs/NHS Trusts utilising insourcing, outsourcing, mutual aid, waiting list initiatives as there is not enough capacity in the system to manage demand with urgent cancer pathway pressures take priority making the achievement of elective ambitions very challenging.
- Preventable ill health and premature death are increasing, people are living longer but with major health conditions all of this is adding to system pressure.

#### Actions & Mitigations

- Insource procurement process under review and in progress.
- Nerve conduction is a UK wide issue, and national discussions are ongoing via the clinical implementation network for orthopaedics to consider potential solutions.
- PTHB Medical Director escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board).
- Planned care bids to national planned care fund in March 2024 – No allocations of funding to Health Board proposals.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Referral management pilot for orthopaedics is now at business case stage, this is due to be discussed Q3.
- Pan Powys ENT opportunities scoping remains underway into Q3.
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation, Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.
- Enhanced clinical leadership team in place in Planned Care., appointment to substantive Assistant Medical Director Planned Care May 24

#### RTT waits by main specialty - PTHB Provider -January 2025 - Open pathways

Specialty	% <26 Weeks	Patients Waiting by band						Total Waiting
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
100 - GENERAL SURGERY	76.5%	319	73	22	2	1		417
101 - UROLOGY	76.4%	152	33	14				199
110 - TRAUMA & ORTHOPAEDICS	75.3%	415	65	63	7	1		551
120 - ENT	84.0%	524	66	26	8			624
130 - OPHTHALMOLOGY	68.9%	715	187	136				1038
140 - ORAL SURGERY	88.3%	227	28	2				257
143 - ORTHODONTICS	93.3%	14		1				15
191 - PAIN MANAGEMENT	100.0%	161						161
300 - GENERAL MEDICINE	95.8%	23	1					24
302 - ENDOCRINOLOGY	100.0%	10						10
320 - CARDIOLOGY	80.1%	197	38	11				246
330 - DERMATOLOGY	100.0%	123						123
410 - RHEUMATOLOGY	59.9%	118	43	34	2			197
420 - PAEDIATRICS	100.0%	68						68
430 - GERIATRIC MEDICINE	100.0%	28						28
502 - GYNAECOLOGY	89.2%	307	31	5	1			344
663 - PODIATRIC SURGERY	54.4%	31	17	9				57
999 - Allied Health Professional Ser	100.0%	2717						2717
	<b>86.9%</b>	<b>6149</b>	<b>582</b>	<b>323</b>	<b>20</b>	<b>2</b>	<b>0</b>	<b>7076</b>

\* AHP references Allied Health Professionals

# 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 – 31

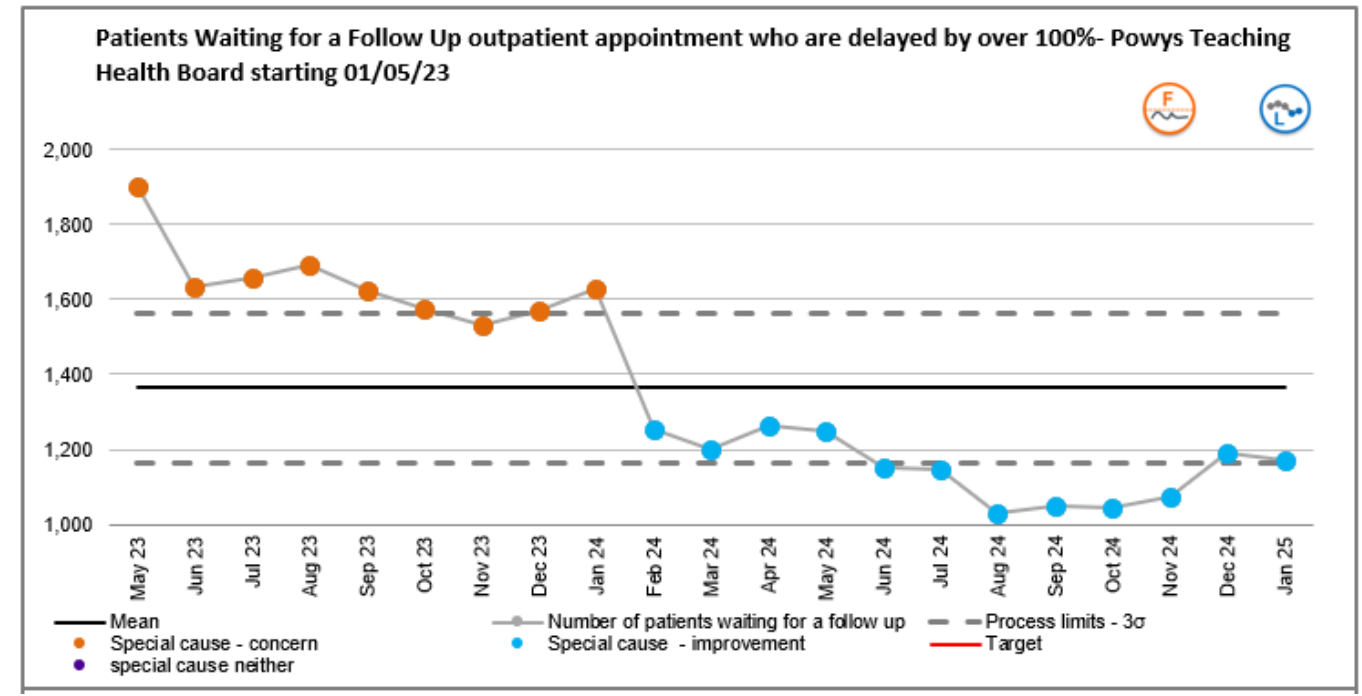
Frequency - Monthly

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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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Latest available	Jan-25	Status of measure	Level 3
Reported performance	1171	Benchmark position (Wales)	1 <sup>st</sup> (242,552)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		

Challenges
<ul style="list-style-type: none"> <li>Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.</li> <li>Clinical leadership to support in reach clinicians to adopt SOS/PIFU pathways.</li> <li>Reporting challenges, capacity to support development of data, work is wider than just reportable follow-ups including specialist nursing teams etc.</li> <li>Ongoing challenges with patient administration system – ongoing investigation with Digital applications and operational team.</li> </ul>



### Actions & Mitigations

- Ongoing validation work with Performance, Service, and Data & Business Intelligence (D&BI) department led by an Executive escalation group.
- SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
- Operational services continue to support the validation of records and provide challenge identification for the D&BI team to investigate.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Enhanced monitoring from Q1 2024/25 to better understand system demand and capacity.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Bid to Welsh Government Planned Care fund for clinical and digital infrastructure to support this and other service transformation though unfortunately, no allocation has been made to Health Board schemes.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

### What the data tells us

- In January 1171 FUP's were reported as overdue by 100% or over this is less than the equivalent period in January 2024 (1627).
- 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. The measure will remain escalated until both Executive and Service leads are provided assurance on data quality and achievement of performance.

# 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

Assistant Director of Womens and Childrens

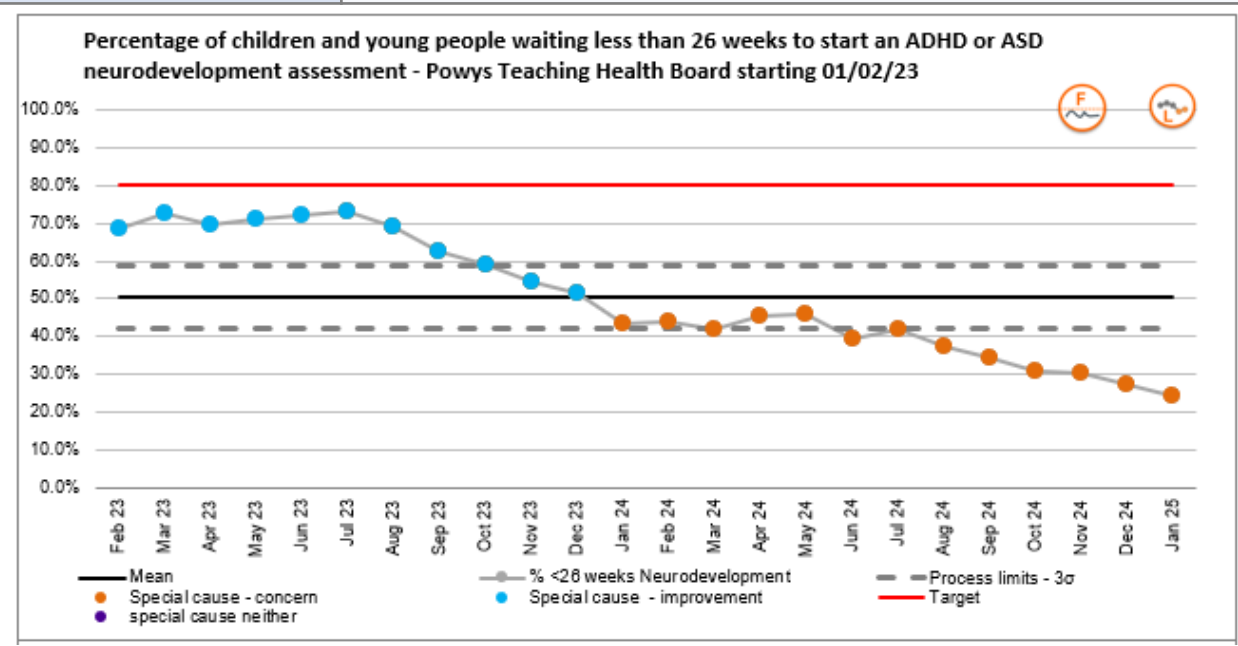
Latest available	Jan-25	Status of measure	Level 3
Reported performance	24.4%	Benchmark position (Wales)	4 <sup>th</sup> (19.9%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Linked to business case approval		

### 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 RTT and waiting list backlog.
- The measures pathway to assessment time will continue to worsen whilst those in the 'Assessments in progress' (Internal waiting list) backlog are addressed.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service has been unable to meet the demand with the current model.
- Inability to recruit additional ND skilled workforce within timeframe, funded by the WG 24/25 waiting list initiative monies outlined below

### Actions & Mitigations

- Service delivery model improvements commenced December and January with focus on longest waits for first appointments and conclusion of long open pathways of assessment.
- Internal waiting list is being prioritised to ensure timely completion of pathway when children are removed from the measured pathway to assessment target, this will impact future performance in the short term whilst robust pathways are being developed.
- Robust scheduling in place with the utilisation of joint appointments.
- Commencements of improved clinic scheduling inclusive of weekend offering.
- 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.
- Business efficiencies being addressed within the administrative processes.
- 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.
- Implementation of mail envoy.
- Procurement and Implementation of dictate IT.
- Welsh Government waiting time initiative announced October 2024 with key priorities that "includes an immediate focus on reducing the ND service waiting times. This approach includes releasing additional in year funding to support Health Boards to achieve this."
- Focused activity MDT discussions during w/c 27/1/25 to support conclusions and outcomes.
- Recruitment of additional team members 3.6wte to support ND assessments, to commence end of January 2025.
- Procurement process successful and supplier commenced activity w/c 17/2/25.
- All activity in March will be undertaken from RTA as internal list concluded end February 2025.
- Discussions taking place regarding funding support 2025/26.
- Expected 0>2 years by 31/3/25.



### 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.

- Performance for ND remains at level 3 escalation following ongoing and challenging performance. Of the 1162 pathways reporting in the January snapshot 24.4% wait less than 26 weeks for their first assessment
- Performance is flagged as special cause concern, and there is a growing and significant challenge around compliance against the NHS Performance measure. The service is currently at the highest level of escalation within the Integrated Quality and Performance Framework and is undertaking Executive engagement via the internal Escalation Oversight Group.
- PTHB continues to benchmark positively against the All-Wales position however this reflects the system challenge in Wales rather than good performance locally.

# 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 – 35

Frequency - Monthly

## Mental Health, including CAMHS - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive lead

Executive Director of Primary Care, Community and Mental Health

Officer lead

Assistant Director of Mental Health

Latest available	Jan-25	Status of measure	Level 2a
Reported performance	66.4%	Benchmark position (Wales)	3 <sup>rd</sup> (56.4%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

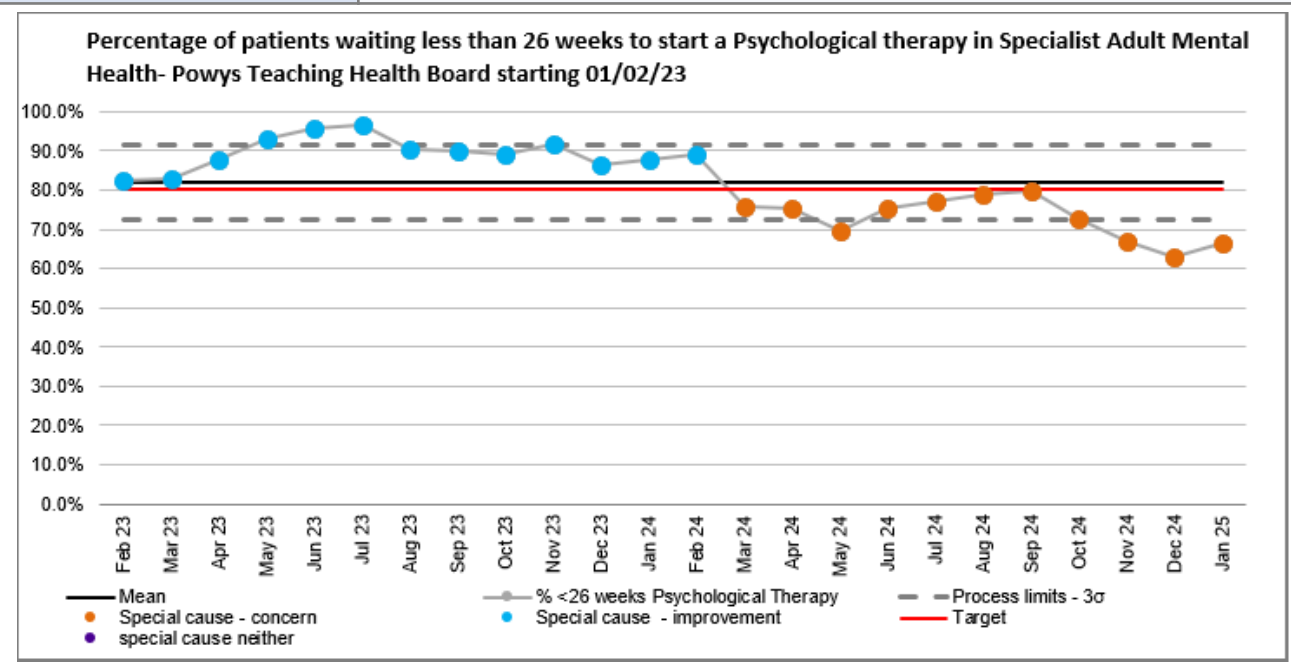
### Challenges

The recent dip in performance has been principally attributed to:

- Recruitment pause/freeze from Nov/Dec 2024 causing delay in the replacement of staff through recruitment.
- This deterioration in performance has been caused by short term pressures.

### Actions & Mitigations

- In addition to the WG supported waiting lists initiative which is ongoing with an additional Band 7 and Band 6 (plus administrative support added to the above establishment, through some focused work and extension of a locum on a temporary basis (within establishment, funded by vacancies and unrelated to recruitment pause) we anticipate the position to gradually improve (Feb performance in projected to be 70%).
- The unfreeze of psychology posts has occurred which means that recruitment is underway and if successful will support longer term and sustainable recovery.



### What the data tells us

- Performance improves slightly in January to 66.4%, but the measure continues to report special cause concern remaining at level 2a escalation.
- Powys benchmarked positively in December and ranked 3<sup>rd</sup> with the All-Wales position of 56.4% for the same period.

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Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Deputy Director of People and Culture
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Latest available	Jan-25	Status of measure	Level 1
Reported performance	5.3%	Benchmark position (Wales)	5 <sup>th</sup> (6.21%) (Nov-24)
Target	12-month reduction trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			

### Challenges

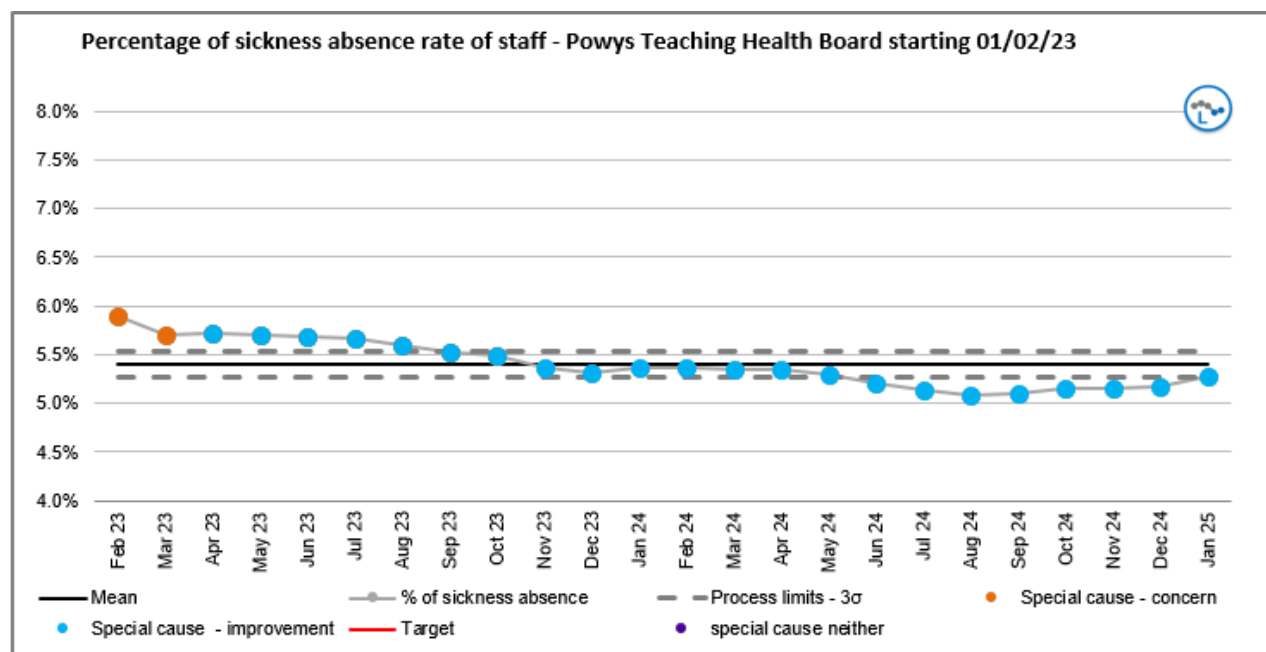
- In the last 12 months there a continued reduction in the rolling sickness absence rate, with a minor increase in the last 5 months.
- Anxiety, Stress & Depression continues to be the top reason, followed by other musculoskeletal.

Sickness absence rates are highest in the following staffing groups:

- Additional Clinical Services – 7.09%
- Estates & Ancillary – 6.70%
- Nursing & Midwifery – 6.16%.

### 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.
- 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 to better understand trends within this area and enable more focussed interventions where possible. Since the review in October and subsequent actions anxiety, stress and depression related absence has reduced by approximately 7 WTE.
- P&C are recruiting Mindfulness practitioners onto the bank and will use their skills alongside the wellbeing and experience lead and Human Resource Business Partners to develop some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent).
- There has been an increase in the numbers (103) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.



### What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.27% for January 2025
- The organisation benchmarks positively when compared with the All-Wales position of 6.21% (Nov 2024).
- Variation is special cause – improvement.

## Turnover rate for nurse and midwifery registered staff leaving NHS Wales

<b>Executive lead</b>	<b>Executive Director of People and Culture</b>	<b>Officer lead</b>	<b>Deputy Director of People and Culture</b>
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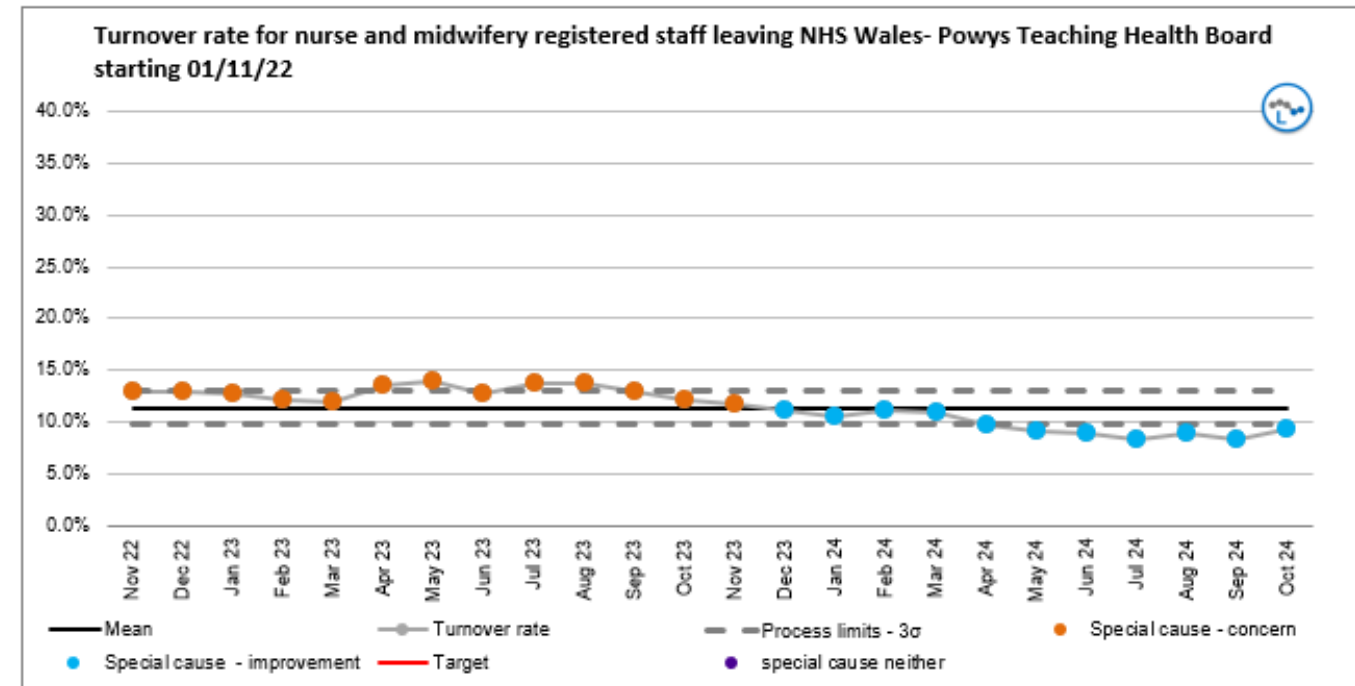
Latest available	Oct-24	Status of measure	Level 1
Reported performance	9.4%	Benchmark position (Wales)	9 <sup>th</sup> (6.35%)
Target	Rolling 12-month reduction against a baseline of 2019-20		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Plan development 2024/25		

### 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.



### What the data tells us

- PTHB is compliant against the target as reported in October with turnover rate 9.4%.
- PTHB benchmarks 9<sup>th</sup> with All Wales performance at 6.35%

*Person: Liz  
21/03/2025 15:58:39*

## Agency spend as a percentage of the total pay bill

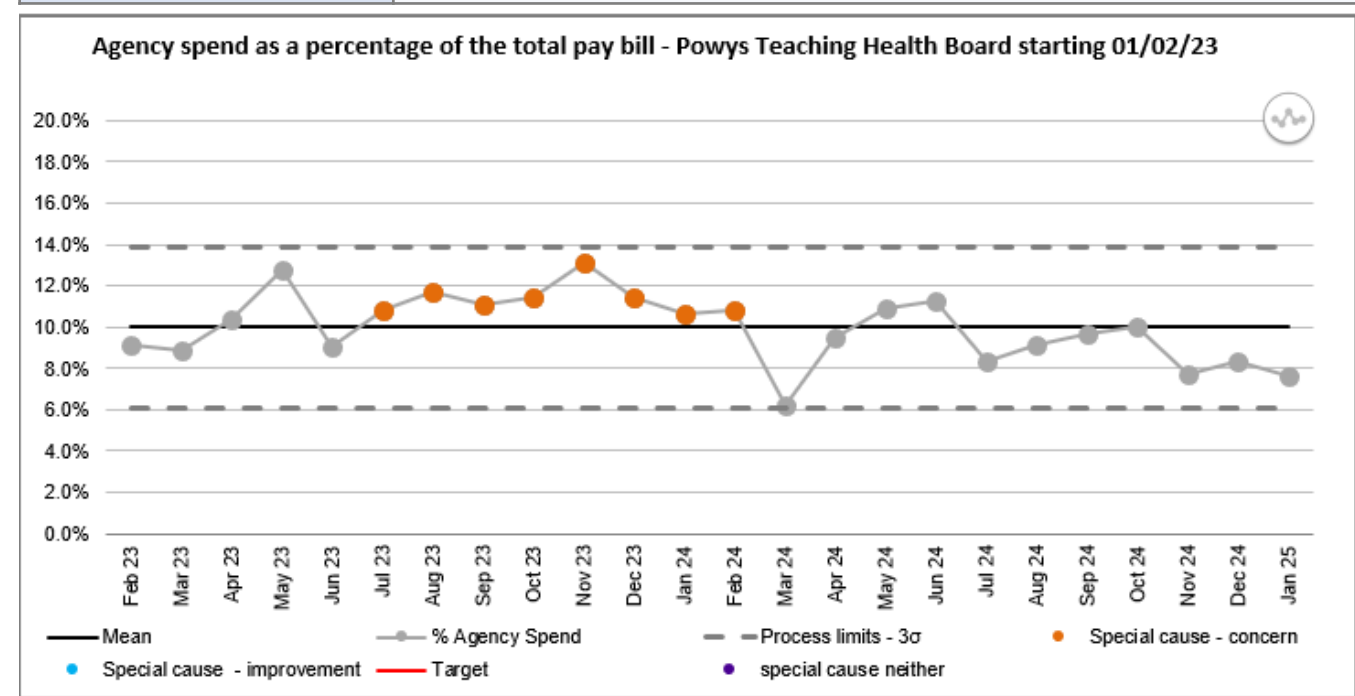
<b>Executive lead</b>	<b>Multi Executive leadership</b>
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<b>Officer lead</b>	<b>Multi Officer Leads</b>
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Latest available	Jan-25	Status of measure	Level 1
Reported performance	7.6%	Benchmark position (Wales)	12 <sup>th</sup> (2.8%)*
Target	12-month reduction		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Finance		
Recover by?			

Challenges
<ul style="list-style-type: none"> <li>Limited substantive Professional workforce availability.</li> <li>Rurality.</li> <li>COVID &amp; impacts of short-term Sickness absence.</li> <li>Patient acuity &amp; dependency.</li> <li>Short term Allied Health Professional (AHP) locum use utilising Welsh Government AHP Funding to meet delivery plan targets.</li> </ul>

Actions & Mitigations
<ul style="list-style-type: none"> <li>Reviewing operational footprint to further reduce reliance on temporary staffing.</li> <li>Negotiating with on-contract agencies for additional recruitment and long-lining of staff.</li> <li>Refresh of actions from establishment review.</li> <li>Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023.</li> <li>Substantial recruitment to AHP posts utilising WG AHP funding.</li> <li>Further tightening of operational processes including:                             <ul style="list-style-type: none"> <li>Earlier roster planning.</li> <li>Improved roster compliance and sign off.</li> <li>Targeting of bank staff over agency.</li> <li>Targeted recruitment campaigns.</li> <li>Long lining of on contract agency.</li> <li>Establishment review</li> <li>On streaming of further overseas Nurses.</li> <li>Roster scrutiny and accountability.</li> <li>Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.</li> <li>Restrictions on sign off for on-contract agency use.</li> <li>Conversion of agency to substantive in one setting.</li> <li>Conversion of Thornbury nurses to on framework agency in high-cost area.</li> <li>Bi-weekly cross organisation group for scrutiny and challenge.</li> <li>Deep dive focus on Mental Health agency utilisation – improved position for December.</li> <li>Substantial recruitment to WG funded AHP posts to be complete Q4 2023/24.</li> </ul> </li> </ul>



### What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction has been achieved and performance for January is 7.6%.
- Variation is common cause.

# 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)

<b>Executive lead</b>	<b>Executive Director of People and Culture</b>	<b>Officer lead</b>	<b>Deputy Director of People and Culture</b>
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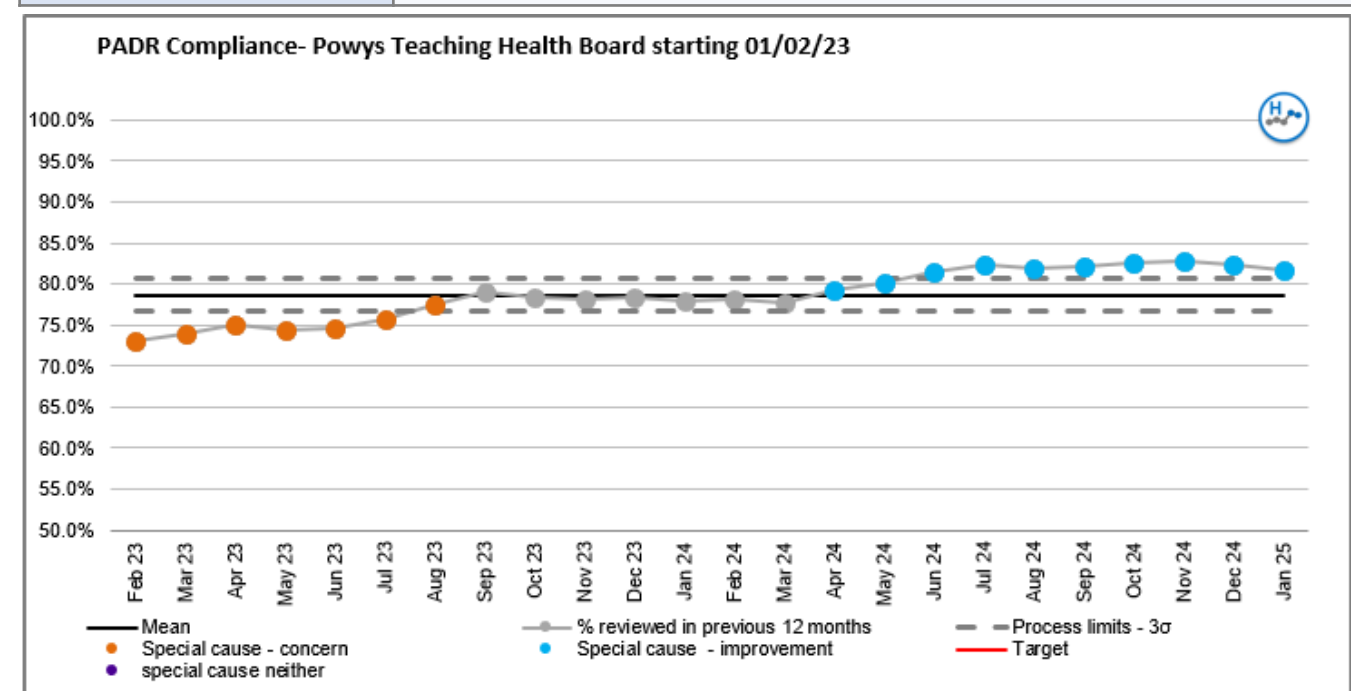
Latest available	Jan-25	Status of measure	Level 2a
Reported performance	81.7%	Benchmark position (Wales)	3 <sup>rd</sup> (77.1%) (Nov-24)
Target	85%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		

## 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 has 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 sustained low compliance



## What the data tells us

- PTHB PADR compliance is reported at 81.7% for January 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in November showed PTHB benchmarking 3rd out of 13 organisations

# 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 – 40

Frequency - Monthly

Percentage of episodes clinically coded within one reporting month post episode discharge end date

<b>Executive lead</b>	<b>Executive Director of Allied Health Professions, Health Sciences and Digital</b>	<b>Officer lead</b>	<b>Head of Information, digital transformation and informatics</b>
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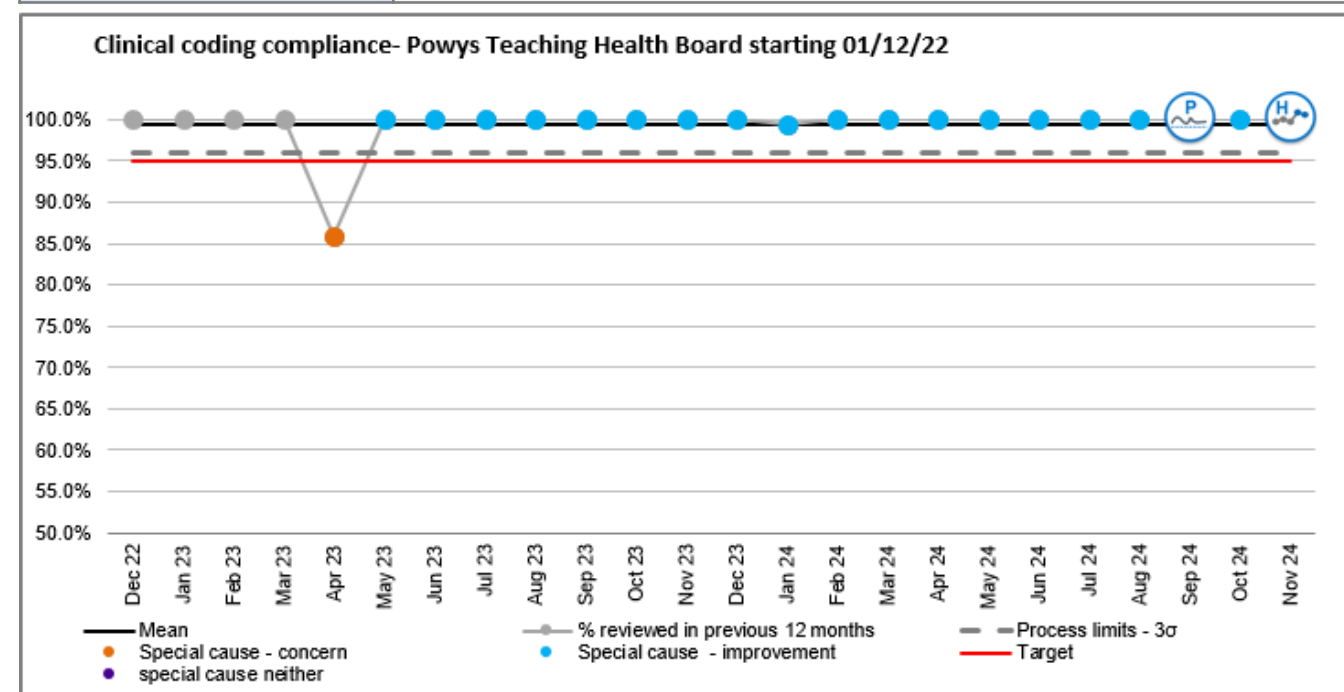
Latest available	Nov-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (65.8%)
Target	Maintain the 95% target or demonstrate a 12-month improvement trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

## Challenges

- No current challenges reported.

## Actions & Mitigations

- No outstanding actions or mitigations to report



## What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.
- Paterson, Liz  
21/03/2025 15:58:39*

# 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 – 41

Frequency - Monthly

Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification

<b>Executive lead</b>	<b>Executive Director of Allied Health Professions, Health Sciences and Digital</b>	<b>Officer lead</b>	<b>Head of Information, digital transformation and informatics</b>
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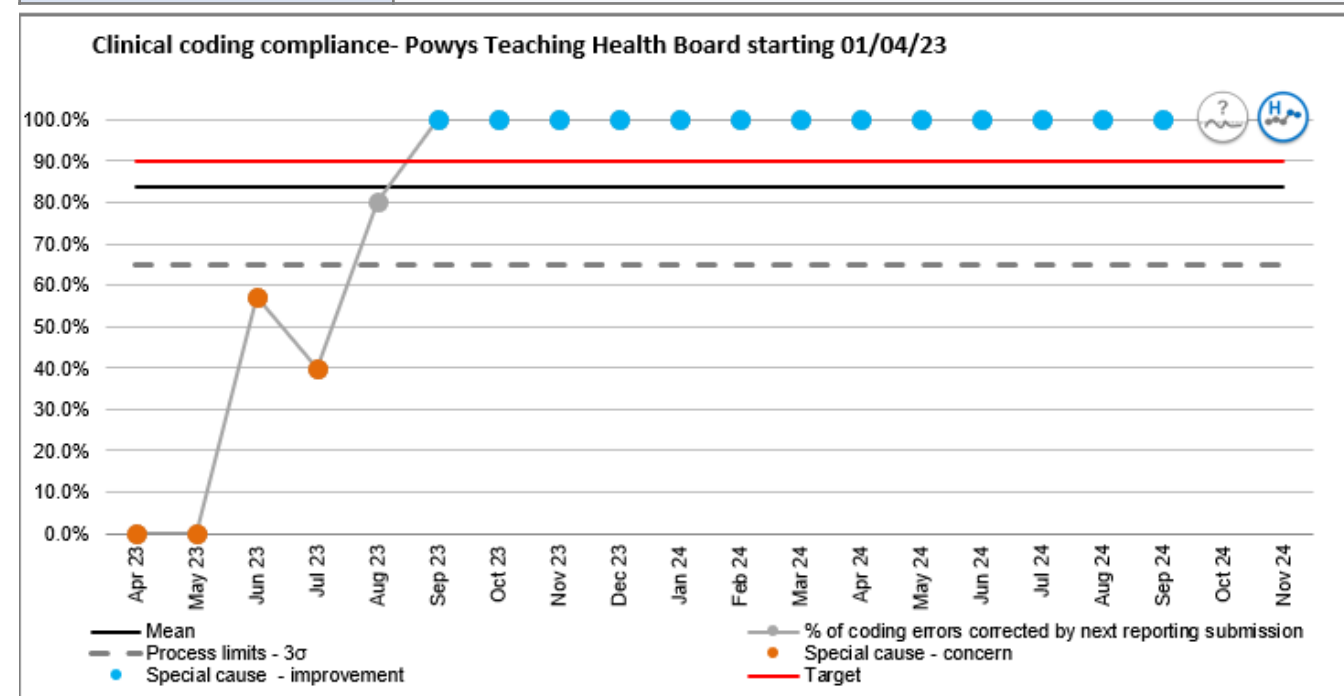
Latest available	Nov-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (59.9%)
Target	90%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

## Challenges

- No issues to report as the target has been met.

## Actions & Mitigations

- No outstanding actions or mitigations to report



## What the data tells us

- This measure reports 100% compliance in November 2024
- Rationale - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

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

Access & Activity

NHS Performance Measure – 43

Frequency - Monthly

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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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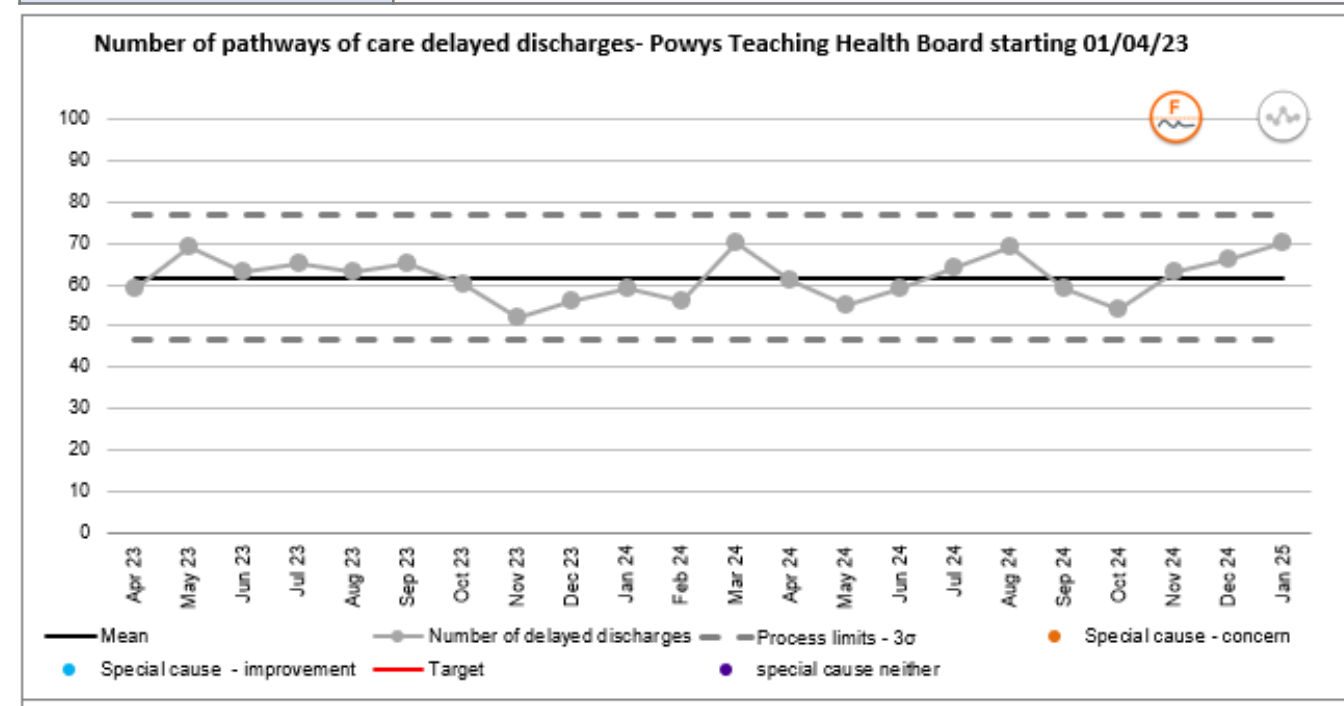
Latest available	Jan-25	Status of measure	Level 2a
Reported performance	70	Benchmark position (Wales)	2 <sup>nd</sup> (1,502)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

### Challenges

- Increased deconditioning following extended stays.
- Increased assessment delays trending upward.
- Limitations of domiciliary care market and wider social care provision market capacity & responsiveness.
- Increasing community demand.
- Delayed social care allocation and assessment.
- Requirement to refresh community hospital model.
- Reduction in total POCD = 19%
- Reduction in days delayed = 26%
- Reduction in assessment delays = 11%

### Actions & Mitigations

- Increased discharge liaison officers in post.
- Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge.
- Working with Powys County Council (PCC) to facilitate improved Domiciliary care market capacity and better understand demand.
- Current test of change for several Community Hospital sites operating model (RTGU and Rehabilitation).
- System engagement and escalation with Powys County Council to inform improved capacity measures.
- Promotion of Home First model as per Goal 5 focus outcomes and exploration of repatriation of reablement service.
- Promotion of reablement, reduced length of stay (LOS) and activities to reduce deconditioning.
- Daily Sitrep and flow discussions.
- Bi-weekly focus on stranded patient review.
- Weekly themes and trends meeting.
- Accelerated Sustainability model planning to inform community offer.
- Continued participation in market engagement with care providers/ third sector provisions.
- Attendance to Shrewsbury and Telford Hospitals NHS Trust (SATH) & Wye Valley NHS Trust (WVT) silvers daily by Senior Manager Unscheduled Care.
- Coordination hub to be established alongside to support co location workstream. E-referral and a single point of contact for coordination to improve admission avoidance and inpatient admissions are to the correct wards.
- Trusted assessor model in Cottage View pilot underway.



### What the data tells us

- PTHB reports non-compliance at the end of January against the 12-month reduction target, it should be noted that delays increased from 66 to 70 for this period. Early reporting for February indicating near delivery against trajectory.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.
- Preliminary information on February demonstrates near delivery against ambition.

# 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

## Mental Health, including CAMHS - 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

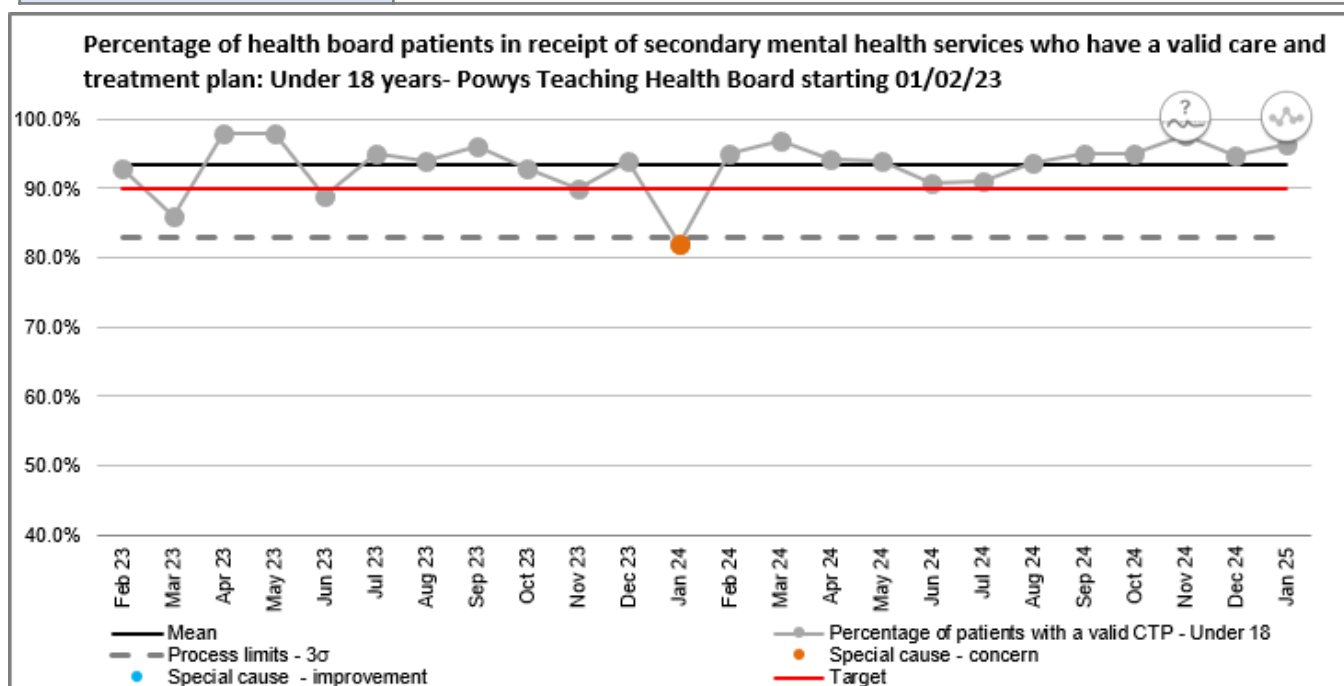
<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental Health</b>
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Latest available	Jan-25	Status of measure	Level 1
Reported performance	96.3%	Benchmark position (Wales)	4 <sup>th</sup> (96.7%)*
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?			

Challenges
<ul style="list-style-type: none"> <li>We have only seen one month where CTP performance dipped (Jan 2024) following a particularly complex Christmas period.</li> <li>The 90% target has consistently been met or exceeded since March 2024. Some of the variation has been between 90%-100% has been attributed to the minor impact on service delivery (small numbers can denote variance even due to the sickness of one practitioner).</li> </ul>

### Actions & Mitigations

<ul style="list-style-type: none"> <li>No actions or mitigations reported for this period.</li> </ul>
---



### What the data tells us

- The health board ranked 4<sup>th</sup> against the All-Wales position of 96.7 % in December
- Variation remains common cause.
- Data challenges about CTP submission validation are currently being investigated by the Digital, Performance, and Mental Health team.

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

Quality, safety, effectiveness, and experience

NHS Performance Measure – 45

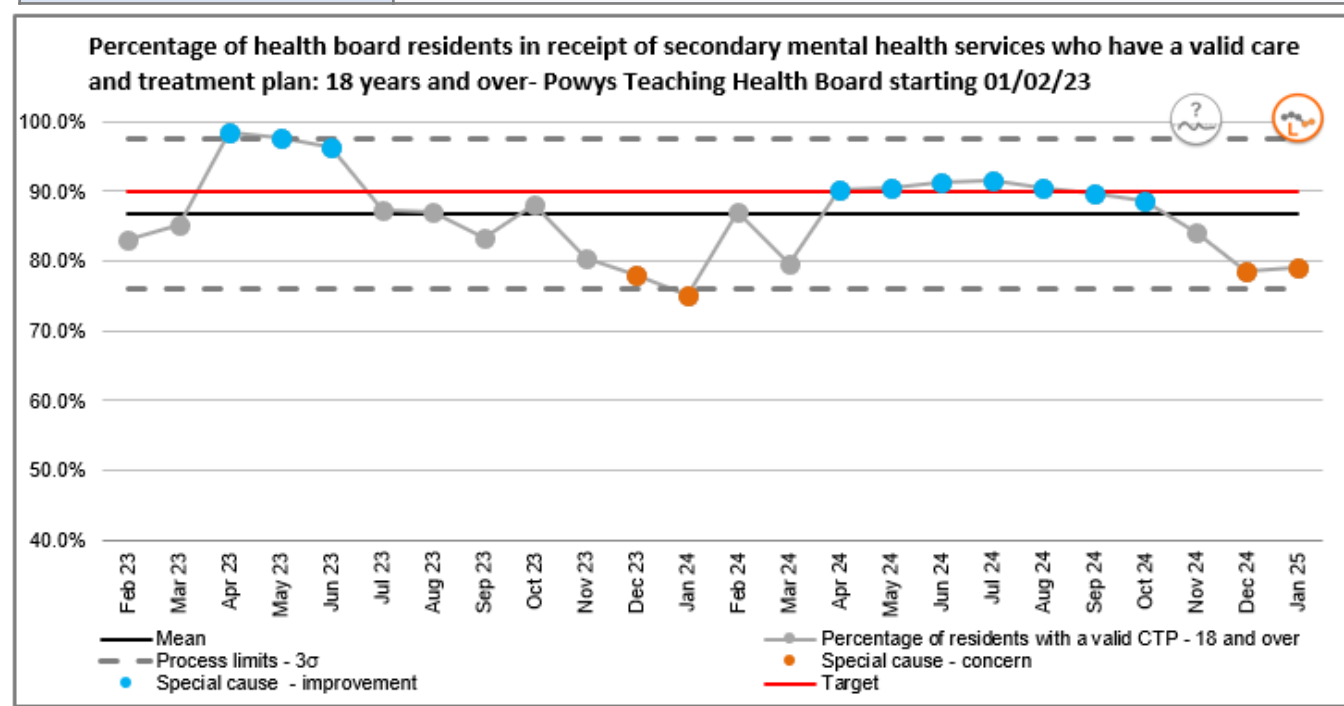
Frequency - Monthly

## 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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental Health</b>
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Latest available	Jan-25	Status of measure	Level 2a
Reported performance	79.1%	Benchmark position (Wales)	5 <sup>th</sup> (78.6%)*
Target	90%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		

Challenges
<ul style="list-style-type: none"> <li>Team Lead sickness has improved and some individual teams have been targeted to improve their compliance which should see improvement in next reporting period.</li> <li>The service continues to be significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. In order to mitigate and align to work to modernise and streamline services the new triage and assessment service was launched in September. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity as they are holding additional pressures whilst assessments are moved from teams to the SPOA.</li> <li>Long term sick has significantly affected Newtown CMHT with one member of staff having 10 out of date CTPs as a result - protected time and admin support has been provided to support the completion of CTPs following phased return.</li> </ul>



Actions & Mitigations
<ul style="list-style-type: none"> <li>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.</li> <li>Continue to advertise vacant positions.</li> <li>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.</li> <li>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.</li> <li>Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.</li> <li>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&amp;T Planning.</li> <li>Mental Health &amp; Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and will be fully reported to March SMT but initial recommendations have been reviewed at the SMT Sub Group for Q&amp;S.</li> <li>In adult community mental health, the capacity was diverted to establishing a new triage and assessment model impacted performance at the end of summer 2024 but is being drawn back to CTP compliance work now.</li> <li>Focussed work is being undertaken striving for improvement for next reporting period as follows. <ul style="list-style-type: none"> <li>Out Patients Clinics have been revised to accommodate CTP reviews</li> <li>Compliance data and out of date reviews have been added as standard MDT agenda item</li> </ul> </li> <li>Ystradgynlais CMHT were lowest performing team but following targeted work in last two months have now increased to + 80% since the last submission.</li> <li>It is anticipated that performance will be at the 90% mark for April's submission.</li> </ul>

### What the data tells us

- Adult and older CTP compliance has measured at 79.1% and reports common cause variation
  - PTHB benchmarked 5th against an All-Wales position of 78.6% in December
- Person: Liz  
21/03/2025 15:58:39*

# 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 – 46

Frequency - Monthly

Number of patient experience surveys completed and recorded on CIVICA

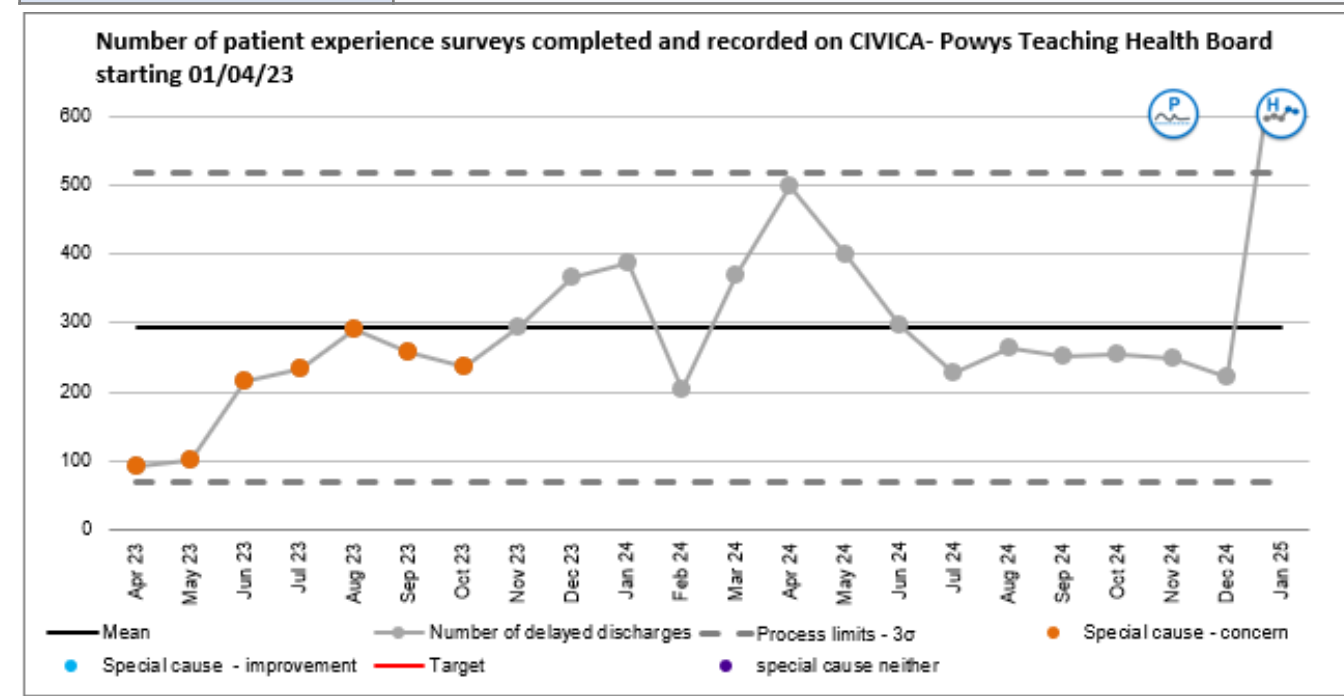
<b>Executive lead</b>	<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Officer lead</b>	<b>Assistant Director Quality &amp; Safety</b>
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Latest available	Jan-25	Status of measure	Level 1
Reported performance	760	Benchmark position (Wales)	8 <sup>th</sup> (21,055)*
Target	Month on month improvement		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			

Challenges
<ul style="list-style-type: none"> <li>Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.</li> <li>Limited analysis of 'Your NHS' responses to inform service improvements or service successes due to no 'aligned resource' to support.</li> <li>There is no lead in place currently in the Health Board for patient experience.</li> </ul>

### Actions & Mitigations

- 735 responses received during Q3, of which 719 were received via SMS.
- 79 Surveys available in the CIVIC system with 2 in development.
- Support to run the CIVICA system in the health board continues to be provided by the Quality & Safety (Q&S) team.
- The Health Board has drafted the job description for a People's Experience Lead. It is hoped that this post will be advertised during March 2025.
- The Health Board has undertaken initial scoping work around the People's Experience Framework. Full analysis and the readiness document will be completed on receipt of the Framework.
- On receipt of the People's Experience Framework, the Q&S will hold a stakeholder's meeting to discuss the Health Board delivery plan and implementation of the Framework.



### What the data tells us

- Reported experience surveys have significantly improved in January 2025 with 760 surveys completed and recorded on CIVICA compared to 221 in December 2024.

*Person: Liz  
21/03/2025 15:58:39*

# 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 – 47, 48, and 49      Frequency - Monthly

## PTHB reported health care acquired infections Klebsiella sp, Pseudomonas aeruginosa, E.coli, Aureus (MRSA & MSSA), and C.difficile

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

Latest available		Jan-25		
No	Measure	Target	Actual	
47	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	No national target for PTHB as a non acute provider.	0	
48	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)		8.79	
49	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population		19.60	
Measure type		NHSPF	Quality of measure data	Good
Data source of measure		PHW dashboard		
Recover by?				

### Challenges

- No Challenges reported.

### What the data tells us

- 7 cases of C.Difficile reported for Oct 2024- January 2025 (3 community onset & 4 hospital onset); this is 3 less than the equivalent period in 2023/24.
- 1 case of HOHA E Coli Bacteraemia was reported for Oct 2024- January 2025; this is 1 less than the equivalent period in 2023/24

Patterson, Liz  
21/03/2025 15:58:39

### Actions & Mitigations

- IP+C level 1 training compliance 90% across the Health Board.
- IP+C level 2 training compliance 82% across the Health Board.
- The IPC Team actively participate in the All-Wales CDI focus forum. The All-Wales C difficile framework has been published by the forum with the aim of standardising the management of CDI across Wales and reducing CDI rates in Wales. We are currently in the process of aligning our CDI management strategies in PTHB to the framework.
- An electronic auditing system for IP&C is in the process of being implemented. It is currently in the testing stage with the IP&C team before being fully deployed across the Health Board.

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

Access & Activity

NHS Performance Measure – 51

Frequency - Monthly

## Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

<b>Executive lead</b>	Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Service Group
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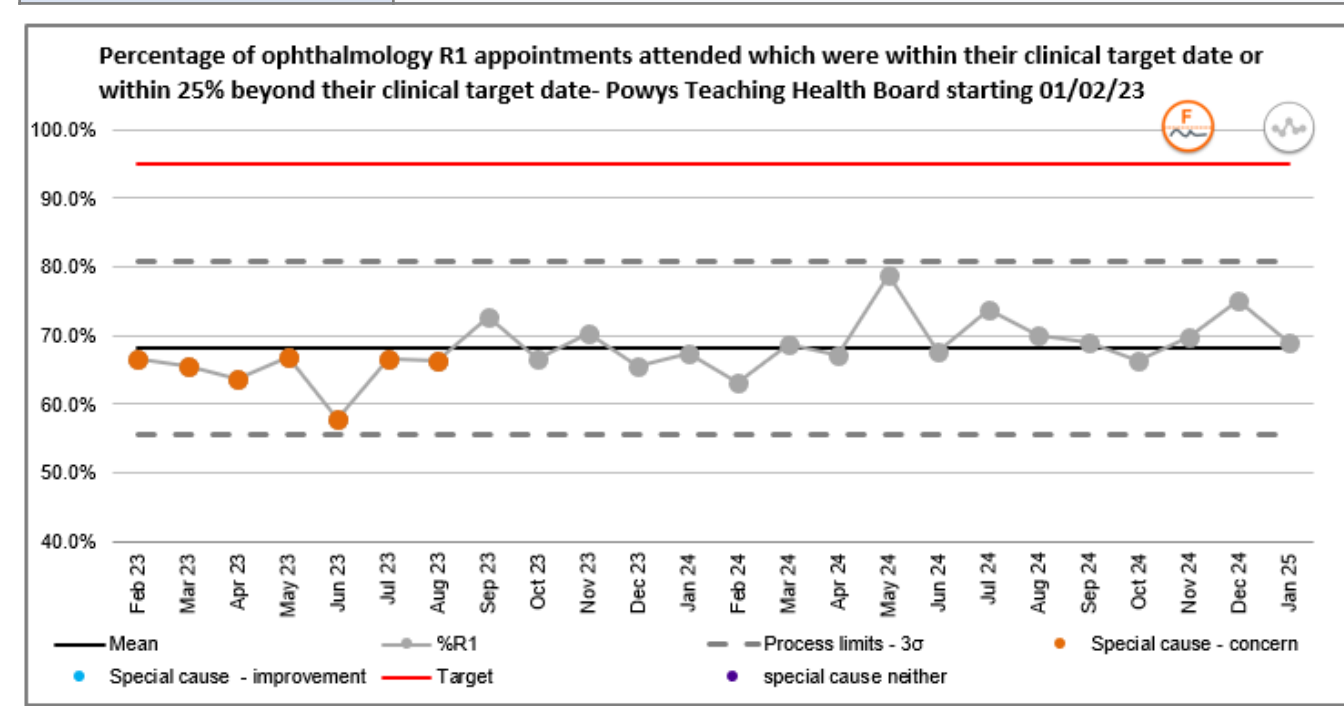
Latest available	Jan-25	Status of measure	Level 1
Reported performance	69.1%	Benchmark position (Wales)	1 <sup>st</sup> (65.6%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Plan to be developed 2024/25		

### Challenges

- National fragility impacting in-reach capacity for ophthalmology.
- National staffing recruitment (including local impact) challenge reducing capacity including sickness absence, vacancies for theatre staffing, and industrial PTHB service is reliant on Wye Valley NHS Trust (WVT) for in-reach capacity (it is key for service). However, WVT remains impacted industrial actions during Q4 23/24 which had a significant impact on eyecare.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care roll-out delay, pending national decisions.

### Actions & Mitigations

- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- Exploring charity funding for purchase of equipment to support repatriation of cataract pathway.
- Work with community optometry on contract reform and transformation opportunities.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
- Planned care bids to national planned care fund in March 2024 – outcome pending
- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2<sup>nd</sup> PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.



### What the data tells us

- The health boards performance for the measure in January is 69.1% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All Wales benchmark (65.6%) and ranks 1st in December 2024.

# 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 – 54      Frequency - Monthly

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

<b>Executive lead</b>	<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Officer lead</b>	<b>Deputy Director of Nursing</b>
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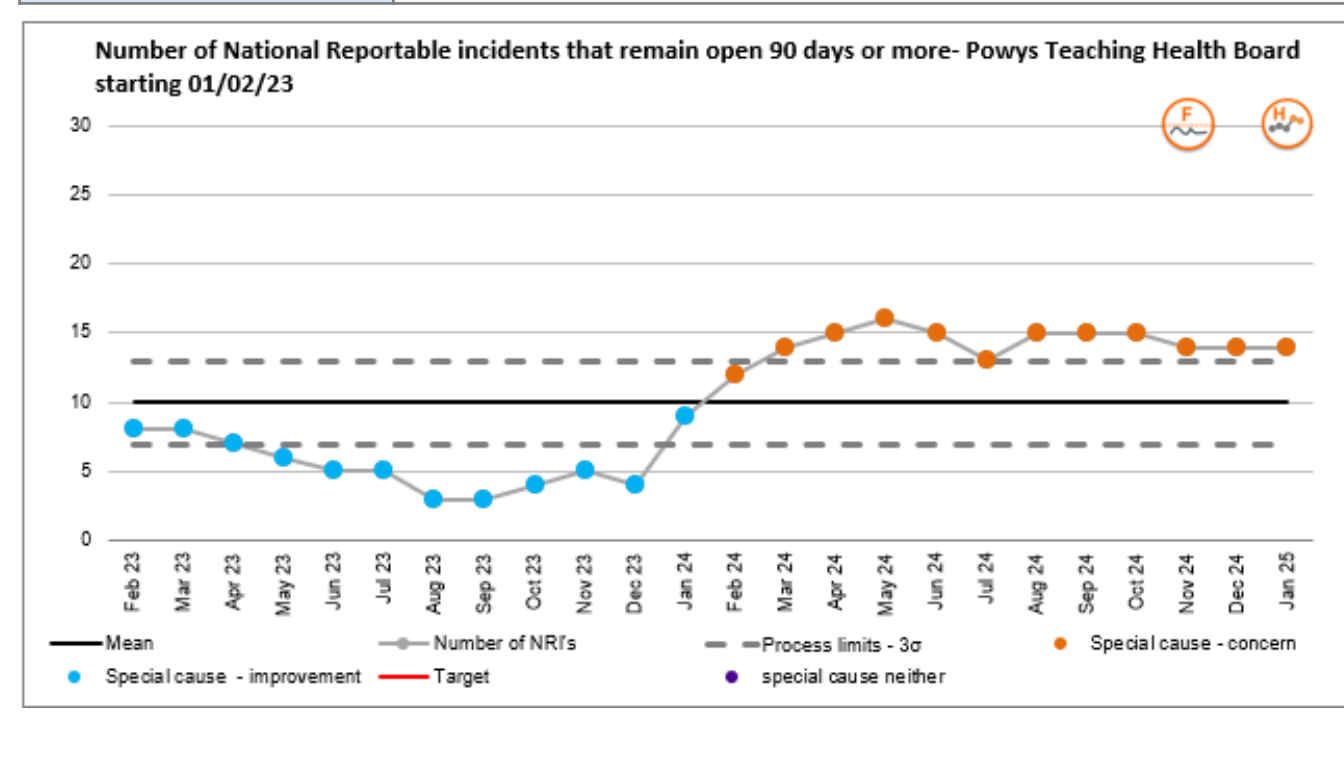
Latest available	Jan-25	Status of measure	Level 2a
Reported performance	14	Benchmark position (Wales)	4 <sup>th</sup> (209)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

### Challenges

- Complexity of 2 NRI's since Q2 2022 have required significant timescales to investigate outside of control of PTHB.
- Delayed contributions to investigations by external agencies.
- Mental Health investigations have a longer 120-day window to complete, this will impact performance against the 90-day measure.
- Fragility of small teams impacts capacity to complete investigations within a timely manner.
- There is limited resource within the Quality and Safety Team to provide support the completion of investigations.

### Actions & Mitigations

- Continued high level of support to services from the Head of Quality & Safety.
- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.
- Regular and ongoing communication with NHS Executive to ensure data is accurate.
- Currently review of the Incident Management Framework is being undertaken following a year of implementation; Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs.
- PTHB collaborated with Velindre, PHW, WAST and DHCW to review the RCA structure and training requirements in February 2025 to support consistent reporting and investigations across organisations. This was reported at the HOPE Network on 26/02/2025.



### What the data tells us

- Powys reported 14 nationally reportable incidents (NRI) that remained open over 90 days in January.

*Person: Liz  
21/03/2025 15:58:39*

# Provider Service Assurance

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

Patterson.Liz  
21/03/2025 15:58:39

# 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 and downgrade performance against 28-day NICE guidance of best practice.

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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<b>Latest available</b>	<b>Jan-25</b>	<b>Status of measure</b>	<b>Level 2a</b>
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		

### What the data tells us

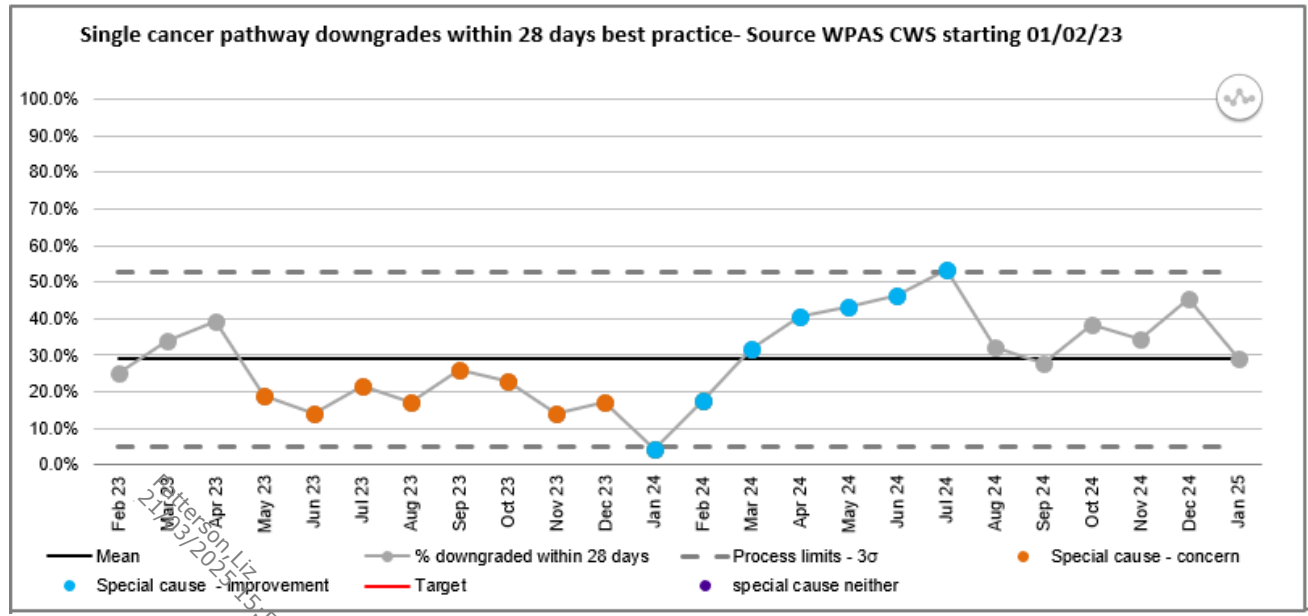
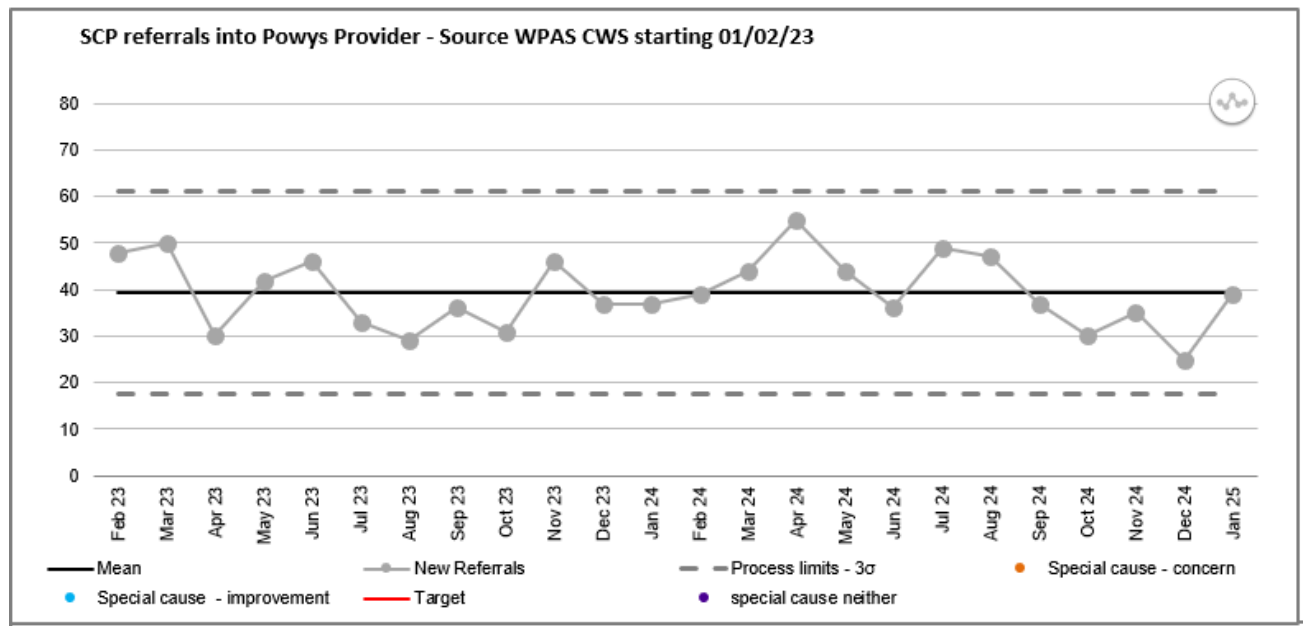
- Powys has reported 39 new pathways in January with the majority via primary care, monthly referral numbers have dipped below the 24-month average.
- The health board has reported a drop in compliance to 29.2% for downgrades within 28 days.
- PTHB meets the straight to diagnostic test 12-month improvement trend in January, however this measure and its compliance will be volatile because of small numbers.
- 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

- PTHB predominately provides outpatient and diagnostic pathways for upper & lower gastrointestinal suspicions, as such key challenges reflect General Surgery constraints;
- National shortage of Endoscopists particularly colorectal.
  - 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). 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.
  - Further Bowel screening (BS) FIT test changes from Oct-24 are expected to increase demand further.
  - 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

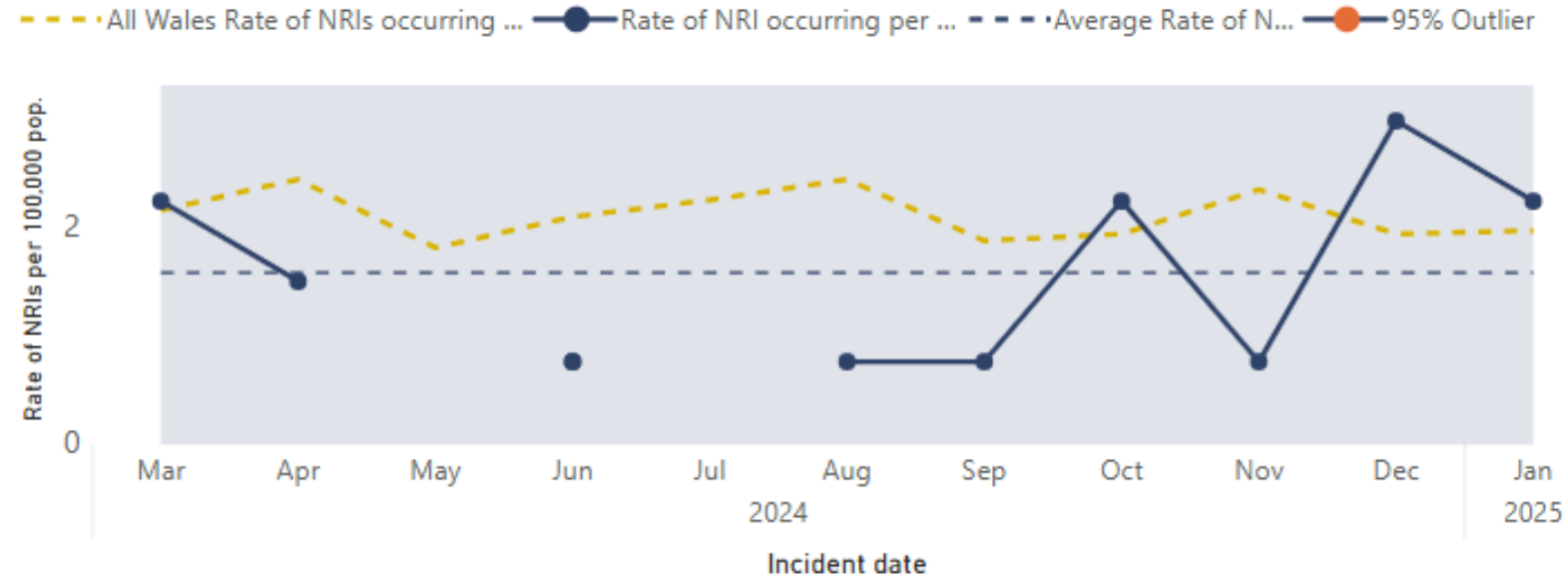
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3.
- Service have escalated the CTMUHB 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.
- Start of sponge capsule (cytosponge) from 2nd October 2023 in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.
- 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.
- Assistant Medical Director Planned Care role is now confirmed as permanent position.
- Appointed colorectal specialty lead on a locum basis.
- Successful recruitment to PTHB developmental specialist nurse roles for bowel screening service, completed in Mar 24.
- Rolling programme of clinical and administrative waiting list validation.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.



Percentage of patients who are referred to Powys Provider straight to test

Source DHCW SCP submission	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
% of patients who are sent straight to test	12 month improvement trend	26.5%	31.0%	53.3%	31.8%	20.8%	42.9%	42.9%	28.6%	23.1%	26.3%	33.3%	45.5%

## PT HB rate of NRIs occurring (by incident date) per 100,000 population as of 06/03/2025



Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	06/01/2025	100%
National reportable incident rate per 100k pop	Jan-25	2.23 per 100k
% Complaints settled within 30 days	April 2024 – January 2025	80%
Reported never events	06/03/2025	Zero

### What the data tells us

- PTHB reports a higher than All-Wales rate for incidents in January with 2.23 per 100k population vs the All-Wales rate of 1.96 per 100k.
- Performance for complaints settled within 30 days achieved 80% above the 75% target for the April to January 2025 cumulative period.
- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.

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### Challenges

- Historic NRI investigations requiring joint review have prevented closure within time frame.
- 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 time frame.

### Actions & Mitigations

- Quality and Safety Team undertaking a review of incident investigation training.
- Mental Health have recruited an external incident investigator to review historic outstanding NRI investigations to coach to closure.
- Quality and Safety Team reviewing the Incident Management Framework to provide robust process on the completion of investigations and the accompanying action plan to prevent delay of closure.

# Commissioned Service Assurance

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

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# 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 – 30, 32, and 33 Frequency - Monthly

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

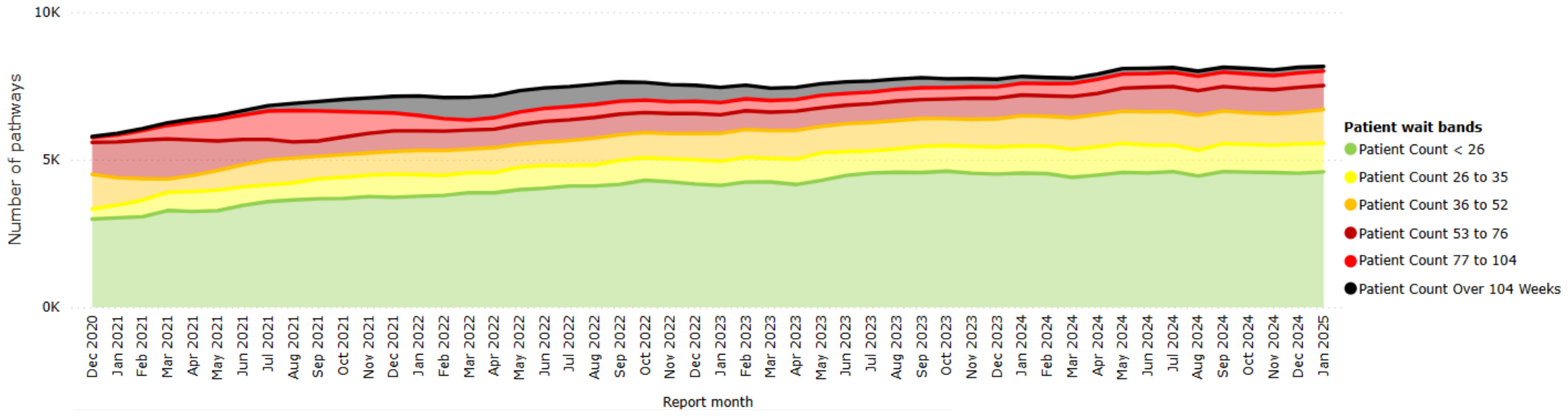
<b>Executive lead</b>	<b>Interim Executive Director of Planning, Performance and Commissioning</b>	<b>Officer lead</b>	<b>Assistant Director of Performance and Commissioning</b>
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<b>Latest available</b>	<b>Jan-25</b>	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

RTT open pathway waiting list snapshots by month and band of wait for combined Welsh providers excl. PTHB  
 April 2022 to January 2025  
 Source DHCW

Welsh Providers	Jan-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance					
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.	
Aneurin Bevan Local Health Board	62.1%	760	426	45			2810
Betsi Cadwaladr University Local Health Board	47.6%	268	175	38			678
Cardiff & Vale University Local Health Board	43.3%	169	107	11			388
Cwm Taf Morgannwg University Local Health Board	51.6%	305	160	8			841
Hywel Dda Local Health Board	56.6%	466	242	38			1485
Swansea Bay University Local Health Board	55.1%	634	348	15			1958
<b>Total</b>	<b>56.2%</b>	<b>2602</b>	<b>1458</b>	<b>155</b>			<b>8160</b>

Open pathways by band



#### What the data tells us

- Powys residents in Welsh acute care providers have continued to see very long waits fall, however the waiting list as a total continues to grow with increased challenge in key providers being represented in as special cause concern for those waiting over 36 weeks.
- As of January, 371 patient pathways waited over 52 weeks for a new outpatient appointment, only Swansea Bay University Health Board is compliant with zero breaches.

#### Challenges

- May 2024 Cabinet Secretary detailed required areas for improvement across Planned Care:
  - 40% reduction in number of patients waiting over 52 weeks for new outpatient appointment by September 2024; zero by March 2025.
  - Zero patients waiting more than 104 weeks for referral to treatment by end of December 2024.
  - Number of patients waiting more than 8 weeks for a specified diagnostic: 95% to be zero by December 2024.
- 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

- Welsh including Powys provider services, 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.
- 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. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2023/24, the majority of PTHB patients in this cohort are sitting with commissioned providers.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.

Provider	Patients waiting > 104 weeks
ABUHB	45 (30 T&O, 13 Ophthalmology, 2 General Surgery)
BCUHB	38 (3 General Surgery, 9 Gynaecology, 2 Ophthalmology, 8 ENT, 6 Oral Surgery, 3 Orthodontics, 3 Dermatology, 1 Urology and 3 Pain Management)
C&VUHB	11 (1 General Surgery, 2 T&O, 2 Gynaecology, 1 Clinical Immunology and Allergy, 1 Urology and 4 Ophthalmology)
CTMUHB	8 (1 General Surgery, 2 T&O, 2 Ophthalmology, 1 Oral Surgery, 1 Restorative Dentistry, 1 Gynaecology)
HDUHB	38 (19 T&O, 15 Ophthalmology, 3 Urology, 1 ENT)
SBUHB	15 ( 6 Gynaecology, 2 Plastic surgery, 6 General surgery, 1 ENT)

**Planned Care & Cancer – English Commissioned Referral to treatment (RTT) patients waiting more than 52 weeks for referral to treatment**

**Executive lead** Interim Executive Director of Planning, Performance and Commissioning **Officer lead** Assistant Director of Performance and Commissioning

Latest available	Dec-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

## RTT open pathway waiting list snapshots by month and band of wait for combined English providers

Source DHCW

	Dec-24	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
		All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.				
English Providers	% of Powys residents < 26 weeks for treatment							
English Other	69.1%	49	18	0			291	
Robert Jones & Agnes Hunt Orthopaedic & District Trust	50.6%	1240	658	42			3566	
Wye Valley Trust	67.4%	581	94	0			3370	
<b>Total</b>	59.2%	<b>1870</b>	<b>770</b>	<b>42</b>			<b>7227</b>	

### Challenges

- English 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.
- NHS England 2024/25 priorities:
  - Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
  - Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).
- SATH reviewed and updated their patient administration system during Q1 2024/25, this has unfortunately been challenged with system problems and waiting list including outpatient and inpatient data disrupted, the health board are awaiting confirmation on the resolution of this challenge.

	Nov-24	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
		All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.				
English Providers	% of Powys residents < 26 weeks for treatment							
Shrewsbury & Telford Hospital NHS Trust	55.5%	1380	499	0			5021	

### Actions & 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.
- 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. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement

### What the data tells us

- Powys residents in English acute commissioned service providers continue to see generally faster access for treatment.
- English providers still report an improved position when compared to waiting pathways in Wales.
- Robert Jones and Agnes Hunt show ongoing and growing challenge over all long wait measures.

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Referral to Treatment - Private dermatology service provider

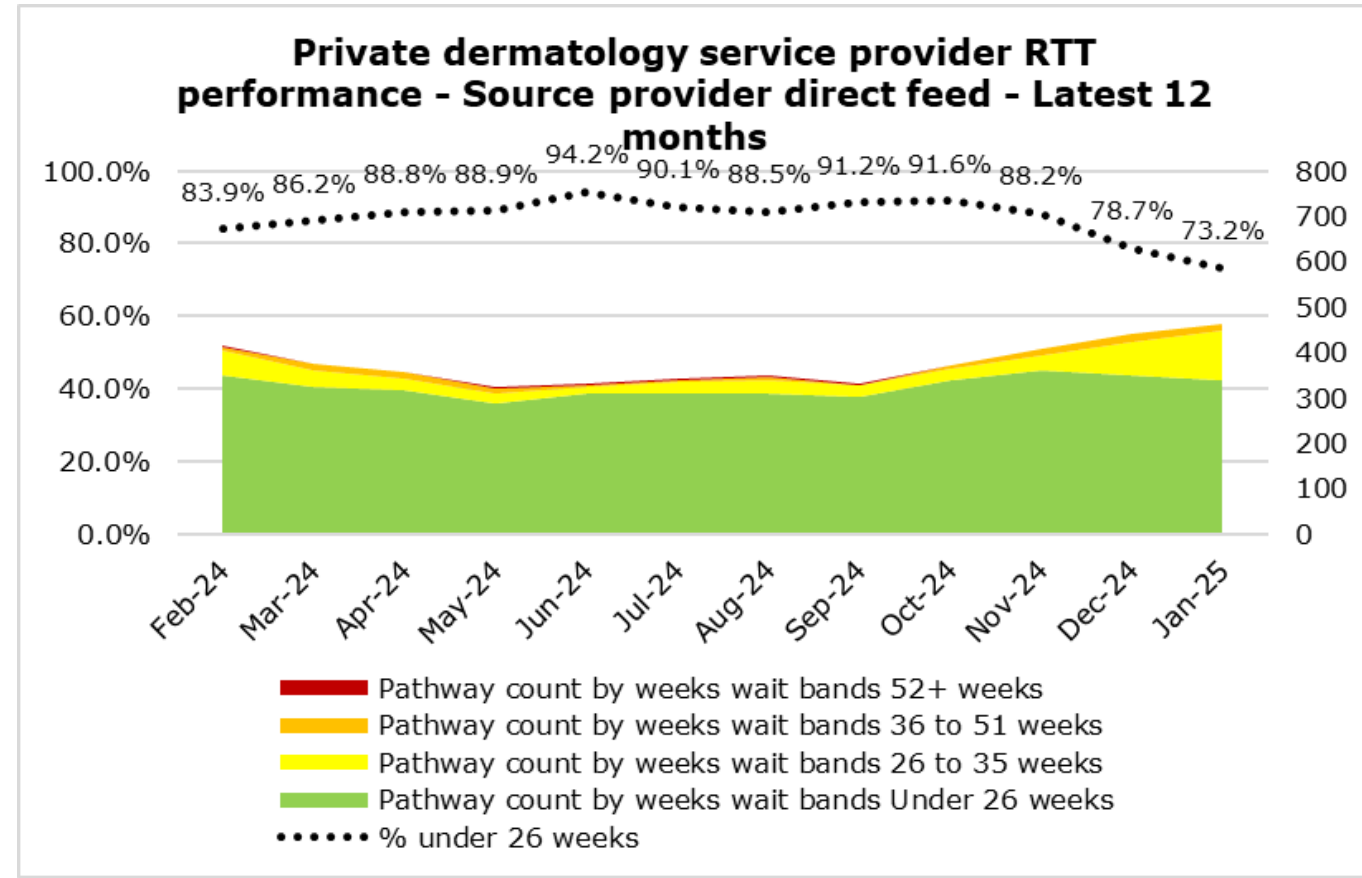
Executive lead

Interim Executive Director of Planning, Performance and Commissioning

Officer lead

Assistant Director of Performance and Commissioning

Latest available	Jan-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	
Nov-23	81.8%	320	47	21	3	391
Dec-23	82.5%	325	45	18	6	394
Jan-24	84.1%	348	51	12	3	414
Feb-24	83.9%	348	56	9	2	415
Mar-24	86.2%	324	37	13	2	376
Apr-24	88.8%	318	25	13	2	358
May-24	88.9%	288	20	14	2	324
Jun-24	94.2%	311	12	6	1	330
Jul-24	90.1%	310	24	6	4	344
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

What the data tells us

- January 2025 shows a decrease in performance. 73.2% of patients wait under 26 weeks for treatment whilst 15 patients are currently waiting over 36 weeks.

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Challenges

- Limited number of patients continue to wait over 52 weeks.
- Reduced NHS contract capacity for routine (Wye Valley NHS Trust). Currently exploring alternative providers including capacity commissioned from private provider

Actions & Mitigations

- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.
- Scoping exercise being undertaken to identify additional capacity requirements (routine).

**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**

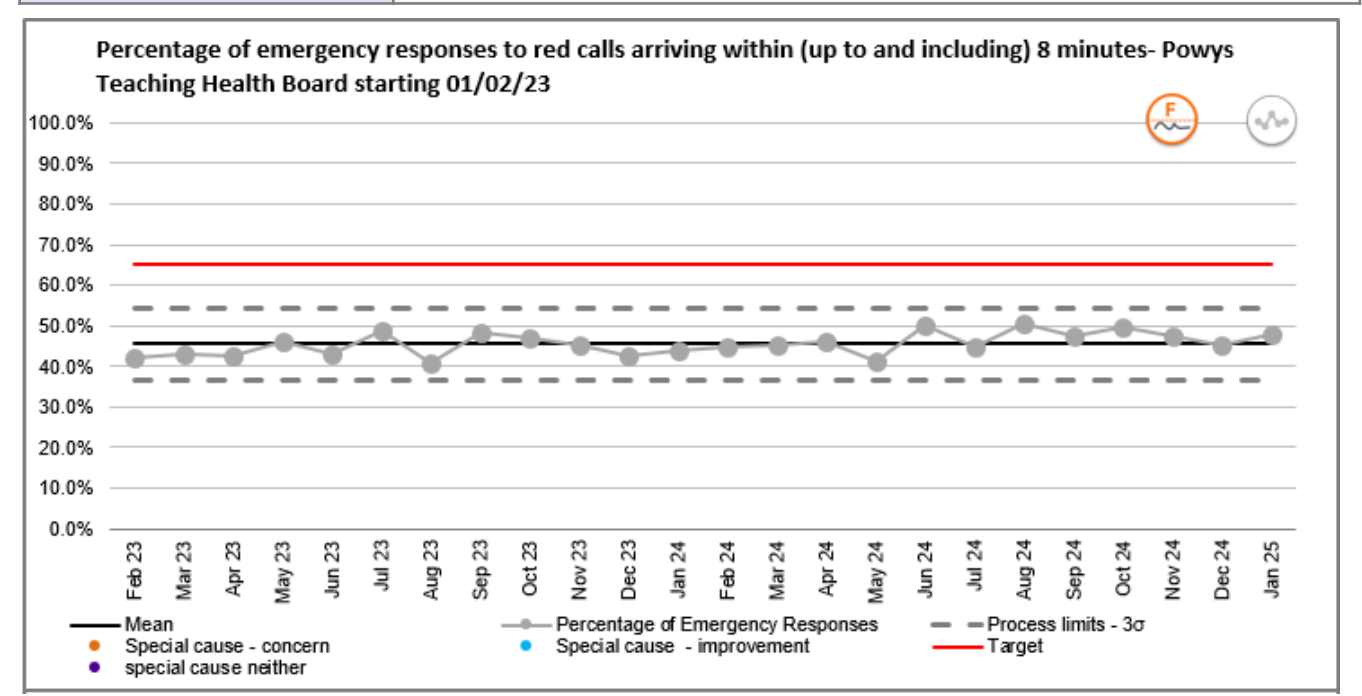
**Officer lead**

**Assistant Director of Performance and Commissioning**

Latest available	Jan-25	Status of measure	Level 2a
Reported performance	47.9%	Benchmark position (Wales)	5th (48.3%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		

**Challenges**

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.
- Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Temporary relocation of stroke services from Prince Charles Hospital (PCH) to Royal Glamorgan Hospital (RGH) from 6th January may impact on stroke conveyances.



**Actions & Mitigations**

- 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.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.
- PCH will continue to provide emergency assessment and treatment for Stroke patients, temporary changes mean that ambulance service will convey with stroke or suspected stroke patients to alternative hospital to PCH (number of patients likely to be affected reviewed to assist this change).

**What the data tells us**

- The reported performance in January has shown a slight increase in performance to 47.9% compliance for the 8-minute emergency response target for red calls.
- Performance remains common cause variation.
- The performance data supports that without a significant intervention to system the commissioned WAST service will not achieve the national target of 65.0%.
- PTHB ranks 5th and the All-Wales position is 48.3%

# 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 – 20

Frequency - Monthly

## Urgent & Emergency Care - Median emergency response time to amber calls

**Executive lead** Executive Director of Planning, Performance and Commissioning

**Officer lead**

Assistant Director of Performance and Commissioning

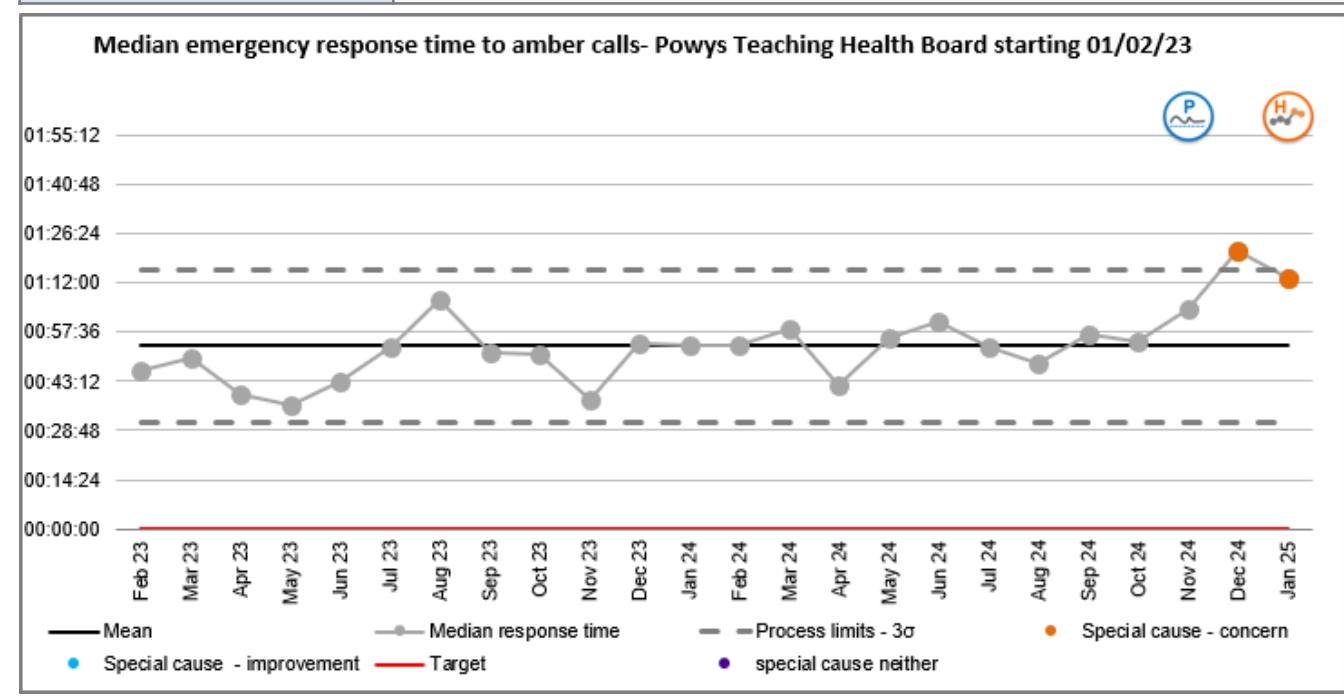
Latest available	Jan-25	Status of measure	Level 2a
Reported performance	01:13:20	Benchmark position (Wales)	1 <sup>st</sup> (02:29:18)
Target	12-month reduction target		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		

### Challenges

- 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.
- 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

- 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.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.



### What the data tells us

- Median amber response times have reported a decrease in performance in January 2025 to 01:13:20
- PTHB ranks 1<sup>st</sup> in Wales with the All-Wales average at 02:29:18

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Liz

# 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 – 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** Assistant Director of Performance and Commissioning

Latest available	Jan-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		

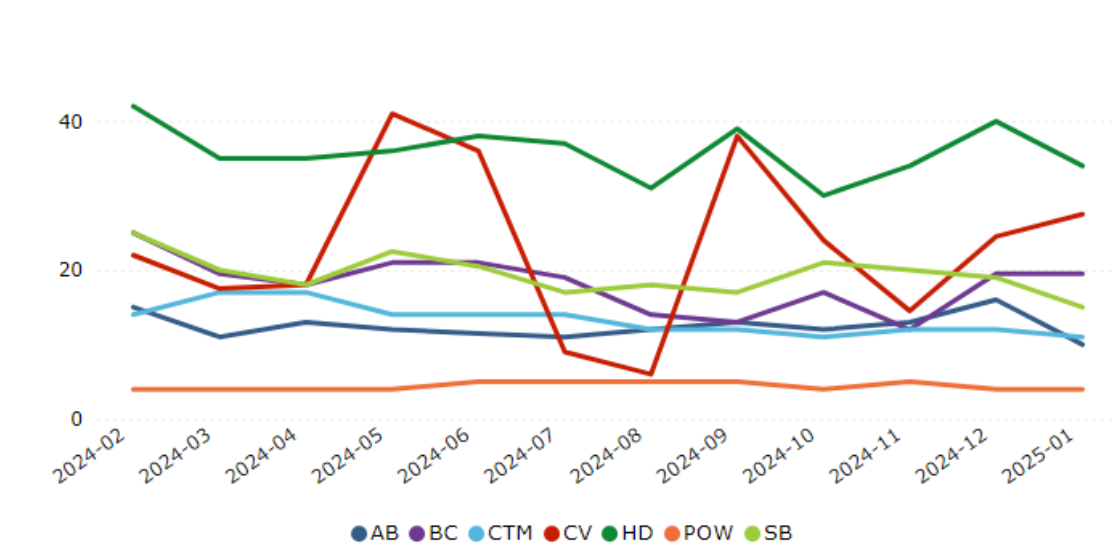
### What the data tells us

- Access to median emergency departments data for Powys residents has been made available from June 2024 with access provided to the data via the DHCW. This data is currently being used for Information with analysis development to drive assurance conversations with commissioned service providers.
- The data is currently only available for Welsh providers.
- Median wait times are affected by the denominator size e.g., Cardiff and Vale UHB have average 10 PTHB resident attendances per month in 2024/25 as a result this will skew the performance vs their all-patient picture.

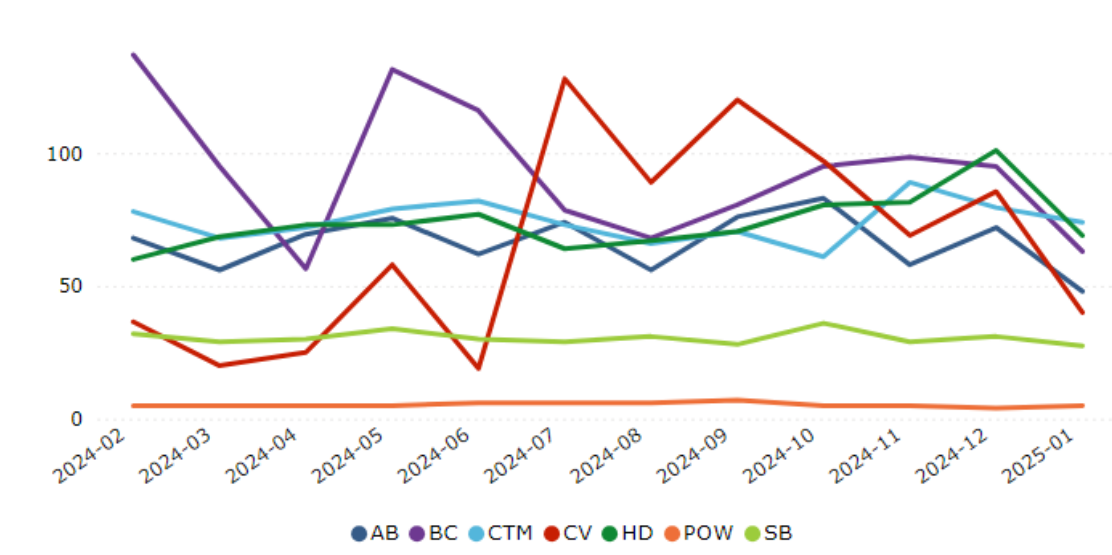
### Actions & Mitigations

- Development of the data set to provide further analysis measures for Powys residents.
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.

Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



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

Dec-24 -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	16	24	72	160
BCUHB	20	21	95	130
CTMUHB	12	12	80	70
C&VUHB	25	10	86	78
HDUHB	40	36	101	89
SBUHB	19	28	31	28

# 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

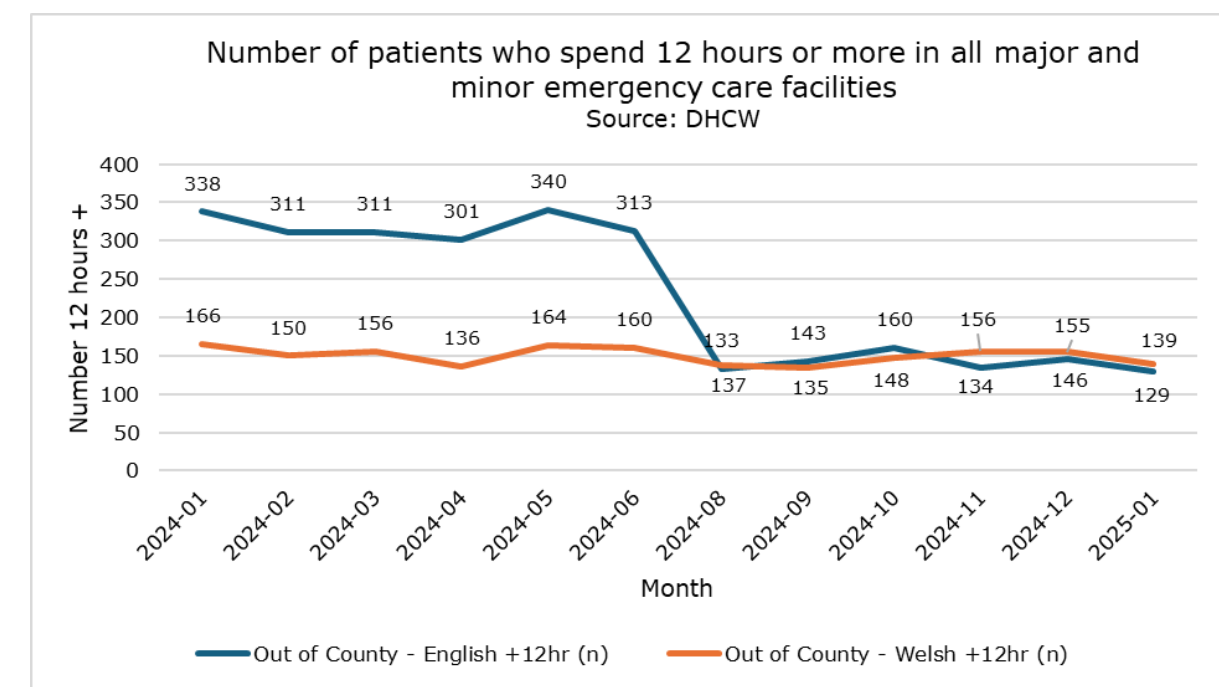
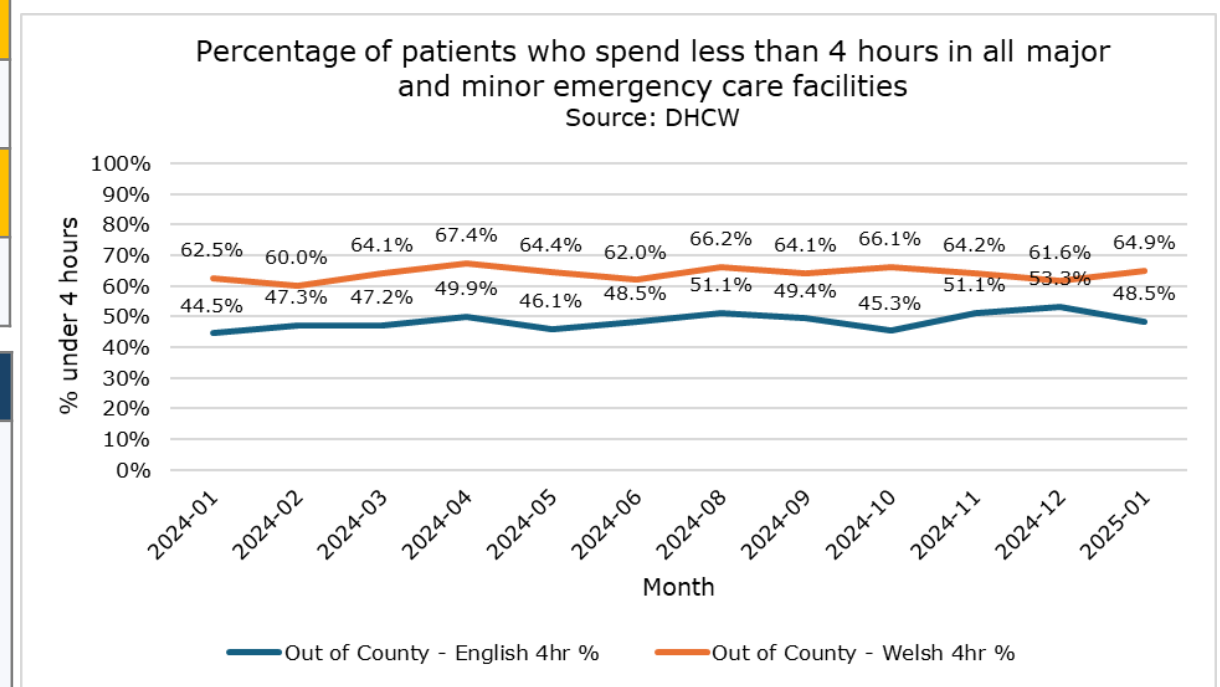


## Access & Activity NHS Performance Measure – 23 & 24 Frequency - Monthly

**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** Interim Executive Director of Planning, Performance and Commissioning **Officer lead** **Assistant Director of Performance and Commissioning**

Latest available	Jan-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		



### What the data tells us

- Welsh Emergency Access (A&E) providers**
- Powys residents have seen a slight increase since December 2024 to 64.9% for those waiting under 4 hrs in Welsh units.
  - Patients waiting over 12 hrs is 139 in January 2025
- English Emergency Access (A&E) providers**
- It should be noted that the English information is not complete, Shrewsbury and Telford NHS Trust data has not been available since August 2024.
  - PTHB residents attending English emergency units see the longest wait with 48.5% reported as waiting less than 4hrs in their units.
- Data Quality**
- Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance which will be noticeable between reporting month although minor.

### Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing challenges of increased demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.
- Ongoing data challenges with SATH in 2024/25 have limited available information on emergency data.

### 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).
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.

# 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 – 24

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)

<b>Executive lead</b>	Interim Executive Director of Planning, Performance and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
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<b>Latest available</b>	Jan-25	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

### Welsh SCP provider cancer performance for Powys residents – 75% target

HealthBoard	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01
<b>Aneurin Bevan UHB</b>										
Pathways With Treatment	18	10	11	18	16	11	9	13	16	15
Treated Within 62 Days	11	5	9	10	10	7	8	7	9	11
Breaching 62 Day Target	7	5	2	8	6	4	1	6	7	4
% Treated Within Target	61%	50%	82%	56%	63%	64%	89%	54%	56%	73%
<b>Betsi Cadwaladr UHB</b>										
Pathways With Treatment				4	1	1	1	2	2	
Treated Within 62 Days							1	2	2	
Breaching 62 Day Target				4	1	1				
% Treated Within Target				0%	0%	0%	100%	100%	100%	
<b>Cardiff And Vale UHB</b>										
Pathways With Treatment					1				1	1
Treated Within 62 Days					1					1
Breaching 62 Day Target									1	
% Treated Within Target					100%				0%	100%
<b>Cwm Taf Morgannwg UHB</b>										
Pathways With Treatment	4	4	3	4	7	6	5	3	7	4
Treated Within 62 Days	1	1	1	1	4	2	4		4	1
Breaching 62 Day Target	3	3	2	3	3	4	1	3	3	3
% Treated Within Target	25%	25%	33%	25%	57%	33%	80%	0%	57%	25%
<b>Hywel Dda UHB</b>										
Pathways With Treatment	9	8	8	8	8	8	6	8	7	9
Treated Within 62 Days	3	3	5	6	6	5	2	7	2	6
Breaching 62 Day Target	6	5	3	2	2	3	4	1	5	3
% Treated Within Target	33%	38%	63%	75%	75%	63%	33%	88%	29%	67%
<b>Swansea Bay UHB</b>										
Pathways With Treatment	8	7	11	10	14	7	9	9	10	13
Treated Within 62 Days	6	6	5	8	8	5	5	5	7	7
Breaching 62 Day Target	2	1	6	2	6	2	4	4	3	6
% Treated Within Target	75%	86%	45%	80%	57%	71%	56%	56%	70%	54%
<b>Pathways With Treatment</b>	<b>39</b>	<b>29</b>	<b>33</b>	<b>44</b>	<b>47</b>	<b>33</b>	<b>30</b>	<b>35</b>	<b>43</b>	<b>42</b>
<b>Treated Within 62 Days</b>	<b>21</b>	<b>15</b>	<b>20</b>	<b>25</b>	<b>29</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>24</b>	<b>26</b>
<b>Breaching 62 Day Target</b>	<b>18</b>	<b>14</b>	<b>13</b>	<b>19</b>	<b>18</b>	<b>14</b>	<b>10</b>	<b>14</b>	<b>19</b>	<b>16</b>
<b>% Treated Within Target</b>	<b>54%</b>	<b>52%</b>	<b>61%</b>	<b>57%</b>	<b>62%</b>	<b>58%</b>	<b>67%</b>	<b>60%</b>	<b>56%</b>	<b>62%</b>

### Closed pathways - January 2025 - Welsh SCP target to treat within 62 days

HealthBoard	0-14 days	15 to 28 days	29-62 days	63-104 days	105-200 days	201-300 days	Total
Aneurin Bevan UHB	2	3	6	3	1		15
Cardiff And Vale UHB	1						1
Cwm Taf Morgannwg UHB	1			1	2		4
Hywel Dda UHB	1		5	1	1	1	9
Swansea Bay UHB	4	1	2	4	2		13
<b>Total</b>	<b>9</b>	<b>4</b>	<b>13</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>42</b>

### What the data tells us

- At the end of January at total of 302 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 260 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 42 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target with the longest wait reported as 215 days in Hywel Dda UHB for a Urological pathway.
- Reported performance for January has improved slightly to 62% (26 of 42 pathways being treated within the 62-day target) against the 75% target.

**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.
- Consistency of receiving completed pathway reports/reviews for Powys residents whose treatment pathway has exceeded targets
- In May 2024 following limited improvement the Cabinet Secretary confirmed incremental improvement goals for the SCP pathway (regardless of the referral route) with providers expected to achieve 60% performance by December 2024, and 70% performance by March 2025.

### Actions & Mitigations

- Ongoing quarterly review with commissioners for very long waits e.g., where days are beyond 146 days. Q3 review is now underway, and no pathways reviewed for Q1 and Q2 by the commissioned services were flagged as resultant harm.
- 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 Executive team.

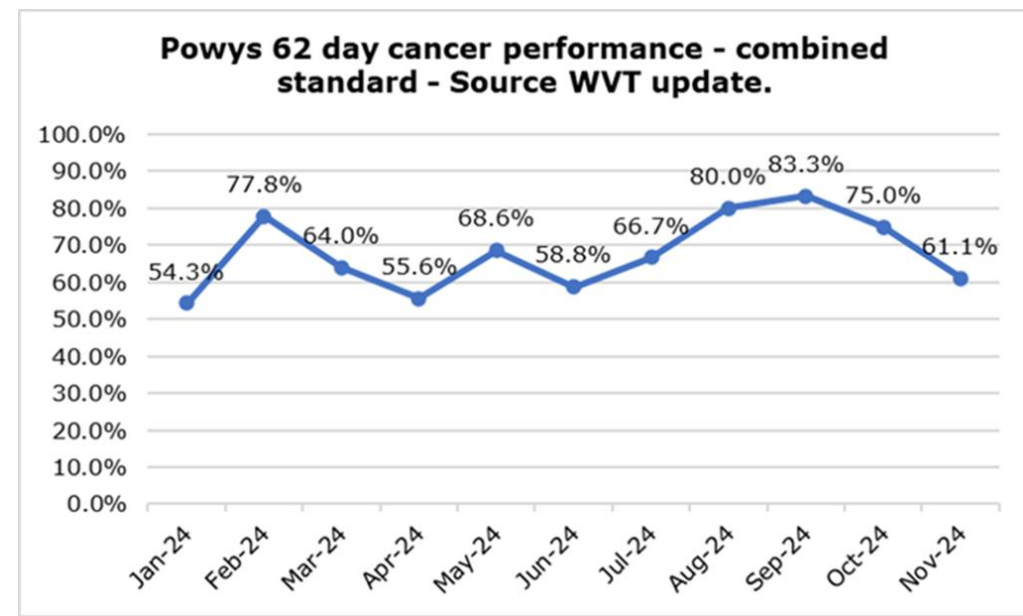
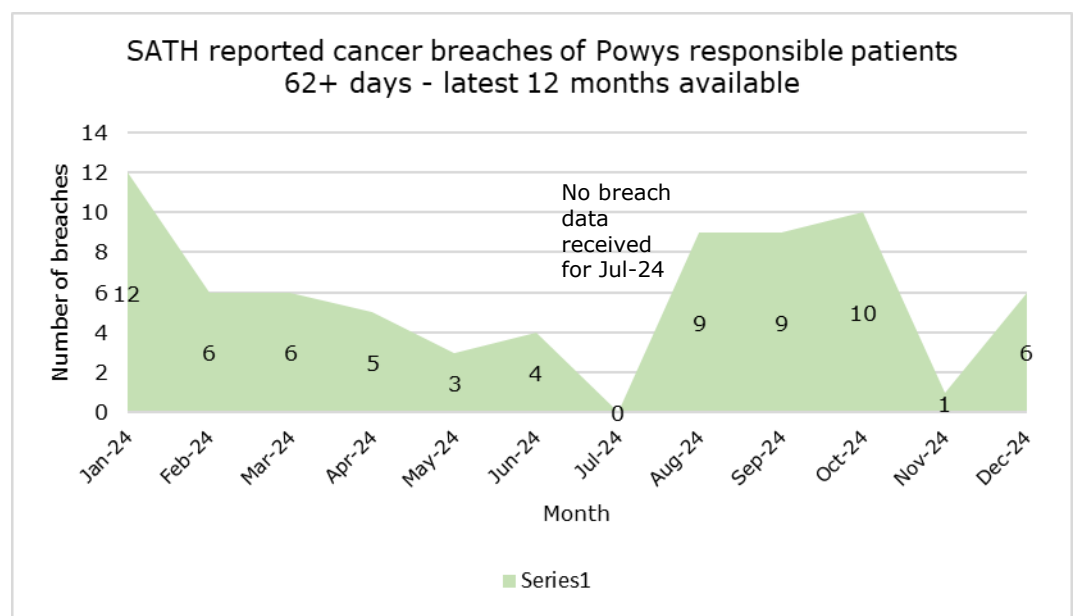
## Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

<b>Executive lead</b>	Interim Executive Director of Planning, Performance and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
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<b>Latest available</b>	Dec-24	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Average
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 Definitely 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 cancer waiting times standards NHS England - All patients e.g., including non-Powys residents (table 1)

Dec-24	SATH	WVT	All English Providers	Target
28-day FDS	66.7%	76.6%	78.1%	75%
31-day DTT	92.2%	95.8%	91.5%	96%
62-day USC	63.3%	77.6%	71.3%	85%

[Statistics » Cancer Waiting Times \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/cancer-waiting-times/)

### What the data tells us

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

- Shrewsbury and Telford NHS Trust (SATH) report 6 breaches in December for a Powys residents, all were reported waiting longer than 104 days. Key reasons for breach included complex diagnostic pathways and limited outpatient capacity. Breaches were predominately reported in Lung & Urological pathways.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in December with the exception of 31-day DTT (table 1).
- Wye Valley NHS Trust (WVT) performance reported in November was 61.1% for Powys residents. It should be noted that only nine Powys accountable residents were reported as requiring treatment in November, resultant low numbers challenge percentage compliance.
- WVT overall compliance for December reports higher performance with exception of 28-day FDS against the English average, the Trust continues to show broad improvement in cancer waits. At present WVT is on track to meet all English improvement targets for March 2025.

### Challenges

- Capacity challenges for outpatients, complex diagnostics are all listed as challenges within received breach reports, however several breaches are linked to patient choice slowing the pathway.
- SATH fragility specifically with Oral and Maxi facial capacity due to medical vacancies/sickness.
- NHS England 2024/25 priorities:
  - Improve performance against the headline 62-day standard to **70% by March 2025**.
  - Improve performance against the 28-day Faster Diagnosis Standard to **77% by March 2025 towards the 80% ambition by March 2026**.

### Actions & Mitigations

- 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.
- Re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information to provide enhanced overarching assurance on pathways.
- 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)

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

Access & Activity

NHS Performance Measure – 42

Frequency - Monthly

## Urgent and Emergency Care - Percentage of calls ended following WAST telephone assessment (Hear and Treat)

<b>Executive lead</b>	Interim Executive Director of Planning, Performance, and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
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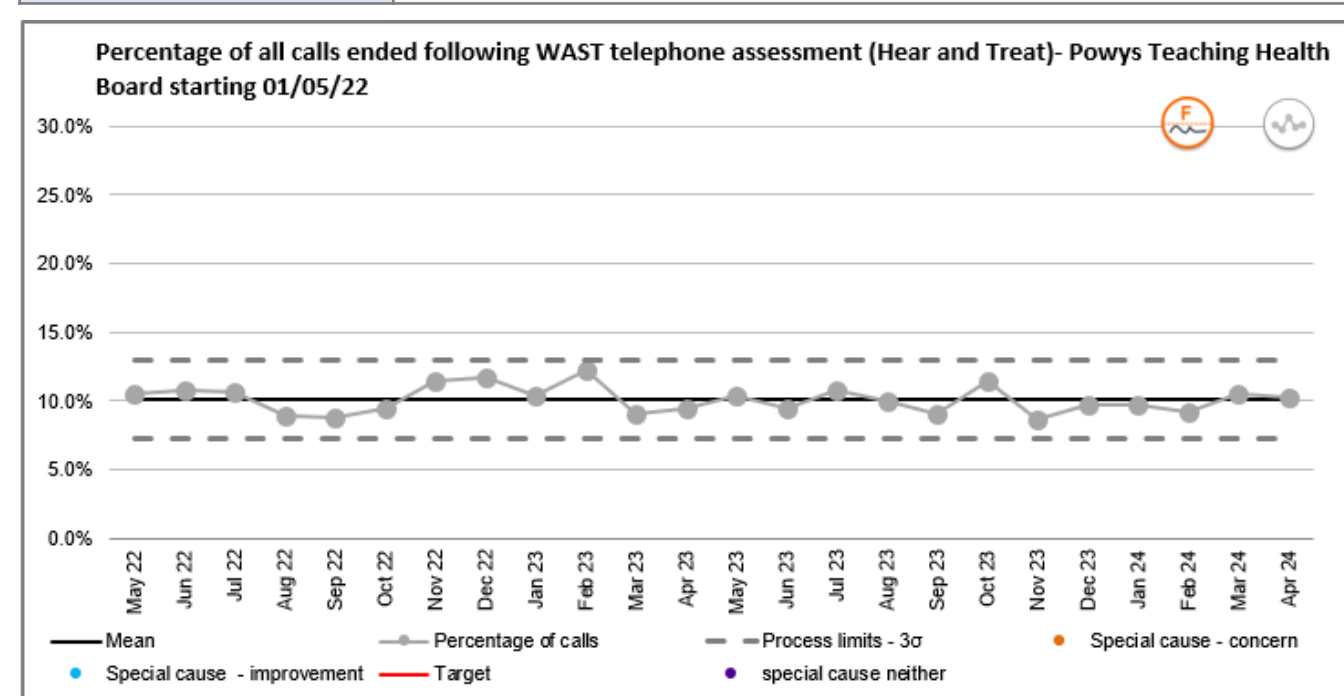
Latest available	Apr-24	Status of measure	Level 2a
Reported performance	10.3%	Benchmark position (Wales)	7 <sup>th</sup> (15.2%)
Target	17% or more		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

### Challenges

- In April 2024, the Welsh Ambulance Service University NHS Trust implemented a new 111 system for call handing and clinical assessment. The data and reporting for this system has been developed at pace, and some metrics are still being finalised and awaiting sign-off. An issue has also been identified when aggregating 111 call records to Health Board level to support the AQI reporting. This issue is being actively worked on, with mitigations already in place, however, until full validation and sign-off which is planned for January 2025 this information will not be available.

### Actions & Mitigations

- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services colleagues to develop improvement plan for Powys.



### What the data tells us

- Powys has not met the national target in April with 10.3% reported against the 17% target. It should be noted that the health board area ranks 7<sup>th</sup> against the All-Wales position of 15.2% for April 2024.

# 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)	<ul style="list-style-type: none"> <li>Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.</li> <li>No exceptions or quality concerns.</li> <li>Sound governance arrangements in place.</li> <li>Performance within expected targets either national or local</li> </ul>	<ul style="list-style-type: none"> <li>No escalation action.</li> <li>Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.</li> </ul>	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	<ul style="list-style-type: none"> <li>Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance.</li> <li>Sustained deterioration on 1 or more domain.</li> </ul> <p><b>This can include:</b></p> <ul style="list-style-type: none"> <li>Failure to deliver on an NHS Performance Framework target or local target trajectory.</li> <li>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.</li> <li>Failure of quality standard.</li> <li>Where SPC methodology notes variance of concern.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</li> <li>Recovery plan to be developed that address issues to be recovered/improved.</li> <li>Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG.</li> <li>Reported through to Executive Committee.</li> <li>Monthly reporting where appropriate via IQPR as an exception to performance.</li> </ul>	<p><b>Options include:</b></p> <ul style="list-style-type: none"> <li>IQPG engagement monthly with Executive</li> <li>Internal support as required (QI/vbhc/planning – issue dependent).</li> <li>Consideration of compliance with Professional clinical codes and standards and proportionate response.</li> <li>Consideration of compliance with managerial code of practice.</li> <li>Internal peer review.</li> <li>Executive support (directly or from other teams).</li> <li>Consider need for bespoke response.</li> <li>Minimum monthly updates to Executive Committee.</li> </ul>
Level 2b (Exception)	<p><b>Specially for finance:</b></p> <ul style="list-style-type: none"> <li>Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.</li> </ul>	Identified through monthly financial reporting	<p>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).</p> <p><b>Agreed action plan established:</b></p> <ul style="list-style-type: none"> <li>Monitored through financial reporting arrangements.</li> <li>Review period established if plan failing.</li> </ul>
Level 3 (Escalation)	<ul style="list-style-type: none"> <li>Serious concerns on quality and governance.</li> <li>Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives.</li> <li>Clear articulation of reasons for escalation and criteria for escalation.</li> </ul> <p><b>This can include:</b></p> <ul style="list-style-type: none"> <li>Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action.</li> <li>Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures.</li> <li>Performance recovery is failing to improve or maintain performance.</li> <li>Any significant failure of quality standard.</li> <li>Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</li> <li>Service Area or corporate directorate demonstrating recognition of issues and commitment to improve.</li> <li>Improvement/recovery plan required to address issues identified.</li> <li>Reported through to executive and relevant committee.</li> <li>Escalated frequency of IQPG meetings and resultant remedial action plan completion.</li> <li>Challenge review on appropriate shift to the Escalations Oversight Group (EOG).</li> <li>Monthly reporting where appropriate via IQPR as an exception to performance.</li> </ul>	<p><b>Actions could include:</b></p> <ul style="list-style-type: none"> <li>Escalation Oversight Group (EOG)</li> <li>Independent review of service/corporate department effectiveness.</li> <li>Deployment of appropriate HR policies e.g. Capability policy.</li> <li>Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria).</li> <li>Consideration of compliance with Professional clinical codes and standards and proportionate response.</li> <li>Consideration of compliance with managerial code of practice.</li> <li>Suspension or revision of service provision.</li> </ul> <p><b>De-escalation:</b> The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.</p> <p>A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.</p>

Patterson, LIZ  
21/03/2025 15:58:39

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

## Domains

<b>Safe</b>	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.
<b>Timely</b>	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.
<b>Effective</b>	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.
<b>Efficient</b>	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.
<b>Equitable</b>	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.
<b>Person Centred</b>	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





























































<b>Leadership</b>	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.
<b>Workforce</b>	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.
<b>Culture</b>	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.
<b>Information</b>	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.
<b>Learning, improvement and research</b>	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.
<b>Whole system approach</b>	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.

# NHS Executive Key Performance Indicator Trajectories – Submitted May 2024

At the start of 2024/25 financial year NHS Executive wrote to all health boards and trusts setting out a requirement for improved waiting times, this to drive improvements in patient care and experience. Five areas were highlighted, and minimum access targets provided. As a health board PTHB provided trajectories to meet or exceed these minimum planned care targets to achieve the targets.

The below table contains submission trajectories and is colour and icon coded dependant on compliance, please note that:



- Value cell shading **red/green**, this denotes compliance to health board submitted trajectory as a key performance indicator
- Value cell icon either green tick  or red cross  denotes compliance against the NHS Performance Framework target.



























































































Ministerial Priority Measures			Baseline		Month									
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0	0	0
				Actual	 0	 0	 0	 1	 1	 0	 0	 0	 0	 0
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0	0	0
				Actual	 0	 1	 2	 3	 3	 0	 0	 0	 0	 0
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0	0	0
				Actual	 140	 171	 157	 155	 140	 124	 107	 83	 84	 70
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0	0	0
				Actual	 0	 0	 0	 0	 0	 0	 0	 0	 0	 0
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
				Actual	 80.0%	 86.5%	 83.7%	 93.1%	 90.0%	 87.5%	 92.1%	 89.2%	 92.9%	 86.7%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	 95.2%	 95.3%	 93.0%	 95.10%	 87.50%	 91.7%	 92.3%	 98.3%	 95.6%	 79.0%

# Mental Health performance improvement trajectories 2024/25 – Submitted May 2024

At the start of 2024/25 financial year Welsh Government policy and performance leads requested trajectories to support internal NHS Wales delivery assurance process for the operational delivery of mental health performance, forming part of routine mental health touchpoint meetings with Health Board colleagues as well as Integrated Quality, Planning and Delivery meetings between Health Boards, Welsh Government and the NHS Executive.

The below table contains key elements for the submitted trajectories and is colour and icon coded dependant on compliance, please note that:

- Value cell shading **red/green**, this denotes compliance to health board submitted trajectory as a key mental health performance indicator
- Value cell icon either green tick  or red cross  denotes compliance against the NHS Performance Framework target.

Age Group	Policy Lead Priority Measures			Month									
	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Under 18's	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	 98.0%	 98.1%	 100.0%	 94.6%	 100.0%	 100.0%	 100.0%	 100.0%	 100.0%	 100.0%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	 80.0%	 86.5%	 83.7%	 93.1%	 90.0%	 87.5%	 92.1%	 89.2%	 92.9%	 86.7%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	 94.1%	 93.9%	 90.8%	 91.0%	 93.6%	 94.9%	 94.9%	 97.8%	 94.8%	 96.3%
Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	
		Actual	 45.4%	 45.8%	 39.6%	 42.0%	 37.2%	 34.3%	 30.9%	 30.5%	 27.3%	 24.4%	
SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	
		Actual	 98.0%	 92.7%	 93.8%	 100.0%	 100.0%	 100.0%	 100.0%	 100.0%	 97.1%	 100.0%	
18 years and over	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	70.0%	70.0%	70.0%	75.0%	75.0%	75.0%	75.0%	75.0%	80.0%	80.0%
			Actual	 44.1%	 54.1%	 69.2%	 74.0%	 45.3%	 46.7%	 58.7%	 71.4%	 78.7%	 58.0%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%
			Actual	 95.2%	 95.3%	 93.0%	 95.1%	 87.5%	 91.7%	 92.3%	 98.3%	 95.6%	 79.0%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%	90%	90%	90%	90%
Actual			 89.0%	 90.4%	 91.3%	 91.5%	 90.6%	 89.6%	 88.6%	 84.1%	 78.6%	 79.1%	
Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%	95.0%	95.0%	95.0%	95.0%	
		Actual	 75.1%	 69.4%	 75.2%	 76.9%	 78.7%	 79.9%	 72.9%	 67.0%	 63.1%	 66.4%	



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**Agenda item: 4.3**

<b>PTHB Board</b>	<b>26 March 2025</b>
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<b>Subject:</b>	<b>Progress Against the Integrated Plan (Delivery Plan 2024-2029) for the Quarter 3 period, October to December 2024</b>
<b>Approved and presented by:</b>	Executive Director of Planning, Performance & Commissioning
<b>Prepared by:</b>	Assistant Director of Planning/Planning Managers
<b>Other Committees and meetings considered at:</b>	Executive Committee - 22 January 2025 Delivery & Performance Committee - 06 February 2025

**PURPOSE:**

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2024).  
Following consideration at this meeting it will be submitted to Welsh Government as a formal report of Progress against Plan for Quarter 3.

**RECOMMENDATION(S):**

The Board are asked to **CONSIDER** the report ahead of submission to Welsh Government and take **ASSURANCE** that there is a process in place for monitoring progress against plan.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

1. Focus on Wellbeing	Y	This paper is a Strategic Paper and shows alignment across all the Health Boards 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	

## EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2024). This is the output of the reviews carried out by each Executive Lead on their respective areas.

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 3 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 against the Integrated Plan for the Quarter 3 period (October to December 2024).

### 1) Development of Progress Report against Plan

Each of the 27 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 3.

An additional explanation including mitigating action is also included where any items are **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.

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.

Executive Leads have had the option to request amendments via the change request process. A summary of all change requests has been included within this paper. The Delivery and Performance Committee are therefore asked to CONSIDER the report ahead of submission to PTHB Board and take ASSURANCE that there is a process in place for monitoring progress against plan.

### 2) Progress Summary at Quarter 3

This report shows progress made with delivery of the actions and priorities in the Plan as reported at Quarter 3. A delivery confidence has been reported on key deliverables in the Plan at this stage of the year.

Of the 215 key deliverables identified for completion in 2024/25, 59 have been completed (Blue) with a further 57 rated as on track for delivery (Green) as of Quarter 3. This represents 54% of the plan with a further 20% (44) targeted for delivery in Q4 (Grey). The remaining key deliverables have been categorised as behind schedule (23) or at risk (32) representing 26% of the overall plan. A number of these have been identified as key areas to inform year 2 (2025/26) of the Health Board's 5 year plan.

### Achievements to date

- Enhanced coordination for those in Powys who are most frail, or at risk of frailty. There has been an enhanced focus on the end of life, with improved care planning and streamlined clinical pathways for example those for the management of Cellulitis and Urinary Tract Infections.
- Referral management for those with musculoskeletal conditions, enhancing patient care and service efficiency. This initiative is implementing evidence and value-based interventions including clinical review and triage, specialised leadership for Orthopaedics, and the joint appointment of an Orthopaedic Consultant for Upper Limb services.
- Major investment in modernising diagnostic services and enhancing patient care, through the X-Ray replacement programme. Welshpool, Llandrindod Wells and Ystradgynlais have successfully re-opened with state-of-the-art equipment.
- Successful implementation of the Single Point of Access for Mental Health as part of '111 Press 2'. This marks a major achievement in improving access to care and is a transformative step in enhancing mental health support and access.
- The Children and Adolescent Mental Health Services Crisis Hub is now fully operational, providing a dedicated, purpose-built sanctuary for children and young people experiencing mental health distress. The alignment of Rapid Response and Outreach with Crisis Response has also improved out-of-hours support.
- Powys is the first region in Wales to establish a pathway integrating a jointly operated Integrated Autism Service (IAS) alongside a newly developed Attention Deficit Hyperactivity Disorder (ADHD) service. Further work is also in train to address long waits in neurodevelopment services following a comprehensive appraisal of the challenges and opportunities.
- The successful Phase 1 implementation of Powys 'DigiFLO' is a major advancement in digital patient flow management across Powys community hospitals.

A focus on delays in pathways of care has seen a 13% decrease in the last quarter, reflecting improvements in tracking and co-ordinating responses to patient flow.

Further analysis has identified the items below as behind schedule. The main areas relate to specific schemes in Community Services and Planned Care, the Major Conditions Plan and Mental Health (which is being reviewed as part of the reshaping of the Transformation Programme), and some Digital schemes due to the interdependency with national programmes.

### Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 3.

<b>Strategic Priority</b>	<b>Area of delivery</b>	<b>Deliverables</b>	<b>Reason for delay</b>
<b>Early Help and Support</b>			
Improve Access to Primary and Community Care	Optometry	Pre-registration Optometrist between primary and secondary care in Cluster(s)	Scope of role being considered by newly appointed Optometry Advisor.
		School vision and eyecare access improvements	Ongoing discussions following newly appointed Optometry Advisor.
		Scope Special School Primary Care Eyecare	This is dependent upon national pathways, led by national clinical leads.
Design and Deliver a phased Frailty and Community Model	Improve coordination of the Last Year of Life	Commence implementation including liaison with out of county providers Q3-Q4	Revised in-County process approved; training underway
Deliver the Planned Care & Diagnostics Programme	GIRFT Recommendations	Seek Consultant Urologist sessions to scope community urology service Q2-Q4	PTHB's bid for the Planned Care Transformation fund for specialist consultant sessions was unsuccessful.
Deliver the Planned Care & Diagnostics Programme	Referral Management Solutions	Develop referral management solution for dentistry in relation to oral cancer Q2	Awaiting outcome of evaluation
<b>Tackling the Big Four</b>			
Develop and Deliver a Major Conditions Plan	Development of a phased major conditions transformation plan	To develop: a less siloed approach; streamline appointments, diagnostics, assessments, care and treatment plans, reviews and polypharmacy; and to improve co-ordination in the last year of life Q1- Q3 development of the plan	An Executive Lead was agreed in January 2025. An SRO has yet to be identified for the work programme and remains red in reporting. Progress has however been made in the background with focus on High-cost user data modelling which has identified co-morbidities as an area of higher spend based on patients with more than one condition. Q4 will define the priority for this to continue into 2025/26.
	Single Cancer Pathway	Review variation of Single Cancer Pathway	Review has been completed but there remain performance issues

		performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment Q1 – Q4	across commissioned services as reported through the IQPR.
Deliver the Mental Health Transformation Programme	Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model)	Refining the baseline. Refining the modelling for the new model. Continuous engagement Q1	Awaiting baseline data in order to develop model.
		Public engagement and consultation Q2	Awaiting baseline data in order to develop model.
	Develop access to provision for sanctuary for adults	Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting Q3-4	This programme has been suspended due to a lack of evidence for rural areas. It is not a current priority for 2024/25.
	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	Continuous engagement Q1-Q4 Explore and develop advisory options appraisal Q1 Design and workforce planning Q2 Preparation for procurement Q3-Q4	This project was paused and is not a current priority.
<b>Digital First</b>			
Leadership, Partnership and Alliances	Continue engagement with NHS England to improve clinical cross border pathways	Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2	The Cross Border programme delays is escalated monthly at the Executive Committee. Work is ongoing with DHCW to complete by March 31 <sup>st</sup> 2025.
Enabling Efficiency and Effectiveness	Whole system application review to standardise digital system access and improve efficiencies	Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording Q2	Progress is slow due to conflicting priorities.
	Finalise cross border clinical records sharing project	Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2	Work is ongoing with DHCW to complete by March 31 <sup>st</sup> 2025.
	Review replacement of WCCIS	Implement a replacement community system that supports the	Due to national programme timescales changes target is now the end of 2025.

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		delivery and recording of patient care Q4	
Infrastructure and Security	Continue to improve cyber security posture	Replace and update Firewall authentication technology across the Health Board and migrate applications Q4	Timescale Change from Q1 to Q4.
Big Data and Artificial Intelligence	Creation of a Health & Care Data Platform	Develop and implement a secure & robust Platform Q3	Currently on hold due to other priorities and system replacement within Powys Council Social Care Services.
	Adopt Machine learning toolkit (predictive analysis on current data sets)	Design and deliver a framework to adopt Machine Learning models Q3	Currently on hold due to other priorities.
Transforming in Partnership			
Key Strategic Partnerships	PTHB Partnership Assurance and Governance Framework to be developed	Framework to be developed, agreed and operational Q3	Timescale to change to Q4

Further analysis of the key deliverables still due to be delivered in Quarter 4 identify that 80% have a delivery confidence of high or medium. This includes deliverables that are specific to Quarter 4 and those on a rolling programme that will also conclude in Quarter 4. More detailed information relating to this can be found in the attached report.

### 3) Conclusion

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2024).

Following consideration at this Board meeting this report will be provided to Welsh Government as a formal report of Progress against Plan for Quarter 3 in line with national reporting requirements.

### 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 3 in line with national reporting requirements.

### IMPACT ASSESSMENT

Not required

Strategic Priority	Key Areas of Delivery	Key Deliverables	Change Request Type	Description of change	Lead Director	Change approved
<b>Early Help and Support</b> 5: Design and Deliver a phased Frailty and Community Model	Radiology Provision across Powys (enabling implementation of RISP)	Submit capital business case for replacement of X-ray equipment to enable implementation of RISP Q1 Review x-ray provision across Powys as part of work on sustainable model Q1 Develop x-ray implementation plan and implement phase 1 Q2-Q4	Additional Exec Lead	Currently Lead Executive for delivery of RISP and these actions will be used for routine monitoring through to Executive Committee	ED PCC&MH ED PP&C  to add ED AHPHS&D	Yes
<b>Tackling the Big Four</b> 6: Develop and Deliver a Major Conditions Plan	Tackling the Big Four - Stroke	Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Incorporation of guidelines for stroke rehabilitation Q3	Change in Exec Lead	DSI&T To DPPP&C and EMD	DSI&T To DPPP&C and EMD	Yes
<b>Tackling the Big Four</b> 6: Develop and Deliver a Major Conditions Plan	Tackling the Big Four - Respiratory	Continue to explore options for medical cover across PTHB Q1-Q3 Provide support to Primary Care to implement Asthma plans for the asthma population Q2-Q4	Change in Exec Lead	ED AHPHS&D to ED PCC&MH	ED AHPHS&D to ED PCC&MH	Yes

<p><b>Joined Up Care</b></p> <p>8: Improve pathways of care focused on system flow</p>	<p>Implement a Digital Patient Flow System</p>	<p>Complete test and pilot phases of newly developed Digital Patient Flow System Q1 Launch and roll-out of Digital Patient Flow System Q2 Embed Digital Patient Flow System into standard practice and broaden user operability Q3 Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product Q4</p>	<p>Change in Exec Lead</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>DSI&amp;T to ED AHPHS&amp;D</p>	<p>Yes</p>
<p><b>Joined Up Care</b></p> <p>8: Improve pathways of care focused on system flow</p>	<p>Improved Approach to Pathways of Care Delays (POCD)</p>	<p>Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4 Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	<p>Change in Exec Lead</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>Yes</p>
<p><b>Joined Up Care</b></p> <p>8: Improve pathways of care focused on system flow</p>	<p>Improved Approach to Supporting People to Leave Hospital Fitter and Faster</p>	<p>Embed discharge liaison officer posts throughout Powys Q1-Q2 Consider Expansion of Discharge Liaison Officer Q3-Q4 Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4</p>	<p>Change in Exec Lead</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>Yes</p>
<p><b>Joined Up Care</b></p> <p>9: Deliver the Six Goals Plan for Urgent and Emergency Care focusing on what works</p>	<p>Implement Enhanced Community Care Phase One, including the Rapid Response in the community</p>	<p>Scope the need for a Rapid Response service Q1 Broadening the knowledge and skills of MIU staff in Powys Q1-Q4</p>	<p>Change in Exec Lead</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>DSI&amp;T to EDPCCMH</p>	<p>Yes</p>

for the Powys population						
<b>Joined Up Care</b>  9: Deliver the Six Goals Plan for Urgent and Emergency Care focusing on what works for the Powys population	Expand Therapy Led Rehabilitation	Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon) Q1 Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation Q2 Implement optimised model as part of winter response strategy Q3 Review of SOP and operational model including PROMS to inform the way forward Q4	Change in Exec Lead	DSI&T to EDAHPS&D	DSI&T to EDAHPS&D	Yes
<b>Joined Up Care</b>  9: Deliver the Six Goals Plan for Urgent and Emergency Care focusing on what works for the Powys population	Enhance and expand D2RA Pathway utilisation	Commence monthly aggregate reporting of D2RA Measures Q1-2 Improve data quality and confidence of D2RA Measure reporting Q3-4 Expansion of dedicated pathway capacity Q1-4	Change in Exec Lead	DSI&T to EDPCCMH	DSI&T to EDPCCMH	Yes
<b>Digital First</b>  16: Enabling Efficiency and effectiveness	Review replacement of WCCIS	Implement a replacement community system that supports the delivery and recording of patient care Q1	Timescale	Due to National programme timescales changes we need to realign this piece of work. The national programme now target the end of 2025. This will support the process of procurement of the system	EDAHP&D	Yes

				for community and Mental Health. Change to Q4		
<b>Digital First</b>  17: Infrastructure and security	Improve network Connectivity and reliability	Upgraded core infrastructure across all areas in the Health Board Q1	Timescale	Improve network Connectivity and reliability – Procurement of hardware has been completed. Request to amend to Q4 due to capacity restraints of both PTHB and BT.	EDAHP&D	Yes
<b>Digital First</b>  17: Infrastructure and security	Improve telephony and collaboration tools	Procure and implement new telephony system Q1	Timescale	As Above	EDAHP&D	Yes
<b>Digital First</b>  17: Infrastructure and security	Continue to improve cyber security posture	Replace and update Firewall authentication technology across the Health Board and migrate applications Q1	Timescale	Funding has not yet been secured for this. Request to amend to Q4	ED AHP&D	Yes
<b>Early Help and Support</b>  4: Design and Deliver a phased Frailty and Community Model	Review and refine the Community Hospital model	Scope an improved approach to cognitive impairment on general wards Q1-Q2	Timescale	Pilot the (improved approach to cognitive impairment on general wards) approach Q3-Q4: The scoping work was not progressed in Q2 to provide capacity for the scoping of the Temporary Service Change proposal around the potential colocation of patients by clinical need. If the	DSI&T	Yes

				Temporary Service Change to co-locate patients is implemented, then that will need to be prioritised in-year over this action. If the Temporary Service Change to collocate patients is not implemented, then the scoping work which was not progressed in Q2 could be re-established in Q3, however this will delay the pilot into Q4 at the earliest.		
<b>Transforming in Partnership</b> 25: Governance	Review Boards Risk Management Framework further embedding effective risk management	Risk management framework reviewed and fully implemented Q3	Timescale	The Risk Management Framework is unlikely to be delivered fully in Q3, further progress will be made in Q3 and Q4. Some aspects (risk management software and training) may not be fully delivered until Q2 of 2025/26.	DCG	Yes
<b>Innovative Environments</b> <b>SP 19</b> Strategic Capital	North Powys Wellbeing Programme	19.1) Outline Business Case Development for campus Q2	Change in Scope and Timescale	Scope now changed to phased approach with submission of SOC/OBC for Integrated Hub / Front Door element only in Q3 2025/26	ADEF&SS	<b>Yes Q3</b>
<b>Innovative Environments</b> <b>SP 19</b> Strategic Capital	Llandrindod Wells Rural Regional Centre	19.2) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3	Change in Scope and Timescale	Welsh Government Capital Prioritisation Process has put business case submissions on hold. Progression in year of £3M element of larger Phase 2 programme	ADEF&SS	<b>Yes Q3</b>

<b>Innovative Environments</b> <b>SP 20</b> Estates Strategy	Draft Estates Strategy	20.1) Estates Strategy; initial draft for review Q1	Change in Scope and Timescale	Estates Strategy has interdependency on the Better Together activity which will define 'where do we want to be' in terms of the Service Strategy – the Estates Strategy will respond to this and enable change. Timeline currently uncertain.	ADEF&SS	<b>Yes Q3</b>
<b>Early Help and Support</b> <b>SP 5</b> Deliver the Planned Care & Diagnostics Programme	Referral Management Solutions	5.12) Further develop phlebotomy service Q3-Q4	Change in Timescale	Phlebotomy – This was identified for Year 2 and should not sit in this delivery plan, suggest this is removed.	ED PCC&MH	<b>Yes Q3</b>
<b>Digital First</b> <b>SP 18</b> Big Data and Artificial Intelligence	Creation of a Health & Care Data Platform	18.2) Develop and implement a secure & robust Platform Q3	Change in Timescale	Develop and implement a secure & robust Platform Q3 – currently on hold due to other priorities and system replacement within Powys Council Social Care Services (procurement complete and contract awarded) - will need to move to 2025/26	ED AHPHS&D	<b>Yes Q3</b>
<b>Tackling the Big Four</b> <b>SP 6</b> Develop and Deliver a Major	Optimal Pathways	6.2) Map and develop key optimal pathways for Diabetes	Change in Executive Lead	Change request to remove DSI&T and transfer to ED PCC&MH.	DSI&T	<b>Yes Q3</b>

Conditions Plan						
<b>Tackling the Big Four SP 6</b> Develop and Deliver a Major Conditions Plan	Diabetes	6.6) Delivery of All Wales Diabetes Prevention Programme (AWDPP) Q1-Q4	Change in Executive Lead	Change request to remove DSI&T as Exec Lead.	DSI&T	<b>Yes Q3</b>
<b>Early Help and Support SP 3</b> Improve Access to Primary and Community Care	Optometry	3.17) Scope Special School Primary Care Eyecare Q1	Change in Scope and Timescale	Special School Primary Care Eyecare (SPEC) is dependent upon national clinical pathways, led by national clinical leads and has been assigned lower priority versus other clinical pathways. Scope of service has not been communicated to HBs so cannot progress this action. No indication this pathway is imminent during 24/25 – request to remove as a key deliverable for 24/25	ED PCC&MH	<b>Yes Q3</b>
<b>Transforming in Partnership SP 23</b> Key Partnerships	Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail	23.1) Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail Q3	Timescale	Timescale change to Q4	ED PH	<b>Yes Q3</b>

<b>Transforming in Partnership SP 23</b> Key Partnerships	PTHB Partnership Assurance and Governance Framework to be developed	23.2) Framework to be developed, agreed and operationalised Q3	Timescale	Timescale change to Q4	DCG/ ED PP&C	<b>Yes Q3</b>
<b>Tackling the Big Four SP7</b> Deliver the Mental Health Transformation Programme	Develop access to provision for sanctuary for adults	7.12) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting Q3-4	Timescale	This programme has been suspended due to lack of evidence for rural areas. It is not a current priority for 2024/2025.	ED PCC&MH	
<b>Tackling the Big Four SP7</b> Deliver the Mental Health Transformation Programme	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	7.15) Continuous engagement Q1-Q4	Timescale	This project was paused on 8th May 2024 and is not a current priority.	ED PCC&MH	
<b>Tackling the Big Four SP7</b> Deliver the Mental Health Transformation Programme	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	7.16) Explore and develop advisory options appraisal Q1	Timescale	This project was paused on 8th May 2024 and is not a current priority.	ED PCC&MH	
<b>Tackling the Big Four SP7</b> Deliver the Mental Health Transformation Programme	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	7.17) Design and workforce planning Q2	Timescale	This project was paused on 8th May 2024 and is not a current priority.	ED PCC&MH	

Transformation Programme						
<b>Tackling the Big Four SP7</b> Deliver the Mental Health Transformation Programme	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	7.18) Preparation for procurement Q3-Q4	Timescale	This project was paused on 8th May 2024 and is not a current priority.	ED PCC&MH	
<b>Tackling the Big Four SP7</b> Deliver the Mental Health Transformation Programme	Develop access to provision for sanctuary for adults	7.12) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting Q3-4	Timescale	This programme has been suspended due to lack of evidence for rural areas. It is not a current priority for 2024/2025.	ED PCC&MH	

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Addysgu Powys  
Powys Teaching  
Health Board

# Integrated Plan Progress Report

## Quarter 3 2024/ 2025

### October to December 2024

#### BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey - Not due yet

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# PLAN ON A PAGE 2024 - 2029



## Plan on a page 2024 - 2029



### Better Together for a Sustainable Model of Care

#### Whole System Approach to Wellbeing & Prevention

- Develop a whole system prevention plan *across the life course*
- Deliver a Health Protection response *including Vaccination*

#### Faster, effective diagnosis and treatment

- Improve access to Primary and Community Care
- Design and Deliver a phased Frailty and Community Model
- Deliver the Planned Care and Diagnostics Programme

#### Working together across Major Conditions, Physical and Mental Health

- Develop and deliver a Major Conditions Plan *respiratory & circulatory health (cardiac, diabetes, stroke) and cancer*
- Deliver the Mental Health Transformation Programme

#### Home first and back home fitter and faster

- Improve pathways of care *focused on system flow*
- Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*



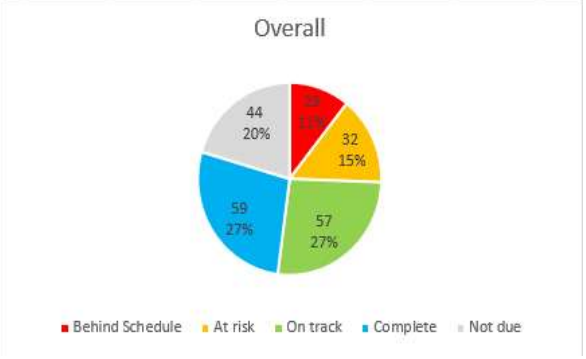
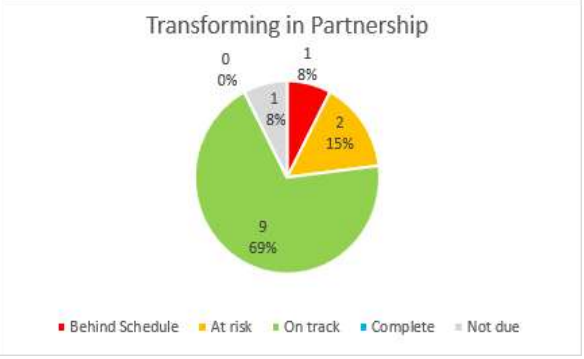
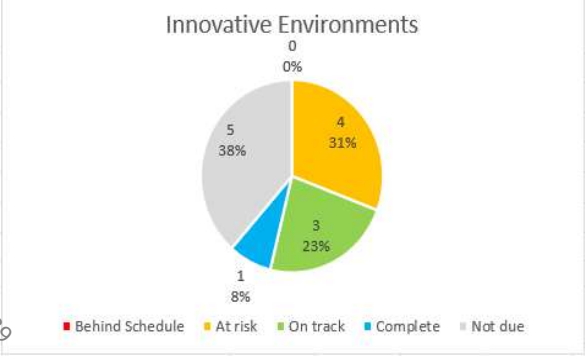
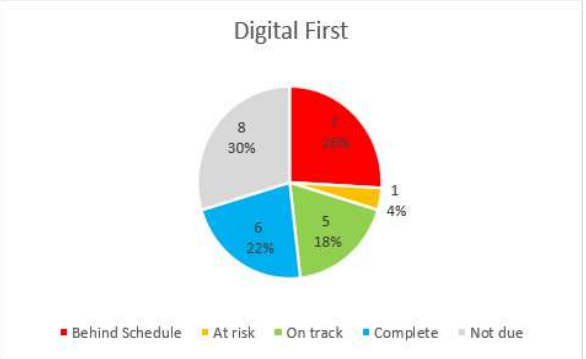
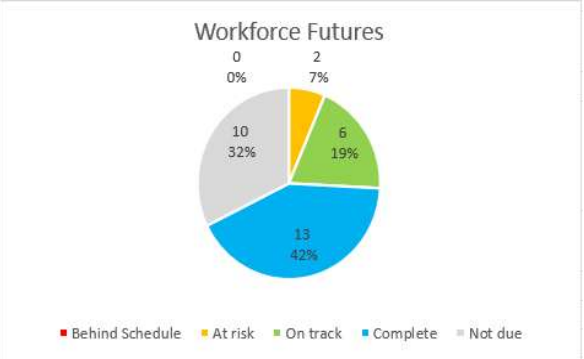
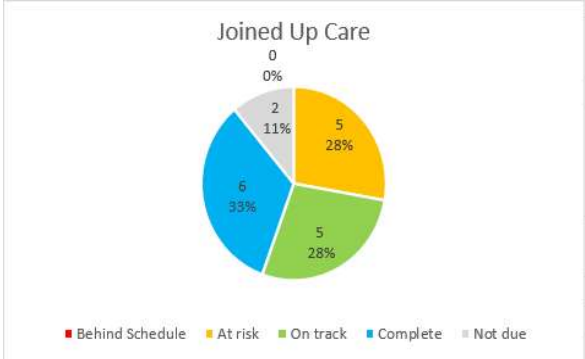
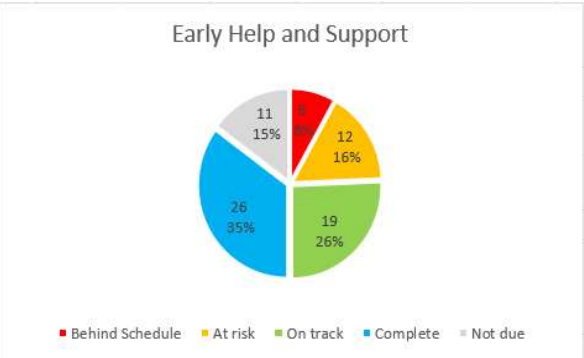
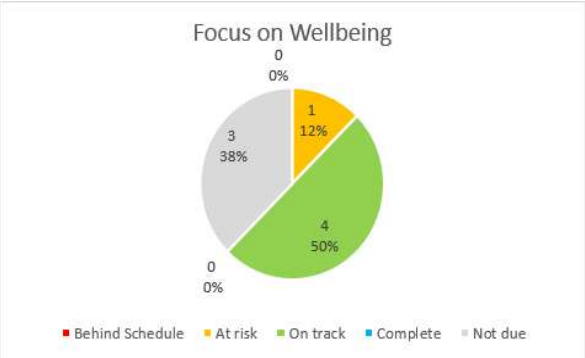
### Quality is the golden thread across the whole plan

- Underpinned by the Quality Standards: Safe, Timely, Effective, Efficient, Equitable, Person-Centred (STEEEP)
  - Delivery of Duty of Quality and Duty of Candour Action Plans
- Interdependencies across the plan in relation to a Value based approach and effective Governance

WG TEMPLATE	Primary & Community Care
WG TEMPLATE	Enhanced Care in the Community (Pathways of Care)
WG TEMPLATE	Planned Care & Cancer
WG TEMPLATE	Mental Health
WG TEMPLATE	Urgent and Emergency Care / Six Goals



# CONSOLIDATED YEAR TO DATE SUMMARY



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

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# Focus on Wellbeing

## Strategic Priority 1: Develop a whole system prevention plan across the life course

Executive Lead – Executive Director of Public Health

### Intended Outcome/ Impact

- A vision for a joined-up preventative approach is developed
- Conditions are being created that support people to maintain a healthy weight
- Work towards meeting national smoking cessation targets

### Commentary on Progress in this Quarter:

- 1.2) Powys Healthy Weights Action Plan is being implemented. Since the launch in August, the Powys Breastfeeding Welcome Scheme now has 130 organisations signed up. Introduction to Solid Foods (‘weaning’) training has been updated and provided to staff, along with resources updated for parents. The Powys Gold Standard Healthy Snack Award has been developed and promoted to early years’ settings, alongside the provision of training sessions and individualised support. 5 settings have achieved the award.
- 1.3) Smoking cessation work is focusing on building on earlier successes and embedding work, including providing individualised support to community pharmacy staff to build their confidence in delivering support to smokers; embedding referral pathways and Nicotine Replacement Therapy (NRT) protocols, including working with Midwifery to increase CO monitoring and referral rates of pregnant smokers. The range of services available are continuously promoted through a communication and engagement plan, which has included the launch and extensive distribution of a regular Powys Smokefree newsletter. Q1 data showed 1.54% of smokers made a quit attempt through smoking cessation services, therefore on track to achieve 5% target by year end.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

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

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Work with partners to develop a whole system approach to address common modifiable risk factors	1.1) Framework for whole system approach developed Q4	ED PH					M	M	M	Medium
Delivery of health board-led population level health improvement programmes	1.2) Implement the Powys Whole System Approach to Healthy Weights action plan, working in partnership Q1-Q4		Green	Green	Green		H	H	H	High
	1.3) Improve awareness of and access to NHS Stop Smoking services Q1-Q4		Green	Green	Green		H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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<b>Executive Director Sign Off</b>	Mererid Bowley (Executive Director of Public Health)
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**Strategic Priority 2: Deliver a Health Protection response, including vaccination**

Executive Lead – Executive Director of Public Health

**Intended Outcome/ Impact**

- PTHB is able to provide a local health protection response that aligns with the Communicable Disease Outbreak Plan for Wales
- Eligible Powys population is offered vaccination, narrowing the uptake in inequities between groups
- Screening uptake rates are above targets

Commentary on Progress in this Quarter:

- 2.1) Emergency preparedness exercises undertaken: major incident response operational walkthroughs across hospital sites; Mpox walkthrough in two MIUs.
- 2.1) The Health Board responded to WAST 'major incident declared' notification for the Talerddig train collision on 21<sup>st</sup> October 2024.
- 2.2) Health Protection – responding to acute incidents and managing incidents and outbreaks to prevent spread and control spread of infections.

- 2.3) Vaccination programmes are planned and being delivered in line with national directives/guidance. Uptake continuously monitored to guide mitigating actions. For influenza, engagement occurring with GPs to encourage further vaccination sessions; Public Health Wales led communication campaign is supported by local communications team through health board channels, amplified through local networks. Covid-19 2024 autumn booster started 1<sup>st</sup> October; to improve access, more local clinics were scheduled using community hospitals; also hybrid approach adopted with support provided for booking and call handling by Vaccination Team to GP practices to deliver vaccination clinics.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Ensure PTHB emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1) Review of civil contingency response plans. Implement required actions, including participation in training and exercises Q1-Q4	ED PH	Green	Green	Green		H	H	H	High
Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2) Continue transition to a regional health protection service to enable a local response to health protection threats and contribute to Health Protection, Framework, in partnership with Powys County Council and Public Health Wales Q3				Amber		M	M	M	Medium
Implement respiratory vaccination programme in line with Welsh Government directives	2.3) Plan and deliver respiratory vaccination programmes Q1, Q3,Q4		Green		Green		H	M	H	High
Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars	2.4) Plan and deliver vaccination programmes Q4						H	M	M	High

Promote uptake of national screening programmes in partnership with Public Health Wales	2.5) Analyse data published and develop and implement action plan Q4							H	H	H	High
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**Formal change request (Please tick as applicable and provide explanation below)**

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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<b>Executive Director Sign Off</b>	Mererid Bowley (Executive Director of Public Health)
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## Early Help and Support

### Strategic Priority 3: Improve Access to Primary and Community Care

Executive Leads - Executive Director of Primary Care, Community and Mental Health / Executive Medical Director /Executive Director of Nursing, Quality, Women and Family Health

#### Intended Outcome/ Impact

- Improved outcomes through earlier, targeted interventions for those in need of support
- Quality, timely services provided closer to home
- Resilient and sustainable rural primary and community care services that meet the needs of the Powys population

Commentary on Progress in this Quarter:

#### Accelerated Cluster Development

- 3.1) Significant progress on collaborative and cluster engagement during Q3 has been achieved.
- 3.2) IMTPs agreed by Clusters, tabled for (Regional Partnership Board Executive) January 2025 for sign-off.
- 3.2) New meeting structure and procedures agreed to be implemented for Q4 onwards by the wider Cluster Team.
- 3.2) Initial Pan-Powys meeting arranged for January 2025 to reach agreement on new operational processes and address 25/26 priorities

### General Medical Services

- 3.7) Primary & Community Care Academy continues to mature with multiple training support offers to all Primary Care Independent Contractors.
- GMS Unified Contract Assurance Framework process implemented Q3 for achievement Q4 2024/2025.
- 3.8) Termination of contract for Rhayader Medical Practice in the Mid Powys Cluster is due June 2025 – panel has convened with recommendation on next action to be discussed by Executive Team on 15<sup>th</sup> January 2025 and ratified by Board on 29<sup>th</sup> January 2025.
- 3.8) Sustainability review is complete, with individual conversations and support occurring with Practices where required.

### Optometry

- 3.18) Launch of an occupational health service
- 3.19) Progress has been made on implementation of new aspects of Welsh General Ophthalmic Services (WGOS), including the embedding of WGOS 5 (Independent Prescribing)
- 3.19) Development of Welsh General Ophthalmic Services (WGOS) 4 pathways - WGOS 4 glaucoma filtering pathway was developed in Q3 and due to go live in Q4.

### Community Pharmacy

- 3.30) The health board's Medicines Management Team routinely monitors the provision of Clinical Community Pharmacy Service (CCPS) and "additional pharmacy services". A contract assurance framework is in place to monitor service provision and the level of activity provided by each contractor.
- 3.32) Further work is required to engage with contractors to support the review of rota services to ensure that they are bringing the intended benefit to our population. Opportunities to remodel rota services to improve access to pharmacy services during the out of hours period will be explored.
- 3.33) The issues relating to 56-day prescribing are unique to Powys and require changes to the dispensing doctors contract – this is why it has been a challenge to progress this action.
- 3.34) Datix reports are actively monitored by the Medicines Management Team. Where the quality of reporting needs to be improved, the team collaborates directly with the contractor. Work is also being undertaken with contractors who are failing to submit Datix reports.
- 3.35) Work continues to encourage and support community pharmacy contractors to train as independent prescribers and to use their qualification and expand their scope of practice once qualified.

### Women & Children

- 3.37) Digital Maternity Cymru national procurement process has ended with no system identified, the HB will submit a business case to WG during Q4, implementation is anticipated by end of 2025/26.
- 3.41) Community Paediatrics and Neurodevelopmental (ND) Services are a key priority, ND services is in escalation L3 in line with Health Board policy, an Executive Oversight Group is in place to monitor compliance and improvement. Significant quality improvement and transformation is required along with demand and capacity activity are being addressed to inform a business case and workforce modelling.
- 3.41) The action Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan Q1-4 is green and completed.

**Commentary on red rated actions: (from Q2)**

Accelerated Cluster Development

- 3.4) Professional Nursing Collaborative: Some discussions underway, however progress expected to improve Q4.

Optometry

- 3.14) Pre-registration Optometrist between primary and secondary care in Cluster(s) Q2 has been delayed. Scope of role being considered by newly appointed Optometry Advisor.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Accelerated Cluster Development	3.1) Collaborative engagement and develop maturity Q1-Q4	ED PCC&MH	Amber	Amber	Green		H	M	M	High	
	3.2) Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group) Q3				Amber		H	H	H	Medium	
	3.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2			Amber	Amber		M	M	L	Low	
	3.4) Develop the Professional Nursing Collaborative Q2			Red	Amber		H	H	M	Medium	
	3.5) Develop the Optometry Collaborative Q1			Green	Blue	Blue		H	H	M	High
	3.6) Continue to identify services best delivered at cluster or pan-cluster level Q4							H	H	H	High
General Medical Services	3.7) Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS (General Medical Services) PLT (Protected Learning Time); evaluation Q1		Green	Blue	Blue		H	H	H	High	

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	3.8) GMS Practice Sustainability analysis, review, and action planning Q2			Green	Blue		H	H	H	High
	3.9) Engagement with patients and stakeholders on perception and experience of access Q4						H	H	H	Low
	3.10) Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan & PTHB Frailty and Community Model Q3				Green		H	H	H	Medium
	3.11) Roll out multi-professional workforce tool Q3				Amber		M	M	M	Medium
Optometry	3.12) Systematic tracking of core hour provision Q2			Green	Blue		H	H	H	High
	3.13) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green	Green	Green		H	H	H	High
	3.14) Pre-registration Optometrist between primary and secondary care in Cluster(s) Q2			Red	Red		M	M	M	Low
	3.15) Establish inter-practice referral for urgent cases Q1		Blue	Blue	Blue		M	H	H	High
	3.16) School vision and eyecare access improvements Q2			Red	Red		L	L	L	Low
	3.17) Scope Special School Primary Care Eyecare Q1		Red	Red	Red		L	L	L	Low
	3.18) Publicise occupational health services offer Q1		Red	Blue	Blue		M	H	H	High
	3.19) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber	Green	Green		M	M	M	Medium
Dental	3.20) Maintain urgent access in General and Community Dental Service to balance of demand and capacity Q1		Green	Green	Green		H	H	H	High
	3.21) Increase capacity of Llandrindod Wells contract Q2	ED PCC&MH		Blue	Blue		H	M	H	Medium
	3.22) Secure future dental access in Newtown Q2			Green	Green		M	L	H	High

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	3.23) Rural enhancement offer for Foundation Dentists Q4					L	L	L	Medium	
	3.24) Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform Q1		Blue	Blue	Blue		H	H	H	High
	3.25) Undertake dental waiting list cleansing to support accurate waiting list numbers Q1		Green	Blue	Blue		H	H	H	High
	3.26) Recruit additional dental officer for sedation by end of Year 1 Q4						M	M	M	Low
	3.27) Rescope mobile dental services in areas with limited or no access Q1		Blue	Blue	Blue		H	H	H	High
	3.28) Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4						M	M	M	Low
Community Pharmacy	3.29) Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of pharmacies in Year 1); implement contract breach process by year end Q4						H	H	H	High
	3.30) Ensure access and monitor provision of Clinical Community Pharmacy Service (CCPS) and “additional pharmacy services”. Q1-Q4 Ongoing (monthly)		Green	Green	Green		H	H	H	High
	3.31) Review and update of service specifications for locally commissioned services Q4	EMD					H	H	H	High
	3.32) Review pharmacy ‘rota services’ to ensure that they are delivering value to our population Q4						H	M	M	Low
	3.33) Work with Welsh Government to address challenges that are unique to Powys (e.g. implementation of 56-day prescribing in dispensing practices) Q4						L	L	L	Low
	3.34) Work with contractors to improve the quality of Datix reporting and ensure that learning is shared as appropriate Q1-Q4 Ongoing		Green	Green	Green		H	H	H	High

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	3.35) Continue to encourage Pharmacists to train as independent pharmacist prescriber (IPPs) and monitor provision of IPP services across Powys Q1-Q4 Ongoing		Green	Green	Green		H	H	H	High
Women & Children's - Maternity	3.36) Delivery of the Maternity Assurance and Safety Improvement Plan Q1-4	ED NQW&FH	Blue	Blue	Blue		H	H	H	High
	3.37) Implementation of Digital Maternity Cymru (DMC) appropriate to PTHB Q1-4		Amber	Amber	Amber		M	M	M	Medium
	3.38) Review workforce and implement the revised workforce review Q1-4		Green	Green	Amber		H	M	M	Medium
	3.39) Implementation of Health Inspectorate Wales recommendations including birth centre environments Q1-4		Green	Green	Green		M	L	L	Low
Women & Children's – Women's Health	3.40) Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context  Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities Q1-4			Green	Green	Green		M	M	M
Women & Children's – Pathway Development	3.41) Implementation of key service / pathway developments:  <ul style="list-style-type: none"> <li>- Develop and deliver Community Paediatric Remodel action plan</li> <li>- Implementation of the multi agency Neurodevelopment Strategic Action Plan for Powys</li> <li>- Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan Q1-4</li> </ul>		Amber	Amber	Amber		M	H	H	High

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

<b>Change in Scope</b>	X	<b>Change in Timescale</b>	X
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Change in Scope and Timescale

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- 3.17 - Special School Primary Care Eyecare (SPEC) is dependent upon national clinical pathways, led by national clinical leads and has been assigned lower priority versus other clinical pathways. Scope of service has not been communicated to HBs so cannot progress this action. No indication this pathway is imminent during 24/25 – request to remove as a key deliverable for 24/25

**Executive Director Sign Off**

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

Kate Wright (Executive Medical Director)

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

**Strategic Priority 4 - Design and Deliver a phased Frailty and Community Model**

Executive Lead - Director of Strategic Improvement and Transformation

**Intended Outcome/ Impact**

- A sustainable approach to frailty and community care, improving equity of access
- Risk stratification of the population to deliver effective support for those with greatest need and at greatest risk of ill health
- Joined up support for physical and cognitive frailty and improved co-ordination at end of life particularly the last year of life
- Associated reduction in emergency admissions/ prevention of avoidable deterioration in health such as deconditioning and fractures

**Commentary on Progress in this Quarter:**

- 4.1) Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas Q1-4: Building on the previous joint Better Together / Sustainable Powys sessions back in February and March 2024, further joint sessions between PTHB and Powys County Council have taken place in Q3 with Town and Community Councillors. For PTHB, these sessions have outlined the early case for change as well as recent transformation work. The final session was postponed due to the weather and will take place in Q4.
- 4.2) Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care Q2-3: Work through the new Better Together Portfolio has taken place to develop scenarios for the next phase of design of the tiered community model. This work has included a desktop site review to help inform the clinical strategy. Workshops are scheduled for January 2025 covering Mental Health, Diagnostics and Planned Care, and Frailty and Community Model including Urgent Care, which will support the design phase, as well as the priorities for the next year of the PTHB Integrated Plan. The workshops are taking place in Q4 hence an Amber rating.
- 4.3) Identification of service development Q3: Work has taken place to identify potential areas for service development. In a similar way to 4.2 above, this action has been marked Amber as the confirmation of these areas will come from the workshop sessions planned for January 2025.

- 4.4) Minimum 12 Week Consultation for areas of significant service change Q3-4: Work is underway to confirm the consultation timescales and process.
- 4.5) Develop Frailty scoring Q1-Q3: Frailty scoring has been developed across primary and community care in Powys, with the Rockwood Frailty scoring built into various assessment documents. Work will continue to embed the approach and to digitally collate frailty scoring data consistently for Powys patients.
- 4.6) Develop the approach to Comprehensive Geriatric Assessment and care planning Q1-Q3: The Comprehensive Geriatric Assessment process in Powys has been developed and is now being delivered by several services across primary and community care in Powys. The revised approach to Treatment Escalation, in line with agreement by national colleagues to pilot this in the community, has been rolled out, with training provided to staff in primary and community care. Work will continue to embed the approach for Comprehensive Geriatric Assessment and to care planning for people living with frailty.
- 4.7) Review access to Fracture Liaison Service Q3-Q4: Task & Finish Group in place which has reviewed access and identified inequity for Powys patients. Early indications show potential improvements in patient outcomes, experience and cost through ensuring better access to Fracture Liaison Services for Powys patients. A business case, including different options, has been drafted and will be finalised in Q4. Conversations with national colleagues have taken place around potential funding to support the Powys business case.
- 4.8) Implement National Community Nursing Framework in Powys Q1-Q4: Following a self-assessment against elements of the Community Nursing Standards in Q2, an action plan is in place to prioritise the areas where further development is needed, recognising what can be delivered in a rural county. Further Faster funding from Welsh Government has enabled the successful recruitment to a dedicated End of Life Care Planning Facilitator role which will enable and empower health and social care staff, including voluntary sector staff, to deliver best practice in end of life care.
- 4.11) Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post Q1-Q3: Following agreement of the Service Level Agreement between the health board and the National Lymphoedema Service, an individual has been seconded into the Powys-funded post in the national team and started on 01/11/2024. Other clinical staff within the national team can provide cross-cover as needed.
- 4.12) Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation Q2-Q3: A Task & Finish Group was established and identified that training opportunities around UTI prevention and management were not being taken up by all relevant staff – this is being addressed to improve the quality of care provided and includes face to face training provided by the PTHB Continence Service, as well as e-learning. A list of various UTI related literature and resources was collated to be available in one single place. Posters to provide guidance about UTI management and prevention have been printed and are being distributed to GP practices, community pharmacies, care homes, day centres, PTHB sites and PTHB community teams. Posters about hydration and dehydration have been printed but will be disseminated in the Spring / Summer to coincide with warmer weather.

Commentary on red rated actions:

- 4.10) Commence implementation including liaison with out of county providers (to improve coordination of the Last Year of Life) Q3-Q4: Following the approval by national colleagues to implement a revised Treatment Escalation process in the community in Powys, work has focused on the development of the new process, including training for staff to ensure they are aware of and working to the new process. This has meant that the liaison with out of county providers has not taken place in Q3 and the next steps for this work will be confirmed through the Frailty & Community Model Programme Board.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Continue development of tiered community model	4.1) Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas Q1-4	DSI&T	Green	Green	Green		H	H	H	High	
	4.2) Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care Q2-3			Green	Amber		M	M	H	High	
	4.3) Identification of service development Q3				Amber		M	M	M	High	
	4.4) Minimum 12 Week Consultation for areas of significant service change Q3-4				Green		M	M	M	Medium	
Continue to implement Frailty Model, including optimisation and join up for frailty of memory	4.5) Develop Frailty scoring Q1-Q3			Green	Amber	Blue		M	M	M	Medium
	4.6) Develop the approach to Comprehensive Geriatric Assessment and care planning Q1-Q3			Green	Green	Blue		M	M	M	Medium
	4.7) Review access to Fracture Liaison Service Q3-Q4					Green		H	H	H	High
	4.8) Implement National Community Nursing Framework in Powys Q1-Q4			Green	Green	Amber		M	M	M	Medium
Improve coordination of the Last Year of Life	4.9) Finalise approach to planning for the Last Year of Life with major conditions Q1-Q2			Green	Blue	Blue		H	H	H	High
	4.10) Commence implementation including liaison with out of county providers Q3-Q4					Red		M	M	M	Low
Review and refine the Community Hospital model	Scope an improved approach to cognitive impairment on general wards Q1-Q2 see change in box below		Green	Red			M	M	L	Select	

	<del>Pilot the approach Q3-Q4</del>						M	M	L	Select
Support Admission Avoidance	4.11) Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post Q1-Q3		Green	Green	Blue		H	H	H	High
	4.12) Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation Q2-Q3			Green	Blue		H	H	H	High
	4.13) Review the impact of the PTHB-element of the National Cellulitis Improvement Programme Q4						H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	X
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**Change in Timescale**

- Review and refine the community hospital model – due to the Temporary Service Change to co-locate patients this area of delivery has been reprioritised.

**Executive Director Sign Off** Lucie Cornish (Director of Strategic Improvement and Transformation)

**Strategic Priority 5 - Deliver the Planned Care & Diagnostics Programme**

Executive Leads – 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**

- As many patients treated in Powys as possible – delivery of Rural Regional Centres and North Powys Wellbeing Programme
- Improved resilience of provider services and greater utilisation of provider services capacity/ system assets
- Getting It Right First Time is the default method of operation with associated improvements in quality, governance and assurance

Commentary on Progress in this Quarter:

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- 5.20 / 5.21) **POCT** – There was a delay in making the POCT post permanent, however this has now been recruited to and we will continue to work towards targets and goals.
- 5.1) **GIRFT**: The GIRFT implement support sessions are complete for Ophthalmology, Orthopaedics, General Surgery, Gynaecology and Urology. Improvement requirements are continuing and will be performance assured through the Clinical Implementation Networks (CIN). The number of CIN meetings and PTHB representation is currently under review.
- 5.4) **Key Strategic Relationships & 5.8 / 5.9) Referral Management Solutions**: The Musculoskeletal (MSK) business case has been approved through IBG and Executive Committee. Business case implementation being progressed to include the implementation of the MSK clinical review and triage, speciality leadership sessions for Orthopaedics and a joint appointment of an Orthopaedic Consultant post for Uppers, recruitment is underway and will be complete in Q4. Dermatology: The North Powys Advice and guidance non-USC lesion is 3 months into a 6-month pilot. A paper is in draft to highlight data from the pilot so far and discuss next steps in implementation for Dermatology advice and guidance pathways for Mid and South Powys. Referral Management Solution for Dentistry was approved to be paused during Q2.
- 5.13) **Improve value in key specialities**: Work is underway for a North Powys Eyecare Pathway to focus on opportunities for a nurse led Wet AMD Service as well as establishing a Hydroxychloroquine (HCQ) Retinopathy Service. Work will continue into Q4 to implement nurse led Wet AMD Service in North Powys following scoping exercise and draft business case as well as complete the HCQ project.
- 5.15) **Outpatient Transformation**: Implementation of outpatient transformation plan is progressing well to include increased access to virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptom. During Q4 there will be continued implementation of outpatient transformation plan to include virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptom. This will be supported by the 3Ps Waiting Well Service, a Clinical Lead is in post and during Q2 the Single Point of Access is being established prioritising Ophthalmology.
- 5.20) **POCT**: Business Case has been approved by the health boards Investment Benefits Group to present the case for a permanent Point of Care Testing (POCT) resource in Powys Teaching Health Board (PTHB). POCT Manager is working in alignment to deliver (All Wales Point of Care Testing) WPOCT system, associated expectations on Health Boards, and the resource required for implementation and long-term management of the system
- 5.18) **Radiology Provision across Powys (RISP)**: Phase 1 of the X-ray equipment replacement to allow the implementation of RISP is on schedule to complete in January in Llandrindod Wells, Welshpool and Ystradgynlais. Phase 2 of the X-ray equipment replacement will commence in January 2025 which is on course to complete by March 2025.

Commentary on red rated actions:

- 5.2) **Seek Consultant Urologist sessions**: PTHB were unsuccessful in the Planned Care Transformation fund for speciality consultant sessions resulting in PTHB not being able to progress with Consultant Urologist sessions at present. A further review and plan will be developed for the 2025/26 plan.
- 5.11) **Dental**: The proposal to purchase high quality cameras to allow good clinical photography in Dental service is currently paused until the outcome and evaluation is complete for the Dermatology pilot. This was a decision of the board due to the amount of funding that would be required. If the Dermatology project is successful, the evidence would be used to progress the Dental bid. (Relating to Q2)

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
GIRFT Recommendations	5.1) Continue implementation of GIRFT recommendations for General Surgery, Orthopaedics and Ophthalmology to include repatriation of low complexity day cases Q1-Q4	ED PCC&MH ED PP&C	Green	Green	Green		H	H	H	High
	5.2) Seek Consultant Urologist sessions to scope community urology service Q2-Q4			Red	Red		M	L	L	Low
Key Strategic Relationships	5.3) Explore Opportunities for jointly funded or regional post Q1		Blue	Blue	Blue		H	H	H	High
	5.4) Recruitment for jointly funded or regional post Q3				Amber		H	M	M	High
	5.5) Evaluation of jointly funded or regional post Q4						H	M	M	Medium
Referral Management Solutions	5.6) Scope a (Provider) interface triage pilot for Orthopaedic Referrals Q1		Blue	Blue	Blue		H	H	H	High
	5.7) Pilot interface triage solution for Orthopaedic Referrals Q2			Blue	Blue		H	H	H	High
	5.8) Evaluate interface triage solution for Orthopaedic Referrals and any associated Business Case through the Investment Benefit Group Q3				Blue		H	H	H	High
	5.9) Subject to approval implementation of interface triage solution for Orthopaedic Referrals; Evaluation Q3-Q4				Green		H	H	H	High

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	5.10) Scope a referral management solution for Dermatology; Pilot subject to any associated Business Case support; Evaluate; begin phased roll-out Q1		Blue	Blue	Blue		H	H	H	High
	5.11) Develop referral management solution for dentistry in relation to oral cancer Q2			Red	Red		H	M	L	Low
	5.12) Further develop phlebotomy service Q3-Q4 Year 2						M	M	M	Select
Improve Value in Key Specialities	5.13) Continued implementation of Wet Age-Related Macular Degeneration (AMD) and Cataracts improvement plan in alignment with GIRFT Q1-Q4	ED PCC&MH ED PP&C	Green	Green	Green		H	H	H	High
Implement the Outpatient Transformation Plan	5.14) Appoint permanent Assistant Medical Director for Planned Care Q1		Blue	Blue	Blue		M	H	H	High
	5.15) Continued implementation of outpatient transformation plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1-Q4		Green	Green	Green		M	M	H	High
Radiology Provision across Powys (enabling implementation of RISP)	5.16) Submit capital business case for replacement of X-ray equipment to enable implementation of RISP Q1		Blue	Blue	Blue		M	H	H	High
	5.17) Review x-ray provision across Powys as part of work on sustainable model Q1	ED AHPHS&D	Blue	Blue	Blue		H	H	H	High
	5.18) Develop x-ray implementation plan and implement phase 1 Q2-Q4			Green	Green		M	L	H	High
Enhance the provision of Point of Care Testing throughout Powys	5.19) Review and develop existing POCT provision and governance: Establish QA Compliance framework, analyse asset registry, monitoring initiation and training development Q1-Q2	ED PCC&MH ED PP&C	Green	Blue	Blue		H	H	H	High

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5.20) Expand availability of POCT provision in support of clinical pathway development and governance: identify opportunities in primary & community care, prepare for internal audit Q3-Q4			Amber		M	M	M	Medium
5.21) Identify ongoing funding for the POCT Co-ordinator role Q3-Q4			Blue		M	M	M	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	X
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**Change in Timescale**  
 Phlebotomy – This was identified for Year 2 and should not sit in this delivery plan, suggest this is removed.

<b>Executive Director Sign Off</b>	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
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## Tackling the Big Four

### Strategic Priority 6 - Develop and Deliver a Major Conditions Plan

**Executive Leads - Director of Strategic Improvement and Transformation / Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital / Executive Director of Planning, Performance and Commissioning / Executive Director of Primary Care, Community and Mental Health**

#### Intended Outcome/ Impact

- A shift to prevention to improve population health and reduce the burden of ill health, with smarter approaches to segment and target those at risk
- Optimising the key pathways of care to improve equity of access and patient experience
  - Joined up care across physical and mental health; effective management of long term conditions and a core approach to rehabilitation
  - Greater co-ordination of care to improved efficiency, performance and outcomes

Commentary on Progress in this Quarter:

- 6.2) Map and develop key optimal pathways for Diabetes: A copy of the national diabetes atlas for 2022/23 has been shared with PTHB in which a deep dive into the data has highlighted variation across pathway components with sub-optimal adherence. Wider work has included modelling to include insulin pump reviews for targeted patients and wider scope against co-morbidities within high-cost user data. Executive lead identified for progression of this work and next steps will be to identify a clinical lead and wrap around project plan.
- 6.3) National prescribing indicators for primary care relating to AF (AF patients with a score of 2 or more on anticoagulant drug therapy): Q3 data is not yet available, however performance against this indicator declined in Q1 (92.4%) and again in Q2 (91.6%). Based on Q2 2024/25 data, PTHB is the second worst performing health board against this indicator (range = 90.4%-95.6%). There isn't a specific target for this indicator, although we would not expect our performance to be declining. Further work is required to understand why this is the case.

Commentary on red rated actions:

- 6.1) Development of a phased major conditions transformation plan: An Executive Lead was agreed in January 2025. An SRO has yet to be identified for the work programme and remains red in reporting. Progress has however been made in the background with focus on High-cost user data modelling which has identified co-morbidities as an area of higher spend based on patients with more than one condition. Quarter 4 will define the priority for this to continue into 2025/2026.
- 6.9) Single Cancer Pathway – Review has been completed but there remains performance issues across commissioned services as reported through the IQPR.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Development of a transformative Major Conditions Plan	<p><u>6.1) Development of a phased major conditions transformation plan</u></p> <p>to develop: a less siloed approach; streamline appointments, diagnostics, assessments, care and treatment plans, reviews and polypharmacy; and to improve co-ordination in the last year of life</p> <p>Q1- Q3 development of the plan</p>	DSI&T	Amber	Red	Red		H	H	L	Low

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Optimal Pathways	6.2) <u>Map and develop key optimal pathways for Diabetes</u> (in liaison with national Value and Sustainability Work)  Q2 confirm baseline and gap analysis  Q3-Q4 first phase improvement			Amber	Amber		M	M	L	Low
<u>Stroke</u>	6.3) Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements Q3	ED PP&C EMD			Amber		H		H	Medium
	6.4) PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Q3	DPPP&C EMD			Green				H	High
	6.5) Incorporation of guidelines for stroke rehabilitation Q3	ED AHPHS& D			Green				H	High
<u>Diabetes</u>	6.6) Delivery of All Wales Diabetes Prevention Programme (AWDPP) Q1-Q4	DSI&T  ED PH	Select	Select	Green		H			High
<u>Cardiac</u>	6.7) Community cardiology Q4	ED PCC&MH / ED PP&C					H		M	Select
<u>Cancer</u>  Cancer Improvement Plan	6.8) Deliver the PTHB Cancer Improvement Plan Q1- Q4	EMD	Green	Amber	Amber		M	M	M	Medium
Single Cancer Pathway	6.9) Review variation of Single Cancer Pathway performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment Q1 – Q4	EMD	Red	Red	Red		L	L	L	Low
Implementing Improving Cancer Journey	6.10) Implement Improving Cancer Journey Programme Phase 2 Q1-Q4	EMD	Green	Green	Green		H	H	H	High

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	6.11) Annual review of PTHB Cancer Improvement Plan and update for 2024-25 at year end Q4							H	H	H	High
<u>Respiratory</u>	6.12) Continue to explore options for medical cover across PTHB Q1-Q3	ED	Amber	Amber	Amber			M			Medium
Ensure equitable and standardised MDT services across the whole of PTHB	6.13) Provide support to Primary Care to implement Asthma plans for the asthma population Q2-Q4	PCC&MH		Green	Green			M	M	M	Medium

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

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

**Q3 Change in Executive Lead**

- 6.2) Map and develop key optimal pathways for Diabetes – Change request to remove DSI&T and transfer to ED PCC&MH.
- 6.6) Delivery of All Wales Diabetes Prevention Programme (AWDPP) Q1-Q4 – Change request to remove DSI&T as Exec Lead.

**Executive Director Sign Off**

Lucie Cornish (Director of Strategic Improvement and Transformation)  
 Kate Wright (Executive Medical Director)  
 Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)  
 Nicola Johnson (Executive Director of Planning, Performance and Commissioning)  
 Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

**Tackling the Big Four**

**Strategic Priority 7 - Deliver the Mental Health Transformation Programme**

Executive Lead – Executive Director of Primary Care, Community and Mental Health

**Intended Outcome/ Impact**

- Delivery of equitable and quality mental health care that meets the needs of the population
- Increased efficiency and integration of services to improve sustainability and user experience with clear navigation, access and referral
- Improved co-ordination and care planning with reduction in avoidable urgent and emergency attendances and out of county care

Commentary on Progress in this Quarter:

- **7.3) Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model):** This work previously involved urgent temporary service change work for remodelling Mental Health inpatient provision for Powys. The analysis and case for change worked up for this project mandate was submitted to the Strategic Change Programme Board who agreed with the findings, that the case for change was not convincing, with a decision taken in Q3, to cease this temporary service change. Preliminary transformation work taking place with partners including North Powys Wellbeing Programme, Social Care and 3<sup>rd</sup> Sector colleagues to scope the redesign of the Mental Health community model for Powys, ensuring equitable, quality care, in line with national strategies, that meets the needs of the Powys population is continuing. This work has been identified as a priority for future MH IMTP. Following a North Powys Wellbeing joint workshop in November 2024, a follow-on workshop to further progress the Mental Health Community Model for Powys is planned for 17.1.25. The alignment of Powys Dementia Home Treatment Teams (DHTTs) to create a sustainable pan-Powys team, improving equity and consistency across Powys is progressing. A design workshop took place on 7/10/24 attended by the wider Mental Health team and medical staff, which resulted in a proposed pan-Powys DHTT pathway, which along with proposed staff model and draft working pattern is due to be submitted for sign off via Mental Health Senior management team. Following decision taken at The Mental Health Transformation workshop in April 2024, mental health baseline data has been reviewed, by the North Powys Wellbeing team, to reflect 2023/24, rather than 2022/23. This data provides increased reliability as a baseline, however has required further validation with external modelling consultant, causing slippage against original deadline. The 2023/24 baseline data has now been delivered and is being confirmed with Mental Health Service Leads. Demand/capacity modelling work was ongoing throughout Q3, conducted by the North Powys Wellbeing team. It is envisaged that this work will be further informed by workshops planned for January Q4, eg workshop to define the MH Community Model for Powys and further transformation programme workshop, allowing modelling to take place during Feb Q4.
- **7.7) Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model:** The Mental Health Single Point of Access (SPOA) phase 1 went live on 16/9/24. The SPOA includes a team conducting telephone-based triage for patients referred to the Mental Health service, using the validated national standard of the Colgate model, aligned with the 111(2) service and incorporating the previous referral administration hub. The teams are co-located at Bronllys hospital. SPOA outcome measures have been defined and a BI reporting dashboard established. A successful business case has been submitted to the Investment Benefits Group, with subsequent Executive Committee approval (8.1.25), which will provide ongoing funding for the service, allowing further refinement and embedding of phase 1 and development and implementation of phase 2, at pace. Phase 2 includes patient assessment close to 'the front door' and initial conversations are taking place with PTHB MH teams to work towards achieving a joint, 'trusted' assessment and with PCC colleagues about principles for social care involvement. A working group is in place to progress phase 2, which will begin with a joint workshop 21.1.25. Plans are also in place for a co-production group with service users to provide input to the assessment phase. Stakeholder communications are being managed via the Triage & Assessment Communications task & finish group, which includes input from PTHB Engagement & Communications team. Representatives of the Triage & Assessment transformation workstream are due to present an update about the MH SPOA and forthcoming phase 2 at the Pan-Powys Cluster meeting

13.02.2025. This will also include an update regarding forthcoming work to implement electronic referral for GPs using CCG system integration with Welsh Admin Portal (WAP), which is in discussion with the digital team for roll out of WAP to the MH SPOA. The 111(2) service contributes to reducing the demand on Emergency Departments, General Practitioners, the Police, the Welsh Ambulance Service NHS Trust and mental health crisis services. The inclusion of the 'Triage & Assessment' team is providing benefits of a streamlined referral pathway, leading from a single point of access for referral. This is increasing efficiency of receipt of referrals, ensuring assessment occurs close to the front door (phase 2), enabling efficient access to the service needed, reducing complexity of navigating referrals and any internal delay caused by multiple referrals/ assessments.

- **7.13 / 7.14) Ensure access to provision of sanctuary for adults and children: Adults** - Discussion held at Executive Committee on 15<sup>th</sup> May 2024 regarding the preferred way forward for Sanctuary provision for Adults in Powys, given the difficulties faced in locating robust evidence for such provision in a highly rural area. PTHB Executive Committee confirmed they will support a pilot approach and asked for this to be scoped and taken back to Execs in due course. A paper went to the PTHB Executive Committee on 7<sup>th</sup> August 2024, (deferred from 10.7.24), and now requires further work to align with Mental Health whole system change work prioritised for inclusion in future IMTP. The preferred model is to pilot under the North Powys Wellbeing Programme, within Newtown, given the inequity of MH offer across the county and the particular needs in this geographical area.
- **7.11) Children** - A CAMHS Crisis Hub is now fully operational, providing access to sanctuary for children in a safe, friendly, built for purpose environment. A new Rapid response & Outreach Team (RRO) has been recruited with working hours aligned to the adults CRHTs, enabling a greater OOH for CYP. The Hub uses an MDT approach to supporting young people and their families in mental health distress. Engagement with families is ongoing with young people supporting the ongoing development of the project. This facility is increasingly diverting children and young people from attending A&E, or acute mental health wards, whilst offering intensive home treatment and assertive outreach service. Numbers of appointments/ contacts are increasing month on month, with a 25% reduction in average monthly Welsh emergency department attendances (0-17yr olds), throughout 2024/25 from an average of 7.2 attendances per month in 2023/24 to 5.4 attendances per month in 2024/25 from April – August, (6 Goals for Urgent & Emergency Care 2021-2026). This successful project is yet to secure 2025/26 funding.
- **7.15 – 7.18) Take forward the next phase of work to enable access to a step-down solution for those with complex needs:** The Project Initiation Document for this initiative was approved by the Transformation Board in February 2024. However, this project remains paused since 8th May 2024, initially due to the redeployment of the Transformation Manager to support the internal escalation programme within Mental Health & Learning Disability Services. Work was in place to convene a multi-agency options appraisal workshop, followed by a series of engagement events - these have been temporarily stepped down. This project is interlinked with transformation work around the MH Community Model and overall strategy and will require consideration of alignment with other workstreams, following confirmation of priority projects within Mental Health.
- **7.19) Next phase of neurodiversity pathway development:** This deliverable is being led within the MH Learning Disabilities and Neurodiversity Teams. Powys is the first region in Wales to now have an ND pathway which includes a jointly operated Integrated Autism Service (IAS) working alongside a new ADHD service. New working practices are being embedded, with the pathway undergoing service evaluation and further development. Phase 2 for future IMTP is to develop into a sustainable service. Current specialist workforce is fragile due to small size and staffing comprised of temporary seconded posts.

Commentary on red rated actions:

- 7.12) **Develop access to provision for sanctuary for adults:** This programme has been suspended due to lack of evidence for rural areas. It is not a current priority for 2024/2025.
- 7.15 – 7.18) **Step-down solution:** This project was paused on 8th May 2024 and is not a current priority.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model)	7.1) Refining the baseline. Refining the modelling for the new model. Continuous engagement Q1	ED PCC&MH	Amber	Red	Red		H	M	M	High
	7.2) Public engagement and consultation Q2			Amber	Red		M	H	M	High
	7.3) Workforce design and further consultation Q3				Blue		M	M	M	High
	7.4) Phase 1 implementation Q4						M	M	M	High
Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model	7.5) Scope model. Refine baseline including urgent referral information. Continuous engagement. Scope expansion of “front door” role including development to align other referral processes. Q1	ED PCC&MH	Green	Blue	Blue		M	H	M	High
	7.6) Develop phased delivery plan Q2			Blue	Blue		M	H	H	High
	7.7) Phase 1 implementation including administrative single point of access Q3				Blue		M	M	H	High
	7.8) Phase 2 implementation including commencing development of referral routes for Secondary Care referrals Q4						M	M	H	High
Ensure access to provision for sanctuary for children	7.9) Engagement with children and young people, families, and carers	ED PCC&MH	Blue	Blue	Blue		H	H	H	High

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	(i) Workforce design Q1										
	7.10) (ii) Recruitment Q2			Blue	Blue			M	H	H	High
	7.11) (iii) Implementation of rapid response and outreach service Q3-Q4				Green			M	H	H	Medium
Develop access to provision for sanctuary for adults	7.12) i) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting Q3-4				Red			M	M	M	Low
	7.13) (ii) Assess impact of right care, right person				Amber			H	H	H	High
	7.14) Q3 Year 2 Phased Delivery Plan										
Take forward the next phase of work to enable access to a step-down solution for those with complex needs	7.15) Continuous engagement Q1-Q4			Green	Red	Red		M	H	L	Low
	7.16) Explore and develop advisory options appraisal Q1			Red	Red	Red		L	L	L	Low
	7.17) Design and workforce planning Q2				Red	Red		M	L	L	Low
	7.18) Preparation for procurement Q3-Q4					Red		M	L	L	Low
Next phase of neurodiversity pathway development	7.19) A revised pathway for neurodiversity pathway Q1-Q4			Amber	Blue	Blue		H	L	M	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	X
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Change in Timescale

- 7.12) **Develop access to provision for sanctuary for adults:** This programme has been suspended due to lack of evidence for rural areas. It is not a current priority for 2024/2025.
- 7.15 - 7.18) **Step-down solution:** This project was paused and is not a current priority.

**Executive Director Sign Off**

Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

**Joined Up Care****Strategic Priority 8 – Improve pathways of care focused on system flow****Executive Lead - Executive Director of Primary Care, Community and Mental Health****Intended Outcome/ Impact**

- People Home Fitter and Faster
- Co-ordinated and effective pathways of care which deliver an efficient flow across health and care systems
- Associated elimination of pathways of care delays and reduction in avoidable bed utilisation / average length of stay

**Commentary on Progress in this Quarter:**

- 8.3) Embed Digital Patient Flow System (DigiFLO) into standard practice and broaden user operability Q3: Powys DigiFLO is now live across Adelina Patti, Bryn Heulog, Claerwen, Epynt, Graham Davies, Llewellyn, Maldwyn, Twymyn and Y-Bannau wards, in addition to Glan Irfon. The Powys DigiFLO Information Roadshow commenced in November to provide training and guidance on utilisation and support the embedding into practice. 4 site visits took place throughout Q3, with the remaining site visits planned throughout Jan-Feb. Although system utilisation has increased, more work is needed to fully embed into standard practice, therefore this deliverable has become red. Compliance dashboards are in development to support the monitoring of system utilisation. Following the development of these, in combination with the remaining site visits, it is anticipated that this deliverable will return to being on-track by the end of Q4. Year End Delivery confidence remains high.
- 8.5) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4: Total numbers of Pathways of Care Delays have reduced. Number of POCDs within recent 3-month data (Sep-Nov 2024) demonstrate a 13% decrease compared with the 3-month prior (203 [Jun-Aug]: 176 [Sep-Nov]). However, this does represent a 3% increase when compared with the same period in the previous year (170 [2023]: 176 [2024]). Assessment Issues and Care Home Placement arrangements remain the highest contributing causes, making up 32% and 26% of total POCDs for this period respectively. The November position also represents an 11% decrease compared with the March 2024 baseline established as part of national monitoring and intervention (74 [Mar]: 66 [Nov]). The total number of days delayed as a result of Pathways of Care Delays has remained relatively stable (2812 [Aug]: 2836 [Nov]) representing <1% increase. This is a positive position when compared to the increases experienced by other Health Boards throughout the same time period, however, this does represent a 5% increase compared to the March 2024 baseline (2710 [Mar]: 2836 [Nov]). To reduce the number of service users experiencing Pathways of Care Delays, a Pathway of Care Delay Action Plan remains in place. Implementation is monitored through the POCD sub-group which reports into Care Action Committee.

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- 8.6) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4: The number of super-stranded patients has reduced by 37% by the end of Q3 (12 [Dec]: 19 [Sep]) and has reduced by 20% when compared with the previous Q4 baseline (12 [Dec]: 15 [Q4,23/24]). This will continue to be monitored through the Power BI dashboard to enhance monitoring of super-stranded patients, as well as monitoring through the POCD sub-group which reports into Care Action Committee.
- 8.8) Consider Expansion of Discharge Liaison Officer Q3-Q4: Due to the implementation of the colocation work and subsequent Integrated Flow Hub development, the Discharge Liaison Officer Impact Assessment was unable to progress in Q3. However, funding was identified through the Six Goals for Urgent and Emergency Care to pilot and expansion of the role through recruitment to a Mid Powys role. Recruitment to this post is currently underway with an anticipated start date of March 2025.
- 8.9) Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4: Average length of stay has reduced by 12% throughout Q3 (48.67 [Sep]: 42.80 [Dec]). This represents a 2% reduction when compared with the same period of the previous year (43.49 [Dec 23]: 42.80 [Dec 24]).

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implement a Digital Patient Flow System	8.1) Complete test and pilot phases of newly developed Digital Patient Flow System Q1	ED AHPHS& D	Blue	Blue	Blue		H	H	H	High
	8.2) Launch and roll-out of Digital Patient Flow System Q2			Blue	Blue		H	H	H	High
	8.3) Embed Digital Patient Flow System into standard practice and broaden user operability Q3				Amber		H	H	H	High
	8.4) Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product Q4						H	H	H	High
Improved Approach to Pathways of Care Delays (POCD)	8.5) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	ED PCC&MH	Green	Amber	Amber		H	H	M	Medium
	8.6) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green	Amber	Green		H	H	M	Medium

Improved Approach to Supporting People to Leave Hospital Fitter and Faster	8.7) Embed discharge liaison officer posts throughout Powys Q1-Q2	Green	Blue	Blue	H	H	H	High				
	8.8) Consider Expansion of Discharge Liaison Officer Q3-Q4			Amber					H	H	H	High
	8.9) Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4	Green	Amber	Green					H	H	M	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

**Strategic Priority 9 – Deliver the Six Goals Plan for Urgent and Emergency Care focusing on what works for the Powys population**

**Executive Lead - Executive Director of Primary Care, Community and Mental Health / Executive Director of Allied Health Professions, Health Sciences and Digital**

**Intended Outcome/ Impact**

- People home fitter and faster
- A co-ordinated and evidence based Urgent and Emergency Care offer across complex health and care systems used by the Powys population
- Effective and efficient locally provided services including optimised minor injuries provision and bed utilisation to ensure patient flow

**Commentary on Progress in this Quarter:**

- 9.2) Broadening the knowledge and skills of MIU staff in Powys Q1-Q4: Two additional non-medical prescribers were scheduled to complete training throughout Q3. One successfully completed the training; one was postponed and will now commence in April. The Urgent and Emergency Care Clinical Transformation Lead is now in post with an in-depth training needs analysis underway. Overall, progress towards broadening the knowledge and skills of MIU staff remains on track.
- 9.5) Implement optimised model as part of winter response strategy Q3: System challenges have prevented the implementation of a truly optimised model; therefore this deliverable has been marked as red. Further work is needed to enhance collaborative working with partners. Work is underway to enhance partnership working and move toward a more optimal model for delivery of care.

- 9.7) Commence monthly aggregate reporting of D2RA Measures Q1-Q3: The Digital Patient Flow System: Powys DigiFLO is now live. Work has been completed to transition data sourcing for submission to Powys DigiFLO. This has enabled monthly aggregate reporting of all national D2RA Measures in-line with national expectations and timelines.
- 9.8) Improve data quality and confidence of D2RA Measure reporting Q3-4: The transition from census-based data collection to monthly aggregate reporting for all D2RA measures has been successfully achieved through the roll-out of Powys DigiFLO; representing a significant improvement in data quality and availability. Ongoing efforts are focused on providing training and guidance to enhance utilisation and support the integration of Powys DigiFLO into routine practice, further strengthening data capture, quality, and confidence into Q4.
- 9.9) Expansion of dedicated pathway capacity Q1-4: To enhance the capacity for Pathway 1, an adaptation of the specification of Home First and the rehabilitation bridging team as part of the Section 33 agreement with Powys County Council has been under consideration, with work undertaken to develop a proposed future service design. An Executive Paper is to be presented to the Executive Committee and Powys Teaching Health Board and Powys County Council Joint Leadership Team 15 January; the outcome of this will inform next steps.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implement Enhanced Community Care Phase One, including the Rapid Response in the community	9.1) Scope the need for a Rapid Response service Q1	ED PCC&MH	Amber	Amber	Amber		H	H	H	High
	9.2) Broadening the knowledge and skills of MIU staff in Powys Q1-Q4		Green	Green	Green		H	H	H	High
Expand Therapy Led Rehabilitation	9.3) Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon) Q1	ED AHPS&D	Blue	Blue	Blue		H	H	H	High
	9.4) Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation Q2			Blue	Blue		H	H	H	High
	9.5) Implement optimised model as part of winter response strategy Q3				Amber		H	H	H	Medium

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	9.6) Review of SOP and operational model including PROMS to inform the way forward Q4							H	H	H	High
Enhance and expand D2RA Pathway utilisation	9.7) Commence monthly aggregate reporting of D2RA Measures Q1-Q3	ED PCC&MH	Green	Green	Blue			M	H	H	High
	9.8) Improve data quality and confidence of D2RA Measure reporting Q3-4				Green			H	H	H	High
	9.9) Expansion of dedicated pathway capacity Q1-4		Green	Green	Green			M	M	M	High

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

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

**Executive Director Sign Off**  
 Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)  
 Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)

## Workforce Futures

### Strategic Priority 10: Transformation and Sustainability

Executive Lead – Executive Director of People and Culture

#### Intended Outcome/ Impact

- Strategic workforce planning with creative, innovative and effective approaches
- 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

Commentary on Progress in this Quarter:

- 10.3) Scope opportunities from national programmes for international recruitment for Mental Health - Mental Health Registered Nurses (RNs) recruited to and opportunities have now been identified
- 10.3) Mental Health RNs recruited to and opportunities have now been identified

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Grow the knowledge and capabilities of managers to develop strategic workforce plans aligned to the Accelerated Model of Care	10.1) Cohort of managers (who are required to) who have completed training Q2 & Q4	ED P&C		Green			H	M	M	High
On board a further 3 cohorts of internationally trained Adult Nurses targeting areas with high variable pay spend	10.2) On board Cohorts 1, 2 and 3 for 24/25 Q2 & Q4			Green			H	H	H	High
Explore the potential to recruit internationally trained Mental Health Nurses and Medics	10.3) Scope opportunities from national programmes for international recruitment for Mental Health Q3				Green		H	H	H	High
Launch a second cohort of the Aspiring Nurse Programme with HEIW and University partners (improving access for Powys based pre-registered students to the Nurse Degree Programme)	10.4) Agreed plans and funding arrangements in partnership with HEIW and FE/ HEI providers Q2			Blue	Blue		H	H	H	High
	10.5) Report on the recruitment rates of the programme Q4						H	H	H	High
	10.6) Ensuring there is an opportunity for a Welsh essential recruitment offer Q4						H	H	H	High
Generate interest from the younger generation in a rural health and care	10.7) Evaluate the Academy Careers and Education Enterprise Scheme (ACEEs) and develop plans for 2024/25 academic year Q1			Blue	Blue	Blue		H	H	H

career through the Academy Career and Education Enterprise Scheme (ACEES)	10.8) Report on the development plans for 2024/25 academic year Q3				Blue		H	H	H	High
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**Formal change request (Please tick as applicable and provide explanation below)**

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A	
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<b>Executive Director Sign Off</b>	Debra Wood Lawson (Executive Director of People and Culture)
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**Strategic Priority 11: A Great Place to work**  
Executive Lead – Executive Director of People and Culture

- Intended Outcome/ Impact**
- The health board is 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 and there is clarity on standards of behaviour and role expectations

Commentary on Progress in this Quarter:

- 11.5) Refresh the Chat2Change plan – Although this was categorised as on track in Q2, this has now been completed within Q3.
- 11.9) Pilot Tier 2 programme – Remains as Amber due to pressures within the system

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment 0 = Original

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			Q1	Q2	Q3	Q4	0	Q1	Q2	
Deliver the actions set out in the national Nurse Retention Plan	11.1) Complete the nurse retention self-assessment tool Q1		Blue	Blue	Blue		H	H	H	High
	11.2) Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities Q2			Blue	Blue		H	H	H	High
Ensure a clear mechanism for staff to raise concerns and support a culture of psychological safety, so staff feel able to speak up.	11.3) Introduce the Speaking Up Safely 'Your Voice' Portal on staff intranet Q1		Blue	Blue	Blue		H	H	H	High
	11.4) Introduce team activities/briefings Q2			Amber	Blue		H	H	H	High
	11.5) Refresh the Chat2Change plan Q2			Green	Blue		H	H	H	High
	11.6) Embed the Speaking Up Safely Framework Q4						H	H	H	High
Roll out Tier 1 of clinical leadership programme	11.7) Deliver the Tier 1 programme at a rate of 1 course per month Q1-2	ED P&C	Blue	Blue	Blue		H	H	H	High
Develop a pilot for Tier 2	11.8) Develop the Tier 2 programme Q2			Amber	Amber		H	H	M	Medium
	11.9) Pilot Tier 2 programme Q3				Amber		H	M	M	Medium
Design a Charter with leadership expectations of managers responsibilities in setting standards of behaviour, engaging with staff and creating a great place to work	11.10) Develop draft Charter and resources for consultation and feedback Q1		Blue	Blue	Blue		H	H	H	High
	11.11) Consult with Executive team, Trade Unions and Chat2Change group Q2			Blue	Blue		H	H	H	High
	11.12) Launch Charter Q3				Blue		H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Debra Wood Lawson (Executive Director of People and Culture)

**Strategic Priority 12: Employee Health and Wellbeing**

Executive Lead – Executive Director of People and Culture

**Intended Outcome/ Impact**

- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Staff across the organisation demonstrate compassionate leadership in their everyday work
- Managers are able to utilise workforce policy and guidance to support staff to remain in/return to work

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Regular access to wellbeing roadshows and initiatives which support health	12.1) Undertake a series of wellbeing roadshows across the county Q4	ED P&C					H	H	H	High

Embed Compassionate Leadership model to underpin approach to staff wellbeing	12.2) Deliver two Compassionate Leadership courses per month Q1-Q4 Quarterly Update		Green	Green	Green		H	H	H	High
Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work	12.3) Review and republication of the managing attendance at work toolkit Q1		Blue	Blue	Blue		H	H	H	High
	12.4) Delivery of targeted / bespoke sessions to managers Q1-Q4 Ongoing		Green	Green	Green		H	H	H	High
Undertake regular Team Climate surveys and feedback to service managers to identify ways they can support the wellbeing of their staff	12.5) Undertake surveys targeting one service per quarter Q1-Q4 Quarterly Update		Green	Amber	Green		H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Debra Wood Lawson (Executive Director of People and Culture)

**Strategic Priority 13: Equalities and Welsh Language**

**Executive Lead – Executive Director of People and Culture**

**Intended Outcome/ Impact**

- 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 in the community, 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:

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- 13.3) Achieve workplace certifications for Age-Friendly Employer, Disability Confident and Hate Crime Charter – Due in Q4 but with a low level of delivery confidence. Due to capacity issues work has not been progress as quickly as expected. As a result this has been identified as a piece of work to be rolled over to be included within the Integrated Plan 2025/26. (Relating to Q4)

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Continue the rollout of the Gender Awareness programme	13.1) Updates on Gender Awareness provided in Equality Annual Report Q4	ED P&C					H	H	H	High	
Integration of Welsh Language into the wider Managers' Training Programme	13.2) Continuous programme of training Q4						H	H	H	High	
Commence the implementation of the objectives set out in the Strategic Equality Plan	13.3) Achieve workplace certifications for Age-Friendly Employer, Disability Confident and Hate Crime Charter Q4							H	M	Low	
	13.4) Sensory loss work: deployment of assistive technologies & Sign Live Q4						H	H	M	Medium	
Continue to monitor the use and uptake of Online translation to reduce costs and improve access to BSL and foreign language interpretation	13.5) Provide an update in relation to the use of online translation Q2-Q4				Green	Green		H	H	H	High
Begin work on the new Welsh in Healthcare Strategy including the introduction of the new Welsh	13.6) System designed and functionality finalised Q1			Green	Green	Green		H	H	H	High

Language recruitment assessment system.										
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A							
<b>Executive Director Sign Off</b> Debra Wood Lawson (Executive Director of People and Culture)										

## Digital First

### Strategic Priority 14: Citizen centred care and support

Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

#### Intended Outcome/ Impact

- Efficient and effective digital approaches used to improved citizen centred care and support – with improved patient engagement, access and control
- Digital enables patients and service users to take an active part in their own health & wellbeing
- Greater communication at all points of access and delivery in a rural healthcare system

#### Commentary on Progress in this Quarter:

- 14.3) The virtual Consultation platform, current supplier has been extended to a further 12 month contract and will ensure business continuity for services using VC. The new contract commences April 2025.
- 14.3) A 12-month contract extension with Attend Anywhere is underway to help clinicians continue offering virtual consultations.

Commentary on red rated actions: N/A

#### Progress against key actions and milestones

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Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Improve awareness and access to their digital appointment	14.1) Introduce patient portal for managing appointments Q4	ED AHPHS& D					H	H	L	Low
Improve awareness of and access to the NHS Wales App	14.2) Support the development of the NHS Wales App to include Cross Border pathway Q4		M	M	L	Low				
Transition to an alternative virtual consultation platform	14.3) Provide a replacement virtual consultation platform across Powys Q3			Green		H	H	M	High	

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

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

**Executive Director Sign Off** Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

**Strategic Priority 15: Leadership, Partnership and Alliances**

**Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital**

**Intended Outcome/ Impact**

- Digital First supports leadership and partnership planning and decision making
- Well led Digital Teams providing excellent services and support for staff and patients, to support and improve the delivery of care
- Increased efficiency and optimisation of system use to reduce administrative and repetitive tasks

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Commentary on Progress in this Quarter:

Commentary on red rated actions:

- 15.2) The Cross Border programme delays is escalated monthly at the Executive Committee. PTHB working with DHCW to aim to complete by March 31<sup>st</sup> 2025, with a clear steer from PTHB CEO (Relating to Q2)

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Transition of ICT Service Support; Digital Clinical partnership with Experience Level Agreements (XLA)	15.1) Target Operating Model Implementation Q3	ED AHPHS& D			Blue		H	H	M	High
Continue engagement with NHS England to improve clinical cross border pathways	15.2) Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2		Red	Red		L	L	L	Low	
Scope requirements for Integrated Shared Care Record	15.3) Enable front line staff to access digital clinical information across multiple disciplines Q4					M	M	M	Low	
Provide opportunities to improve Digital literacy across the HB	15.4) Upskill, train and support staff to improve confidence in using digital systems Q4					H	H	H	Low	

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off**

Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

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## Strategic Priority 16: Enabling Efficiency and effectiveness

Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

### Intended Outcome/ Impact

- Improved efficiency and streamlining – to support decision making and delivery of safe and timely care
- Improved staff / user and patient experience; greater engagement and associated improvements in healthcare system utilisation (e.g. Reduced DNAs)
- Centralised maintenance and a reduction in the carbon footprint

Commentary on Progress in this Quarter:

- 16.1) Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording – Progress is slow due to conflicting priorities (Relating to Q2)

Commentary on red rated actions:

- 16.4) The Cross Border programme delays is escalated monthly at the Executive Committee. PTHB working with DHCW to aim to complete by March 31<sup>st</sup> 2025, with a clear steer from PTHB CEO (Relating to Q2)

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Whole system application review to standardise digital system access and improve efficiencies	16.1) Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording Q2	ED AHPHS&D		Amber	Red		M	M	M	Low

Complete ePMA (Electrotonic Prescribing and Medicines Administration) pre-implementation phase	16.2) Completion of a Business case to roll out (inpatient & outpatient) Q2			Blue	Blue			M	M	H	High
Award ePMA contract	16.3) Develop, build, test and implement the ePMA system Q4							M	M	H	Medium
Finalise cross border clinical records sharing project	16.4) Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2			Red	Red			M	M	L	Low
Review replacement of WCCIS	16.5) Implement a replacement community system that supports the delivery and recording of patient care Q4 (NB - Change in Timescale from Q1-Q4)	Amber		Red	Red			H	M	M	Low
Implement print management solution	16.6) Replace and deliver new multi-functional devices across the HB Q1			Blue	Blue	Blue		H	H	H	High
Introduce digital clinical appointment letters	16.7) Adoption across all services using WPAS to digitally engage with patients Q4							M	M	M	Low

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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<b>Executive Director Sign Off</b>	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
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**Strategic Priority 17: Infrastructure and security**

Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

**Intended Outcome/ Impact**

- Improved reliability and supportability of digital infrastructure
- Reduce and where possible remove single points of failure in the digital estate; reduce likelihood of single component outages
- Improved cyber security posture

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Improve network Connectivity and reliability	17.1) Upgraded core infrastructure across all areas in the Health Board Q4	ED AHPHS& D	Amber	Green	Green		M	L	M	Medium
Improve telephony and collaboration tools	17.2) Procure and implement new telephony system Q4		Amber	Green	Blue		M	H	H	Medium
Improve application availability and resiliency	17.3) Implement enterprise level availability technologies to support resilience across the Health Board Q2			Blue	Blue		M	L	H	High
Continue to improve cyber security posture	17.4) Replace and update Firewall authentication technology across the Health Board and migrate applications Q4		Red	Red	Red		M	L	H	Low
Align and upgrade legacy operating systems	17.5) Removal of legacy and unsupported operating systems to support resilience Q3				Green		H	M	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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<b>Executive Director Sign Off</b>	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
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## Strategic Priority 18: Big Data and Artificial Intelligence

**Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital**

### Intended Outcome/ Impact

- Increased access, quality and trust in health and care data available in near real time, promoting complete transparency of data
- Data collected consistently, cutting down manual/paper processes and releasing administration time
- 'Cloud first' approach with robust, advanced and secure reporting solutions; use of Data Platform Machine Learning and predictive modelling

### Commentary on Progress in this Quarter:

- 18.1) Provide the necessary tools to allow staff to access a 'Data Self-Service' to review a single source of data – Platform / tools now created and made available to services finance being the early adopters. Next phase is onboarding of additional services.
- 18.4) Create a Data Catalog that is accessible by the entire Health Board – The catalog has been created but not yet exposed to the wider health board. This will be progressed during 2025/26 through a robust comms plan. (Relating to Q2)
- 18.5) Commence transition from the IFOR Reporting platform to a cloud hosted platform – Migration 90% complete with remaining 10% to be completed during Q4. This will lead to the decommissioning of legacy reporting software.

### Commentary on red rated actions:

- 18.2) Develop and implement a secure & robust Platform Q3 – currently on hold due to other priorities and system replacement within Powys Council Social Care Services (procurement complete and contract awarded) - will need to move to 2025/26
- 18.8) Design and deliver a framework to adopt Machine Learning models Q3 – currently on hold due to other priorities and dependant on recruitment and the admin review priorities

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment  0 = Original

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			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Onboard services to new Business Intelligence platform and adopt single source of truth for data	18.1) Provide the necessary tools to allow staff to access a 'Data Self-Service' to review a single source of data Q3	ED AHPHS&D			Green		M	M	M	High
Creation of a Health & Care Data Platform	18.2) Develop and implement a secure & robust Platform Q3				Red		M	M	M	Low
Modernise data processes	18.3) Plan and deliver a data collection framework Q2			Blue	Blue		M	M	H	High
Introduce a Data Catalog to enable users to discover, understand, and use the data they need to make informed decisions	18.4) Create a Data Catalog that is accessible by the entire Health Board Q2			Amber	Amber		M	M	H	Medium
Migration of legacy reports and data processes from IFOR to the cloud	18.5) Commence transition from the IFOR Reporting platform to a cloud hosted platform Q3, Q4				Green		M	M	H	High
Accelerate use of Robotic Processing Automation	18.6) Plan and deliver a 'RPA Framework' and Operating Model across the HB Q4						H	H	H	Low
Improve the accuracy, completeness, of data quality using advanced technologies and best practices	18.7) Identify required resource and approach to improve Data Quality Q4	ED AHPHS&D					H	H	H	Low
Adopt Machine learning toolkit (predictive analysis on current data sets)	18.8) Design and deliver a framework to adopt Machine Learning models Q3				Red		H	H	M	Low

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	X
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- Develop and implement a secure & robust Platform Q3 – currently on hold due to other priorities and system replacement within Powys Council Social Care Services (procurement complete and contract awarded) - will need to move to 2025/26.

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**Executive Director Sign Off**

Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

## Innovative Environments

### Strategic Priority 19: 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

#### Commentary on Progress in this Quarter:

- 19.2) Hub element as phase 1. Application for funding for fees to progress Strategic Outline Case / Outline Business Case in Autumn 2025 has been submitted to Welsh Government / Integrated and Rebalancing Capital Fund (IRCF).
- 19.2) Llandrindod Wells Rural Regional Centre: £3M funding obtained to undertake part of Phase 2 programme which includes replacement windows, roofs, external access improvements and refurbishment of Westdene accommodation unit. This phase of the work is on track for completion within financial year. Business case for remaining phases will be developed in 2025/26
- 19.3) Discretionary Programme / EFAB: progressing well with largest overall programme of activity for many years but some resource gaps in Capital team.

Commentary on red rated actions: N/A

#### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment					
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3		

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North Powys Wellbeing Programme	19.1) Outline Business Case Development for campus Q2	ADEF&S S		Amber	Amber		L	M	M	Medium
Llandrindod Wells Rural Regional Centre	19.2) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3				Amber		L	M	H	Medium
Discretionary Capital Programme including Estates Funding Advisory Board (EFAB), etc.	19.3) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Amber	Green	Green		H	M	M	Medium
	19.4) EFAB Brecon Fire Q4	ADEF&S S					H	H	H	Medium
	19.5) EFAB Machynlleth Fire Q4						H	H	H	High
	19.6) Building Management Systems Ystradgynlais Q4						H	H	H	High
	19.7) Waste Compounds pan-Powys Q4						H	H	H	High
19.8) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q2				Green	Blue		H	M	H	High

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

<b>Change in Scope</b>	X	<b>Change in Timescale</b>	X
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Change in Scope and Timescale

- 19.1) North Powys: scope now changed to phased approach with submission of SOC/OBC for Integrated Hub / Front Door element only in Q3 2025/26
- 19.2) Llandrindod: Welsh Government Capital Prioritisation Process has put business case submissions on hold. Progression in year of £3M element of larger Phase 2 programme.

**Executive Director Sign Off** Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

**Strategic Priority 20: Estates Strategy**

**Executive Lead** - Associate Director of Estates, Facilities and Support Services

## Intended Outcome/ Impact

- Structured plan for future estate development / health and care needs

Commentary on Progress in this Quarter:

- 20.1) Estates Strategy has been progressed in terms of 'where are we now' and 'how do we get there' but key 'where do we want to be' element is dictated by Service Strategy which is being driven by Better Together / Routemap to Sustainability work which is ongoing and an organisation priority.

Commentary on red rated actions: N/A

## Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Draft Estates Strategy	20.1) Estates Strategy; initial draft for review Q1	ADEF&SS	Amber	Amber	Amber		M	M	M	Medium

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

Change in Scope  Change in Timescale

### Change in Scope and Timescale

- 20.1) Estates Strategy has interdependency on the Better Together activity which will define 'where do we want to be' in terms of the Service Strategy – the Estates Strategy will respond to this and enable change. Timeline currently uncertain.

**Executive Director Sign Off** Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

## Strategic Priority 21: Environmental Management and Decarbonisation

**Executive Lead - Associate Director of Estates, Facilities and Support Services**

**Intended Outcome/ Impact**

- Reduction in Carbon emissions and ambition for public sector Net Zero by 2030
- Enhancement and protection of biodiversity and development of community group activity
- Improved energy efficiency and carbon reduction

Commentary on Progress in this Quarter:

- 21.1) Good progress in all elements - some concern around progress reporting against Decarbonisation targets as the baseline data provided by NWSSP- Procurement has been independently reassessed.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Decarbonisation	21.1) Decarbonisation Strategic Delivery Plan – actions as set out for 2024/2025 Q1-Q4	ADEF&SS	Green	Green	Green		H	H	H	High
Biodiversity	21.2) Enhancement and protection of biodiversity including community group engagement Q1-Q4		Green	Green	Green		H	H	H	High
Energy efficiency	21.3) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q4						M	M	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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<b>Executive Director Sign Off</b>	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)
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**Strategic Priority 22: Property**

**Executive Lead - Associate Director of Estates, Facilities and Support Services**

**Intended Outcome/ Impact**

- Integrated Working in agile environments to maximise space efficiency

Commentary on Progress in this Quarter:

- 22.1) Spa Road occupation has progressed, enabling release of leased premises. Some challenges with staff adoption of agile working principles. Local Authority have confirmed intent to occupy part of building for collaborative working / Integrated Hub – this will allow plans for building configuration to be finalised – this will require bid to IRCF for space reconfiguration.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Integrated Hubs / Agile Working	22.1) Develop Spa Road, Llandrindod Wells as Integrated Hub Q3	ADEF&SS			Amber		H	M	M	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

## Transforming in Partnership

### Strategic Priority 23: Key Strategic Partnerships

Executive Leads - Executive Director of Public Health / Director of Corporate Governance / Board Secretary / Executive Director of Planning, Performance and Commissioning

#### Intended Outcome/ Impact

- Whole system approach to health and wellbeing to leverage benefit of collaborative working for population of Powys (and wider region as appropriate)
- Whole system value and effectiveness – best use of public purse for population
- Effective partnership governance and oversight

Commentary on Progress in this Quarter:

Commentary on red rated actions:

- 23.1) Framework to be developed, agreed and operationalised Q3 – Timescale change to Q4

#### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
0 = Original										

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PTHB Partnership Assurance and Governance Framework to be developed	23.1) Framework to be developed, agreed and operationalised Q3	DCG/ ED PP&C			Red		M	M	L	Low
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**Formal change request (Please tick as applicable and provide explanation below)**

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	X
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Change in Timescale  
 23.1) Framework to be developed, agreed and operationalised Q3 – Timescale change to Q4

<b>Executive Director Sign Off</b>	Mererid Bowley (Executive Director of Public Health) Helen Bushell (Director of Corporate Governance / Board Secretary) Nicola Johnson (Executive Director of Planning, Performance and Commissioning)
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**Strategic Priority 24: Commissioning, Performance, Planning**

**Executive Lead - Executive Director of Planning, Performance and Commissioning**

**Intended Outcome/ Impact**

- Integrated commissioning, performance and planning delivering 'A Healthy Caring Powys' and the PTHB Integrated Plan
- Effective mechanisms in place for strategic planning, commissioning assurance and performance management
- Supporting value, effectiveness, efficiency, quality and resilience of provider and commissioned services for Powys residents

Commentary on Progress in this Quarter:

- 24.3) Portfolio of commissioning and performance activity as noted - at risk in terms of NHSW providers not delivering required RTT and cancer performance; and due to financial pressures mainly in NHSE providers and Specialised Services.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

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Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of Annual Strategic Planning Cycle	24.1) Quarterly Reporting cycle (progress against plan and strategic change) Q1-Q3	ED PP&C	Green	Green	Green		H	H	H	High
	24.2) Annual Plan Review & Development Q3-Q4				Green		H	H	H	High
Delivery of Immediate / Short / Medium and Long Term Commissioning and Performance Work Programme	24.3) Portfolio of commissioning and performance activity as noted Q1-Q4		Green	Green	Amber		H	H	H	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A							
<b>Executive Director Sign Off</b> Nicola Johnson (Executive Director of Planning, Performance and Commissioning)										

## Strategic Priority 25: Governance

Executive Lead - Director of Corporate Governance / Board Secretary

### Intended Outcome/ Impact

- 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

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Board Assurance Framework	25.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting Q1	DCG	Green	Green	Amber		H	H	M	Medium
Board and Committee work plans aligned to the plans Board Assurance Framework and Corporate Risk Register	25.2) Board and Committee work plans are agreed, delivered and evaluated. Q1-Q4		Green	Green	Green		H	H	H	High
Board Development programme that underpins the High Performing Board programme	25.3) Board development programme x6 sessions; board briefings x12 sessions Q1-Q4		Green	Green	Green		H	H	H	High
Review Boards Risk Management Framework further embedding effective risk management	25.4) Risk management framework reviewed and fully implemented Q4	DCG					H	H	L	Medium
Corporate business systems maximising efficiency and effectiveness	25.5) Corporate business systems clearly defined and in place Q1		Green	Green	Green		H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Helen Bushell (Director of Corporate Governance / Board Secretary)

## Strategic Priority 26: Effective systems and delivery of engagement and communication

Executive Lead - Director of Corporate Governance / Board Secretary

### Intended Outcome/ Impact

- Clear and effective communication and engagement between the health board and the population it serves
- Communication activity supports strategic priorities and focuses on the management of principal risks
- Increased coherency across partners with a shared approach to public voice and insight to drive positive change

### Commentary on Progress in this Quarter

- Key actions are on schedule at end Q3, with a year-end delivery confidence remaining high. However, it is recognised that there will need to be continued review and reprioritisation particularly to reflect emerging requirements relating to the development of the future shape of safe and sustainable health services.
- The challenging financial situation for the NHS, and locally for PTHB, has required a renewed focus on raising awareness of potential areas of cost improvement and supporting action across the health board to live within our means. This includes support for the development of a number of potential actions early in Q4 to improve the in-year financial position.
- A key focus for the engagement and communication team during Q3 has been the conclusion of engagement analysis following a period of engagement on a number of proposals for temporary changes to health services to ensure quality, financial sustainability and value. Recommendations on the next steps were presented for consideration by a meeting in public of the Board early in Q3, and following the decision to proceed the focus moved to implementation actions including continued awareness of the temporary changes and promotional materials.
- Continued progress is also being made through the Powys Engagement and Insight Network (a joint sub-group of the Public Services Board and Regional Partnership Board) to develop a shared approach to co-production for Powys. During Q3, a new Insight Report has been established, bringing together insights from engagement activity by RPB and PSB partners to support organisational and partnership development and decision-making.
- Promotion of flu and COVID vaccination has been a key focus during Q3, alongside wider winter awareness and readiness. A number of adverse weather events including Storm Bert and Storm Darragh have also required significant reactive comms support to reduce risk and impact for the organisation and for communities
- Looking ahead to the medium-to-long term sustainability of health and care services, with governance arrangements for the next phase of Better Together becoming established, a key area of work has been preparedness for engagement activity anticipated from Q4 and focus will be needed on ensuring effective, appropriate and compliant engagement and communication within available resources.

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Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of a programme of marketing and communication	26.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offer the most strategic benefit and management of principal risks Q1-Q4	DCG	Green	Green	Green		H	H	H	High
Design and delivery of a programme of continuous and targeted engagement	26.2) Design and deliver compliant programmes of engagement and/or consultation reflecting the requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioning changes) and national programmes (e.g. all-Wales and specialised services). Q1-Q4		Amber	Green	Green		H	H	H	High
Delivery of shared PSB/RPB Engagement and Participation Plan priorities	26.3) Design and deliver a shared approach to coproduction across public sector partners in the Regional Partnership Board and Public Services Board Q1-Q4		Green	Green	Green		H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Helen Bushell (Director of Corporate Governance / Board Secretary)

**Strategic Priority 27: Quality and Safety**

**Executive Lead - Executive Director of Nursing, Quality, Women and Family Health**

**Intended Outcome/ Impact**

- Delivery of Quality care that meets the needs of the Powys population
- A mature and effective approach to quality embedded throughout the organisation

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Year 2 Maturity Plan (building on Year 1 of Duty of Quality and Candour Implementation Plan)	27.1) Duty of Quality and Candour Maturity Plan Q1-Q4	ED NQW&FH	Green	Green	Green		H	H	H	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
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**Executive Director Sign Off** Claire Roche (Executive Director of Nursing, Quality, Women and Family Health)

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Bwrdd Iechyd  
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Powys Teaching  
Health Board

**Agenda item: 4.4**

**BOARD** **26 March 2025**

<b>Subject:</b>	<b>Assurance Report for Temporary Service Changes to Minor Injury Units and Colocation Units (Ready To Go Home &amp; Rehabilitation)</b>
<b>Approved and presented by:</b>	Executive Medical Director
<b>Prepared by:</b>	Assistant Director Innovation & Improvement
<b>Other Committees and meetings considered at:</b>	Executive Committee - 19 March 2025 who supported the paper to the Board.

**PURPOSE:**  
This paper provides assurance in relation to the evaluation and monitoring of the temporary service changes and updates against the Mitigation plan for Temporary Service Changes as agreed at Board on 10 October 2024.

**RECOMMENDATION(S):**  
The Board is asked:

- To **RECEIVE** the update on progress to date including the evaluation and monitoring plan
- Take **ASSURANCE** in relation to the mitigation plan

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>		
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	

Prepared by: Liz  
 21/03/2025 15:58:39

## EXECUTIVE SUMMARY:

To receive an assurance update on the progress of the Temporary Service Changes approved by the Board on 10 October 2024, including the Evaluation and Mitigation plans. The approved Temporary Service Changes are as follows:

- Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm.
- The implementation of "Ready To Go Home" units in Llanidloes and Bronllys with a strengthened role for Brecon and Newtown to provide community inpatient rehabilitation.

## EVALUATION MONITORING AND MITIGATION PLAN DELIVERY:

### 1.1 Background

At a meeting of the Board on 24 July 2024, the Health Board considered the significant challenges to the quality and sustainability of health services in Powys, and specifically to a number of operational proposals for improving quality and value on a temporary basis.

On 10 October 2024 the Board approved:

- The implementation of temporary changes to Minor Injury Unit (MIU) Services in Brecon and Llandrindod Wells to open from 8am to 8pm for a six-month period
- The implementation of temporary changes to the community hospital model with Llanidloes and Bronllys as "Ready To Go Home" units and with a strengthened role for Brecon and Newtown to provide community inpatient rehabilitation for a six-month period.

This is the second assurance update report to be presented.

### 1.2 Operational status

MIU changes went live on 18 November 2024

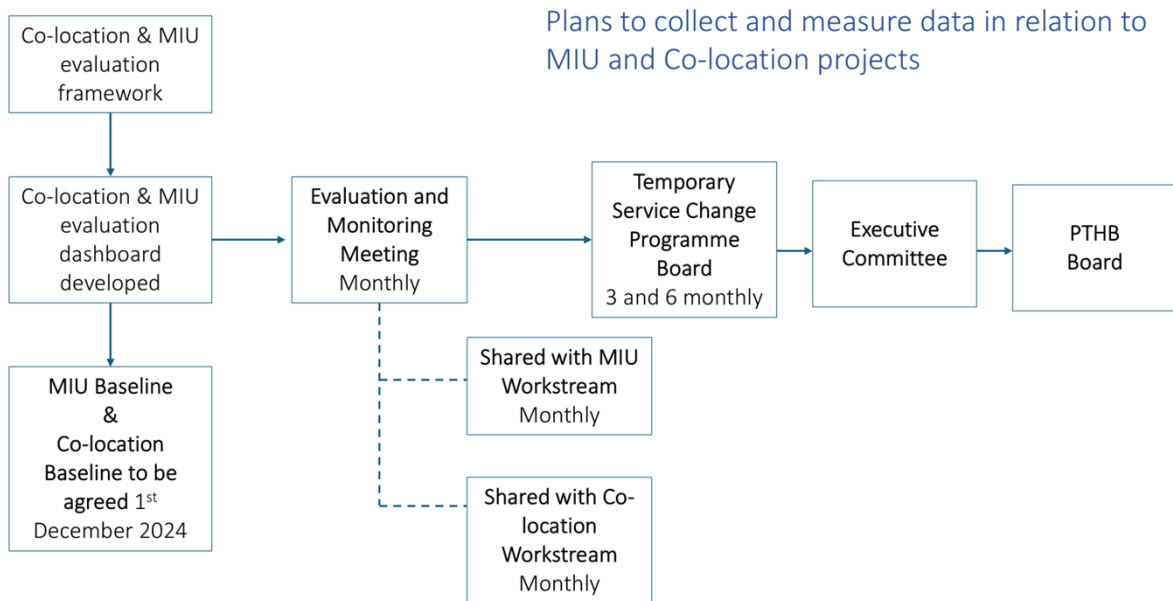
Ready to Go units went live on 2 December 2024

### 1.3 Monitoring against the Evaluation Frameworks

A **Temporary Service Change Evaluation & Monitoring Group** has been established overseen by the Research, Innovation & Improvement Team. This group is responsible for the active monitoring against the agreed measures, with evaluation and monitoring reported at least monthly through the Strategic Change Programme Board (SCPB). The SCPB transitioned to the Temporary

Service Change Programme Board in January in line with revised governance following the establishment of the Better Together Portfolio Board.

The Evaluation and Monitoring group will ensure that benefits are captured and that any adverse impacts are identified. It will ensure that triggers to consider stop/pause of temporary changes are identified and reported promptly.



In addition to the agreed Monitoring and Evaluation Framework measures, arrangements are in place to collect the following at the 3-month and 6-month points to contribute to mid-point and summative review:

- Primary Care, Third Sector and Social Care feedback on the model
- PTHB Staff Experience of those directly impacted by the changes
- Service User/patient stories

The 3-month feedback has been collected and is currently being analysed to identify the key themes.

All expected Monitoring and Evaluation activity has taken place as set out in the agreed Monitoring and Evaluation Frameworks.

### 1.4 Progress on Development and Delivery of the Mitigation Plan

In preparation for the Board consideration on 10 October 2024, an integrated impact assessment was undertaken. This summarises the detailed consideration that has taken place of the potential impact of these proposals across a range of

quality, equality and wider strategic factors. The summative quality assessment that was undertaken in preparedness for the approval of the temporary service changes is that these changes will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation.

As part of the identification of the potential impacts of the two temporary service changes proportionate mitigations were described in the paper to Board on 10 October 2024. A Mitigation Plan has been developed and progress against these will be monitored and reported.

The attached Mitigation Plan Tracking documents which can be found at **Appendix 1** provides a summary of the current position and next steps.

To note, all mitigations are on track.

### 1.5 Reporting Timeline

Evaluation and Monitoring will be reported through the Temporary Change Programme Board and updates to Board as set out below. In the absence of any trigger to make changes to the models, detail will be reported to board at the end of the process.

Timeline in summary:

Report 1 - Board Update Report including: Assurance on change implementation and progress Reporting and evaluation timeline and process	29 January 2025
Report 2 - Board Assurance Report Submission of information from workstream leads; updates against mitigation together with any significant positive or adverse issues to highlight, any additional risks identified and anything to specifically highlight on comms, stakeholder engagement/management.	26 March 2025
Report 3 - Board Assurance Report	21 May 2025
Report 4 – 6 Month Evaluation Report with considerations for next steps	30 July 2025

### 1.6 Steps to be taken at the end of the 6-month temporary period

- The Temporary Service Changes will be monitored monthly through the Evaluation and Monitoring Group.
- During June 2025 there will be a full evaluation of both changes against the evaluation framework utilising the qualitative and quantitative information gathered during the 6-month period.

- The workstream leads will assess the changes against agreed decision-making criteria. These are based on the evaluation framework, benefits and mitigation agreed by Board in October 2024.
- Recommendations based on the evaluation will be considered by Strategic Change Programme Board and Executive Committee before being presented to Board on 30 July 2025

Decision making criteria have been agreed with each workstream based on the benefits and mitigation set out in the Board paper in October 2024. These will be used, together with the full evaluation of the temporary service changes, to make recommendations to the Board in July 2025.

### **1.7 Any significant positive or adverse issues to highlight**

Nothing to report.

### **1.8 Any additional risks identified**

Nothing to report.

### **1.9 Anything to specifically highlight on comms, stakeholder engagement /management**

Useful feedback has been received from primary care colleagues related to communication around the admission processes. This is helping to refine the models.

### **NEXT STEPS:**

Evaluation and monitoring will continue as outlined in the plan. Approval is sought for onward presentation of this report to Board on 26 March 2025

A further assurance update will be presented to Board 21 May 2025.

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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			
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			

Review and approval of this paper does not impact on quality standards as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for the Temporary Service Changes agreed on 14th October 2024.

### 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			

Review and approval of this paper does not impact on equality protected characteristics or Welsh Language as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for the Temporary Service Changes agreed on 14th October 2024.

### RISK ASSESSMENT:

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

Review and approval of this paper does not have further risk impact beyond the key impacts identified in the paper to the Board on 14th October 2024.

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**Appendix 2:**



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Powys Teaching  
Health Board

# Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm Mitigation Plan Tracking

Updated based on discussion and review at:

MIU Temporary Service Change Workstream	17 <sup>th</sup> February 2025
Temporary Service Change Programme Board	18 <sup>th</sup> February 2025
Executive Committee	12 <sup>th</sup> March 2025
Presented to PTHB Board	26 <sup>th</sup> March 2025

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Action	Responsibility	Timeline	Updates with date
A marketing campaign would raise awareness of the revised opening hours if approved (Health Board already requires regular cascade to promote short notice changes to opening hours).	Deputy Director Coms & Engagement	By December 2024 and ongoing	Publicity campaign in place via digital channels with regular updates.
The marketing campaign would include awareness of alternatives to MIU including more detailed information about which facility to access for given conditions and clinical advice from 111.	Deputy Director Coms & Engagement	By December 2024 and ongoing	Publicity campaign in place via digital channels with regular updates.
Relevant directories of service including NHS 111 Wales Online directory would be updated to provide consistent information regarding the current service offer.	Assistant Director CSG		Complete  A process for this is already in place. WAST updated with any service changes.
There would be continued promotion of Phone First for all MIU attendances (this will help MIU attenders know whether MIU is open or closed, and signpost to alternatives).	Deputy Director Coms & Engagement	By December 2024 and ongoing	Publicity campaign in place via digital channels with regular updates.
There would be new visible signage at hospital entrances to signpost to alternative services.	Deputy Director Coms & Engagement	December 2024	Complete
The need for the Health Board to issue frequent messaging to raise awareness of short notice changes to MIU	Deputy Director Coms & Engagement	By December 2024 and ongoing	Weekly social media posts advertising opening hours remain in place as part of publicity campaign above, but there has been no requirement to raise awareness of short notice closures

overnight opening times would significantly reduce, also reducing confusion and uncertainty for patients.			since the temporary changes were introduced.
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Complete	
On Track	
Delayed, plan in place to recover	
Off Track	

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# Co-location Mitigation Plan Tracking

Updated based on discussion and review at:

Co-location Temporary Service Change Workstream	17th February 2025
Temporary Service Change Programme Board	18th February 2025
Executive Committee	12th March 2025
Presented to PTHB Board	26th March 2025

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## The implementation of temporary changes to community hospital model with Llanidloes and Bronllys as “Ready To Go Home” units and Brecon and Newtown as Rehabilitation Units

Action	Responsibility	Timeline	Updates with date
Model supports strategic ambition in Health & Care Strategy and Integrated Plan	Assistant Director CSG		Complete That the change was in line with strategic aims was part of the assessment for ‘go live’
Model supports delivery of NHS Wales Rehabilitation Framework	Assistant Director CSG	Ongoing	Rehabilitation outcomes will be collected as part of the evaluation.
Expand information and signposting for all Units including travel information and wider social support	Assistant Director CSG	By December 2024 and ongoing	Included in comms documentations – leaflets, patient information etc.
Risk of adverse impact for some patients from isolation	Assistant Director CSG	March 24	Availability of tablet for virtual communication between family and patient Focus on prevention of deconditioning and activity to provide stimulation Explore expansion of activity availability on unit to support ward team
Risk of adverse impact for some families & unpaid/informal carers for travel costs	Assistant Director CSG  Comms team		Flexible visiting times will be maintained and strengthened  Placement in nearest RTGHU to usual place of residence  Promotion of benefits for RTGHU including reduction of deconditioning leading to lower levels of long-term need and potential reduction in Length of stay Engagement with PCC for continued focus on public transport routes between market towns.

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			Development of leaflet and posters for public education
Risk to some Welsh speaking patients placed in locations with reduced local uptake of Welsh language		COMPLETE	Existing policies in place to ensure Welsh Language compliance Availability of translation services
SOPs will clarify criteria-led admission	Assistant Director CSG	By December 2024	Complete and signed off.
Explainer leaflet for patients and families using RTGH and Rehabilitation Unit	Deputy Director Engagement and Workstream / Lead Nurse	By December 2024	Complete Leaflets in place. Printed copies are available on the wards and digital copies available from the PTHB website
Raise public awareness of role of the RTGH and rehabilitation units	Deputy Director Engagement and Communication	December 2024	Dedicated leaflets created for RTGH and rehabilitation units: Dedicated web content to provide information about temporary model Video explainer from Nurse Director Direct mail to stakeholders. Posters up on walls in the appropriate areas.  Information about RTGH Units including patient leaflet: <a href="#">Ready To Go Home Units - Powys Teaching Health Board</a>  Information about Rehabilitation Units including patient leaflet: <a href="#">Inpatient Rehabilitation Units - Powys Teaching Health Board</a>
No reduction in bed numbers (155) – need to confirm to give assurance	Assistant Director CSG	By December 2024 and ongoing	No change - December 2024
No change to medical cover	Assistant Director CSG	December 2024 and ongoing	No change - December 2024

Complete	Blue
On Track	Green
Delayed, plan in place to recover	Yellow
Off Track	Red

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**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.5**

<b>BOARD</b>		<b>26 March 2025</b>
<b>Subject:</b>	<b>CORPORATE RISK REGISTER</b>	
<b>Approved and presented by:</b>	Helen Bushell, Director of Corporate Governance / Board Secretary	
<b>Prepared by:</b>	Governance and Risk Assurance Officer	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> <li>• Risk and Assurance Group (RAG) 4 March 2025</li> <li>• Executive Committee – 19 March 2025, who supported the report to the Board.</li> </ul>	
<b>PURPOSE:</b>		
Provide the Board with the <b>March 2025</b> version of the Corporate Risk Register for discussion, prior to presentation to the Board for ratification.		
<b>RECOMMENDATION:</b>		
The Board is asked to:		
<ul style="list-style-type: none"> <li>• <b>REVIEW</b> the <b>March 2025</b> Corporate Risk Register update, included at <b>Appendix 1</b> (noting details of Risks 008/011 and 012 are provided in Board In-Committee papers item 7.5), ensuring that it is a complete and a true reflection of the health board’s current high-level risks</li> <li>• <b>TAKE ASSURANCE</b> on the controls and assurances to manage strategic risks and there are actions to address any identified gaps</li> <li>• <b>NOTE</b> that work is underway to develop the 2025/26 Strategic Risk Register in accordance with the revised Risk Management Framework and Integrated Plan subject to Board approval (subject to a separate paper) by the Board on 26 March 2025.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

<b>ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing	Y	The Corporate Risk Register covers all of the strategic objectives and risks could impact on more than one objective.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

## EXECUTIVE SUMMARY:

The Corporate Risk Register (CRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of PTHB's strategic objectives.

There are 12 risks on the register. Following review and consideration by the Risk and Assurance Group, the following changes were proposed:

- CRR001 (Financial Forecast) – Risk score decreases from 20 (L5 x I4) to (L3 x I4) 12, due to the expectation that the Health Board will now achieve its planned deficit.
- CRR007 (Primary Care) - Risk score increases from 16 (L4 x I4) to (L4 x I5) 20, due to Termination of Shropdoc OOH contract 31/03/25 ; Practice Sustainability applications for support being prepared for Llanfyllin, Knighton and Presteigne practice; Dental access in mid cluster affected currently (Llandrindod Wells & Knighton) and Ortho waiting list

There have been no other changes suggested to risk descriptions or scores to those risks reported in the Corporate Risk Register on the 29 January 2025 to the Board.

**Appendix 1** (Corporate Risk Dashboard) shows a summary of the risks and the heatmap of risk ratings.

**Appendix 2** provides the detail of risks to be considered by the Executive Committee.

Development of the strategic risks aligned to the Integrated Plan 2025/26 will be undertaken in the coming weeks in partnership with Executive Directors, with a view to reporting a developed SRR to the Board in May 2025.

## BACKGROUND AND ASSESSMENT:

Following structured assessment feedback in 2022 and 2023 and a commitment within the Integrated Plan, the Board approved the Board Assurance Framework (BAF) in May 2024. Alongside the BAF, work has taken place to develop a new Corporate Risk Register (CRR), which is a significant component of the BAF. The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area (e.g. directorate), and risks for which the cost of control is significantly beyond the scope of the local budget holder.

Risk owners submit updated risk information to the Risk and Assurance Group (RAG) for review, check and challenge. The RAG then makes recommendations to the Executive Committee on amendments to risk scores or assurance ratings. The RAG can also escalate risks from Directorate Risk Registers to the Executive Committee, which is ultimately responsible for recommending the inclusion of risks in the CRR for Board approval.

The CRR will continue to develop alongside the BAF to provide summary and detailed information on risks faced by PTHB and the actions being taken, managed and where possible, mitigation of these.

A summary including information regarding movement of the various risks will be included in the Board Assurance Framework.

The Boards risk appetite has been embedded into the CRR and work is underway to review and moderate the assurance ratings of controls to agree a consistent approach to assessing this which removes a degree of subjectivity from risk owners. The RAG will play an instrumental role in helping to achieve this.

### **Changes since the last report to the Board in January 2025:**

- **Proposed decrease of CRR001 (Financial Forecast) from (L5 x I4) 20 to (L3 x I4) 12** – this is on the basis the risk is focussed on in-year forecast, risk CRR002 addresses longer term finance.
- **Proposed increase of CRR007 (Primary Care) from (L4 x I4) 16 to (L5 x I4) 20**
- Action plans have been updated to ensure currency and accurately
- Assurance levels continue to be updated and matured

### **Committee review of Corporate Risk Registers**

Since the last Board meeting in September, all Board Committees have met and considered the risks assigned to the remit of each Committee. Each Committee is asked to:

- RECEIVE and DISCUSS the corporate risks within the Committee's remit and any relevant issues
- TAKE ASSURANCE that risks are being managed in line with the Risk Management Framework.

Under the revised Risk Management Framework due to be presented to the Board for approval on 26 March 2025 strategic risks will be recorded in the Board's Strategic Risk Register (SRR). The SRR will provide an organisation-wide summary of significant risks that have the potential to hinder achievement of one or more of the Health Board's strategic objectives or to its continued existence and will use the same template as the current CRR.

The Executive Committee will be responsible for recommending risks for escalation to / de-escalation from the SRR for approval by the Board. Development of the strategic risks aligned to the Integrated Plan 2025/26 will be undertaken in the coming weeks in partnership with Executive Directors, with a view to reporting a developed SRR to the Board in May 2025. It is anticipated that a report confirming the closure of the CRR, and the actions undertaken to reallocate the associated corporate risks will also be reported to the May Board.

**NEXT STEPS:**

Executive Committee will continue to seek assurance on the ongoing development and management of all corporate/strategic risks. Responsibility is allocated, as per Committee terms of reference against the current risk register as follows:

<b>Committee</b>	<b>Risk Number and Summary</b>
Delivery and Performance	<ul style="list-style-type: none"> <li>• CRR001 (Financial forecast)</li> <li>• CRR002 (Financial resources)</li> <li>• CRR003 (Resource allocation)</li> <li>• CRR008 (Cyber-attack)</li> <li>• CRR009 (Estates)</li> </ul>
Executive	<ul style="list-style-type: none"> <li>• CRR011 (Power outage)</li> <li>• CRR012 (National Digital Programmes)</li> </ul>
Patient Experience, Quality and Safety	<ul style="list-style-type: none"> <li>• CRR004 (Demand - provider)</li> <li>• CRR005 (Demand - commissioner)</li> </ul>
Planning, Partnerships and Population Health	<ul style="list-style-type: none"> <li>• CRR007 (Primary Care)</li> <li>• CRR010 (Public Health Emergency)</li> </ul>
Workforce and Culture	<ul style="list-style-type: none"> <li>• CRR006 (Workforce)</li> </ul>

Development of the strategic risks aligned to the Integrated Plan 2025/26 will be undertaken in the coming weeks in partnership with Executive Directors, with a view to reporting a developed SRR to the Board in May 2025.

It is anticipated that a report confirming the closure of the CRR, and the actions undertaken to reallocate the associated corporate risks will also be reported to the May Board.

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## Appendix 1

### CORPORATE RISK DASHBOARD (MARCH 2025)

Risk Lead	Risk ID	Main Risk Category	Risk Description - There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target Y/N	Lead Board Committee
ED FC&SS	CRR 001	Financial Sustainability	The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)	3 x 4 = 12	Open	4	No	Delivery and Performance
ED FC&SS	CRR 002	Financial Sustainability	The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.	4 x 5 = 20	Open	8	No	Delivery and Performance
ED P&C	CRR 003	Financial Sustainability	The Health Board fails to adequately allocate resources and execute actions to deliver transformation, relevant reconfiguration and longer-term service sustainability, leading to improved health outcomes / experience and reduce for citizens of Powys.	4 x 4 = 16	Open	8	No	Delivery and Performance
ED PCC&MH	CRR 004	Quality	Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys.	4 x 4 = 16	Cautious	12	No	Patient Experience, Quality and Safety
ED PP&C	CRR 005	Quality	Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys.	5 x 4 = 20	Cautious	12	No	Patient Experience, Quality and Safety

## Appendix 1

Risk Lead	Risk ID	Main Risk Category	Risk Description - There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target Y/N	Lead Board Committee
			Commissioned services may include urgent and emergency health and social care system.					
ED P&C	CRR 006	Quality	Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	4 x 4 = 16	Cautious	8	No	Workforce and Culture
ED FC&SS	CRR 007	Safety	Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	4 x 5 = 20	Cautious	8	No	Planning, Partnerships and Population Health
ED AHPHS&D	CRR 008	Performance and service sustainability	A cyber-attack results in significant disruption to services and quality of patient care.	5 x 4 = 20	Cautious	12	No	Delivery and Performance
ED FC&SS	CRR 009	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	4 x 4 = 16	Minimal	9	No	Delivery and Performance
ED PH	CRR 010	Performance and Service Sustainability	A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	4 x 4 = 16	Cautious	TBC	No	Planning, Partnerships and Population Health
ED PH	CRR 011	Performance and service sustainability	A national power outage results in significant disruption to services and the quality of patient care	4 x 5 = 20	Cautious	12	No	Executive

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**Appendix 1**

Risk Lead	Risk ID	Main Risk Category	Risk Description - There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target Y/N	Lead Board Committee
ED AHPHS&D	CRR 012	Digital and Transformation	National Digital Programmes do not always meet Powys requirements	4 x 4 = 16	Open	4	No	Delivery and Performance

**CORPORATE RISK HEAT MAP: March 2025**

**There is a risk that...**

<b>In-Committee Risks (Private)</b>		<p>CRR 008 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20)</p> <p>CRR 011 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)</p> <p>CRR 012 - National Digital Programmes do not always meet Powys requirements (Risk Score L4 X I4 = 16)</p>						
<b>Impact</b>	<b>Catastrophic</b>	<b>5</b>				<ul style="list-style-type: none"> <li>CRR011 (Power outage)</li> <li>CRR002 (Financial resources)</li> </ul>		
	<b>Major</b>	<b>4</b>			<ul style="list-style-type: none"> <li>CRR001 (Financial forecast)</li> </ul>	<ul style="list-style-type: none"> <li>CRR003 (Resource allocation)</li> <li>CRR004 (Demand - provider)</li> <li>CRR006 (Workforce)</li> <li>CRR009 (Estates)</li> <li>CRR010 (Public Health Emergency)</li> <li>CRR012 (National Digital Programmes)</li> </ul>	<ul style="list-style-type: none"> <li>CRR005 (Demand - commissioner)</li> <li>CRR008 (Cyber-attack)</li> <li>CRR007 (Primary Care)</li> </ul>	
	<b>Moderate</b>	<b>3</b>						
	<b>Minor</b>	<b>2</b>						
	<b>Negligible</b>	<b>1</b>						
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
			<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Almost Certain</b>	
			<b>Likelihood</b>					

# Appendix 1

## KEY

### Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

### Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain 5	1	2	3	4	5
Likely 4	5	10	15	20	25
Possible 3	4	8	12	16	20
Unlikely 2	3	6	9	12	15
Rare 1	2	4	6	8	10
	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
ED FC&SS	Executive Director of Finance, Capital and Support Services
ED PCC&MH	Executive Director of Primary Care, Community and Mental Health
ED NQE&FH	Executive Director of Nursing, Quality, Women and Family Health
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED PP&C	Executive Director of Planning, Performance and Commissioning
DCG	Director of Corporate Governance

<b>CRR 001</b>		<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services																			
<b>Risk that:</b> The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)		<b>Assuring Committee:</b> Delivery and Performance Committee																			
<b>Risk Impacts on:</b> Organisational Priorities underpinning all objectives		<b>Date last reviewed:</b> March 2025																			
<b>Risk Category:</b> Financial and Sustainability		<b>Boards Risk Appetite:</b> Open																			
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 4 = 16 <b>Current: 3 x 4 = 12</b> Target: 2 x 4 = 8		<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>Following £7.2m additional funding for 2024/25 the Plan is £15.8m deficit. It includes an ambitious recurrent £9.9m savings target.</li> <li>At Month 10, savings target forecast to be achieved and following £6.4m additional support, forecast to achieve the financial plan.</li> <li>The THB forecasts that it can manage its capital expenditure within the capital allocation.</li> </ul>																			
<b>Date added to the risk register.</b> June 2024		<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>March</td> <td>8</td> <td>12</td> </tr> </tbody> </table>		Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	20	Feb 25	8	20	March	8	12
Month	Target Score	Risk Score																			
July 24	8	16																			
Nov 24	8	16																			
Jan 25	8	20																			
Feb 25	8	20																			
March	8	12																			
<b>Source of risk:</b> Financial Plan																					
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>																		
			<b>Highest Assurance provided to:</b>																		
7.1	Clear Financial Plan approved by Board of £22.948m, revised to £15.770m after £7.2m additional funding.	Plan approved by Board	Substantial Board																		
7.2	Additional control – CEx and DoF meeting regularly with Executive Directors individually only focussed on Financial performance.	Feedback to Executive Committee	Reasonable Board																		

7.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
7.4	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive and D&P Committee	Reasonable	Board
7.5	Regular communication and reporting to Welsh Government and NHS Executive (Financial Planning and Delivery Directorate) regarding the impact of pressures and impact on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.	DFC&SS	Review taking place with any identified capacity issues to be identified with prioritisation completed to stop actions where needed or additional resource case completed.	31/07/24	Completed
		Post of assistant FBP recruited to.	31/10/24	
		Paper being prepared for Executive consideration given escalation to TI	31/03/2025	Completed

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Revisit the assessment of cost pressures in the Financial Plan for 2024/25.	DFC&SS	Under constant review to ensure latest forecast is as accurate as possible with action taken to offset pressures where possible.	31/12/24	Completed
Consider whether saving schemes can achieve more in 2024/25.	DFC&SS	Under constant review and all areas encouraged to develop a pipeline of ideas re improved efficiency. Note Bright Ideas, Opportunities Group and Sustainability Group.	31/12/24	Completed
Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.	DFC&SS/DWOD	Under constant review – Sustainability Group, Value Based Healthcare approach and action as per Route Map to Sustainability (Better Together, ASM).	Ongoing	Ongoing
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>3 x 4 = 12</b>		Decreased from a score of 20 to a score of 12 due to the improved confidence in forecast to meet our in year planned deficit .		

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<b>CRR 002</b>		<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services	
<b>Risk that:</b> The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.		<b>Assuring Committee:</b> Delivery and Performance Committee	
<b>Risk Impacts on:</b> Organisational Priorities underpinning all objectives		<b>Date last reviewed:</b> March 2025	
<b>Risk Category:</b> Financial and Sustainability		<b>Boards Risk Appetite:</b> Open	
<p><b>Risk Rating</b> (likelihood x impact):</p> <p>Inherent: 4 x 5 = 20</p> <p><b>Current: 4 x 5 = 20</b></p> <p>Target: 2 x 4 = 8</p> <p><b>Date added to the risk register.</b> June 2024</p> <p><b>Source of risk:</b> Financial Plan</p>		<p><b>Rationale for current score:</b></p> <ul style="list-style-type: none"> <li>Following receipt of additional funding of £7.2m the 2024/25 plan has reduced from a £22.948m deficit to a £15.770m deficit.</li> <li>The Plan includes an ambitious recurrent £9.9m savings target. This is not currently being fully achieved on a recurrent basis.</li> <li>The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as £30.6m.</li> <li>The scale of this deficit against annual expenditure of circa £460m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.</li> </ul>	
<p><b>Controls (What are we currently doing about the risk?)</b></p>		<p><b>Sources of Assurance</b></p>	
<p>7.1 Clear Financial Plan included in revised IMTP Submission with recurrent mitigating actions of £9.9m.</p>		<p>Plan approved by Board</p>	
		<p><b>Level of Assurance</b></p> <p>Reasonable</p>	
		<p><b>Highest Assurance provided to:</b></p> <p>Board</p>	



7.2	Additional control - Introduced joint CEO and FD finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
7.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
7.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to D&P Committee	Reasonable	Board
7.5	Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
7.6	Regular communication and reporting to Welsh Government and NHS Executive (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board
7.7	An organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings and financial sustainability (Route Map to Sustainability).	Report to Exec Committee and Strategic Change Board.	Reasonable	Board

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
Executive Directors are focussed on delivery of £9.9m recurrent mitigating actions targeted for 2024/25.	DFC&SS	Reported regularly to Board and Exec Committee and D&P	Ongoing	Ongoing

Revisit the assessment of cost pressures in the Financial Plan for 2024/25.	DFC&SS	Under constant review to ensure latest forecast is as accurate as possible with action taken to offset pressures where possible.	31/12/24	Complete
As part of financial planning, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings and determine Routemap to Financial sustainability.	DFC&SS	Group reports into Strategic Change Board. There are two temporary service changes being engaged upon.	Ongoing	Ongoing
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>		Executives focussed on delivery of £9.9m recurrent mitigating actions targeted for 2024/25. Strategic Change Board has been established to identify actions to achieve financial sustainability.		

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<b>CRR 003</b> <b>Risk that:</b> the Health Board fails to adequately allocate resources and execute actions to deliver transformation, relevant reconfiguration, and longer-term service sustainability, leading to improved health outcomes/experience for citizens of Powys.	<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services & Director of Strategic Improvement and Transformation
	<b>Assuring Committee:</b> Delivery & Performance Committee
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs	<b>Date last reviewed:</b> March 2025
<b>Risk Category:</b> Financial Stability	<b>Board's Risk Appetite:</b> Open

**Risk Rating**  
(likelihood x impact):

Inherent: 4 x 4 = 16  
Current: **4 x 4 = 16**  
Target: 2 x 4 = 8

**Date added to the risk register.**  
September 2022

**Source of risk:**  
Financial & data analysis



**Rationale for current score:**

- PTHB achieved the financial plan agreed with Welsh Government, ending the 2023/24 year with a deficit of £12m. The financial plan for 2024/25 is to end the year with a £15.8m following additional funding of £7.2m.
- Lack of data re Patient Outcomes and Patient Experience to support understanding of Powys patients' care and treatment.
- Value Based Healthcare approach introduced, but not yet embedded into financial plan and budget allocation fully.
- Differences between the Welsh and English systems for commissioning inhibit reallocation of resource to the most appropriate parts of the pathway.

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Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
3.1	Value Based approach in place, including cross-cutting Value Based Health Care programme, with Value Based approach embedded in the IMTP focused on outcomes, experience and cost and agreed approach to embed an organisational understanding of value from induction through to leadership development	<ul style="list-style-type: none"> <li>Value Based Health Care programme plan and minutes (including those from relevant subgroups)</li> <li>NHS Performance Framework returns (twice per annum) in relation to embedding Value Based Health and Care within organisational strategic plans and decision-making processes</li> </ul>	Reasonable	Executive Director of Finance, Capital, and Support Services (as Co-Chair of the PTHB Value Based Health Care Programme)
3.2	Improving the collection and analysis of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for Powys patients	<ul style="list-style-type: none"> <li>CIVICA in place for the collection of PROMs for patients treated in Powys.</li> <li>Links made with commissioned providers to collect PROMs and PREMs for Powys patients treated out of county.</li> <li>PTHB Value Based Health Care programme developing a business case for procurement of a PROMs platform for Powys, in line with other Welsh</li> </ul>	Reasonable	

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		health boards and national requirements.		
3.3	Transformation programmes in place, in line with PTHB IMTP Strategic Priorities, to provide the capacity to deliver the transformational deliverables required	<ul style="list-style-type: none"> <li>Transformation updates provided to Executive Committee</li> <li>Programme plans, minutes etc from the Better Together Portfolio, North Powys Wellbeing Programme, Frailty &amp; Community Model incorporating the Six Goals for Urgent &amp; Emergency Care Programme, Planned Care &amp; Diagnostics Programme, Mental Health Transformation Programme, Digital Transformation.</li> </ul>	Reasonable	Executive Committee
3.4	Strategic Change programme implementing temporary service changes to support financial sustainability	<ul style="list-style-type: none"> <li>Strategic Change Case for Change documents</li> <li>Reporting into SC Board, Executive Committee and Board</li> <li>An evaluation framework for each of the temporary changes has been approved</li> </ul>	Reasonable	Updates provided to the Board

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3.5	Work underway to develop the Route Map to Sustainability, linked to Better Together and achieving financial stability. Engagement underway.	Reporting to Better Together Portfolio Board and Executive Committee.	Reasonable	Updates provided to the Board
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Continued implementation of the Value Based Health Care programme, including embedded value across the organisation focused on outcomes, experience and cost	EDFC&SS	This continues	Ongoing	On track
Secure access to and analyse PROMs and PREMs data for Powys patients to understand outcomes and experience	EDFC&SS	Collecting data. Identifying arrangements to analyse it	Ongoing	On track
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DSI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DSI&T	Approved Temporary Changes implemented for 6 month period and under evaluation.	July 2025	On track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>		<b>4 x 4 = 16</b>		

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<b>CRR 004</b> <b>Risk that: Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys.</b>		<b>Executive Lead:</b> Executive Director of Primary Care, Community and Mental Health.																		
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Assuring Committee:</b> Patient Experience, Quality & Safety Committee																		
<b>Risk Category:</b> Quality		<b>Date last reviewed:</b> March 2025 <b>Boards Risk Appetite:</b> Cautious																		
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sep 22</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov-22</td> <td>12</td> <td>16</td> </tr> <tr> <td>Jan-25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Feb 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>12</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sep 22	12	16	Nov-22	12	16	Jan-25	12	16	Feb 25	12	16	Mar 25	12	16	<b>Rationale for current score:</b> <b>Planned Care</b> <ul style="list-style-type: none"> <li>NHS Wales Ministerial standards</li> <li>Whilst services generally perform well against access targets, the fragility of some of the in-reach SLAs creates inherent operational risk to delivery.</li> </ul> <b>Inpatient Beds</b> <ul style="list-style-type: none"> <li>At present capacity is part staffed by continued reliance upon agency staff. This is not a sustainable or affordable model.</li> <li>On any given day, up to 50% of our beds can be occupied by patients that are clinically optimised and ready for discharge. They are delayed due to a lack of capacity in onward parts of the pathway. Elongated lengths of stay can have a detrimental impact to the long term needs for patients, and an increase to overall rehabilitation needs</li> </ul> <b>Primary Care</b> <ul style="list-style-type: none"> <li>There are some recruitment challenges for staffing in primary care.</li> <li>Dental access and capacity required does not currently meet demand.</li> </ul> <b>Minor Injury Units</b>
Month		Target Score	Risk Score																	
Sep 22		12	16																	
Nov-22		12	16																	
Jan-25	12	16																		
Feb 25	12	16																		
Mar 25	12	16																		
<b>Date added to the risk register</b> July 24																				
<b>Source of risk:</b> Executive Team																				

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		<ul style="list-style-type: none"> <li>Powys MIUs continue to performance well, in May (latest validated available) reported 100% compliance against 4 hour target and no patients waiting longer than 12 hours.</li> </ul> <p><b>Mental Health</b></p> <p>Elements of the service are currently in internal performance and scrutiny escalation</p>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services. Reviewing all in-reach SLA with partner organisations to achieve a more sustainable offer. Implement as many GIRFT and 5 Goals for Planned Care as appropriate for a community-based provider	<ul style="list-style-type: none"> <li>Referral data into services from commissioning data sets and supplementary reports received from commissioned providers</li> <li>Best practice guidance from GIRFT and Welsh Government / NHS Exec</li> </ul>	Reasonable	Delivery & Performance
7.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Delivery & Performance
7.3	All services - using demand data to plan to provide the correct level of services provision for all services provided in county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Delivery & Performance
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Reasonable	Delivery & Performance

7.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in place to authorise the use of agency staff (particularly higher cost agency providers)	Various workforce and financial reports recording agency usage at ward and service level	Reasonable	Delivery & Performance
7.6	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS & PREMS reporting, clinical audit, regulatory inspections	Reasonable	Delivery & Performance

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> <li>Continue series of regular meetings with service providers</li> <li>Monitor and manage delivery against performance improvement trajectories for our own services.</li> <li>Medinet contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2024/25.</li> <li>Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.</li> </ul>	Executive Director of Operations/Director of Community & Mental Health	Performance Trajectories being routinely monitored and managed.	May 2025	On track

<p><u>General Service Sustainability &amp; Future Models of Care</u> The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges. A number of service reviews are being undertaken with several 'cases for change' having been approved by the Health Board and stakeholders.</p>	<p>Executive Director of Operations/Director of Community &amp; Mental Health</p>	<p>The first two cases for change were approved by the Board in October 2024, with overall case for change now in draft.</p>	<p>April 2025</p>	<p>On track</p>
<p><u>1</u> There are some performance indicators that continue to fail the operational standard e.g. Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>	<p>Executive Director of Operations/Director of Community &amp; Mental Health</p>	<p>A number of sub-indicator performance targets have been identified. These will be built into the IQPR</p>	<p>December 2024 and ongoing</p>	<p>On track</p>
<p><b>Current Risk Rating</b></p>		<p><b>Update including impact of actions to date on current risk score</b></p>		
<p><b>4 x 4 = 16</b></p>		<ul style="list-style-type: none"> <li>Will be provided at next report.</li> </ul>		

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**CRR 005**

**Risk that:** Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys. The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality.

**Executive Lead:** Executive Director of Planning, Performance & Commissioning

**Assuring Committee:** Patient Experience, Quality & Safety Committee

**Risk Impacts on:** Organisational Priorities underpinning WBO 8

**Date last reviewed:** March 2025

**Risk Category:** Quality

**Boards Risk Appetite:** **Cautious**

**Risk Rating**  
(likelihood x impact):

Inherent: 5 x 4 = 20

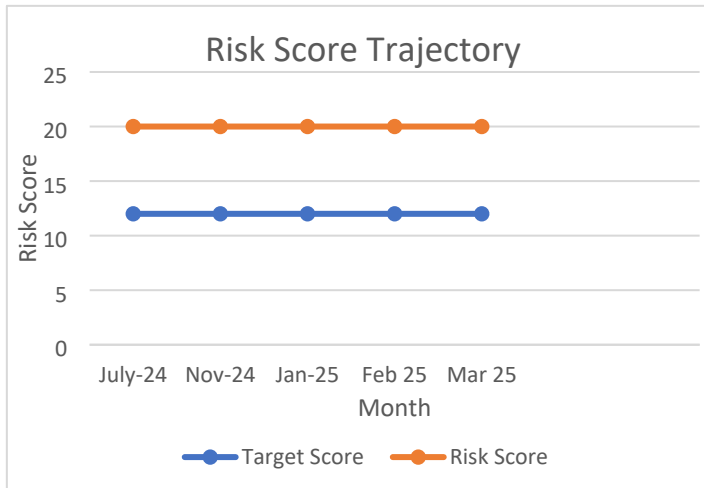
Current: **5 x 4 = 20**

Target: 3 x 4 = 12

**Date added to the risk register.**

July 24

**Source of risk:**  
Executive Team



**Rationale for current score:**

**Planned Care**

**NHS Wales**

- Latest validated position to month 8 (November 2024):

Welsh Providers	Nov-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance				Total pathways Waiting
		All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.		
Aneurin Bevan Local Health Board	61.7%	738	443	54	2683	
Betsi Cadwaladr University Local Health Board	51.2%	275	192	49	739	
Cardiff & Vale University Local Health Board	46.6%	164	119	16	408	
Cwm Taf Morgannwg University Local Health Board	53.9%	270	143	10	815	
Hywel Dda Local Health Board	56.6%	458	246	42	1414	
Swansea Bay University Local Health Board	55.4%	644	345	23	1984	
<b>Total</b>	<b>56.7%</b>	<b>2549</b>	<b>1488</b>	<b>194</b>	<b>8043</b>	

- PTHB provider services continue to perform well with zero patients >52 weeks for new outpatient appointment; and zero patients >104 weeks for referral to treatment.

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- Powys residents in Welsh acute care providers have continued to see very long waits fall, however the waiting list as a total continues to grow with increased challenge in key providers being represented in as special cause concern for those waiting over 36 weeks.
- As of November, 382 patient pathways waited over 52 weeks for a new outpatient appointment, only Swansea Bay University Health Board is compliant with zero breaches.

Provider	Patients waiting > 104 weeks
ABUHB	54 (38 T&O, 3 ENT, 11 Ophthalmology, 2 General Surgery)
BCUHB	49 (4 General Surgery, 12 Gynaecology, 8 Ophthalmology, 10 ENT, 5 Oral Surgery, 3 Orthodontics, 3 Dermatology, 1 Urology and 3 Pain Management)
C&VUHB	16 (3 T&O, 3 Gynaecology, 6 Clinical Immunology and Allergy, 1 Urology and 3 Ophthalmology)
CTMUHB	10 (2 T&O, 3 ENT, 3 Ophthalmology, 1 Oral Surgery, 1 Restorative Dentistry)
HDUHB	42 (25 T&O, 12 Ophthalmology, 3 Urology, 1 ENT and 1 Colorectal Surgery)
SBUHB	23 (8 T&O, 5 Gynaecology, 2 plastic surgery, 4 general surgery, 3 ENT and 1 urology)

**NHS England**

- Latest validated position month 7 (October 2024):

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English Providers	Oct-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	69.3%	60		14		0		309
Robert Jones & Agnes Hunt Orthopaedic & District Trust	53.9%	1175		625		36		3563
Shrewsbury & Telford Hospital NHS Trust	57.2%	1338		475		0		5105
Wye Valley Trust	69.5%	543		104		0		3506
<b>Total</b>	<b>60.0%</b>	<b>3116</b>		<b>1218</b>		<b>36</b>		<b>12483</b>

- NHSE providers continue to aim for zero patients waiting over 65 weeks (target September 2024).
- Powys residents who can access services in NHSE experience lower waiting times than Powys residents access services in NHSW services.
- NHSE providers report an improved position of patients waiting > 52 weeks.
- RJAH experiencing growing challenge for all long wait measures.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

**Cancer**

- Cancer performance remains poor against the 62 day targets in both English and Welsh commissioned services.

**Urgent and Emergency Care**

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		<ul style="list-style-type: none"> <li>In month 8 (October 2024) PTHB MIU continue to perform well with no patients waiting over 12hrs and 100% compliance on the 4 hour target.</li> <li>Welsh Ambulance performance times remain challenging, in both % of emergency responses to red calls arriving within 8 minutes and median emergency response time to amber calls.</li> <li>Performance in commissioned providers UEC departments does not meet required targets (both in Wales and England) but NHS Wales performance in emergency departments remains better than NHSE for Powys residents, but all major units are extremely challenged to provide timely care.</li> </ul>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services	Referral data into services from commissioning data sets and supplementary reports received from commissioned providers.	Reasonable	Tbc
7.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Executive Director
7.3	Using demand data to plan to commission sufficient service provision for all services provided out of county,	Demand, activity and financial information from	Reasonable	Executive Director

	noting the need to agree a balanced finance and performance position as part of the IMTP process	commissioning datasets used to inform contract plans		
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	Executive Director
7.5	Improving the outcomes and experience data capture to inform future reporting on commissioned services to the DPC and Board as well as future planning	Various data sources including operational & performance data. Qualitative information from QMS, PROMS & PREMS reporting, concerns, NRIs, clinical audit, regulatory inspections	Limited	Executive Director

**Mitigating Actions (What more will we do?)**


Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> <li>Continue regular meetings with commissioned service providers.</li> <li>Secure performance improvement trajectories from providers.</li> <li>Medinet contract previously extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a re-tender for insourced provision in 2024/25.</li> <li>Ongoing scrutiny and oversight through CQPR meetings with</li> </ul>	Executive Director of Planning, Performance and Commissioning	<p>Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand expected performance 2024/25 and to be reviewed and discussed through CQPRMs.</p> <p>Delays experienced in receiving improvement trajectories from some providers.</p>	July 2024 and ongoing	On track

<p>escalation through Integrated Performance Report.</p> <ul style="list-style-type: none"> <li>Continuing to work to obtain data for referrals from NHSE GPs for Powys residents.</li> </ul>		<p>Planned Care Insourced provision tender exercise delayed. Mitigating actions put in place to ensure continuity of service provision whilst tender exercise undertaken.</p>		
Cancer	TBA	Added to this version of the risk register. Actions to be agreed.	TBA	TBC
<p><u>Urgent and Emergency Care</u></p> <ul style="list-style-type: none"> <li>Continue series of regular meetings with WAST and commissioned service providers.</li> <li>Continue commissioning of ambulance services in partnership through the Joint Commissioning Committee</li> <li>Secure performance improvement trajectories and improvement plans from providers.</li> </ul>	TBCTBC	<ul style="list-style-type: none"> <li>Historically had regular meetings (ICAP and Q&amp;S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators. Several recent ICAP meetings have been cancelled.</li> <li>Regular attendance at CCLG and sub committee structure.</li> <li>Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.</li> </ul>	July 2024 and ongoing	On track

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<p><u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 4 Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>	TBC	A number of sub-indicator performance targets have been identified. These will be built into the IQPR	August 2025 and ongoing	On track
<p><b>Current Risk Rating</b></p>		<p><b>Update including impact of actions to date on current risk score</b></p>		
<p><b>5 x 4 = 20</b></p>		<p>Improved performance experienced within NHS England commissioned service providers; expected improvement in NHS Wales expected following issue of additional planned care monies in October 2024 has not been fully delivered.</p> <p>Continued inequity of access for PTHB residents accessing NHSW services in comparison with NHSE.</p>		

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<p><b>CRR 006</b>  <b>Risk that:</b> Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.</p>	<p><b>Executive Lead:</b> Executive Director People &amp; Culture</p>
<p><b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8</p>	<p><b>Assuring Committee:</b> Workforce &amp; Culture Committee</p>
<p><b>Risk Category:</b> Quality</p>	<p><b>Date last reviewed:</b> March 2025</p>
<p><b>Risk Rating</b> (likelihood x impact):</p> <p>Inherent: 4 x 4 = 16  <b>Current: 4 x 4 = 16</b>  Target: 2 x 4 = 8</p> <p><b>Date added to the risk register.</b> July 2024</p>	 <p><b>Rationale for current score:</b></p> <ul style="list-style-type: none"> <li>The risk has been fully reviewed and assessed as a new risk in July 2024.</li> <li>As of 31<sup>st</sup> January 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 13.41%. After the use of overtime, additional hours, agency, and Bank this fell to 6.14%.</li> <li>The challenges in recruitment are more pronounced in clinical roles with vacancies running at 18.51% for Medical and Dental, 17.73% for registered Nursing and Midwifery, 19.41% for Add Prof Scientific &amp; Technic and 15.37% for Additional Clinical Services.</li> <li>To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in January 2025 from information held on the Health Roster/TSU systems: <ul style="list-style-type: none"> <li>Additional Clinical Services: 23.80WTE</li> <li>Nursing &amp; Midwifery Registered: 30.54WTE</li> <li>Allied Health Professionals: 7.45WTE</li> </ul> </li> </ul>
<p><b>Source of risk:</b> KPIs</p>	<p><b>Boards Risk Appetite:</b> Minimal</p>

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<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO

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6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels against known recruitment pipelines, such as Grow our own and international recruitment.	Workforce performance reports produced routinely and shared appropriately.  Deep Dive Reports developed annually, or as required.	Substantial	Lead Executive Directors
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the training to date with MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: <a href="#">Workforce Planning (sharepoint.com)</a>	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report. Programme recently re-publicised across ward areas, and reminded staff of availability of the service.	Substantial	Executive Committee

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
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<p><b>Workforce Planning:</b> Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.</p>	tbc	<p>Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.</p>	November 2025	On track
<p><b>Candidate Journey application to induction</b> Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.</p> <p>To be extended to include local KPIs for recruitment to the Bank.</p>	tbc	<p>Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. No activity from NWSSP over this period.</p> <p>End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.</p>	31/03/2025	On Track
<p><b>Increase bank supply:</b> Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.</p> <p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>	tbc	<p>5 Open Days held over June and July 2024 across Powys with multiple members recruited to the bank at each event. A further 5 held in August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment</p>	Ongoing	On Track

		<p>Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day.</p> <p>Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields.</p>		
<p><b>International Recruitment</b> Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses</p>	tbc	<p>18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all passed their OSCE exam and have their NMC PINs. A further 6 arrived into Machynlleth on 20 November and are under-going their OSCE training. Final FY 24/25 General Nurse cohort of 6 staff arrived into Bronllys on 3 Feb, and will work across both Brecon hospital wards. In addition, 6 RMNs are expected in country by end of Q4.</p>	Ongoing	On Track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
4 x 4 = 16		16		

<b>CRR 007</b> <b>Risk that:</b> Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	<b>Executive Lead:</b> Executive Director of Primary Care, Community and Mental Health
	<b>Assuring Committee:</b> Planning, Partnerships and Population Health
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8	<b>Date last reviewed:</b> March 2025
<b>Risk Category:</b> Safety	<b>Boards Risk Appetite:</b> Cautious

**Risk Rating**  
(likelihood x impact):

Inherent: 5 x 4 = 20  
**Current: 4 x 5 = 20**  
Target: 2 x 4 = 8

**Date added to the risk register.**  
July 2024

**Source of risk:**  
Primary Care Department



**Rationale for current score:**

- Termination of Shropdoc OOH contract 31/03/25
- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability applications for support being prepared for Llanfyllin, Knighton and Presteigne practices
- Termination of Rhayader Medical Practice contract, effective from September 2025.
- Financial sustainability of practices may influence the termination of Local Supplementary Services (local enhanced services).
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently (Llandrindod Wells & Knighton). Currently there are approximately 4,500 patients on the waiting list.

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		<ul style="list-style-type: none"> <li>• Orthodontic demand continues to exceed capacity across Powys.</li> <li>• New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by appropriately trained workforce.</li> </ul>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	<p>Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.</p> <p>National negotiations for 24/25 confirmed with additional investment into GMS. Locally, a 6% Supplementary Services uplift agreed by PTHB execs for 24/25, backdated to 01/04/24.</p> <p>Sustainability Assessment Panels held following practice application submission.</p>	<ul style="list-style-type: none"> <li>• Escalation Tool</li> <li>• Sustainability matrix score</li> <li>• National Sustainability Assessment Framework</li> </ul>	Reasonable	Executive Committee
7.2	<p>National Contract Assurance Framework in place – Desktop reviews and 5 practice visits completed.</p> <p>Practice Improvement plans being developed, for PTHB review mid-March. Identified improvements will carry</p>	<ul style="list-style-type: none"> <li>• Contract Assurance Framework</li> <li>• Annual Return</li> <li>• Enhanced Service Audits</li> <li>• Prescribing Data</li> </ul>	Reasonable	Executive Committee / D&P

	forward into Q1 25/26	<ul style="list-style-type: none"> <li>Practice Declarations</li> <li>GP Clinical Governance Self-Assessment Tool</li> <li>Information Governance Toolkit</li> </ul>		
7.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>Cluster IMTP plans agreed by RPB Executive Group – 09/01/25</p>	<ul style="list-style-type: none"> <li>Cluster Plan progress reported to RPB Executive Group</li> </ul>	Reasonable	Executive Committee / D&P
7.4	<p>New contract with Shropdoc being progressed to be implemented from 01/04/25 to 05/01/26.</p> <p>Assessment of delivery of current OOH service provision will inform future specification to re-tender for an OOH service provision from 05/01/26. The commissioning arrangement will be via an APMS arrangement.</p> <p>Resolve and secure current commissioning arrangements with SBUHB to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital.</p> <p>Quarterly Performance Reviews continue to monitor out of hours services.</p>	<ul style="list-style-type: none"> <li>Weekly Rota (triage &amp; base cover)</li> <li>Monthly achievement against OOH Performance Standards</li> <li>Quarterly Performance Review</li> <li>Commissioning Assurance Framework</li> </ul>	Limited	Executive Committee / D&P

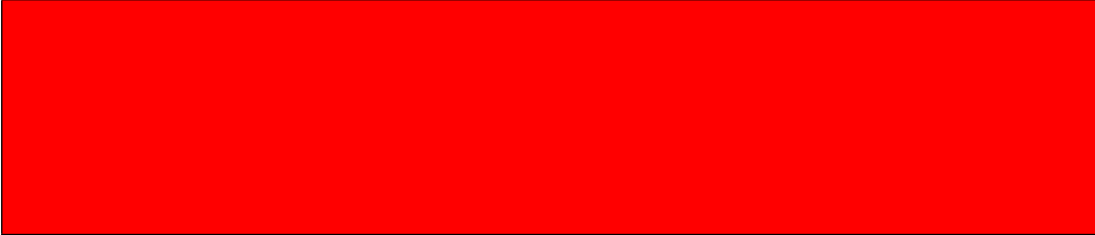
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7.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Next location for mobile will be Brecon from March onwards (currently in Hay on Wye).</p> <p>Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure future access provision via a procurement process, including orthodontic increased provision.</p>	<ul style="list-style-type: none"> <li>• Dental Access Portal</li> <li>• Contract Reform new patient and historic patient metrics.</li> <li>• GDS monitoring Group</li> </ul>	Limited	Executive Committee / D&P
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<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Arranged for January and February 2025	February 2025	Completed

Review and assess completion of General Practice Improvement Plans	ADPC	Arranged mid-March.	March 25	On track
To undertake GDS End of year review visits	ADPC	Arranged for July/August 24	Completed	Completed
Undertake GDS Mid-Year Review visits	ADPC	Arranged for October/November 2024	November 2024	Completed
Review of GMS sustainability matrix	ADPC	Report to Executive Committee	November 24	Completed
Implementation of additional HB salaried GDS service in Newtown	Associate Dental Director/ADPC	Report to Executive Committee	October 24	Completed.
Implementation of mobile dental clinic in Hay on Wye	Associate Dental Director/ADPC	Report to Executive Committee	Completed	Completed
Relocated Mobile Dental clinic to Bronllys site.	Associate Dental Director/ADPC	Report to DPCCMH	March 2025	On track
Offer new recurrent GDS access opportunities across Powys via a procurement process for 25/26	ADPC	Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure	April 2025	On track

		future access provision via a procurement process. Awaiting Exec confirmation to proceed		
Progress new OOH contract Shropdoc from 01/04/25 – 05/01/26	DPCCMHH/DOF/ADPC	Liaising with Legal and Risk Services and GMPI to progress a fit for purpose APMS contract arrangement.		On track
Assessment of delivery model of current OOH service provision	DPCCMH/ADPC	Task & Finish Group to be established to review current model. Stakeholders to be confirmed	March	On track
Commence Procurement for future provision of OOH services	DPCCMH/ADPC	Reliant on support from NHSWSSP Procurement Service to navigate through the Health Services (Provider Selection Regime) (Wales) Regulations 2025	April	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30 <sup>th</sup> September 2025	DPCCMH/ADPC	Patient assurance comms to be delivered w/c 24 <sup>th</sup> Feb Procurement templates currently being completed Ongoing dialogue with relevant stakeholders	August 2025	On track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>		Proposed a Risk score increase from 16 to 20 due to:		

- 
- Practice Sustainability applications for support being prepared for three practices
  - Out of Hours Contract
  - Dental access in mid cluster affected currently
  - Ortho waiting list

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<b>CRR 009</b>	<b>Executive Lead:</b> Executive Director of Finance, Capital, and Support Services
<b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	<b>Assuring Committee:</b> Delivery and Performance
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4	<b>Date last reviewed:</b> March 2025
<b>Risk Category:</b> Quality	<b>Boards Risk Appetite:</b> Minimal

**Risk Rating**  
(likelihood x impact):

Inherent: 4 x 5 = 20

**Current: 4 x 4 = 16**

Target: 3 x 3 = 9

**Date added to the risk register**  
January 2017

**Source of risk:**  
Multiple risks arising from aging estate and levels of available funding to remedy.



**Rationale for current score:**

- **Estates Compliance:** 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. Backlog Maintenance at circa £73M. Revenue position is also under significant pressure with energy costs and cost savings plan seeking reductions in expenditure on an aging and already under-invested estate (oldest in NHS Wales). Concerns raised by Internal Audit in March 2024 'Limited Assurance' report on Estates Condition identifying shortfall in funding required to address Backlog and support future Transformation.
- **Capital:** Financial constraints for NHS Wales has seen the introduction of a Capital Business Case Prioritisation Process which will test all current projects for benefits and affordability from April 2024 and this could impact the PTHB capital programme / transformation agenda. NWSSP-SSU audit in February 2024 identified a shortfall in WG Capital against backlog maintenance across the NHS estate with a Limited Assurance finding. Affordability concerns for larger

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		contractors working in rural Powys with high overheads impacting scheme viability. ▪ <b>Environment &amp; Sustainability:</b> NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
	<b>ESTATES</b>			
9.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk based approach, clear escalations lines	Reasonable	Estates Compliance Group
9.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group
9.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
9.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
9.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	<ul style="list-style-type: none"> <li>Minutes and papers from meetings</li> <li>Audits undertaken by NWSSP</li> </ul>	Reasonable	Estates Compliance Group, Audit & Assurance Group
9.6	Capital Programme developed for Compliance and approved capital programme	Paper to Executive level meeting	Substantial	Delivery & Performance
9.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	Annual Plan	Substantial	Board

9.8	Address (on an ongoing basis) maintenance and compliance issues	Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
9.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
9.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	Contracts let via NWSSP- Procurement and contain Key Performance Indicator regime	Reasonable	Estates Compliance Group
<b>CAPITAL</b>				
9.11	Capital Procedures for project activity	<ul style="list-style-type: none"> <li>Capital Procedures CP/D/1.00 document</li> <li>Annual Capital Systems Audit reports from NWSSP</li> </ul>	Reasonable	Innovative Environments Group
9.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Annual Procurement Report</li> </ul>	Substantial	Innovative Environments Group / Delivery & Performance
9.13	Specialist advice, support and audit from NWSSP Specialist Estates Services	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Designated Director role</li> </ul>	Substantial	Innovative Environments Group
9.14	Audit reviews by NWSSP Audit and Assurance	Audit reports and Action Plans	Reasonable	Audit and Assurance Group
9.15	Close liaison with Welsh Government, Capital Function	Regular Capital Review Meetings. Notes and papers from meetings	Substantial	Innovative Environments Group

9.16	Reporting routinely to Delivery & Performance Committee	Notes and papers from meetings	Reasonable	Delivery & Performance Group
9.17	Capital Programme developed and approved	Paper to Executive level meeting	Substantial	Delivery & Performance Group / Board
9.18	Detailed Strategic, Outline and Full Business Cases defining risk	BJC, SOC, OBC, FBC documents / governance	Substantial	Executive Committee / Board
9.19	Capital and Estates set as a specific Organisational Priority	Annual Plan	Substantial	Board
9.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets SBARs	Substantial	Capital Control Group Innovative Environments Group
<b><u>ENVIRONMENT</u></b>				
9.21	ISO 14001 accreditation	SGS external body certification	Substantial	Delivery & Performance
9.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
9.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
9.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group

9.25	Welsh Government Energy Service / Re:fit energy programme of works underway. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. Outcome of All-Wales NHS Capital Prioritisation Review awaited but application for £30M made December 2024 to RPB IRCF for North Powys. Pressure on programme to divert capital to Transformation activity at short notice.	In line with Annual Plan for 2024-25	On Track
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	WG Capital Slippage monies have recently been secured which will add circa £900k and 8 projects to the programme. The overall 'Capital Resource Limit' for 2024/25 is now circa £12.85M and with 56 schemes being delivered represents the	In line with Annual Plan for 2024-25	On Track

		<p>largest ever capital delivery programme. Discretionary Allocation uplift in 2025/26 from £1.431m to £2.7m. PTHB secured £5 million of additional funding via the EFAB for 2023/24 and 2024/25 (Estates Funding Advisory Board). Bids submitted against Targeted Estates Funding (TEF), at the end of January 2025, totalling £3.5m over 2 years. WG Capital Prioritisation Process has identified 2 sites for 'Green List' where business case progression will be accepted – this includes Llandrindod Phase 2. RPB IRCF bid for North Powys SOC/OBC fees submitted in Feb 2025.</p>		
<p>Continue to develop capacity and efficiency of the Estates and Capital function</p>	<p>Associate Director for Capital, Estates and Facilities</p>	<p>Fluctuations in funding position have historically made core team resource commitment challenging – currently 30% vacancies and significant pressure on delivery.</p>	<p>In line with Annual Plan for 2024-25</p>	<p>On Track</p>

Deliver energy savings and decarbonisation benefits	Associate Director for Capital, Estates and Facilities	£4.2M Re:fit energy efficiency project works have commenced on site and progressing well with overall completion in mid-2025.		On Track
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the health board, this item is on hold.	TBC	At risk
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>		<p><b>Estates:</b> Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze until FY end.</p> <p><b>Fire:</b> Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.</p> <p><b>Property:</b> significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other</p>		

public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity.

**Finance:** significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

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<b>CRR010</b>	<b>Executive Lead:</b> Executive Director of Public Health
<b>Risk that:</b> A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	<b>Assuring Committee:</b> Planning, Partnerships and Population Health
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8	<b>Date last reviewed:</b> March 2025
<b>Risk Category:</b> Performance and Service Sustainability	<b>Boards Risk Appetite:</b> Cautious

**Risk Rating**  
(likelihood x impact):

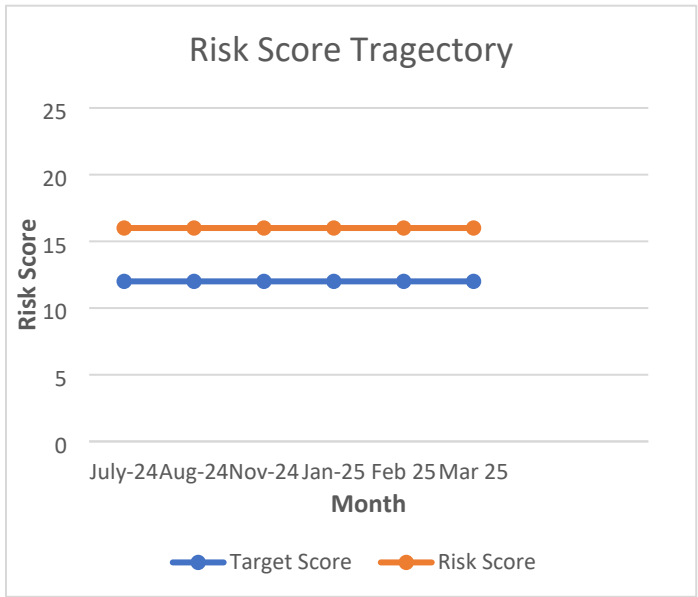
Inherent: 4 x 4 = 16

Current: 4 x 4 = 16

Target: 4 x 3 = 12

**Date added to the risk register**  
July 2024

**Source of risk:**  
Executive Committee



**Rationale for current score:**

- The impacts of an outbreak of an emerging infectious disease could result in large numbers of people falling ill. At a national level the risk of a pandemic is described as a high risk with catastrophic impacts, and risk of outbreak of an emerging infectious disease as high risk with significant impact. These form the bases of the Health Board’s risk rating scoring.
- Impacts on society depend on many different factors – transmission route, time of year, symptoms, severity of disease, travel, who gets ill, whether there are effective treatments or vaccines available and healthcare pathways.
- An event would require an enhanced individual, population and system response to ensure management is effective, efficient and safe. Failure to contain an outbreak could result in a large epidemic or a pandemic.
- The NHS is already operating at near maximum capacity, and Test, Trace and Protect Programme funding at large scale during the Covid pandemic ended in March 2023 as

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		covid transitioned to covid stable scenario in line with WG 'Together for a Safer Wales'.		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	Major Incident Plan developed, regularly updated and exercised in line with Civil Contingency requirements.	<ul style="list-style-type: none"> <li>Plan approved by Executive Committee</li> <li>Civil Contingency Annual Report</li> </ul>	Reasonable	Executive Committee
7.2	Health Board Pandemic Framework updated and working document in place	Executive Committee (March 2024)	Reasonable	Board
7.3	Corporate Civil Contingency arrangements subject to internal audit 2023/24	Audit Report – substantial assurance (Dec 2023)	Substantial	Audit Committee
7.4	The Communicable Disease Outbreak Plan for Wales revised and updated (2023/24). PTHB participated in all Wales multi-agency exercise of the Plan (19/03/24)	Civil Contingency Annual Report (including training plan)	Substantial	Executive Committee
7.5	A joint small Health Protection Team is being developed in line with significantly reduced WG funding to respond to all health protection 'hazards'. The Health Protection team are working in partnership with the Local Authority to build resilience and capability.	Annual Plan	Reasonable	Executive Committee
7.6	The Health Protection team have commenced the Winter Preparedness plans in line with Welsh Government's circular (WHC (2024) 037) (September 2024), in supporting infection prevention control measures in nursing and residential care homes.	Joint Plan (PTHB & PCC)	Substantial	Executive Committee

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7.7	Vaccination surge Plan developed and exercised (March 2023)	Surge Plan	Substantial	Executive Committee
7.8	Health Protection Oversight Group established with membership comprising of Health Board, Local Authority and Public Health Wales	Minutes of Meetings	Substantial	Executive Committee
7.9	Health Board is fully engaged in the Dyfed Powys Local Resilience Forum	Minutes of meetings	Substantial	Executive Director
7.10	Mpox Preparedness Task and Finish Group established to develop plans to respond & assurance meeting held with NHS Executive Emergency Planning Team.	SitRep Reports	Substantial	Executive Committee
7.11	Annual Winter Respiratory vaccination programme delivered in line with plan agreed at Board Committee  RSV has been introduced as a new routine programme for those turning 75 years and pregnant women at 28 weeks gestation. A one off catch-up for those 76-79 years is currently underway and will be complete by 31 August 2025.	Uptake rates	Substantial	Executive Committee
7.12	The Health Board participated in a pan Wales tabletop exercise 'Exercise Fad Felin (5 <sup>th</sup> September 2024), to 'explore the system response to MPOX in Wales'.	Exercise Report	Substantial	Executive Director
7.13	The Health Board has undertaken unannounced tests of 'the management of Mpox pathway at PTHB MIU sites' on 17/10/24	Exercise Report	Substantial	Executive Committee

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7.14	Revised pathway for the management of Covid-19 in care Homes completed (July 2024, in partnership with LA and PHW).	Pathway	Substantial	Health Protection Oversight Group
7.15	MMR Working Task and Finish Group established to coordinate action to increase MMR rates.  MMR catch-up implemented to increase MMR rates in secondary and primary school. Drop-in clinical MMR vaccination implemented at vaccination centres (Bronllys & Newtown). Targeted letters sent to healthcare staff to offer vaccination & clinics available through vaccination centres and Occupational Health.	MMR Data	Substantial	Health Protection Oversight Group

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
Consider recommendations and learning from Covid Inquiry Module reports and updated national pandemic preparedness strategy/guidance when it is published.	Corporate & Civil Contingency Manager	Reflection and consideration of learning following module 1 publication on 18/07/24 and incorporate learning into HB plans.	Ongoing	On track
Audit of Community Services Operational Division critical services Business continuity plans	Director of Community Services	Operational division supported by Civil Contingency Manager to update their business continuity plans. Audit included in annual audit cycle.	Q4 2023/24	On track

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Implement respiratory vaccination programme to eligible groups (Flu/Covid/RSV vaccines)	Director of Public Health	Plans being implemented.	March 2025	On track
Following an exercise to maximise uptake of vaccine preventable infections (e.g. MMR, childhood vaccines, respiratory vaccines). The PTHB Vaccination service will evaluate the above to identify any lessons and agree plan going forward	Director of Public Health	MMR Catch-up implemented, including targeted intervention to children/young people who do not have recorded MMR vaccination. Covid booster campaign implemented. Targeted intervention to increase preschool immunisation uptake Data continually review and modify plans modified to maximise uptake and access.	March 2025	On track
Continue with Data sharing across borders task and finish group (PHW/LA/HB) to resolve lab results issues and strengthen reporting of results pathways.	PHW lead, with DPH through HPOG	Task and finish group established, progressing actions to resolve flow of results relating to Welsh residents regarding infections to PHW	April 2025	On track
Development of an internal Policy for the management of high consequence infectious diseases (HCIDs) and supporting procedures.	Consultant Lead Nurse for IPC	Guidance being developed by PHW and due to be issued in Autumn 2024.	Feb 2025	On track

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		FIT testing training sessions regularly offered to staff to maintain competency.		
Undertake a further exercise of the PTHB Vaccination Surge Plan to ensure that it remains fit for purpose.	Head of Service Vaccination	Exercise Report	August 2025	On track
A report is being presented for information to the Executive Committee (05/03/25) to provide an update on pandemic preparedness.	Civil Contingencies Manager	Report	March 2025	On track
A Mpox vaccination pathway for post-exposure has been developed and is currently awaiting sign off/approval.	Head of Service Vaccination	Pathway	April 2025	On track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>				



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lechyd a Gofal | and Social Care

rhanbarth powys region

<b>Report:</b>	<b>Regional Directors Report</b>
<b>Period Covered:</b>	<b>29 January 2025 to 18 March 2025</b>
<b>Author:</b>	<b>Katie Blackburn</b>
<b>Status:</b>	<b>For Information</b>
<b>Date:</b>	<b>18 March 2025</b>

**Local/ Regional Update:**

<b>Month</b>	<b>Engagement Type</b>	<b>Locality</b>
January	Age Cymru Carers Wellness Day	Newtown
	Age Cymru Carers Wellness Day	Brecon
	Age Cymru Carers Wellness Day	Llandrindod Wells
	Visit Stroke/Rehab Unit, Newtown Hospital	Newtown
	Visit Stroke/Rehab Unit, Brecon Hospital	Brecon
February	The Rhallt Care Home, Welshpool	Welshpool & Montgomery
	The Mountains Care Home, Libanus	Brecon
March	Public Forum Presteigne	Knighton & Presteigne
	Cartref Care Home	Hay on Wye
	Llanidloes - Ready to go home unit	Llanidloes
	Bronllys - Ready to go home unit	Bronllys

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## What we're hearing in Powys:

### Health Issues

Mental Health Services – People are really struggling to access the support they need, whether it's getting a care coordinator, follow-ups, or just clear communication from mental health teams. It's a big gap.

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.

GP & NHS Dentist Access – Getting a GP appointment is still a battle, and we're hearing about people being delisted from practices. NHS dentistry is another major pain point – people just can't get seen.

### Social Care Issues

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

Lack of Home Visits – We've heard concerns from people feeling forgotten, especially the elderly, with not enough home visits from doctors or social workers.

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

## **National Updates:**

### Urgent and Emergency Care – 14<sup>th</sup> February 2025

By engaging with over 700 people, including through 42 visits to hospitals, minor injury and medical assessment units, people and communities have told us that emergency care in Wales is falling short of the standards they expect and deserve.

The message was clear: urgent and emergency care is failing too many people, and change is too slow.

Despite multiple strategies, plans, commitments and projects, for example those set out in A Healthier Wales, the Six Goals for Urgent and Emergency Care, and the introduction of the Duty of Quality, people are not seeing real improvements.

This crisis must not be accepted as "just how things are."

People across Wales have shared their experiences, highlighting serious gaps in care:

- Long waits – many waited 8–24 hours, often in overcrowded corridors. One person said, *“I waited all night in a corridor with bright lights and noise. I felt like no one cared.”*
- Overcrowded and inaccessible spaces – Many waiting areas do not meet the needs of disabled people, neurodivergent people, or children. A parent shared, *“My autistic son found the waiting room unbearable. There was nowhere quiet or calming.”*
- Ambulance delays and access issues – People arranged their own transport due to ambulance delays, facing parking chaos and unclear signage. One person said, *“I had no choice but to drive myself, even though I felt terrible.”*
- Strain on staff – People appreciate the dedication of NHS staff but see they are overwhelmed and stretched beyond capacity. One person said, *“They’re doing their best, but it’s clear they don’t have enough support.”*
- When people are seen, people feel their care is generally good. Many people told us that once they were seen by healthcare professionals, they received good care. However, the long waits, lack of communication, and overcrowding make the overall experience stressful and frustrating, and too often feels unsafe.



Insights from  
Emergency Care Proje

### Responses:

Llais Response to the Welsh Parliament Health and Social Care Committee Report on Supporting People with Chronic Conditions:

<https://www.llaiswales.org/news-and-reports/news/llais-response-welsh-parliament-health-and-social-care-committee-report>

Shortage of Dentists:

<https://www.llaiswales.org/news-and-reports/news/llais-statement-shortage-dentists-wales>

## 2025-2026 Priorities (subject to approval)

### 1) Local/ Regional Priorities

- Engagement Activity

Month	Engagement Type	Locality
April 2025	Newtown Llais Local	Newtown
	Visit – Newtown Medical Practice	Newtown
May 2025	Llanfyllin Public Forum	Llanfyllin
June 2025	Social Care Public Forum	Ystradgynlais
June 2025	Joint Workshop – Llais Local Feedback to HB/LA/PAVO	Newtown
July 2025	Llais Local Crickhowell	Crickhowell
July 21 – 24 July	Royal Welsh Show	Builth Wells
August 2025	Llanfair Caereinion Public Forum	Llanfair Caereinion
September 2025	Health & Social Care Summit	Llandrindod Wells
September 2025	Joint Workshop – Llais Local Feedback to HB/LA/PAVO	Crickhowell
October 2025	Knighton and Presteigne Llais Local	Knighton & Presteigne
December 2025	Joint Workshop – Llais Local Feedback to HB/LA/PAVO	Knighton & Presteigne
February 2026	Llais Local Llanfyllin	Llanfyllin
March 2026	Joint Workshop – Llais Local Feedback to HB/LA/PAVO	Llanfyllin
March 2026	Social Care Public Forum	Welshpool

- Recruiting Volunteers

The Regional Operations Manager is developing a plan to work with communities to recruit volunteers. The focus will initially be on the areas where we have no volunteers. This is likely to reach localities down the western side of the county.

## 2) National Priorities (engagement being undertaken)

- Children and Young People
- Data and Data Quality
- Deprived Communities
- Ethnicity

## 3) Proposed All-Wales Projects (engagement being undertaken)

- Travelling for Health and Care
- Exploring Rights, Expectations, and Responsibilities in Health and Social Care

### **Advocacy:**

Total no. new cases opened	19
Total no. cases closed	11
Total no. open advocacy cases	123

### **Emergent themes**

- Access to Mental Health Services
- Being appointed a Care Coordinator (MH)
- Access to GP appointments
- Being Delisted from GP patient lists
- Access to NHS Dentist
- Waiting List for T&O Surgery- Knee & Hip replacements
- Being appointed a Social Worker/Care Coordinator
- Delays in initial Assessments for care/support

Katie Blackburn

Regional Director – Llais Powys

18 March 2025



Eich llais chi mewn | Your voice in health  
iechyd a gofal | and social care



# GETTING URGENT AND EMERGENCY HEALTHCARE IN WELSH HOSPITALS

FEBRUARY 2025

Emergency

Patterson, Liz  
21/03/2025 15:58:39

# About Llais

We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them. We are here to understand your views and experiences of health and social care, and to make sure your feedback is used by decision-makers to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.

## Accessible formats

This publication is also available in Welsh. If you would like this publication in an alternative format and/or language, please contact us.

You can ask for a copy by contacting

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# Getting urgent and emergency healthcare in Welsh hospitals

Over the past year Llais has been hearing a lot about the challenges facing people needing emergency healthcare in Wales.

Starting in late September 2024, over the course of 5 weeks, Llais' teams across Wales visited the Emergency Departments, Minor Injury Units and Medical Assessment Units in their local areas. We undertook 42 visits.

We also ran an online survey and held focus groups to capture people's experiences. During this 5-week period we heard directly from over 700 people about their experience of emergency healthcare.

We know that 'winter pressures' make it harder to deliver emergency care. What we saw and heard in the run up to winter clearly showed just how the big problems with the way emergency healthcare works with other health and care services is affecting the quality of the healthcare people receive – in almost every way that matters to people.

This is simply unacceptable. It must not be allowed to be seen as our "new normal".

While many people were grateful for the dedication and hard work of healthcare staff, challenges like understaffing, long, uncomfortable undignified waits, and poor communication too often overshadowed positive experiences.

Although not everyone's experience we heard about was a poor one, it is clear that emergency care in Wales is failing to meet people's needs, and the expectations we all have for our NHS.

People's experience of emergency healthcare falls far short of the commitments set out in A Healthier Wales, the 'Six goals for urgent and emergency care' and the legal duties the NHS and Welsh Government have to "continually improve the quality of the services they provide".

Since we carried out our visits, 'business critical incidents' have been declared by the Welsh Ambulance Service NHS Trust<sup>1</sup> and Aneurin Bevan University Health Board<sup>2</sup> about emergency care.

Other Health Boards, including Swansea Bay University Health Board<sup>3</sup> and Cwm Taf Morgannwg University Health Board<sup>4</sup>, released statements highlighting the extra pressures they were facing in their emergency departments. Hywel Dda University Health Board opened a pop-up minor injuries unit to try and cope with demand<sup>5</sup>.

Earlier this month the Royal College of Nursing released its report On the frontline of the UK's corridor care crisis<sup>6</sup>. This report included shocking accounts of undignified and unsafe practices.

We set out below the key things we heard from people about their experiences of urgent and emergency care in hospitals across Wales.

These voices demand urgent action by decision makers locally and nationally to make things better for everyone.



1. [Welsh Ambulance Service declares Critical Incident - Welsh Ambulance Services University NHS Trust](#)
2. [NHS Pressures: Critical Incident Declared - Updated 15/01/2025 - Aneurin Bevan University Health Board](#)
3. [Exceptional pressure on Morriston Hospital - Swansea Bay University Health Board](#)
4. [Health Board asks public to help it manage exceptionally high demand - Cwm Taf Morgannwg University Health Board](#)
5. [Health board opens pop-up weekend minor injuries unit to deal with overloaded hospital A&E - Wales Online](#)
6. <https://www.rcn.org.uk/Professional-Development/publications/>

# What we learned – All Wales

Many cases described people being unable to see a GP, leading them to call 111, who then directed them to emergency services.

## Getting to hospital

People's experiences of getting to the hospital were quite varied. We heard a mix of good and bad things about transportation, parking, and checking-in.

Often people had to wait a long time – up to 12 hours – for an ambulance to come and help them.

“Adverts tell us to act urgently with stroke patients which we did but took so long for ambulance to arrive even though we explained symptoms. Our mother died 1 week later.”

### Morrison Hospital Acute Medical Unit

“I got a lift here. I phoned for an ambulance but was told I'd be waiting over 12 hours.”

### University Hospital for Wales A&E

“I drove because the ambulance eta was 7/8 hours, but I had severe chest pain and couldn't wait that long.”

### Morrison Hospital Emergency Dept

Most people had to ask someone they knew to drive them, or some risked driving themselves, despite being unwell.

People who didn't have access to a car had to use public transport or pay for a taxi, which took longer and made them feel more stressed.

“Horrific. The first time I phoned 111 they took me to Glangwili which was 45minutes away with no spinal or T (trauma) and O (orthopaedics) doctors there, despite me saying I have a complicated spinal history and need to go to Swansea and that's where my residential address is, plus it's only 15 mins drive. Unable to walk, I had to get a taxi back at 3.30am at the cost of £130. The taxi driver recounted numerous stories of elderly and clearly disabled people being made to get taxis home, one even to Haverfordwest at over £250. I am shocked to my core.”

### Morrison Hospital Emergency Department

Some had to travel for an hour or more, and some chose certain hospitals over others because they were worried about the reputation of some places, even if it required longer travel.

“Came to PCH because of negative reputations of Grange hospital which would have been nearer.”

**Prince Charles Hospital A&E**



## Parking problems

Car parks were often full, so it was hard to find a spot. This was especially tough for older or disabled people if there weren't accessible spaces close to the hospital.

“No car parking spaces, had to park significant way away from the hospital and leave patient alone so I could get a wheelchair for patient I was with. No wheelchairs available, had to wait while security guard was sent to find one.”

**The Grange University Hospital A&E**

“Parking - especially for those in wheelchairs - used to be right by the main entrance at UHW, that has now been taken away, so if there are no spaces in the 2 story car park opposite A&E, then it means a trek from the other multi story car park, which is not easy whilst pushing a wheelchair. It all makes for a very stressful situation for patients and their carers/families to deal with on top of the worry of someone you love, being very unwell.”

**University Hospital of Wales A&E**



Some parking spaces were far from the hospital doors, and signage wasn't always available or clear, which made it harder for people who weren't feeling well.

"Parking was difficult at it was a busy period of the day, finding the hospital was of no issue, but no clear signage for the minor injuries department."

**Cwm Cynon Hospital Minor Injuries Unit**

"Came by car ... arrived at 14:45. Now 17:14. Waiting time on Display stated 3 1/2 hours. Parking is awful. Have had to park in public car park. Hope I don't get a Ticket."

**Withybush General Hospital A&E**

Short stay parking limits didn't give enough time for people who had to wait to be seen at the hospital.



## Checking in

Some people liked using self-check-in screens because they were quick. Others found them hard to use, especially if they were sick or in pain.

The way to check-in wasn't always clear, which made people feel more worried.



"The iPads were absolute chaos to use. The questions they ask are ridiculous and intrusive. You don't get asked all those at the desk. You can't even choose to skip them, it won't let you go any further unless you've answered them. Last thing you want to do is battle with something like that when you're ill."

### University Hospital of Wales A&E

"A warm welcome by the reception made my day."

### Ysbyty Gwynedd A&E

"Reception members of staff were lovely, pleasant and polite. Waiting area was clean and tidy seating was spacious and comfortable for the duration of my waiting period."

### Neath Port Talbot Minor Injuries Unit

Friendly staff made a big difference. When the staff were kind and helpful, it made people feel less stressed and more cared for.

Patterson, Liz  
21/03/2025 15:58:39

# Waiting to be seen

## Quick triage

A lot of people were checked out by a nurse or doctor soon after they arrived, sometimes in just a few minutes. If someone was really sick, they got help faster, which people really appreciated.

“Some people came in with obviously extremely urgent problems that had made their own way in and were seen as priority which was very comforting.”

**University Hospital of Wales A&E**



People value being able to be seen locally in smaller hospitals for things that don't need to be dealt with by bigger emergency departments.

“Being seen in MIU Llandrindod has saved a trip to Hereford which has long, long waiting times. Seen here in about 30 minutes without making a pre-appointment. Used facilities here several times over the years and all brilliant.”

**Llandrindod Wells County War Memorial Hospital  
Minot Injuries Unit**

## Kind and caring staff

The doctors and nurses were kind, even though they were really busy. They worked hard to take care of everyone, which made people feel less worried and frustrated.



“Kind and Caring. Easy to talk to.”

**Nevill Hall Hospital Minor Injuries Unit**



## Long waits

Some people had to wait a very long time to be seen – many waited 8–12 hours, some as long as 24 hours.



“Waiting times are terrible, but the staff have been phenomenal and trying their best to get patients into beds.”

**Prince Charles Hospital A&E**



“I’ve been waiting 12 hours and only had triage and a water sample. Sadly we are expected to wait and haven’t been offered food or drink. Second obs taken after 12 hours. I’m waiting in a corridor, which is paediatric waiting area and it is very uncomfortable”

**Royal Glamorgan Hospital A&E**



It was really hard for people who were in pain, feeling really sick, or taking care of children or others who needed extra help. Neurodivergent people often found the waiting area overwhelming due to the noise, bright lights and number of people around them.



“My son is autistic and very rarely leaves the house. Had a perianal abscess that had ruptured so struggled to sit or stand. [He has] social anxiety so can't cope with people, noise light etc. We were told I could wait in the car with him and he would be called straight through to triage. When his name was called, and he wasn't there immediately they moved on to next patient and he had to wait standing and in pain.”

**Ysbyty Gwynedd A&E**

Lots of people said they felt unsafe or like no one was paying attention to them.

People didn't always know how long they'd have to wait or what would happen next. After seeing a healthcare professional at the start, they sometimes felt forgotten and didn't get any updates.

“

“I was given false information by a doctor who said I would be seen and given the ok to go home as results were clear - 3 hours later I was informed I was going up to a ward to stay overnight - I considered that I was safer at home and discharged myself.”

**University Hospital for Wales A&E**

”

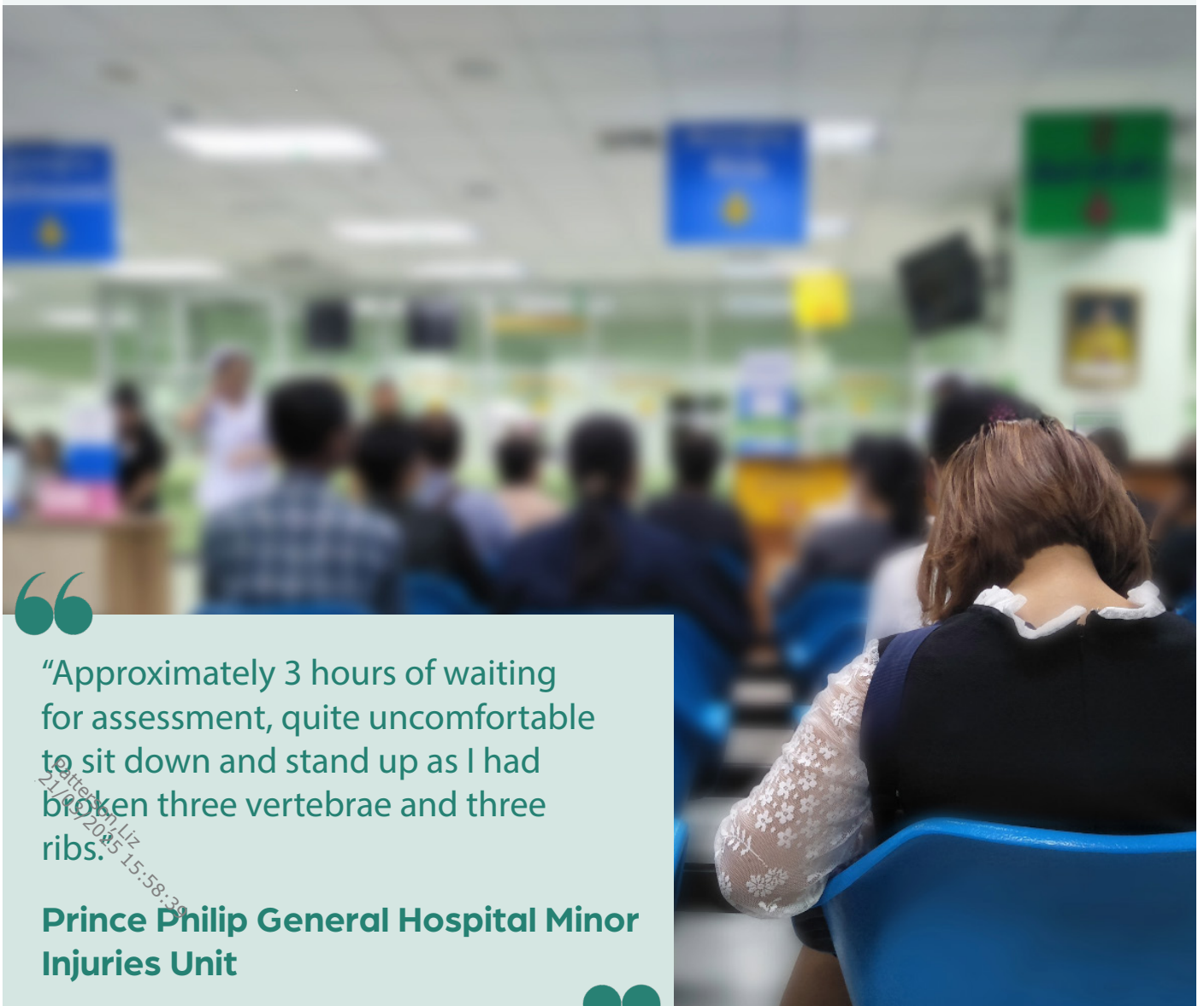
“We are not too sure what is going on. We spoke to a nurse just over an hour ago. We are still waiting. We’ve been given no explanation of what the treatment is to be. Last night we phoned for an update, but wasn’t given one as my husband was still in the ambulance. We think he had an x-ray, but not sure if this is the case, or if he has had anything else.”

Bronglais General Hospital A&E



## Crowded and uncomfortable

Waiting rooms were often really full, with not enough chairs. Some people had to stand or sit on the floor. Many people said that chairs were hard and uncomfortable, and there weren’t any places to lie down if someone had to wait a long time.



“Approximately 3 hours of waiting for assessment, quite uncomfortable to sit down and stand up as I had broken three vertebrae and three ribs.”

Prince Philip General Hospital Minor Injuries Unit



“I waited 24 hours on one occasion and 26 hours on another, I am disabled and was in a lot of pain but had to sleep in an uncomfortable chair. On one occasion, I was on an office chair as it wasn’t anticipated that people would be waiting for a bed so, there were no comfortable/recliner chairs.”



### The Grange University Hospital A&E



Being near others who were upset or making a lot of noise made the situation even worse for many.



“So upsetting. People in fear, despair, pain. Fellow patients helping fellow patients as there was no one to help. I imagined that if you were in pain, distress, fear...once you made it through those A&E doors, you could throw yourself at the mercy of the hospital. You made it. Not the case. People waiting for triage, holding wounds in tea towels, committing, crying out in pain. Absolutely awful. Felt like a triage in a war zone. I went with severe shortness of breath. I waited approximately 2 hours to see the initial triage nurse. I honestly think that people will die in the waiting room. Absolutely horrific.”

### University Hospital of Wales A&E

“Extremely sick people were left in the waiting room and I saw a mother with a teenage son ask for help as he was really ill and in pain and being told he will have to wait it was only when he started projectile vomiting that 4 nurses suddenly appeared and took him into a cubicle. It was clear to everyone this lad needed help as he was screaming!”

### University Hospital of Wales A&E



Some waiting areas were nice and clean, with comfy chairs for sitting. Often vending machines were broken, and there wasn't always water or food available.

“At one point after being in A+E for 14 hours I asked the receptionist if I could have a cup of hot water she was so indignant and said we do not give out cups of hot water someone will be out with a tea trolley between 8 and 9 pm. Unfortunately the staff were so busy this did not happen all the while the receptionist just sat there chatting. 3 hours later I asked the receptionist if I could give them my phone and go to the canteen and get some hot food as I was hungry to be told abruptly I could not as I could be called which I understand.”



**The Grange University Hospital  
A&E**

“12 hours after having been sent by the GP my husband was finally admitted. During all this time, my husband was not offered anything more than one paracetamol. Every time he was called up, he lost his seat and had to stand in the waiting room, until another chair became available. The coffee machine didn't work, and the snacks machine only offered sugary junk.”

**Ysbyty Gwynedd A&E**

Having things like clean bathrooms and drinks while waiting made the experience a bit better.

Patterson, Liz  
21/03/2025 09:58:36

“It's nice here, clean, tidy. It's relaxing.”

**Cardigan Integrated Care  
Centre Minor Injuries Unit**

# Receiving care and treatment

## Quality of care

Lots of people said “thank you” to NHS staff for working so hard, even when things were really tough. The staff often did more than expected to make sure patients felt comfortable and respected, going “above and beyond”.



“All of the staff, from the cleaners to the consultants were amazing. I could see how busy everyone was so I don’t think that I was demanding but if I wanted or needed support or care, they were available. They also cared about my wellbeing and as I was struggling to eat so night staff knew this and every night I would get my milk and biscuits!!”

**The Grange University Hospital A&E**



“The system is broken but the staff are fantastic.”

**Prince Charles Hospital A&E**



NHS staff were often described as kind, patient, and caring, even when they were really busy.

“Positive, pleasant, caring, gentle and accommodating”

### Ysbyty Aneurin Bevan Minor Injuries Unit



“All staff extremely kind, very busy but despite this all staff were attentive...”

### Ysbyty Gwynedd Acute Medical Unit



Little but important things, like listening carefully, giving reassurance, and explaining what was happening, made people feel better.



“Very positive about staff, very helpful and kind. I have felt looked after. Good communication and clear about the process.”

### Royal Glamorgan Hospital A&E

We heard from some people that children, neurodivergent people, or those with particular needs were supported well, with staff showed patience, understanding, changing things where needed to help them feel more comfortable or make things easier for them.



“Excellent! My daughter is autistic, and everyone was very patient and understanding.”

### The Grange University Hospital A&E



“Explained that my daughter (who I had taken to be seen by medical staff) suffers from anxiety and we were seen by the triage nurse almost straightaway. Did not then have to wait too long to be seen. Overall experience was excellent - seen quickly and felt staff were understanding of my daughter’s needs.”

**Llandudno Hospital Minor Injuries Unit**



Others didn’t get the support they needed.

“Awful. I’m autistic and particularly noise sensitive. The waiting room was crowded. I’d been on dialysis for four hours and already tired. I waited around 45 minutes to be assessed and then another 3 hours for a blood test. After that I was told it could be another 6 - 9 hour wait. I left - if anything serious happened I’d go back. There is no provision for neurodivergent people at any hospital I’ve been treated. There needs to be a quiet room.”

**The Grange University Hospital A&E**



“The wait and not knowing hasn’t been ideal, but what’s affected me the most is, a patient came in this morning who is completely deaf. I used to support him in my job. Unfortunately, there was no equipment for the staff to use with him for communication and it didn’t look like they were bothered either. I had to support him with BSL, just so he could get some help. This needs to be urgently looked at.”

**University Hospital of Wales Assessment Unit**



## Communication

When NHS staff explained things clearly, like what was going to happen or what the plan was, people felt less nervous.



“Brilliant, reassuring and was kind to my son who was quite stressed. They did a quick x-ray which ruled out a break, put strapping on his ankle and gave clear advice on what he should and shouldn’t do.”

### Cardigan Integrated Care Centre Minor Injuries Unit



People liked being included in decisions and knowing what would happen next.

Some people praised the teamwork among staff, moving from one place or step to the next smoothly, without any problems or confusion e.g., between triage, treatment, and follow-up care.

“They were very helpful, though I could see they were rushed for time, were taking the time to make sure I was heard, things were thoroughly checked and my anxiety alleviated. The last one who spoke to me about my results was extremely comforting and because I was an odd case, even checked with her boss to make sure it was thorough.”

### University Hospital of Wales A&E



“I thought they were very thorough, saw lots of teams. They seemed to be communicating well with each other, and I was kept in the picture, always clear what was happening next. I had to tell the same story to lots of people.”

### Bronglais General Hospital A&E

However, some raised issues with communication where they had a pre-existing condition or were receiving specialist care elsewhere. They felt they weren’t listened to or that communication with other departments or specialists who had previously treated them wasn’t happening.



## Lack of staff and resources

Lots of people felt that there aren't enough doctors, nurses, or beds, with too many people needing help all at once. People felt it wasn't the staff's fault, but it still made things harder for everyone.



“Feels quite traumatic like being treated in [...] a war zone where doctors are having to make do with limited equipment and support available. Drs and nurses are rushed off their feet. Not fair on patients or staff.”

### University Hospital of Wales Assessment Unit

Sometimes, doctors and nurses were so busy that they couldn't spend much time with patients, or things were forgotten. A few people felt like their problems weren't taken seriously, especially when they were in pain.

A lot of people said their pain wasn't taken care of quickly enough.

Patterspiz  
21/03/2025 14:38:39

“When in severe pain, struggled to get pain relief.”

### Glan Clwyd Hospital A&E

“Numerous times I had to remind nurses they'd forgotten something. Once they're (nurses) called off to do something, they're so busy they forget”

### Glangwili General Hospital A&E

“Not acceptable in fact disgusting wasn’t given any pain relief or anything for the horrendous spasms I was having I told them that the symptoms I was experiencing was the same as the last time I had spinal surgery and had a haematoma still didn’t do anything for me except give me water... I was sent home with diazepam for the spasms didn’t even get a spinal doctor to come and see me so I went home in the same state as I got there so who knows what 12 hours sitting on a wooden chair done to me.”

**Morrison Hospital Emergency Department**



## Privacy and dignity

Sometimes, how people were treated depended on who was helping them or what time they were there.

“There is no consistency and seems to be dependent on the individual’s own values and they don’t seem to have any values put into them by the NHS.”

**West Wales**



There weren’t enough hospital beds, so people had to wait a long time in uncomfortable spaces, and some had to be treated in corridors, which made them feel embarrassed or like they had no privacy.



“The doctors and nurses were kind, knowledgeable and polite but there just wasn’t enough room or an appropriate environment to be seen in and they were under a lot of pressure. Being in a corridor with vomiting and diarrhoea was an horrendous experience.”

**The Grange University Hospital A&E**

“The storing of patients in corridors has become so routine that the dignity of the patients is not even considered. The system is chaotically inefficient and is in desperate need of a review.”

**Glan Clwyd Hospital A&E**



## Leaving hospital

Some felt they were sent home too soon without enough information or help to get better properly.



“I eventually got home at 2am in the same pain and without any answers I visited my GP the following morning they wanted to send me back [...] but I refused to go. 12 months later I have not been followed up in clinic.”

**The Grange University  
Hospital Acute Medical Unit**

Particularly for those being sent home late at night or very early in the morning, finding transport home was a problem for some people.

“1:30am came and Dr came too see me, explained it's a possible kidney infection and discharged me with antibiotics. This was at 1:40am and I had no way of getting home as I live over 45 minutes away. Had to stay by the table and chairs of Morriston hospital entrance until the morning.”

**Morriston Hospital Acute Medical Unit**

Others felt they could have gone home sooner if there were more efficient processes in place for checking test results.

“Needs a discharge team as so many could have gone home if they weren't waiting on a consultant to check results.”

**Glangwili General Hospital A&E**

Some people we heard from highlighted communication issues between emergency care and their GP, with details not being passed on in a timely way.

“I eventually got home at 2am in the same pain and without any answers... My GP was eventually able to discover that I had a damaged liver as a result of surgery.”

**The Grange University Hospital Acute Medical Unit**

“It took 20 days for notes to come through to GP.”

**West Wales**

## What needs to happen next?

We know there are lots of things in place setting out what should happen to make everyone’s experience of NHS emergency care a good one – A Healthier Wales, the Six Goals for Urgent and Emergency Care, The Duty of Quality, Care in Emergency Departments: A Quality Statement, and The Well-being of Future Generations Act all call for long-term, integrated, people-centred solutions.

The reality of what we’ve heard and seen over recent months makes it difficult for people to see how any of these commitments and requirements are helping to make things better for those of us who need emergency care now, and in the weeks and months ahead.

Emergency care in Wales isn’t working for far too many people. Urgent action is needed to restore and rebuild confidence in the ability of our NHS to care for us when we need it in an emergency.

People need to know:

- **What is being done to fix it?**
- **When will things start improving?**
- **Who is responsible for making sure this happens?**

We know that things are happening nationally to focus on improving things. For example, the Ministerial Advisory Group on performance and productivity is looking at what can be done to make things better in urgent and emergency care in Wales.

We know that some health boards have trialled new approaches, such as additional walk-in services and minor injury units to ease the pressures on emergency departments. Others have worked to speed up triage or improve transport options.

But the real issue is that these efforts appear to us to be fragmented, do not seem to be part of a single, coordinated programme with clear leadership. Fundamentally, they are not making a difference quickly enough.

## **Llais is calling on the Welsh Government and NHS Wales to:**

**Act on what can be changed now, while laying the foundations for long-term transformation.**

### **Focus on joined up action and accountability. People want:**

- visible improvements – showing that changes are being made, not just discussed.
- clear timelines – so people know when things will improve and what steps are being taken now.
- co-ordinated action – making sure all parts of the system are working together and delivering results.



## Provide clear leadership and accountability

- Use existing partnerships, oversight and escalation mechanisms to drive real improvements.
- Make responsibilities clear for everyone – who is making sure emergency care improves, and what happens when standards are not met.

## Reduce waiting times and overcrowding

- Improve coordination across health and social care to prevent system bottlenecks.
- Make sure emergency care spaces are accessible for everyone, focused on meeting people's individual needs.

## Prioritise dignity and comfort

- Make sure everyone is cared for and treated in appropriate, dignified spaces.
- Provide and maintain clean, safe, and comfortable environments that respect people's dignity.
- Do the small things that make a big difference to people's experience, like food and drinks and comfortable chairs.



## Embed people's voices in change

- Use real-time feedback to drive on-going action and improvement.
- Introduce new measures of performance that focus on the things that matter most to people needing emergency care.
- Make emergency care data on people's experiences and outcomes publicly available so it's easy to see what people are saying and what action is taken in response.

## Spread what works

- Share and implement what works well for people across Wales, not just in individual health boards.
- Move forward with a "justify or adopt" approach, so changes that make things better happen faster across Wales.

**We believe everyone living and working in Wales has a part to play in helping to make our NHS better. At Llais, we will do everything we can to drive the improvement needed so people get the care and treatment they need where and when they need it, and in the way they need it.**



## Appendix: Visits made

### Hospitals visited

#### Cardiff & The Vale of Glamorgan Region

University Hospital for Wales Assessment Unit

University Hospital for Wales A&E

Barry Hospital Minor Injuries Unit

#### Cwm Taf Morgannwg Region

Prince Charles Hospital A&E

Royal Glamorgan Hospital A&E

Cwm Cynon Hospital Minor Injuries Unit

Prince Charles Hospital A&E

Cwm Rhondda Hospital Minor Injuries Unit

Princess of Wales Hospital A&E

#### Gwent Region

The Grange University Hospital Acute Medical Unit

The Grange University Hospital A&E

Ysbyty Ystrad Fawr Minor Injuries Unit

Nevill Hall Hospital Minor Injuries Unit

Royal Gwent Hospital Minor Injuries Unit

Ysbyty Aneurin Bevan Minor Injuries Unit

#### North Wales Region

Ysbyty Gwnedd Acute Medical Unit

Glan Clwyd Hospital Acute Medical Unit

Wreccsam Maelor Hospital Acute Medical Unit

Ysbyty Gwynedd A+E

Glan Clwyd Hospital A+E

Wreccsam Maelor Hospital A+E

Penrhos Stanley Hospital Minor Injury Unit

Bryn Beryl Hospital Minor Injury Unit

Ysbyty Alltwen Minor Injury Unit

Tywyn Hospital Minor Injury Unit

Llandudno Hospital Minor Injury Unit

Denbigh Hospital Hospital Minor Injury Unit

Holywell Hospital Minor Injury Unit

Mold Community Hospital Minor Injury Unit

## **Neath Port Talbot & Swansea Region**

Morrison Hospital Emergency Department  
Morrison Hospital Acute Medical Unit  
Neath Port Talbot Hospital Minor Injuries Unit

## **Powys Region**

Victoria Memorial Hospital Minor Injuries Unit  
Ystradgynlais Community Hospital Minor Injuries Unit  
Breconshire War Memorial Hospital (Brecon) Minor Injuries Unit  
Llandrindod Wells County War Memorial Hospital Minor Injuries Unit

## **West Wales**

Glangwili General Hospital  
Withybush General Hospital  
Bronllais General Hospital  
Prince Philip General Hospital  
Cardigan Integrated Care Centre  
Llandovery Hospital

## **Thanks**

We thank everyone who took the time to share their insights, views and experiences with us about emergency care.

## **Feedback**

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

Patterson, Liz  
21/03/2025 15:58:39

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Patterson, Liz  
21/03/2025 15:58:39



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.1**

<b>BOARD</b>		<b>DATE</b> <b>26 MARCH 2025</b>
<b>Subject:</b>	<b>SUMMARY OF JOINT COMMITTEE ACTIVITY</b>	
<b>Approved and presented by:</b>	Hayley Thomas, Chief Executive	
<b>Prepared by:</b>	Interim Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant joint committees.	
<b>PURPOSE:</b>		
The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).		
It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).		
<b>RECOMMENDATION(S):</b>		
It is recommended that the Board: <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings.</li> <li>• Take <b>ASSURANCE</b> mechanisms are in place to report appropriately to the Board.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	Y

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
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	N	
8. Transforming in Partnership	N	

## EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

The report also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

## DETAILED BACKGROUND AND ASSESSMENT

### **Joint Commissioning Committee (JCC)**

The Joint Commissioning Committee held virtual meetings on 21 January and 18 March 2025. The papers for these meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#)

The briefing report from the meeting on 21 January 2025 is attached at **Appendix 1**.

The briefing report from the meeting on 18 March 2025 will be shared at the May meeting of Board.

### **Mid Wales Joint Committee for Health and Social Care**

The next meeting of the Mid Wales Joint Committee for Health and Social Care will take place on 04 April 2025. The papers for this meeting are available at [Mid Wales Joint Committee meeting 4th April 2025 - Mid Wales Joint Committee](#)

## NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

## IMPACT ASSESSMENT – NOT REQUIRED

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

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**Joint Commissioning Committee**

**Highlight Report from the Joint Commissioning Committee (JCC)**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/01/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Jacqui Maunder – Committee Secretary
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stacey Taylor - JCC Interim Chief Commissioner
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Stacey Taylor JCC Interim Chief Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Health Boards	March 2025	Noted

**1. SITUATION/BACKGROUND**

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 21 January 2025.

Key highlights from the meeting are reported in Section 3.

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## 2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

## 3. HIGHLIGHT REPORT

(Links to reports highlighted [January 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
<b>Alert / Escalate</b>	<ul style="list-style-type: none"> <li>• <b>Emergency Ambulance Services:</b> Ongoing concerns about performance and capacity. A risk review was discussed at the JCC Strategy session in December 2024; and</li> <li>• <b>Ambulance Staff Re-banding:</b> The Welsh Ambulance Services University NHS Trust (WAST) proceeded with the Emergency Medical Technician (EMT) re-banding proposal on the basis the in-year costs will be absorbed by WAST for 2024/25. The JCC noted that this will remain a provider issue, rather than a JCC issue going into 2025/26. Skill mix changes will be required to mitigate future financial impacts.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• <b>Chief Commissioner Recruitment:</b> The recent recruitment process undertaken failed to secure the appointment of a permanent Chief Commissioner. Stacey Taylor continues to cover the role on an interim basis.</li> <li>• An update was received from the <a href="#">Interim Chief Commissioner</a>:               <ul style="list-style-type: none"> <li>○ <b>Quarter 3 Progress &amp; Future Priorities:</b> Work is ongoing under transition to establish 'routine business' for the JCC. Priorities include delivering the 2024/25 plan, finalising the organisational structure, and preparing the 2025-28 Integrated Medium Term Plan (IMTP),</li> <li>○ Key achievements were highlighted; and</li> <li>○ Next developments include the Directory of Services and the JCC Commissioning Framework.</li> </ul> </li> <li>• Members received reports from each of the three Commissioning Directors;</li> <li>• Update from the <a href="#">Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</a>. Members noted:</li> </ul>

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Status	Update
	<ul style="list-style-type: none"> <li>○ Issues with mental health service facilities under NHS England (NHSE) contracts, particularly environmental concerns,</li> <li>○ A review of Traumatic Stress Wales (TSW) services is underway; the JCC hosts this service which is funded by the Welsh Government,</li> <li>○ An internal audit assessment on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating; and</li> <li>○ A fire at a low-secure unit commissioned by the JCC led to patient transfers to medium-secure facilities.</li> </ul> <p>Further discussions would take place related to the future strategy of the Mental Health portfolio at a future JCC Strategy Session.</p> <ul style="list-style-type: none"> <li>● Update from the <a href="#">Director of Commissioning for Ambulance and 111</a> provided updates on: <ul style="list-style-type: none"> <li>○ Pressures on emergency ambulance services,</li> <li>○ The ongoing judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS),</li> <li>○ Ongoing work by WAST responding to the recommendations of the Manchester Arena Inquiry,</li> <li>○ Recommendation 4 - the bespoke road based service. Due to financial and operational implications and performance disparities across Wales, further discussions are needed, and these will continue through the Collaborative Commissioning Leadership Group (CCLG),</li> <li>○ Welsh Government has established a group to consider revised performance metrics in relation to emergency ambulances and the outputs will be presented to the Cabinet Secretary for Health &amp; Social Care in the near future,</li> <li>○ The draft long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' would be finalised by March 2025; and</li> <li>○ Key risks to the ambulance service in Wales.</li> </ul> </li> <li>● The update from the <a href="#">Director of Commissioning for Specialised Services</a> included: <ul style="list-style-type: none"> <li>○ Concerns over delays in plastic surgery with the target of no patients waiting longer than 104 weeks,</li> </ul> </li> </ul>

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Status	Update
	<ul style="list-style-type: none"> <li>○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation),</li> <li>○ Obesity surgery waiting times; and</li> <li>○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level.</li> </ul>
Assure	<ul style="list-style-type: none"> <li>● <b>Governance &amp; Risk Management:</b></li> <li>● Updated <a href="#">financial delegated limits</a> approved for the Interim Chief Commissioner,</li> <li>● Concerns raised over <a href="#">funding for new medicines for very rare diseases</a>, with JCC proposed as the preferred planning body (National Institute of Clinical Excellence (NICE)),</li> <li>● National approach to <a href="#">Continuing Healthcare (CHC) commissioning</a> endorsed with workstreams planned,</li> <li>● <a href="#">Risk register received</a>, with further work needed to assess risk appetite,</li> <li>● Assurance reports presented on <a href="#">governance</a>, including the approval of the sub-committee terms of reference, finance and audit matters relating to WHSSC.</li> </ul>
Inform	<ul style="list-style-type: none"> <li>● <b>Patient Story:</b> A patient attended the meeting to reflect on personal experience and highlight the benefits of a microprocessor knee in improving mobility and quality of life.</li> <li>● <b>Strategic Planning (IMTP 2025-28):</b> <ul style="list-style-type: none"> <li>○ NHS Wales Planning guidance highlights a 1.77% budget uplift with a 2% efficiency savings target,</li> <li>○ Highlighted the importance of collaboration and prioritisation of resources,</li> <li>○ Key priorities include urgent care and planned care recovery,</li> <li>○ Early estimates suggest JCC will require between 5.5%-6.4% financial growth requirement,</li> <li>○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted,</li> <li>○ A further strategy workshop would be arranged to support the ongoing work to develop the JCC IMTP.</li> </ul> </li> <li>● The Committee received the following assurance reports: <ul style="list-style-type: none"> <li>▪ <a href="#">CTMUHB Audit and Risk Committee Assurance Report</a></li> <li>▪ Legacy WHSSC Management Group Briefings for <a href="#">November</a> and <a href="#">December 2024</a></li> </ul> </li> </ul>

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Status	Update
	<ul style="list-style-type: none"> <li>▪ <a href="#">Individual Patient Funding Request (IPFR) Panel</a> Chairs report</li> <li>▪ <a href="#">Welsh Kidney Network (WKN) Chairs report.</a></li> </ul>
<b>Appendices</b>	None

Note that an “in committee” meeting was also held. A formal update will be given to the next public JCC meeting on 18 March 2025 under the Corporate Governance report.

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC</b> <b>Link to JCC Strategic Objectives(s)</b>	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>	Efficient
	All of the domains of quality apply If more than one applies please list below: Effective; equitable; person centred; timely and safe

<b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

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

## 5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.2**

<b>BOARD</b>		<b>DATE OF MEETING: 26 MARCH 2025</b>
<b>Subject:</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>	
<b>Approved and presented by:</b>	Hayley Thomas, Chief Executive	
<b>Prepared by:</b>	Interim Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant partnership board.	
<b>PURPOSE:</b>		
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> <li>▪ NHS Wales Shared Services Partnership Committee (NWSSPC).</li> <li>▪ Powys Public Services Board (PSB).</li> <li>▪ Regional Partnership Board (RPB).</li> <li>▪ Board:Cabinet Forum (BCF).</li> </ul>		
<b>RECOMMENDATION(S):</b>		
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.</li> <li>• Take <b>ASSURANCE</b> mechanisms are in place to report appropriately to the Board.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	Y

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

## EXECUTIVE SUMMARY:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 03 February 2025 and are due to meet on 26 March 2025. The papers for these meetings are available at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#). The assurance report from the meeting on 03 February 2025 is attached at **Appendix 1**. The assurance report from the meeting on 26 March 2025 will be brought to the May Board meeting.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: [Browse meetings - Public Service Board Cyngor Sir Powys County Council \(modern.gov.co.uk\)](#)

The PSB are next scheduled to meet on 20 March 2025.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB met on the 31 January 2025 where the following items were discussed:

- RIF programme update and emerging recommendations

The RPB are next scheduled to meet on 20 March 2025.

### Board to Cabinet Forum (BCF)

The Board to Cabinet Forum has not met since the last meeting of Board in January 2024. A smaller group met in the Board to Cabinet context in Nov 2024.

## NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

## IMPACT ASSESSMENT – NOT REQUIRED

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**ASSURANCE REPORT  
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

<b>Reporting Committee</b>	<b>Shared Services Partnership Committee</b>
<b>Chaired by</b>	Professor Tracy Myhill OBE, NWSSP Chair
<b>Lead Executive</b>	Neil Frow OBE, Managing Director, NWSSP
<b>Author and contact details</b>	James Quance, Assistant Director of Corporate Services
<b>Date of meeting</b>	03 February 2025

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made**

**Chair’s Report**

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- Introducing the All-Wales Planning Programme for Learning Autumn Event hosted by NWSSP in November 2024, which was very successful and received positive feedback from participants; and
- Chairing both Welsh Risk Pool Committee meetings that took place on 19 November 2024 and 21 January 2025.

The Committee **NOTED** the Chair’s Report.

**Managing Director Update**

The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool (WRP) Committee met on 26 November 2024, ratifying 240 cases with a reimbursement value of £18.6m. WRP continues to face challenges with the timeliness and quality of learning submissions, as well as the provision of additional evidence. Efforts are being made to improve these areas and avoid imposing penalties, although some remain in the system, with 29 recently authorised. Revised consent forms were ratified, addressing ongoing challenges in defending cases. Collaboration with Welsh Government is ongoing to secure funding for the MoNET Wales programme. An update on Covid litigation was provided to Chief Executives in December 2024, noting that the number of cases in Wales is currently low. Further updates will follow the outcome of the Module 3 report of the UK Covid Public Inquiry.
- A year-to-date surplus of £3.522m was reported at Month 9, with a surplus of £2.832m in core operational budgets and £0.690m against the recurrent Covid allocation. Capital expenditure to date is £3.703m against a £7.810m limit. Additional funding was approved in December 2024 and we are working with Services to ensure funding can be fully utilised within the financial year, reviewing progress at our Capital Prioritisation meetings.
- Progress on the South East Radiopharmacy and Hub was noted with a positive review of the plans by the Medicines and Healthcare products Regulatory Agency

(MHRA), with minor adjustments to be incorporated. Planning permission is progressing with Newport Council and once confirmed the funding letter from Welsh Government will be issued for next phase of works. For the South East Wales Hub, the business case is being developed in consultation with the Welsh Government and would be brought to the Committee, for approval. Efforts are ongoing to finalise site options in South West Wales. A review of hospital medicines supply and logistics is underway, with a report expected by March 2025. The HIV Action Plan, a pilot project for pre-exposure prophylaxis (PrEP) in Community Pharmacy will commence in 2025, aiming to improve access, whilst reducing inequalities and stigma by normalising the care of people at risk of HIV. The preferred model would be Hub and satellite supply arrangements with specified community pharmacies.

- The establishment of the statutory Medical Examiners Service has been successful, with positive early stages despite initial challenges. Recent media coverage highlighted delays in releasing bodies from mortuaries, but the Service has no authority over this process. Efforts are ongoing to clarify the Medical Examiner's role in certifying non-coronial deaths and to address family concerns and we continue to work closely with funeral directors, mortuaries and bereavement services.
- The recent International Recruitment visit to Kerala resulted in 19 appointable doctors, with 7 offered immediate positions in psychiatry, 12 on a holding list, and 30 identified during the interview process. There is confidence that 23 declared vacancies can be filled. The Chief Dental Officer is awaiting an announcement to support dental practitioners. From the June visit, 191 healthcare professionals were recruited.
- Formalising tenure at Laundry sites in Church Village and Carmarthen to align with North Wales and Greenvale remains ongoing, with discussions about maintenance and operating footprint.
- Regarding accommodation, leases at Charnwood Court and Companies House to be further extended for the medium term, with a review of space usage to support agile working. The footprint at Companies House will be much reduced.
- NWSSP continues to hold the level of Personal Protective Equipment (PPE) stock requested by Welsh Government and we continue to await their decision on the future position. Significant time has been spent in responding to extensive requests relating to the Covid-19 Public Inquiry.
- The procurement process for the future Electronic Staff Record (ESR) workforce solution remains ongoing, with outcomes expected by June 2025. Wales accounts for 5-6% of the overall contract and the business case is yet to be ratified by His Majesty's Treasury. The first wave is expected in 2027 and organisational rollouts require representatives to attend Programme Board meetings to provide feedback.
- Installation of photovoltaic (PV) panels at Matrix House and plans for electric vehicle charging points and battery backup are underway. The IP5 Solar Farm is boasting encouraging benefits with nearly 90% of the power being generated on a sunny day in November 2024.
- Sessions with Chief Executives and Peer Group Chairs discussed NHS challenges and future strategies. A Joint Executive Team meeting highlighted the need for funding to support Primary Care Services.
- NWSSP's Annual Staff Recognition Awards event is scheduled for 13 February 2025. The virtual Health and Wellbeing Conference on 16 January 2025 was well attended and positively received. NWSSP has been recognised in multiple categories at the GO Awards Wales, and Millie Tottle won the Rising Star Award at the Shared Services Forum UK Awards.

The Committee **NOTED** the Managing Director's Report.

## Deep Dive

### Deep Dive of NWSSP Integrated Medium Term Plan 2025-2028

The Committee received a comprehensive Deep Dive into NWSSP's Integrated Medium Term Plan 2025-2028.

The development of the Plan has been a significant undertaking, showcasing extensive collaboration and engagement, and aligning with strategic direction and Ministerial priorities.

The Plan emphasises financial sustainability, equality and staff well-being, whilst outlining key contributions NWSSP brings to the NHS in Wales.

Overarching principles such as doing the basics well, converting challenges into opportunities, and supporting our staff and our partners, have been embedded in the Plan. The themes aim to empower staff and enhance efficiency through self-service, standardisation, and consistent outcomes. Throughout the Plan, equality impact assessment and the duty of quality have been embedded. There is a strong focus on maximising returns on digital system investments, ensuring benefits realisation and value for money.

The financial overview acknowledges the strong foundations built upon, while noting pressures amounting to over £12 million, with more than £7 million expected from Welsh Government funding, primarily due to the pay award. Additionally, 2.36% savings on the core allocation, amounting to over £2 million, have been identified by NWSSP. A 1.77% uplift is applied to Service Level Agreements, affecting chargeable income streams such as Health Courier Services, Legal and Risk, and Laundry Services. Despite the anticipated pay award, there are additional inflationary pressures on these services. A breakdown of income anticipated from various sources was set out in the plan, with an expected turnover of £800 million over the next three years.

A scrutiny meeting with Welsh Government Finance and the NHS Executive Financial Planning and Delivery Team discussed the risks and opportunities to 2028, including transformational change projects such as the ESR replacement and the Transforming Access to Medicine Services (TrAMS) programme. The discretionary capital pot is small, but an uplift for next year has been received. Several bids are being submitted as part of the process, and business cases involving Welsh Government are in progress. The organisation is dependent on the pay award funding, with ongoing discussions with Welsh Government about next year's arrangements. It is critical that divisions deliver on their savings plans, with tight monitoring in place. The Plan reflects the challenges posed by Committee Members and has been developed with extensive engagement from all staff within NWSSP.

The Committee **NOTED** the Deep Dive.

### Items Requiring SSPC Approval/Endorsement

#### NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Engagement sessions and the comprehensive nature of the IMTP were praised. Constructive financial touchpoint meetings with Welsh Government were noted, with the approval process beginning upon submission. There was discussion on the interpretation of the governance framework and the Committee's role in endorsing the IMTP. It was

clarified that the Committee was the appropriate mechanism whereby NWSSP seeks approval of the IMTP.

The majority of Committee Members supported the ongoing work to finalise and approve the IMTP, with one organisation not agreeing the plan. Further discussions would be held outside of the Committee meeting regarding the governance arrangements.

The Committee resolved to **APPROVE** the IMTP for 2025-28.

### **Medical Examiner Pay Scale**

A report relating to the Medical Examiner Pay Scale proposal, effective from 1 January 2025, was received by the Committee.

Since 2019, the basic Consultant pay scale has been used for Medical Examiners. The preferred option recognises entry-level requirements, placing Medical Examiners at pay point 4, step 5, with an annual salary of £130,380. Engagement has been made with the British Medical Association, who are content with the approach. There is a central model in Wales being operated and the Service is funded by the UK Government, with no recharge to Health Boards. Medical Examiners are employed directly by NWSSP. It was clarified that all Medical Examiners in Wales were assimilated to the same pay point on entry, aiming to maintain equity and the importance of competitive pay to attract and retain was emphasised.

Committee Members requested time to seek assurance from Medical Director colleagues on the proposal and therefore the proposal was supported in principle, subject to feedback received by 10 February 2025.

The Committee resolved to **ENDORSE** the proposal for Option 1, subject to any feedback received from Health Boards by 10 February 2025.

### **Customer Service Charter**

NWSSP's updated Customer Service Charter had recently been endorsed at the January 2025 Formal Senior Leadership Group meeting. The Charter had been reviewed and refreshed at the SSPC Autumn Development Day, with feedback incorporated to further develop and rebrand. In addition, customer service training would be rolled out to staff, especially in areas with high customer engagement, to support the Charter's relaunch. Further, a newly appointed Head of Communications would start in March 2025, to help formalise the rollout.

The Committee resolved to **APPROVE** the Customer Service Charter.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** - The financial position, as at 31 December 2024, was a year-to-date surplus of £3.522m. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against the recurrent Covid allocation, due to seasonal variations in workload and vacancies. A redistribution of £2m to partners for the current financial year was proposed, with any further increase dependent upon pay award funding.

A full-year underspend of £0.542 million against the Covid allocation is forecast, with additional costs expected from Months 10-12 (excluding potential changes in PPE stock holding volumes or provisions for PPE expiry). There are ongoing discussions with Welsh

Government (WG) colleagues to progress a decision on PPE stocks which we urgently await, and WG has confirmed they will recover the forecast in-year underspend against the Covid allocation, although this funding will be required for future years, as outlined in our IMTP assumptions.

Additional capital funding announced in January 2025 would enable a number of decarbonisation initiatives to be funded across the estate. Early indications showed anticipated energy savings in 2025-26 and updates from the Wales Energy Group would continue to be fed directly into the Committee.

**People & Organisational Development** – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased to 3.37%, compared to 2.98% for the same period last year, this was slightly over NHS target of 3.30%.
- Turnover was reported at 22.44%, which had decreased by 2.79%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 9.41%, against the NHS Wales average of 7.1% as at September 2024.
- Statutory and mandatory e-learning compliance remained very high at 93.45%, excluding the SLE Division.
- Agency spend decreased to £6,371 for December 2024, compared to £15,577 in November 2024. One member of staff was engaged via agency within Procurement, during December 2024.
- Achievement of the time to hire target at 49.8 days, against the 71 day target, where the NHS Wales average is currently 59.3 days. This progress was thanks to the extensive work done internally.
- A comprehensive piece of work reviewing the PADR process for NWSSP would be taken to Formal Senior Leadership Group in March 2025.

**Performance** - Key Performance Indicators (KPIs) from September to December 2024 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 39 of 42 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £288m, as at the end of December 2024 and the Time to Hire target within Recruitment continued to be achieved over the past 11 months. Each organisation could expect to receive its individual performance reports for quarter 3 of 2024-25, forthwith, as these were in the process of being issued.

**Outcome Performance Report** – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.

**Integrated Medium Term Plan (IMTP) Update** – The progress report for Quarter 3 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Additional scrutiny would be applied to objectives identified as off track or at risk.

**Project Management Office & Service Improvement Update Report** – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. Since the last update provided, 2 projects transitioned from amber to green status, demonstrating significant progress.

**Corporate Risk Update** - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee’s attention was drawn to the de-escalation of risk scoring for both the accommodation and the Primary Care Workforce Intelligence System risks, which was a result of positive management actions taken. There was an increase in the risk scoring for the Covid-19 UK Public Inquiry resource demand on key staff in responding to Inquiry Team requests. The remainder of the Corporate Risk Register position remains stable.

**Papers for Information**

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 8 and 9 of 2024/25).
- Personal Protective Equipment (PPE) Report (December 2024 and January 2025).
- Shared Services Partnership Committee Forward Plan.

**Any Other Business (AOB)**

No further items were brought to the Committee’s attention.

**Matters requiring Board/Committee level consideration and/or approval**

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

**Matters referred to other Committees**

No further matters were referred to other Committees.

**Date of next meeting**

Tuesday 25 March 2025, 10.00am to 12.00pm

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Bwrdd Iechyd  
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Health Board

**Agenda item: 5.3**

<b>BOARD</b>		<b>DATE</b> 26 March 2025
<b>Subject:</b>	<b>Summary of Activity of the Board's Local Partnership Forum</b>	
<b>Approved and presented by:</b>	Executive Director of People and Culture / Chief Executive	
<b>Prepared by:</b>	Interim Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	N/A	
<b>PURPOSE:</b>		
The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.		
<b>RECOMMENDATION(S):</b>		
It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	N

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing	N	The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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## EXECUTIVE SUMMARY:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 20 January 2025. A copy of the Chair's Report is attached at **Appendix A**.

## NEXT STEPS:

The next update will be presented to the Board on 21 May 2025.

## IMPACT ASSESSMENT – NOT REQUIRED

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

Reporting Committee:	<b>Local Partnership Forum</b>
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	10 January 2025
Paper prepared by:	Senior Administrator

**KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE**

The Board is asked to note that at the meeting of LPF on 10 January 2025 the following matters were discussed:

- Temporary Service Changes – Lessons Learnt
- Understanding the Organisational Admin Support Update
- Financial Performance Month 08
- Executive Director of People and Culture Summary Report
- Workforce Performance Report
- Integrated Plan 2025/2026 Approach
- Chief Executive Officer’s Report
- Non-Pay Element Final Submission Report
- Band 2 and Band 3 Nursing Workforce Update
- Speaking Up Safely Update
- NHS Staff Survey

A summary of key issues discussed on 10 January 2025 is provided below.

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**Temporary Service Changes – Lessons Learnt**

The Forum heard digital feedback had been collated and analysed with follow up engagement sessions planned over the implementation period. The feedback had focussed on Leadership, Engagement and Communication, and Governance with work underway to develop core principles for the future delivery of any potential organisational change.

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**Understanding the Organisational Admin Support Update**

The Forum was updated on the Business Efficiency review, which was establishing which tasks were undertaken manually and which tasks were or could be automated. The review would focus on Planned Care where most administrative staff were based to build on the standardisation of

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process and ensure technology had worked as effectively as possible with a view to build across the other teams.

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### **Financial Performance Month 08**

The Forum received a overview of the financial situation as submitted to Board in November 2024.

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### **Executive Director of People and Culture Summary Report**

The Forum received the following updates:

- Variable Pay continued to be an area of concern.
- Funding for a Retention Lead had been received
- Great Place Work – a ‘thank you’ was extended to the staff for their input to the Speaking Up Safely workplan.
- The organisation was accredited as Carer Confident
- Employee Health and Wellbeing shows had taken place
- Compassionate Leadership pledge had been signed
- A vacancy assessment tool had been introduced for Welsh Language, Equality and Inclusion
- An anti-racism course had been added to mandatory training
- Methods for improving core skills had been rolled out in collaboration with Neath and Port Talbot College
- An action plan had been developed following the deep dive into the time to hire process
- Work had been undertaken nationally including the Pay Review Body meetings.
- The Newtown cohort of overseas nurses had recently passed their Objective Structured Clinical Examinations (OSCEs).

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### **Workforce Performance Report**

The Forum received the report, the following points were highlighted:

- Statutory Management – training and PADR remained stable and reported positively when benchmarked across Wales
- Clinical Medical vacancies continued to be a challenge
- International Education Nurses have had a positive impact. It was anticipated this would continue
- Staff turnover had improved
- Reduction in both on and off contract agency usage
- Increase in bank registration

Nationally there is a set number of hours for individuals to do their Continuing Professional Development (CPD) training. Line Managers should assess and prioritise this to allow staff to undertake this training

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to ensure individuals were not practicing without the appropriate level of CPD.

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**Integrated Plan 2025/2026 Approach**

The Forum received an overview of Integrated Plan for 2025/26 which was in development.

-----  
**Chief Executive Officer's Report**

This Chief Executives Report to November 2024 Board was received for information.

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**Non-Pay Element Final Submission Report**

The Forum received a summary of the contents of the report. A Non-Pay Action Plan had been developed and periodic updates provided to the Forum.

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**Band 2 and Band 3 Nursing Workforce Update**

The Forum received a briefing on the Band 2 and Band 3 Nursing workforce.

-----  
**Speaking Up Safely Update**

The forum was advised that significant work had taken place in relation to speaking up safely.

-----  
**NHS Staff Survey**

The Forum heard the NHS Staff Survey opened in October and closed at the end of November 2024. 781 PTHB completed the survey, a response rate of 30%. Outcomes were expected mid to late February.

**NEXT MEETING**

The next meeting of LPF will be held on 08 April 2025.

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Board 2024-25									
Theme	Item Title	22/05/2024	11/07/2024 (Annual Accounts)	24/07/2024	25/09/2024 (F2F)	27/11/2024	29/01/2025	26/03/2025	Comments For Board 26/3/25
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓	
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓	✓	
Listening and Learning	Patient Experience Story	✓		✓	✓	✓	✓	✓	
Listening and Learning	Staff Experience Story	✓		✓	✓	✓	✓	✓	
Governance	Update from Chair (inclu PSOW in Sept update)	✓		✓	✓	✓	✓	✓	
Governance	Update from Vice-Chair	✓		✓	✓	✓	✓	✓	
Governance	Update from Chief Executive	✓		✓	✓	✓	✓	✓	
Governance	Assurance Reports of Board Committees	✓		✓	✓	✓	✓	✓	
Governance	Board Action Log	✓		✓	✓	✓	✓	✓	
Risk	Corporate Risk Register	✓		✓	✓	✓	✓	✓	
Risk	Risk Appetite	✓							
Risk	Review of Risk Management arrangements						☒	✓	
Governance	Assurance Reports of Board Partnership Arrangements			✓	✓	✓	✓	✓	
Governance	Assurance Reports of Joint Committees			✓	✓	✓	✓	✓	
Governance	Assurance Report of Local Partnership Forum			✓		✓	✓	✓	
Governance	Committee Terms of Reference					✓	✓	✓	
Governance	Committee Work Plans							✓	
Governance	Board Work Programme			✓	✓				
Governance	Standing Orders							✓	
Governance	Scheme of Delegation								
Governance	Common Seal			✓					
Governance	Committee Membership			✓					
Governance	Annual Assessment of Committee and Board Effectiveness	✓							
Governance	Committee Annual Reports	✓							
Governance	JCC Governance documents				✓		✓		
Governance	Socio-economic duty assurance report							☒	Scheduled for May 2025 Board to allow full year data to be reported
Governance	Register of Interests					✓			
Governance	Speaking Up Safely and Raising Concerns Report							☒	Scheduled for May 2025 Board to allow full year data to be reported
Governance	Board Assurance Framework				☒		✓		
Governance	Structured Assessment	✓							
Governance	Review of Consent Agenda Protocol							✓	
Planning	Integrated Plan Approach to development					✓			
Planning	Draft Integrated Plan						✓		
Planning	Integrated Plan 2025/26							✓	
Planning & Finance	Annual Delivery Plan 2024/25 including budget allocation and framework	✓						✓	
Planning	Winter Planning/Resilience				☒	✓			
Partnerships	Winter vaccination programme				✓				
Partnerships	RPB Annual Report				✓				

Partnerships	RPB Delivery (6 monthly)	✓				☒		✓	
Partnerships	PSB Wellbeing Plan (Future Generations Act)								
Partnerships	Partnership Governance Framework							☒	Scheduled for May 2025 Board
Population Health	Annual Report of Director of Public Health	✓							
Performance	Integrated Performance & Quality Report		✓	✓	✓	✓	✓	✓	
Performance	Integrated Quality Report - incorporated into IPR								
Performance	Annual Delivery plan - by quarter		✓	✓	✓			✓	
Finance	Approach to the Annual Accounts							✓	
Finance	Annual Report and Financial Statements		✓						
Finance	Financial Performance	✓	✓	✓	✓	✓	✓	✓	
Finance	Finance Savings Report								
Finance	Charitable Funds Annual Accounts and Report	✓					✓		
Finance	Approve contracts and financial delegations above the CEOs limit								
Partnerships	Llais Regional Director Report		✓	✓	✓	✓	✓		
Compliance	Anti Racism Plan			☒	☒	✓			
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report		✓						
Equality, Diversity & Inclusion	Strategic Equality Plan 2023-27							☒	Incorrectly planned, item not required.
Equality, Diversity & Inclusion	Welsh Language Annual Report		✓						
Compliance	Safeguarding Annual Report								
Quality	IPC Assurance Report		✓						
Listening and Learning	Patient Experience Approach		☒					☒	Scheduled to PEQS in April, awaiting national framework
Compliance	Wellbeing of Future Generations Act Report					☒		☒	Scheduled for May 2025 Board to allow full year data to be reported
Civil Contingencies	Major Incident and Emergency Response Plan		✓						
Civil Contingencies	Civil Contingencies Annual Report		✓						
Planning	Corporate Business Continuity Plan		✓						
Capital and Estates	Health and Safety Annual Report							✓	
Capital and Estates	Capital and Estates Strategy							✓	
Governance	PSOW Annual Letter			✓					
	Therapies and Health Sciences Annual Update								
Digital	Digital Strategic Framework			☒	☒	✓			
Transformation / Change	Temporary Service Changes		✓				✓	✓	
Workforce	Nurse Staffing Levels			☒	☒	✓			
Governance	Petitions Protocol			✓					
Governance	Annual Report of Petitions received								
Compliance	Transition of Care Annual Report						☒		Not required at Board, considered at PEQS Feb 2025
Governance	Standards of Behaviour Policy						☒	✓	
IN-COMMITTEE	Financial Sustainability		✓	✓	✓	✓	✓	✓	
	CRR (IC risks)		✓	✓	✓	✓	✓	✓	

	Minutes of previous IC meeting				✓	✓	✓	✓	
	Legal Dispute	✓							
	Radiology Infomatics System Programme FBC								
	RaTS Committee Annual Report			✓					
	COVID-19 Public Inquiry preparation and readiness update						☒	☒	Scheduled for May 2025 Board to allow full year data to be reported
	ePMA			✓					
	JR EMRTS			✓					
	Emergency Response and Planning self assessment			✓					
	Rhayader GP Practice						✓		
	Key								
	Date to be confirmed								
	Item to be confirmed								
	Item deferred								
	Item brought forward								
	Due to Committee								
	Find Exec Cttee date								
	Added to draft agenda								

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## Powys Teaching Health Board Glossary (March 25)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
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ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
<hr/>	
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
<hr/>	
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development

CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
H&S	Health and Safety
HCA	Health Care Assistant

HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding

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MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability

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Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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