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

Agenda item: 3.6

BOARD	**30 JULY 2025**
Subject:	**Temporary Service Changes to Minor Injury Units and Colocation Units (Ready To Go Home & Rehabilitation)**
Approved and presented by:	Kate Wright, Executive Medical Director
Prepared by:	Assistant Director Innovation & Improvement Executive Director of Allied Health Professions, Health Sciences and Digital Executive Director of Nursing, Quality, Women and Family Health
Other Committees and meetings considered at:	Temporary Service Change Programme Board - 8 July 2025 Executive Committee on 9 & 23 July 2025 who recommend the paper to the Board.

PURPOSE:

This paper provides a summary of evaluation and recommendations in relation to the Temporary Service Changes as agreed at Board on 10 October 2024.

RECOMMENDATION(S):

The Board is asked:

- To **RECEIVE** the evaluation of the Temporary Service Changes
- To **APPROVE** that the temporary service changes remain in place and are subject to public consultation, in line with the Better Together transformation programme during the Autumn of 2025

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our
2. Provide Early Help and Support	Y	

3. Tackle the Big Four	Y	strategic priorities. This can include reference to the Board Assurance Framework.
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:

In October 2024, the Board approved the following in relation to Temporary Service Changes:

- A change to the opening hours (8am to 8pm) for the Minor Injury Unit (MIU) Services in Brecon and Llandrindod Wells.
- Implementation of Ready To Go Home Units (RTGHU) in Llanidloes and Bronllys in combination with strengthened inpatient rehabilitation at Brecon and Newtown
- Assessment of these changes over a 6-month period using an evaluation framework (quantitative and qualitative) and clear decision-making criteria
- Recommendations based on the evaluation to be considered by the Temporary Service Change Programme Board and Executive Committee, before being presented to Board on 30 July 2025

Findings from that evaluation are now available and indicate:

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

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

If these recommendations are approved, it is recommended that decisions on the permanent future of these services should be taken through Phase 1 of Better Together.

1. EVALUATION MONITORING AND MITIGATION PLAN DELIVERY:

1.1 Background

Health services in Powys are facing significant challenges related to quality, value and long-term sustainability. In response, in October 2024 following a period of engagement, Powys Teaching Health Board (PTHB) approved temporary service changes.

In approving the temporary changes, the Health Board recognised the very clear strength of public feeling expressed during the engagement, but also acknowledged the very significant risks if challenges to the quality and sustainability of services were not addressed.

Based on full and conscientious consideration of the feedback received, and careful scrutiny of the benefits and the risks of not taking action, it was agreed that the implementation of temporary changes was the best and most appropriate way forward.

MIU temporary changes were implemented in November 2024, followed by inpatient ward temporary changes in December 2024 as follows:

Changes to MIU Opening Hours

- Brecon MIU: Open 8am–8pm (previously 24 hours, but often closed overnight at short notice due to difficulties with staffing)
- Llandrindod Wells MIU: Open 8am–8pm (previously 7am–midnight, with frequent early closures due to difficulties with staffing)

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.

- Llanidloes – Graham Davies Ward: Focus on patients assessed as Ready to Go Home
- Newtown – Brynheulog Ward: Focus on patients needing specialised rehabilitation
- Bronllys – Llewelyn Ward: Focus on patients assessed as Ready to Go Home
- Brecon – Epynt Ward: Focus on patients requiring specialised rehabilitation

1.2 Agreed Steps to be taken at the end of the 6-month temporary period

- During June 2025 there would be a full evaluation of both changes against the evaluation framework, utilising the qualitative and quantitative information gathered during the 6-month period. This included a workshop where a selection of Health Board staff from all areas involved in the TSCs, gathered to appraise and provide feedback on the data and information gathered.
- The workstream leads would also 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 would be considered by the Temporary Service Change Programme Board and Executive Committee, before being presented to Board on 30 July 2025.

1.3 Monitoring and Evaluation Methodology

This evaluation utilised the qualitative and quantitative baseline information and information gathered during the 6-month period.

Workshops of key individuals involved in the operational delivery of the changes and services, reviewed the information and considered responses to the decision-making criteria.

Discussion has taken place with the Senior Responsible Officers for both TSCs to draw conclusions from the data and workshop appraisals.

1.4 Learning from Temporary Service Changes

To support continuous improvement, we conducted a learning exercise to better understand staff experiences during the identification and implementation of the two temporary service changes. This reflection process aimed to capture insights from those directly involved.

The lessons learned have been actively incorporated into current and future service developments within PTHB.

2. Evaluation of MIU Services in Brecon and Llandrindod Wells to open from 8am to 8pm

PTHB provides MIUs in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais. This is in addition to minor injury services provided by a number of GP practices in Powys.

The likely benefits identified were:

- The offer of more reliable opening times and reduce the number of unplanned closures.
- Reduction of "lone working" hours where a single clinician is on duty overnight. This is safer for staff and safer for patients.
- Encourage more people to "phone first" wherever possible, allowing patients' needs to be better met at an appropriate time by the appropriate service.
- Enable us to redirect and redeploy some staffing to other vacancies or high cost agency spend areas.

A review of staffing across the MIUs was also undertaken. This was independent to the TSC and is not part of this evaluation.

2.1 Monitoring and Evaluation of the MIU TSC

An evaluation framework was developed for the MIUs collaboratively with clinical, operational, finance, workforce and information colleagues. This set out a range of measures including:

- Patient Safety
- Patient Experience
- Improved workforce utilisation and reduction in workforce expenditure
- Reduction in ad hoc changes in opening hours due to staffing
- Staff experience

Active monitoring against the agreed measures was put in place on an ongoing basis, with Evaluation and Monitoring at least monthly through the Temporary Service Change Programme Board and two-monthly updates to Board.

Mitigation Plans were reviewed monthly. At the end of the 6 month period all mitigations have been completed.

Decision making criteria were agreed with each workstream based on the benefits and mitigation set out in the Board paper in October 2024. These have been used, together with the wider evaluation of the TSC, to make recommendations to the Board in July 2025.

Full evaluation has taken place against the agreed MIU TSC Decision Making Criteria. This evaluation utilised the qualitative and quantitative information gathered during the 6-month period.

Decision making criteria – summary of findings

MIU Criteria	Assessment
Has patient safety improved?	Staff reported they felt that patient safety had improved:

	▪ Reduced opening hours have enabled better alignment with diagnostic X-Ray facilities. ▪ There have been no Datix reports, incidents, or complaints associated with the change in TSC operating hours.
Has the change had a negative impact on Patient Experience?	The change in operating hours has had no adverse impact. ▪ No negative patient experiences have been reported to the Quality and Safety Team. • There have been no Datix entries, incidents, or complaints related to the TSC's revised hours.
Has the change improved workforce utilisation and reduction in workforce expenditure?	The recent change has significantly improved workforce utilisation and reduced expenditure. Staff have been deployed more effectively, enabling consistent cross-cover across all shifts and eliminating the need for ad hoc closures due to staffing shortages. Notably, there have been no agency and a reduction in bank staff costs incurred during this period, reflecting efficient internal resource management. There has been a staffing cost reduction of 9% across both sites.
Has there been a reduction in ad hoc changes in opening hours due to staffing?	Yes, there has been a noticeable reduction in ad hoc changes to opening hours due to staffing issues. ▪ There was one unplanned closure caused by staff shortages during the TSC period[1]. To note that between 1st December 2023 and 30th November 2024 unplanned closures were : Brecon: 6 closures Llandrindod: 33 closures
Has there been a reduction in the level of lone working – staff & patient safety?	Yes, there has been a reduction in lone working, enhancing both staff and patient safety. Staff rosters confirm that no lone working has occurred in the past six months.

[1] There have been two further days with reduced hours at Llandrindod Wells following the six month evaluation period.

Has the change had a negative impact on staff experience?	The change has not had a negative impact on staff. Feedback indicates that staff are satisfied with the revised service hours. Staff told us that triage processes and clinical skills have improved, mitigating previous risks of deskilling and isolation during night shifts.
Has there been consistent opening times / reliable service?	Service hours have remained consistent and reliable, with only one planned closure during the six month evaluation period, due to staffing shortages. No planned closures were recorded on Datix for 2023/24. There were 39 ad hoc closures for both Brecon and Llandrindod MIUs during 2023/24 No Datix reports or incidents have been linked to the change in service hours. There was one 4-hour breach during the six-month period, consistent with the same period in 2023/24.
Has there been increased efficiency – due to very low numbers at night?	Yes. Staff utilisation has improved as evidenced by a reduction in the cost per patient episode, compared to the same period in 2023/24. At Brecon MIU, the cost has decreased from £69 to £51, while at Llandrindod it has reduced from £63 to £54.
Has the phone first model been promoted to direct patients to the right service?	The "phone first" model was communicated at the time of implementation. Work is ongoing to enhance the effectiveness of this triage process.
Has the role of the MIU been promoted to enable greater understanding?	The role of the MIU has been actively promoted to enhance public understanding. At the time of the service change, a video message from the Executive Director of Nursing, Quality, Women & Family Health and supporting infographics were shared via the intranet and social media platforms. There is opportunity to further promote the MIUs and their role.

2.2 Staff and stakeholder feedback

As agreed, feedback was gathered at both the 3-month and 6-month intervals to inform the mid-point and final reviews. This included input from Primary Care, Third Sector and Social Care on the service model, and feedback from PTHB staff.

The lessons learned have been captured for inclusion in current and future service developments.

Summary of Feedback from Staff Directly Impacted by the Change

Total staff directly impacted	15	
	Month 3	**Month 6**
Number of responses via Microsoft Form	2	0
Total number attending Focus Groups	10	5

During engagement prior to implementation, staff reported a disconnect between decision-makers and frontline teams. Staff felt that changes were being implemented without sufficient planning or senior nursing leadership presence. This led to feelings of anxiety and a lack of support.

Communication was a significant concern. Staff reported that they felt uninformed and stressed, due to last-minute announcements but also, overwhelming information was shared in meetings. Although opportunities to share views were provided, many felt their input was not genuinely considered. However, the honesty and openness of local team leaders was appreciated, underscoring the value of transparent communication. Feedback was also that public uncertainty led to misunderstandings and backlash, which staff had to manage.

Despite these challenges, staff morale remained relatively positive. The revised opening hours were welcomed, addressing previous concerns about lone working and aligning with perceived service needs. Staff adapted well, supported each other, and reported improved teamwork and communication, as a result of the changes.

2.3 Primary Care, Social Care and Third Sector

Four responses were received from Primary Care, while no feedback was submitted by Social Care or Third Sector representatives. Overall, awareness and engagement with the changes appeared limited, with a small number of respondents indicating they were unaware of the changes or unable to comment due to lack of direct experience with the service.

Among those who were aware, the observed impact was minimal. Feedback from GPs was that their concern of increased GP attendances had not materialised. There has been no increase in patient demand for MIU services in GP practices, and in-hours work has remained unaffected. To note the average number of patients attending across both MIUs has not changed since the same period last year.

2.4 Incidental learning

Some Powys residents have expressed differing expectations regarding the scope of care provided at MIUs, with a belief that emergency care services for medical emergencies are included. During implementation there was strengthened communication around the scope of our MIUs. To support staff in addressing these situations effectively, consideration should be given to providing training in managing challenging conversations.

2.5 Overall summary

The change in service hours has led to a more reliable service. There have been no reported incidents, complaints or Datix entries. Staff and patient safety have benefited from the elimination of lone working and staff feedback has been positive, highlighting satisfaction with the new hours.

The changes have not led to any significant variation in claims for MIU supplementary services, in either the Brecon or Llandrindod catchment areas. This suggests that there has been no significant increase in GP practice attendances, as a result of the changes in MIU opening hours.

Use of bank staff has reduced and financial efficiencies of 9% staffing costs have been realised.

Service reliability has remained high, with only two planned closures in the past six months and no unplanned closures. Staff utilisation has improved particularly due to low overnight demand.

While the role of the MIU was initially promoted through videos and infographics, there is an opportunity to enhance ongoing communication to further improve public understanding.

2.6 Recommendations

Based on the findings of our detailed evaluation, it is recommended that these temporary changes remain in place until decisions are made through Phase 1 of

Better Together, which is focused on adult Physical & Mental Health Community Services, including Urgent Care.

3. Evaluation of the Temporary Clinical Colocation of Patients (Ready to Go Home Units and Rehabilitation Units)

Background

Across 155 inpatient beds, patients with a wide variety of clinical and social needs were usually located according to their nearest appropriate community hospital site. This required a staffing model established to deliver care to a mixed model of needs on eight different sites, a model that met the highest level of need and did not always reflect patient needs. This was not felt to be delivering the best outcomes for patients and resulted in significant cost, due to set staffing levels and the need for a significant number of bank and agency staff.

At any given time, over 40-50% of patients were known to be clinically optimised and awaiting onward care. It was recognised that many of these patients could be supported with lower levels of care, accessing support of a system wide team, supported in maintaining their independence whilst stranded in hospital care, thus facilitating earlier discharge and reducing deconditioning. It was identified that supporting people on a 'Ready To Go Home Unit (RTGHU)' may result in earlier discharge and improved independence.

It was also recognised that a group of patients require a period of more intensive rehabilitation following care in an acute hospital environment e.g. following a stroke, acute illness or fall. The spread across the 8 hospital sites resulted in a poorer offer of therapy as staff travelled between sites. It was felt that cohorting those most needing intensive rehabilitation on to 2 hospital sites, would bring benefit from a multi-disciplinary offer, focusing on rehabilitation, reablement and enablement, setting clear therapy led goals for discharge. Building on the current models of care in Newtown and Brecon, it was proposed to extend this rehab focus to include all of the beds on these wards.

The proposal recognised that there would be benefits to patients and the wider system by organising the care around the patients differently.

3.1 Monitoring and Evaluation Framework

An evaluation framework was developed for the RTGH and Rehab Units collaboratively with clinical, operational, finance, workforce and information colleagues. This sets out a range of measures including:

- Reduction in care pathway delays
- Reduction in length of stay

- Reduced complexity on discharge
- Improved workforce utilisation
- Reduction in number of patients awaiting repatriation
- Patient outcomes
- Patient and carer experience
- Step Up Admissions (RTGHU)
- Sentinel Stroke National Audit Programme (Rehab Units)

Active monitoring against the agreed measures was put in place, with Evaluation and Monitoring at least monthly through the Temporary Service Change Programme Board and two-monthly updates to Board.

It was noted that the period of evaluation was short and that patient numbers would be low. This would need careful consideration during evaluation.

MITIGATION PLANS

Mitigation Plans were reviewed monthly. Details of the Colocation Mitigation have been reported in previous updates to board. At the end of the 6-month period all mitigations have been completed.

Decision making criteria were agreed with each workstream based on the benefits and mitigation set out in the Board paper in October 2024. These were used, together with the wider evaluation of the TSCs, to make recommendations to the Board in July 2025.

3.2 Evaluation of Co-location TSC

Evaluation has taken place against the agreed RTGH and Rehab Units TSC Decision Making Criteria.

Decision Making Criteria – summary of findings

Qualitative information is included in the table below, this includes staff opinion and has been taken from staff feedback surveys and workshops held in June.

Ready to Go Home Units	
Criteria	**Assessment**
Have the right, skilled staff been in the right place to promote well-being	Yes Staff reported that ▪ Staff are empowered to make informed decisions.

	▪ New skills are being developed, including patient handling and adapting to changing needs. ▪ Staff are encouraged to work at the top of their skill level, tailored to patient needs wherever possible. ▪ Skills are increasingly transferable across roles and settings. ▪ Some staff have expressed feeling overqualified for the current service model.
Has reliance on temporary staffing model / agency been reduced	▪ There has been an overall reduction in reliance on bank and agency staff within the Ready to Go Units. ▪ ▪ There has been a 55% reduction in bank and agency costs for the RTGHUs. (compared to a 38% reduction across all Community hospital settings) ▪ Staffing levels have remained within budget. To note the introduction of international nurses has also contributed to the reduction in bank and agency use.
Has there been a reduction, or at best no deterioration in number of bed days in Ready to Go Units?	There has been a reduction in length of stay by 23% compared to the same period in 23/24.
Has the RTGHU flows either increased or decreased our numbers of step-up admissions and have we any indication of impact	The number of step-up admissions has increased. During the engagement concern was raised that step-up admissions to the RTGHUs would no longer be possible and that more patients would be admitted acutely to DGHs as a result. Although numbers are low, there has been no reduction in step up admissions – rather there appears to have been an **increase** during the TSC period.
Reduction in care pathway delays Has there been a reduction of bed days in out of county DGHs and consequential ££ saving	There has been a reduction in out of county expenditure in DGHs
Reduction in care pathway delays	There has been a reduction in DGH bed days in both SATH & WVT.

Has there been no increase in bed days in SaTH & WVT	
Has there been a reduction in number of patients awaiting repatriation	There has been a reduction in the number of patients awaiting repatriation from English DGHs. There is no clear pattern visible in Welsh repatriation data to date.
Has there been a reduction of complexity on discharge	This information is captured by the Digiflow system. Whilst use of this is not fully rolled out there is a suggestion of decreased dependency on discharge from the RTGHUs. See section on outcomes below
Has the change had a negative impact on Patient Experience	There have been no Duty of Candour incidents since implementation of the temporary service changes. There were no National Reportable Incidents (NRIs) reported for TSC areas since implementation of the TSC. Senior ward staff reported positive patient experience.
Has there been no reduction in bed numbers	The community hospital bed base has remained unchanged. However, some beds have been temporarily closed at times due to operational factors, such as infection prevention and control (IPC) measures or estate maintenance work. . Over recent months there has been a reduction in patients delayed in out of county DGHs resulting in a reduction in requirement for RTGHU beds.
Have we mirrored successful models of volunteering on wards	There has not yet been an opportunity to progress this.
Have the changes improved patient outcomes and experience	During the evaluation workshop, staff described that more defined pathways of care had led to a better understanding of the patient journey, more efficient processes and improved patient experience. Staff have reported improved continuity of care, contributing to a more consistent and dignified patient experience.

	There have been some instances when patients or their families have not wished to be looked after on a RTGHU due to distances from home, others have reported satisfaction with being looked after in a community hospital in Powys, rather than out of county. Evidence of improved outcomes includes a reduction in pressure ulcer incidents—from 55 cases between December 2023 and May 2024 to 38 cases during the same period in 2024–2025. There is an early suggestion that patients have had reduced dependency on discharge from the colocation units during the period of evaluation. See section on outcomes below. While the number of formal complaints remained relatively stable (7 in 2023–2024 and 8 in 2024–2025), the nature of feedback has shifted, with some wards receiving more compliments.
Rehab Units	
Criteria	**Assessment**
Reduction in length of stay Has there been a reduction, or at best no deterioration in number of bed days in the Rehab Units	The length of stay reduced on the rehabilitation units by 7 % compared to the same period last year. There has been an increase in patient flow through Bryn Heulog: in the six months prior to the service change, there were 28 new admissions; in the six months following the change, this rose to 49.
Has there been a reduction of complexity on discharge	By colocating patients requiring rehabilitation, we have been able to admit individuals with more complex needs for early, intensive rehab. However, the impact of this change has not yet been quantifiably measurable. Data shows that patients are having more access to the therapies they require to enable them to achieve their goals.
Has the change had a negative impact on Patient Experience	There have been no Duty of Candour incidents since implementation of the temporary service changes.

	There were no National Reportable Incidents (NRIs) reported for TSC areas since implementation of the temporary service changes.
Have patient outcomes improved / Have the changes improved patient outcomes and experience	During the evaluation workshop, staff described that more defined pathways of care had led to a better understanding of the patient journey, more efficient processes and improved patient experience. Staff have reported improved continuity of care contributing to a more consistent and dignified patient experience. There is evidence of increased therapy input to the patients on the unit. section on outcomes below)
Has deconditioning of our patients reduced	There is an early suggestion of reduced dependency on discharge for the colocation units. Increased therapy on the rehab units is ensuring a rehab ethos on the rehab wards and therefore felt to be having a direct positive effect on deconditioning.
Has the support worker role across therapy and nursing been developed	The support worker role was not introduced across therapy and nursing due to the short-term of this TSC as it would not be feasible to recruit in this short space of time. We were unable to initiate any OCP with the current staffing levels. A broader review of Band 2/Band 3 healthcare support worker roles is currently underway. Should this TSC evolve into a longer-term plan, there will be an opportunity to explore the integration of blended support worker roles more fully.
Have the changes improved the rehabilitation culture across the organisation	There is clear evidence of an emerging shift towards a more integrated rehabilitation culture. Improved collaboration and increasing trust between professional groups reflect this change. However, the pace and consistency of this cultural transformation vary across settings. Some staff and patients in the RTGHU have taken time to adjust to the idea that patients transferred may no longer require intensive therapy. There is more work to be done to further support the

	RTGHU staff to have confidence in prevention of deconditioning skills. To fully embed a rehabilitation culture across the organisation, it is essential to engage all staff—clinical and non-clinical—including ward clerks, porters, and domestic staff, in a shared ethos of recovery-focused care. This work has begun and will continue.
Have the changes improved efficiency in delivery of specialist rehabilitation	Yes, the changes have led to measurable improvements in efficiency. Teams are now managing a greater number of more complex patients with improved multidisciplinary coordination. The centralisation of staff and patients has reduced travel time, encouraged skills sharing, and enabled more concentrated and effective rehabilitation delivery. Quantitative data to support these changes will become available through the next SNNAP cycle. Over the past 2 months there has been a reduction in OT and Physiotherapy input to the RTGU indicating, that the intended changes are being achieved.
Have we maximised the skills already in Brecon & Newtown (stroke / neuro support)	Not yet. While progress has been made—particularly with increased MDT engagement and early steps in core team development—there is still scope for further development. Variation between wards remains, and a stronger clinical leadership model is required to build consistency and drive improvement.
Is the model in alignment with current stroke service	Yes. The rehabilitation unit includes five designated stroke beds, with performance targets monitored through the Sentinel Stroke National Audit Programme (SSNAP). Our approach ensures consistency by applying the same systems, processes, and rehabilitation culture across all patient groups. While clinical techniques may vary between neurological and orthopaedic cases, the overarching rehabilitation principles remain aligned.

Does the model support the delivery of NHS Wales Rehabilitation Framework and NICE Guidance for Stroke	Yes. The NHS Wales Rehabilitation Framework and NICE Guidance for Stroke serve as foundational elements in delivering effective rehabilitation across a range of conditions.
Have the changes demonstrated the potential to improve staff recruitment and retention to specialist units	Yes Staff Development: Existing staff have reported increased opportunities for professional growth within their roles. ▪ Student Engagement: Students are gaining broader clinical experience and achieving key competencies in specialist units. This exposure is expected to enhance future recruitment through positive placement experiences. ▪ Limited Evidence of Recruitment Impact: There is currently no clear data indicating improved recruitment of specialist staff. Neither is there evidence of increased staff turnover.

3.4 Assessment of Outcomes

A key driver for the TSC was patient deconditioning and poorer outcomes, as a result of delayed discharge challenges. The significant use of agency staff was also of concern, not only due to significant expense, but as evidence suggests that patient outcomes are poorer where agency use is higher.

Assessment of outcomes was planned using the following tools.

- Length of stay (proxy measure)
- Pathway on discharge (captured by digiflow)
- Sentinel Stroke National Audit Programme (SNNAP) data (already embedded in practice for stroke patients)
- EQ5DL - self reported questionnaire used to assess quality of life
- Frailty scoring using the Rockwood frailty score

It was noted that the period of evaluation was short and that patient numbers would be low. This would need careful consideration during evaluation. There has been a sustained reduction of length of stay across the PTHB community hospitals during the period of evaluation. This effect has been more marked for the colocation units, suggesting real effect of colocation. The effect has been more significant for the RTGHUs. This was anticipated as the rehab units have been able to repatriate more complex patients, as a result of the improved rehabilitation offer. The reduced length of stay is seen as a proxy measure for reduced deconditioning and improved outcomes.

Digiflow has been rolled out during the TSC period. Data entry was low initially but has gradually improved. There is early suggestion of an increase in patients

discharged onto pathway 1 (lowest dependency) during the TSC period. This is suggestive of improved outcome. A longer period of evaluation would provide more confidence that this is a true effect.

SNNAP data is routinely collected. During evaluation it became apparent that due to system changes outside the Health Board, data was not entered by DGHs resulting in a delay to the data becoming available for analysis. It is anticipated that this should be available over coming weeks. Should there be any suggestion of worsening position, this will be escalated to the Board.

Whilst EQ5DL data has been collected by therapists in the health board for some time, it had not been employed more widely. Training was provided and there was evidence of data entry, however final analysis has revealed that there has not been sufficient detail collected to allow meaningful evaluation. Learning is that further training, support and promotion is needed to more firmly embed this in practice.

Frailty scoring was included in the outcomes measurement plan. Although it is intended as a screening tool to be used prior to admission, it was thought that it might be useful in assessing levels of frailty on discharge. Further consideration revealed that the tool is not validated for assessment on discharge and so this did not progress. There has been indication of national development of a deconditioning outcome measurement tool. Health board staff are engaged in these discussions, but it is anticipated to be some time before a tool is available for use.

Summary of outcomes assessments and learning.

There is evidence of improved outcomes represented through proxy measures of a reduced length of stay and early indication of lower dependency on discharge captured by Digiflow. SNNAP data will be examined as soon as it is available.

Measurement of outcomes will be increasingly important as we develop and refine our models of care. Whilst there was ambition to rapidly roll out other assessment tools, we have learned that more support is needed to embed outcome measurement, understanding and capability across the organisation to deliver sufficient and reliable data.

There will be continued monitoring of outcomes across our system, however more work is required to establish the best methods for our patient population. This will be a continual learning process and assessment will be refined as projects progress.

3.5 Stakeholder Feedback

As agreed, feedback was gathered at both the 3-month and 6-month intervals to inform the mid-point and final reviews. This included input from Primary Care, Third Sector, and Social Care on the service model, staff experience feedback from PTHB, and service user and patient stories.

The lessons learned have been captured for inclusion in current and future service developments.

Patient Stories

A total of 13 interviews were conducted across RTGHU (6 interviews) and Rehab Units (7 interviews), with participants aged 60–95.

Overall Feedback for both units

Feedback across the units highlighted several positive themes. All patients felt that the ward environments were clean, welcoming and they were made comfortable. Staff were praised as being helpful, friendly and professional. Many patients also mentioned that they had been given strong emotional and physical support during their stay, which had helped them to build their confidence about returning home. All 13 said that overall, they could not have received better care. Many were also pleased/grateful to be closer to home so family could visit. In terms of areas for improvement, there appeared to be a common theme that the discharging hospitals had not shared information with patients about the units, their role and why the person was being moved there. Only one person had been told they were being moved for rehabilitation. Many stated that they could not remember or had not been given the booklets in the ward. An improvement was thus better communication from discharging DGHs and perhaps a welcome/introduction/reinforcement from our own staff, so patients understood why they were there.

There were also comments from approximately half the patients around staffing and staff shortages, particularly at weekends alongside other staff pressures, which could lead to longer waits for toileting needs.

Ready to Go Home Units

For patients in these wards who had family members visiting them, all commented that they were pleased at the flexible visiting times and ability to go out for a walk/outing. Many also spoke about the reduced travel times to visit their loved ones in the units in Powys, rather than needing to travel longer distances to a DGH outside the county.

Another theme that was raised by several respondents was around opportunities for social interaction. Whilst many were happy in their own company, reading, watching TV or knowing they would have family members visiting them, some had been chatting to other patients and enjoying this interaction. A handful felt there could be more options and encouragement from staff to socialise with others or for there to be opportunities for those without family visitors to also go out for a short walk off the ward.

Rehabilitation Units

All patients receiving rehabilitation support praised the Physiotherapists and the Nursing staff and felt there was good liaison and communication on the units. Physiotherapists encouraged them to build up their strength and this had given many extra confidence about managing when they returned home. One person stated that they had seen several people leaving the units and this had boosted their wellbeing.

Overall view about the Units

All those interviewed would like to see the units continue going forward. There was positive feedback from patient and service user interviews, highlighting high satisfaction with care received. Most patients rated the wards 4 or 5 out of 5 and expressed a desire for the units to continue. Quotes below emphasised improvements in mobility, friendly and professional staff, good food, effective care coordination, and the benefits of smaller, more personal hospital settings.

"You can't fault the staff."

"Even if I wanted to I could not fault this place."

"Small hospitals are much more friendly. They are beneficial to older patients. I am amazed at how many patients have come through the unit and now gone home."

"The food is very good."

"I came in on a stretcher, now I can sit up and am walking."

3.6 Staff Directly Impacted

Total staff directly impacted	145	
	Month 3	**Month 6**
Number of responses via Microsoft Form	0	5

Total number attending Focus Groups	24	14

Many staff reported feeling excluded from the initial decision-making process, which contributed to a sense of disempowerment. Communication during the early stages of change was described as poor, with a lack of clarity causing stress and uncertainty. Staff expressed a strong need for clearer, more structured communication and better public messaging to reduce backlash directed at frontline teams.

Despite these challenges, team morale remained generally positive, with improved collaboration noted. However, job satisfaction varied: Rehab wards were described as demanding and resource-stretched, while RTGHUs were quieter, leading to concerns about underutilisation and reduced sense of purpose.

Concerns were also raised about skill degradation, particularly due to reduced clinical responsibilities such as administering IVs or antibiotics. Some staff felt underutilised and worried about losing professional competencies, with a few considering leaving to maintain their clinical skills. Senior ward staff have not noted a significant increase in staff turnover, however.

Issues around admission criteria and bed utilisation were also noted. There have been empty beds on the RTGHUs during the six-month period, in the absence of patients stuck in out of county beds. Work is ongoing to understand this. Whilst there were strict criteria for admission, these were flexed according to demand. Staff called for clearer definitions along with improved admission and discharge guidance. There were also requests for more mental health support and better coordination with social care for complex discharges.

Some staff commented that transfers between hospitals causes confusion and distress for some patients and families.

Pharmacy teams reported increased work due to additional discharges and medication preparation. This may simply be a result of improved flow through beds and would be explored should the arrangements continue.

3.7 Primary Care, Social Care and Third Sector

A total of 17 responses were received (1 from Social Care, 1 from the Third Sector and 15 from Primary Care [across 7 different Medical Practices]).

Staff fed back key concerns including delays and inefficiencies due to lack of assessments before transfers, confusion around admission criteria, and under-occupancy. They report that patient outcomes are mixed, with some experiencing deconditioning and hospital readmissions, while others benefit from improved

mental health and social interaction. Insufficient therapy input on the RTGHUs was a major issue raised, and communication between teams was cited as being poor. Staffing challenges, including low morale and high turnover was said to be widespread. Structural issues such as the loss of community beds and inefficient referral systems were also highlighted. However, there was positive feedback on Third Sector involvement and suggestions to enhance patient engagement through volunteers. Recommendations include reinstating community beds, improving therapy access and end-of-life care, streamlining referrals, and involving frontline staff in planning.

Many of these concerns raised have been addressed in the evidence presented above and in the appendices.

To note that there is emerging evidence of improved outcomes and readmission rates remained low. There is work to do on perceived need for therapists on the RTGHUs, as discussed previously in the paper.

There has not been a significant increase in staff turnover and staff feedback in the evaluation workshop was generally very positive.

As part of the colocation work a patient flow hub was introduced. This has allowed improved oversight of bed usage and even admission prevention in a small number of cases. However, the introduction of new processes has identified challenges in communication eg GPs have struggled to contact other GP practices for handover of information. Constructive feedback from primary care has allowed the systems to be reviewed and continue to be refined.

3.8 Learning

- There are concerns around bias in evaluating the changes as interventions elsewhere in the system may also have contributed to improvement in efficiency. This has been actively considered throughout the evaluation process.

- Following the reconfiguration to the RTGHUs, there was concern that there may be an increase in patient acuity on Maldwyn Ward, which might result in a rise in falls and incidents. However, a Datix analysis comparing incident data from December 1st to February 1st in both 2023–2024 and 2024–2025 showed no significant variation in incident rates and no periods of understaffing.

  While there has been an increase in Level 3 patients across several wards—including those not directly affected by the changes—this is not unexpected and remains manageable within the current workforce model.

- It has been noted by staff that the logistics of the wards in Brecon might be best swapped around. Epynt Ward would be better suited to being a general ward, as it has three palliative beds and is better laid out to suit general patients, whereas Y Bannau would be better suited to patients requiring more active rehabilitation. This has been evidenced during the TSC period as availability of single rooms has led to a mixed patient cohort continuing to be looked after on Epynt.

- Social Care Provision – RTGHU. As part of the original planning for the co-location of RTGHUs, it was agreed that operational social care and commissioning staff would have an on-site presence, forming part of the Standard Operating Procedures. However, this has not been fully realised. Social Care reported that the intended brokerage presence never materialised, partly due to concerns about staff roles and limitations in engaging directly with patients and families. Although a liaison role was agreed, it did not progress beyond initial conversations.

  The presence of a Regional Care and Support Officer (RCSO) did begin but was disrupted by staffing shortages, and the absence of the lead manager. It is believed that staff were redeployed based on priority needs. Social Care is exploring a new model for older people's services. If RTGHUs continue, there may be an opportunity to integrate a clearer link with interim and step-down care settings.

- Greater efforts are needed to raise awareness within the local population of available services and capabilities across community healthcare settings.

- More work is required to improve the sharing of clinical information during transfers from DGHs.

- Further efforts are required to cultivate a shared culture of promoting patient independence across all staff groups, including domestic and portering teams.

- Further focus is needed on empowering patients to understand and value the importance of maintaining independence as part of their recovery.

- There have been no Datix incidents reported regarding care of palliative patients during the TSC period.

3.9 Overall Summary

Whilst improvements to patient flow have been made previously, it has not been possible to maintain them. During the TSC period there has been a sustained improvement in efficiency and patient flow, with early signs of improved patient outcomes. Efficiencies in staffing costs have been more significant across the colocation wards, suggesting a direct effect of the TSCs.

Ready to go Home Units

It is acknowledged that the provision of these beds is a temporary measure in response to a shortage in community based care and placements. When a person is clinically fit and therapy optimised for discharge home, the individual should proceed in a timely manner on a discharge pathway.

There has been a decrease in agency staffing expenditure. Usage of bank staff has increased but remains within the allocated budget and overall staffing cost has reduced.

A reduction in average Length of Stay has also been observed and no adverse incidents have been reported during this period.

We have not seen an increase in complaints by patients and families and patient experience is positively reported.

It is recognised that a six-month timeframe may be insufficient to fully evaluate the impact of this interim arrangement. Some of the observed changes may be influenced by other contributing factors.

Rehabilitation Units

This TSC was testing the concept of colocating rehabilitation patients to optimise the skills and efficiency of our therapy and rehabilitation staff. This also aimed to improve patient outcomes and support patients to go home sooner and be more independent.

There is evidence of improved therapy input and more efficient deployment of staff. There is early signal of improved outcome although a longer period of evaluation would be needed to be confident of this.

3.10 Recommendations

Based on the findings of our detailed evaluation it is recommended that the **The Ready to Go Home Units and the Rehabilitation Units** remain in place until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services including Urgent Care.

The temporary changes would therefore continue in place until decisions are made through the Better Together Programme, although some consideration may be given to the ward logistics in Brecon.

4. Engagement with Llais

Llais is invited to the Temporary Service Change Programme Board as an observer member.

Llais wrote to the health board on 24 April 2025 to represent a number of issues raised with them by residents of the Llanidloes area and asked:

- The process, timescales and communication/ engagement plan relating to the temporary changes
- Whether there are any current changes being implemented/ considered for Llanidloes Hospital
- What arrangements are being put in place to support individuals who will be waiting longer
- How the population of Llanidloes (and surrounds) are being communicated with
- What current services are being provided at Llanidloes Hospital

The health board responded on 2 May 2025 including signposting to a web page (Update on Temporary Service Changes - Powys Teaching Health Board) which had been updated to include the latest information relation to temporary service changes and the next steps.

During the period of temporary changes Llais has also made visits to the Ready to Go Home Units in Bronllys and Llanidloes, and to the Rehabilitation Units in Brecon and Newtown and has shared their observations with the health board. These observations have contributed to the evaluation and recommendations from the Temporary Service Change Programme Board. A summary of their findings is included in appendix 1.

5. Consideration of Service Change Guidance and Interdependencies between Temporary Service Change and Better Together

There are clear and irrevocable interdependencies between these temporary service changes and the wider strategic programme of work under way on Better Together:

- The temporary service changes were introduced following a seven week period of engagement in response to significant challenges to the quality, value and sustainability of community health services. The Better Together Programme has subsequently been fully established to support the health board to work with stakeholders to develop lasting and sustainable solutions to these challenges, with an initial focus during 2025/26 on adult physical and mental health community services.
- Individual hospitals operate as part of a wider community model of care and do not operate in isolation.
- Decisions in relation to the longer term permanent shape of services in Llanidloes, Bronllys, Newtown and Brecon can therefore not be taken outwith the wider discussions under way as part of the Better Together programme.

The first stage of engagement on Better Together has already taken place focused on developing a comprehensive understanding of the "case for change". Following this, the second stage of engagement has been launched, exploring scenarios for the wider shape of adult physical and mental health community services. This stage is due to conclude on 27 July 2025.

Potential options include:

Option	**Discussion**
Immediate return to the model of care prior to temporary changes.	The evaluation of the temporary service change has not identified any issues of significance that would warrant an immediate return to the previous model. There is evidence of improved practice and efficiency. In addition, there is a risk of causing unnecessary disruption to staff and services if further short term changes (to revert to the prior model) are made ahead of future decisions to be made through the Better Together programme. This option is therefore not recommended.
Continue immediately to further engagement and consultation on temporary changes.	Permanent decisions in relation to the future model of care in Bronllys, Llanidloes, Brecon and Newtown cannot reasonably be made outwith the wider discussions under way through Better Together. This option is therefore not recommended.

Make decisions on the overall future model of care through the Better Together programme, with temporary changes remaining in place.	As outlined above, there are clear and irrevocable interdependencies between these temporary service changes and the wider strategic programme of work under way through Better Together. It is essential that insights and learning from these temporary changes are fully considered as part of the Better Together programme, and that future decisions on the nature and role of adult physical and mental health community services at each of the Powys community hospitals are made through this wider programme rather than in isolation of each other. It is therefore recommended that the temporary changes remain in place, with decision on the permanent future shape of services to be made as part of ongoing engagement and consultation on the Better Together programme.

NEXT STEPS:

If the recommendations are approved, further engagement would be required before a final decision could be made, and therefore it would be included in the wider Better Together consultation.

Decisions on the permanent future shape of the **minor injury services** and the **Co-location of Patients** is reviewed and agreed through Phase 1 of 'Better Together' currently under way. Ongoing engagement has been taking place over the last six months as part of 'Better Together', first on the "case for change" and more recently on scenarios and options for the future shape of adult physical and mental health community services. This evaluation will provide valuable insight to inform the next stage of that work on Better Together, and it is currently our expectation that further engagement and/or consultation on more detailed options for the future shape of adult physical and mental health services will take place later in 2025/26.

Subject to the decision of the Board:

- Information about the decision of the Board to be communicated to local print media, third sector organisations, town and community councils, county councillors, MSs and MPs as well as via the health board's digital and social media channels.

- It is currently anticipated that further engagement/consultation on Better Together will take place during Autumn 2025. Consideration is being given to the engagement approach including holding in person events in each of the 13 Powys localities, as well as other steps to reach out to local communities.
- A further update on this work is expected to the Board no later than October 2025.

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				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.
Timely	X				
Effective	X				
Efficient	X				
Equitable	X				
Person Centred	X				
Workforce	X				
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	X				

EQUALITY:

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

RISK ASSESSMENT:

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

Appendix 1 Summary of feedback from Llais

Region:	**Powys**
Report:	**Temporary Service Change Visits**
Visits:	**27th January – Brynheulog Stroke Ward, Newtown** **11th March – Llanidloes Ready to Go Home Unit** **14th March – Bronllys Ready to Go Home Unit** **21st May – Epynt Ward, Brecon Hospital**
Author:	**Katie Blackburn**
Status:	**For Consideration – What we've heard……**
Date:	**18 July 2025**

Brynheulog Stroke Ward visit on 27th January 2025:

What is going well:

- Patients say the nurses are kind, patient, and caring.
- Most people feel happy with the care they receive on the ward.
- Some patients like chatting with staff and feel supported when they do.
- Paramedics were praised for their fast, kind help when patients were first admitted.

What could be better:

- One patient said their hospital bed was very uncomfortable and made sleeping difficult.
- Physiotherapy is only available three times a week, and some patients want more support to improve faster.
- Staff are very busy, and patients feel they would benefit from more one-to-one time, especially for social interaction.
- One family had a frustrating experience calling 999— they felt not listened to at first.

Llanidloes Ready to Go Home Unit on 11th March 2025:

What's Going Well

- Most patients said they were happy with the care they received.
- People liked the good food and having different choices.
- Staff were described as kind and helpful, with some going out of their way to support patients.
- Patients enjoyed chatting with others, including staff, visitors, and other patients.
- Many understood that the unit helps them get ready to go home or to a care home in a friendly place.

What Could Be Better

- Some patients had to wait a long time for care packages or care home places before they could leave.
- A few said they were woken up too early and wanted more rest.
- Physiotherapy was not always regular, and some people wanted more help with movement.
- One patient felt they did not have enough freedom and wanted more independence to move around.

Suggestions from Patients

- Speed up care planning and keep patients updated on what's happening.
- Allow more flexible wake-up times for those who don't need early medical care.
- Offer physiotherapy more often.
- Give patients more control based on what they can do safely.

Bronllys Ready to Go Home Unit on 14th March 2025:

What's Working Well

- Patients feel comfortable and supported, with many enjoying their own rooms, good food, and a calm atmosphere.
- Flexible visiting hours and the freedom to leave for activities, like hair appointments, were appreciated.
- Staff were praised for being kind, caring, and more attentive than in larger hospitals.
- Patients are encouraged to stay active, with access to walking aids and exercise sessions.
- There was positive feedback on external care providers (e.g. Silver Assist, PAVO) helping with care arrangements.

Areas to Improve

- Delays in arranging care packages are keeping patients at the unit longer than needed.
- Some patients don't know the status of their care package and want better communication.
- One patient experienced problems with Wi-Fi and mobile access, causing feelings of isolation (though this was resolved during the visit).
- Patients suggested:
    - Faster care package processing through stronger partnerships with local agencies.
    - Regular updates about their discharge plans.
    - Ensuring connectivity support is available for all patients on arrival
- Physiotherapy was not always regular, and some people wanted more help with movement.
- One patient felt they did not have enough freedom and wanted more independence to move around.

Suggestions from Patients

- Speed up care planning and keep patients updated on what's happening.
- Allow more flexible wake-up times for those who don't need early medical care.
- Offer physiotherapy more often.
- Give patients more control based on what they can do safely.

Epynt Ward, Brecon Hospital, on 21st May 2025:

What's Going Well

- The ward was clean, bright, and welcoming. Patients enjoyed a calm and friendly environment.
- Staff were praised for being kind, caring, and professional. Patients felt they were treated with real compassion.
- Physiotherapy was strong and supportive, helping patients work hard on their recovery.
- Many patients liked the communal meals and called it their "luncheon club," which helped reduce loneliness.
- The ward had positive decorations, like a "positivity board" with compliments from patients, which made the space feel more cheerful and homely.
- The food was popular, with some joking that they might be gaining weight from how good it was.

What Could Be Better

- Ambulance delays were a big issue—some patients waited hours for help after falls.
- There were problems with communication between hospitals and services, leading to missed appointments and confusion.
- Some patients didn't know when they would go home or what help they would get after discharge—better discharge planning is needed.
- Unpaid carers, like family members, were feeling overwhelmed and unsupported in looking after loved ones.
- Patients noticed big differences in care between hospitals—other places didn't always match the high standards at Epynt Ward.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.7

BOARD	**30 July 2025**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

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

- Board activity since the last meeting held on the 21 May 2025
- Chair's Action
- Board Committee Membership.

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report.
- **RATIFY** the Chair's Action taken on the 03 July 2025 to proceed with the procurement process for the General Dental Service (GDS) contract in Crickhowell.
- **RATIFY** the Board Committee membership for 2025/26
- Take **ASSURANCE** that Board and Committee Effectiveness reviews have taken place from 2024/25 and a governance development plan is in place for 2025/26.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 21 May 2025.

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

The Board has met once In-Committee on the 25 June 2025 when it considered the response to Welsh Government with regards to the PTHB Annual Plan 2025/26.

Additional In-Public Board meetings
The Board have not held any additional In-Public meetings since the last scheduled meeting on the 21 May 2025.

Board Development Sessions
The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 25 June and 17 July 2025.

Chair's Action
On the 3 July, Chair's Action was taken to proceed with the procurement process for the General Dental Service (GDS) contract in Crickhowell. The Action was supported by the Vice Chair (acting on behalf of the Chair), the Chief Executive, Director of Corporate Governance, lead Executive Director and at least 2 other Independent Members.

The Chair's Action was approved in line with the requirements of the Health Boards Standing Orders.

Board Committee Membership
The Board is required to agree the membership of its sub Committees on an annual basis. In reviewing the membership for 2025/26, the Chair with support from the Vice Chair, Director of Corporate Governance and Chief Executive has set out and agreed revised membership, including Committee Chair and Vice

Chair roles. Membership has taken account of Independent member annual reviews and feedback, the skills of individual Board members and the size and scale of each Committees annual work programme.

Membership for 2025/26 is set out below:

Independent Member	Audit Risk and Assurance Committee	Patient Experience, Quality and Safety Committee	Finance and Performance Committee	Planning, Partnerships and Population Health Committee	People and Culture Committee	Charitable Funds Committee	Remuneration and Terms of Service Committee
Carl Cooper						Chair	Chair
Kirsty Williams		Chair					Vice
Ian Thomas					Vice		
Ronnie Alexander			Chair				
Rhobert Lewis			Vice	Chair			
Cathie Poynton							
Simon Wright		Vice					
Jenn Owen Adams					Chair		
Chris Walsh							
Steve Elliot	Chair			Vice			
Mick Giannasi	Vice						

Key	
Yellow	Chair
Blue	Vice Chair
Green	Member

Board and Committee Effectiveness

The Board and each of its Committees is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a Committee's understanding of its remit and oversight responsibility and a culture of continuous development.

The approach for 2024/25 comprised of a questionnaire followed by discussion at the Committee. The Committee effectiveness questionnaire focused on the critical themes of:
(i) composition and establishment
(ii) effective functioning
(iii) assurance and
(iv) leadership and culture

The findings of the 2024/25 Committee questionnaires have been analysed and considered by each Committee individually and the collective Board. A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous development as part of the process.

The Corporate Governance team has undertaken a thematic review of all Committee Effectiveness review findings both holistically for all Committees and for each Committee individually and has pulled out the key actions to enable continuous development for implementation throughout 2025-26.

Actions have been identified as either Cross-Committee actions (development opportunities/actions arising identified by and/or relevant to all Committees of the Board) or Committee specific actions, identified by and/or relevant to a single Committee.

Each Committee receives its Committee specific actions, alongside the cross-cutting action plan, periodically throughout 2025-26. The Cross-Committee Action Plan is included below:

Theme	Action	Owner	Timeline	Status	Comments
Membership	Review and confirm committee membership	DCG / PTHB Chair	Q1	Complete	New Committee Membership in place as of May 2025
Assurance to Board	Develop a standardised reporting template for clear upwards assurance	Governance Team	Q2	Complete	Alert, Advice, Assurance, Inform (AAAI) Reports have been introduced for all Committees for reporting to the Board from March 2025. This template will be reviewed and matured in readiness for September Board.
Organisational Learning	Schedule opportunity to actively consider evidence of learning and	Governance Team	Q3	Not yet started	

	improvement in each Committee				
Committee Agenda Focus	Apply risk-based approach to planning agendas, prioritising high-risk/high-impact items	DCG/Committee Chairs	Q1	Underway	Prioritisation is already undertaken as part of the agenda setting process, but check in will be integrated to consider the associated risk and impact of items
Training & Induction	Develop induction information and training needs analysis for each Committee	Governance Team	Q4	Underway	ARAC induction pilot scheduled for September 2025, other Committees tbc.
Integration of Risk	Incorporate risk lens in committee discussions and papers	Governance Team	Ongoing	Not yet started	

At the Board Development session on 17 July 2025, the Board considered the findings of the Board Effectiveness review, which focussed on the on the critical themes of:

- Strategy
- Accountability
- Culture
- Board Building Blocks

The Board also received a summary of the Committee effectiveness findings, and the subsequent Cross-Committee Continuous Development Plan as referenced above.

A focussed discussion regarding the review of Board effectiveness was undertaken and the key findings arising from the Board effectiveness review included:

- Positive feedback throughout the survey, particularly in relation to governance, Board culture and the unitary Board, setting strategy and obtaining assurance.
- Some specific areas for focus including:
  - Enhancing Board focus on patients and communities / Enhancing Board understanding of the daily reality for patients and staff
  - Decision making (How do we ensure the right information is available at the right time? How do we evidence decisions?)
  - Enacting transformation/change
  - Improving partnership working with stakeholders, partners, Welsh Government etc.
  - Oversight and management of Strategic Risk

Arising from the discussion the Board has identified the following areas of focus for continuous development in 2025/26 in the context of Board effectiveness:

- Independent Member Out and About/Visits
- Ward to Board Assurance/Reporting
- Monitoring of transformation outcomes and supporting change
- Partnership working
- Benchmarking of findings against peers

The Corporate Governance Team will develop these focus areas into a Board Effectiveness Continuous Development Plan 2025-26, which will then be monitored and will return to the Board periodically to provide assurance regarding progress.

NEXT STEPS:

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

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.8

BOARD	**31 JULY 2025**
Subject:	**Model Standing Financial Instructions -** Chapter 11 Procurement and Contracting
Approved and presented by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Audit, Risk and Assurance Committee - 8 July 2025 who recommended the updated SFIs to the Board.

PURPOSE:

This paper seeks to outline the amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the issue of the Welsh Health Circular 2025/012.

The Health Board is required to amend Model Standing Financial Instructions in relation to Chapter 11 Procurement and Contracting.

The Audit, Risk and Assurance Committee recommend the updated SRIs to the Board.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the changes to the Model Standing Financial Instructions in relation to Chapter 11 Procurement and Contracting

Approve/Take Assurance	Discuss	Note
Y	N	N

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

7. Put Digital First	N	
8. Transforming in Partnership	Y	

REVIEW OF PTHB STANDING ORDERS

The Model Standing Financial Instructions form part of the Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business.

When agreeing SOs, LHBs must ensure they are made in accordance with directions as may be issued by Welsh Ministers. These SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB. The Standing Orders of the organisation were last amended in May 2024.

The current Standing Financial Instrcutionss are available using the link here - Board Approved_May_2024_Schedule 3_Standing Financial Instructions

Following receipt of Welsh Health Circular 2025/012 Chapter 11 of the Model Standing Financial Instructions have been superseded by new Model Standing Financial Instructions for Procurement and Contracting which are attached at **Appendix A.**

NEXT STEPS:

The revised Model Standing Financial Instructions will be uploaded to the Health Boards website.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

11. PROCUREMENT AND CONTRACTING

Any instruction or summary of legislation in this chapter of the Local Health Board's (LHB's) SFIs is neither legal advice nor statutory guidance, is not intended to be exhaustive, nor an authoritative statement of the law, nor is it intended to override existing legal obligations applicable to the LHB. The law is subject to constant change and the LHB, should seek its own legal advice as appropriate as well as consult with NHS Wales Shared Services Partnership (NWSSP) Procurement Services.

In the event of any conflict between what is contained in legislation and the LHB's SFIs, the former shall prevail.

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement, the service is delivered by NHS Wales Shared Services Partnership (NWSSP) Procurement Services ("**Procurement Services**").

11.1.2 Procurement staff employed by NWSSP provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the LHB. Where the term 'procurement staff' or 'department' is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of Procurement Services, e.g.; 'Pharmacy' and 'Works', who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 Procurement Services shall, on behalf of the LHB, maintain detailed policies and procedures for all aspects of procurement, including tendering and contracting processes. The policies and procedures shall comply with these SFIs, the NWSSP Procurement Manual (existing and future revised), and the Revised General Consent to enter Individual Contracts [included as Schedule 1 of these SFIs].

11.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP's Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures are:

- kept up to date;
- conform to statutory requirements and regulations;
- adhere to guidance issued by the Welsh Ministers; and
- are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Legislation Governing Public Procurement

11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the Procurement Act 2023 and associated subordinate instruments (together "**the 2023 Act**") and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments (together "**the PSR Wales Regulations**") are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health services ("**In-Scope Health Services**") and further detail these can be found in the Welsh Government's statutory guidance titled "Health service procurement: statutory guidance". Goods and services which are not In-Scope Health Services ("**Goods and Non-Health Services**") fall within the scope of the 2023 Act. `

11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words **'In-Scope Health Services Only'** will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the Act, the words **'Goods and Non-Health Services Only'** will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability.

11.3.3 **'Goods and Non-Health Services Only'** The Act governs the procurement of Goods and Non-Health Services. The Welsh Government's Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the LHBs SFIs. **In the event of any conflict between what is contained in the 2023 Act and the LHB's SFIs, the former shall prevail.**

11.3.4 **'In Scope Health Services Only'** The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB's SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the LHB's SFIs, the former shall prevail.**

11.3.5 All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.

11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the LHB and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:

- Social Partnership and Public Procurement (Wales) Act 2023
- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Procurement Policy Framework, including:
    - Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)

- The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023)

11.4 Procurement Principles and Objectives

11.4.1. The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the LHB to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.4.2 **'Goods and Non-Health Services Only'** The legal and governing principles guiding 'covered procurement' under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority's procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs.
- Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **'In Scope Health Services Only'** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the LHB doing the following:

- Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;
- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government's Health Service Procurement: Statutory Guidance; and
- Having regard to the Wales Procurement Policy Statement published under section 14 of the 2023 Act.

11.5 Procurement Procedures

11.5.1 To help towards ensuring that the LHB is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the LHB shall, through Procurement Services, ensure that it shall have procedures that set out:

a) requirements for, and exceptions to, formal competitive tendering (**'Goods and Non-Health Services Only'**);
b) tendering processes including post tender discussions;
c) requirements and exceptions to obtaining quotations (**'Goods and Non-Health Services Only')**;
d) evaluation and scoring methodologies; and
e) approval of firms for providing goods and services.

11.5.2 All procurement procedures must comply with all relevant legislation, the Welsh Ministers' guidance and the LHB delegation arrangements and approval processes.

11.6 Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 **Schedule 1** details the requirement and notification process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the LHB to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy and in support of social, environmental, economic and cultural goals in Wales, the LHB must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible and within the legislative framework. The principles of the Well-being of Future Generations (Wales) Act 2015 ("**the WBFG Act 2015**") should be adopted at the earliest stage of procurement planning.

11.7.2 For example, the WBFG Act 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the well-being of Wales.

11.7.3 The seven well-being goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

11.7.4 The WBFG Act 2015 puts in place a "sustainable development principle" which tells relevant public bodies how to go about meeting their well-being duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living in Wales now and in the future. The WBFG Act 2015 includes five principles that those public bodies need to think about to show they have applied the sustainable development principle, which by way of brief summary are as follows:

- **Collaboration**: acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives;
- **Integration**: considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies;
- **Involvement**: the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves;
- **Long term**: the importance of balancing short-term needs with the need to safeguard the long-term needs; and
- **Prevention**: how acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

11.7.5 The LHB is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains which includes aims to commit public, private and third sector organisations to a set of actions designed to eliminate modern slavery and support ethical employment practices.

11.7.6 The LHB shall make use of the tools developed by Welsh Government Commercial Delivery team in implementing the principles of the WBFG Act 2015. The LHB shall benchmark its performance against the WBFG Act 2015. As detailed in WPPN 005, for the procurement of all contracts over £25,000, LHBs are required to take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the 'covered procurement' objectives in the 2023 Act, Welsh Government's commitments are set out in Welsh Government's 'technical guidance for covered procurement' and the current and subsequent versions of the Wales Procurement Policy Statement (WPPS). The LHB shall ensure that it provides opportunities for SMEs, TSOs and SFBs to quote or tender for contracts.

11.9 Planning Procurements

11.9.1 The LHB must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement.

11.9.2 A process of planning all procurement exercises must be undertaken with the Procurement Services and an appropriate representative from the service and other appropriate stakeholders, (depending on the value, risk and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost;
- the likely 'route to market' which will consider the legislative and policy framework set out above;
- the availability of funding to be able to award a contract following a successful procurement process; and
- that the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the four principles of prudent healthcare:

- equal partners through co-production;
- care for those with the greatest health need first;
- do only what is needed; and
- reduce inappropriate variation.

For **'Goods and Non-Health Services Only'** Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. For **'In Scope Health Services Only'** Value Based Healthcare should be considered under the Key Criteria 'Value' where this is appropriate and applicable. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the LHB, Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the LHB does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the LHB should be submitted by the LHB Board Secretary to the Audit Committee.

11.9.5 The LHB is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government's Health and Social Care Finance Department, and the opinions of Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the LHB's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those provided by the Welsh Government's Commercial Delivery team, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by public sector bodies located outside of Wales.

11.10.2 **'Goods and Non-Health Services Only' -** In the absence of an existing suitable procurement framework to source the required item, a competition must be operated in accordance with the 2023 Act and the table below. The LHB must ensure the value of their requirement considers cumulative spend across the LHB for like requirements and opportunity for collaboration with other NHS Wales Organisations.

TABLE 'Goods and Non-Health Services Only'

Goods/Services/Works Whole Life Cost Contract value **(figures excl. VAT)**	**Minimum competition** (1)	**Form of Contract**
Below £5,000	Evidence of value for money has been achieved	Purchase Order
£5,000 - £24,999	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
£25,000 plus to the prevailing Procurement Act 2023 threshold (2)	Advertised open call for competition. Minimum of 4 tenders received if available	Formal contract and Purchase Order
Over the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required (3)	Formal contract and Purchase Order

(1) Subject to the existence of suitable suppliers
(2) The Procurement Act 2023 - Schedule 1 – threshold amounts
(3) In accordance with the requirements set out in Schedule 1.

11.10.3 **'In Scope Health Services Only'** - In the absence of an existing suitable procurement framework to source the required item, the LHB is required to follow the most appropriate and proportionate procurement process as set out under the PSR Wales Regulations and the health service procurement: statutory guidance. The LHB should note that one of the key objectives of the PSR Wales Regulations are to provide more flexibility when selecting providers for health services with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, with a view to enabling the development of stable supplier partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB's SFIs.

11.10.4 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 **'Goods and Non-Health Services Only'** The LHB must consider the minimum financial thresholds for quotes and competitive tendering arrangements when undertaking a procurement. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in Schedule 1 of the 2023 Act.

11.11.2 **'Goods and Non-Health Services Only'** Advice from Procurement Services must be sought for all requirements in excess of £5,000 (excluding VAT).

11.11.3 **'Goods and Non-Health Services Only'** The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 **'Goods and Non-Health Services Only'** Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000 (excluding VAT), must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 (excluding VAT) and require competition.

11.11.5 **'In Scope Health Services Only'** There is no minimum financial threshold for application of the PSR Wales Regulations.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- required timescales are achievable.
- specifications are drafted which:
    - are fit for inclusion in competition documents;
    - are drafted in a manner encouraging innovation by the market;
    - are capable of being responded to and do not narrow competition;
    - deliver in line with legislative and policy frameworks;
    - include robust performance measures to effectively measure and manage supplier performance; and
    - consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities. **'Goods and Non-Health Services Only',** under

the 2023 Act there is a requirement to set and publish at least 3 Key Performance Indicators (KPI's) for contracts above £5m, and to publish a notice on these at least annually during the term of the contract (note: this does not apply to 'light touch regime' contracts) and in circumstances where the LHB considers that the supplier's performance under the contract could not appropriately be assessed by reference to key performance indicators (s.52(2) of the 2023 Act)).

11.12.3 **'Goods and Non-Health Services Only'** Criteria for selecting suppliers and achieving an award recommendation must be evaluated on the basis of the "Most Advantageous Tender", which provides contracting authorities with greater flexibility to take into account wider social and environmental issues where that is decided to be relevant for the best solution. Such criteria must:

- be appropriately weighted;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life costs, including (where appropriate) the cost of change and / or end of life costs.

11.12.4 **'In-Scope Health Services Only'** Criteria for selecting suppliers and achieving an award recommendation must follow (where applicable) the provisions in the PSR Wales Regulations, regarding:

- Key Criteria (regulation 6);
- Basic Selection Criteria (regulation 22); and
- Exclusions (regulations 25 and 26)

The LHB is required to ensure the appropriate criteria is set with regards the selected procurement process, as set out under the PSR Wales Regulations and Health service procurement: statutory guidance".

11.13 Single Quotation Application (SQA) or Single Tender Application (STA) - 'Goods and Non-Health Services Only'

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- a technical compatibility issue which needs to be met e.g., specific equipment required, or compliance with a warranty cover clause;

- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- when joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition/national strategy.

11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through a Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- robust justification is provided;
- a value for money test has been undertaken;
- no bias towards a particular supplier;
- future competitive processes are not adversely affected;
- no distortion of the market is intended;
- an acceptable level of assurance is available before presentation for approval in line with the LHB's Scheme of Delegation; and
- an "or equivalent" test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the LHB has already entered into an arrangement directly.

11.13.5 As a SQA or STA are only used in exceptional circumstances the LHB, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent repeated inappropriate use of a SQA or a STA by the LHB.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- instruct a representative of the LHB to attend Audit Committee;
- escalate to the Board;
- request an internal Audit Review;

- request further training; or
- take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. The NWSSP Procurement Manual details the schedule of departures from a SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, Procurement Services will retain a central register of all such activity including SQA/STA's not endorsed by Procurement Services or any exceptional matters.

11.14 Disposals - 'Goods and Non-Health Services Only'

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g., Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the LHB making use of any agreements covering the disposal of such items.

11.14.3 The LHB must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

11.15.1 The evaluation of procurement competitions must be undertaken by a minimum of 2 evaluators from within the operational service of the LHB. Evaluation teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.

11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.

11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.

11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

11.16.1 Contract management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations are met. This contract management will include:

- retaining accurate records;
- monitoring contract performance measures;
- engaging suppliers to ensure performance delivery;
- implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by Procurement Services.

11.16.3 Advice on Contract Management best practice is available from Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 **'Goods and Non-Health Services Only'**

11.17.1.1 Extending, modifying, or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g., scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.1.2 If there is no such provision, the 2023 Act defines such limitations. Further information on contract modifications can be found in sections 74-77 of the 2023 Act and in Guidance: Contract Modifications.

11.17.2 **'In-Scope Health Services Only'**

11.17.2.1 Modification of the scope of an existing contract is possible if:

11.17.2.1.1 the modification is clearly and unambiguously provided for in the original contract or framework agreement documents, or

11.11.2.1.2 the original contract was awarded under Direct Award Process 1 and the modification does not render the contract ‘materially different’ in character.

11.17.2.2 If provisions set out in 11.17.2.1.1 are not met, the PSR Wales Regulations define limitations concerning modifications of contracts as being, the modification must be:

- solely a change in the identity of the provider however continues to meet the basic selection criteria, and there are no other considerable changes to the contract; or
- made in response to external factors beyond the control of the ‘relevant authority’ (as defined under section 10A of the National Health Service (Wales) 2006), and the provider, for example changes in patient or service user volume; changes in prices in accordance with a formula provided for in the contract documents and neither of these modifications render the contract or framework agreement materially different in character; or
- made at the discretion of the relevant authority and does not render the contract or framework agreement materially different in character and the cumulative change in the estimated lifetime value of the contract or framework agreement is under £500,000 or is under 25% of the estimated lifetime value.

11.17.3 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.4 If there was no provision to extend, further approvals are required from the LHB budget holder and the LHB Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.5 This ensures an appropriate identification and assessment of potential risks to the LHB’s compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.6 The budget holder must seek advice from Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LHB. The budget holder will source those goods (**'Goods and Non-Health Services Only'**) or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract frameworks, such as those managed by Welsh Government's Commercial Delivery team, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the Procurement Services to undertake quotation / tendering exercises (**'Goods and Non-Health Services Only'**) on their behalf in line with SFI 11.11 thresholds (**'Goods and Non-Health Services Only'**).

11.18.3 All orders for goods (**'Goods and Non-Health Services Only'**) and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The LHB will ensure compliance with the 'No Purchase Order, No Pay' policy, the All-Wales policy which was introduced to ensure that Procure to Pay continues to provide high-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

a) Be consecutively numbered;

b) State the LHB's terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the LHB by Procurement Services.

SCHEDULE 1

GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

This schedule included as "General Consent to enter individual contracts" replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI's) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

Paragraph 13 of Schedule 2 to the National Health Service (Wales) Act 2006 states as follows:

"(1) Subject to sub-paragraph (3), a Local Health Board may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.

(2) In particular it may—

(a) acquire and dispose of property,

(b) enter into contracts,

(c) accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Local Health Board or for any purposes relating to the health service).

(3) A Local Health Board may not do anything mentioned in sub-paragraph (2) without the consent of the Welsh Ministers (which may be given in general terms covering one or more descriptions of case)."

Section 10.1 of the NHS Wales Infrastructure Investment Guidance issued on 22 October 2018 ("**the Investment Guidance**") includes the following in relation to Local Health Boards:

"Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process are included in Welsh Health Circular WHC(2015)031. Organisations should ensure

that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements."

This is also to be regarded as being applicable to HEIW and DHCW, which were both established after the two WHC's mentioned above were issued.

Section 10.2 of the Investment Guidance includes the following in relation to Trusts:

"Whilst formal Cabinet Secretary consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above."

Section 11 of the Investment Guidance also includes provision as to disposals and property protocols.

Welsh Health Circular WHC (2015) 031 issued 22 June 2015 includes arrangements for consent to acquire or dispose of a lease in property (where not covered by any business case approval process.

That WHC is also to be regarded as being applicable to HEIW and DHCW in the same way as it applies to LHBs.

Entering into contracts

This schedule confirms to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisition or disposal of a lease or any interest in property are delegated to the Director General, Health Social Care and Early Years.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Cabinet Secretary for Health and Social Care on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly, any issues relevant to the exercise of the Cabinet Secretary for Health, and Social Care's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSCEY prior to tendering for the contract;
- All eligible LHB and HEIW and DHCW contracts >£1m in total to be submitted to the Director General HSCEY for consent prior to award;

- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSCEY for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSCEY for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

i) Contracts of employment between LHBs, HEIW, or DHCW and their staff;

ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs, HEIW, or DHCW;

iii) Out of Hours contracts;

iv) All NHS contracts; that is where one health services body contracts with another health service body;

(v) Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Cabinet Secretary e.g. annual education and training commissioning also do not require further Ministerial notification or consent; and

(vi) Contracts between £500k - £1 million (for noting) and £1 million + (for approval).

a) Wales Public Sector Framework Agreements e.g., Frameworks established by the Welsh Government's Commercial Delivery team or NWSSP (not exhaustive) – no written approval required to award contracts under these Frameworks through a direct award or mini competition.

b) Third-Party Public-Sector Framework Agreements e.g., Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

For non-capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.9

BOARD	**30 July 2025**
Subject:	**Regional Partnership Board (RPB) Annual Report 2024-2025**
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by: **Contributions from:**	Joe Wellard, RPB Coordinator Assistant Director of Partnership Development Assistant Director of Planning
Other Committees and meetings considered at:	Regional Partnership Board, 10 June 2025 Executive Committee, 16 July 202

PURPOSE:

To present to the Executive Committee the Regional Partnership Board's Annual Report for April 2024 to March 2025.

RECOMMENDATION(S):

The Executive Committee is asked to:

- **RECEIVE** the Regional Partnership Board (RPB) Annual Report and Forward Plan; and
- Take **ASSURANCE** that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy "A Healthy, Caring Powys".

Take Assurance	Discuss	Note
Y	Y	N

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

EXECUTIVE SUMMARY:

PTHB and the Regional Partnership Board Governance and Planning Framework

This statutory Partnership was established in 2016 under Part 9 Social Services and Wellbeing Act (Wales) Act 2014. Local authorities and Local Health Boards are required to establish Regional Partnership Boards (RPB) to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective populations.

The objectives of the RPB are to ensure the partnership bodies work effectively together to: Respond to the population assessment carried out in accordance with section 14 of the Act; Implement the plans for each of the local authority areas covered by the board, which local authorities and Local Health Boards are each required to prepare and publish under section 14A of the Act; Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act; and to Promote the establishment of pooled funds where appropriate.

There must be an integrated approach to the development of services, care and support, which focuses on opportunities for prevention and early intervention. Regional Partnership Boards must prioritise the integration of services in relation to: Older people with complex needs and long term conditions, including dementia, people with learning disabilities, children with complex needs, carers, including young carers and Integrated Family Support Services.

The RPB must develop and publish: a population needs assessment for the local area; a social care market stability report; and a 5-year area strategic action plan that is reviewed annually (Joint Area Plan); and ensure that information, advice and assistance is accessible. The RPB formulates and oversees an investment and resource plan to deliver priorities of the Health and Care Strategy through the Joint Area Plan. The Joint Area Plan is approved by Powys County Council and Powys Teaching Health Board. The RPB ensures alignment with other partnerships and oversees delivery of the plan.

The RPB is chaired by the PTHB Vice Chair, there is Executive Director and Assistant Director membership of the RPB Executive, as chairs of age specific partnerships and as Senior Responsible Officers for cross-cutting programmes.

The Executive Director of Public Health is the Executive Lead for co-ordination across the RPB and Public Service Board. The Regional Partnership Board Executive (RPBE) also functions as the Pan Cluster Planning Group.

Regional Partnership Board meetings are held at least quarterly with recommendations to it developed and submitted via the RPBE. The Partnerships and Programmes report quarterly to the RPB Executive Group against Delivery

and Resource Plans to give assurance that they are supporting system change and delivering on the Area Plan priorities and Health and Care Strategy outcomes. The RPB has an approved Evaluation, Prioritisation and Assurance Framework.

The PTHB Board receives partnership updates at each of its meetings.

Alignment of Health Board, RPB and other partnership planning

There is a strong track record of partnership strategy in Powys, with the Health and Care Strategy being the first of its kind in Powys when it was developed and published in 2017. This in turn is set in the inter-generational context of the Powys Wellbeing Plan, which is overseen by the Public Services Board, and has a broader remit which encompasses social, economic and environmental determinants of wellbeing.

The Health Board's plans are firmly set in the context of the shared vision for 'A Healthy Caring Powys' and the shared principles which were developed following extensive engagement with communities and stakeholders as part of the Health and Care Strategy / Area Plan:

- Do What Matters
- Do What Works
- Focus on Greatest Need
- Offer Fair Access
- Be Prudent
- Work with People and Communities

The PTHB Annual Plan continues to use the Health and Care Strategy Wellbeing Objectives and Enabling Objectives as a strategic framework, driving the identification of Strategic Priorities and Critical Actions that deliver against these (as shown in the PTHB Plan on a page below):

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

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

The life course approach within the shared partnership strategy is another important interdependency, as shown for example in the PTHB Strategic Priority

1) Whole system prevention across the life course and the new PTHB Strategic Priority 3) Women, Family and Children's Health.
The transformational work being progressed within PTHB as part of 'Better Together' takes as its launching point the Powys Outcomes and model of care, identified as part of the Health and Care Strategy – notably the drive to provide care closer to home where this offers the best value in meeting population need, and the importance of 'Regional Rural Centres' alongside other community based services, to provide healthcare that is best delivered in the County.

The system resilience planning for Powys is another important interdependency – reflected in PTHB Strategic Priority 10. This has been approach in partnership across the RPB for several years and the Health Board has played a lead role in the co-ordination of this work, ensuring the system as a whole is optimising its resources and response. This is particularly important in light of the impacts across the system of delayed transfers of care, the need for a joined up approach to improve pathways of care, and improve outcomes for patients and carers.

Regional Partnership Board Annual Report

The Regional Partnership Boards Annual Report outlines the activity undertaken from April 2024 to March 2025 to deliver the Joint Area Plan as part of the ten-year Health and Care strategy "A Healthy, Caring Powys".

The report outlines the work undertaken by the Start Well, Live Well and Age Well Partnerships, specific streams of work including Carer, Improving the Cancer Journey, Workforce Futures, and the North Powys Wellbeing Programme.

The report concludes by outlining the focus of work for the following year with agreed priorities agreed as:-

1. Prevention First: Supporting people earlier and closer to home
2. Co-Production and Engagement: Putting people at the centre
3. Integration and Joint Working
4. Innovation and Learning: Building a more resilient system
5. Strategic Planning and a focus on sustainability: Preparing for the future

The Annual Report was approved at the Powys RPB Board on the 10th June 2025.

NEXT STEPS:

The Health Board will continue to work in partnership with other members of the Regional Partnership Board to maintain strong relationships working together to address shared challenges, working within agreed planning and governance frameworks.

IMPACT ASSESSMENT

Not required

Powys Regional Partnership Board

Annual Report
April 2024 to March 2025

Bwrdd Partneriaeth Ranbarthol Powys
Iechyd a Gofal Cymdeithasol

One Powys Yn Un

Powys Regional Partnership Board
Health and Social Care

Llywodraeth Cymru
Welsh Government

CONTENTS

EXECUTIVE SUMMARY

Over the past year, the Powys Regional Partnership Board (RPB) has continued to bring together health, social care, and wider partners to improve outcomes for people across Powys. This annual report reflects a year of collaboration, innovation, and shared commitment to making health and care services more integrated, accessible, and person-centred.

At the heart of the RPB's work is the shared **Health and Care Strategy**, *"A Healthy Caring Powys,"* which sets out a long-term vision for integrated, person-centred care. The Board's efforts are structured around three life-course partnerships—**Start Well**, **Live Well**, and **Age Well**—each of which has delivered tangible improvements in outcomes for children, adults, and older people.

- **Start Well** expanded Early Help Hubs and emotional wellbeing services, supporting over 3,600 young people and helping families access support earlier and closer to home.
- **Live Well** has begun to develop a new model for day opportunities, strengthened services for people with complex needs, and advanced neurodiversity support through co-produced solutions.
- **Age Well** enhanced home support, reduced hospital delays, and opened new extra care housing, enabling older people to live independently and with dignity.

Beyond age-specific services, the RPB has championed a range of **cross-cutting** initiatives that cut across the life course:

- **Carers**: Over 2,500 unpaid carers were supported by Credu, with new outreach tools and events helping carers feel seen, supported, and connected.
- **Welsh Language**: The Active Offer project helped organisations provide services in Welsh, with practical tools and training making a real difference.
- **Cancer Support**: The Improving Cancer Journey programme doubled its referrals and created a single point of access for holistic support.
- **Workforce Futures**: Over 5,500 students were reached through career education, and nearly 600 staff completed compassionate leadership training. A new volunteer toolkit and carer development programme are also helping build a resilient, skilled workforce.

Prevention at the Core

A key theme throughout the year has been the shift toward prevention and early intervention. From emotional wellbeing models for children to community-based support for older adults, the RPB has prioritised services that reduce escalation of need and promote

independence. This preventative ethos is embedded across all partnerships and is central to the Board's long-term sustainability goals.

Integration and Partnership in Action

The RPB's strength lies in its ability to bring together a wide range of partners. This year saw continued progress in developing new ways of working together, including trusted assessor roles. The North Powys Wellbeing Programme and the Workforce Futures initiative are further examples of how integrated planning and delivery are creating more seamless, effective services.

Engagement and Co-Production: Listening, Learning, Acting

The voices of citizens and carers have been central to shaping services. Through forums, networks, and representative roles, people with lived experience have helped design, evaluate, and improve services. The development of the Powys Co-production Journey Tracker and the work of the Powys Engagement and Insight Network are helping embed a culture of meaningful engagement across the system.

Innovation and New Ways of Working

Innovation has been a defining feature of the year. From digital consent apps and to new models of emotional health support, the RPB has embraced creative, evidence-informed solutions. The Regional Innovation Coordination Hub continues to support the testing and scaling of new ideas.

Looking Ahead and Annual Delivery Plan

As the RPB moves into 2025–26, the focus will be on embedding these changes more deeply and widely—ensuring that innovation becomes routine, that co-production is the norm, and that integrated, preventative approaches are sustained and scaled. With a clear annual delivery plan, strong partnerships, and a shared commitment to improving lives, the RPB is well-positioned to continue delivering meaningful change for the people of Powys.

THE BOARD'S ROLE AND PURPOSE

Powys Regional Partnership Board (RPB) brings together a range of public service representatives and other key people, including citizens, to ensure that organisations work better together to improve the health and wellbeing of the people of Powys. The RPB Terms of Reference contains a statement of intent which sets out what it is trying to accomplish:

- Create a momentum for critical improvements, by identifying key priorities for Powys citizens and concentrate efforts to ensure those are being addressed
- Increase the focus on early intervention and prevention by encouraging citizen control and ownership in health and wellbeing matters to minimise the escalation of need
- Ensure the voice of the citizen is not only heard but acted upon to improve services
- Utilise intelligence on existing and future needs of citizens in the planning of services throughout the spectrum of need and ensure resources are maximised through judicious engagement with other bodies undertaking similar activity
- Ensure quality services are delivered efficiently and effectively through a skilled and motivated workforce and volunteers
- Promote the integration of care and support between Social Services and Health
- Ensure co-production and the commissioning of services with the public, private and voluntary sectors that promotes connected and seamless services working effectively together
- Foster innovative new practices and promote a learning culture ensuring effective mechanisms are in place to bridge the gap between organisational and public communication on the planning and achievements of services.

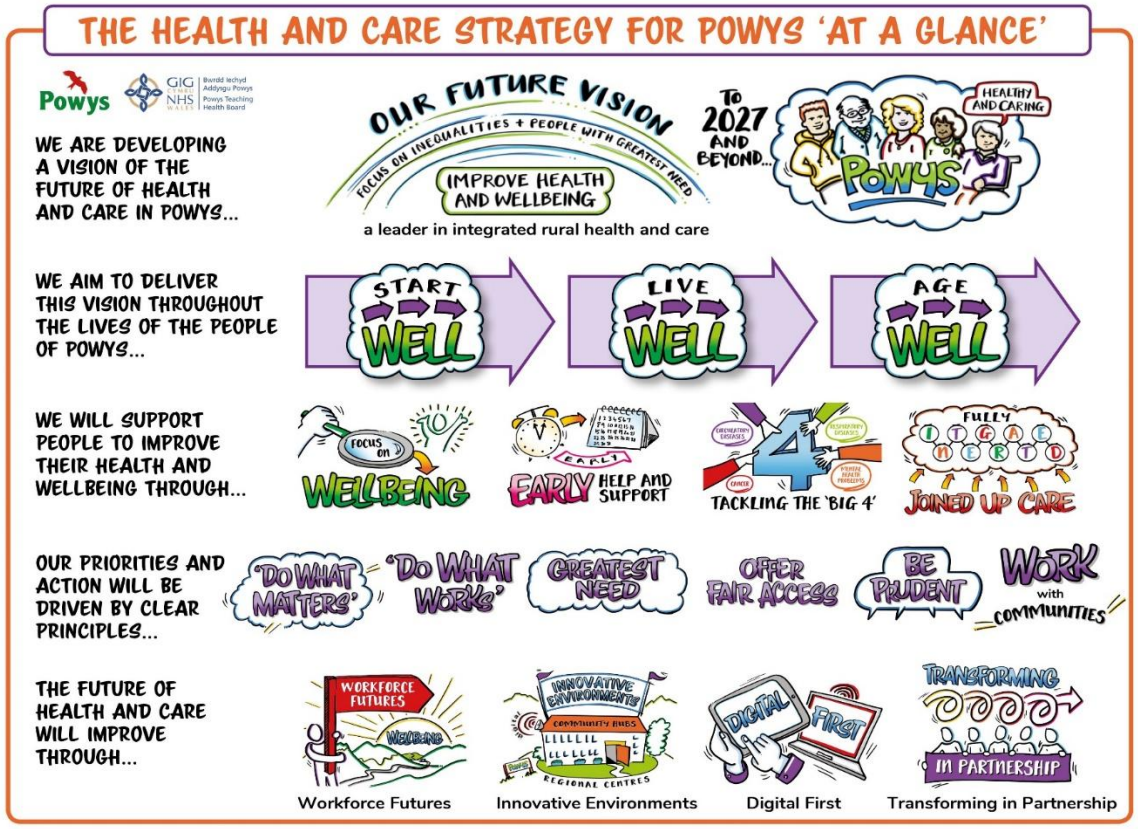
HEALTH AND CARE STRATEGY

The RPB's work is driven by Powys' Health and Care Strategy, "A Healthy Caring Powys" which sets out the priorities for transforming health and care in Powys up to 2028. All partners came together to review and refresh these priorities and to produce our second Regional Partnership Board Joint Area Plan.

The new Joint Area Plan builds on the progress and learning of the previous five years and responds to what people of Powys have said about their health and care, and what matters to them.

We've drawn extensively on our refreshed understanding of life in the county with the updated views and evidence gathered as part of the **Powys Population Needs Assessment (2022)**, **Wellbeing Assessment (2022)**, **Powys Market Stability Report (2022)** as well as other new research, feedback and policy.

The new Area Plan sets out how we can improve the health and wellbeing of people in Powys and will deliver the final stages of our ten-year ambition. To see the updated Area Plan along with reviewed priorities visit www.powysrpb.org



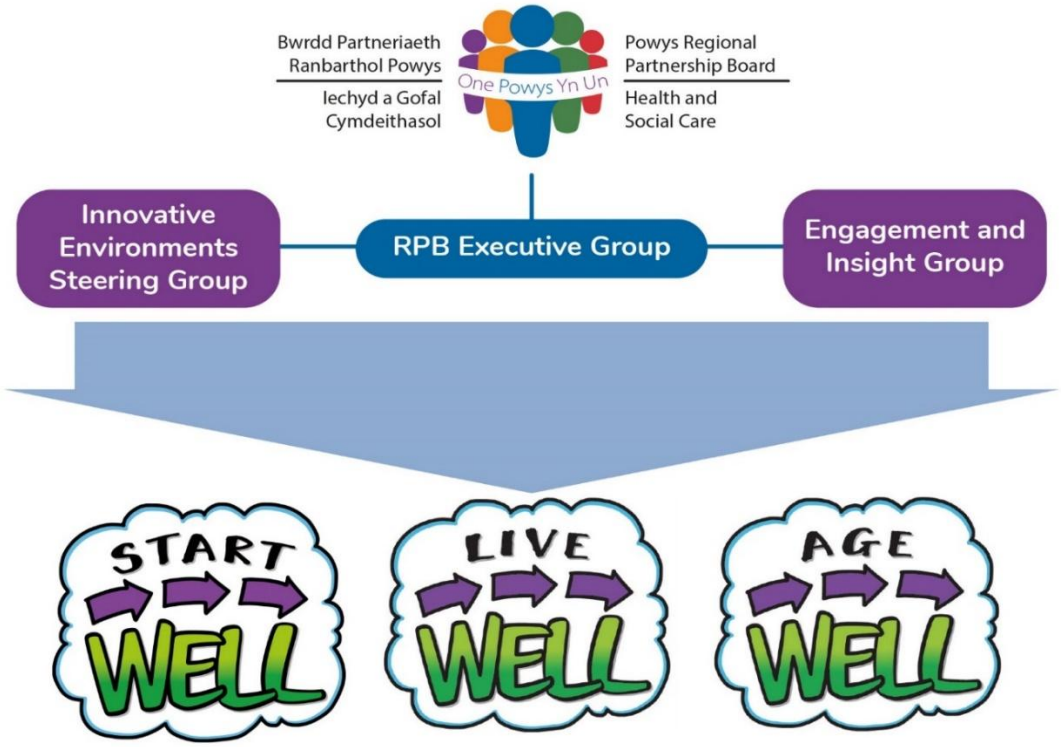
HOW THE WORK OF THE BOARD GETS DONE

The Regional Partnership Board sets the strategic direction for health and care in Powys and the joint priorities for working together. Key to delivering on the ambition and priority areas, are the four subsidiary partnerships: Start Well, Live Well, Live Well (Mental Health) and Age Well. They each involve a much wider group of people and have their own sub-groups that carry out more detailed work.

Each has a particular focus on a specific population group – children, young people and families (Start Well), Adults (Live Well), and Older People (Age Well). Some areas of focus are relevant to all these age groups and therefore are cross-cutting. These include unpaid carers for example, as well as the requirement to provide relevant information, advice and assistance.

Wider engagement with people is crucial and the partnerships and subgroups have various ways in which they can involve people to help shape decisions. Start Well for example have a Junior Start Well Board made up of young people who can discuss key issues and feed these in.

The RPB Executive Group helps drive the work of the RPB forward across partners and offers support and challenge for key decisions. The Boards' work is co-ordinated through the RPB Team which provides high level support and co-ordination across all this.



SELF-ASSESSMENT

Powys RPB Board undertook an exercise in 2024 to identify areas that were working well, and areas for improvement. This self-assessment highlighted the RPB's focus on improving governance, workforce development, resource management, and integrated care models, while also emphasising the importance of engagement, innovation, and trust-building

Several positive areas were identified in which people work together at the most strategic level in partnership to deliver better outcomes for people in Powys. Alongside this, the following key themes emerged that identified opportunities to do more and have a bigger impact, as follows:

Governance Systems and Arrangements

- *Strategic Overview*: The RPB should consider a strategic overview of shared resources, joint commissioning, and decision-making to ensure they remain fit for purpose.
- *Engagement:* There's a need to ensure more meaningfully involvement of people, including children and young people, in the partnership's activities across all its structures.
- *Accessibility*: Making the RPB's work more accessible to professionals, partners, and citizens is crucial – being more transparent with decision making.
- *Building Trust:* Continue building trust between partners and improving communication and accountability.

Workforce Development

- *Stronger Role*: Our workforce remains one of our biggest priorities to support system change therefore the RPB should continue to play an active role in leading transformational of a joint workforce.
- *Promotion*: workforce development work in Powys needs to have a high profile

Resources, Finances, and Facilities

- *Prioritisation*: The RPB needs to ensure it continues to prioritise key areas of work and focus on utilising resource to have the biggest impact for the system and improving outcomes for people in Powys.

Progress in Developing Integrated Models of Care

- *Innovation*: the Board should continue to encourage projects to consider innovative examples from across Wales and within Powys.

- *Reporting*: further improve reporting, including developing maturity of qualitative information to support integrated health, care, and wellbeing support.

Some of these areas have been addressed through work of the Powys RPB already, but others will continue to remain a priority for next year. As part of the RPBs Partnership Development Programme, the Board will carry out a self-assessment next year to understand progress made and further opportunities to improve.

THE BOARD'S MEMBERSHIP

RPB Chair, Vice Chair of Powys Teaching Health Board

RPB Co-Vice Chair, Cabinet Member for a Caring Powys, Powys County Council

RPB Co-Vice Chair, Chief Executive Officer, Powys Association of Voluntary Organisations

Director of Social Services and Wellbeing, Powys County Council

Chief Executive of Powys Teaching Health Board

Director of Education, Powys County Council

Policy Advisor, Care Forum Wales

Head of Adult Social Care, Powys County Council

Director of Partnerships and Engagement at Welsh Ambulance Services NHS Trust

Executive Director of Primary, Community Care and Mental Health, Powys Teaching Health Board

Carer Members

Citizen Members

Social Value Landlord Representative, Barcud

Cabinet Member for Future Generations, Powys County Council

Third Sector Representatives, Care and Repair in Powys & Alzheimer's Society

Executive Director of Public Health, PTHB

Assistant Director Community Services Group, PTHB

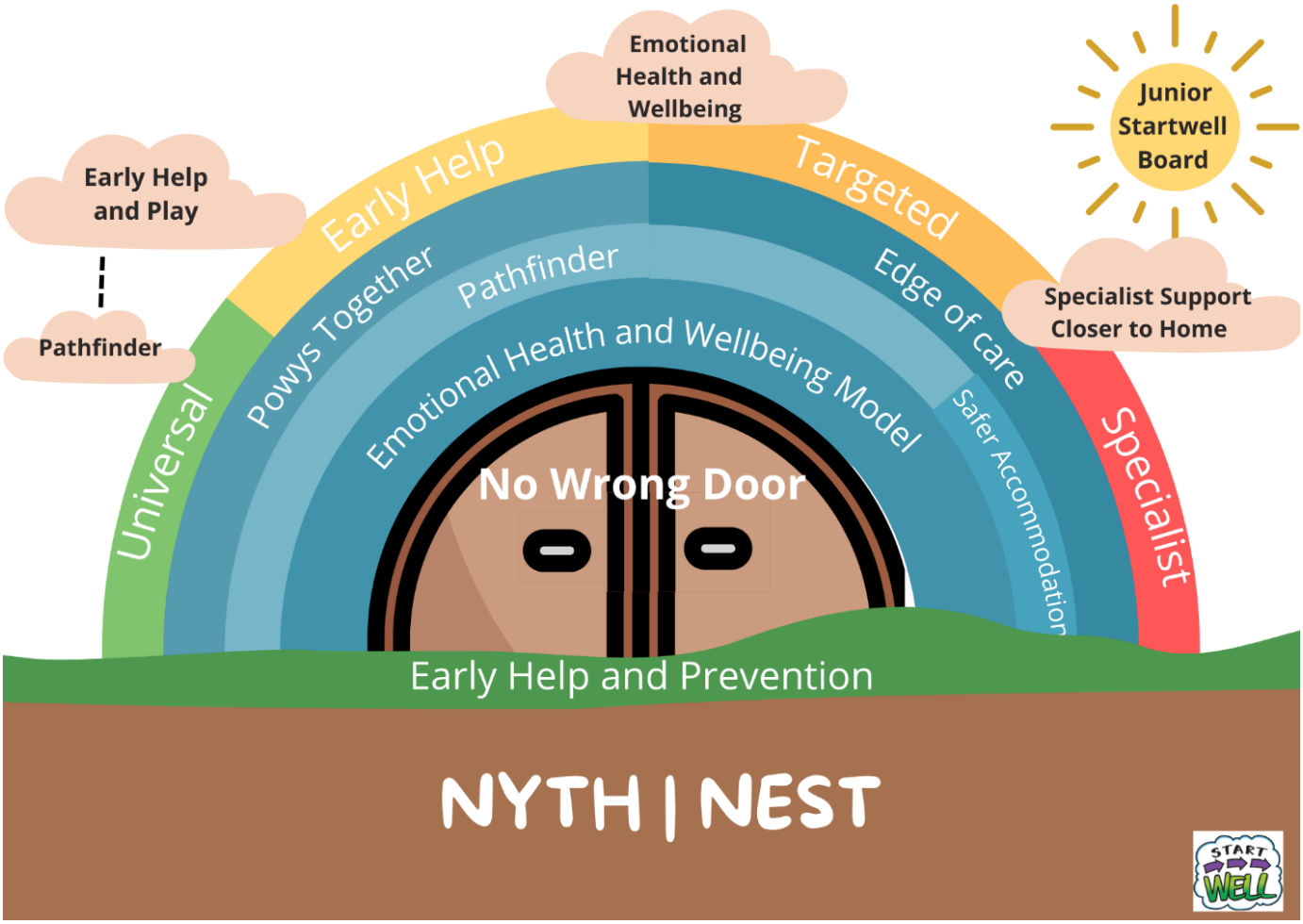
Observer - **Health and Social Care Citizen Voice. Regional Director (Powys),** Llais

START WELL

The Start Well Partnership works to improve services and outcomes for children and young people. The Start Well Board are working to develop Early Help hubs across the county with multi-agency working at their core, ensuring that children and families are at the heart of the services provided. The hubs are set up to offer a nurturing, empowering, and safe environment for families, offering a range of services, including health and social care, closer to home.

This year the partnership has worked to further develop the NEST/NYTH model, which ensures a comprehensive approach to mental health, well-being, and support services. The partnership has achieved positive outcomes, such as increased access to emotional health support, appropriate referrals to services, and the development of therapeutic provision to support young people and practitioners.

Keeping children safely at home is a key priority for the Start Well Board and the provision of an Edge of Care Service. Where children do need to come into care the Board works to ensure that specialist support can be provided closer to home. The development of additional 16 plus accommodation has also been a key achievement this year.



Start Well Highlights

Early Help and Play

The partnership continues to support early help and play through several key initiatives and projects. One of these is Powys Together which offers a variety of free activities, events and opportunities for children, young people, and families. This initiative is crucial in enabling the most disadvantaged families to participate in enriching experiences, aiming to reduce disadvantage whilst building community resilience and connections.

The four Powys Together co-ordinators are based in Welshpool, Newtown, Llanidloes and Machynlleth and are actively engaging with their local communities to understand their strengths and needs.

This year the co-ordinators have worked with over 2,200 children and adults. Over 130 community sessions have been delivered with a 99% positive feedback rate.

The team have held 33 stakeholder group meetings and attended 199 meetings in the community**.** They have also undertaken 45 consultation events with the community which help to inform the activities and events for children, young people and their families.

The following are just a few examples of the successful events and activities held this year

- Family fun days and festivals, including a *Kindness Fest* attended by over 2000 community members
- Riverside activities delivered in collaboration with Severn River Trust for children with disabilities.
- Youth club sessions, including youth club support in Machynlleth which has reduced anti-social behaviour in the town.
- Silent discos for children with disabilities, wheelchair rugby, sensory baby sessions, arts and crafts sessions, internet safety initiatives, money awareness sessions.

Emotional Health and Wellbeing

Powys has developed an Emotional Health and Wellbeing Model, which brings together all elements of children, young people and families' emotional health and wellbeing. The project primarily works with children, young people, families, and staff to provide support across a range of needs by addressing the gaps in emotional health and wellbeing services.

The services delivered range from specialist one to one sessions to group work and activities where a whole class can be involved. Partnership working has allowed for delivery partners to work collectively to establish and fill gaps and share and develop ideas. This has included the development of ideas suggested by young people, in particular a Youth Café in

Newtown which was initially funded through the project but has now attracted Lottery Funding and goes from strength to strength.

This year over 3,600 young people have accessed the project through 1:1 support, group work and universal sessions. The data shows an upward trajectory in the numbers accessing the service each quarter which clearly illustrates a growing demand.

Overall, 99% have reported their emotional health and wellbeing has been maintained or improved following support from the project.

The Emotional Health and Wellbeing Project has therefore been key to delivering an enhanced service to children and young people in Powys.

Specialist Services Closer to Home

The partnership continues to provide intensive support to improve the current living arrangements for children and young people so that they can remain living with their families rather than entering care, where it is safe to.

The *Edge of Care Project* works with children, young people and their families to support children on the "Edge of Care".

Through evidence-based interventions and an early intervention approach, the project supports families to stay together and keep children at home safely. The project collaborates with families using trauma-informed approaches including building resilience, establishing routines, and promoting self-care. For the young people and children supported by the project, there is a focus on helping them manage anger, build resilience, regulate emotions, and develop healthy relationships, among other skills.

This year the project has worked with 563 children and received 252 referrals. Of these referrals, 88% were aimed at supporting children on the edge of care, 5% focused on placement stability (reducing the number of placements changes a child experiences), and 5% were for reunification. The remaining 2% involved crisis work, which involved urgent intervention to prevent the immediate breakdown of family or foster care placements.

The Partnerships *Residential Developments* have created flexible, diverse, high-quality placements for children and young people who are looked after Closer to Home.

This year capital funding has been used to purchase and refurbish property in South Powys to provide four one-bed bungalows for *16+ Accommodation and Support* along with a bungalow for 24/7 support staff.

LIVE WELL

The Live Well Partnership works to create a supportive, empowering environment in Powys that will enable people to “Live Well” and achieve good health outcomes, through being healthy and active and by being able to access the right help and support, at the right time.

The Partnership addresses the wider determinants of health and wellbeing of the working age population in Powys, through a public health and community development approach, including strengthening and transforming services for people with disabilities.

Live Well links with other strategic partnerships in Powys, including the Area Planning Board and the Live Well Mental Health Partnership, where there is an overlap with complex care and mental health. They also partner with the Housing Support Grant Board where support for homelessness prevention intersects with supported living.

There are a number of subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers and to engage with Third Sector Providers of mental health services.

Live Well Highlights

Early Intervention and Prevention

This year, the Partnership undertook extensive engagement through the Work, Leisure and Learning project to understand what people with learning disabilities, older people, carers, and professionals value in day opportunities. This engagement informed a robust evidence base and led to recommendations for a redesigned model of day opportunities in Powys. A cabinet-approved proposal is now being implemented, focusing on community-based, integrated service delivery. The vision is to support individuals in building healthy, rewarding lives through social, work, and leisure opportunities that promote wellbeing, independence, and respite for carers.

Key engagement themes included:

- The importance of social connections and friendships.
- The value of safe, reliable environments for carers.
- Strong community collaboration.
- Challenges in service awareness and communication.

A revised, strengths-based model was agreed upon, offering three tiers of support: Preventative, Personalised, and Specialist Services. This approach empowers individuals to maximise independence and ensures appropriate support as needs change over time.

Emotional and Physical Health and Wellbeing

The aim of this Partnership workstream is to ensure good practice through ensuring local communities, voluntary and community sector organisations, and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives.

Throughout this first year of the project, the team have focused on establishing the Steering Group and ensuring stakeholder representation from all relevant organisations, departments and sectors. This has involved engagement with a vast range of services and organisations including PAVO, Llais, Credu, volunteer bureaus, community support organisations, information and advice service providers, and many more.

The *User Journey's* being created through the project will help identify where people go in the community for support around improving skills, knowledge, and confidence in supporting their own well-being needs, as well as allowing them to take control of their own well-being support systems.

Key developments have included:

- Coordination of service directories into a central search platform.
- Automation to streamline updates and reduce duplication.
- Increased awareness through local network meetings and events

Initial findings revealed a lack of a central information hub for Powys citizens, which the project is addressing through improved digital infrastructure and stakeholder collaboration.

Complex Care Closer to Home

The aim of this workstream is to focus on the needs of people with complex, multiple and profound disabilities whose support offer in Powys requires focus and strengthening.

This year an in-depth review was conducted of 100 individuals identified as having complex needs to understand their complexities, backgrounds, health needs, accommodation pathways, and outcomes.

A tailored *Accommodation and Support* form was developed within the Welsh Community Care Information System (WCCIS) to support early identification of needs, especially for those transitioning into adult services or returning from out-of-county placements. This tool is currently being piloted and will support strategic planning and integrated working across health and social care.

The review also highlighted a significant number of individuals with Autism Spectrum Disorder (ASD) and complex needs, particularly among those aged 14–25. Data showed 104

individuals in this age group with assessed ASD-related needs, with the highest concentration in the north of the county.

Key challenges identified include:

- A lack of suitable, inclusive provision for individuals with ASD.
- Inappropriateness of existing day services due to environmental factors, varying levels of need, and age differences.
- A need to upskill providers to better support individuals with complex ASD profiles.
- Inconsistent support for individuals and families across the county.

In response, a multi-agency group is developing an ASD support group to offer peer support and build community resilience. Planning is underway to establish premises and a delivery model in collaboration with health and third sector partners.

Autism and Neurodiversity

There is an “everybody’s business” model for all Neurodiversity work in Powys. The strategic Neurodiversity group is working to link across all partnerships and has input from Start Well and Live Well. It is also linked closely to the Carers Steering Group and hears the voices of communities via these groups.

Operational staff sit on the strategic group and help to inform decision making and strategic direction. Community assets and third sector provisions are currently being mapped, and the aim is that this can inform service development and engagement moving forward.

A scoping exercise carried out in 2024 identified that more needed to be done to improve capacity in existing Children’s Neurodiverse service and the Integrated Autism Service and to address significant gaps in support for conditions such as ADHD and Tourette’s Syndrome.

Work to address these gaps will take a whole systems approach and will be developed in partnership across sectors, such as health, education and social care. Improvement will be co-produced with people with lived experience.

A new and innovative approach to clinic scheduling was piloted from November 2024 in the Children’s ND service. It was anticipated that a more efficient joint appointment approach would improve service delivery offering assessment and outcome on the same day for the majority of children and young people. This process has been linked to education and individual development plans (IDP) supporting a person-centred approach.

Phase 2 of the national evaluation of the Autism Code of Practice highlighted all the areas in which we are excelling in and noted the areas that require improvement. People with lived experience have been interviewed by People and Work as part of Phase 2.

Awareness raising and training is a key consideration of the strategic Neurodiverse group with a recommendation for training to be mandatory across all directorates. Work is

ongoing with estates teams to provide Neurodiverse “friendly” spaces and environments. These spaces will need to be co-produced with people with lived experience.

AGE WELL

The Age Well Partnership works to support older people, including those with frailty and frailty of memory, to live a thriving and independent life, maximising opportunities in the community, reducing isolation and loneliness, and providing care closer to home through an early intervention and prevention approach.



Where individuals' care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs with an emphasis on a 'home first' ethos, ensuring seamless patient flow across the health and care system whilst maximising opportunities for care closer to home. The partnership also recognises the importance of addressing wider issues too, such as food poverty and homelessness.

Age Well Highlights

Early Intervention and Prevention

Work is underway to develop and implement a *Prevention and Community Co-Ordination Model* in Powys. The vision and purpose of this model is to support Powys citizens to live at home with confidence, in good health and wellbeing, independently and safely, to help themselves and access the right support and care in the right place and at the right time. Several Age Well initiatives are key to this model, including the following project activity.

The partnership's *Home Support Service* provides support and practical assistance to individuals in their day-to-day life to live at home with confidence and in good health. The service is free and not means tested. Support offered includes community care line responders 24/7/365, proactive wellbeing checks, and practical support and assistance.

This year the Home Support Service delivered 12,298 scheduled interventions and made £223,000 cost avoidances across health and social care - £80,000 of which related to cost avoidance in ambulance services.

At the core of the *Community Connector Service* is the provision of information, advice, and assistance. This activity directly addresses the needs of individuals presenting with various issues, connecting them with relevant community resources or statutory services. This year over 2,200 people accessed the service. This includes 64 people who disclosed that they were living with dementia, and 168 people who considered themselves to be unpaid carers. The service attended 224 community initiatives with the public and stakeholders. These included events such as Drop-ins, Farming Fit sessions, and Dementia Awareness-raising sessions across Powys, demonstrating proactive outreach and engagement within local communities.

"The information has really helped, I've signed up for lunch club, and I'm arranging to book onto the shopping bus, I feel so much more independent."

Community Connector Service Feedback

Integrated Community Care Approach

The activity under this workstream aims to create a seamless, efficient, and person-centred care environment that enhances the quality of life and supports independence for older people, ensuring seamless patient flow across the health and care system. This year collaborative efforts across partners have resulted in measurable outcomes in inpatient care delivery, hospital flow, and community support. **Key accomplishments include reduced care pathway delays, expanded community care capacity, and increased hospital avoidance**. Moving forwards, work will focus on scaling trusted assessor models, embedding the community rehabilitation team, and scaling up the integrated flow hub.

A collaborative project is underway to create an *Integrated Health and Care Demand and Capacity Dashboard*. The purpose of this is to enable the use of shared accurate intelligence to support more informed and timely whole system decisions. Phase one of this project which sought to bring together existing information into a single dashboard is now complete.

The *Modernising Domiciliary Care* programme of work has been hugely successful resulting in increased capacity and a more sustainable level of provision across Powys. Notable successes include:

- **Significantly increased number of domiciliary care providers**
- **Month on month increases in the number of individuals receiving domiciliary care**
- **The total number of hours delivered by providers in the domiciliary care service has increased steadily, reducing the care hours waiting to be fulfilled by 39% over the year within the same budget**

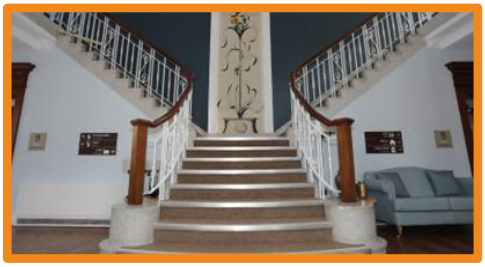
Regional Integration Funding (RIF) has provided additional capacity to develop the infrastructure to support integrated and collaborative models around trusted assessments and integrated brokerage. The pilot of a trusted assessor model at two care homes has exhibited initial success with further learning planned as these approaches continue. In addition, the integrated brokerage approach has in principle been accepted and has now moved into implementation phase.

The *Powys Personal Assistant (PA) Web* has also had significant growth and engagement. The aim is to improve the systems which help Direct Payment recipients and individuals waiting for packages of care, to find carers. This year the PA Web has had 1,764 users and over 19,000 page views. Users can view detailed profiles of personal assistants, including their skills, experience, and availability, making it easier to find a suitable caregiver.

This has made it easier for individuals to find and connect with the right caregivers, reducing complexity and utilising technology to ensure they receive the support they need and to achieve greater control and autonomy.

Accommodation Developments

This year has seen the opening of the historic listed Neuadd Maldwyn building in Welshpool which has been restored and extended as part of the **Extra Care Development Programme**. This extra care housing scheme is made up of 66 apartments, with an onsite domiciliary care team and 24/7 care staff are available for emergencies. It provides a wealth of onsite services and provisions including a restaurant, lounge, multi-activity room, assisted bathroom, laundry room, guest suite, on site scooter store and landscaped gardens. Work also continues to progress on two further extra care developments in Ystradgynlais and Brecon which are set to complete in the coming years.


This year a comprehensive strategic review has been undertaken, including an updated Market Position Statement. Detailed information and analysis of future population demand for older peoples care accommodation, and current service provision, has been used as the evidence base for informing the review, options and recommendations for **Older Person Care Homes: Creating a Brighter Future**.

The review outlines that significant changes are required to meet Sustainable Powys goal of becoming a service that supports Powys to be financially, socially and environmentally sustainable; whilst keeping people at the heart of what we do with a vision of supporting people to live the best life they can, helping find the right solutions at the right time in life. The aim is to enable fair access to high quality services in the core localities keeping residents closer to their homes, families and communities. The implementation of this programme of work has started with a view to exploring the development of five area dual registered homes to provide a flexible and sustainable model to meeting the care needs of the future population.

Dementia

The main focus of the Community Engagement group this year has been the development of the Dementia Navigator roles in Powys. Community engagement events took place to co-produce the job description for the role and all partners supported and collaborated on this work with 218 survey responses throughout August and September.

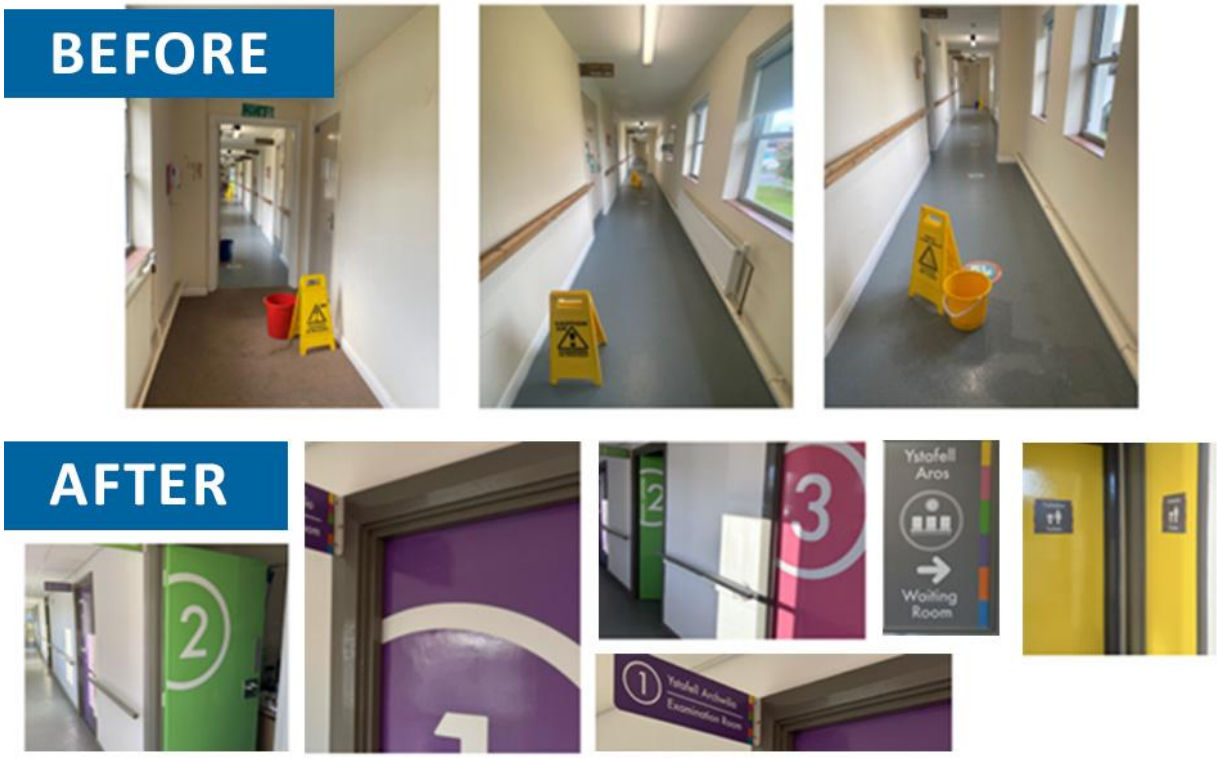
The roles are currently out for recruitment and are due to start in summer 2025. A workshop took place this spring with partners to discuss the way in which existing services and pathways could support the navigators once they are in post.

The Memory Assessment Service (MAS) team have been working hard to reduce wait times and improve operating models. North Powys MAS have seen a reduction in the wait times for diagnosis and South Powys are now running additional clinics for diagnosis.

Cognitive stimulation therapy sessions started in Newtown, Llanidloes and Ystradgynlais and have been well received with positive feedback.

Five members of staff in the service have completed the dementia diagnostic course which will enable practitioner-led clinics and support improved diagnostic wait times which remains an issue.

The hospital Charter group have been focusing on dementia friendly environments which has resulted in new signage and decoration for wards across Powys.



Day rooms have been transformed with murals and new crockery and dementia friendly clocks have also been purchased. Work to recruit volunteers continues.

Finally, the learning and development group have been focused on making dementia training mandatory across eight directorates and the development of an eBook.

The Dementia e-book, developed to support staff training in dementia, has been designed and tested by five staff from August 2024.

The book was presented nationally due to interest from other Health Board regions to adopt the e-book. Some of the feedback from the presentation included:

"Amazing work offering clarity on such a complex framework."

The team have been asked to present at the national Learning and Development group to support a national roll out of the tool. And looking forward the Learning and Development Group will discuss developing a version for the public to access.

CROSS-CUTTING WORK

Carers

The partnership's carers service is delivered by Credu, a registered carers charity in Powys. In the last year Credu have supported **2572** unpaid carers. It continues to provide high-quality support which enables carers to have a space to feel truly listened to and to understand what supports them with their own personal outcome, feel more connected to others, and feel valued.

The number of carers who have received support with the core contract has increased by 1093 over the last year. Credu have developed tools to reach more carers, this year they identified 930 new carers previously unknown to them.

Credu's social media and email engagement has reached over **140,000** people this year, raising awareness and knowledge of the information and support available for carers. Their Raising Awareness project continues to support organisations to help identify and support carers.

An event to shine a light on those people who care and give to carers took place in February 2025. People were asked to nominate someone that they felt had supported them with 70 Carers and their families attending.

Credu hold weekly groups for Adult Carers in Welshpool and Ystradgynlais and monthly groups for Adult Carers in Welshpool, Llandinam, Brecon, Hay, Crickhowell, Llandrindod Wells, East Radnor, Newtown, Machynlleth and Ystradgynlais.

**These are photos of Llandrindod Adult Carers group and Presteigne Parent Carers group.*

The themes of conversation at the Parent Carers group, were primary school to secondary school transition with Neurodiverse children, Individual Development Plans and who to speak to if they do not feel the child's needs are being met.

There were also conversations about transport to school outside of catchment and the change that is happening about this.

A carer who is new to the parent carers group said,

'It was so nice to be around a table with people that just get it. It made me feel less alone and her overwhelm disappeared because I felt there are others, and I just had fun and switched off'

Credu host monthly Young Carers clubs in mid Powys and Brecon with on average 22 young Carers attending. Weekly school sessions are held in Newtown, Brecon, Crickhowell and Gwernyfed High schools and Newtown and Welshpool primary schools. This includes 121 support and small group work. Fortnightly school sessions are held in both campuses of Ysgol Calan Cymru and Ysgol Maesydderwen in Ystradgynlais.

Credu have taken Young Carers Ice skating, to a Pantomime and to a local theatre production. They also provided a residential for Young Carers with a high caring role from age 8 to 18. Much of this activity was funded by Carers Trust, Short breaks RIF and local Rotary funding. 103 Young Carers were supported with these events.

Credu hosted the Wales Advisory Group (WAG) in February in Welshpool. Sixteen Adult Carers presented to the group. The people in the WAG were inspired by Credu and the Carers and would now like to complete the Collaborative Communication training.

You can find stories on the [Credu Carers You Tube channel.]

Welsh Language

The Active Offer helps organisations with their use of Welsh as set out in Welsh Government's 'Mwy na Geiriau / More than Just Words' policy.

The partnership offers help to third sector organisations with the Active Offer. The project offers a support package which includes covering one-off translation costs, helping organisations to develop a Welsh language action plan, as well as delivering training. More information is available on the PAVO website

This year, the Active Offer resources, including flash cards have been very popular supporting organisations. Additionally, a new session has been created to increase the confidence of staff when trying to provide the Active Offer. This session enables the Active Offer Officer to meet care homes staff to practice using the resources and basic Welsh language phrases with services users.

There has been positive feedback on the support and sessions provided. Examples are as follows:

"I've found the whole process very helpful, we've had tips and advice, plus examples of what is possible to help us write the action plan. We have been listened to, and our thoughts have been turned into actions that reflect what we feel it is possible for us to achieve." *Active Offer session feedback*

Improving the Cancer Journey

As the Improving the Cancer Journey (ICJ) programme in Powys moved into phase 2 of the programme the need for a streamlined, single point of access to support was identified. The Cancer Community Connector, a Macmillan-funded role hosted by PAVO, was recognised as the most suitable access point.

The ICJ wants to ensure that anyone living with, or affected by, cancer in Powys has the opportunity to have a supportive 'what matters' conversation with a local Cancer Community Connector. The Cancer Connector offers advice, gives information and signposts or refers to local support that is best placed to meet the person's needs.

This approach has proven effective, with referrals doubling from the first three months of the year to the final three months. This has led to a significant increase in supportive

conversations, holistic needs assessments and care plans. To support the implementation of the Single Point of Access, new promotional materials were developed and distributed widely across Secondary Care, Primary Care, Community Care, Leisure, the Third Sector, and local communities.

Collaboration and co-production remain central to the ICJ programme. The initiative brings together a wide range of stakeholders, including healthcare providers, local authority, third sector organisations, community groups, and—most importantly—the voices of those living with or affected by cancer. This inclusive approach ensures the programme remains responsive to community needs and delivers holistic support.

ICJ partners include ASSIST, the Money Advice Team, Bracken Trust, Credu, National Exercise Referral Scheme, Lingen Davies, iCan, and others. These partnerships are essential for delivering comprehensive, localised support across Powys. As part of this work, Lingen Davies have trained and supported 323 Cancer Champions in Powys in their project which focusses on awareness raising for early diagnosis. Find out more here www.cancerchampions.co.uk

Throughout the year, the ICJ team took part in several events to raise awareness and promote available support, including:

- PTHB's Smoking Cessation & Cancer Champion Event
- 'Healthy Places' events in Welshpool, Llandrindod Wells & Ystradgynlais
- Macmillan's Professionals in Wales Event
- Rural Health & Care Conference
- Builth Community Fair

Additionally, the ICJ team has established new partnerships and supported the rollout of 5k Your Way at three Parkrun locations across Powys, further promoting physical activity and community engagement for those affected by cancer.

Regional Innovation Coordination Hub

The Regional Innovation Co-ordination (RIC) Hub in Powys has continued to support and coordinate research, innovation and improvement projects over the last year.

Supporting Patients

The team is continuing to support the advancing of a smartphone app which has been designed to assess visual acuity in patients diagnosed with or receiving treatment for Wet Age-related Macular Degeneration (Wet AMD). During 2024-25 the app was successfully launched in Brecon and Llandrindod Wells Hospitals and had a steady rate of uptake to allow patients to use the app in their homes.

E-Consent School immunisation App launched

The RIC Hub supported the School Nurse Service in the development of an app that can be used by parents and carers to provide their consent for all school-based vaccinations via an easy to use, secure, and convenient electronic platform using a smart phone, tablet or computer. The app has replaced the process of paper consent forms sent home from school with pupils, requesting parents or carers to sign and return the forms.

Roadshows

During 2024-25, Powys RIC Hub attended twelve Staff Wellbeing Roadshows, to talk to staff about research, innovation and improvement. A total of 356 members of staff across the RPB attended the roadshows.

If you would like to find out more about the work being undertaken by the RIC Hub or how the RIC Hub can support you in your research, innovation or improvement journey, email at Bright.IdeasPowys@wales.nhs.uk

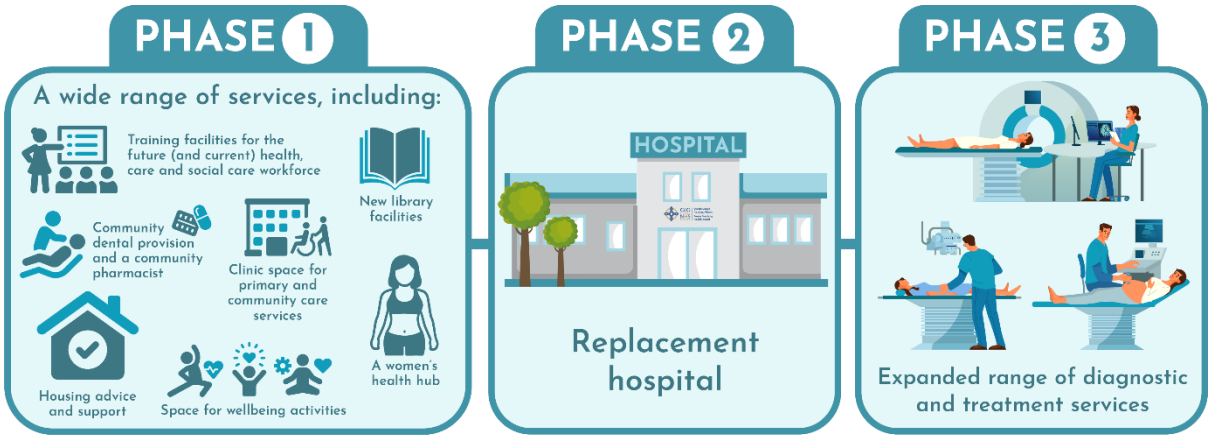
North Powys Wellbeing Programme

The North Powys Wellbeing Programme was established as a key priority to deliver the county's joint Health and Care Strategy with a vision to "assess and deliver a new integrated model in North Powys, and to support effective learning and transfer across Powys."

This programme will address the biggest causes of ill health and poor wellbeing through partnership between professionals and communities, offering early help and technology-enabled health and provision to ensure residents have a more seamless service when they need it.

A key strand of this programme is the proposed multi-agency health and wellbeing campus in the centre of Newtown.

To ensure a deliverable and affordable programme in the context of the wider national capital budget for Wales, the programme has developed a phased approached as summarised below:



Caption: The infographic above shows the early proposals for Phase One – these will be tested with stakeholders and the wider public over the summer of 2025.

There has been a pause in programme delivery pending a decision by Welsh Government following submission of a Strategic Outline Case. *In* March 2025, Welsh Government approved the funding from the Health and Social Care Integration and Rebalancing Capital Fund to develop a combined Strategic Outline Case/Outline Business Case for Phase One of the proposed campus.

Work is now under way to agree the timeline for development of this Case which, if approved, would provide the capital funding to enable Phase One of the campus to open by 2028, which could include a variety of health and well-being services for the north Powys communities.

Work is taking place with clinical and professional colleagues to develop the schedule of accommodation for these proposed services for Phase One; these will be tested with the public during the summer of 2025.

Development of proposals for the Phase Two and Phase Three will follow. These phases will include replacement facilities for the town's hospital as well as the introduction of an expanded range of diagnostic and treatment services.

The programme team is also looking at the provision of student accommodation and supported housing in Newtown, although these facilities would not form part of the campus development.

More information about the Programme can be found at www.powyswellbeing.wales or via www.haveyoursaypowys.wales/hub-page/north-powys-wellbeing

Workforce Futures

Workforce Futures Programme: Building a Resilient, Skilled, and Compassionate Workforce for Health and Social Care in Powys

The Workforce Futures Programme represents a forward-thinking, integrated approach to career development, leadership, and workforce wellbeing across health and social care in Powys. Through a collection of ambitious, high-impact projects, the programme is addressing current workforce challenges while investing in the next generation of professionals.

Each of the following projects under the Workforce Futures umbrella contributes uniquely to system transformation, building capability and capacity across sectors.

Academy Careers Education Enterprise Scheme (ACEES)

This initiative aims to educate and inspire young people to consider careers in health, care, and social care through immersive, bilingual, and interactive learning.

Whole School Programme Highlights:

- Delivered to 11 out of 13 Powys secondary schools, plus outreach to NPTC Colleges and a Welsh-medium school across the county border. **Total reach 5,507 learners.**
- 2024/25 used **dementia case study**, therefore all learners have a greater understanding of how to support a person with dementia in their community.
- **25%** showed interest in sector careers.
- **33%** would consider relevant qualifications.
- **50%+** expressed a likelihood of pursuing care-related careers, this is **double the previous year's figure.**

Enhanced Programme Highlights:

- **Reached 152 sixth form and NPTC students** with advanced, hands-on training covering practical skills, simulation scenarios, and dementia awareness, including certified Dementia Friend training.
- Career festivals **supported deeper engagement** with a range of health and social care professionals from within Powys.

- A **47% increase in Year 12 enrolments** into Health and Social Care/Medical Science for 2024/25 following the first year of ACEES delivery at scale to 10 secondary schools in 2023/24.

Leadership training and development

The focus is on developing capable, compassionate leaders across all levels of health and social care in Powys. The project includes standalone leadership modules, coaching programmes, and Clinical Leadership Immersive Programme (CLIP).



Highlights:

- **598 participants** completed the "Introduction to Compassionate Leadership Behaviours" session since January 2023.
- **95 attendances** across leadership development modules.
- **30+ one-to-one coaching sessions** delivered.
- Clinical Leadership Immersive Programme (CLIP) was attended by **64 individuals** with a **92% positive impact** on leadership skills.

CLIP is evolving to meet broader needs, with adaptations planned for Powys County Council's social care workforce.



Wellbeing and Engagement

Workforce wellbeing remains central to system sustainability. A range of group, team and 1:1 interventions are available, including:

- **50 managers** completed the Wellbeing & Engagement module.
- **Tailored sessions** for organisations such as Credu, Citizen's Advice, and unpaid carers.
- Ongoing drop-in wellbeing support for staff via Teams or in person.

Sessions use tools like Lego Serious Play, outdoor coaching, and structured reflection to support staff across diverse roles and sectors.

Joint Induction

Joint Induction ensures new staff understand shared values, expectations, and ways of working—building a unified care workforce from the start.

Features:

- Regular delivery of the course in line with demand.
- Revised structure allows participants to complete assessments within the 6-day programme, resulting in a higher completion rate.
- Future plans aim to extend induction to broader care teams through a partnership-based model.

Volunteering

Volunteering is a key entry point into health and care careers as well as being of benefit to the volunteer and their community.

Highlights:

- Volunteer Toolkit approved in January 2025, now entering rollout phase.
- Volunteering opportunities for young people featured in all ACEEs sessions for Year 9 and above. Real-life stories and volunteering pathways are promoted.
- Collaboration with PAVO supports awareness and signposting to local roles.

This project aligns volunteering with workforce development, enhancing civic participation and early career readiness.

Exploring Caring

This pilot programme supports unpaid carers in understanding their roles through self-reflection, wellbeing, and leadership skills rooted in Compassionate Leadership behaviours.

Pilot Structure:

- Four themed sessions, covering:
    - Developing supportive relationships around the cared-for person.
    - Exploring personal wellbeing, boundaries, and balance.
    - Using coaching techniques to improve communication and decision-making.
    - Bringing it all together for improved outcomes across care networks.

Initial feedback is overwhelmingly positive, with carers reporting improved confidence, clarity, and support in their roles. A further cohort will be held in 2025/26 and evaluation data used to inform next steps.

Participation

Much of the work relating to Participation have been woven into the report but it is worth highlighting here some key pieces of work and our approach. We recognise the importance of involving Powys citizens across RPB partners, making best use of resource, and maximising voice and impact for people.

Citizen and Carer Representatives

The Regional Partnership Board is proud of its work in supporting citizens and carers to get involved with the partnership's work. The Board has two citizen representatives and two carer representatives who are full members of the RPB and equal to all other members.

The involvement of these representatives not only informs and shapes decisions, but it continues to provide a better way to identify and tackle 'what matters' to people.

A diverse range of people are involved in the work of the Board, and they do this through commenting on proposed work, helping to recruit key roles, and informing various processes and procedures. Over the year, citizen/carer representatives took part in 40 RPB meetings and Carers Steering Group meetings.

A huge thank you to the Carer and Citizen members for their valued work on the board and beyond. Helen Wear stepped down this year after three years as a carer member, giving generously of her time, energy and passion to improve things for others. And we are fortunate to welcome our latest member, Heather Bennett Doy-Jones.

The members have been able to share their experiences and influence the board's work. Also actively participating in workshops such as the All-Wales RPB conference on Building Community Capacity Event in Cardiff.

Heather | Hayley | Nick | Jean

Engagement and Insight Network

The Powys Engagement and Insight Network (PEIN) was established to ensure that how we engage with Powys citizens across the partnership is joined up and to enable citizens to be more meaningfully involved in shaping policy, service design and delivery. The group meets monthly to share information on engagement activities, good practice and training.

The network has started to strengthen co-production across the county by developing and driving a set of actions to improve participation practices. This work has been carried out collaboratively with the Powys Public Service Board.

Co-production

Developing a shared definition of what we mean in Powys by co-production has been the first step, along with the guiding principles that will support groups, services and organisations to improve their co-production journeys.

There are examples of great co-production working across the partnership– doing 'with' local communities and not doing ‘to' which have been highlighted in this report. Looking forward, we will learn from these good examples and support a more consistent approach to citizen involvement. Building more equal relationships of shared power and shared responsibility with our communities, based on understanding and respect.

Workshops to develop the Co-production Journey Tracker in Powys brought together a group of people with different lived-experiences and professionals from across the health board, council services and third sector representatives.

These sessions and wider feedback from a range of fora and networks has enabled us to develop, test and refine the Powys Co-production Journey tracker. The next step is to make this available across the county.

Wider engagement with people is hugely important and the partnerships and subgroups have various ways in which they can hear the voice of people to help shape decisions. Live Well for example have a Live Well Forum made up of people with lived experience of learning and physical disabilities who can discuss key issues and feed these into the partnership work.

This year PEIN produced their first Powys People and Communities Insight Report, a six-monthly report to gather insight on continuous engagement between citizens and communities with public, third and independent sector organisations. The report collates the intelligence received and highlights emerging key themes, for the purpose of consideration by decision makers.

This year the Powys Engagement and insight Network took up organisational membership of the Coproduction Network for Wales. With 15 Co-production Champions already identified and taking up additional training and support to embed best practice methods in their work.

Llais, the Citizen Voice Body for Health and Social Care in Wales

Llais, the statutory Citizen Voice Body for Health and Social Care Wales connects with the Powys Engagement and Insight Network and the Regional Director for Powys attends Board meetings.

The RPB and its member bodies have continued to work with Llais during the year as they establish their new working arrangements, and this has included Llais attending the Powys Engagement and Insight Network to help bring citizen voice to the heart of our plans to strengthen engagement and participation in the county.

A Llais representative took part in all 13 Sustainable Powys and Better Together engagement workshops in February and March 2023.

Llais in Powys has been piloting a locality approach to engagement to understand people's experiences of health and social care services, to share this feedback with local partner organisations, and to identify actions and improvements to address the issues raised. This focuses on each of the 13 locality areas adopted by the RPB and the PSB as the basis for our service insight, engagement, planning and delivery.

Examples of this work are available from the Llais website:

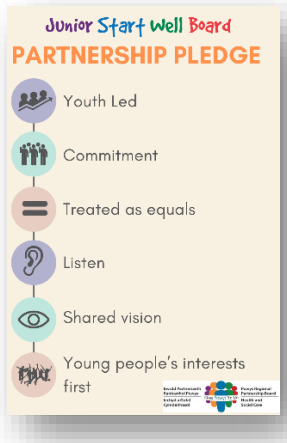
- Llanidloes: Llais Powys - Executive Summary - Llanidloes Engagement | LLais (llaiswales.org)
- Builth Wells & Llanwrtyd: Report What We Heard Builth Wells Engagement | LLais (llaiswales.org)
- Welshpool and Montgomery: Llais Powys - Report on What We Heard in Welshpool and Montgomery Locality | LLais (llaiswales.org)

Junior Start Well

Powys Junior Start Well Board (JSWB) are a group of young people aged 11 – 17 years old who meet regularly to discuss issues facing children and young people in Powys.

"By talking to our friends and peers, we find out what issues are important to them and work on solutions to ensure everyone can be healthy and happy. We also collaborate with the Start Well Partnership Board to help plan services and projects that meet the needs of young people. We also take on our own projects to make changes in our community."

Key projects this year are outlined below:



The Partnership Pledge has been a key focus for the group this year. This document, developed by the JSWB, emphasises prioritising young people's needs in decision-making processes and ensuring their voices are central to these decisions. The Board has shared this pledge with organisations interested in collaborating and encourages all groups working with children and young people to adopt it. Other groups of children and young people are encouraged to use this pledge, fostering a unified approach to supporting coproduction with young people in Powys.

Safe spaces Project: JSWB worked hard to establish the Youth Café in Newtown to provide a safe space for young people, offering free drinks, affordable food, and a quiet area for homework or revision. The goal was to create a haven for safe socialising with access to support if needed. The team recently secured £20,000 in lottery funding to expand the service and offer more regular provisions.

They continue to focus on creating safe spaces for young people, especially those who have experienced trauma. This year, they will collaborate with various organisations to identify key factors contributing to a safe space and plan to engage with young people across the county to understand their needs and ensure the provision of safe spaces for children in all settings.

Healthy lifestyles: Members continue to promote the benefits of staying active for emotional well-being. They are working closely with the Sports Development Team to shift attitudes to with more focus on fitness. They are also encouraging more support for physical activity beyond Year 11 in schools and ensuring Sports Ambassadors and sports group leaders are trained in mental health first aid and that fitness is affordable.

To represent all young people in Powys they are also recruiting new members and creating a feedback form for young people to report concerns or share project ideas. If you're interested in speaking with the group or becoming a member, contact jswb@powys.gov.uk

Live Well Forum

The Live Well forum has seen a further increase in membership during this past year, with representatives from a wider range of organisations, from both the voluntary, third sector and statutory services. There has also been an increase in membership amongst those with lived experience. The forum continually works in innovative ways to ensure the voice of the service user is heard.

The forum is now run at three physical locations across the county and there is also an option to join virtually. This hybrid / multi location option has been successful in widening access opportunities and has been positively received by members.

Representatives from the Live Well Forum took part in the Powys co-production workshops, with representation from organisations and citizens across Powys.

The Live Well forum took up the challenge to test out and refine the Co-production Journey Tracker. As a result of these sessions actions and priorities for the forum have been identified and will be reviewed and monitored within our forum.

The forum has chosen to focus on different areas for discussion over this last year, including Access to Work, Right Support, Right Time and Transport. We have looked at what works well, not so well and what needs to happen. To support this work and help affect change the forum have identified a representative to become a member of the Live Well Partnership Board to feed in and enhance two-way communication between the forum and the work of the board.

Focus has been given to looking at ways in which membership of those with lived experience can be further increased we have co-produced a webpage dedicated to Live Well forum, sharing what the forum does and how to get involved. You can view the webpage on Have Your Say Powys

Older People Forum

The Powys Older People Forum was reinvigorated this year to increase the number of residents of Powys aged 60+ represented, recruiting from each of the 13 locality areas.

Members include people from across the county with representation from specific areas of interest, including those living in supported housing or care homes, unpaid carers, those in current employment, LGBTQ+ and Welsh language.

Nineteen Older People Forum engagement events were held throughout the county with over 400 older people sharing their views on services and issues affecting them in their local communities.

The group introduced an online form for older residents to report issues at any time.

A conversation at an engagement event in Llanidloes highlighted the need for clearer information for residents regarding the changes to their local hospital regarding the *"Ready to go home"* units.

This triggered the creation of materials to dispel several myths that were circulating about the future of these hospitals, working collaboratively with the Health Board's Communication team.

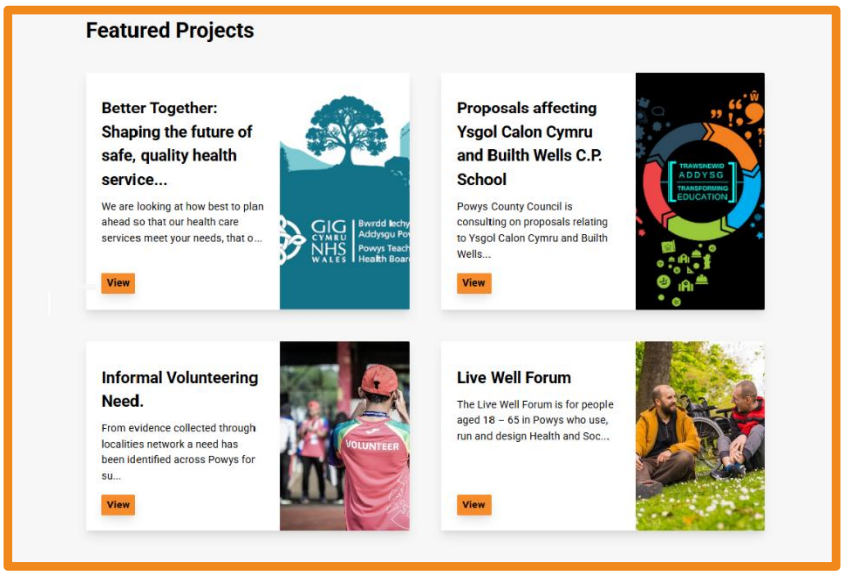
The Older People's Commissioner for Wales, Rhian Bowen-Davies, attended an engagement session at the Welfare in Ystradgynlais and hear about residents' concerns and what has worked well for them.

Digital Tools

We have continued to build on digital opportunities around engagement.

There have been 45,536 visits to the 'Have Your Say' Powys Engagement HQ site with 4,978 visitors taking part in engagement activities.

(1 April 2024 - 31 March 2025)



Through the Engagement HQ platform, the partnership can access the latest engagement tools such as quick polls, social subscribing, and online focus groups, to help capture and report on people's views in a timely and ongoing way.

Social Value Forum

Social Value continues to remain a key pillar of supporting people in Powys to improve health and wellbeing outcomes through a focus on prevention and community-based support.

This year much progress has been made by and via Powys' Social Value Forum. Some highlighted impact includes:

- **Over 500 third sector organisations involved in the forum**
- **303 activities related to Social Value initiatives were developed**
- **85% reported that new or developed initiatives have helped to improve well-being.**

This year, the Powys RPB commissioned a report to better understand the impact of the Social Value Forum over the past four plus years. The report provides an overview of the organisations that received funding and how this funding addressed gaps and priorities identified in the community, in line with Health and Care Strategy priorities.

Funding Overview:

- Grants awarded in 2020 and early 2021 addressed the unprecedented challenges of the COVID-19 pandemic.
- Later funding rounds responded to needs identified at the community level.
- The report details the geographic and demographic reach of the fund, showcasing the delivery and outcomes of supported activities.

Legacy and Sustainability:

- While not all projects have continued post-funding, many have evolved into long-term models or expanded their reach.
- The report demonstrates how statutory services, and third sector services work together positively and constructively, reinforcing the added value of partnership in improving the health and well-being of Powys residents.

Main Findings

- **Funding Impact**: Between 2020 and 2025, 103 third sector organisations were awarded a total of £1,051,848.46 in Social Value Forum funding, administered by PAVO. Funding priorities were co-produced by Locality Network groups across Powys to reflect local needs and gaps in provision.

- **Sustainability**: Out of the 103 projects funded, 46 (44%) are still providing services, either through additional funding, implementing a charging model, or integrating the service into planned operational costs, for example Hope House.

- **COVID-19 Response**: 59 organisations received essential funding totalling £221,848.46 in 2020-21, contributing to the overall COVID-19 response effort in

Powys. This funding provided a lifeline for many people feeling isolated and lonely due to the pandemic.

- **Positive Impact**: Most groups reported positive impacts on the social, physical, and mental well-being of service users, volunteers, and officers involved. Feedback from the end of year 1 of the 2023-2025 funding period shows:
    - 345 beneficiaries accessed the 5 projects 1677 times between October 1st and March 31st (2 quarters).
    - 94% of service users stated they feel less isolated.
    - 78% are maintaining or improving their emotional health and well-being.
    - 89% report that their independence has improved or remained the same.
    - 92% feel more confident accessing services.
    - 91% received support preventing escalation of their needs.
    - Several groups continue to meet and engage in activities informally after the funded project ended.

- **Employment**: Projects provided paid employment for third sector officers in funded roles.

- **Process Strength**: The Social Value Forum process is strengthened by the knowledge and experience of PAVO officers. As a link between third and statutory sectors, PAVO adds to the effectiveness of the grants process.

"When it comes down to discussing applications for a service in a particular area, PAVO has knowledge of what is already going on in that area. Having that background information means that PAVO has a well-rounded idea of what is needed, so that money is spent properly. There are lots of knowledgeable people within the process."

For further information on the Powys Social Value Forum visit the RPB webpage here or check out this short film to find out more about the forum, the development fund and how it's working.

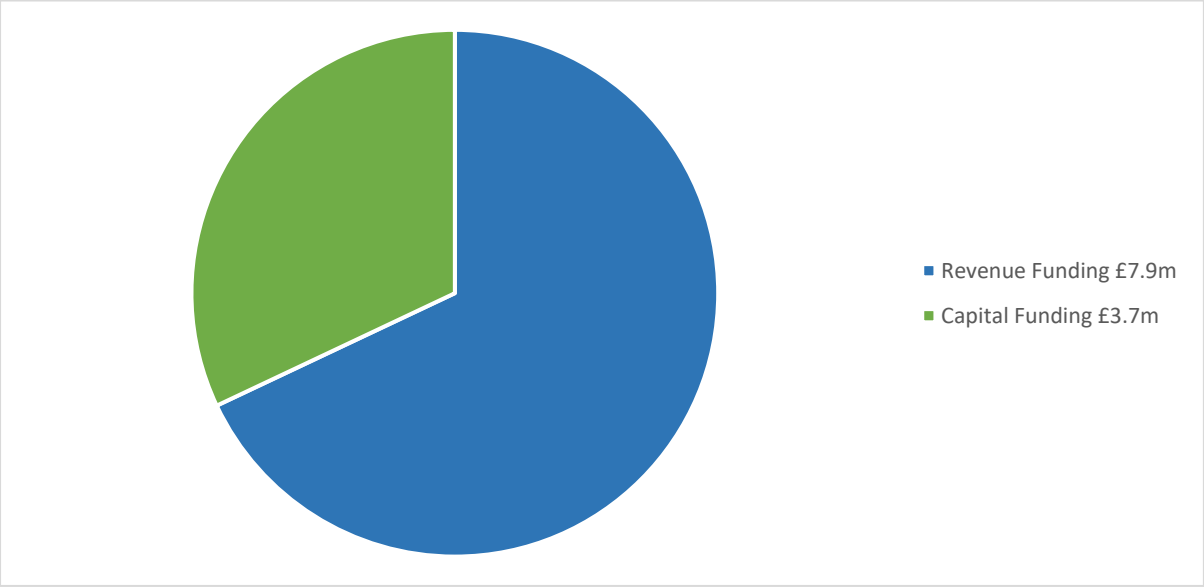
HOW THIS WORK WAS RESOURCED

The Board uses its allocations from Welsh Government revenue and capital funds as a key resource. The largest proportion of revenue funding comes from the *Regional Integration Fund* (RIF). The *Housing with Care Fund* (HCF) is also accessed to resource the Boards capital work.

Decisions around the use of funding are made collectively by the Board's Members. Proposals for how it is used are put forward by the Board's partnerships (Start Well, Live Well, Age Well) which involves the input of other stakeholders and citizen/carer representatives.

Spend is closely monitored to ensure good financial management of the funding and to maximise the benefits from it. Additional funds are also committed for some projects and there continues to be significant contributions of time and staff resource.

As the RPB continues to develop it will continue to seek opportunities to access other funding to maximise the reach and impact of its work. Here is a breakdown of revenue and capital funding utilised by Powys Regional Partnership Board in 2024-25:



FORWARD LOOK

The Powys RPB remains firmly committed to working together to improve health and wellbeing outcomes for people across Powys. The past year has demonstrated the value of collaboration, and our focus remains to strengthen and deepen our partnerships, embedding innovation, and ensuring that people remain at the heart of everything we do.

Our Strategic Focus for the Year Ahead

The RPB's work will continue to be guided by our Joint Area Plan (2023–2027), with a clear and targeted Annual Delivery Plan for 2025–26. This plan sets out the specific actions we'll take to deliver real change, with a strong emphasis on prevention, citizen voice; partnership working and integration; innovation and learning; and sustainability of good practice.

1. Prevention First: Supporting people earlier and closer to home

Prevention remains a golden thread throughout our work this year—from Early Help Hubs for children and families to the community-based support services for older people. In 2025–26, we'll continue to invest in prevention and early intervention models that reduce escalation of need and support people to live independently for longer.

2. Co-Production and Engagement: Putting People at the Centre

We've made real strides in involving citizens and carers in shaping services—from the Junior Start Well Board to the Live Well and Older People Forums. In the year ahead, we'll go even further.

- We'll continue to test and refine the Powys Co-production Journey Tracker, helping us build more equal partnerships with communities.
- We'll strengthen the Powys Engagement and Insight Network (PEIN), ensuring that insight informs every stage of planning and delivery.
- We'll support more people with lived experience to take part in decision-making, including through training, mentoring, and accessible engagement tools.

3. Integration and Joint Working

The RPB's strength lies in its ability to bring together partners from across health, social care, housing, education, and the third sector. This year, we've seen the benefits of this approach in a range of projects.

In 2025–26, we will:

- Continue to develop integrated models of care, including trusted assessor roles and a joint brokerage system.

- Strengthen our use of shared data and intelligence through new tools like the new Demand and Capacity Dashboard and RPB Reporting Dashboards.
- Support joint workforce development through the Workforce Futures Programme, including shared induction, leadership training, and volunteering pathways.

4. Innovation and Learning: Building a more resilient system

Innovation has been a key enabler of progress— we'll continue to foster a culture of learning and improvement across the partnership:

- We'll continue to strengthen our reporting methods that combine data with lived experience to better understand impact.
- We'll share best practice across Powys and beyond, contributing to national learning and policy development.
- We'll support innovation through the Regional Innovation Coordination Hub, helping partners test and scale new ideas.

5. Strategic Planning and a focus on sustainability: Preparing for the Future

As we approach the final years of our current Health and Care Strategy and key funding programmes, we'll begin shaping the next chapter including:

- Reviewing our delivery and resource plans to ensure they remain fit for purpose, financially sustainable, and are focused on addressing the biggest system challenges.
- Planning for the future of time-limited programmes, ensuring that successful initiatives have a clear exit or transition strategy.

6. Annual Delivery Plan

Start Well Partnership

The Start Well Partnership aims to strengthen and transform services for children and young people in Powys. The Partnership is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need including children with complex needs, focussing on and informed by the emerging evidence base relating to the effects on children and young people of the pandemic, aspects which matter most to the wellbeing of the population of Powys, and interventions which will work best to address some of the most complex needs identified.

Strategic Projects - 2025/2026	Description	Funding Allocation
Emotional Health and Wellbeing Programme (including NYST / NEST)	The Emotional Health & Wellbeing Project will support services to deliver an enhanced wellbeing programme of support to children and young people across Powys using a whole system approach in line with NYTH/NEST model. It will provide additional capacity to services already delivering emotional health support as well as new projects based on identified needs, primarily at an early intervention and prevention level. The new Therapeutic and Positive Attachment Team will provide emotional health support to practitioners and staff and some direct therapeutic intervention to those children or young people who are not receiving support through other services.	£627,590.00
Children on the Edge of Care Service	The Powys Edge of care service/project will support children and families who are at risk of becoming looked after by the Local Authority – otherwise referred to as "Edge of Care" support. The service will aim to prevent the need for children to be placed into care by providing targeted support to address the underlying issues that might lead to such situations. Furthermore, the project will offer support to families in crisis, helping to keep families together	£591,700.00

	and prevent the trauma associated with family separation. It will do so by focusing on the root causes of problems, such as mental health issues, substance abuse, and domestic violence, providing tailored interventions to address these challenges.	

Live Well Partnership

The Live Well Partnership aims to create a supportive, empowering environment in Powys that will enable people to "Live Well" and achieve good health outcomes, through being healthy and active and by being able to access the right help and support, at the right time. The Partnership will address the wider determinants of health and wellbeing of the working age population in Powys through a public health and asset-based community development lens, including to strengthen and transform ways of working and services for people with disabilities.

Strategic Projects - 2025/2026	Description	Funding Allocation
Integrated Autism Service (IAS)	This project will further strengthen support for Autism through the Strategic Autism Steering Group, including support for wider neurological conditions in line with the Autism Code of Practice. It is recognised that services for autism and other neurodivergent conditions are inconsistent and under-developed across Wales, including Powys. The project will seek to improve capacity in existing services and to address significant gaps in support through a whole systems approach and will be developed in partnership across sectors, such as health, education and social care. Improvement will be co-produced with people with lived experience. The improvement programme is intended to drive through transformational change reducing reactive activities such as waiting list initiatives, whilst continuing to grow innovative, co-produced services that support families pre and post diagnosis.	£337,000.00

Live Well Emotional and Physical Health and Wellbeing	This project will deliver co-ordination and provide strategic resources to ensure emotional and physical health and well-being is a central tenet across all Live Well partnership delivery, as well as developing future work including cross-partnership working with countryside services, active living, leisure and fitness, sustainability and arts and culture across Powys Couty Council, Powys Teaching Health Board, 3rd Sector and community organisations. This work will, in line with the aims of the Live Well partnership, support the continued shift to a social model of disability and a strengths-based approach to health and wellbeing, supporting individuals to access support independently, whilst addressing the wider determinants of health across partners.	£100,470.00
Complex Care and Support	This project will support people with complex needs to maximise their independence, have voice, choice and control enabling them to live and thrive in their communities, by developing the health and care infrastructure along with accommodation and support resources in county. The project will also develop the use of assistive technology and alternative models of care, aligning with a shift to prevention across health and social care that ensures people have voice, choice and control and get the right support at the right time to live fulfilling lives in their own communities.	£129,941.00
Planned & Emergency Respite for Carers	This project will enable unpaid carers to receive innovative, bespoke and person-centred respite delivered in a unique way for individuals or families. This is not always the traditional model of respite and enables families to try out something different to see if this works for them, before taking on a longer-term commitment or asking for statutory funding or services. This project has made a difference to	£18,697.00

	Carers giving them a break from their caring role, showing that they are valued and the work they do is important. The project will include bespoke grants give hope and a feeling of being truly listened to. This coupled with action that happens in a timely manner makes all the difference. The project will work flexibly to respond to both planned respite as well as more urgent or emergency-based respite provision.	
Live Well Perinatal Mental Health Support	The project will work with women, men and their families, practitioners, third sector and voluntary organisations across Wales, to ensure that all who need it receive the right care, at the right time and from the right people. Perinatal mental health covers the period during pregnancy and the first year after having a baby. It will develop a specialist model of perinatal mental health care through a partnership collaborative approach for success. This will include a comprehensive pathway from support in the community right through to specialist Health provision. More than this, the project will continue to gain accreditation through the National standards required for specialist services in Wales.	£52,979.00

Age Well Partnership

The Age Well Partnership aims to support older people (including those with frailty and frailty of memory) to live a thriving and independent life maximising opportunities in the community and providing care closer to home through an early, intervention and prevention approach. Where individuals care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs, again, with an emphasis on a 'home first' ethos.

Strategic Projects -2025/2026	Description	Funding Allocation
Unscheduled Care Improvement	The project will enable the Local authority and Health Board to continue testing ways to relieve hospital pressure, to enable a support service that can promptly discharge patients and provide a recovery/reablement support individuals at home and then assess. This includes facilitating discharges from hospitals for individuals with low level needs who may require point of care or residential support. This will be achieved by maintaining essential urgent care access in primary and community settings including minor injuries and out of hospital pathways, the home first ethos with discharge to recover and assess and the virtual hospital model. It will ensure there is alignment with National Plans and Programmes and neighbouring providers and systems is key for Powys in relation to the complex set of pathways and services needed for its residents, this includes partnership work as part of the Emergency Ambulances services committee (EASC).	£234,734.00
Integrated Brokerage	This project will evolve the initial work to deliver a fully developed integrated brokerage and trusted assessor approach through the Powys owned care homes workstream and in so doing, fully integrate commissioning between the Local Authority and the Health Board. The scope of this project will include the brokering of Powys Teaching Health board domiciliary care contracts via the Powys County Council DPS for an initial period to facilitate an evaluation of this approach, to be funded permanently by Powys Teaching Health board-based budget at the end of the funded request. More than this, it will enable the attendance of the brokerage officers at Ready To Go Home units to facilitate trusted assessor approaches and to	£86,155.00

	improve flow through the system to facilitate speedy return to home. The project will also see to develop an improved joint commissioning of residential and nursing care via integrated approaches as part of the Powys owned care homes workstream.	
Dementia Home Treatment Team (DHTT)	The Dementia Home Treatment Team (DHTT) project will further develop the service to support people living with dementia or probable dementia to live in the place they call home. The purpose was to manage the stress and distress associated with the Behavioural and Psychological Symptoms of Dementia (BPSD), and to do so by supporting the person experiencing this to remain in their own home, or usual place of residency. The project seeks to reduce the risks associated with some of the emotional, psychological and behavioural difficulties of dementia that could result in a crisis, leading to admission to an Older Adult Mental Health Ward should the DHTT not intervene.	£259,766.00
Dementia Memory Assessment Clinic (MAS)	The project will further develop and evolve the delivery of the South Powys Dementia Home Treatment Team (DHTT), a "team around the individual" who provide a targeted, specialist community dementia service supporting patients living in South Powys during periods of crisis to maintain living successfully, safely and independently at home or within their current care environment (e.g. residential/nursing homes). The project will ensure the following: alignment to the All-Wales Dementia Care Pathway of Standards, provide specialist risk assessments and management of family/care home placement breakdown, facilitate timely discharge from hospital of in-patients with dementia who have complex needs and partner with the third sector to provide appropriate support for the person with dementia and their families/carers.	£133,000.00
Dementia Connectors	The project will recruit and develop a team of dementia connectors, as defined nationally, to support people living with dementia and their carers by coordinating their care more effectively and timeously. This project will address the challenge that	£100,000.00

	numerous people diagnosed with dementia are not being supported by the core statutory dementia services. However, the function of this role will be aligned to the Social Service and Wellbeing Act (Wales) 2014 requirements of coordination and Mental Health (Wales) Measure 2010 care coordinator.	
Powys Assessment Units / Ready to go Home Units	The Ready to Go Home units provide more focused care for people who are ready to go home but are waiting for a package of care in the community. The programme of work helps people to remain mobile and active, which is important to reduce the risk of deconditioning in a hospital setting. This will seek to ensure people's wellbeing and function continue to be maximised, and to wrap Health, Social Care and third sector support around these individuals with an aim for the earliest possible discharge to their long-term care. This project will draw on the evidence in relation to the outcomes, legal and policy requirements, optimal pathways and quality statements.	£600,000.00

Social Model for Health Programmes

The vision and purpose of the Social Model for Health is to support Powys citizens to live at home with confidence, in good health and wellbeing, independently and safely, and can help themselves and access the right support and care in the right place and at the right time.

Strategic Projects - 2025/2026	Description	Funding Allocation
Powys Together	The Powys Together Project is a locality-based project working with communities in Newtown, Welshpool, Llanidloes and Machynlleth. The Powys Together project will aim to create system change in some of the most deprived areas of Powys, increasing opportunities and reducing disadvantage for children, young people and families. The Powys Together Project will work with children, young people and families to develop and provide projects, events and activities that meet the communities' needs. The project will work in communities working with other organisations, services and networks to co-ordinate and enhance the services and opportunities already being	£136,800.00

	delivered. The Powys Together Project consults with and listens to communities to understand the locality needs and to address identified gaps.	
Powys Befriending Services (PBS)	The project will build on the established project to improve the independence of people aged 50+ to maintain their social networks and remain independent, reducing or delaying the need for higher level health and social support services. This will be achieved by reducing loneliness and isolation through facilitating the development of befriending activities and provision of social activities for people aged 50+. Through these activities we will support individuals to carry out tasks of daily living independently, learn new skills, to feel part of their local community, and enable carers to have a break from their caring routine. The project will deliver a county-wide quality befriending service, maintaining and increasing a network of volunteer befrienders across all geographical communities, providing 1:1 and group befriending activities and emotional support through face to face, telephone and digital systems for a 12-month period after which the clients are able to access social opportunities independently within the community. The service will link to a wide variety of referring agencies in both the statutory and voluntary sectors.	£244,692
Home Support	The Home Support is a prevention and early help and support service for citizens (50+) that enables and provides the support and practical assistance an individual may need in their day-to-day life to live at home with confidence, in good health, independently and safely. Home Support services are free. This project will look to be integrated into the Social Model for Health and expand its reach and impact after successfully being delivered in key areas. The access to this service is not means tested or dependent on inclusion/exclusion criteria, and individuals can self-refer. Some of the things Home Support can help with include: community care line responders 24/7/365, proactive wellbeing checks, promotion of independence and wellbeing and healthy lifestyles, practical support and assistance, assisting carers with their role, temporary personal support and care as well as information, advice and assistance to access local community groups, support and services.	£311,874.00

Community Connectors	The project will build on the success of the established Community Connector Service to support people (aged 18+) to access community-level services and activities that help them to maintain independent lives and prevent the need for higher level health or social care services and also promote early discharge from hospital. The focus will be on: supporting people to access the right community services at the right time, working with health and social care to prevent admission to hospital and working with health, social care and third sector to support people to go home from hospital. The focus will be on support the prevention and early intervention focus through working with clients in community and hospital/GP settings to identify what matters, our team will support them to access community services and activities to support them. Community Connectors will continue to deliver information and support in line with the model of social prescribing which is being developed by Welsh Government into a National Framework for Social Prescribing.	£632,850.00
Technology Enabled Care (TEC)	Technology Enabled Care can provide support to vulnerable individuals which can reduce, avoid or delay the need for face-to-face support by e.g. Care agencies. Technology can also provide support to unpaid carers to keep a “remote eye” on the cared for, thus enabling family carers to have or maintain a life outside caring	£155,200.00
Social Value	The project will further nurture and enable voluntary action at local level in communities across Powys. To achieve this, the project will co-ordinate and facilitate the Social Value Forum. The Locality Networks feed into the Social Value Co-ordinating Group which together forms the Social Value Forum. This mechanism will manage a grant scheme (including monitoring and evaluation of services funded) and provide development support to organisations delivering social value activities. The	£242,726.00

	interventions are many and varied, targeted to deliver on unmet need and priority populations. The Social Value Co-ordinating Group has access to local intelligence via the Networks in respect of unmet needs or unequal provision. This co-production approach enables identification of gaps in services, leading to prioritisation of particular populations, geographical locations or needs. Social Value organisations are able to apply to the fund for resources to develop innovative and sustainable solutions, to ensure greater equity in access to services and support to overcome challenges for individuals and communities.	
Supporting Life Alongside Caring	This project will enable unpaid carers to receive innovative, bespoke and person-centred respite delivered in a unique way for individuals or families. This project seeks to transcend a traditional model of respite and enables families to try out something different to see if this works for them, before taking on a longer-term commitment or asking for statutory funding or services. The short breaks element in this project provides carers with respite that support their circumstances and will be aligned to their outcomes. This will be co-ordinated by Credu and achieved through partnership working. To support life alongside caring, this project will provide individual grants and short breaks that support respite in a multitude of models and provides respite events with peer support, friendships and a sense of belonging mitigating feelings of isolation and loneliness. This project will ultimately aim to prevent unpaid carers reaching points of crisis and enable them to continue in their caring role over a sustained period.	£163,841.00
Identifying and Valuing Unpaid Carers Project	This project will raise awareness of unpaid carers, through innovative and responsive work digitally, in print, face-to-face, at events and presentations, in all health and education settings, and in partnership with the wider voluntary and statutory sectors. The priority population group that this project aims to reach is hidden, isolated carers in our rural communities in Powys. Furthermore, the project will enable learning to be shared with a view to supporting our services in Powys and reduce the chance of carer breakdown, thereby reducing the pressure experienced by health and social care. The project will include the identification and valuing of carers across population groups	£48,500.00

	and will consistently evolve the language and messaging used to be even more inclusive. The ultimate goal of the project is to create sustainability and self-sufficient, aware, support systems and embed this into practice.	

Workforce Programme

Workforce is the single most important factor in the quality of care we deliver and is therefore integral to achieving what is set out in Powys' Health and Care Strategy. Powys' health and care system has set out an exciting strategy for the future of its workforce, which focuses on high quality, person-centred care and greater partnership working. We consider our workforce in the wider context, and this includes people working across the private, independent and the third sector. We also recognise volunteers and carers play a significant role as part of our team.

Strategic Projects - 2025/2026	Description	Funding Allocation
Workforce Futures	The Workforce Futures Programme is an enabling theme of the Health and Care Strategy 2017-2027. The strategy recognised that our workforce is the single most important factor in the quality of care we deliver and is therefore integral to achieving the ambitions within the strategy. The programme work is to enable the following: an engaged motivated and healthy workforce; increase attraction and recruitment; seamless workforce models; building a digitally ready workforce enabling excellent education and learning; leadership and succession and increase workforce supply within health and social care.	£476,000.00

North Powys Wellbeing Programme

The North Powys Wellbeing programme is a once in a generation opportunity to improve health and wellbeing across north Powys. Plans are underway to develop a new state of the art facility in Newtown.

Strategic Projects - 2025/2026	Description	Funding Allocation
North Powys Wellbeing Programme	The programme will deliver significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation, maximising efficiency, integration and innovation opportunities across multiple sectors. This is a longer-term programme which will provide significant benefits for the local community, including a wider range of services being delivered in county. The programme of work will include the development of a multi-agency wellbeing campus in the centre of Newtown, bringing together the town's health and social care provision alongside provision from the voluntary sector. The campus will also include a replacement building for Ysgol Calon y Dderwen, a front door with a range of wellbeing services, health and care academy, library and information services as well as accommodation for supported living, academy students and visiting health and social care specialists.	£666,073

The year ahead will be one of continued action and delivery—translating our shared ambitions into tangible outcomes for the people of Powys. Our focus is on embedding the progress we've made more deeply and widely across the system, ensuring that innovation becomes routine, that co-production is the norm, and that integrated, preventative approaches are sustained and scaled. By staying true to our values and working together as one system, we will continue to drive meaningful change and improve lives and continue to build a healthier, more caring Powys for everyone.

Bwrdd Partneriaeth Ranbarthol Powys
Iechyd a Gofal Cymdeithasol

One Powys Yn Un

Powys Regional Partnership Board
Health and Social Care

For more Information contact the Powys Regional Partnership Team

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.10

BOARD	**30 JULY 2025**
Subject:	**Equality Annual Monitoring Report 2024-25**
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Service Lead for Equality & Welsh Language
Other Committees and meetings considered at:	Executive Committee – 23 July 2025 who recommend the report to the Board.

PURPOSE:

The purpose of the report is to request approval for publication of the Welsh language standards annual monitoring report.

RECOMMENDATION(S):

The BOARD is asked to:

- **APPROVE** the Equality Annual Monitoring Report 2024-25 for publication on the health board's website. Once approved, the report will be made available in both Welsh and English to the public.

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

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	NHS Wales organisations have specific annual reporting requirements under Public Sector Equality and Gender Pay Gap regulations which this annual report meets.
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	

EXECUTIVE SUMMARY:

As part of the Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty, including related programs such as the Anti-Racist Wales Action Plan and Socio-economic duty. **The statutory deadline for publishing this report is the end of the 2025-26** financial year. The health board's annual reports are cross-referenced to the objectives outlined in the Strategic Equality Plan; the plan and annual reports, including the previous report for 2023-24, are published on the health board website. The report also incorporates our statutory Gender Pay Gap reporting duty (Appendix A).

Highlights of some of our work in 2024-25 includes:

- The introduction of **SignLive** which enables BSL users to contact the health board using a telephone via BSL relay interpretation.
- The rollout of **hearing loops and digital listeners** to all main health board sites.
- Achievement of the **Age Friendly Employer** certification, reflecting our commitment to valuing our staff at every stage of their career.
- Achieving record levels of **BSL and foreign language interpretation** in our services alongside a reduction in resource demand.
- An innovative **reverse mentoring program** providing senior staff the opportunity to learn from the real-life day-to-day experiences of staff across the organsiation.
- The continued efforts of our **Better Together and Public Heath** teams to improve the accessibility of our services and reduce health inequalities in our patient population.
- Achievement of a **bronze certification** in cultural competence by the Maternity services team on the Diverse Cymru cultural competence award scheme, recognising excellence in providing services to our diverse community.

In relation to the implementation of actions arising from our local anti racism action plan and findings of the 2024 WRES and the follow-up meeting with the Welsh Government's Equality team in October 2024, some of the key highlights include:

- Board approval of the local anti-racism action plan.
- Completion of a research 'deep dive' into PTHB Workforce data at a more granular level of detail than provided by the WRES so as to better understand the underlying factors.
- Commencement of a review of Recruitment and Retention policies and processes (as part of a wider review of Workforce policies and guidance).
- Commencement of an anti-racism checklist process for local workforce policies to ensure they align with the principles identified in the NHS Wales Workforce Policies review carried out by Diverse Cymru.

A feedback session on the 2025 WRES is scheduled for September; by this point the findings of the research work (see above) and associated recommendations will be shared with health board senior management.
NEXT STEPS:
Once approved, the report will be made available in both Welsh and English and made available to the public on the website.

Powys Teaching Health Board Equality Annual Report 2024-2025

Contents

Foreword

CEO's Foreword – Equality Annual Report 2024–25

I am proud to present the Powys Teaching Health Board's Equality Annual Report for 2024–25. This report highlights the progress we've made in advancing equality, diversity, and inclusion across our services and workforce. These values remain central to our vision of delivering equitable, person-centred care for all who live in and rely on our services across Powys.

This year, we were especially proud to launch **SignLive**, enabling British Sign Language (BSL) users to communicate with our teams more easily and effectively. This marks an important step toward breaking down barriers in healthcare access for our Deaf community and reflects our ongoing commitment to inclusive communication.

I would like to recognise the exceptional efforts of our **Public Health and Maternity teams**, whose work has made a real difference in tackling inequalities and improving outcomes for families and communities. From targeted health campaigns to personalised maternity support, their dedication continues to be a driving force in delivering care that is both compassionate and fair.

We were also delighted to be recognised as an **Age Friendly Employer**, an achievement that reflects our commitment to valuing people at every stage of their working life. Creating a supportive and inclusive environment for staff of all ages strengthens our workforce and enriches our organisation as a whole.

There is still more to do, but I am inspired by the progress we are making. Thank you to our staff, partners and communities for your ongoing support and commitment to equity in health and care.

Hayley Thomas
Chief Executive Officer
Powys Teaching Health Board

Once again we are pleased to present our Equality Annual Report. A key focus in this year has been the development and delivery of our **Anti-Racism Action Plan**, aligned with the Welsh Government's vision for an anti-racist Wales by 2030. Through staff engagement and listening sessions, we've begun important conversations and laid the foundation for ongoing work in this area.

We are also proud to have achieved the **Age Friendly Employer** certification. This recognises our efforts to create a supportive and flexible working environment for colleagues of all ages, enabling them to thrive at every stage of their careers.

Another significant area of progress has been the continued strengthening of our internal Equality training offer. From Gender Awareness to Compassionate Leadership and Cognitive Bias, we are investing in learning that equips our workforce with the skills and confidence to embed equality in everything we do.

Thank you to our staff and partners for their dedication and commitment.

Debra Wood-Lawson
Executive Director of People and Culture and Board Equality Champion

Powys Teaching Health Board

About the Powys Teaching Health Board Area

Powys Teaching Health Board (PTHB) occupies the same borders as the Powys County Council (PCC) area. At the time of the 2021 census there were 133,200 people living in Powys - a large, rural county of approximately 2000 square miles. This population density of 26 individuals per square kilometre is the lowest by far of Wales's local authority areas.

The rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A significant proportion of PTHB's funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,605 staff (as of 31 March 2025), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards and our operating model is different, focussing on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council, Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO).

Information on how we intend to improve services for the people of Powys can be found on our website under the Key Documents section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific legal obligations as a service provider and employer. In line with the Public Sector Equality Duty, this report focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected

characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

In keeping with the area's rural character, the demographic profile of Powys' population as shown in the 2021 Census is quite different to the Wales average for some figures:

- Age – 27.8% of the population of Powys are aged 65 and over. This is the highest of any local authority area in Wales, where the average proportion in this group is 21.3%.
- Disability – 18.1% identified as having a disability, lower than the Wales average of 21.1%. 7.6% described their disability as limiting their day-to-day activities 'a lot'; this figure was the joint lowest in Wales.
- Race – 94.9% of the population described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups); these figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales.

A sparse population spread across a large rural land mass, means that PTHB faces many challenges when seeking to address inequality of access, inequality of opportunity and ultimately, tackling health inequalities for people who live within Powys. We have a particular challenge around understanding and addressing socio-economic inequalities and ensuring that that people in lower income brackets who are particularly feeling the impact of the current cost of living crisis, are able to access the services they need. This has been acknowledged by reports from Public Health Wales and the Nuffield Trust. Our Strategic Equality Plan (SEP) includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are aligned to our IMTP.

Activity during 2024-2025

The following table outlines the Equality-related activity which has taken place during 2024-2025, cross-referenced to the Long Term Aims/Equality Objectives outlined in our 2024-2028 Strategic Equality Plan.

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
1. As part of *Better Together* (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.	**Primary** Age Disability Socio-Economic Status	**Better Together** We have continued to extend the range of services available within Powys, meaning that individuals can access these closer to home, rather than having to travel out of county - these services include: **Respiratory** Virtual Pulmonary Rehabilitation: Individuals can access from their own home. If they do not have a tablet or laptop, they are able to borrow one from local Powys Library, with support provided from a Digital Facilitator to help them to access the virtual sessions. Overnight sleep oximetry: obstructive sleep apnoea pathway. This is a virtually provided service, whereby patients collect and return the oximeter to their nearest PTHB site and access support via Attend Anywhere or telephone from the clinical team. Full pulmonary function testing: This is now available in South Powys, with work to develop the North Powys offer linked to the North Powys Wellbeing Programme. **Cardiology** Since the PTHB Community Cardiology Service was rolled out in North Powys from 11 November 2022, 613 new patients have been seen in a service that they would have previously had to access in Shrewsbury. The service also works with and supports GP surgeries to undertake ECG rhythm assessments	Focus on Wellbeing: Concentration on preventative healthcare Digital First: Utilising digital technologies and opportunities to improve access. Innovative Environments: Improving the environment of our sites with new technologies and approaches. Fully Joined Up Care: Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.	• Dignified Care • Timely Care • Individual Care • More than Just Words

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		using Kardia and Zio mobile devices with 323 Patients followed Arrhythmia Pathway (20 repatriated from a secondary care waiting list). A deep review of 121 patient cases identified the following: • 15k Patient travel miles saved (average = 123 miles saved per patient) • 372 patient travel hours saved • 5.3k kg of CO2 saved **Dermatology** Funding from the Welsh Cancer Network has enabled GP practices in North Powys to receive the Dermatology Dermoscopy camera by Casio (DZ-D100). The aim of getting a dermoscopy camera into each GP practice in Powys is to make this valuable additional diagnostic tool available locally in the community. A pilot commenced on the 01.09.24 with St. Michaels Clinic to enable GP Practices in North Powys to attach a clinical dermoscopy photo to a referral to St Michaels Clinic for advice and guidance on diagnosis and management of any skin lesion that is NOT considered to be an Urgent Suspected Cancer (USC). The benefits of the pilot include, support for people living in rural communities to get a diagnosis of a benign lesion without having to travel for a specialist appointment saving time and cost. Quicker appointments to see a specialist with the appropriate triage of an urgent lesion to an urgent face to face appointment or direct to surgery and improved patient access through reduced waiting list times which will result in quicker diagnosis and management of a non-urgent suspected cancer (USC) skin cancer lesion. Up to the 18/09/2024, out of the 11 referrals received:		

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		• 37% patients were discharged under the newly negotiated advice and guidance pathway, avoiding them having to travel to any appointments. • 36% were referred straight to surgery, saving the patient travel time as the patient will be travelling once to their surgical procedure with the pre-op conducted over the phone, also a cost saving to Powys as only one in person appointment required, • 0% required a face to face first appointment, • 27% recorded under "other" which meant that St Michael's Clinic asked the referral to be re-directed to secondary care due to the clinical photo looking suspicious (USC pathway not included in pilot). **MSK Orthopaedics** MSK Orthopaedics pilot demonstrated as of 2nd September 2024, the total number of patients triaged through the pilot was 178 and 47% of patients (84 individuals) were redirected to be seen by the PTHB Clinical Musculoskeletal Assessment and Treatment Service whereas they would have previously been seen by a consultant, most likely out of county. A business case is under development to expand the pilot across Powys.		

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		Point of Care Testing The Point-of-care Testing Coordinator position has also been made permanent, enabling many tests to be held within PTHB that would formerly have necessitated long waits or travel out-of-county.  Expanding the range of services that can be offered within Powys and reducing the need to travel can benefit all of our patients by reducing waiting and travel times. However it is particularly likely to benefit those for whom travel is particularly difficult or inconvenient, such as those in poorer socio-economic groups, those of advanced age, children, people with disabilities and their carers. These have been identified as some of the highest priority groups in our consultation exercises, thus this area of work remains a major organisational priority from the perspective of Equality as well as more broadly.		
2. Work to address known health inequalities within our population and take steps to identify and address others.	**Primary** Age Disability Pregnancy & Maternity **Supplementary** Socio-Economic Status	Powys Public Health Team **Vaccination Service** • Developed a vaccination equity plan to outline key areas of action to reduce inequity in vaccination • Deployment of a hub and spoke model to deliver Winter Respiratory Vaccination Programme to the eligible population of Powys • Delivered late evening and weekend clinics to increase access to services	**Focus on Wellbeing:** Work to address the underlying causes that lead to people needing to access healthcare services will reduce demand on those services at all levels.	• Staying Healthy • Individual Care • LGBTQ+ Action Plan

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		• Offered mop-up clinics for flu and school-age flu for those that missed appointments • Issued printed and digital media to promote winter vaccination programmes • Material is supplied in Welsh and English • Monthly operational delivery group meetings discuss equity and access as part of the discussion around plans • Data is reviewed to identify areas of low uptake and agile plans are modified to respond. One of the barriers identified to receiving the COVID-19 vaccination in Powys was access to the main vaccination centres in Bronllys and Newtown. In Spring 2024 we adapted our delivery model to ensure that there were local clinics in large towns across Powys. For the Winter 2024/25 COVID Vaccination campaign, a similar model was adopted, where eligible patients were invited to their most local clinic, reducing the need to travel large distances across the county. The winter 2024/25 campaign was offered in thirteen different locations through both the Health Board Vaccination Service and GP Practices across Powys The Health Board Vaccination Service also offers after work appointments and Saturday appointments throughout the duration of the campaign to ensure that everyone has the opportunity to attend an appointment that is convenient for them, including after work and on the weekends. **MMR Catch Up** Between March 2024 and July 2024 PTHB undertook an MMR catch up campaign targeting school age children. The school health nursing team reviewed school uptake data and		

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		contacted those children with an incomplete vaccination record. This included secondary and primary schools. The SHN team offered vaccination at the school, Newtown and Bronllys Vaccination Centres, some outreach clinics at PTHB sites, or referred back to their GP. **Smoking cessation team** • The Smoking Cessation GP Text message project has continued to target GP Practices in areas of deprivation sending personal invites to smokers to make a quit attempt with support from Smoking Cessation team locally. This project has likely contributed to the increase in overall number of overall quit attempts in Powys in Q1 2024/25 as compared to Q1 2023/24 and there is evidence of an increase in activity in Smoking Cessation teams at GP Practices in these areas following text delivery. • Smoking Cessation Advisors have targeted their support to Pharmacies in areas of deprivation. Their support aims to increase promotion and delivery of the smoking cessation support service delivered by the pharmacies in these areas. • Focused Midwifery Team visits in areas of deprivation to try to increase Carbon Monoxide (CO) monitoring and referral for smoking cessation support for clients in these areas • Smoking Cessation group support and community clinics based in areas of deprivation • Recruitment of Smoking Cessation Champions focusing on areas of deprivation. The champions will be given some training regarding having conversations about behaviour change and signposting to services • Delivery of Smoking Cessation GP Text message project has continued to target GP Practices in areas of		

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		deprivation sending personal invites to smokers to make a quit attempt with support from the Smoking Cessation team locally. This project has likely contributed to the increase in the number of overall quit attempts in Powys in 2024/25 • Targeted support provided by Smoking Cessation Advisors to pharmacies in areas of deprivation. This support is to help increase promotion and delivery of the smoking cessation support service delivered by the pharmacies in these areas. **Healthy schools team** • Support offered by Healthy Schools for schools within Powys who are eligible due to free school meals entitlement level to sign up for Food and Fun scheme • Vaping work with young people engaging schools in areas of deprivation • Healthy Pre-school Gold Snack Award targeted at Flying Start settings alongside wider settings **Health Protection team** • Blood borne virus tests have been completed within the high risk cohort who attend probation services, with visits to Brecon, Newtown and Llandrindod since August 2024 • Blood borne virus testing has also taken place in Ponthafren, Newtown and Welshpool and within Food banks at Llandrindod, Ystradgynlais and Brecon to ensure those from deprived areas are offered a test. • 'Farming Fit' has offered health check services to farmers across Powys, including a visit to the Winter Fair. This project runs due to a recognition that this is a		

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		population who do not always access services as readily as other groups within the county. **Whole System Approach to Healthy Weight** The Whole System Approach (WSA) to healthy weight includes work to address: • **Affordability of healthy food** – The team continues to look at the NHS Healthy Start scheme. Uptake has generally been around 62% in Powys. Powys staff have spoken with the national team and have suggested a number of changes that may increase uptake – raising threshold for eligibility, increasing funds available for each child, making it possible to use the card online, developing a phone app and reviewing delivery of the whole scheme. Actual numbers of people accessing the scheme in Powys vary but are usually between 435-450 each month. • The team is also looking at affordability of healthy food and cooking skills. **Breastfeeding Welcome scheme** We have introduced the scheme in Powys to support mothers to feel confident when breastfeeding out and about. Although breastfeeding initiation rates are over 80% in Powys, this falls to below 60% at 6 weeks and we hope this scheme may go some way to address this. Both the PTHB and PCC have agreed that all public-facing areas will be breastfeeding welcome. We are working with premises across the county – starting in Ystradgynlais and Newtown, because they are the most deprived areas of Powys – to support them to be breastfeeding welcome. To date, we have over 70 sign-ups (scheme launched on 1st August 2024). Information about the scheme is included in staff induction and also in equality and diversity training in PTHB.		

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		It is recognised that mothers in lower income families may be less likely to breastfeed, so increasing initiation of breastfeeding can lead to long term improvements in health and nutrition.		
3. Improve access to our services and sites for individuals whose needs are different from others.	**Primary** Disability Age **Supplementary** Sex Sexual Orientation Gender Reassignment	SignLive BSL Video Relay Service We have established access to the PTHB telephone switchboard via the *SignLive* service. This ultimately enables BSL users to contact any PTHB telephone line via a BSL interpreter by their own initiation; this has been used on **72 separate occasions** during 2024-25. The service can also be used for live interpretation once in hospital, and its availability has been advertised on our sites. One service user provided the following feedback from their experience of using the service: "I used SignLive to have a conversation with the dietitian service to discuss my Mother's health. The issues were too complex to deal with by email and needed a conversation, so I was able to contact someone to sort this out. The conversation went well and they were able to advise. Without being able to access the service, this would have had a detrimental impact on Mum's health and all the issues would not have been identified in a timely manner which would have had a direct adverse impact on Mum's health." A staff member said the following after using the service for the first time:	Focus on Wellbeing: Widening access to wellbeing services e.g. living well, Silvercloud Digital First: Utilising digital technologies and opportunities to improve access; improving the access of those with additional requirements to those digital services. Innovative Environments: Improving the environment of our sites with new technologies and approaches; this may enable patients to receive treatments within Powys that might otherwise have to travel outside the county. Fully Joined Up Care: Ensuring a standard approach to accessibility	• Effective Care • Dignified Care • Individual Care • More than Just Words

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		"We arranged a time to call only a few hours in advance as I was responding to an urgent query. I was contacted as planned by the interpreter. It worked well for me. The patient's daughter had used the app so it was far easier than trying to arrange for an interpreter by other means. I will be encouraging its use in the future. In Powys, we rely heavily on telephone communication, so this felt like a great solution." **Video Foreign Language and BSL Interpretation** We have maintained the increase in the use of on-demand Interpretation seen since the wide rollout of on-demand Video interpretation in 2023-24. Interpretation was used on 1,258 separate occasions in 2024-25, 955 of these (78%) via on-demand Video or Telephone systems. On-demand interpretation offers a number of advantages over face-to-face interpretation as it can be used where the need for interpretation was not foreseen or where it was not possible to arrange a local interpreter due to availability. It also avoids costs and travel where the service user or interpreter fails to attend. These are particularly useful in a rural context like Powys where travel costs are high.	across our services so that patients experience the same kinds of service from different areas of the health board.	

	Total Instances	On-demand
2024-25	1,258	955 (78%)
2023-24	1,037	651 (63%)
2022-23	1,133	525 (46%)
2021-22	706	313 (44%

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		2022-23 saw an unusually high demand in interpretation likely due to the Russian Invasion of Ukraine in February 2022. This demand has since substantially subsided, but Removing instances of Russian and Ukrainian from the dataset gives the following trend: *Translation usage (excl. Russian & Ukrainian)* 2024-25: 1,214 2023-24: 967 2022-23: 943 2021-22: 705 This suggests that **the rollout of video interpretation has increased overall usage of interpretation**, meaning patients are now receiving interpretation who would not have done in the past. This has been achieved whilst simultaneously reducing costs. Where there is a communication need, effective professional interpretation is absolutely crucial for enabling an effective diagnosis, ensuring patients understand the treatments they are receiving and are able to give informed consent, as well as understanding any aftercare needs. The most popular languages for interpretation in 2024-25 were Polish (32%), Dari (10%), Bulgarian (10%), Arabic (9%), Ukrainian (7%) Bengali (5%) and BSL (3%). ## Assistive Hearing Technologies Assistive Hearing technologies assist those who are hard of hearing (for both hearing and non-hearing aid users). The		

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		health board already had some technological capabililty to enable this, but it was not widely utilised. As such, an audit of all PTHB sites identified that although coverage of the technology being available across sites was relatively good, there were understanding gaps for hearing Loops and Digital Listeners. As a result of this exercise, additional units have been purchased during 2024-25 and there is now 100% coverage for our main hospital sites. The training gap is being addressed in 2025-26 to ensure all departments know how to use the hearing support technologies on offer. Facilitating communication with patients who are hard of hearing is crucial for their effective care in the same way as interpretation, as well as reducing stress for the patient. Making it easier for staff to communicate also reduces a need for staff to raise their voices, reducing stress and improving comfort. Site Access Improvements at Bronllys Hospital		

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		During February and March 2025 a range of Access improvements were carried out at Bronllys hospital, which is the largest PTHB site by the number of staff based there. These improvements included curbing improvements, resurfacing walkways, roads and carparks as well as installing a new pathway and some lighting improvements.  It is intended to build on these developments in the future by further facilitating the movement of staff, patients and visitors both within the site but also onto the site itself. As well as improving access to our services for disabled and elderly patients, these access improvements can reduce the risk of accidents to all staff and visitors and improve patient flow across the site. ## Gender Awareness Training We have continued to deliver our Gender Awareness sessions (10 sessions to 116 individuals for the year) which continue to be published and promoted via the HB staff intranet pages.		

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		 Feedback on this session has been very positive, with one attendee describing it as "Really engaging" and another "Very interesting and insightful.", with 82% reporting the training had significantly increased their knowledge of the subject and 0% reporting that they were dissatisfied. As a result of the 2025 Supreme Court ruling into the definition of "Sex" in relation to the Equality Act, this training will be reviewed to ensure it reflects current requirements. ## Learning Disability Champion Training The Primary & Community Care Academy ran Learning Disability Champion training with 5 sessions across the Health Board during the course of the year. ## Regular Training Circulars Regular messages are sent out to all staff advertising ad-hoc non-mandatory training opportunities on a variety of Equality-relevant subjects. Training in these areas ensures staff understand how to cater for the diverse range of patients under their care, and are confident in understanding what is asked and expected of them.		

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		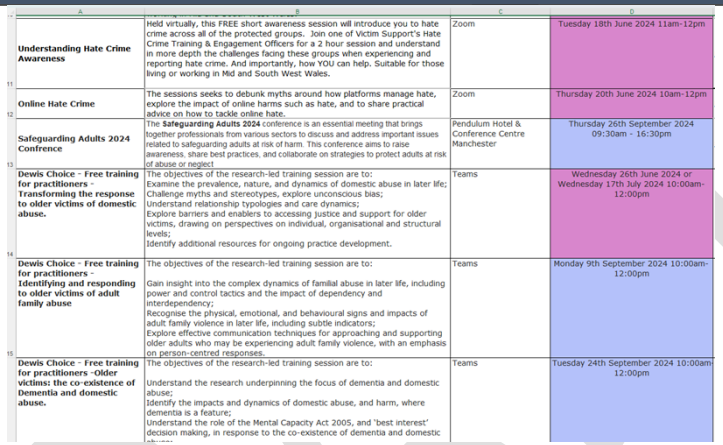		

Understanding Hate Crime Awareness	Held virtually, this FREE short awareness session will introduce you to hate crime across all of the protected groups. Join one of Victim Support's Hate Crime Training & Engagement Officers for a 2 hour session and understand in more depth the challenges facing these groups when experiencing and reporting hate crime. And importantly, how YOU can help. Suitable for those living or working in Mid and South West Wales.	Zoom	Tuesday 18th June 2024 11am-12pm
Online Hate Crime	The sessions seeks to debunk myths around how platforms manage hate, explore the impact of online harms such as hate, and to share practical advice on how to tackle online hate.	Zoom	Thursday 20th June 2024 10am-12pm
Safeguarding Adults 2024 Confrence	The **Safeguarding Adults 2024** conference is an essential meeting that brings together professionals from various sectors to discuss and address important issues related to safeguarding adults at risk of harm. This conference aims to raise awareness, share best practices, and collaborate on strategies to protect adults at risk of abuse or neglect	Pendulum Hotel & Conference Centre Manchester	Thursday 26th September 2024 09:30am - 16:30pm
Dewis Choice - Free training for practitioners - Transforming the response to older victims of domestic abuse.	The objectives of the research-led training session are to: Examine the prevalence, nature, and dynamics of domestic abuse in later life; Challenge myths and stereotypes, explore unconscious bias; Understand relationship typologies and care dynamics; Explore barriers and enablers to accessing justice and support for older victims, drawing on perspectives on individual, organisational and structural levels; Identify additional resources for ongoing practice development.	Teams	Wednesday 26th June 2024 or Wednesday 17th July 2024 10:00am-12:00pm
Dewis Choice - Free training for practitioners - Identifying and responding to older victims of adult family abuse	The objectives of the research-led training session are to: Gain insight into the complex dynamics of familial abuse in later life, including power and control tactics and the impact of dependency and interdependency; Recognise the physical, emotional, and behavioural signs and impacts of adult family violence in later life, including subtle indicators; Explore effective communication techniques for approaching and supporting older adults who may be experiencing adult family violence, with an emphasis on person-centred responses.	Teams	Monday 9th September 2024 10:00am-12:00pm
Dewis Choice - Free training for practitioners -Older victims: the co-existence of Dementia and domestic abuse.	The objectives of the research-led training session are to: Understand the research underpinning the focus of dementia and domestic abuse; Identify the impacts and dynamics of domestic abuse, and harm, where dementia is a feature; Understand the role of the Mental Capacity Act 2005, and 'best interest' decision making, in response to the co-existence of dementia and domestic	Teams	Tuesday 24th September 2024 10:00am-12:00pm

4. In accordance with the *Better Together* Model / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.	Primary Disability Age Supplementary Sex Pregnancy & Maternity	## Age-Friendly Employer Pledge Powys Teaching Health Board has a comparatively older workforce, a trend which is expected to increase in coming years (see below section on Equality Data for more details). We're an **Age-friendly Employer** Accordingly, we have recognised the crucial importance of ensuring the older members of our workforce feel valued and respected. Starting in this Equality Annual Report and in future reports we will provide updates on the different ways our organisation shows this commitment. As part of our commitment, this year we have: • Developed a toolkit specifically to support retirement considerations, including retire-and-return and partial retirement.	Workforce Futures: Participation in workplace accreditation schemes may draw new applicants and improve retention of existing staff. Transforming in Partnership: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.	Staff & Resources Anti-Racist Action Plan More than Just Words LGBTQ+ Action Plan

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		• Chat to Change (sharepoint.com) provides and Speaking up Safely provide a channels for staff to raise concerns. • ESR collects usable data regarding age demographic of staff. This is reported on publicly in the Equality Annual Report. • Ensured our Equality and Gender Awareness training includes examples relevant to Age discrimination, which is also highlighted in our Equality Impact Assessment process and template. • Developed HR toolkits for Flexible Working, Managing Attendance at Work and Reasonable Adjustments to facilitate their implementation. • Promoted learning sessions on Age Discrimination and partial retirement: • We have a 24/7 Menopause Helpline via Vivup, and the PTHB Menopause Café continues to meet. **Disability Confident** We achieved the first level of the Disability Confident scheme (committed) and will be developing an action plan in 2025-26 to attain the next level over the course of the next financial year.		

Supporting our LGBTQ+ Staff

We have continued to mark Pride Events within the county by attending local events e.g. Brecon Pride (pictured below).

We also marked LGBT History Month by participating in an NHS Wales online event and co-hosted the NHS Wales Pride Quiz 2024.

Promoting and Supporting Staff Networks

We have continued to promote opportunities for staff from a variety of protected groups to network with their colleagues across PTHB and the wider NHS.

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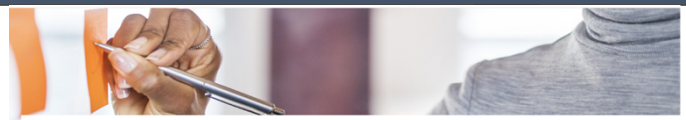
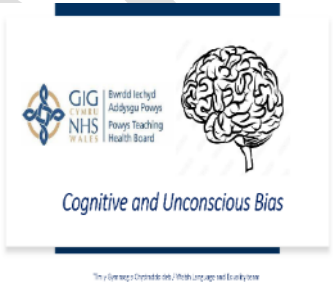
		These opportunities have included the All-Wales NHS BSL and Hard of Hearing Network, the PTHB Neurodivergent Staff Network and National Staff Networking event – which was well attended by PTHB staff, who chaired one of the events – among others.  This is part of the wider and ongoing communications program around Equality by which a range of Equality events and opportunities are promoted widely to PTHB staff.    ## Reverse Mentoring Programme 2024-25 An exciting new development for this year, this scheme, modelled on similar programs run in other organisations, provides staff with the opportunity to mentor a more senior employee, thus providing them with a unique opportunity to learn about the issues and experiences facing staff.		

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		 Applications for PTHB Reverse Mentoring Programme 24/25 [redacted] PTHB Reverse Mentoring Programme 24/25 Would you relish the opportunity to mentor a senior colleague? Then apply to join this round of Reverse Mentoring which will have a theme of Wellbeing and Staff Retention. What is Reverse Mentoring? Similar to a back-to-the-floor experience, reverse mentoring is simply the opposite format of traditional mentoring, where the senior employee is mentored by a younger or more 'junior' employee. Aka, mentoring in reverse. The process recognises that there are skills gaps and opportunities to learn on both sides of a mentoring relationship. What does it involve? For example, a reverse mentor (you) would have regular touch points with, and may accompany that senior employee to meetings, observe behaviours and provide constructive feedback regarding issues and points that are observed. These may be born out of your lived experiences as an employee for PTHB. You will provide an insight into the stresses, difficulties and barriers you may have faced, with opportunities to explore how the more senior colleague could learn from and adapt their future leadership approach to ensure they are able to look after their own and others' wellbeing, find ways to improve retention of staff and to gain an insight into the breadth of skills/knowledge in the workforce. *See also work carried out under the auspices of the Anti-Racist Wales Action Plan (see below).* These events and programs provide opportunities for staff to learn about the diverse experience of colleagues and patients, and the networks provide a means for staff to support one another as well as functioning as a sounding board for the for the health board's policies and processes.		
5. Improve the health board's ability to accommodate the religious needs of its staff and patients.	**Primary** Religion & Belief **Supplementary** Race & Ethnicity	In anticipation for carrying out more work in this area during 2025-26, initial work has been carried to out to assess current provision, which is low across PTHB. No sites currently have a designated Multi-faith space, though such provision has been incorporated into the design of the North Powys Campus project. Provision on existing sites is difficult due to the nature of the health board with small sites and old buildings limiting options and low staff numbers and footfall meaning provision is rarely prioritised. Future work will focus on ensuring the available	Workforce Futures: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. Focus on Wellbeing: Respecting the spiritual needs of our staff and patients.	Dignified Care Individual Care Staff & Resources Anti-Racist Action Plan

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		provision is well advertised and on making it clear that staff are able to make reasonable use of quiet/meeting rooms for this purpose. As an initial step, information on ritual requirements has been shared on Sharepoint and information on meeting religious needs is incorporated into our Equality for Managers' training session.  		
6. We will develop an organisational culture that is inclusive and supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.	**Primary** Sex **Supplementary** Age Race & Ethnicity	See above sections for details of Gender Awareness Training, Age Friendly Employer and Disability Confident schemes. See also work carried out under the auspices of the Anti-Racist Wales Action Plan (see below). ## Equality for Managers & Equality Impact Assessment Training This training session is a standard and mandatory part of the PTHB Managers' Training program. This means that all managers receive an advanced session focused on identifying workplace discrimination, providing Reasonable Adjustments for disabled staff, with 66 new individuals completing this training in 2024-25.	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Feedback has been very positive with one attendee describing the session as: "Probably the best Equality/diversity training I've ever attended in my career." Training has also been delivered on Equality Impact Assessment to 19 individuals mainly working in the People & Culture Directorate. **Cognitive and Unconscious Bias Training** This is a new session delivered "in house" by the PTHB Equality and Welsh Language team to 30 individuals during 2024-25 across PTHB and colleagues in Powys County Council. Recognising the limited evidence base for "awareness raising" on Unconscious Bias in relation to e.g. race discrimination, this session focuses instead on the broader picture of human cognition and the role of bias in decision making, and on techniques to empower staff to avoid situations where there is a risk of bias.  **Workforce Policy Review Group** The local workforce policy review group includes representation via the Service Lead for Equality & Welsh Language and is jointly chaired by the Head of People: Business Partnering & EDI & a trade union representative. This enables us to embed equality impact assessments into our policy decision making and more recently enabled us to include a check process relating to the anti-racism		

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		recommendations to ensure these recommendations are built into any newly developed or amended workforce policies. **Speaking Up Safely** The Speaking Up Safely framework is a Wales-wide scheme aims to ensure that NHS staff feel able to raise or report concerns without placing themselves at any form of personal or professional risk. This includes both safety concerns but also concerns around behaviour, including discriminatory behaviour. 13 requirements were set out in Section 6 of the SUS Framework and these have now all been carried out or otherwise now considered 'business as usual' placed into a long-term monitoring state. These include, but are not limited to: • The Chair of the Board has been appointed as the Independent Member Champion with the Director of People and Culture as the Executive Lead. • Speaking Up Safely is part of the Executive Director for People and Culture's report in the Workforce and Culture Committee's regular agenda, and on an annual basis as a requirement within the SUS Framework. Specific elements of the national staff survey relating to speaking up as well as any data and themes around concerns raised, are utilised • The 'Our Voice' portal was created on the intranet (with mirror pages for staff on the external web) to have a single place for staff to if they wanted to raise a concern formally. The pages capture elements such as DATIX, the Safeguarding Portal, and Workforce routes, as well as providing information and a form to complete under the NHS Wales Procedure for Staff to Raise Concerns. • PTHB has commissioned VIVup as its EAP provider to host a trial whistleblowing service for 12 months. This will provide an external point of contact to triage		

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		concerns and allocate them to the right senior person within the organisation. • The approach has been regularly promoted through posters, the Chat to Change network, the organisation's cascade briefing, and when promoted related activity such as the NHS Staff Survey. • A training course was rolled out through the autumn and winter 2024/25 that invites individuals in teams to understand psychological safety and the approach to speaking up in PTHB. The intent is to provide the participant with a simple toolkit of discussions to have in their own teams to help create a culture of speaking up, whilst also raising awareness of the formal mechanisms. • In addition to the training course detailed above, speaking up safely has been specifically included within the Manager's programme, corporate induction, and as a theme within the Clinical Leadership Immersive Programme (CLIP). • The Speaking Up Safely Steering Group has been established consisting of senior leaders from across the organisation. The group will meet on a quarterly basis with the aim to monitor and make recommendations for actions to continuously improve our culture of speaking up.		
7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.	All PCs.	The business case for an organisational digital PROMs platform was delayed at the end of 2023-24 however this work has now been resumed as of February 2025 onwards. The initial focus is on mental health pathways as more of the pathway is delivered within Powys (compared to physical health pathways where patients often receive treatment out of county). Eventually the National Data Resource will enable PTHB to access the PROMS data centrally for Powys patients	Transforming in Partnership: Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level.	Individual Care

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		treated elsewhere, but in the interim we've shared Powys postcodes with SBUHB and they're working with their PROMs supplier to identify Powys patients so that they can share the data with us. If this is successful, we'll aim to do the same with other health boards. We're also attempting to access the PROMs data for Powys patients treated at some of our main English providers too.	Digital First: Using digital technologies to capture feedback from a range of stakeholders.	
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.		(See dedicated section below)	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond. Focus on Wellbeing: Addresses health inequalities within these groups.	Staff & Resources Individual Care
9. Implement our Welsh in Healthcare Strategy	Welsh Language / All PCs.	Work to deliver the strategy this year has included the following key areas: • Introduction of a new vacancy assessment service. • Continued rollout of Welsh for Managers training. • Promotion of training opportunities with record numbers attending Welsh Language training. • Improvements to processes around the uploading of documents to the website. • Review of the way we advertise vacancies in Welsh. Overall, the health board continues to work to ensure compliance with the Standards. Systems are in place to ensure most of the standards are met in most circumstances. The health board performs particularly well in areas such as communications and social media, and in areas where systems are managed centrally (e.g. recruitment processes such as offering contracts, assessing prospective applicants' Welsh	Focus on Wellbeing: Improve Welsh speakers' access to Wellbeing services like Silvercloud and Powys Living Well Digital First: Utilising digital technologies to provide services bilingually. Workforce Futures Developing the bilingual skills of our current and future workforce.	Staff & Resources Individual Care Dignified Care

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2024-25	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		language skills and inviting them to apply in Welsh / use the Welsh language at interview). For full details on our activity in this area during 2024-25, see the Welsh Language Annual Report 2024-25 on the Welsh Language pages of our website, which also hosts the Welsh in Healthcare Strategy.		
10. Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify any issues arising.	Primary Sex Pregnancy & Maternity	See Appendix B.	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources
11. Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.	Primary Race & Ethnicity Supplementary Religion & Belief	See Anti-Racism Action Plan below.	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources

Anti Racist Wales Action Plan

As part of the Anti-Racist Wales Action Plan, Powys Teaching Health Board maintains a local plan to capture and monitor how it will work locally towards the aim of an Anti-Racist Wales.

Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.

Providing assurance that the appointed executive equality champions are working with Black, Asian and Minority Ethnic staff networks to co-develop the organisation's annual anti-racism plans to correct inequities identified by workforce and patient data sources e.g. the Workforce Race Equality Standard	Following the provision of the Powys Workforce Race Equality Standard (WRES) by Welsh Government in summer 2024, the launch of the 2024-2028 PTHB Strategic Equality Plan and the and the revision of the national Anti-Racism Action Plan, the local PTHB Anti-Racism Action Plan has been revised and updated to ensure it reflects the most recent situation. The plan has been promoted and shared across the organisation and staff invited to contribute and comment. The main recommendations of the WRES were that PTHB work to address: – absence of ethnic minority board membership – progression of ethnic minority staff to senior grades – likelihood of ethnic minority staff being appointed after shortlisting
	Awareness and membership of the PTHB Minoritised Ethnic staff network (and other staff networks) has been raised through internal promotion and the induction campaign. A strong local staff network will ensure that PTHB staff from ethnic minorities are given a voice within the organisation and the opportunity to contribute to schemes and programs to improve outcomes for these staff within the orgnaisation.
Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress with plan implementation will be reported through the SEP and monitored through the IQPD and policy assurance mechanisms	The Plan is monitored and reported on to both the board and Welsh government as part of the Equality Annual Reports, as per Welsh Government guidance; it is also included in the 2023-2026 PTHB Integrated Medium Term Plan.
	Ethnicity Pay Gap Reporting was first included in the 2022-23 Annual Report and this is continued in the 2024-25 Annual Report (See Appendix B).
All NHS Board members will demonstrate anti-racist leadership through their diversity and inclusion objective, to enable meaningful	All our Board Members have Diversity and Inclusion featured as personal objectives and are provided with regular opportunities to engage with relevant opportunities, including both local and external training. They contributed to the revision of the Anti-Racism plan.

impact of their organisational anti-racism plan.	The Powys Teaching Health Board Reverse Mentoring Scheme (see above) provides senior staff, such as board members, the opportunity to be mentored by more junior members of staff, sharing their real-life experiences as employees across the organisation. This has been specifically targeted at BME staff via the relevant Staff Network.
Local / WRES Actions: – absence of ethnic minority board membership – progression of ethnic minority staff to senior grades – likelihood of ethnic minority staff being appointed after shortlisting	In light of the WRES recommendations relating to shortlisting data, the health board has undertaken a deeper review of our workforce data to identify whether and where disparities of outcome exist between professional outcomes for staff from different ethnic backgrounds. the issues all aspects of recruitment policy and process to ensure they are anti-racist and inclusive. As of April 2025 this was still being shared internally, however its recommendations will inform our future approach, potentially exploring .
	An ongoing review of Recruitment processes will strengthen practice in this area and ensure consistency and fairness in appointment processes, incorporating industry best practices.
	We have recruited to the International Nurses' Pastoral Care Officer role, a unique role within the People & Culture directorate which seeks to ensure the effective induction, support and onboarding of our internationally recruited nurses. Providing a dedicated member of support staff to address issues around pastoral care and other difficulties that may arise when staff move across the world for employment ensures that, in the shorter term, our internationally educated nurses are able to quickly and effectively integrate into PTHB clinical teams; and in the longer term it is hoped that improving the experience of our internationally educated staff will boost retention rates.
Workforce: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.	
NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent NHS Wales Workforce Policy Audit (Diverse Cymru, 2023), working with Black, Asian and Minority Ethnic staff groups to support their effective application.	In order to reflect the principles of the Diverse Cymru Audit within local workforce policies, PTHB has established a rolling programme of audit of existing policies against the broad principles of the Diverse Cymru recommendations. As of April 2025 14 local policies have been assessed, approximately 47% of the total eligible policies (30).
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes	The nationally developed training was published and made available to PTHB towards the end of the 2024-25 year. No data exists for completion rates at the end of 2024-25 however as of May 2025, 52.8% of staff members of staff had completed the training. PTHB staff also contributed to the development of the training, which explains the principles of anti-racism to participants.

Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.	PTHB has committed to the Aspiring Board Members program, and promoted participation locally by sharing information about the program with partner organisations.
Data & Evidence: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients	
NHS Boards, Trusts, and Special Authorities will continue to: – improve workforce data quality; – facilitate and support data collection against the Workforce Race Equality Standard (WRES) indicators; – scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in response to evidence base through targeted structural change	We have continued to encourage all our staff to update their demographic information on ESR, with an initial target to achieve 90% completion by March 2024 (up from 86.6% in March 2023) by year end. The figure achieved for March 2024 was on-target at 92.1%. Our new ongoing target is to maintain this high level, and as of March 2025 we have successfully increased this to 92.7%. See Appendix C (Workforce Data) for more information. It is likely that this represents something close to the realistic maximum given staff turnover. A specific recommendation in the PTHB WRES was to improve the returns for senior staff. "Senior staff" is not clearly defined. However, PTHB has improved the percentage of those staff on Agenda for Change Bands 8C and higher completing this information from 85.7% (42/49) in March 2024 to 94.3% (50/53) in March 2025. Improved return rates and accuracy of data ensures that the information we have accurately reflects the reality within the health board, which is crucial to ensure interventions or schemes can be targeted effectively.
Equitable Access: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.	

Support and oversee the implementation phase of the Maternity and Neonatal Safety Support Programme (2024-2027), with the aim of delivering local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities		As part of their ongoing work around the Maternity and Neonatal Safety Support Program, the Maternity Services team at Powys Teaching Health Board has been awarded a Bronze Distinction Award by Diverse Cymru for the work they have been doing to progress how they approach diversity and equality in the workplace for both staff and patients. Representatives of the team travelled to Cardiff for an Awards Ceremony and Learning Day at Sophia Gardens to receive their award, as part of the Diverse Cymru Cultural Certification Scheme 2024. This work has included: - A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community. - Maternity services' social media, information and leaflets has been reviewed to improve inclusivity and representation. - The Language line app has been installed on staff's phones and laptops to ensure we can provide visual interpretation services. - Communication – a quarterly EDI Maternity Newsletter covers with 'hot topic' areas to share good practice and EDI updates.

Moving Forward: Priorities for 2025-26

We intend to work on all of the Strategic Priorities in our Strategic Equality Plan during 2025-26.

However, specific work planned for next year includes

- The rollout of SignLive to Primary Care settings.
- Completion of our reviews of Recruitment and Retention through an Anti-Racist lens and the implementation of recommendations arising from our investigation.
- Further work on objective 5 to improve our Multi-faith provision.
- Further development and expansion of our local Equality training opportunities.
- Further development and expansion of our BME Staff Network.
- Ensure our provision and guidance regarding same-sex facilities complies with recommendations arising from the recent Supreme Court ruling on the definition of Sex in the Equality Act.

Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2024-2025 can be found in the Annual Reports section on the health board's website.

Appendix A: Gender Pay Gap Reporting & Analysis

Note: All the information in this section reflects the situation as of 31st March 2025.

As per UK legislation, as an organisation with over 250 employees PTHB is obliged to report on its Gender Pay Gap including the average and median hourly rates earned by men and women.

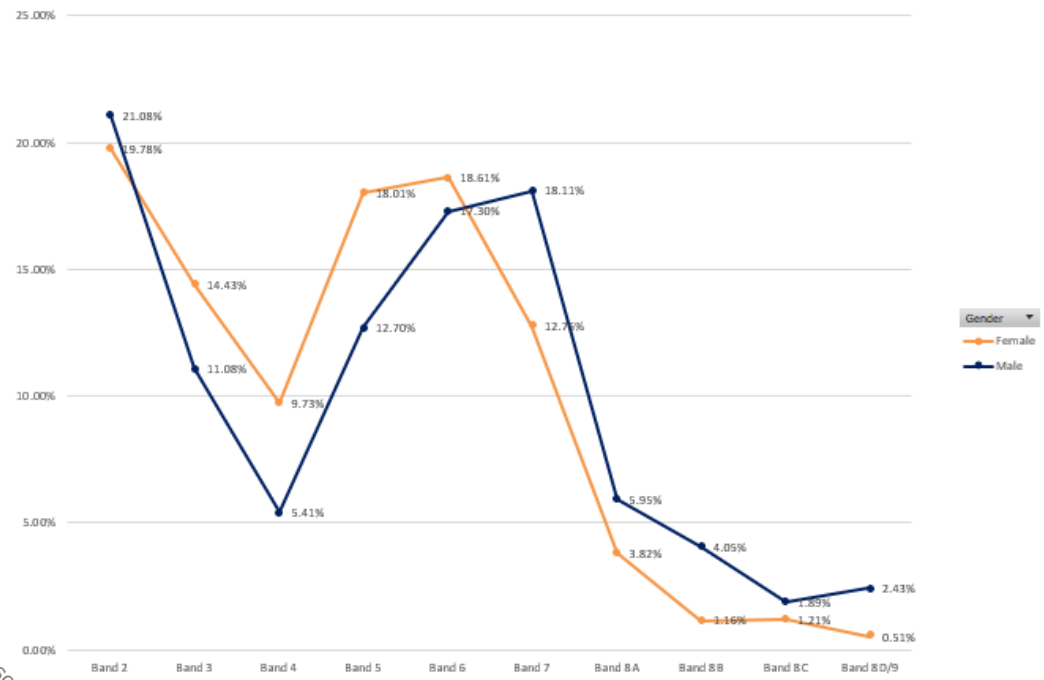
As of 31st March 2025, the Gender Pay Gap in Powys Teaching Health Board was as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	23.6990	20.1561
Female	19.6296	17.5048
Difference	4.0694	2.6513
Pay Gap %	17.1713	13.1538

Of our 2,522 staff, 2,137 are women (85%) and 385 are men (15%). This is very similar to other NHS Wales organisations; however, our gender pay gap of 17.2% is a little above the UK average (13.1% in 2024) but compares favourably to other NHS Wales Health Boards.

The overall UK Gender Pay gap has shown a long term decline since the 1980s. PTHB first reported on the Gender Pay Gap in 2019-20; the figures reported each year since that date have been relatively similar. This year's figure of 17.2% is almost the same as last year (17.5%) and the year before (17.7%).

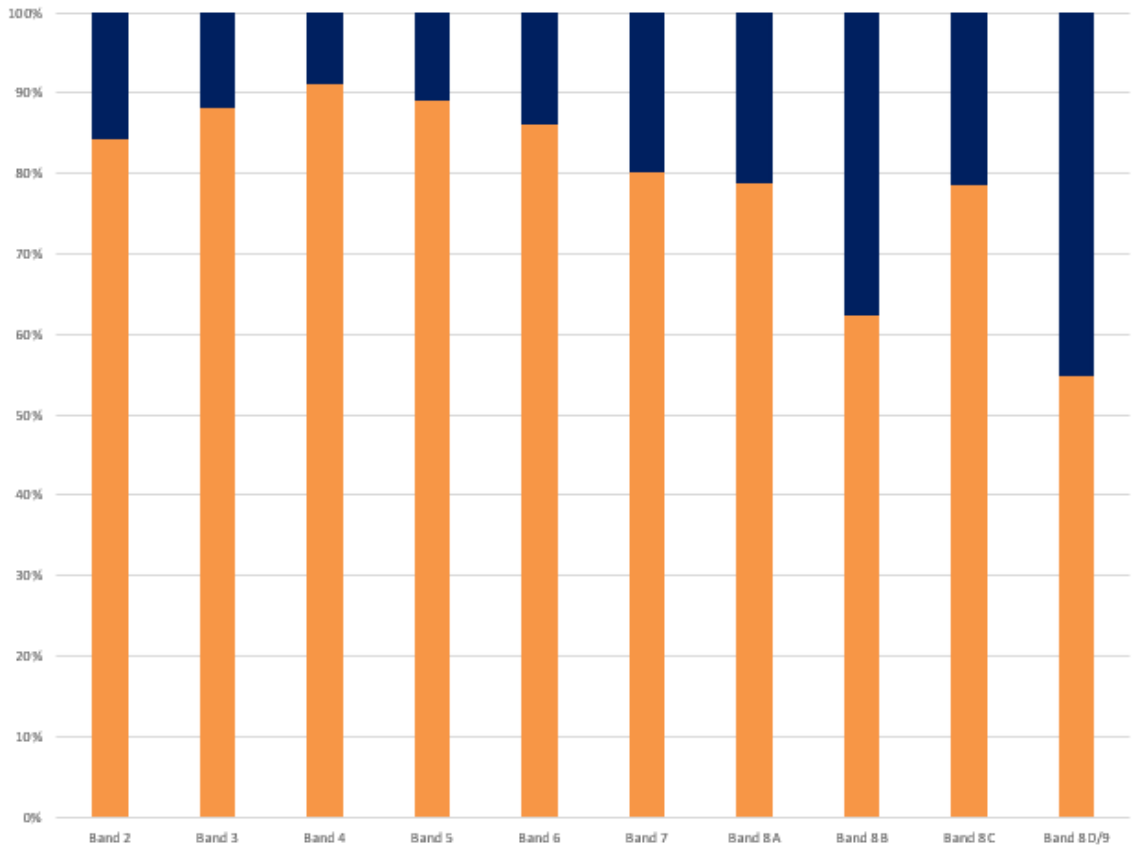
(note: due to small numbers, in the following graph Bands 8D and 9 have been merged)



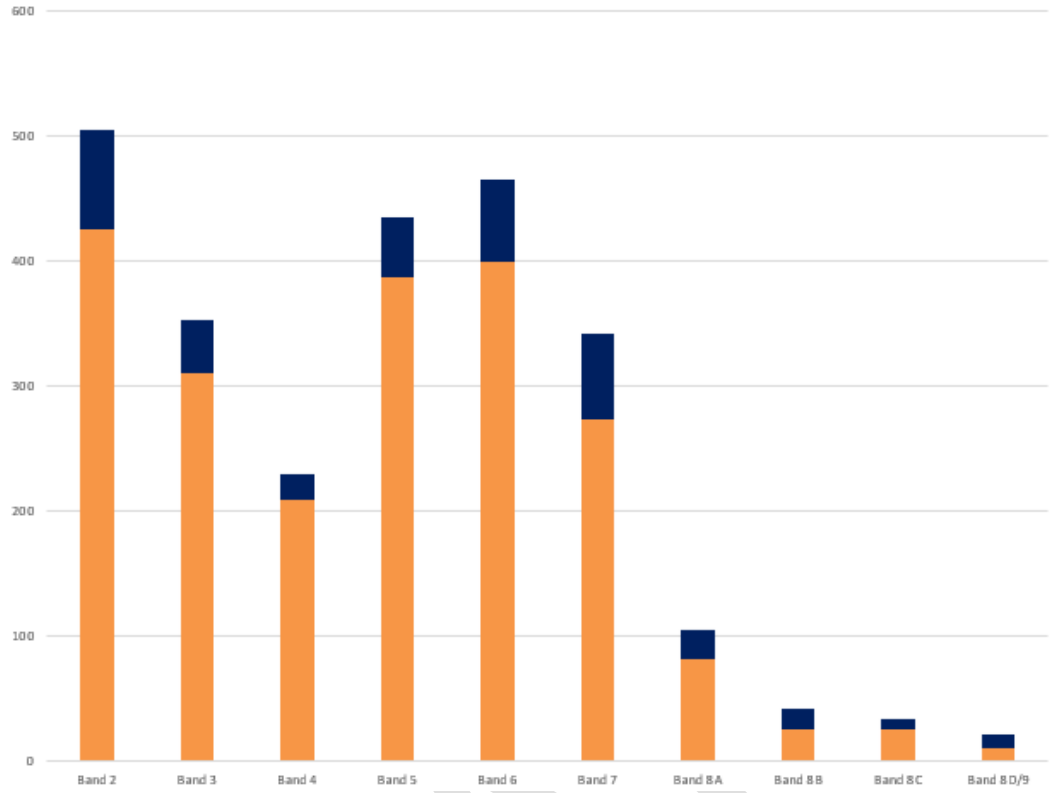
Graph A: the proportion of men and women at each AFC Pay Band, as a % of all men and women on AFC pay bands at PTHB. For example, 21.08% of men employed by the health board are in Band 2 and 12.75% of women are in Band 7.

Because the salaries and terms and conditions of almost all staff are dictated by Agenda for Change and other frameworks with strictly delineated roles and pay bands, there is no reason to suggest that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB.

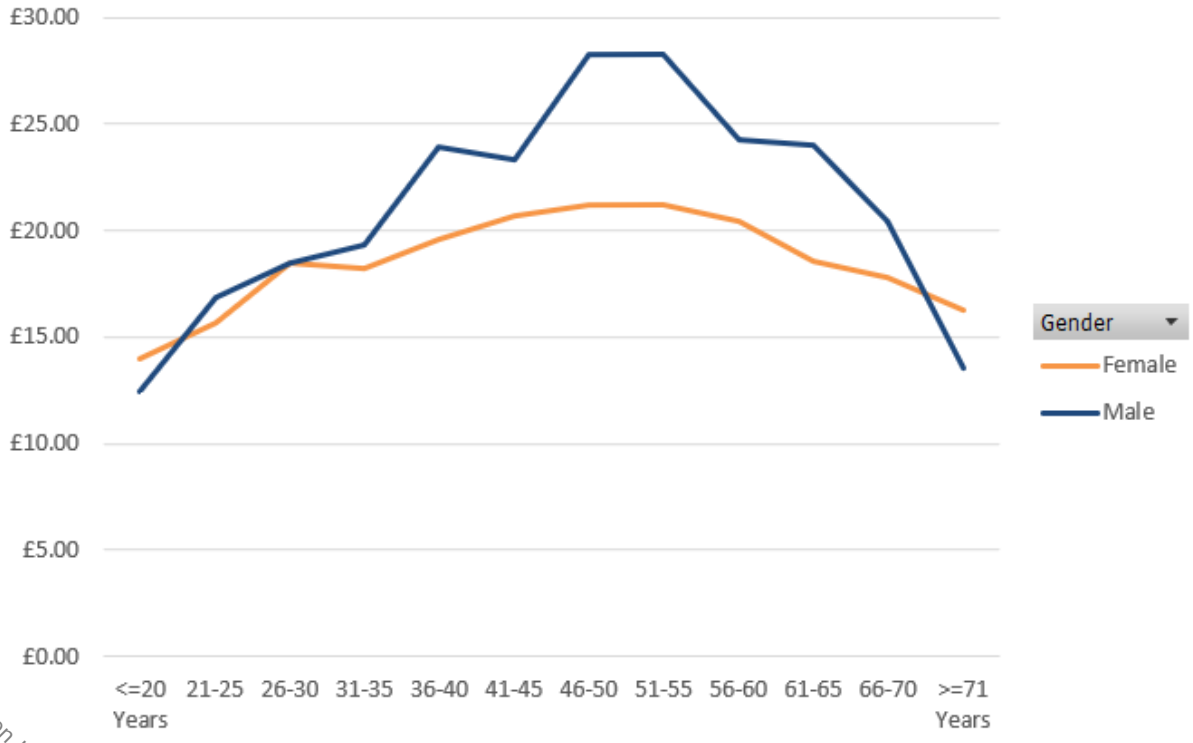
Instead, the gender pay gap is the consequence of the difference in the kind of roles occupied by men and women in the health board, as shown by graphs B & C below. Whilst women are well represented at all levels of the organisation, the fact that men are comparatively better represented at higher levels of the organisation causes the gender pay gap observed. Some of the less well-paid roles within the organisation are stereotypically associated with women e.g. healthcare support worker, catering assistant, domestic assistant. However, in the lowest pay band (Band 2), men are in fact proportionately more represented than women (21.08% versus 19.78%).



Graph B: Gender by pay grade (proportions of total)



Graph C: Gender by pay grade (absolute numbers)



Graph D: Average hourly rate of pay for men and women, plotted by age.

Additional Remarks about the PTHB Gender Pay Gap

- Women are well represented at all levels of the organisation, including the current and previous CEO.
- Previous annual reports included recruitment data showing that women were, on average, more likely to be invited to interview than men and more likely to be successful, possibly evidence for a "confidence gap" (documented in various sources) which suggests men are more likely than women to apply for jobs when they are less confident of success.
- The 2024 staff survey indicated that women at PTHB (and in the wider Welsh NHS) scored better than men on all questions related to discrimination, inclusion and compassionate culture.
- It is notable (Graph D) that men and women are paid very similar amounts in the youngest staff groups (20-35), but the pay gap widens significantly afterwards, peaking at 51-55 before closing again due to male income falling (presumably due to retirements) rather than female income improving.
- This may suggest that the gender pay gap would be expected to fall in the future. However, it is also possible that the above can be explained by differing approaches to career and other considerations (e.g. family commitments). The average age of a first time mother in the UK is now 30.9 (ONS) and a CPP paper found that women are significantly more likely than men to see their careers impacted by caring responsibilities.
- The gender pay gap of 17.2% is lower than often reported by other (larger) Welsh health boards. This contrast is likely to reflect the lower proportion of the PTHB workforce in medical professions (in which men are more represented generally compared to the average in other NHS roles).

Appendix B: Ethnicity Pay Reporting & Analysis

Note: All the information in this section reflects the situation as of 31st March 2025.

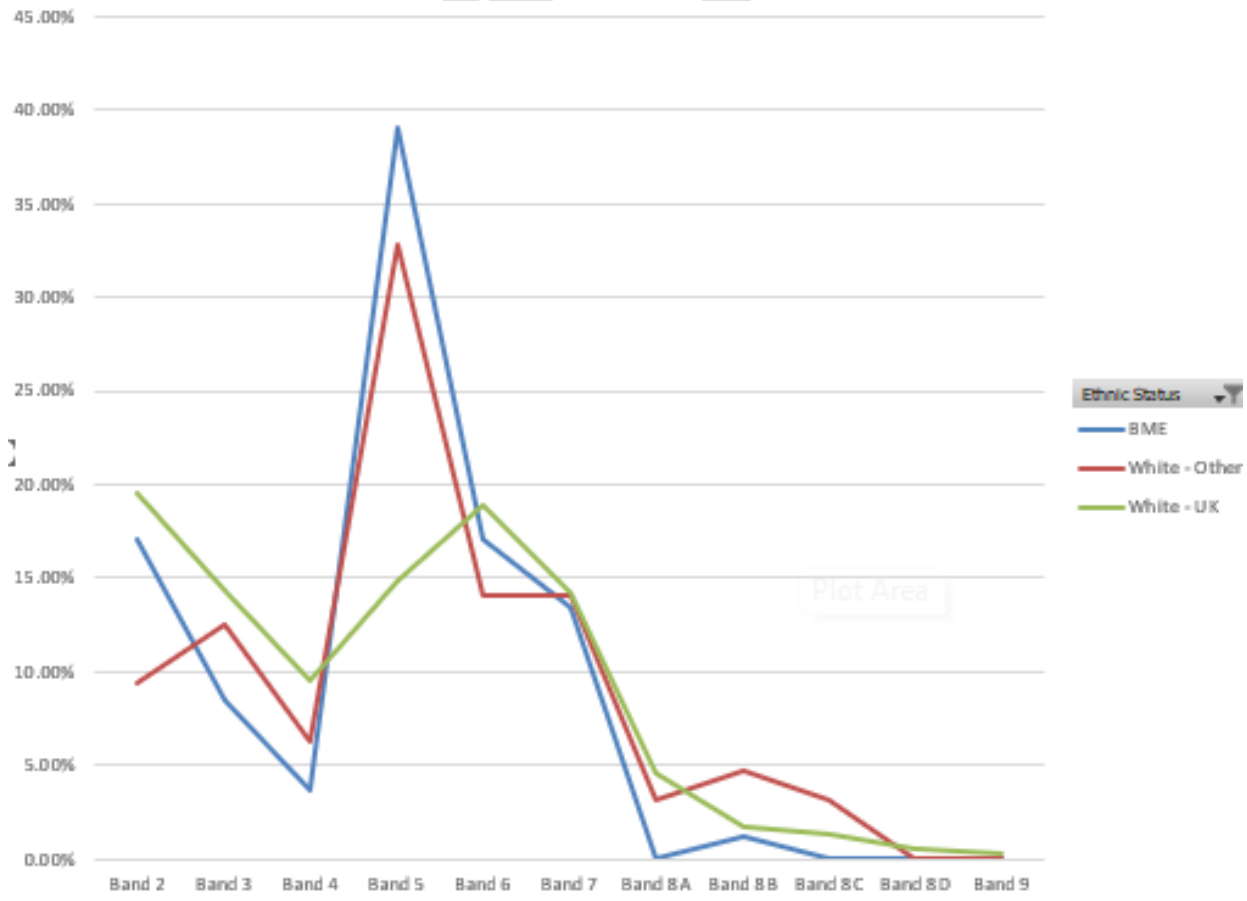
There is no statutory requirement to report on ethnicity and pay. However, PTHB has committed to reporting this voluntarily as per our local Anti-Racist Action Plan (see above).

Ethnicity	Avg. Hourly Rate
White - UK	20.141686
White - Other	22.088326
Non-White	23.552724

Out of a total of 2,605 staff, 2,281 described their Ethnic Group as White and 86 as a non-White group; a further 228 are unknown (either because they have not filled in the form, or because they chose not to provide this information).

With the unknowns removed, this shows that **4.04%** of the staff body are from minority ethnic groups, with the remainder being white.

These groups break down by pay grade as follows:



Graph shows the proportion of White versus Minority Ethnic staff at each AFC Pay Band, as a % of the total of White or Minority Ethnic staff.

As shown in the above graph, minority ethnic staff are more likely than their white peers to be in Band 5, and less likely to be in other pay grades.

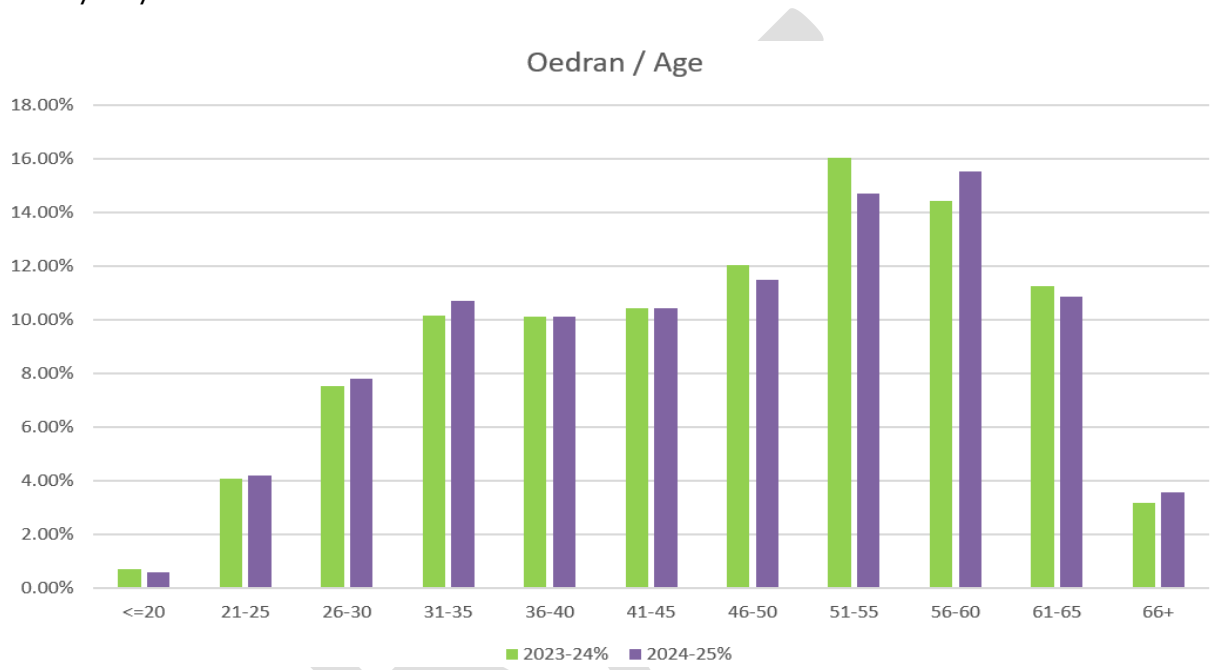
Close analysis of workforce data undertaken during this financial year found that BME staff are very unevenly distributed throughout the workforce, being concentrated in particular fields and staff groups.

Appendix C: Workforce Data

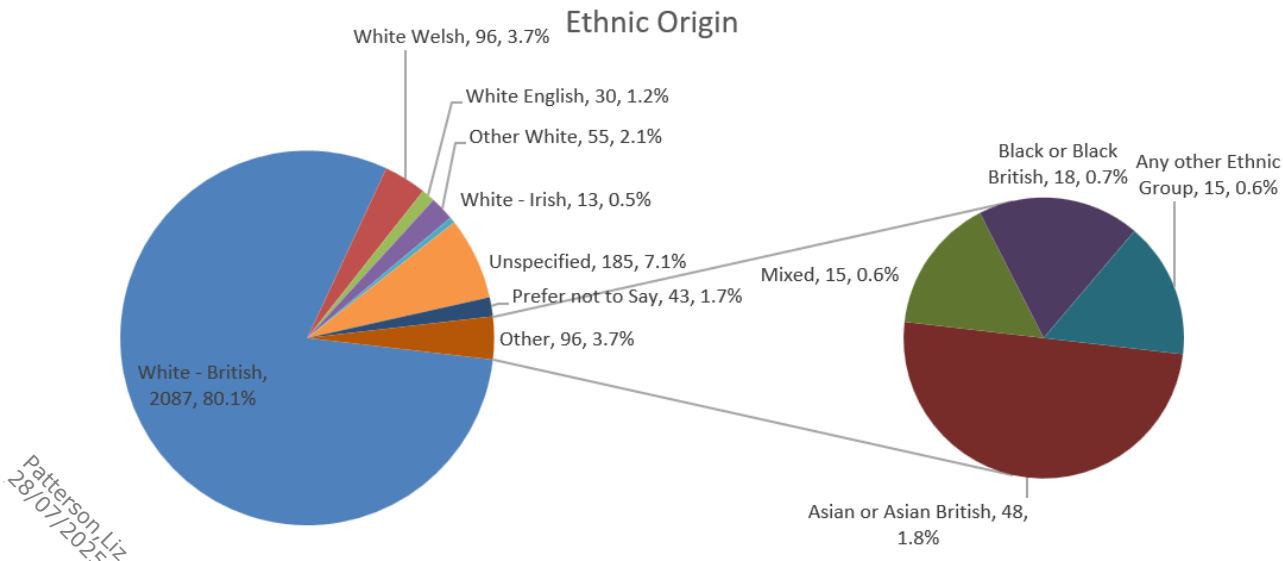
Note: All the information in this section reflects the situation as of 31st March 2025.

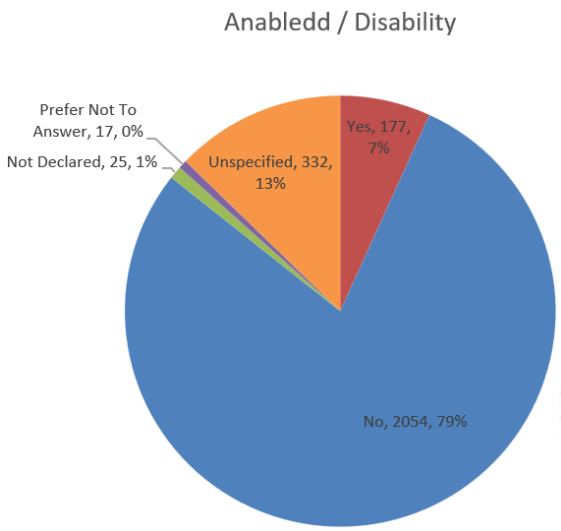
Powys Teaching Health Board employs 2,605 substantive individual members of staff, an increase from 2,522 in 2024, continuing a trend of gradual increase of over the last few years. In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

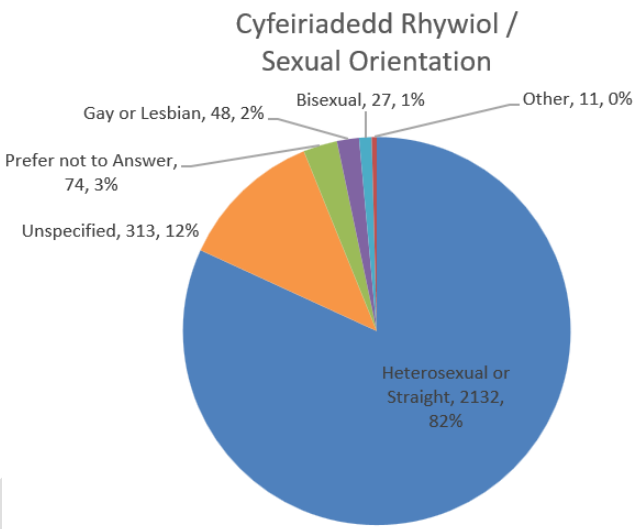
Some small groups may be merged or hidden in the following graphs to preserve anonymity.



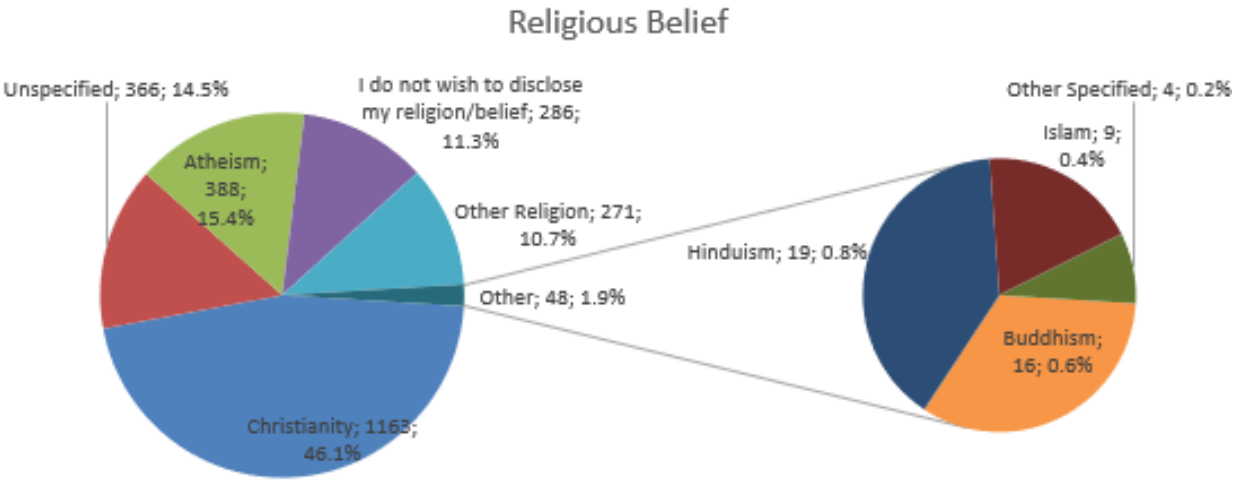
A comparative increase in the proportion of staff in some of the oldest categories has been offset by a promising increase in staff in some of the youngest categories.

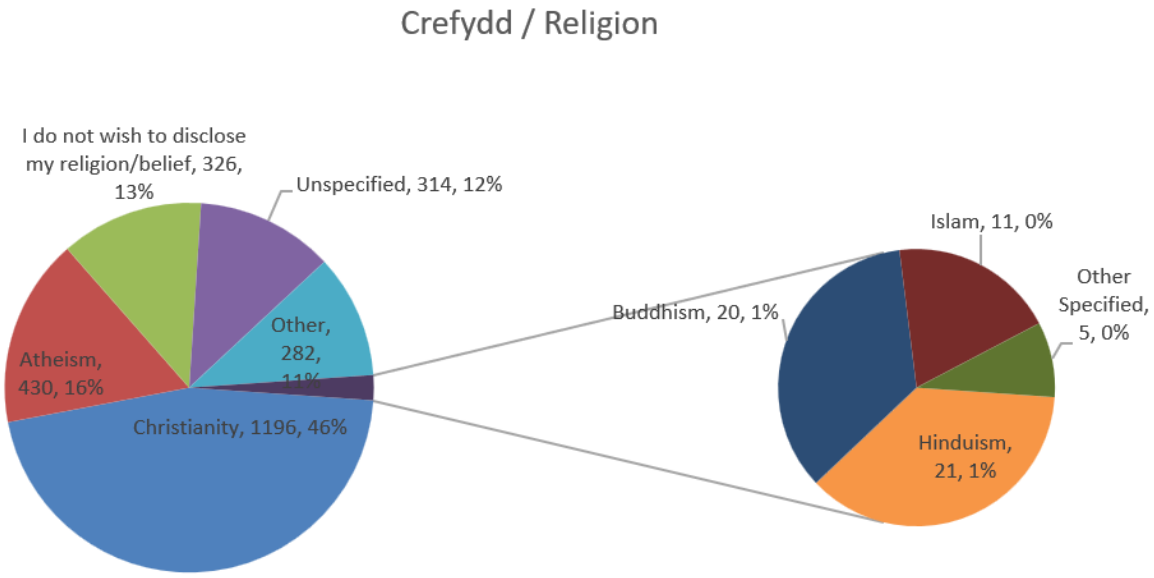






NB: In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* and *Prefer not to answer* are separate form options for disability.





In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion from among the options, but too few individuals chose these religions, and to preserve anonymity these groups have been merged. The other specific options on the form are Jainism, Judaism and Sikhism.

Compared to last year, there has been a further decrease in the number and percentage of "unspecified" returns in all categories:

Category	2023-24		2024-25	
Ethnic Origin	199	7.9%	185	7.1%
Disability	413	16%	332	12.7%
Sexual Orientation	362	14.5%	313	12.0%
Religious Belief	366	14.5%	314	12.1%

This is likely due to ongoing efforts during the year to increase data completion rates undertaken as part of the Anti-Racist action plan. Although these efforts were targeted those whose ethnicity was unspecified, it is likely at least these individuals would have had other data missing also and would then have filled all missing data fields. The fact the rate is lowest for ethnicity may suggest some participants updated only this field, though may also suggest that people feel happier disclosing their ethnicity rather than the "hidden" attributes of disability, sexual orientation and religious belief.

Note on Data:
Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data itself is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh/English/Scottish' is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information.

BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 21 MAY 2025 AT 09:30

HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Michelle Kirkham	MK	Professional Head of Radiotherapy (Item 1.4)
Mark McIntyre	MM	Deputy Director People and Culture (Item 3.5)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Adam Pearce	AP	Service Lead for Welsh Language and Equalities (Item 3.6)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)

Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/001)

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

1.2 DECLARATIONS OF INTEREST (PTHB/25/002)

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

1.3 BOARD ACTION LOG (PTHB/25/003)

The action log was presented, and it was noted the following:

PTHB/24/131: Peoples Experience Framework to be brought to future Board for discussion. This continues to be a risk that has not been delivered to the original timescale and requested a new timescale of September 2025. It was noted that the national framework had now been received and was being developed and this is being closely monitored by the Patient Experience, Quality and Safety Committee.

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

1.4 STAFF AND PATIENT EXPERIENCE STORY (PTHB/25/004)

CM introduced the item and Michelle Kirkham, Professional Head of Radiography, presented to the Board an overview of the rationale and strategic objectives of the Capital Equipment Replacement Programme of radiology equipment at sites across the County.

CC expressed his gratitude to MK for sharing the update on the programme in a meaningful and encouraging way with the Board. CM advised that this is the beginning of the journey in the Radiology team and a further project will be undertaken to replace the software with a further update presented to the Board on that work as it progresses.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/005)

CC advised that no questions from the public had been received.

1.6 UPDATES FROM: (PTHB/25/006)

REPORT FROM THE CHAIR

CC presented the report and drew attention to the following matters:

- Recruitment is underway for the Executive Director of Nursing, Quality, Women and Family Health role.
- As part of accountability arrangements, CC has recently completed his own appraisal with the Cabinet Secretary with objectives set which will be

reflected in the objectives agreed with Independent Member colleagues and the Chief Executive.

CC invited any questions.

Regarding the Ministerial Advisory Group (MAG), are there confirmed timescales in place in order for the Board to understand the consequences for this Health Board?

HT advised that the Chair and herself had attended the launch event and emphasised the need to implement recommendations swiftly, with many set within a three-month timeline. Updates on the Annual Plan will incorporate responses to these additional recommendations ensuring their impact on delivery is addressed. Progress and assurance updates will be brought to the relevant Committee and Board.

REPORT FROM THE VICE CHAIR

KWi presented the report and invited any questions.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and drew attention to the following matters:

- The outcome from the Judicial Review for the Emergency Medical Retrieval and Transfer Service (EMRTS) is still awaited. This will be reported to Board when received.
- Drew the Board's attention to the launch of the work being undertaken by Hywel Dda University Health Board, which is due to start later this month, with regards to services to communities of Powys served by Bronglais Hospital, Aberystwyth. HT will ensure the consultation and response to the proposed changes are brought back to the Board.
- Staff have recently had the opportunity to nominate for the Staff Excellence Awards and the announcement of the shortlisted finalists is imminent.
- The Waiting Well Service team had been recognised at the National 3Ps Awards; where the team were highly commended for Patient Focus.
- Wished good luck to the Dental Service who have been shortlisted for the UK antibiotic guardian awards for their work in Antimicrobial Prescribing in Dental Practice.

HT invited any questions.

Following the recent Exercises Solaris, are there any lessons learnt coming through from the National Covid Inquiry that can be drawn upon and shared more widely?

MB responded that Powys Partners recently participated in the All-Wales Exercise Solaris, which was at Local Resilience Forum level and aimed at refining pandemic planning ahead of a larger UK-wide exercise in the autumn. The exercise provided valuable insights, informing updates to internal plans and regional strategies. The lessons learnt will be incorporated into a forthcoming session report, which will support further revisions to regional planning in preparation for the next exercise. HT further assured that national responses had also been undertaken and the Health Board had participated in that work with colleagues across Wales and Welsh Government (WG), including Public Health Wales.

The Board **RECEIVED** and **NOTED** the Reports of the Chair, Vice Chair and Chief Executive.

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/007)

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 13 May 2025. Attention was drawn to the following matters:

- The Draft Accountability Report and Financial Statement for 2024/25 had been received.
- The Draft Head of Internal Audit Opinion had been received.
- The Committee considered the 2024/25 Structured Assessment work undertaken by Audit Wales.
- A helpful update from the Counter Fraud Services had been received and the Committee considered the Annual Report.
- Terms of Reference for the Committee had been slightly revised.

Charitable Funds Committee

CC presented the item which provided an overview of matters considered by the Committee on 17 March 2025.

Delivery and Performance Committee

HB, in RA's absence, presented the item which provided an overview of matters considered by the Committee on the 01 May 2025. Attention was drawn to the following matters:

- The Committee had received a position update on the NHS Escalation.
- The 2024/25 Quarter 4 Annual Delivery Report; the month 12 Financial Report, the Health and Safety Annual Report had been received and the Committee scrutinised and sought assurance on those.
- The Committee considered an In-Reach fragility paper, in regard to drug accreditation linked to endoscopy. This is an ongoing area that the Committee are seeking assurance on closely.
- The Committee has been renamed 'Finance and Performance Committee'.

Patient Experience Quality and Safety Committee

KWi presented the item which provided an overview of matters considered by the Committee on the 29 April 2025. Attention was drawn to the following matters:

- The Committee heard from mental health colleagues on their experience of being in an escalated service and whether there were any lessons that could be learnt in developing the system going forward. The Committee will look at post-escalation performance later in the year.
- Noted the good progress made in the neurodevelopment services, which has been escalated to level 3 using internal mechanisms. Utilising the additional investment from WG has seen the elimination of the internal waiting list. A patient story around neurodiversity services was received and it was recognised that further improvements are still needed. The Committee will continue to monitor performance.
- The People Experience Framework from WG has now been received and there are considerable implications for this organisation that staff are working through.
- The Improvement Plan for Infection, Prevention and Control has been delivered, and the Committee took assurance that the plan has been

implemented and is effective. This item will be taken off the alert section of the Committee report. KWi expressed her gratitude to all those in delivering that Improvement Plan.

KWi invited any questions.

What further assurance could be given to the population of Powys on the improvements likely to be seen for patients in relation to neurodiversity?

KWi and CR noted that the internal waiting list has been cleared which allows referrals to be processed in date order. However, a key concern raised by parents in patient experience discussions was poor communication, particularly regarding their child's position on the list. It was noted that two parent-led groups have been established to produce and design services, ensuring greater involvement with efforts made to strengthen communication. The service continues to refine its model to reduce waiting times whilst also ensuring high quality referrals and swift decision making. The collaborative work with Powys County Council was noted, which will help identify alternative services for children when the Neurodevelopmental pathway is not appropriate. CR advised that operational improvements have focused on increasing efficiency, maximising clinical opportunities and enhanced multidisciplinary team arrangements. Over the past eight months, more than 500 children have been seen, which has helped to enable timely care for new referrals. The next step will be to undertake broader transformation within the service.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 19 May 2025 and advised that the report will be received at the next Board meeting.

Workforce and Culture Committee

JOA presented the item which provided an overview of matters considered by the Committee on the 13 March 2025. Attention was drawn to the following matters:

- The Committee has been re-named People and Culture Committee.
- The Committee is monitoring closely the potential risk of the Regional Investment Funding; given that the funding stream is under review.
- The good work across the workstreams and progress in relation to workforce performance was pleasing to note.
- Powys had a 30% response rate in the NHS Staff Survey and noted that Powys performs higher than the NHS Wales average.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 19 March, 2 April, 16 April, 23 April, 30 April and 7 May 2025. Attention was drawn to the following matters:

- The Committee had received a Digital First Assurance report that had identified a risk in the replacement of the WCCIS System. The Executive Committee and Finance and Performance Committee will receive further detail, assurance and action plan to address issues.
- The Committee had received an internal debrief on the response to Storm Darragh; where 15 recommendations have been identified to strengthen the approach for any similar incidents in the future.

- An update on the Overseas Nursing Programme had been received; whilst this has been a successful programme for the Health Board and addresses staffing challenges, HT highlighted the particular risk for Powys being able to identify appropriate accommodation requirements which continues to be an area of focus and concern.
- HT provided assurance to the Board that the business case to address capacity issues of Mental Capacity Act/Deprivation of Liberty Safeguards had subsequently been received and approved by the Committee.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

2. CONSENT AGENDA BUSINESS

There were no requests to consider any items from the Consent Agenda.

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 ANNUAL DELIVERY PLAN 2025/26 (PTHB/25/008)

NJ presented the Board with the key action areas of the Annual Delivery Plan 2025-26, approved at the 26 March 2025 meeting; focussing on risk, recovery and sustainability. The plan outlined critical actions to enhance financial stability and an extensive transformation portfolio. Although not initially supported by WG, refined options will be addressed in the next financial plan report. It was noted that an Accountable Officer letter had been submitted detailing progress and reinforced the importance of delivering the Board approved plan covering transformation, change, and financial priorities. NJ advised that quarterly reporting and change control mechanisms will ensure agility in adapting to strategic objectives. The plan was assessed with high/medium confidence, with some areas of lower confidence depending on external factors. HT emphasised the need to prioritise the lower confidence areas and address interdependencies and noted that further discussions are planned to improve delivery confidence. Given the pressures facing the Health Board the risks to delivery will be monitored throughout the year with further Board engagement if challenges arise. The Board is reminded of the substantial work that remains to ensure its successful implementation.

10.55 – SW left meeting

Independent Members asked the following questions for assurance:

Does the plan include sufficient detail (such as timescales and metrics) to assess impact and delivery?
Would it be helpful to highlight deferred actions from the 2024/25 outturn and clarify how actions carried forward are being assigned?

NJ confirmed that feedback will be shared with the team and highlighted the alignment between directorate work plans and the Integrated Quality and Performance framework which is monitored through the Integrated Quality and Performance Group meetings to ensure detail scrutiny. It was noted that planning and performance frameworks remain part of the same cycle. NJ advised that lessons from last year's plan have been incorporated with actions adapted as opposed to being carried forward to avoid rolling delays. The request to highlight and track actions for the Board will be taken forward and added to the Board action log.

Action: Executive Director Planning, Performance and Commissioning.

What actions are being taken to mitigate the risks associated with the mental health critical action, given the number of areas with low deliverable confidence?
NJ explained that the Better Together Portfolio has been developing, and prioritisation and refinement is ongoing. Mental health aspects are being worked on and are expected in the Quarter 1 report. EL emphasised that since coming out of local escalation, the position has strengthened with a clearer line of sight on risks. As a result, delivery confidence has improved.

Why has the increased recruitment to the Bank under Workforce Futures been scheduled for Q4, given the priority of reducing agency spend?
DWL assured that this is an item of ongoing activity for the full year, through to Q4, due to its importance and underpinning activity to reduce agency spend where possible.

Can alignment between this delivery plan and the Health Board's improvement plan for L4 escalation status be confirmed ensuring that one supports the other?
NJ assured that the annual plan aligned with the escalation criteria, with no new actions currently required and that the plan is continually reviewed and reported on, ensuring agility to adapt to any changes in direction from WG throughout the year.

What process or criteria is in place to determine what a critical action is?
NJ advised of the quality decision making process in determining critical actions; an all-executive discussion helped shape the approach with strategic risk work informing future priorities. In the recovery space, discussions are ongoing with Board and WG whilst acknowledging the need to be sustainable and transform for the longer-term.

There is a low-level assurance for Trusted Assessors. How can the Health Board work with partners to implement a Trusted Assessor model to address assessment delays, given their impact on patient experience, quality and financial pressures?
NJ confirmed the ongoing alignment of plans. EL referred to the significant improvements in the Trusted Assessor model (with assessment delays reduced by 54%). The model is working effectively at Cottage View, Knighton noting that a formal evaluation is still in progress. Efforts are underway to assess its integration with the local authority and share best practice. EL noted that challenges remain but the goal is to improve confidence from low to medium. Board will be kept updated through quarterly reports.

HT summarised the discussion noting the connection between the delivery plan and performance trajectories, ensuring clear impact assessment. Carried-forward actions will be summarised in the next report. Some critical actions must be delivered this year, though priorities may shift as the Level 4 escalation process develops. At Quarter 1 no changes have been made, but the Board must remain responsive to emerging priorities. Reporting will clearly distinguish issues beyond the Board's influence or control.

The Board **NOTED** the report and took **ASSURANCE** that this forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan.

4.2 FINANCIAL PERFORMANCE: MONTH 01 – 2025/26 (PTHB/25/009)

PH updated the Board on the financial performance report and brought the following key items to the Board's attention:

- Noted this is a summary report due to data availability.
- The Annual Plan submitted to WG was for a £38.4m deficit with an ambition to reduce this to a £16m deficit
- As at month 01, there is an overspend of £3.4m, against the planned year to date deficit of £3.2m giving an operational overspend of £0.2m.
- The main areas of expenditure and control focus are on providers and spend in variable pay, private providers and continuing health care.
- Continue to see system pressure in delayed transfers of care.
- £9.5m savings identified against the savings target of £11m.
- Further emerging pressures in relation to mental health provider expenditure of £2m are occurring but mitigating actions of £2m have been identified.
- Current forecast against further actions identified is £10.1m, with further potential improvement actions identified around variable pay and delayed transfers of care with reduced length of stay. These further actions and figures are being finalised with a potential benefit of £3.7m.
- Current forecast year end position (noting the potential risk of those areas) changes from a deficit of £28.3m, to a deficit of £24.6m.Further actions are needed to reduce the budget forecast gap and improve the financial position.

Independent Members asked the following questions for assurance:

What process will Executive Directors follow to identify further actions to reduce the deficit to £16m and how is progress being monitored is this through the Executive Committee or other mechanisms?
PH outlined the approach to improving financial position and reducing expenditure while maintaining performance and meeting Cabinet Secretary priorities. This process operates across all levels and is monitored via the Executive Committee, Committees and the monthly financial reports to the Board.

NJ stated that commissioning decisions were refined to align with Cabinet Secretary priorities announced on the 07 April, focusing on reducing waiting volumes. The modelling ensures alignment with NHS performance measures, mitigating risks of additional provider costs and reducing patient harm.

Is the underspend in Continuing Health Care and Funded Nursing Care a temporary timing issue, or does it indicate a positive upward trend? What progress has been made in this area?
PH noted that some areas of improvement have been seen, but there is still some way to go. EL advised that there is an improvement programme and significant work is taking place but it is too early to draw conclusions and the Board would be updated in due course.

HT summarised the ongoing discussions with budget holders to meet the substantial financial gap and ensuring options are developed to meet the £16m target. There is regular reporting to the Finance and Performance Committee and Board will have oversight. HT noted that as part of the Targeted Intervention support, WG has requested an external review to stress-test the plan and

arrangements and identify any further opportunities for improvement. CC acknowledged the shared concern over financial slippage but also emphasised the shared ownership and reiterated the importance of timely decisions to maximise impact throughout the financial year and shape the Health Board's strategic direction.

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

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/010)
3.3.1 COMMITTEE TERMS OF REFERENCE
3.3.2 POLICIES AND WRITTEN CONTROL DOCUMENTS

HB presented the report to the Board and brought key items to the Board's attention:

- No In-Committee meetings had been held since the last meeting on the 26 March 2025.
- The affixing of the Common Seal has been applied on one occasion.
- The Consent Agenda protocol has been reviewed and recommended to Board for approval.
- A protocol has been developed to guide how the Board and its Committees determine in-Committee agenda items; the Chair's Forum have reviewed the protocol.
- The Board's annual work programme has been developed taking into account the Board's Standing Orders and Scheme of delegation; the strategic and relevant matters identified by the Executive team and Committee Chairs and annual requirements. The work programme will be continued to be monitored.
- HB advised that the Terms of Reference and update for the Health Care Professionals Forum will be reported to the Board in July.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the application of the Common Seal applied on one occasion since 26 March 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- Took **ASSURANCE** the Board and Committee Effectiveness reviews have been undertaken for 2024/25;
- **APPROVED** the Consent Agenda Protocol;
- **APPROVED** the Protocol for In-Committee meetings;
- **APPROVED** the Boards annual work programme for 2025/26 noting it will change according to business need throughout the year.

HB presented the Board Committee Terms of Reference report for the Board to consider and approve the proposed revisions to the Terms of Reference of Board's Committees. HB drew attention to the following:

- Some areas of work are suggested to report to an alternative Committee.
- Delivery and Performance Committee to be renamed to Finance and Performance Committee. The Corporate Governance team will ensure the amount of time available for scrutiny, particularly in respect of financial performance, is made available.

- The Policy for Written Control Documents is for the Board's consideration and noted that compliance will be monitored by the Executive Committee and assurance brought to Board.

The Board:

- **NOTED** that all Committees have reviewed and endorsed the proposed amendments as referenced above (with the exception of the Planning, Partnerships and Population Health Committee who meet on the 19 May 2025), and
- **RECEIVED** and **APPROVED** the proposed revisions to the Terms of Reference.
- **APPROVED** the Management of Policies and Other Written Control Documents.

3.4 STRATEGIC RISK AND RISK APPETITE STATEMENT (PTHB/25/011)

HB presented the Board with the proposed risks for the constitution of the Strategic Risk Register and outlined the proposed revisions to the Board's risk appetite statement. HB advised there is a section included within the report on the previous corporate risk register and tracking of associated actions and risks to ensure none are overlooked. A recommendation is included regarding the previous corporate risks, with options to de-escalate, maintain or further assess, requiring agreement from the Board. The Board risk appetite has been reviewed collectively, and the framework serves as a guide for balanced decision making. A constructive discussion had taken place in April, highlighting key areas for consideration and change: Performance and Service Sustainability; Financial Sustainability and Innovation and Strategic Change. HB advised that the discussions held in Board Development Workshops had been incorporated into the paper in a balanced manner.

Independent Members asked the following questions for assurance:

Is it appropriate to move to a minimal risk appetite for financial sustainability; as a similar approach for the Health Board's risk appetite towards quality?
KW advised quality is a key priority, with appetite for risk very low. Quality service will deliver efficiency and there is a constant balance on quality and finance.

What is the rationale for de-escalating the cyber attack risk? Has there been a cross-checking exercise?
HB welcomed the discussion and questioned whether "de-escalate" is the right term, suggesting "repositioning" may be more appropriate. Cyber security is considered an operational risk but remains part of the broader strategic digital risk owned by the Board. Risk owners are expected to be Executive colleagues, guided by the Board, with accountability for delivering actions aligned with governance frameworks such as the Orange Book and Audit/Treasury guidance. HB noted the need to ensure accurate reflection and ongoing development, with plans to bring the detailed proposal back to the Board. The proposed approach could serve as a working basis for further refinement and development. CM responded from a digital perspective that consideration is being given to having an over-arching Public Emergency type risk and Executive colleagues will reflect on the discussion.

It was agreed that the Executive Committee and Audit Risk and Assurance Committee would further discuss the financial sustainability risk appetite categorisation and the reflection and assessment on the cyber security risk, before finalising the detail for approval.
Action: Director of Corporate Governance

The Board:

- **RECEIVED** and **APPROVED** the newly developed strategic risks descriptors included at Appendix 1 and took **ASSURANCE** that it is a complete and a true reflection of the Health Board's current strategic risks, noting further consideration would be given to the placement of the financial sustainability and cyber/digital risks
- **RECEIVED** and **APPROVED** the recommendations regarding the actions to close the previous Corporate Risk register and took **ASSURANCE** that the risks contained in the previous risk register will be appropriately managed going forward.
- **RECEIVED** the revised Board's risk appetite statement which would be subject to further review in relation to financial sustainability.

3.2 INTEGRATED QUALITY AND PERFORMANCE FRAMEWORK (PTHB/25/012)

NJ presented the annual review of the Integrated Quality and Performance Framework (IQPF) which had been approved by the Executive Committee on the 14 May. The revised framework included learning from the first round of Integrated Quality and Performance (IQPG) meetings; strengthening of the arrangements for performance management, monitoring and oversight of commissioned services; and increased focus on quality monitoring. The report references the Strategic Commissioning Framework that is being developed building on the previous framework ensuring that is current and will be brought to the Executive Committee in June and onto Board.

CR advised that this updated framework clearly demonstrates how the organisation fulfils their duty of quality control and improvement. The guiding principles convey that the organisation is quality led in terms of culture of improvement of innovation and promoting excellence and quality. There is a focus on transparency and accountability.

Independent Members asked the following questions for assurance:

Is there a dis-connect between the golden thread of quality and safety in the framework and what is monitored via the Integrated Quality and Performance report where there are only a few quality measures monitored? What is the monitoring ambition for the next iteration of the framework?
NJ highlighted that the majority of the Integrated Quality and Performance report is based on national measures dictated by WG and a balanced scorecard approach is used. NJ noted that CR is looking at local measures and local reporting. CR acknowledged the challenge in measuring qualitative data and that ongoing maturity in this area is expected. KW stressed that outcomes are important and should be the focus moving forward. NJ noted the need to integrate the outcomes framework into commissioning processes. NJ will request that the Patient Experience, Quality and Safety Committee receive a report that aligns the

Integrated Quality report and the outcomes to ensure it is fully aligned and equally visible. A brief discussion took place around how the Board remain sighted on this. NJ and HB will review to ensure the Board receive an update on the progress of the work at a relevant point; noting that reports will go through to Finance and Performance and Patient Experience, Quality and Safety Committees.
Action: Director of Corporate Governance and Executive Director Planning, Performance and Commissioning.

The Board **APPROVED** the updated Integrated Quality and Performance Framework for implementation within the Health Board.

3.5 HEALTH AND SAFETY ANNUAL REPORT (PTHB/25/013)

DWL presented the Health and Safety Annual Report. MM brought the below key items to the Board's attention:

- Audit Report Outcome – one outstanding recommendation remains which links to the Health and Safety policy. DWL advised that work is underway to refine governance arrangements which will be incorporated into revised policy and training requirements adjusted to ensure proportionality. It is aimed to comple this work by the end of quarter one.
- There have been no Health and Safety Executive (HSE) interventions.
- There has been some increase in RIDDOR reportable incidents but there are no apparent patterns to this increase.
- A reduction in incidents in relation to physical contact has been recorded, however, there has been an increase in overall incidents; which will be an area of focus in the coming year.
- Training: overall compliance remains relatively stable throughout the year. There has been a slight decline in compliance levels for Prevention and Management of Violence and Agression training which will be addressed via targeted engagement during 2025/26.

Independent Members asked the following questions for assurance:

How does the Health Board ensure staff are aware of ongoing compliance and training requirements, and how are staff actively encouraged to complete necessary training to provide assurance to the public?
MM advised that compliance is closely monitored and reviewed monthly with regular engagement between services and frontline managers to ensure necessary renewals. Toolbox talks are used to disseminate key information to staff and improve understanding. Efforts focus on a proportionate and risk-aligned approach to formalised health and safety training, ensuring targeted compliance.

Were the 70 reported incidents of violence and aggression primarily within inpatient clinical areas, or did they occur in home and community settings? What support is provided to affected staff?
MM advised that there is growing evidence that incidents are occurring across a broader range of service areas and not just within mental health services. Whilst incidents still predominantly occur in physical hospital sites the trend suggests a wider impact across the NHS. Work is underway to enhance data analysis to guide targeted interventions. MM noted that WG have established a Workforce Safety Board and that the Health Board remains engaged with the initiative while continuing local proactive measures.

The Board **APPROVED** the Health and Safety Annual Report.

3.6 WELSH LANGUAGE ANNUAL REPORT (PTHB/25/014)

DWL presented the report to the Board and drew attention to the following matters:

- Increased translation activity.
- An increase in Welsh language awareness training provided to staff with 38 individuals completing some form of Welsh language training.
- As part of increasing the active offer; 77 Welsh language lanyards have been issued; are continuing to promote the use of badges and have publicised a logo for use on uniforms.

Independent Members asked the following question for assurance:

Have any of the Overseas Recruited Nurses accessed the Welsh language training?
AP confirmed that the training is open to all staff, regardless of role, but was not aware if any of the Overseas Nurses had taken up the training offer.

The Board **APPROVED** the Welsh Language Standards Annual Monitoring Report. The report will be made available in both Welsh and English and made available to the public by publishing on the Health Board's website.

3.7 MINUTES OF PREVIOUS MEETING HELD ON 26 MARCH 2025 (PTHB/25/015)

The minutes of the meeting held on the 26 March 2025 were **AGREED** as an accurate record.

4. ITEMS FOR BOARD ASSURANCE

4.1 ESCALATION AND INTERVENTION STATUS: LEVEL 4 (PTHB/25/016)

HT presented the Welsh Government escalation and intervention arrangements update to the Board, noting that the Health Board status increased from Enhanced Monitoring (Level 3) for Finance, Strategy to Targeted Intervention for the same domain on the 05 November 2024, remaining in routine monitoring for all other domains.
HT took Board members through the roles and responsibilities relating to Level 4 escalation. At Level 4, Welsh Governments (WG) role increases beyond oversight to include offering support, mentoring, expert advice and review due to serious concerns, particularly around the organisation's finance strategy and planning.

Key points included:

- WG acting as a 'critical friend' providing benchmarking and encouraging shared approaches across NHS Wales.
- The NHS Executive also contributes targeted support especially in finance and planning.
- A Senior Responsible Officer (SRO), NJ, has been appointed to co-ordinate efforts.
- Clear governance structures and board-level oversight are being implemented.
- The Health Board must create a Level 4 action plan, provide quarterly progress updates and demonstrate improvement against the escalation issues.

HT outlined the de-escalation criteria from Level 4 whereby the Health Board must meet all formal criteria across strategy, planning and finance:

- Submit a balanced and credible 3-year medium-term plan or an acceptable annual plan aligned with the planning framework.
- Demonstrate Board clarity on the organisation's strategic vision.
- Show a clear roadmap and implementation of the Clinical Services Plan.
- Provide evidence of maturity in planning through self-assessment and W G confidence.
- Deliver on the Health Board plan, especially ministerial priorities and national expectations.
- Ensure strong financial governance and controls are in place.
- Make substantial progress on the Level 4 action plan particularly in understanding the deficit and identifying improvement opportunities.
- Secure board-approved annual plans with a clear trajectory for financial improvement.
- Meeting WGs set control total of at least £12m in financial improvement.

HT advised that WG have asked for the Health Board to procure an additional independent review to stress test the Health Board's plans and arrangements: ensuring contracts are monitored within available resources; developing sustainable improvement plans to address a key financial pressure; strengthening capability to deliver sustainable services and financial improvements and ensuring audit expertise is aligned to key de-escalation criteria.

HT concluded that the Health Board is committed to full Board ownership and delivery against the Level 4 de-escalation criteria through its in-year annual plan. Progress on the Better Together transformation programme will be essential particularly in building long-term financial sustainability through strong engagement with staff, partners and public. Internally, there is a clear focus on ensuring organisational awareness and involvement including enhanced oversight, audit actions and targeted escalation groups. Collaboration with local authorities and neighbouring health boards will be critical to success.

Independent Members asked the following questions for assurance:

- *Has WG set any specific timeline for meeting the de-escalation criteria?*
- *How is the Executive Committee managing the additional capacity demands, especially with NJ as SRO?*
- *Are there active conversations with other health boards in similar positions to share lessons and approaches to managing escalation?*
- *Beyond governance arrangements are there specific examples of improvements the Health Board can adopt from other boards' experiences?*
- *Does the de-escalation criterion suggesting a need for Board clarity on strategic vision imply a gap in understanding or a difficulty in delivering the vision within available resources?*
- *How should the organisation manage the tension between resource-constrained commissioning and the pressure to meet ministerial targets such as reducing waiting lists?*

HT explained that whilst the original financial plan was developed there is now a clear gap between that and WGs expectation for a faster pace towards financial balance. It was noted that capacity remains a challenge as this escalation is regulator driven and must be absorbed by the organisation. The independent review is seen as a

constructive tool to help identify further actions and provide assurance. Learning from other health boards is beginning with shared insights at Chief Executive, finance, governance and planning levels, especially through the WG led Value and Sustainability Board focusing on cost drivers across NHS Wales. The organisation's strategic vision (in place to 2027) remains valid. Finding the right balance between financial recovery and maintaining standards in performance, outcomes, leadership and governance is a priority, with the Board focused on avoiding further escalation in those areas.

Is there a process in place to identify and consider potential areas for disinvestment, where services may not be delivering appropriate outcomes, alongside the work of the Investment and Benefits Group?
HT advised that the Investment and Benefits Group are reviewing investments and the benefits and outcomes. Initial discussions are taking place around non-essential services but further work is needed and assurance will be brought to the Board on this work.

Can assurance be provided that the Health Board is engaging with the Local Authority on Continuing Health Care? Will there be crossover or shared learning between the Health Board's independent review and the recent review undertaken by the Local Authority?
HT advised that shared learning and actions will be key for both organisations, which will be discussed in the Joint Leadership Team space.

When referring to audit expertise is this in relation to a need for additional audit capacity or is there a concern about the current level of internal audit robustness?
HT advised that there had been awareness of the de-escalation criteria areas when the Internal Audit Plan was set, so it does cover some of the areas. Further discussion will take place with Audit, Risk and Assurance Committee members and WG on whether it is considered adequate or requires further targeted audit activity as part of Targeted Intervention.

What are the likely implications of this work for the population of Powys; and how can they be involved in supporting this agenda going forward?
HT stated that there is a commitment within the Better Together programme to undertake engagement with the Powys population, to allow involvement in the scale of the challenge and choices for the future.

The Board:

- **RECEIVED** the report
- **NOTED** the escalation framework in place (appendix 1).
- Took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees).
- **APPROVED** the governance arrangements in place to support escalation status (slide 8).
- **NOTED** the procurement specification for external support will be approved by the Chair and Chief Executive.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25: MONTH 12 (PTHB/25/017)

NJ presented the Integrated Quality and Performance Report providing an update on the latest available performance position up until the end of March 2025 (month 12) and drew attention to the following matters:

- Referral to treatment compliance remains positive meeting the 104-week waits.
- Therapies waits remain robust with no patient pathways waiting longer than 14 weeks.
- All measures for children and young people mental health and urgent emergency care measures relating to MIU units remain good.
- Diagnostics compliance: there continues to be a small number breaching. An improvement plan is in place and will be reporting against that trajectory going forward.
- Adult MH measures: there has been volatility throughout year due to small teams but there is general improvement, and mitigating actions are detailed within the report.
- The escalation process has been tested with mental health throughout the year, with significant improvements.
- Children and young people neurodevelopment remains in escalation with further to go to achieve sustainability. There are a number of improvements recorded including the eradication of internal waiting list and no over 104-week waits.
- Commissioned services in NHS Wales: improvement seen for patients waiting for secondary and tertiary care. Waiting times falling in other health boards.This remains a Cabinet Secretary priority and expect to see further improvement for Powys patients in line with that.
- Differential of NHS Wales and NHS England is outlined in the report. There had been 39 long waits (at 104 weeks) in Robert Jones Agnes Hunt hospital. The Health Board remain in close discussion with providers.

Independent Members asked the following questions for assurance:

In relation to colonoscopy, given the unavailability of the in-reach consultant, will the joint Band 7 practitioner have the desired impact?
EL noted the challenges that exist in the in-reach services, with work continuing to stabilise the provision. Whilst there is no finalised position as yet, the fragilities are acknowledged. EL noted that a new staff member will make a difference but stabilisation remains necessary; and should improvements not be seen the issue will be escalated through reporting and rapid changes implemented as required.

The challenges of the in-reach service continues to be an issue. What can be done differently in this area to get a different result? What is the level of confidence going into the new financial year that there will be more stability in the Adult Mental Health service and moving towards improved compliance with targets? From a patient experience perspective, is this the best model and when will a positive impact be seen?
KW advised that a key appointment, Assistant Medical Director Steve Edwards, will focus on clinical pathways, quality and outcomes, with active efforts to drive effective change despite capacity constraints in other health boards. KW noted the importance of working within the areas that can be influenced. NJ stated that the

Planned Care and Diagnostics Care Board is assessing priorities and different models, potentially involving strategic partnerships, insourcing or outsourcing, with insourcing proving particularly valuable for children's neurodevelopment services. A systematic review of these approaches is planned for the second half of the year. EL highlighted the strong performance of Children and Young People services, with consistently high delivery levels, and noted improvements in adult service delivery.

The Board:

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

4.3 ANNUAL DELIVERY PLAN 2024/25 QUARTER 4 PERFORMANCE (PTHB/25/018)

NJ provided the Board with an update of the progress made against the Integrated Plan for the Quarter 4 period (January to March 2025). NJ noted that the end of year report outlines both achievements in process and clinical service changes, as well as areas that were behind schedule or not delivered. During discussions with the Finance and Performance Committee a specific concern was raised regarding access to primary care. This issue was addressed and has been removed from the current report and incorporated as an additional deliverable within the 2025/26 plan to ensure this key aspect of patient experience is appropriately prioritised moving forward.

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

4.4 BETTER TOGETHER PORTFOLIO UPDATE (PTHB/25/019)

DWL presented the update to the Board on the progress and next steps of the Better Together Transformation portfolio and drew attention to the following matters:

- Public engagement has commenced and will run until the 25 May 2025.
- Accelerated community and adult mental health services and clinical workstreams are in place to support the portfolio.
- There is comprehensive engagement activity in place internally and externally with a range of workshops arranged or being organised.
- External support has been procured to support engagement and consultation which offer some impartiality.
- Next steps include 'check and challenge' sessions. DWL reminded that the public consultation on the options will commence in October 2025 until January 2026.
- The portfolio and workplan is not without risks or challenges; however, good progress is being made within the timeline.

CC noted that this had been a subject of detailed conversation with Board members and this will continue. It was assuring to know that whilst capacity is at a premium, work is on track for this very key and crucial area of operations. CC expressed gratitude to the team and looks

ed forward to engaging with the people of Powys to provide the best possible and timely health care for the population.

The Board:

- **NOTED** and took **ASSURANCE** on the progress made in relation to the delivery of Better Together.
- **ENDORSED** the strategic direction and proposed timetable, recognising alignment with Health Board strategy, national policy and legal duties, including the Duty of Quality.
- **NOTED** the planned forward activity.
- **NOTED** the risks identified and mitigating actions in place.

4.5 ASSURANCE REPORT FOR TEMPORARY SERVICE CHANGES (PTHB/25/020)

KW presented the report providing an update ahead of the full evaluation to Board in July. It was confirmed evaluation and monitoring were ongoing, mitigations are in place and there are no items to escalate.

Independent Members asked the following question for assurance:
Have all the consultations taken place, or are there more to do?
KW confirmed that the planned contact at 3 months has been undertaken and will be repeated imminently before the 6monthly check in.

The Board **RECEIVED** the update on progress to date including the evaluation and monitoring plan and took **ASSURANCE** in relation to the delivery of the mitigation plan.

4.6 SPEAKING UP SAFELY AND RAISING CONCERNS REPORT (PTHB/25/021)

DWL presented the paper providing an update on the actions defined under section 6 of the Speaking Up Safely framework. The Executive Committee had approved for the closure of the actions and to transfer the work into business as usual, which will continue to be overseen by the Speaking Up Safely Group and reported to the People and Culture Committee. Since 2023, there have been 12 speaking up safely submissions which were assessed as low level and did not require any further intervention.

CR emphasised the importance of the framework as a key component in fostering psychological safety across both clinical and non-clinical environments. The principles and accountability outlined within it provides a strong foundation for integrating quality and performance. This framework is not an isolated initiative but rather a crucial vehicle for deploying broader organisational improvements and ensures that clinicians and practitioners feel empowered to speak up safely remains a vital priority.

The Board took **ASSURANCE** that PTHB has met its obligations in meeting the specific requirements set out in section 6 of the national SUS Framework, and Welsh Health Circular 2023/036.

4.7 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/022)

KB presented the Regional Directors report to the Board and drew attention to the following matters:

- Llais had recently published a report on Swansea Bay University Health Board maternity services.
- Llais local meetings have been scheduled in Machynlleth and Ystradgynlais, noting that all colleagues are welcome to attend.
- Llais have visited both co-location sites for Ready to Go Home Units and Rehabilitation, where positive feedback has been received. KB referenced potential unintended consequences and would hope that this is considered within the evaluation report for Temporary Service Change.

CR assured Llais and the wider Board that an assessment of potential women accessing maternity services had already been conducted prior to the publication of the Swansea report, with proactive communication ongoing. Women receiving commissioned maternity care are actively engaged post birth to provide feedback, informing future commissioning decisions.

KW confirmed that all findings of the Temporary Service Changes will be incorporated into the evaluation and that there are mechanisms in place to ensure comprehensive coverage. Valuable learning from this process will be considered in decision making moving forward.

JOA sought confirmation on whether the public feel they are able to provide feedback on areas needing improvement and whether this input is being effectively captured for monitoring and enhancement. KB gave assurance that while not all feedback constitutes a complaint, sometimes it relates to accessing information. Llais serves as a conduit for public concerns and ensure options are well promoted within the Health Board. Following any Llais local engagement, an action plan is developed based on discussions and shared with the Health Board, Local Authority and third-sector partners to assist with improvements.

The Board **NOTED** the report.

5. CONSENT AGENDA

The below reports were taken under the Consent Agenda and recommendations supported:

- **FOR ASSURANCE:** Assurance Report of the Board's Joint Committees
- **FOR ASSURANCE:** Assurance Report of the Board's Partnership Arrangements
- **FOR ASSURANCE:** Assurance Report of the Board's Local Partnership Forum (08 April 2025)
- **FOR ASSURANCE:** Committee Annual Reports:
    - Audit, Risk and Assurance Committee;
    - Delivery and Performance Committee;
    - Patient Experience, Quality and Safety Committee, and
    - Planning, Partnerships and Population Health Committee
- **FOR ASSURANCE:** Committee Work Programmes
- **FOR ASSURANCE:** Partnership Governance Framework
- **FOR INFORMATION:** Glossary.

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/25/023)

No other urgent business was raised.

6.2 DATE OF NEXT MEETING (PTHB/25/024)

The next meeting is scheduled for Wednesday 25 June 2025.

Meeting closed 14:55

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

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

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

Present

Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
In Attendance		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Apologies for absence		

Ronnie Alexander	RA	Independent Member (General)

7. CONFIDENTIAL MATTERS

The following motion was passed:
Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/25/25)

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

7.2 DECLARATIONS OF INTEREST (PTHB IC/25/26)

No interests were declared in addition to those already declared within the published register.

7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS AND ACTION LOG (PTHB IC/25/27)

The minutes of the In-Committee meetings held on 26 March 2025 were **CONFIRMED** as an accurate record.

It was confirmed there were no outstanding Board In-Committee actions.

7.4 CHIEF EXECUTIVE BRIEFING (PTHB IC/25/28)

Rationale for item being held in private: Commercially sensitive.

The Board **NOTED** the update provided in relation to Out of Hours procurement.

7.5 COVID-19 PUBLIC INQUIRY UPDATE (PTHB IC/25/29)

Rationale for item being held in private: Legally privileged.

The Board:

- **NOTED** and took **ASSURANCE** from the update
- **NOTED** that the dedicated COVID-19 Inquiry Programme Manager role will end in September 2025 with future requirements managed through business as usual processes.

7.8 ANY OTHER BUSINESS (PTHB IC/25/30)

There was no other business.

The meeting closed at 15.16

Patterson,Liz
28/07/2025 16:47:02

Powys THB Finance Department
Financial Performance Report
Board

Period 03 (June 2025)
FY 2025/26

Date Meeting: 30 July 2025

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

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 03 OF FY 2025/26**
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Deputy Director of Finance, Estates and Support Services
Other Committees and meetings considered at:	Executive Committee – 23 July 2025

PURPOSE:

This paper provides an update on the June 25 (Month 03) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to **receive** the financial report and take **assurance** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Board is asked to **consider** and **discuss** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

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

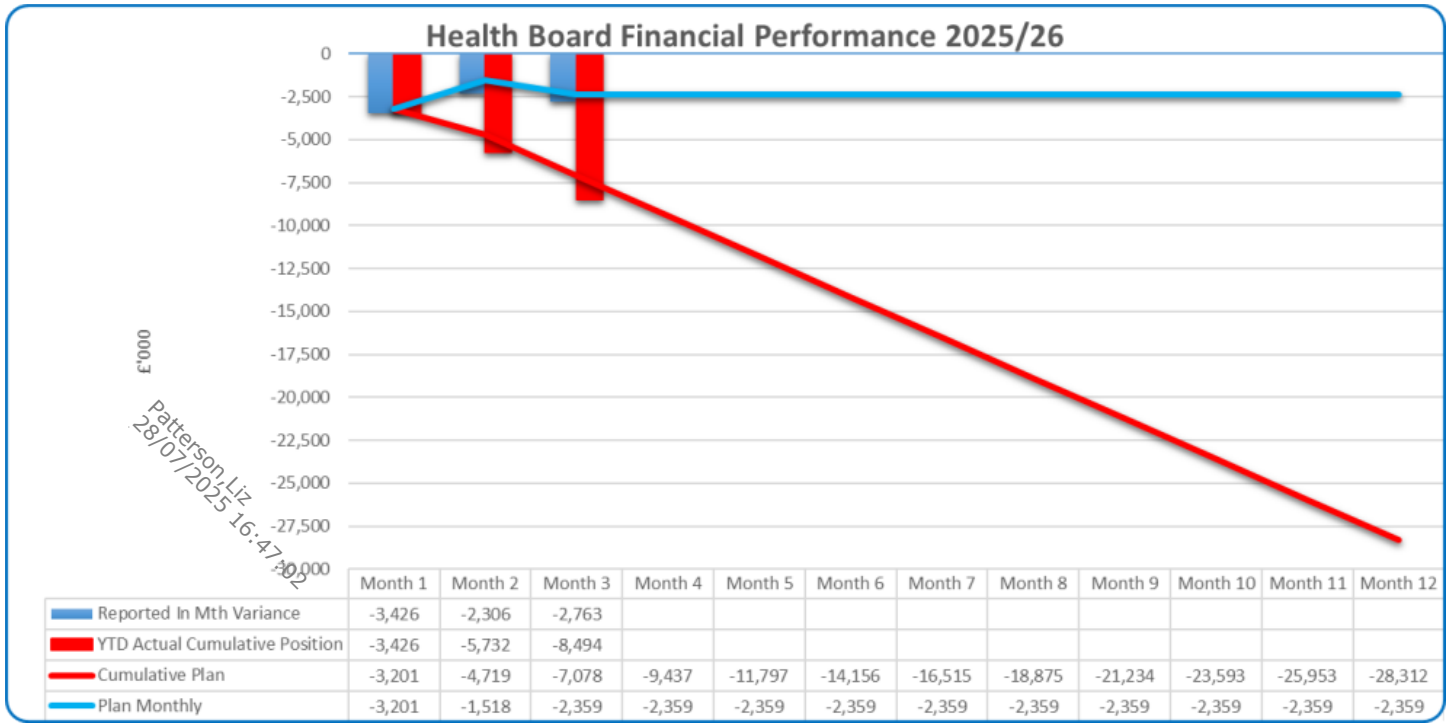
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy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

Approval/Ratification/Decision	Discussion	Information
✓	✓	

Summary Health Board Position 2025/26

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	-2,359	-2,763	↓
Reported Year To Date financial position – (deficit)/surplus	-7,078	-8,494	↓
(deficit)/surplus	-28,312	-28,312	↑

Capital		
	Value £'000	**Trend**
Capital Resource Limit	5,941	→
Reported Year to Date expenditure	762	→
Reported year end – (deficit)/surplus – Forecast	5,941	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-3,426	-2,306	-2,763									
YTD Actual Cumulative Position	-3,426	-5,732	-8,494									
Cumulative Plan	-3,201	-4,719	-7,078	-9,437	-11,797	-14,156	-16,515	-18,875	-21,234	-23,593	-25,953	-28,312
Plan Monthly	-3,201	-1,518	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359

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

The Accountable Officer letters in May and June confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit. This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

At month 3, there is a £8.494m overspend. Compared to a planned deficit of £7.078m, (which is 3/12ths of a forecast £28.3m deficit), this equates to the Health Board having an operational overspend of £1.416m.

The capital resource limit for 2025/26 is £5.941m, the forecast outturn is £5.941m; with a YTD spend of £762k.

DAY FIVE – summary report

- Commissioning is £1.741m overspent, as actions to defer expenditure have not yet taken effect.
- Agency expenditure of £0.524m in June is lower than last month; and compared to M03 2024/25 it is £0.188m lower.
- CHC is underspent by £0.063m YTD, with a forecast outturn of £36.778m. There are 364 packages of care, a net increase of 9 since Month 12 2024/25.
- Mental Health Private Provider is overspent. Forecast annual expenditure has increased to £6.137m. This is subject to urgent focus.

Revenue Variance Position 2025/26

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(109,584)	(109,584)	0
02 - Capital Donations	(32)	(32)	0
03 - Other Income	(2,057)	(2,373)	(316)
Total Income	**(111,673)**	**(111,989)**	**(316)**
05 - Primary Care - (excluding Drugs)	12,096	11,886	(210)
06 - Primary care - Drugs & Appliances	8,848	8,848	(0)
07 - Provided services -Pay	30,210	30,177	(33)
08 - Provided Services - Non Pay	5,433	5,517	84
09 - Secondary care - Drugs	349	355	6
10 - Healthcare Services - Other NHS Bodies	46,257	47,998	1,741
12 - Continuing Care and FNC	10,158	10,096	(63)
13 - Other Private & Voluntary Sector	1,573	1,779	206
14 - Joint Financing & Other	2,501	2,501	(0)
15 - DEL Depreciation etc	1,291	1,291	0
16 - AME Depreciation etc	37	37	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**118,752**	**120,483**	**1,732**
Reported Position	**7,079**	**8,494**	**1,416**

At Month 03, there is a £8.494m overspend against the forecast deficit of £7.079m giving the Health Board an operational underspend of £1.416m.

The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £1.741m overspent at M3. Actions to defer expenditure are yet to take effect and as is normal at the start of the year, insufficient activity information has been received to inform any further variation.
- Other private and voluntary sector is overspent YTD by £0.206m. This is due to an increased number of acute mental health and LD placements with private providers.
- There are underspends in primary care within dental and general medical services.

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

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(2,057)	(2,373)	**(£316)**
07 - Provided services -Pay	2,377	2,082	(295)	2,099	30,210	30,177	**(£33)**
08 - Provided Services - Non Pay	0	0	0	0	5,433	5,517	**£84**
Grand Total	**2,377**	**2,082**	**(295)**	**2,099**	**£33,586**	**£33,321**	**(£265)**
Directorate View							
Assistant Director Community Services	1,038	895	(142)	899	11,896	11,573	**(£323)**
Assistant Director MH/LD	530	416	(114)	420	5,884	7,906	**£2,022**
Assistant Director Women and Children	159	160	1	164	1,768	2,050	**£282**
Estates and Support Services	198	203	5	203	3,973	4,085	**£111**
Corporate and other Services	452	408	(44)	413	10,064	7,708	**(£2,356)**
Grand Total	**2,377**	**2,082**	**(295)**	**2,099**	**£33,586**	**£33,321**	**(£265)**

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

Explanation of Performance

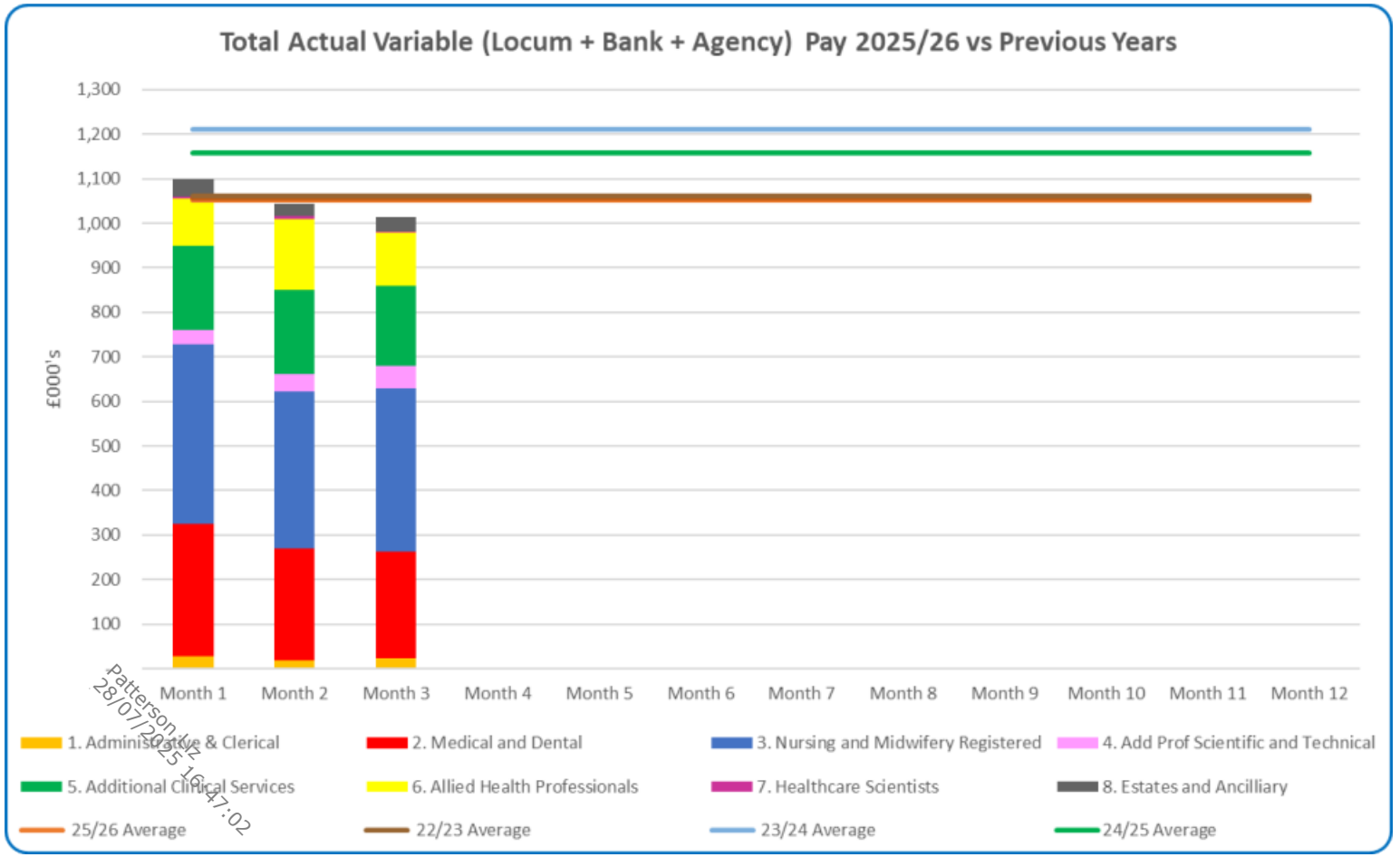
- The Month 3 position is showing an underspend of £0.265m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 22% (114 WTE) for MH&LD Services and 14% (142 WTE) for Community Services.
- Corporate and other Service are underspent. There are vacancies and financial reserves held centrally to off-set the overspends in MH&LD Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

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

Health Board Agency and Locum Spend

We are focused on this because:
Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).



What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

Performance and Actions

- Pay budgets have underspent by £0.033m against the plan, due to the high level of vacancies.
- The chart opposite demonstrates in June variable pay is lower than prior months. It is broken down by staff type.
- Powys continues to be an outlier within NHS Wales as forecasted agency spend was on average 5.8% of total forecasted pay in Month 2, against the Wales average of 2.1%.
- The HB's Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

Commissioning and Contracting

We are focused on this because:
Commissioning of secondary and tertiary healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the transformation programme.

Status Update
Welsh LTAs for 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being progressed. Detailed negotiations are underway. Particularly with SaTH, WVT and RJAH.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	12,156	11,949	- 207
English Providers	18,830	20,512	1,682
JCC	13,808	14,046	239
Other NHS Providers	1,232	1,232	-
Mental Health (LTAs Only)	231	258	27
Total	**46,257**	**47,998**	**1,741**

Risks

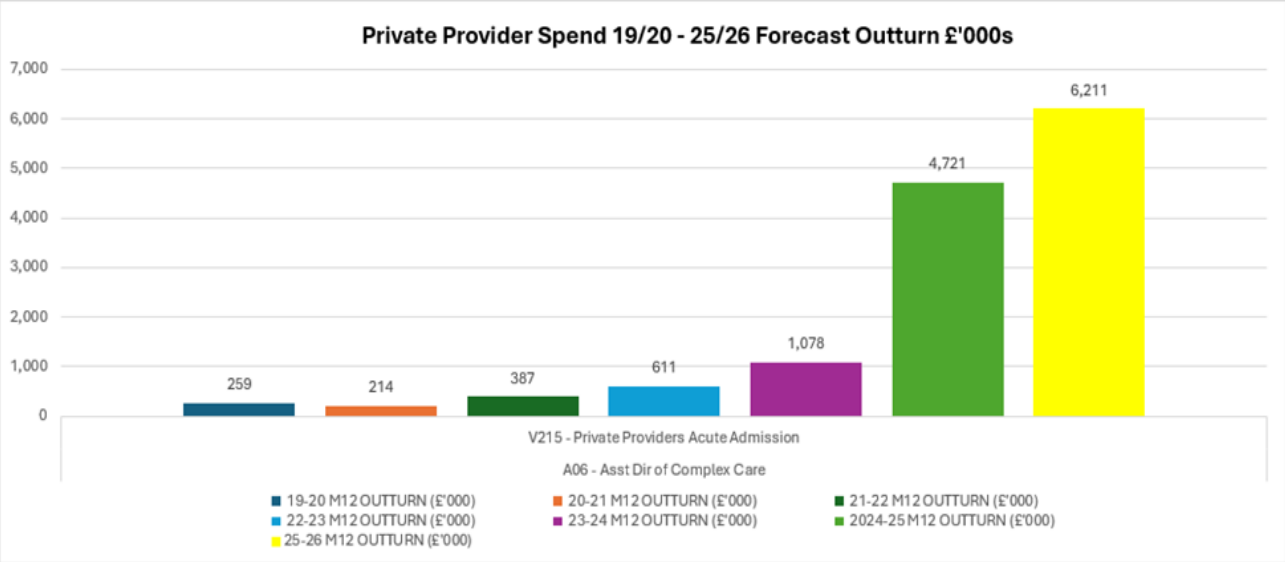
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

Performance

- The status of 2025/26 inflation in contracts:
  - i) Welsh Health Boards 1.77% to include cover non-pay and investments;
  - ii) English providers 2.15% to cover pay, non-pay inflation less efficiency factor; and
  - iii) Not yet reflected is a price increase in the English system for accident and emergency, maternity and non-elective tariffs of circa a further 13%. This is being quantified and is included in our risks at this stage.
- Overspend shown against contracts with English providers as actions to reduce elective activity, whilst still achieving target access times are yet to take effect.
- The JCC overspend reflects the situation that the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government, is not yet concluded.

Private Providers – Mental Health and Learning Disability

We are focused on this because:
Commissioning of private providers for acute mental health and LD patients is an area of significant expenditure growth (price inflation and number of packages). Maintaining strong and transparent governance over private providers processes is crucial for financial sustainability and relationships with our partners.



Performance and Action

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

As at M3, it is forecast that without action the costs will increase to £6.2m (£5.2m MH and £1.0m LD). The number of open packages is 21 at the end of June.

Until last year the level of patient acuity has not been seen since 2017. Prior to that, pressures were absorbed into the capacity of the other health boards that were providing services to PTHB.

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages.

What the table tells us

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

Risks

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

Prescribing

We are focused on this because:
The costs of prescribing rose significantly from April 2022 to September 2023. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend continued into FY24-25 and lower costs have continued into the first month of FY25-26.

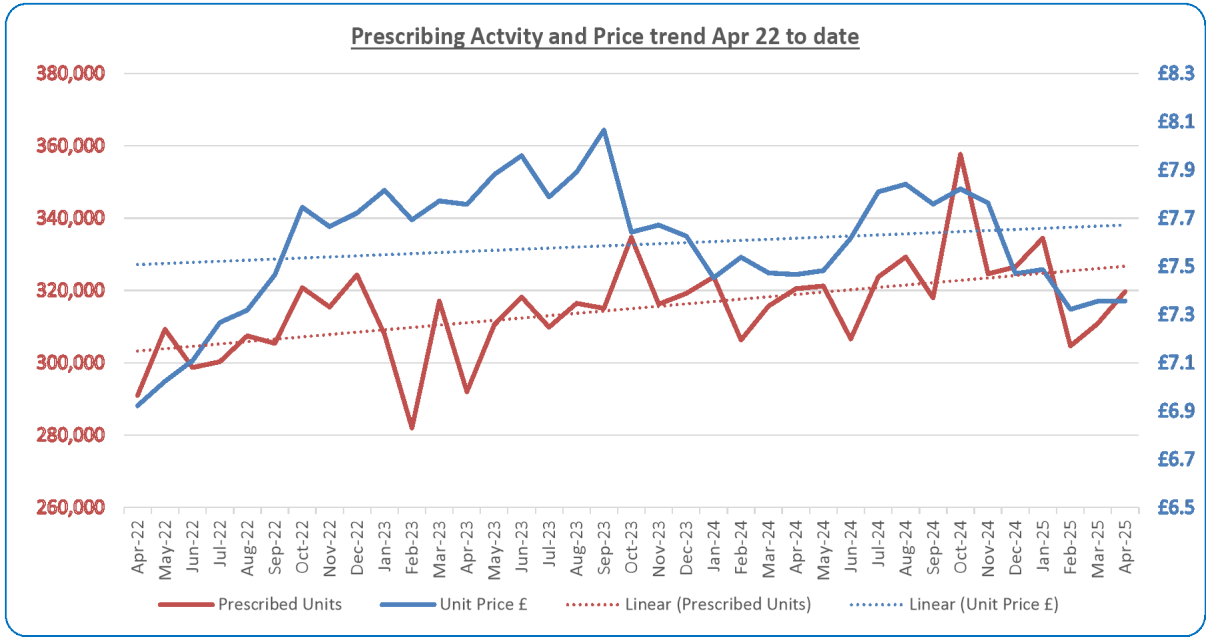
Status Update

Forecasting a breakeven position against a budget of £29.4m(incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1, are broadly in line with Q4 FY24-25 and lower than M1 of FY24-25.

- Unit price decrease year on year of -3.2%
- Reducing % in FY24-25, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate into FY25-26 as the full year effect of the Rivaroxaban cost reduction is included.
- Prescribing activity year on year increase of -0.3%.

Prescribing cost increases	FY21-22	FY22-23	FY23-24	FY24-25	F'cast FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	29,420
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	29,420
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-0.2%
Yr on Yr increase £ Total	**-344**	**1,859**	**1,727**	**292**	**-68**
Yr on Yr increase £ Growth	475	655	747	2,858	-77
Yr on Yr increase £ Inflation	-819	1,204	980	-2,566	9



Risks & Challenges

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

Medicines Management savings performance and actions

- Schemes forecasting possible £1.7m of savings, against a target of £1.5m. Actual savings will be identifiable later in the year.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance fora, including the Value and Sustainability Board workstream.

Continuing Healthcare

We are focused on this because:
Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages).
Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£827	£133	£204	32.8%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£4,901	(£42)	£580	13.4%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£23,142	£551	£3,428	17.4%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,412	(£246)	£111	4.8%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,548	(£1,000)	(£379)	(9.6%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£1,949	£12	£280	16.7%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£36,778**	**(£592)**	**£3,975**	**12.1%**
Number of active clients	**£285**	**£295**	**£327**	**£355**	**£379**	**£364**		**£9**	**2.5%**
D2RA		**£696**	**£201**	**£7**	**£9**	**(£0)**	**(£9)**	(£7)	(100.1%)
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£3,254**	**£0**	**£471**	**16.9%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£40,032**	**(£601)**	**£4,440**	(71.0%)

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

As at month 3, there is an underspend of £0.063m on the budget of £6.686m against Continuing Care and FNC. The number of CHC packages increased by 9 to 364, since the 2024/25 outturn.

The table shows that a £600k underspend is currently forecast based upon the number of packages at the current time, which is below the 379 assumed in the Plan.

What the table tells us

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

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2025/26 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

Health Board 2025/26 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

	(£ '000s)									
	In-year 2025/26							Recurrent for future years		
Targeted Area	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Recurrent 2025/26 Target	Forecast FYE	FYE vrs Recurrent Target
Premium pay expenditure	3,400	38	1,996	138	2,134	-1,266	1,391	3,400	1,992	-1,408
Medicine Management	1,500	6	1,465	0	1,465	-35	0	1,500	1,465	-35
MV and HP Programmes	1,000	1	1,000	0	1,000	0	0	0	0	0
2% Recurrent	1,000	29	1,046	75	1,121	121	109	1,000	1,121	121
1% Non-recurrent	500	12	307	58	365	-135	78	0	0	0
CHC / Private Providers	2,500	1	0	500	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	3,005	75	3,080	0	0	1,420	831	-589
Commissioning (NHSE to Wales Targets)	7,100	1	0	7,100	7,100	0	0	0	0	0
Commissioning (JCC)	1,000	0	0	0	0	-1,000	1,000	0	0	0
Commissioning (POCD)	1,500	0	0	0	0	-1,500	2,157	0	0	0
RTGH	500	1	600	0	600	100	0	0	0	0
Total	23,080	97	9,420	7,946	17,366	-5,714	6,735	9,320	5,409	-3,911

Performance and Actions

- As shown in the table green and amber schemes with £17.366m savings are currently forecast, against the £23.080m target, giving a gap of £5.714m to be closed.
- The recurrent impact of saving schemes is £5.409m, compared to the £9.320m recurrent target. If the recurrent target is not achieved this would have an adverse impact on the Health Board's underlying deficit.

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

What the table tells us

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

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

WG Value & Sustainability Board

V&S Board Category	£'000
Workforce	3,400
Medicine Management	1,500
MV and HP Programmes	1,000
2% Recurrent	1,000
1% Non-recurrent	500
CHC / Private Providers	2,500
Commissioning	12,680
RTGH	500
Grand Total	23,080

Risks and Opportunities

We are focused on this because:
The revised £28.312m deficit forecast is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the forecast and improve upon it.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Under delivery of amber rated saving schemes	-3,973	Medium
Continuing Healthcare	0	-
Prescribing	-600	Low
Joint Commissioning Committee Performance	0	-
Commissioning - Emergency activity NHS England	-2,000	Medium
Commissioning - Welsh HB's Emergency and Elective over-performance	-2,000	Medium
Commissioning - High Cost Drugs	-400	Medium
Inflation - Non-Pay	-300	Low
Commissioning - NSE parity of funding (WVT)	-5,000	Low
ENIC - Non Delivery of Mitigations to offset shortfall in funding	-1,097	High
Welsh Risk Pool - increase in risk	-1,138	Medium
Joint Commissioning Committee -Identified Risks	-1,259	High
Total	**-17,767**	
Opportunity		
Commissioning - mitigating actions exceed forecast	3,000	Medium
Provided Services	1,500	Medium
DHCW Microsoft VAT	101	High
Total	**4,601**	

The risks and opportunities in relation to Continuing Health Care in terms of the growth in packages being lower or greater than the underlying assumption have been netted to zero.

Risks

- Under Delivery of Saving Schemes – assumed amber schemes have an element of risk categorised as 50% (£3.973m). There is a risk that the gap of £5.714m is not closed.
- There is a potential risk of circa £4.4m for the Health Board relating to the level of activity undertaken by our providers. And a £5m potential risk related to funding sought by Wye Valley Trust in 24/25 being sought again in 2025/26.
- Additionally, there is an emerging price risk relating to a price increase in the English system for activity in specific specialties, which is being assessed.
- Across Wales, Band 2 HCSW roles are being assessed to determine whether they are Band 3. This could have a cost impact in 2025/26.
- Non delivery of mitigations to offset the shortfall of £1.097m in funding in relation to ENIC. The additional Welsh Government funding does not cover the increase in employer's NI costs fully. Therefore, further mitigations are required to offset the shortfall.
- The NWSSP has alerted organisations that contributions to the Welsh Risk Pool could be greater than planned for.
- The JCC has identified risks for contributing Health Boards related to increased activity and non-delivery of savings.

Summary & Key Messages

1. At month 03, PTHB is reporting a £8.494m deficit. This comprises the evenly profiled forecast deficit £7.079m, with an operational overspend of £1.416m.
   - The £23.080m savings target is profiled into the position. Actions are progressing to deliver the savings.
   - There are a series of operational pressures needing to be addressed, including the provision of acute mental health and learning disability services (private providers).

2. The revenue forecast for 2025/26 is £28.312m. There are several underlying assumptions and a range of risks and opportunities surrounding this forecast.

3. The Health Board's planned underlying deficit is £42.070m.

4. Other financial matters:
   - The Health Board has a £5.941m capital allocation, which it will manage within.
   - Due to the £28.3m revised forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers and staff.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency and CHC invoices. The 2024/25 performance was 93.1%.

Powys THB Finance Department
Financial Performance Report – Appendices

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 11th July 2025.

MMR Narrative

Microsoft Word Document

MMR Tables

Microsoft Excel Worksheet

Capital 2025/26

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2025
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.100	2.100	0.414
Decarbonisation Programme	0.643	0.643	0.341
TEF - Fire	0.300	0.300	0.000
TEF - Infrastructure	1.290	1.290	0.006
TEF - Decarbonisation	0.100	0.100	0.000
TEF - Mental Health	0.080	0.080	0.000
TEF - Infection Prevention Control	0.230	0.230	0.001
DPIF - Medicines and Prescribing and Medicines Administrat	0.127	0.127	0.000
DPIF - Digital Maternity Cymru	0.100	0.100	0.000
IRCF - North Powys Integrated Health and Wellbeing Hub - F	0.971	0.971	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**5.941**	**5.941**	**0.762**

Cash Flow 2025/26

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**629**	**674**	**336**	**1,352**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,222	36,010	38,026	36,545	40,002	37,725	39,244	2,380
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(232)	(64)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	4	18	76	1,061	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	992	483	660	581	630	489	1,106
Income from other Welsh NHS Organisations	771	499	737	419	731	778	403	681	425	887	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	653	1,179	686	860	567	700	671	703	1,108
Total Receipts	43,693	44,171	40,550	42,004	43,000	38,392	40,683	38,360	41,581	40,730	41,329	6,985
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	2,700	2,600	2,700	2,300	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	450	450	450	900	0	900	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,450	1,450	1,450	2,900	0	2,900	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	450	450	450	450	450	450	450	450	450
Non Cash Limited Payments	134	145	155	150	150	150	150	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,800	10,800	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Non Pay Expenditure	23,062	27,068	25,356	27,363	26,296	22,359	23,383	24,328	23,939	24,423	23,798	21,675
Capital Payment	5,433	380	600	493	804	833	600	632	442	507	531	622
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,856	43,000	38,392	40,683	38,360	41,581	40,730	41,329	35,797
NET CASH FLOW IN MONTH	**45**	**(338)**	**1,016**	**(852)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(28,812)**
Balance c/f	**674**	**336**	**1,352**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**(28,312)**

Due to the £28.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers and staff.

Balance Sheet (SoFP)

	Opening Balance Beginning of Apr-25	Closing Balance End of Jun-25	Forecast Closing Balance End of Mar-26
Non-Current Assets	**£'000**	**£'000**	**£'000**
Property, plant and equipment	110,704	111,599	111,599
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	**111,054**	**111,949**	**111,949**
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	10,638	10,638
Other financial assets	0	0	0
Cash and cash equivalents	629	1,352	(28,312)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	**11,817**	**12,188**	**(17,476)**
TOTAL ASSETS	**122,871**	**124,137**	**94,473**
Current Liabilities			
Trade and other payables	50,135	47,877	47,877
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,413	3,413
Current Liabilities sub total	**53,938**	**51,290**	**51,290**
NET ASSETS LESS CURRENT LIABILITIES	**68,933**	**72,847**	**43,183**
Non-Current Liabilities			
Trade and other payables	720	929	929
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
Non-Current Liabilities sub total	**1,523**	**1,732**	**1,732**
TOTAL ASSETS EMPLOYED	**67,410**	**71,115**	**41,451**
FINANCED BY: Taxpayers' Equity			
General Fund	16,781	20,484	(9,180)
Revaluation Reserve	50,629	50,631	50,631
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	**67,410**	**71,115**	**41,451**

Core Financial Plan Year 1 2025/26

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

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

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

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

Agenda item: 3.13

Board Meeting	**30 July 2025**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Report – Month 2 2025/26.
Presented & Approved by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Prepared by:	Assistant Director of Performance and Commissioning Head of Performance Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	Executive Committee - 09 July 2025

PURPOSE:

This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 containing information up until the end of May 2025 (month 2).

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	

4. Enable Joined up Care	Y	strategic priorities. This can include reference to the Board Assurance Framework.
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

This report provides The Board with the latest performance information to highlight performance achievements and challenges. This is provided as an exception and escalation version for month 2 2025/26.

As an escalation and exception report the narrative is only included for those measures that are internally escalated to level 3 for performance or are unable to meet their national target (level 2a).

Summary for Month 2

Planned care:

- Diagnostic waits increased to 99 breaches in May from 81 in April. Breaching pathways are for echocardiograms (86 pathways), endoscopy (5 pathways) and non-obstetric ultrasound (8 pathways). A recovery plan is currently under development to begin Q3 onwards to increase capacity for echocardiograms.

- Clinical practice changes increased echo cardiogram demand significantly in 2024/25. Additional capacity is being provided in Aneurin Bevan UHB to support Powys. Currently further in-reach capacity is being sought via further locum cover. Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms.

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

- Therapies pathways have seen an increase in breaches (85 patients) in Physiotherapy, Occupational Therapy and Podiatry. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff. However, both new audiology measures for adults and paediatrics have achieved the month-on-month reduction in May with very limited breaches.

- Provider cancer pathway performance for outpatients and diagnostics remains robust with key urgent suspected cancer diagnostics (endoscopy) being carried out within target. In May service demand remains high with 41 new single cancer pathways reported. Downgrades within 28 days performance remains high reporting 45.8% but remains challenged by numerous factors including acute centre diagnostics and reporting delays.

Although not an NHS Performance Framework measure, the health board reported 40% of patients were sent straight to test still meeting the 12-month improvement trend.
Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost activity especially for the key urgent and urgent suspected cancer pathways in Q1 2025/26.

Mental Health:

- Under-18s: Compliance achieved in May for assessments (100%), interventions (83.3%), and care treatment plans (96.8%).

- For Adults: Compliance achieved in May for assessments (92.9%) and interventions (87.5%). Both measures have now achieved compliance against the 80% target for the last four months reported.
    - CTP compliance: Performance slightly reduced in May to 83.3%. The health board is not meeting the 90% target. Additional demand on PTHB's Community Mental Health (CMH) teams remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
    - Psychological therapy waiting times have improved in May from 69.8% (Apr) to 76.7% (target: 80%). Performance has improved because of recovery strategy including diversification of the workforce and positive recruitment. The implementation of focused waiting list recovery plan includes a review of allocation process, job plans, demand & capacity work, caseload management and review of service core offer. The service remain confident that performance will have improved again close to target in June with recovery in July.

Neurodevelopmental Services:

- Performance against the nationally reported measure (26 week wait to assessment) reported in May reduced from 29.3% in April to 24.1%.

- Treatment has commenced from the referral to assessment pathways with internal waits addressed.

- No patients waited over 104 weeks on the referral to assessment list at the end of May 2025.

- Internal Executive oversight (Level 3) remains in place.

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 through the evaluation and monitoring reporting.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has maintained with May reporting 380 breaches (same as April). Of all the Welsh providers only, Swansea Bay UHB is compliant with the target for PtHB residents.
- Long waits during May in Wales for RTT continue to improve with Swansea Bay UHB reporting that no Powys resident pathways waited over 2 years (104 weeks) for treatment. At present the wait band of pathways waiting over 104 weeks continues to report statistically special cause improvement and all providers except Hywel Dda University Health Board have reported their numbers falling as compliance improves. Key long wait specialties that are challenged include Trauma & Orthopaedics, Ophthalmology, ENT, and Oral Surgery.

Planned care (RTT) England:

- Powys residents in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH), all wait bands are reporting special cause concern at an aggregated level.
- Wye Valley NHS Trust (WVT) reports the best performance of all Powys commissioned providers with 71.2% of pathways waiting under 26 weeks for treatment, 94 wait over 52 weeks. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing.

The key challenged specialties for long waiting pathways in SATH are ENT and Oral Surgery which make up 24 of the total 30 pathways between 77 and 104 weeks. One pathway waits over 104 weeks for ENT.

- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits the SPC chart (right) shows a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in April of the 50 total breaches 14 are for Knee & Sports Injuries, 15 are complex spinal, 17 reported for Arthroplasty pathways, and 4 in Foot & Ankle. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 289 weeks.

Cancer Pathways:

Welsh Cancer

- At the end of May, the provisional position reported a at total of 273 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 239 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 34 pathways were closed with the commencement of definitive treatment. 18 patients breached the 62 days target with the longest wait reported as 190 days in Hywel Dda UHB for a urology pathway. 22% of breaches were for Lung Cancer as a primary cancer tumour site, whilst the remainder were spread across most other tumour types equally.
- Reported performance for April has improved slightly to 47% (16 of 34 pathways being treated within the 62-day target) against the 12-month improvement target working toward 80% by March 2026.

English Cancer

- Shrewsbury and Telford NHS Trust (SATH) report 2 breaches (1.4% of all SATH breaches reported to NHS England) in April for a Powys resident, all were reported waiting longer than 104 days. Breaches were across urology tumour type pathways.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in April (table 1).
- Wye Valley NHS Trust (WVT) performance reported in March that 73.7% of 19 Powys residents started treatment within 62 days (Powys specific data is only available to March).
- Key challenged tumour type was for urological cancer and the key theme was diagnostic delays and treatment capacity.
- WVT overall compliance for April reports better performance for all measures against the English average except 31-day DTT.

Commissioned Emergency Care:

- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls remained poor throughout 2024/25. May performance improved to 46.0% with median emergency response times also increasing to 1hr and 25 minutes. A new ambulance performance framework will be introduced for life or death cardiac and respiratory arrests. This will be piloted from 1 July for a period of 12 months, with permanent implementation expected from August 2026 subject to successful evaluation.
- No commissioned service meets the required national 4 or 12hr targets for their A&E departments. However Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Month 2 measures by escalation level

There are a total of 49 reportable measures currently in the 2025/26 financial year, with 4 reported at level 3 as follows:

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

- Number of patients waiting more than 8 weeks for a specified diagnostic.

- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

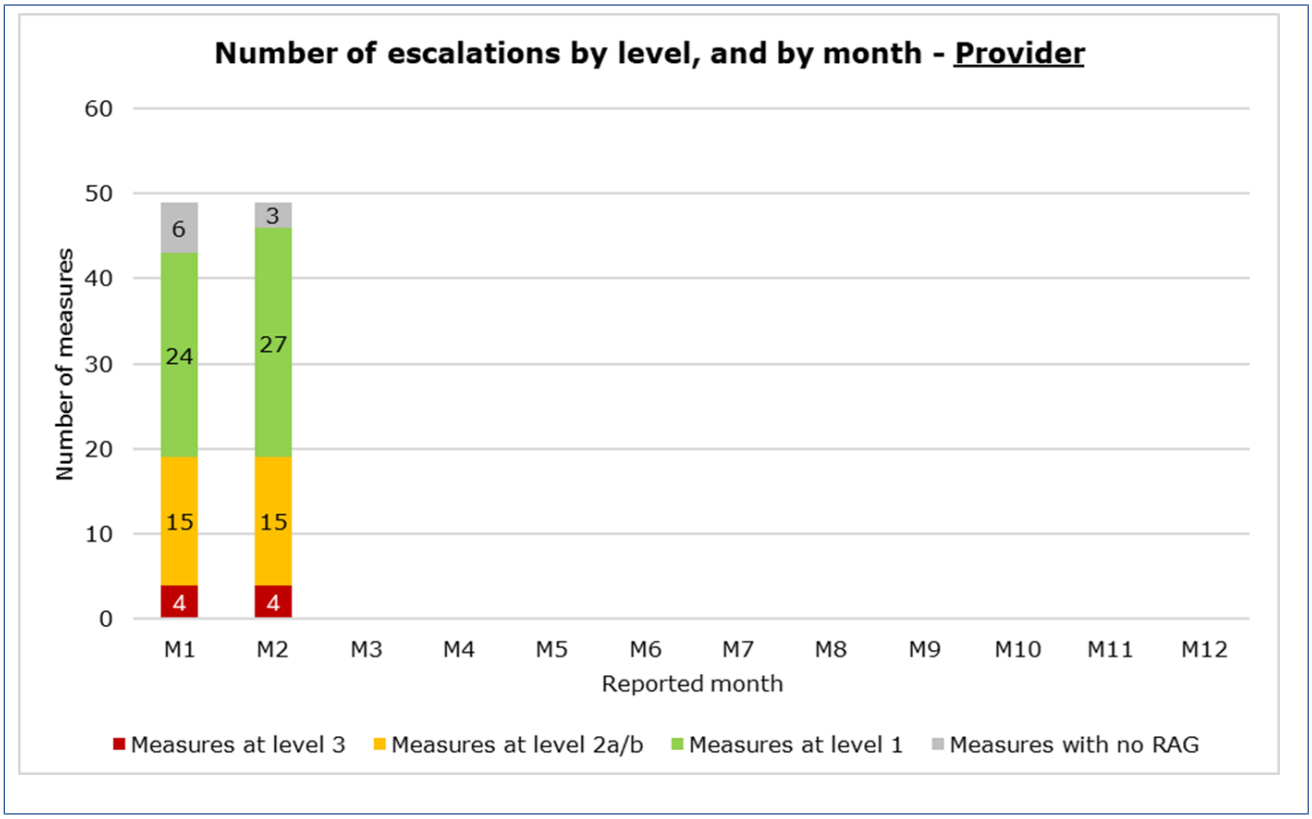
- Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.

A further 15 measures are rated at level 2a, and 24 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 Q3 and remains on track for meeting respective end of year performance target (cumulative annual target).

With the new framework 3 measures are currently without a RAG rating:

- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

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



NEXT STEPS:

- Enabling Actions for 2025/26 released April 2025 – metric reporting to be confirmed by Welsh Government Performance. The schedule has been revised at present the formal measure confirmation (methodology) is delayed with no guidance on availability as of the 23 of July 2025.

IMPACT ASSESSMENT
Not required

Powys Teaching Health Board

Integrated Quality & Performance Report

Month 2 - 2025/26
Updated on 24/07/2025

Contents

Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

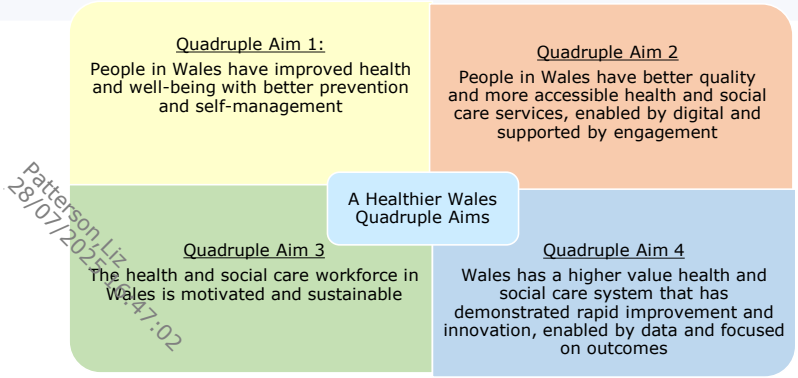
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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

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

What is the NHS Performance Framework?

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



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

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

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

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

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

Link to escalation descriptor slide

Summary of Performance Provider – Month 2

Provider services

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Summary of Performance Commissioned – Month 2

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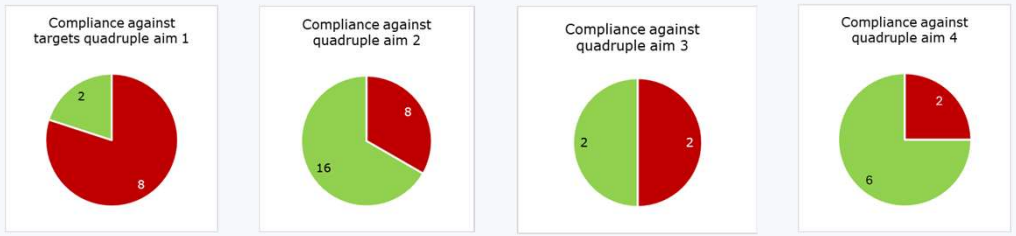
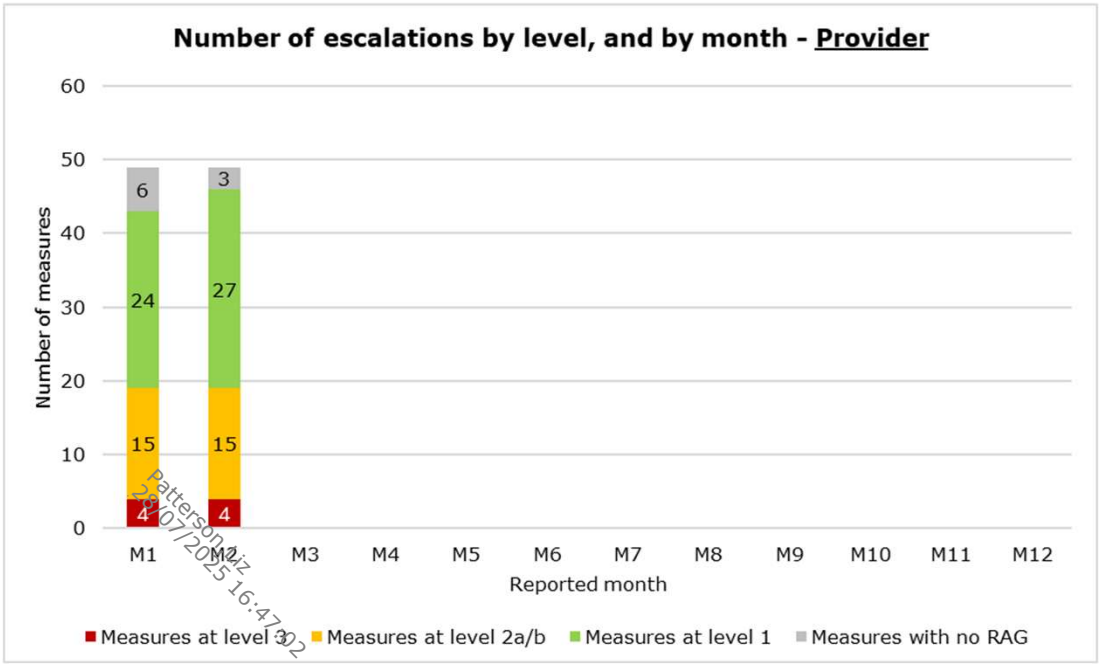
- No commissioned service meets the required national 4 or 12hr targets for their A&E departments. However Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Visual summary of performance at month 2 (May 2025)

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

Compliance against NHS Performance Framework 2025/26 measures at month 2 by quadruple aim area.





- For Powys Teaching Health Board currently 49 quantitative measures are reportable of the 53 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

Level 3 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Apr-25 | Target: 90% | Actual: 0.0% | SPC icon	Escalated by Powys Performance team for poor target compliance.	• Further expansion of national FIT test criteria from October 2024 has increased demand. • In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider. • Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays. • Escalated performance reporting concern linked to methodology of measures, ongoing engagement with BSW.	• Positive assurance review Q1 2025/26 with Public Health Wales, complimented in terms of service development and access times improvement. • Deep dive on pathways to be undertaken in Q2 2025/26. • Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways. • Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: May-25 | Target: 0 | Actual: 99 | SPC icon	This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	• Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University 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. • Endoscopy - National shortage of Endoscopists particularly colorectal. • Endoscopy - National increase in urgent suspected cancer referrals with resultant diagnostic demand increase. • Endoscopy – Bid for investment not successful. • Non-Obstetric Ultrasound – Short term sickness challenge.	• Cardiology - Additional capacity is being provided in Aneurin Bevan UHB to support Powys. Currently further insource capacity is being sought of further locum cover. • Endoscopy - Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency. • Non-Obstetric Ultrasound - Use of agency for breaching patients. Demand and Capacity workstream to assess system efficiency and implement improvements.

32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%**
	Period: May-25 | Target: < same month pre. year | Actual: 1503 | SPC icon
		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.	• Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
			• De-escalation has not been achieved by the end of Q1, but data quality reporting accuracy has been reviewed and has seen significant improvement.
				• Revised approach with the aim to de-escalate. Further actions include but are not limited to:
				  ○ Records have been cleansed for all Consultant led main specs – Data issues very limited, although delays have increased linked to capacity challenges.
				  ○ PTHB wide standardised service operating procedure underway, all services engaged.
				  ○ New PowerBI reports to be developed supporting operational teams to improve future validation.

34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: May-25 | Target: 80% | Actual: 24.1% | SPC icon	• Escalation triggered following poor and ongoing service performance challenges including pathway delays, demand pressures, and service processes. • Health board concerns required Executive led internal escalation oversight group (EOG).	• From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. • Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place.	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. • KPI's to ensure quality service is in place. • Robust scheduling, with the utilisation of joint appointments. • Commencements of improved clinic scheduling. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.

Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
2	**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks** Period: Q3 2024/25 | Target: 40% Annual target | Actual: 14.7% | SPC icon: N/A	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. • 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.
3	**Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)** Period: Q3 2024/25 | Target: 4 Quarter Improvement Trend | Actual: 65.5% | SPC icon: N/A	Measure not meeting target	• Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time. • South Powys Dual Diagnosis worker role remains vacant. • Lack of full time Clinical Lead role for Area Planning Board (APB).	• Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups. • PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5** Period: Q4 2024/25 | Target: 95% | Actual: 89.6% | SPC icon: N/A	Measure not meeting target	• Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.	• Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) • Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q4 2024/25 | Target: 90% | Actual: 77.3% | SPC icon: N/A	Measure not meeting target	• 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
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Mar-25 | Target: 75% | Actual: 69.2% | SPC icon: N/A	Measure not meeting target	• 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.	• GP led clinics organised across Powys for eligible residents by GP Practices. • Pharmacy flu clinics also available in many communities across Powys. • Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: May-25 | Target: 75% | Actual: 41.9% | SPC icon: N/A	Measure not meeting target, performance below previous year at same time point. Autumn booster started from October 2024.	• 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	• Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. • The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. • Data currently being collected by the vaccination service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.
19	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes** Period: May-25 | Target: 65% | Actual: 46.0% | SPC icon: 	Measure not meeting target	• This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. • 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.	• 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). • 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.

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
20	**Median emergency response time to amber calls** Period: Apr-25 | Target: 12-month reduction target | Actual: 01:25:11 | SPC icon	Measure not meeting target	• Demand for urgent care services continues to increase including calls to 999 ambulance services. • Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.	• All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. • All Wales urgent care system escalation calls being held daily (often more than once per day).
27	**Percentage of children <18 waiting 14 weeks or less for a specified AHP** Period: May-25 | Target: 100% | Actual: 99.7% | SPC icon	Measure not meeting target.	• Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT). **The key challenges for SLT:** • Significant staffing vacancy. • Previously unrecognised backlog of long waiting patients. • High caseload demand. **Key challenges for OT:** • Forecast 50% staff vacancy (August 2025)	• Remedial action plan undertaken by services for escalation as required. • New standard operating procedure in place (SOP) to improve service processes for SLT. • Demand and capacity work is being undertaken to improve flow for SLT and OT. • Recruitment plans underway for SLT and OT.
28	**Number of therapy breaches 14+ weeks (all ages)** Period: May-25 | Target: 0 | Actual: 85 | SPC icon	Measure not meeting target.	• Musculoskeletal physiotherapy remains the biggest risk to breaches with high demand and significant staffing fragility. • Promotion for staff to Orthopaedic team has created internal movement and significant gaps in MSK service. Musculoskeletal (MSK) – vacancies and delays in recruitment have caused a demand in urgent post operative referrals (New staff onboarding process 12 – 16 weeks). • Podiatry remains significantly fragile with one clinician pan-Powys.	• The service expects to report reduced breaches of the 14-week target in June following increased capacity. • Podiatry – continue to recruit • Musculoskeletal (MSK) – to work with WOD to improve onboarding of staff ○ Agency in place for short term. ○ Reviewed skill mix piloting the development of Band 4 role to support urgent post operative referrals.
35	**Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health** Period: May-25 | Target: 80% | Actual: 76.7% | SPC icon	Measure not meeting target	Longstanding challenges contributing to current fragility: • Psychological interventions delivered by small team with very little psychological therapy provision across wider secondary mental health workforce (incl. CMHTs, CRHTTs, and Acute Settings). • Challenges recruiting qualified psychologists and psychological therapists	Addressing acute challenges: • The unfreeze of psychology posts has occurred which means that recruitment is underway • 2 x CBT practitioners undergoing induction Addressing longstanding challenges • Engagement with HEIW and Doctoral Training Programmes to address qualified psychology pipeline • Exploring how to expand provision of psychological interventions across community and acute mental health teams • Diversification of the psychological workforce
36	**Percentage of sickness absence rate of staff** Period: May-25 | Target: 80% | Actual: 5.33% | SPC icon	Measure does not meet target but continues to report special cause improvement.	• 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.	• 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. • 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.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: May-25 | Target: 85% | Actual: 80.7% | SPC icon	Measure not meeting target but reporting special cause improvement.	• 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.	• The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. • The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. • Targeted work is underway in directorates with lower compliance.

Level 2 - Performance Challenges

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

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

44	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over**
	Period: May-25 | Target: 90% | Actual: 83.3% | SPC icon
		Measure not meeting target.	• Additional demand on PTHB's Community Mental Health (CMH) teams remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
			• Targeted work with specific teams who have the most significant capacity challenges is ongoing.
				• Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.
				• Continue to advertise vacant positions.
				• There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
				• Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.
				• Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
				• Focussed work is being undertaken striving for improvement for next reporting period as follows.
				  ◦ Outpatient's Clinics have been revised to accommodate CTP reviews
				  ◦ Compliance data and out of date reviews have been added as standard MDT agenda item
				• It is anticipated that performance will reach the 90% target by the end of October.
				• Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.

45	**Number of service user feedback experience responses completed and recorded on CIVICA** Period: Apr-25 | Target: Month on month improvement | Actual: 438 | SPC icon	Measure not meeting target	• Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.	• 2047 responses received during Q4, of which 1004 were received via SMS. • 81 Surveys available in the CIVIC system. • Support to run the CIVICA system in the health board continues to be provided by the Quality & Safety (Q&S) team. • The People's Experience Lead commenced in post on 16th June 2025 • The People's Experience Lead is leading on people's experience, working in collaboration with service leads to review how feedback is obtained, what learning is shared, aligned with the People's Experience Framework. • The inaugural People's Experience Framework Stakeholder group is diarised for 14th July 2025. • Paper due to go to Executive Committee to decide whether the Health Board continues with bespoke surveys or whether it adopts the People's Experience Survey (PES)

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	Q3 2024/25	5% cumulative annual target	3.96%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Mar-25	90%	92.3%	
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	May-25	95%	95.9%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Apr-25	Improvement compared to the same month in the previous year	49.8%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	May-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	10.0%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-25	Improvement compared to the same month in the previous year	563	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	May-25	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	May-25	80%	83.3%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 and over	May-25	80%	92.9%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 and over	May-25	80%	87.5%	
21	Median time from arrival at an emergency department to triage by a clinician	May-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	May-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	May-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	May-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	

*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
29	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	May-25	Month on Month reduction	3	N/A
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	May-25	Month on Month reduction	4	N/A
31	Number of patients waiting >52 weeks for a new outpatient appointment	May-25	0	0	
33	Number of patients waiting more than 104 weeks for referral to treatment	May-25	0	0	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Feb-25	Rolling 12-month reduction against a baseline of 2024/25	8.99%	
38	Agency spend as a percentage of the total pay bill	May-25	12-month reduction	7.6%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Mar-25	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-25	90%	100%	
42	Number of pathways of care delayed discharges	May-25	12-month reduction trend	50	
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	May-25	90%	96.8%	
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	May-25	12 month improvement trend towards national target of 95%	68.8%	
53	Number of patient safety incidents that remain open 90 days or more	May-25	12-month reduction trend	10	

Non-RAG rated measures (new measures or measures with no national target applicable for PTHB)

46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	May-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)	May-25		4.45	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	May-25		8.90	

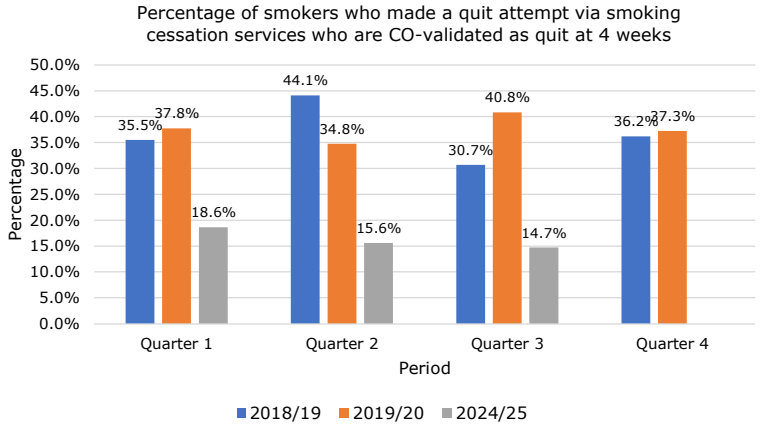
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 2**

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	14.7%	Benchmark position (Wales)	5th (17.0%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- In Q3 2024/25 14.7% of treated smokers were Carbon monoxide (CO) validated as quit at 4 weeks. In addition, 51.3% self-reported as having quit at 4 weeks. In total, therefore, two-thirds (66%) of treated smokers had quit at 4 weeks.

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Challenges

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

Actions & Mitigations

- 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.

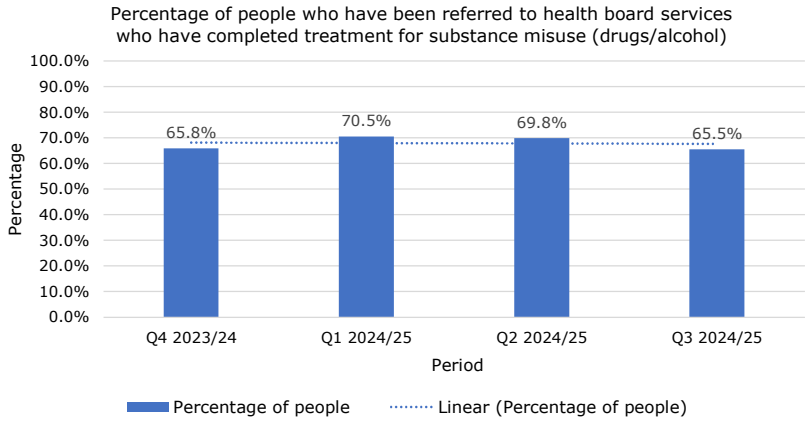
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 3**

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

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

Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	65.5%	Benchmark position (Wales)	3rd (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?			



What the data tells us

- Performance has broadly maintained over the last 12 months with 65.6% in Q3 2023/24 and 65.5% reported in Q3 2024/25.
- The health board benchmarked 3rd in Wales with an All-Wales position of 56.2% for Q3 2024/25

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Challenges

- Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.
- South Powys Dual Diagnosis worker role remains vacant.
- Lack of full time Clinical Lead role for Area Planning Board (APB).

Actions & Mitigations

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups.
- PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
- The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.
- Regular commissioning monitoring meetings with provider in place to monitor community demand.
- Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.
- Recruitment campaign for remaining vacant Dual Diagnosis post.
- Agreed that PTHB will utilise ringfenced substance misuse funding to establish a Clinical Lead Post that will oversee Harm Reduction and Dual Diagnosis and will enhance clinical governance arrangements.
- Substance Harm reduction plan is established in line with area need.
- An APB co-production Planner is in place for 2025-26.
- A full clinical audit has been completed of the kaleidoscope services.
- An analysis of Needle exchange provision has been completed.
- A series of Stigma videos' have been completed.
- Since the last reporting period an interim clinical lead role within PTHB has been established and is reviewing performance with APB colleagues with a view to revising and strengthening joint working including referral pathways.

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

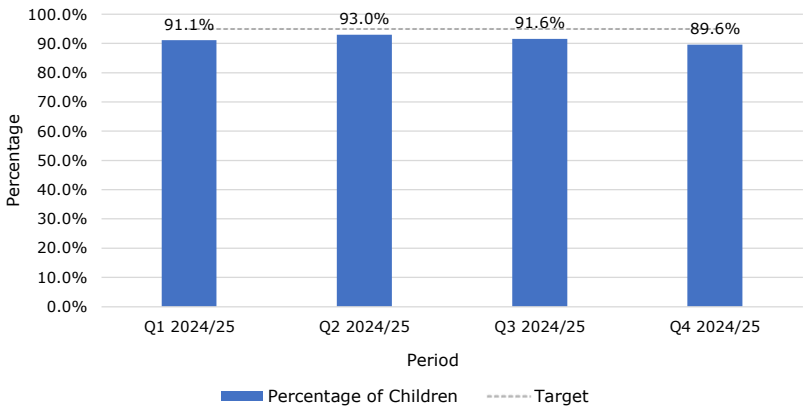
Access & Activity | **NHS Performance Measure – 4**

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

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

Latest available	**Q4 2024/25**	**Status of measure**	**Level 2a**
Reported performance	89.6%	Benchmark position (Wales)	2nd (87.5%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2024/25		

Percentage of children up to date with scheduled vaccinations by age 5



What the data tells us

- Reported uptake performance for Q4 (89.6%) remains below target (95%), uptake in Powys is the second highest in Wales with the All-Wales benchmark reported as 87.5%. To reach 95%, a further 14 children would have needed to complete the full schedule.

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Challenges

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.
- Childhood schedule changes pending with the removal of Menitorix at 12 months, MenB and PVC swap at 12 and 16 weeks and introduction of a 18-month appointment to include a fourth 6in1 and bringing forward the pre-school MMR. The digital infrastructure for appointing will not be ready and therefore will rely on manual appointments from primary care.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing.
  - Enhanced monitoring of practice queues lists.
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).

- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists. 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 Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated.
- VPDP are providing a cover letter and visual guide to primary care to support with the childhood vaccination schedule changes.

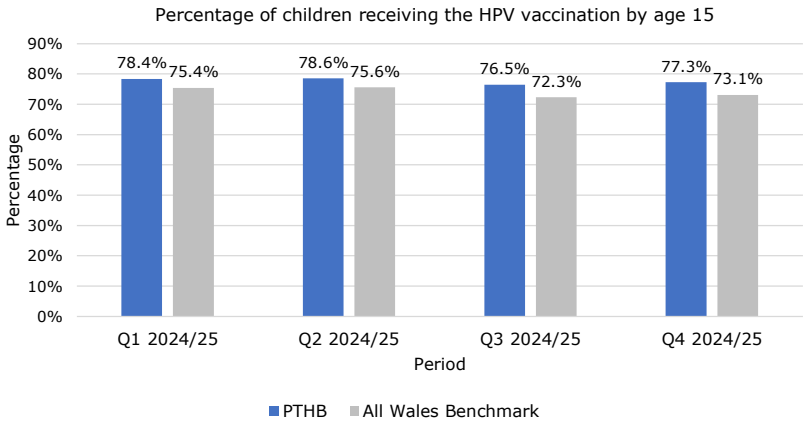
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	77.3%	Benchmark position (Wales)	3rd (73.1%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q4 2024/25 but is expected to be higher when the annual HPV programme is operational in schools during the Summer Term (i.e. Q1 2025/26).

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Challenges

- Obtaining signed parental consent forms can be challenging 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 programme commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits.
- E-consent has been rolled out with the aim of increasing the return rate of consent.

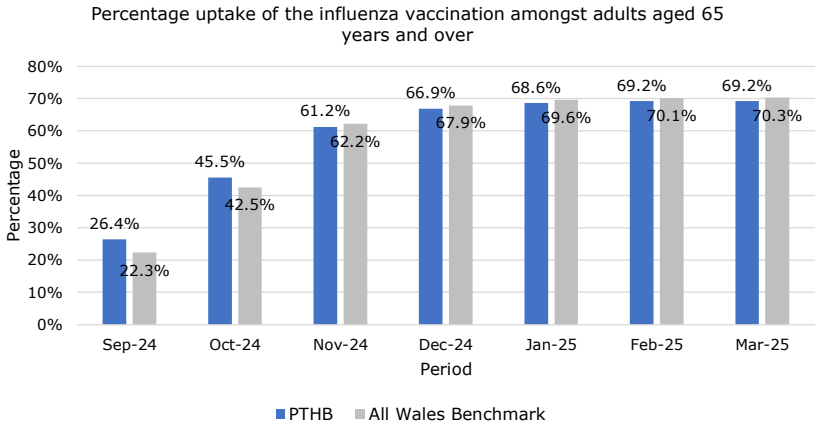
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Mar-25	Status of measure	Level 2a
Reported performance	69.2%	Benchmark position (Wales)	5th (70.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- PTHB did not meet the 75% target, vaccine fatigue is being anecdotally reported across Wales. However, two practices in Powys did reach the 75% target

Davies, Liz
29/07/2025 16:47:02

Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Adult flu vaccine is offered through GP Practices and community pharmacies across Powys
- Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy. This data needs to be manually inputted by GP Practices so therefore there maybe incomplete data and underreporting of uptake.
- Adult flu vaccination commencing later this season, October 2024, to ensure 2–3-year-olds targeted first. Vaccinating adults in October, however, does allow the older population to be appropriately protected in the peak season of flu.
- Difficulty in identifying and targeting unvaccinated patients due to flu vaccines being recorded on GP systems which the Health Board does not have access to.

Actions & Mitigations

Actions implemented:

- GP led clinics organised across Powys for eligible residents by GP Practices.
- Pharmacy flu vaccination clinics also available in many communities across Powys.
- Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
- Additional targeted support provided to GP Practices to increase uptake
- Continued monitoring of uptake, and engaging with GPs to encourage further sessions
- Opportunistic vaccination of eligible population through vaccination centres
- Mapping out of remaining flu stock across Powys and signposting patients to where appropriate stock is available
- Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels
- Communications issued through local advertising methods- i.e. local newspapers, local beacon and PAVO newsletter
- Public Health Practitioner is conducting a "lessons learned" session with primary care contractors with the highest uptake of influenza vaccination to enable sharing of ideas to increase vaccination uptake across Powys.
- The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign.

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

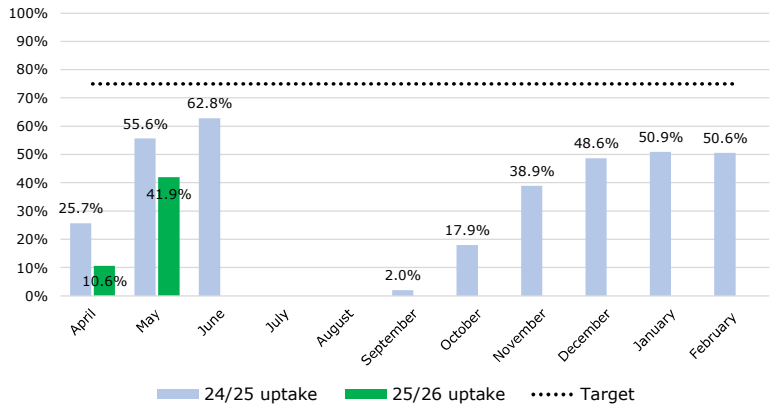
Access & Activity | **NHS Performance Measure – 7**

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

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	41.9%	Benchmark position (Wales)	5th (43.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

- To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period.
- Uptake of the COVID-19 Spring vaccination programme is lower than at the same point in last years spring vaccination campaign
- Uptake rates of COVID-19 vaccination have fallen significantly, with vaccine fatigue being anecdotally reported across Wales.

Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment.
- Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited.
- Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination.
- Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme

Actions & Mitigations

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

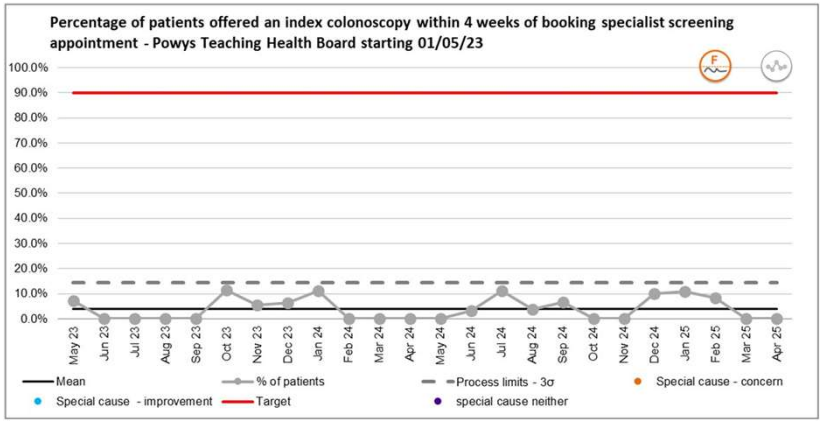
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

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

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

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

Latest available	Apr-25	Status of measure	Level 3
Reported performance	0.0%	Benchmark position (Wales)	7th (6.9%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Red
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 0.0% in April 2025, All Wales performance is also challenged against this measure.
- 12% of patient declined first offered dates at the end of April, including multiple resultant dates for diagnostic e.g., resulting in pathway breaches.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- Methodology of measure is currently under scrutiny with Public Health Wales; data quality has been flagged red until this is satisfactorily resolved.

Challenges

- Further expansion of national FIT test criteria from October 2024 has increased demand.
- In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider.
- Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays.
- Patient choice including appointment deferral resulting in significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH.
- National staff resource has been re-directed to support CTMUHB which impacts on the capacity for PTHB service with resultant increase in wait times.

Actions & Mitigations

- Positive assurance review Q1 2025/26 with Public Health Wales, complimented in terms of service development and access times improvement.
- Deep dive on pathways to be undertaken in Q2 2025/26.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.

Measure BSW-001: Bowel Screening Uptake – Operating Standard = 60% or higher

2024/25	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Powys (%)	70.5	64.4	62.7	66.1	67.8	65.6	62.9	65.2	63.3	63.4	60.5	62.0
All Wales (%)	67.3	64.6	61.0	63.6	63.6	63.0	61.5	64.4	61.0	61.4	59.4	59.9

On average 2,047 patients are eligible and invited for screening per month in Powys. Bowel Screening Wales's operational standard of uptake is 60% and Powys normally achieves or exceeds this target. The final extension for age cohort took place in October 2024 expanding to include 50–51-year-olds.

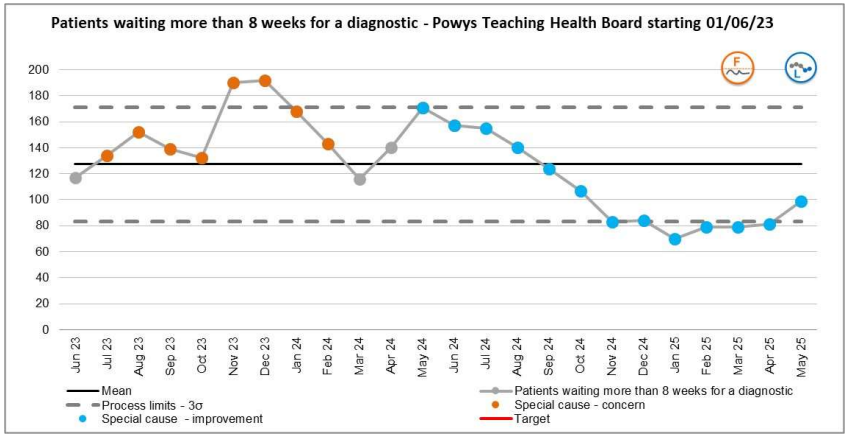
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	May-25	Status of measure	Level 3
Reported performance	99	Benchmark position (Wales)	1st (38,454)*
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 pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	142	86	61%
Diagnostic Endoscopy	Colonoscopy	13	3	23%
Diagnostic Endoscopy	Cystoscopy	9	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	7	2	29%
Diagnostic Endoscopy	Gastroscopy	14	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	22	3	14%
Radiology - GP referral	Non-Obstetric Ultrasound	518	5	1%

What the data tells us

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

- The health board has reported 99 breaches in May 2025, 86 breaches are for Cardiology (Echo Cardiograms), 5 within Endoscopy and 8 within non-obstetric ultrasound.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.

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

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

Access & Activity	NHS Performance Measure – 26	Frequency - Monthly

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

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

Cardiology - Challenges	No. of breaches	86

- 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.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.

Cardiology - Actions & Mitigations

- A recovery plan is currently under development to begin Q3 onwards to increase capacity for echocardiograms.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms.
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA).
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal, insourcing currently being progressed.
- Operational review of capacity ongoing with additional clinics being undertaken within the PTHB Community Cardiology service. Full evaluation of Community Cardiology Service to undertaken. Future plans for service to be expanded to mid and south Powys. It should be noted that this relates to Community Cardiology only.

Diagnostic Endoscopy - Challenges	No. of breaches	5

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers in Wales are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- JAG 5 Year Assurance accreditation status to be reassessed November 2025/26
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.
- Bid to Welsh Government Cancer Transformation fund declined in round 2.

Diagnostic Endoscopy - Actions & Mitigations

- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Endoscopy locum medical lead starting from June 2025 to support JAG reaccreditation in November 2025.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Sponge capsule (cyto-sponge) feedback so far has been excellent from both staff and patients.
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024.
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.

Non-Obstetric Ultrasound - Challenges	No. of breaches	8

- Short term sickness

Non-Obstetric Ultrasound - Actions & Mitigations

- Use of agency for breaching patients.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.
- Recruited a development post with a view to complete preceptorship 2025/26
- Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS).

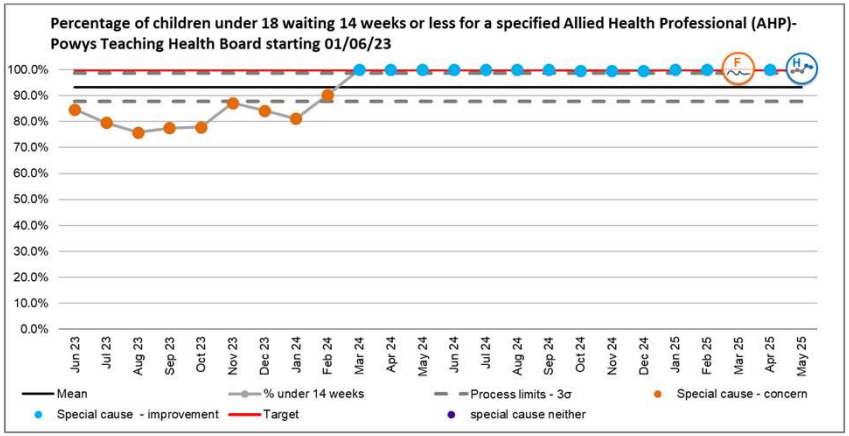
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 27** | **Frequency - Monthly**

Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	99.7%	Benchmark position (Wales)	1st (89.5%)*
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?			



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) does not meet the target with 99.7% compliance in May.

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Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Significant staffing vacancy.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - Forecast 50% staff vacancy (August 2025)

Actions & Mitigations

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for SLT.
- Demand and capacity work is being undertaken to improve flow for SLT and OT.
- Recruitment plans underway for SLT and OT.
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.

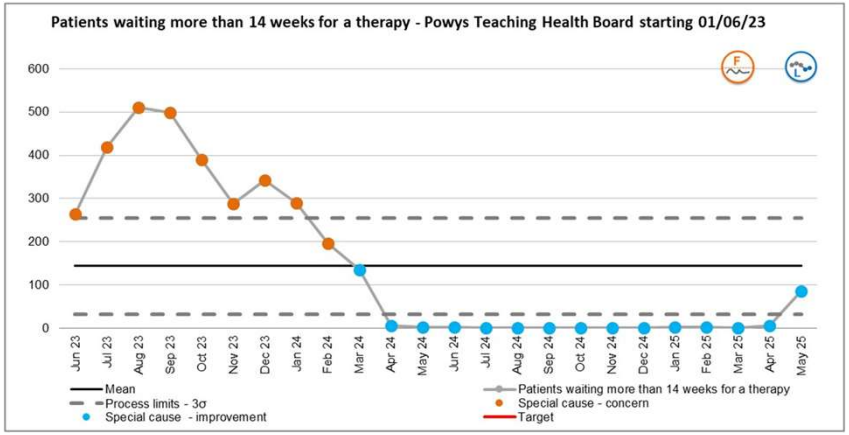
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	85	Benchmark position (Wales)	2nd (3,693)*
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?			



What the data tells us

- For 2025/26 Audiology performance is assured via new measures:
  29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)
  30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)
- May 2025 85 pathways breached the 14-week target, these breaches were reported in physiotherapy including 1 paediatric pathway, occupational therapy, and routine podiatry.

Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	200	0	0%
Dietetics	Paediatrics	73	0	0%
Occupational Therapy	Adults	57	5	9%
Occupational Therapy	Learning Disabilities	8	0	0%
Occupational Therapy	Paediatrics	16	0	0%
Physiotherapy	Adults	2327	77	3%
Physiotherapy	Paediatrics	95	1	1%
Podiatry	Routine	560	2	0%
Podiatry	Urgent	48	0	0%
Speech Language	Adults	73	0	0%
Speech Language	Paediatrics	70	0	0%

Challenges

- Musculoskeletal physiotherapy remains the biggest risk to breaches with high demand and significant staffing fragility.
- Promotion for staff to Orthopaedic team has created internal movement and significant gaps in MSK service. Musculoskeletal (MSK) – vacancies and delays in recruitment have caused a demand in urgent post operative referrals (New staff onboarding process 12 – 16 weeks).
- Podiatry remains significantly fragile with one clinician pan-Powys.

Actions & Mitigations

- The service expects to report reduced breaches of the 14-week target in June following increased capacity.
- Podiatry – continue to recruit
- Musculoskeletal (MSK) – to work with WOD to improve onboarding of staff
  - Agency in place for short term.
  - Reviewed skill mix piloting the development of Band 4 role to support urgent post operative referrals.

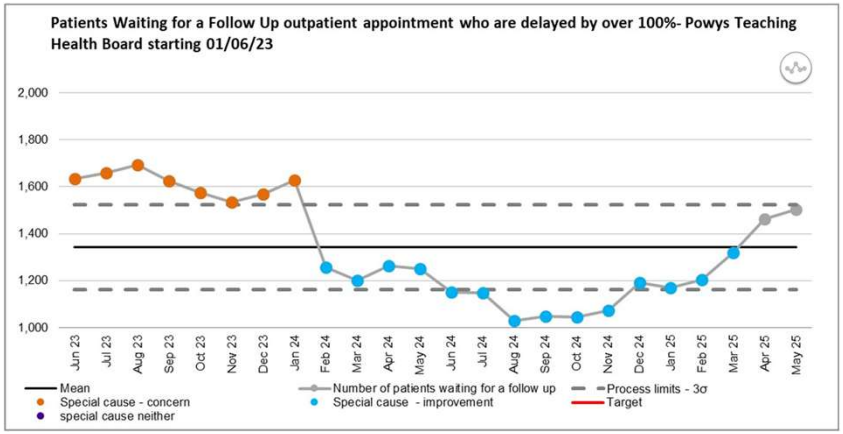
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

Latest available	May-25	Status of measure	Level 3
Reported performance	1503	Benchmark position (Wales)	1st (249,209)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		



What the data tells us

- In May 1503 FUP's were reported as overdue by 100% or over, this is more than the equivalent period in May 2024 (1251).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

Challenges

- Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
- Increased number of over 100% delays reported requiring further investigation.
- De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26.

Actions & Mitigations

- PTHB standardised service operating procedure for validation, and submission under development.
- New PowerBI report under consultation with service as part of wider digital migration and modernisation.
- Proactive action on validation with services has confirmed;
    - Significantly improved pathway management and validation for consultant led specialties.
    - Limited issues reported linked to system challenges (under assessment).
    - But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

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

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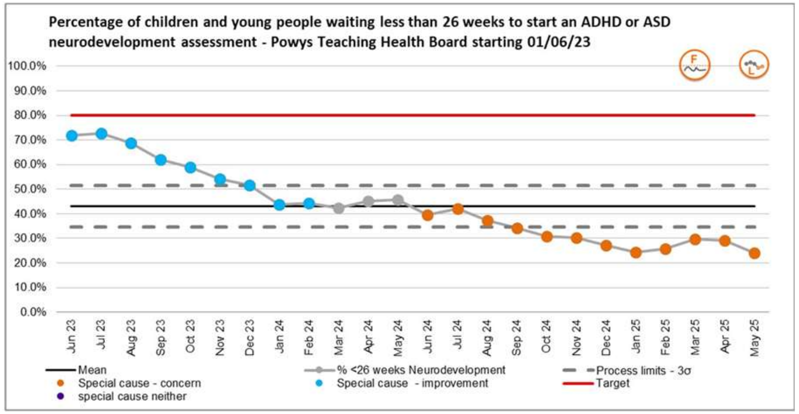
Access & Activity	NHS Performance Measure – 34	Frequency - Monthly

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Womens and Childrens

Latest available	May-25	Status of measure	Level 3
Reported performance	24.1%	Benchmark position (Wales)	4th (24.1%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

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

- Performance for ND remains at level 3 escalation following ongoing and challenging performance.
- Of the 1063 pathways reporting in the May snapshot 24.1% wait less than 26 weeks for their first assessment.
- 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.

Challenges

- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place.
- Ensuring a substantive and robust staffing model in is place is a priority during Q3, current plan is to maintain <104 week wait.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded.
- KPI's to ensure quality service is in place.
- Robust scheduling, with the utilisation of joint appointments.
- Commencements of improved clinic scheduling.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Anticipated year 2 to be commissioned jointly with education.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of automated text messaging (WPAS). *Requested 5th February 2025, awaiting digitals services action.*
- Core templates of documentation developed and in use (WCCIS)
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Multi Disciplinary Team (MDT) panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel eg recruitment of clinical psychologist.
- Recurrent funding beyond March 2027 to be confirmed via business case and MDT model.

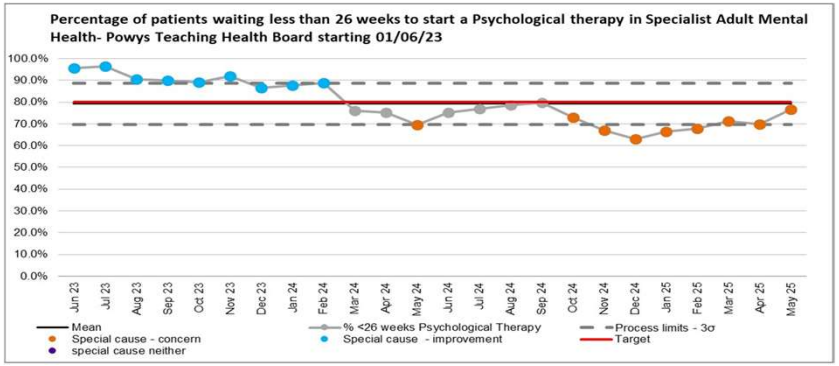
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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 & Older Adult Mental Health

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	76.7%	Benchmark position (Wales)	2nd (56.5%)*
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?			



What the data tells us

- Performance improved slightly in May to 76.7%, the measure continues to report special cause concern remaining at level 2a escalation.
- Powys benchmarked positively in April and ranked 2nd with the All-Wales position of 56.5% for the same period.

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Challenges

Longstanding challenges contributing to current fragility:
- Psychological interventions delivered by small team with very little psychological therapy provision across wider secondary mental health workforce (incl. CMHTs, CRHTTs, and Acute Settings).
- Challenges recruiting qualified psychologists and psychological therapists

The recent dip in performance has been principally attributed to:
- Fixed term contracts ending for 4 staff in Jan/Feb 2025.
- 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 compounded by longer term service fragility.

Actions & Mitigations

Addressing longstanding challenges
- Engagement with HEIW and Doctoral Training Programmes to address qualified psychology pipeline
- Exploring how to expand provision of psychological interventions across community and acute mental health teams
- Diversification of the psychological workforce

Addressing acute challenges:
- The unfreeze of psychology posts has occurred which means that recruitment is underway
- 2 x CBT practitioners recently indicted
- 2 x trauma practitioners undergoing pre-employment checks
- Successful recruitment of qualified psychologist and assistant psychologists into OA Psychology
- Part time Qualified Psychologist in Adult Mental Health successfully recruited - undergoing preemployment checks
- Ongoing engagement of 2 x psychological therapy locums whilst substantive staff are recruited and inducted
- Development and implementation of focused waiting list recovery plan incl. review of allocation process, job plans, demand & capacity, caseload management and review of service core offer

The previous report suggested improvement in performance to 75% in May which has been exceeded. The suggested improvement for June should be closer to the 80% target. There is high confidence that the robust recovery plan and successes in recruitment will see the improvement that is projected for June and July.

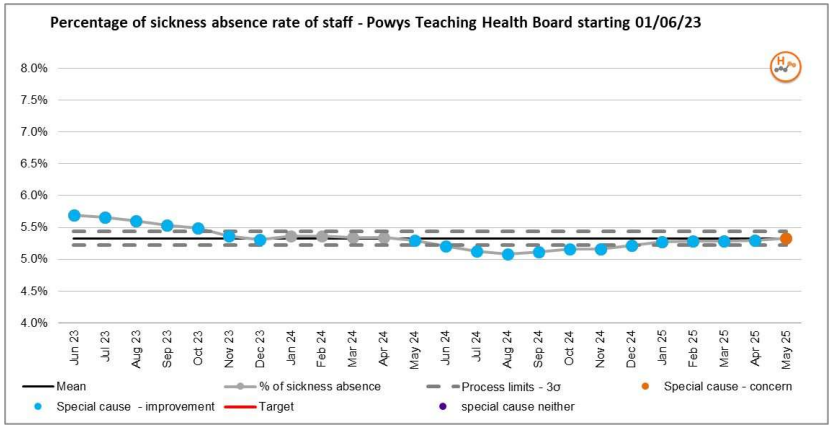
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 36	Frequency - Monthly

Percentage of sickness absence rate of staff

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	5.33%	Benchmark position (Wales)	6th (6.27%) (Mar-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.33% for May 2025
- The organisation benchmarks positively when compared with the All-Wales position of 6.27% (March 2025).
- Variation is special cause – improvement.

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Challenges

- Rolling sickness absence had a steady downward trajectory for an extended period but between August 2024 and May 2025 there has been a slight increase, although this has remained relatively small. This was largely driven by an increase in short term absence which has fallen back since March 2025 but has yet to feed through to the rolling absence figure.
- 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 – 7.19%
- Estates & Ancillary – 5.96%
- Nursing & Midwifery – 6.20%.

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates.
- A focussed deep dive into absence relating to anxiety, stress and depression took place in October 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 has recruited Mindfulness Practitioners onto the bank. They have developed some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent) as well as supporting staff to remain in work. The feedback and evaluation has been very positive with future targeted activity planned during the current financial year.
- There has been an increase in the numbers (103) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.

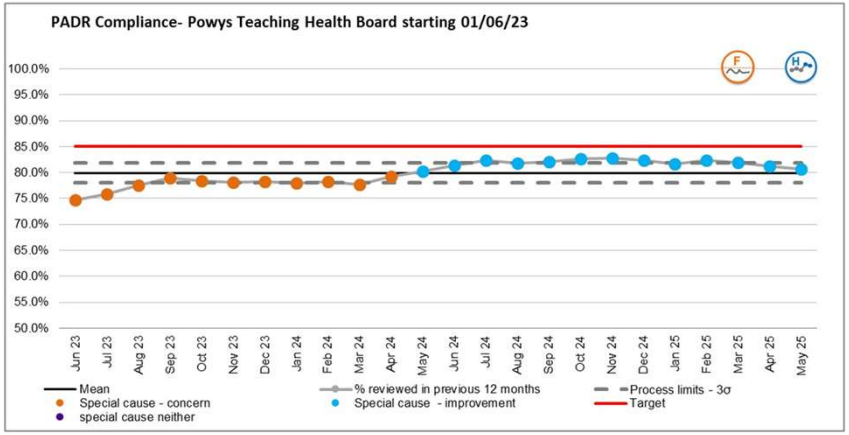
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

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

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	80.7%	Benchmark position (Wales)	5th (76.6%) (Mar-25)
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		



What the data tells us

- PTHB PADR compliance is reported at 80.7% for May 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in March showed PTHB benchmarking 5th out of 13 organisations.

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Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures have continued to have an impact in the delivery of PADRs.

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work is underway in directorates with lower compliance.

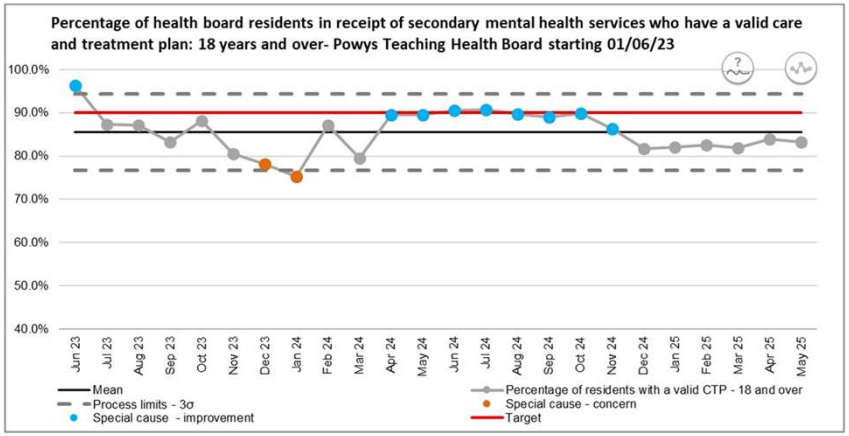
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

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

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

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

Latest available	May-25	Status of measure	Level 2a
Reported performance	83.3%	Benchmark position (Wales)	4th (77.6%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 83.3% and reports common cause variation.
- PTHB benchmarked 4th against an All-Wales position of 77.6% in April.
- Data challenge around retrospective updates in CTP performance.

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Challenges

- Additional demand on PTHB's Community Mental Health (CMH) teams remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Targeted work with specific teams who have the most significant capacity challenges is ongoing.

Actions & Mitigations

- Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.
- Continue to advertise vacant positions.
- An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
    - Outpatient's Clinics have been revised to accommodate CTP reviews
    - Compliance data and out of date reviews have been added as standard MDT agenda item
- It is anticipated that performance will reach the 90% target by the end of October.
- Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.

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

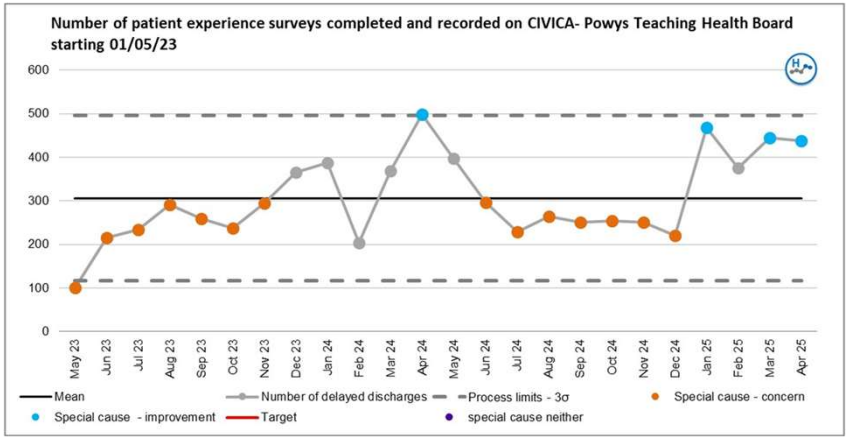
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Number of patient experience surveys completed and recorded on CIVICA

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	438	Benchmark position (Wales)	9th (25,790)
Target	Month on month improvement		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			



What the data tells us

- Reported experience surveys have slightly declined in April 2025 with 438 surveys completed and recorded on CIVICA compared to 444 in March 2025..

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Challenges

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

Actions & Mitigations

- 2047 responses received during Q4, of which 1004 were received via SMS.
- 81 Surveys available in the CIVICA system.
- Support to run the CIVICA system in the health board continues to be provided by the Quality & Safety (Q&S) team.
- The People's Experience Lead commenced in post on 16th June 2025
- The People's Experience Lead is leading on people's experience, working in collaboration with service leads to review how feedback is obtained, what learning is shared, aligned with the People's Experience Framework.
- The inaugural People's Experience Framework Stakeholder group is diarised for 14th July 2025.
- Paper due to go to Executive Committee to decide whether the Health Board continues with bespoke surveys or whether it adopts the People's Experience Survey (PES)

Provider Service Assurance

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

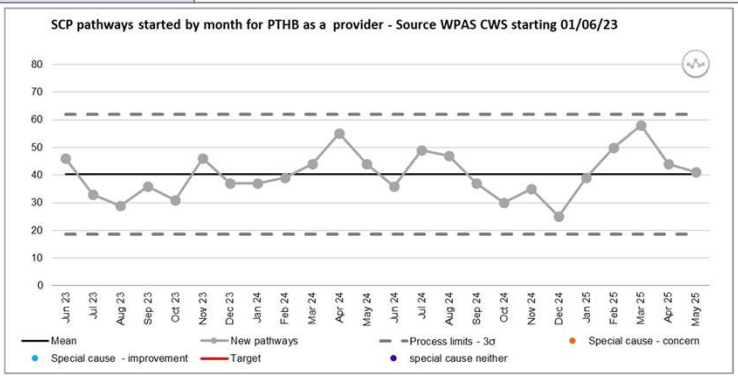
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

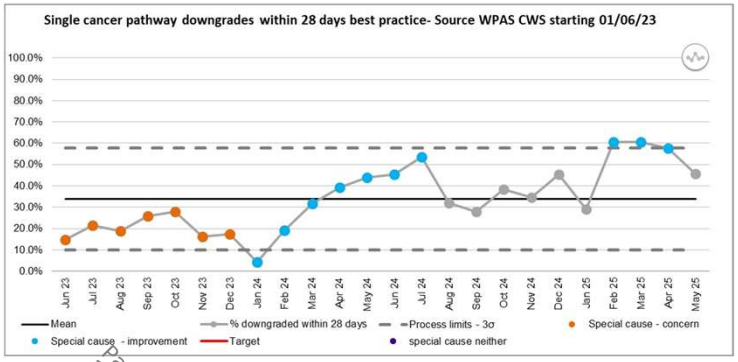
Access & Activity	Local Measure	Frequency - Monthly

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

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

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





What the data tells us

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

- Powys has reported 41 new pathways in May 2025 with the majority via primary care, this is the fourth consecutive month where referral numbers are above the 24-month average.
- The health board has reported compliance of 45.8% for downgrades within 28 days.
- PTHB meets the straight to diagnostic test 12-month improvement trend in April, 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

Key challenges within PTHB align to the national issues:

- Shortages of Endoscopists particularly colorectal.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bid to Welsh Government Cancer Transformation fund declined in round 2.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

Actions & Mitigations

- Internal Cancer Audit undertaken Q1 2025/26 – awaiting formal response.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- DHCW data resource review with PTHB Digital team and Operational services to strengthen pathway tracking for patients referred to treatment (Q1 2025/26).
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Appointed colorectal specialty lead on a locum basis.

Source National SCP dataset	Target	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05
% of patients who are sent straight to test	12 month improvement trend	20.8%	42.9%	42.9%	28.6%	23.1%	26.3%	33.3%	45.5%	58.3%	73.3%	60.0%	40.0%

Key quality measures – Powys as a provider

PT HB rate of NRIs occuring (by incident date) per 100,000 population as of 09/06/2025

Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	09/06/2025	100%
National reportable incident rate per 100k pop	April 2025	1.33 per 100k
% Complaints settled within 30 days (month received)	May 2025	100%
Reported never events	09/06/2025	Zero
Mortality Rate Rolling 12 months	March 2025	5.83%

What the data tells us

- Performance for complaints settled within 30 days by month received achieved 100% above the 75% target for May 2025.
- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.
- Powys reported 5.83% rolling 12 mortality rate for March 2025, this slightly higher than the equivalent period last year that reported 5.78%. PTHB's mortality rate is significantly higher than the All-Wales average of 1.7% but this due to the nature of service provision e.g., we are a community provider focused on end-of-life care and support with limited admissions (denominator) rather than an acute health board who carry out high numbers of elective admissions for planned care and operations.

Challenges

- Historic NRI investigations requiring joint review have prevented closure within timeframe.
- The Health Board has a small pool of experienced, incident investigators to draw on for investigation completion.
- Two incidents pending police investigation have prevented reporting within timeframe.
- Assurance process has caused delays.

Actions & Mitigations

- 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.

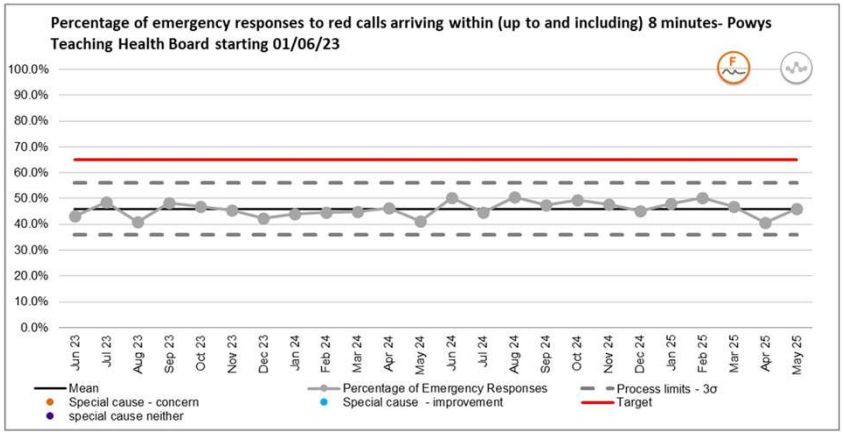
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 19** | **Frequency - Monthly**

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	May-25	Status of measure	Level 2a
Reported performance	46.0%	Benchmark position (Wales)	7th (50.0%)
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.		



What the data tells us

- The reported performance in May has shown an increase in performance to 46.0% 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 7th and the All-Wales position is 50.0%

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).

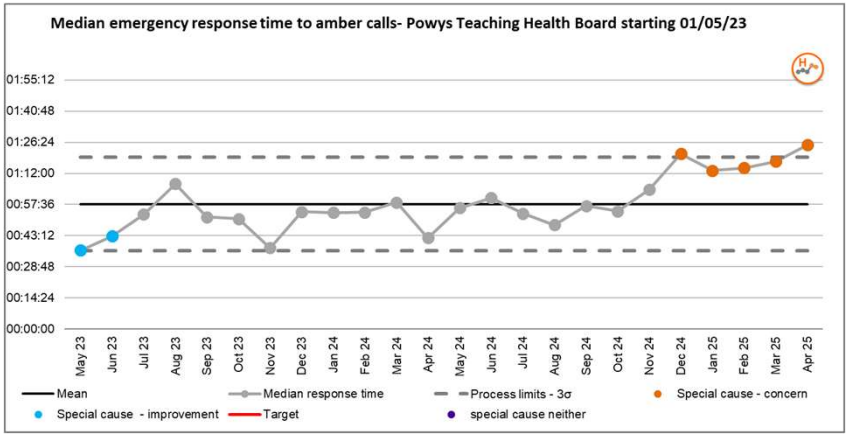
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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	Apr-25	Status of measure	Level 2a
Reported performance	01:25:11	Benchmark position (Wales)	1st (01:54:23)
Target	12-month reduction target		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported a decrease in performance in April 2025 with response times increasing to 01:25:11
- PTHB ranks 1st in Wales with the All-Wales average at 01:54:23

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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.

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	May-25	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW EDDS		

What the data tells us

- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.

Actions & Mitigations

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

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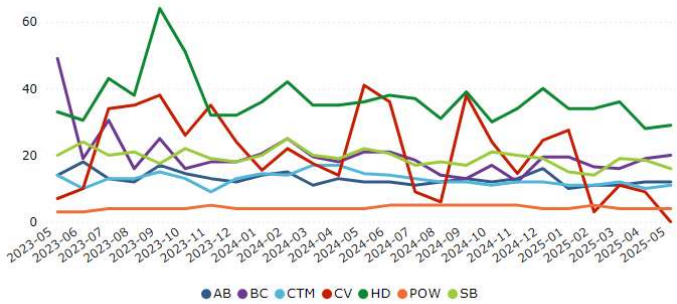
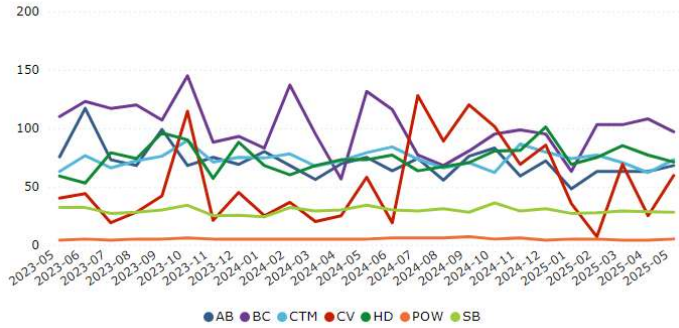
Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



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

Apr-25 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	18	62	113
BCUHB	19	20	103	119
CTMUHB	10	11	70	69
C&VUHB	9	8	69	63
HDUHB	28	29	85	80
SBUHB	19	24	29	23

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

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

What the data tells us

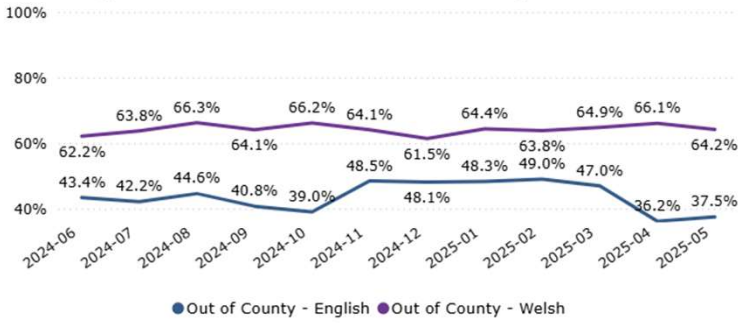
Welsh Emergency Access (A&E) providers
- Powys residents have seen a slight fall to 64.2% in May from 66.1% in April for those waiting under 4 hrs in Welsh units.
- Number of patients reported waiting over 12 hrs follows a 3-month trend for reduction reporting 123 for May 2025.

English Emergency Access (A&E) providers
- PTHB residents attending English emergency units see the longest wait with only 37.5% reported in May as waiting less than 4hrs in their units.
- With the availability of The Shrewsbury and Telford NHS Trust (SATH) data we see a significant jump in the number of patients waiting over 2hrs (more than double) with 363 patients reported waiting over 12hrs (SATH consists of circa 60% of all 12 hr breaches for the month of May).

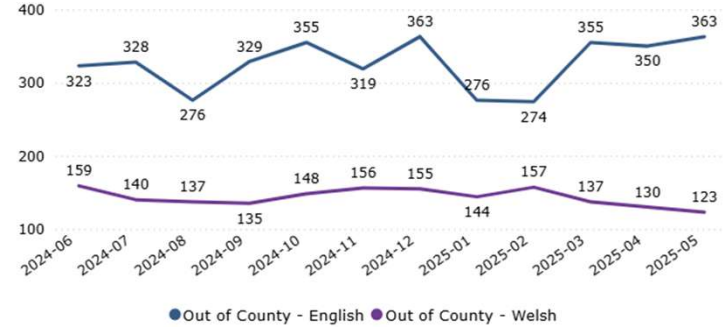
Data Quality
- Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance which will be noticeable between reporting month although minor.

Key notes
- Shrewsbury & Telford NHS Trust Hospitals data has now been retrospectively updated for 2024/25.
- English data is delayed by 1 month when compared to Welsh information.

Percentage of ED Waits Seen Within 4 Hours by Arrival Month



Number of ED Waits Over 12 Hours by Arrival Month



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

Actions & Mitigations
- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).
- 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 – 25** | **Frequency - Monthly**

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

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

Latest available	May-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

Single cancer pathway performance – Powys residents – Last 12 months – Source DHCW

HealthBoard	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05
Aneurin Bevan UHB												
Pathways With Treatment	11	18	16	11	9	13	16	15	16	16	8	16
Treated Within 62 Days	9	10	10	7	8	7	9	11	9	11	4	10
Breaching 62 Day Target	2	8	6	4	1	6	7	4	7	5	4	6
% Treated Within Target	82%	56%	63%	64%	89%	54%	56%	73%	56%	69%	50%	63%
Betsi Cadwaladr UHB												
Pathways With Treatment		4	1	1	1	3	2		1		3	2
Treated Within 62 Days					1	3	2				2	1
Breaching 62 Day Target		4	1	1					1		1	1
% Treated Within Target		0%	0%	0%	100%	100%	100%		0%		67%	50%
Cardiff And Vale UHB												
Pathways With Treatment			1				1	1				
Treated Within 62 Days			1					1				
Breaching 62 Day Target							1					
% Treated Within Target			100%				0%	100%				
Cwm Taf Morgannwg UHB												
Pathways With Treatment	3	4	7	6	5	3	9	4	3	5	3	2
Treated Within 62 Days	1	1	4	2	4		4	1	1	1		
Breaching 62 Day Target	2	3	3	4	1	3	5	3	2	4	3	2
% Treated Within Target	33%	25%	57%	33%	80%	0%	44%	25%	33%	20%	0%	0%
Hywel Dda UHB												
Pathways With Treatment	8	8	8	8	5	7	7	9	7	6	9	10
Treated Within 62 Days	5	6	6	5	2	6	2	6	5	3	4	3
Breaching 62 Day Target	3	2	2	3	3	1	5	3	2	3	5	7
% Treated Within Target	63%	75%	75%	63%	40%	86%	29%	67%	71%	50%	44%	30%
Swansea Bay UHB												
Pathways With Treatment	11	10	14	7	11	9	11	11	4	7	6	4
Treated Within 62 Days	5	8	8	5	7	5	8	6	1	5		2
Breaching 62 Day Target	6	2	6	2	4	4	3	5	3	2	6	2
% Treated Within Target	45%	80%	57%	71%	64%	56%	73%	55%	25%	71%	0%	50%
Pathways With Treatment	**33**	**44**	**47**	**33**	**31**	**35**	**46**	**40**	**31**	**34**	**29**	**34**
Treated Within 62 Days	**20**	**25**	**29**	**19**	**22**	**21**	**25**	**25**	**16**	**20**	**10**	**16**
Breaching 62 Day Target	**13**	**19**	**18**	**14**	**9**	**14**	**21**	**15**	**15**	**14**	**19**	**18**
% Treated Within Target	**61%**	**57%**	**62%**	**58%**	**71%**	**60%**	**54%**	**63%**	**52%**	**59%**	**34%**	**47%**

What the data tells us

- At the end of May, the provisional position reported a at total of 273 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 239 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 34 pathways were closed with the commencement of definitive treatment. 18 patients breached the 62 days target with the longest wait reported as 190 days in Hywel Dda UHB for a urology pathway. 22% of breaches were for Lung Cancer as a primary cancer tumour site, whilst the remainder were spread across most other tumour types equally.
- Reported performance for May has improved slightly to 47% (16 of 34 pathways being treated within the 62-day target) against the 12-month improvement target working toward 80% by March 2026.
- **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.
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed. Open pathway data quality remains challenging, and the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathways.

Actions & Mitigations

- Ongoing quarterly review with commissioners for very long waits e.g., where days are beyond 146 days. Q3 & Q4 information has now been received, and review is underway with findings to be reviewed at the end of Q1 2025/26. 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 Performance and Improvement team.

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

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

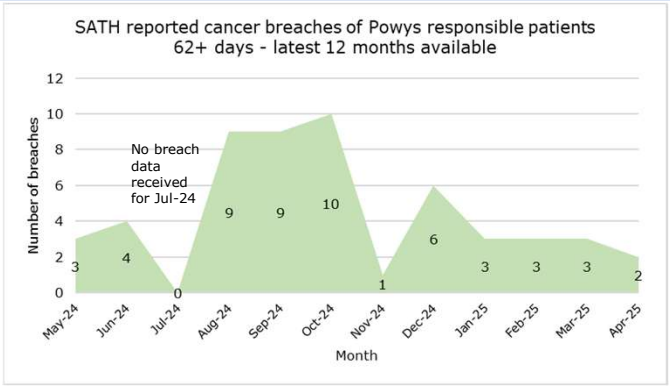
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

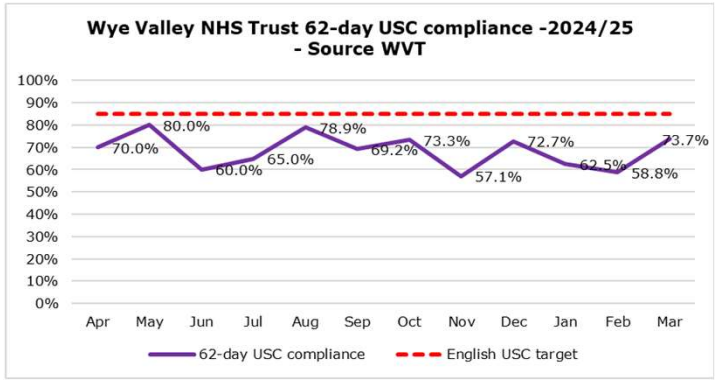
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	Apr-25	Status of measure	Level 3
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 Definitively Excluded (target 75%)
- 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
- 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%)





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

Apr-25	SATH	WVT	All English Providers	Target
28-day FDS	68.6%	78.2%	76.7%	75%
31-day DTT	90.5%	89.4%	91.3%	96%
62-day USC	55.6%	72.8%	71.4%	85%

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

What the data tells us

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

- Shrewsbury and Telford NHS Trust (SATH) report 2 breaches (1.4% of all SATH breaches reported to NHS England) in April for a Powys resident, all were reported waiting longer than 104 days. Breaches were across urology tumour type pathways.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in April (table 1).
- Wye Valley NHS Trust (WVT) performance reported in March that 73.7% of 19 Powys residents started treatment within 62 days (Powys specific data is only available to March).
- Key challenged tumour type was for urological cancer and the key theme was diagnostic delays and treatment capacity.
- WVT overall compliance for April reports better performance for all measures against the English average except 31-day DTT.

Challenges

- Capacity challenges for outpatients, and treatment listed alongside complex diagnostics for breaches reported to the health board in March.
- Re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information has not progressed as hoped and has been raised to Welsh Government via Audit feedback.
- NHS England priority targets for 2025/26 are:
  - 62-day standard: 75% of patients begin first definitive cancer treatment within 62 days of urgent referral/upgrade (up from 2024/25 baseline
  - 28-day Faster Diagnosis Standard (FDS): 80% of patients to have cancer confirmed or ruled out within 28 days of urgent referral

Actions & Mitigations

- At the end of March 2025 both main cancer provider in England e.g., SATH and WVT achieved the NHS England 2024/25 priorities.
- 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.
- 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 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

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

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

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

What the data tells us

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

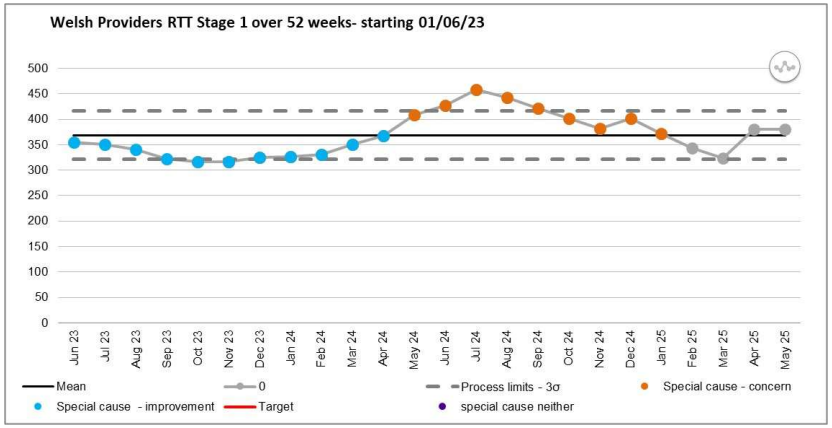
- Swansea Bay UHB and Hywel Dda UHB continue to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents. However, the overall position in Wales increases in pathways over 52 weeks with Aneurin Bevan UHB and Cwm Taf Morgannwg UHB reporting special cause concern.

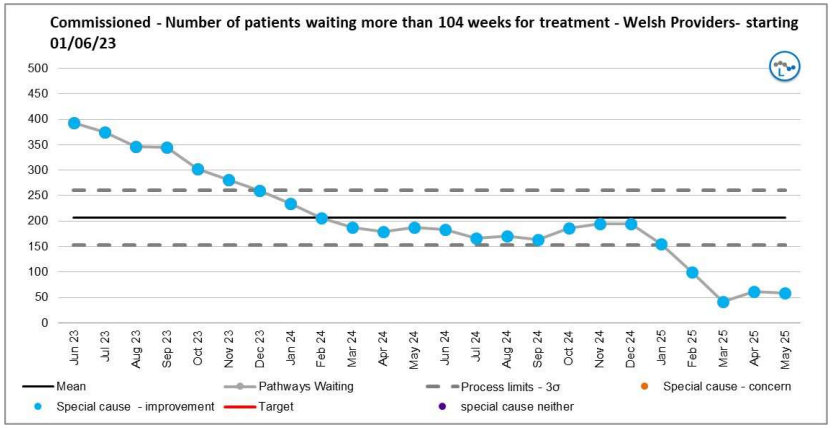
Measure 33. Number of patients waiting more than 104 weeks for referral to treatment

- Only Swansea Bay UHB remains compliant in April reporting no pathways over 104 weeks. All other providers bar Cardiff and Vale UHB continue to report special cause improvement. But the overall number increases from 41 in March to 62 in April 2025.

Top 5 challenged specialties over 104 weeks	
Specialty	**Pathway count**
TRAUMA & ORTHOPAEDICS	17
OPHTHALMOLOGY	9
ENT	8
ORAL SURGERY	6
GYNAECOLOGY	2

	May-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
Welsh Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.				
Aneurin Bevan Local Health Board	60.9%	710		396		8		2690	146	
Betsi Cadwaladr University Local Health Board	47.0%	280		165		28		708	88	
Cardiff & Vale University Local Health Board	44.8%	181		119		15		395	44	
Cwm Taf Morgannwg University Local Health Board	52.8%	321		193		3		902	101	
Hywel Dda Local Health Board	59.9%	467		237		4		1555	1	
Swansea Bay University Local Health Board	58.1%	578		310		0		1984	0	
Total	57.2%	**2537**		**1420**		**58**		**8234**	**380**	





Challenges and actions narrative link (slide 37)

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

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

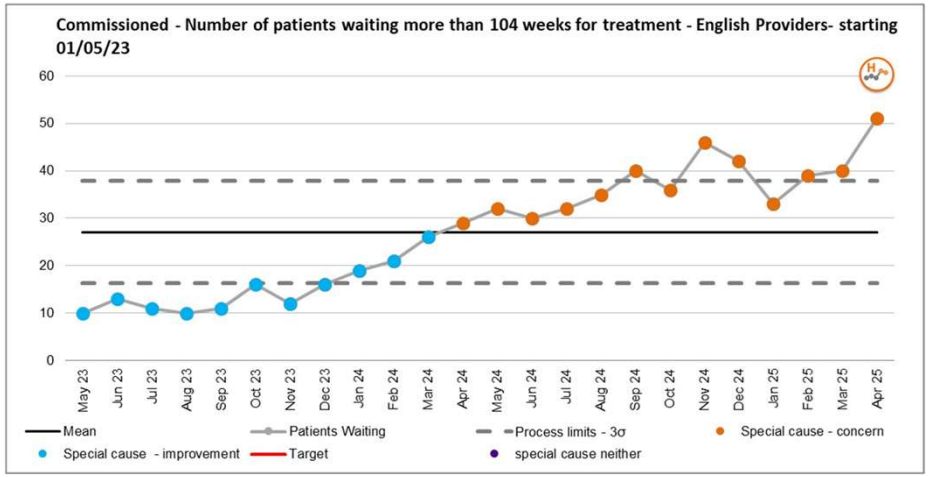
Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

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

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

What the data tells us

- Powys residents in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH), all wait bands are reporting special cause concern at an aggregated level.
- **Wye Valley NHS Trust (WVT)** reports the best performance of all Powys commissioned providers with 71.2% of pathways waiting under 26 weeks for treatment, 94 wait over 52 weeks. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing. The key challenged specialties for long waiting pathways in SATH are ENT and Oral Surgery which make up 24 of the total 30 pathways between 77 and 104 weeks. One pathway waits over 104 weeks for ENT.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits the SPC chart (right) shows a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in April of the 50 total breaches 14 are for Knee & Sports Injuries, 15 are complex spinal, 17 reported for Arthroplasty pathways, and 4 in Foot & Ankle. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 289 weeks.



English Providers	Apr-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.		Total pathways Waiting
English Other	70.7%	45		5		0		256
The Robert Jones and Agnes Hunt Orthopaedic Hospital	52.3%	1315	H	698	H	50	H	3792
The Shrewsbury and Telford Hospital NHS Trust	60.7%	1220	H	396	H	1	H	4714
Wye Valley NHS Trust	71.2%	533	L	94	L	0		3545
Total	57.4%	**3113**	H	**1099**	H	**51**	H	**8762**

Challenges and actions narrative link (slide 37)

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

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

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

Commissioned RTT for Welsh providers challenges and actions

Challenges

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

Actions & Mitigations

- 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.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- All Welsh providers have been formally contacted to request confirmation of when those patients waiting > 104 weeks will be seen.
- Welsh Government confirmed national programme to reduce overall size of waiting lists in Wales by targeting a reduction of 200,000 first outpatient appointments. This will involve national procurement of 164,000 first outpatient appointments.
- Health Boards will also deliver up to 50,000 first outpatient appointments via local plans with all Health Boards having submitted costed plans indicating specialty and volume per specialty.

Commissioned RTT for English providers challenges and actions

Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge).
- Wye Valley NHS Trust continues to provide excellent access as reported in April driving down waiting times, however from July 2025 the health board has asked for all routine patient pathways for Powys responsible adults to be throttled to meet a reduced financial envelope aligned to NHS Wales access times targets. Whilst NHS England 2025/26 priorities are:
  - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
  - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment.
  - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
  - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) - 2.85% uplift

Actions and Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times.
- 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.
- SATH data system challenges – commenced conversations to continue 24/25 block arrangements into Q1 25/26
- Discussions continued with SATH, WVT, RJAH around working to WG performance framework targets.

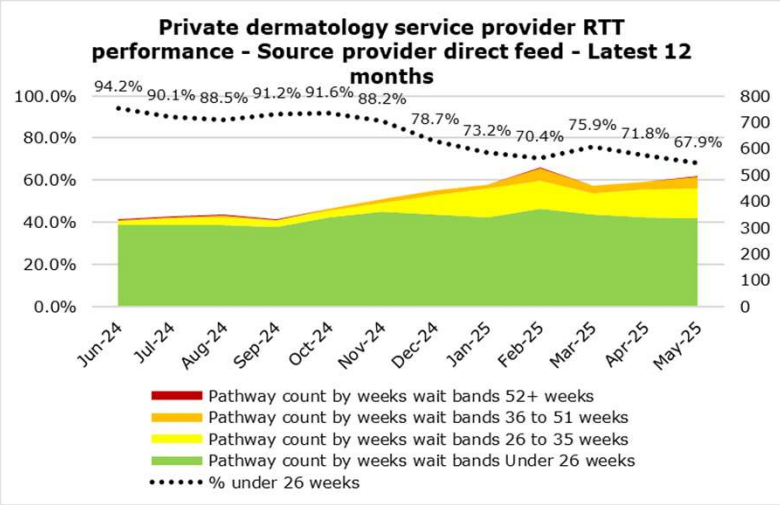
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Referral to Treatment - Private dermatology service provider

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

Latest available	Mar-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	
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
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	67.9%	336	111	46	2	495

What the data tells us

- 67.9% of pathways wait under 26 weeks for treatment in May 2025 which is a reduction compared to April 2025. There has been an increase in patients waiting over 36 weeks to 46 patients in May, and 2 patients wait over 52 weeks.

Patterson,Liz
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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).

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

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

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

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

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.14

PTHB Board	**30 JULY 2025**
Subject:	**Risk Appetite Statement**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board – 21 May 2025 Audit, Risk and Assurance Committee – 17 June 2025 Finance and Performance Committee – 26 June 2025
Appendices :	Appendix A – Risk Appetite Statement

PURPOSE:

The report provides the proposed revisions to the Board's risk appetite statement following review and refinement by the Audit, Risk and Assurance Committee on 17 June 2025, as requested by the Board on 21 May 2025.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** and **APPROVE** the revised Board's Risk Appetite Statement following further refinement to the categorisation of financial risks as supported by the Audit, Risk and Assurance and Finance and Performance Committees.

Approve/Take Assurance	Discuss	Note
x		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board's strategic objectives and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

BACKGROUND

Following engagement at a Board Development session in April 2025 proposed updates to the Board's Risk Appetite Statement were presented to the Board meeting on 21 May 2025. A conducive discussion was held at the Board, and the Board was supportive of the proposed amendments, though it was recognised that there were differing opinions on the way in which the risk category of Financial Sustainability should be categorised in terms of appetite, particularly in the context of a Minimal appetite in relation to Quality risks.

As such the Audit, Risk and Assurance Committee were asked to consider the most appropriate categorisation to ensure an accurate reflection of the Board's appetite thresholds. On 17 June 2025 the Audit, Risk and Assurance Committee considered the proposals and following a detailed discussion and review of best practice from neighbouring organisations it was agreed that the category of 'Financial Sustainability' would be subdivided into three sub-categories to enable greater clarity and consistency in the allocation of appetite. The proposed financial risk categories and associated risk appetite levels are included below:

Risk Category	Description	Appetite
Financial Governance	We will not accept risks, nor any incidents or circumstances which may compromise to the integrity of financial reporting and associated processes; and risks relating to financial impropriety our fraud. We will maintain robust controls to ensure compliance with our Standing Financial Instructions financial propriety, to prevent fraud or error; and we will ensure remedial actions are enacted diligently should any concerns be identified.	**Averse**
Financial Sustainability	We recognise we have been entrusted with public funds and must remain financially viable. Our financial deficit means that robust controls are required to manage our exposure to risks which might increase our expenditure. We will make the best use of our resources for patients and staff ensuring maximum value is achieved. Though we recognise	**Cautious**

	that some risk is inherent to achieving our priorities.	
Financial Investment	Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change and/or legal or regulatory compliance. Though we are open to evidence-based innovations and investments which will significantly impact the drivers behind our financial deficit position, provided that these are aligned to our financial governance arrangements.	**Open**

The revised proposal as suggested by the Audit, Risk and Assurance Committee was also shared with the Finance and Performance Committee on 26 June 2025, given their remit and oversight of the Health Board's financial position, the Finance and Performance Committee supported the approach. The full Risk Appetite Statement is appended to this paper as **Appendix A.**

NEXT STEPS:

Key next steps include:

- The Risk Appetite Statement will be published to the Health Board's internet and integrated into key risk mechanisms and documents such as the Strategic Risk Register, risk register templates and the Risk Management Toolkit.
- The Risk Appetite Statement will be reviewed regularly, particularly in support of decision making.
- The Risk Appetite Statement will be reviewed by the Board at a Board Development session in the autumn, in the context of preparation for the Annual Plan 2025-26.

Appendix A – Risk Appetite Statement

RISK APPETITE STATEMENT – JULY 2025

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives. The Health Board will continue its open and transparent approach to risk management.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: '*A Healthy, Caring Powys'*.

The Health Board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

The Board will seek to balance all categories of risk appetite, in reality complex decisions contain components that fall across the range of risk categories, for example financial sustainability, performance and service sustain ability and workforce could all be contained within any one decision.

The risk appetite statement should be read in conjunction with the Health Boards Risk Management Framework which can be found here – PTHB Risk Management Framework March 2025

The Board has adopted the following Risk Appetite Matrix:

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 very limited or 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.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The health board's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. The health board will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of, incidents of avoidable harm to our patients or staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values i.e., unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.
Financial Governance	We will not accept risks, nor any incidents or circumstances which may compromise to the integrity of financial reporting and associated processes; and risks relating to financial impropriety our fraud. We will maintain robust controls to ensure compliance with our Standing Financial Instructions financial propriety, to prevent fraud or error; and we will ensure remedial actions are enacted diligently should any concerns be identified.
APPETITE FOR RISK: Minimal	
Quality	The provision of high-quality services is of the utmost importance for the health board. The Board acknowledges that in order to achieve individual patient care, treatment and therapeutic goals there may be occasions when a low level of risk must be accepted. Where such occasions arise, we will support our staff to work in collaboration with those who use our services, to develop appropriate and safe care plans. We therefore have a low appetite for risks which my compromise the Duty of Quality and/or the quality of the care we deliver / could result in poor quality care, non-compliance with standards of clinical or professional practice or poor clinical interventions. Our service is underpinned by clinical and professional excellence and any risks which impact on quality could adversely affect outcomes and experiences of our patients, service users and communities.
APPETITE FOR RISK: Cautious	

Risk Category	Description
Regulation & Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.
Workforce	The Health Board is committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and objectives to maximise the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Our work will continue to be undertaken in partnership with our Trade Union colleagues.
Financial Sustainability	We recognise we have been entrusted with public funds and must remain financially viable. Our financial deficit means that robust controls are required to manage our exposure to risks which might increase our expenditure. We will make the best use of our resources for patients and staff ensuring maximum value is achieved. Though we recognise that some risk is inherent to achieving our priorities.
APPETITE FOR RISK: Open	
Performance and Service Sustainability	We have a low-moderate risk appetite for risks which may affect our performance and service sustainability. We are prepared to accept managed risks to our portfolio of services if they are consistent with the achievement of patient/donor safety and quality improvements as long as patient/donor safety, quality care and effective outcomes are maintained. Whilst these will both be at the fore of our operations; we recognise there may be unprecedented challenges (such as Covid-19, workforce availability and limited resources) which may result in lower performance levels and unsustainable service delivery for a short period of time. We will also consider impacts on both short and long term performance and service sustainability in our decision making.
Financial Investment	Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change

Risk Category	Description
	and/or legal or regulatory compliance. Though we are open to evidence-based innovations and investments which will significantly impact the drivers behind our financial deficit position, provided that these are aligned to our financial governance arrangements.
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, championing our Values and Behaviours Framework, and will not accept risks or circumstances that could unduly damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. Our communication and engagement will remain open and transparent. In light of the challenging environment related to public sector funding, we have a more open appetite for risks that may impact on the reputation of the Health Board when these arise as a result of the Health Board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory and financial environment.
Partnerships	The Health Board is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties at a local, regional and national level. We therefore have a high risk appetite for partnerships which may support and benefit the patients in our care. For example, the Health Board has a high appetite for risks associated with innovation and partnership with the third sector, industry and academia in order to realise the provision of new models of care, new service delivery options, new technologies, efficiency gains and improvements in clinical practice. However, the Health Board will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.
APPETITE FOR RISK: Eager	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new

Risk Category	Description
	initiatives, consistent with the strategic direction set out in the Integrated Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, objectives or our capacity to manage risk are properly reflected. It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.

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Powys Teaching Health Board

Agenda item: 3.15

PTHB Board	**Date: 30 July 2025**
Subject:	**Strategic Risk Register and Board Assurance Framework**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Strategic Risks – PTHB Board 21 May 2025 Board Assurance Framework – ARAC 8 July 2025 Executive Committee – 23 July 2025
Appendices:	Appendix A – Strategic Risk Register, July 2025 Appendix B – Board Assurance Framework Dashboard, July 2025

PURPOSE:

This report provides the Board with the newly developed Strategic Risk Register, which has been formulated following several months of engagement and development sessions.

The newly developed Board Assurance Framework Dashboard is also provided, which supports the Strategic Risk Register by seeking/providing assurance that the actions deployed by the Board to manage/mitigate its key risks are adequate and effective, and presenting an opportunity to undertake further scrutiny and identify actions where gaps or weaknesses are identified.

RECOMMENDATION(S):

The Board is asked to:

- **DISCUSS** whether Strategic Risk Register (SRR) accurately reflects the Health Boards current strategic risk environment and **APPROVE** the document for formal adoption by the Health Board
- **DISCUSS** the newly developed Board Assurance Framework (BAF) Dashboard and **APPROVE** the document for formal adoption by the Health Board
- **NOTE** risk SRR011 will be considered in greater detail within the In-Committee meeting of the Board.

Approve/Take Assurance	Discuss	Note
√	√	√

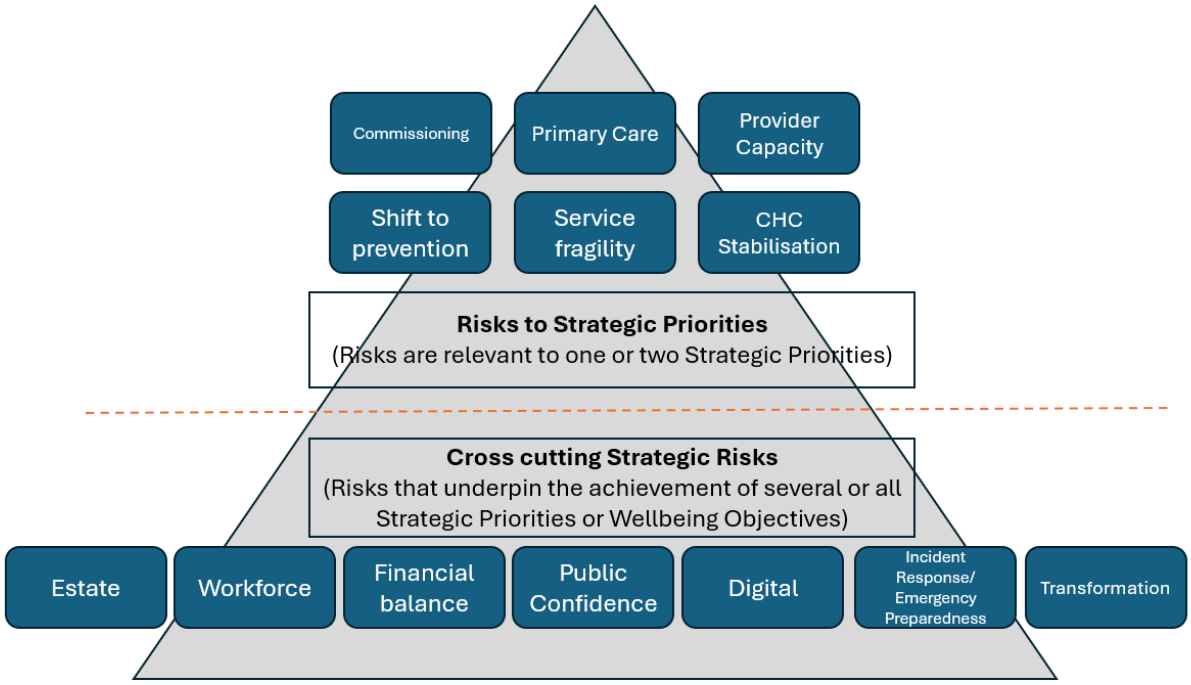
ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board's strategic objectives and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

STRATEGIC AND COMMITTEE RISK REGISTERS

In March 2025 the Board approved a revised Risk Management Framework (RMF). The key fundamental change within the revised framework was the closure of the Corporate Risk Register (CRR), to be replaced with a Strategic Risk Register, owned by the Board and an Organisational Risk Register (ORR), focused on significant and cross-organisation operational risk, owned by the Executive Committee.

Following approval of the revised RMF, the Corporate Governance Team has been working closely with the Board, individual Executive Directors and Assistant and Deputy Directors to develop the new SRR.

On 21 May 2025, an update on progress was reported to the Board which provided a summary of the identified risks to the delivery of the Health Boards Strategic Priorities and their associated risk descriptors. It was noted that some of these risks had been identified as 'cross-cutting' (underpinning the achievement of several or all Strategic Priorities or Wellbeing Objectives) and risks to Strategic Priorities which were relevant to one or two of the Strategic Priorities identified within the Health Board's Integrated Plan. An overview of this update is provided below:



The proposals were supported by the Board on 21 May 2025. Following review by the Directorate of Primary, Community Care and Mental Health it was found that there was a large degree of duplication between the following proposed risks:

Summary	Risk description
Provider	There is a risk that the Health Board is unable to respond to the demand for provided services
System Resilience	There is a risk that the Health Board is unable to deliver integrated, resilient health and care services

There the system resilience risk has therefore been integrated into SRR 004 (Provider), leaving 12 Strategic Risks within the register.

The Strategic Risks have now been developed in full are included within the Strategic Risk Register (July 2025) attached as **Appendix 1.** Please note that the risk appetite categorisation and levels applied within the SRR are those which have been submitted to the Board as part of the Risk Appetite Statement (RAS) for approval on 30 July 2025 alongside this report, following support from the Audit, Risk and Assurance Committee and Finance and Performance Committee based on the assumption that the statement will be approved. Should any amendments be required following Board consideration of the RAS, these will be integrated into the SRR.

As previously noted, the revised RMF also proposed the development on an Organisational Risk Register (ORR) focused on significant and cross-organisation operational risk, owned by the Executive Committee. Development of ORR has commenced, and following approval of the SRR by the Board focused development of the ORR will be taken forward by the Corporate Governance Team with a view to finalising the ORR. These high-level operational risks, which will be managed by the Executive team, will then also be integrated into Board level risk reporting.

BOARD ASSURANCE FRAMEWORK DASHBOARD

In May 2024 the Board approved a revised Board Assurance Framework (BAF), recognising that the BAF is a complex system comprising of a number of key systems including:

- Risk Management Framework
- Quality and Performance Framework; and
- The overall system of governance deployed by the Board and the Chief Executive in ensuring good governance within the organisation.

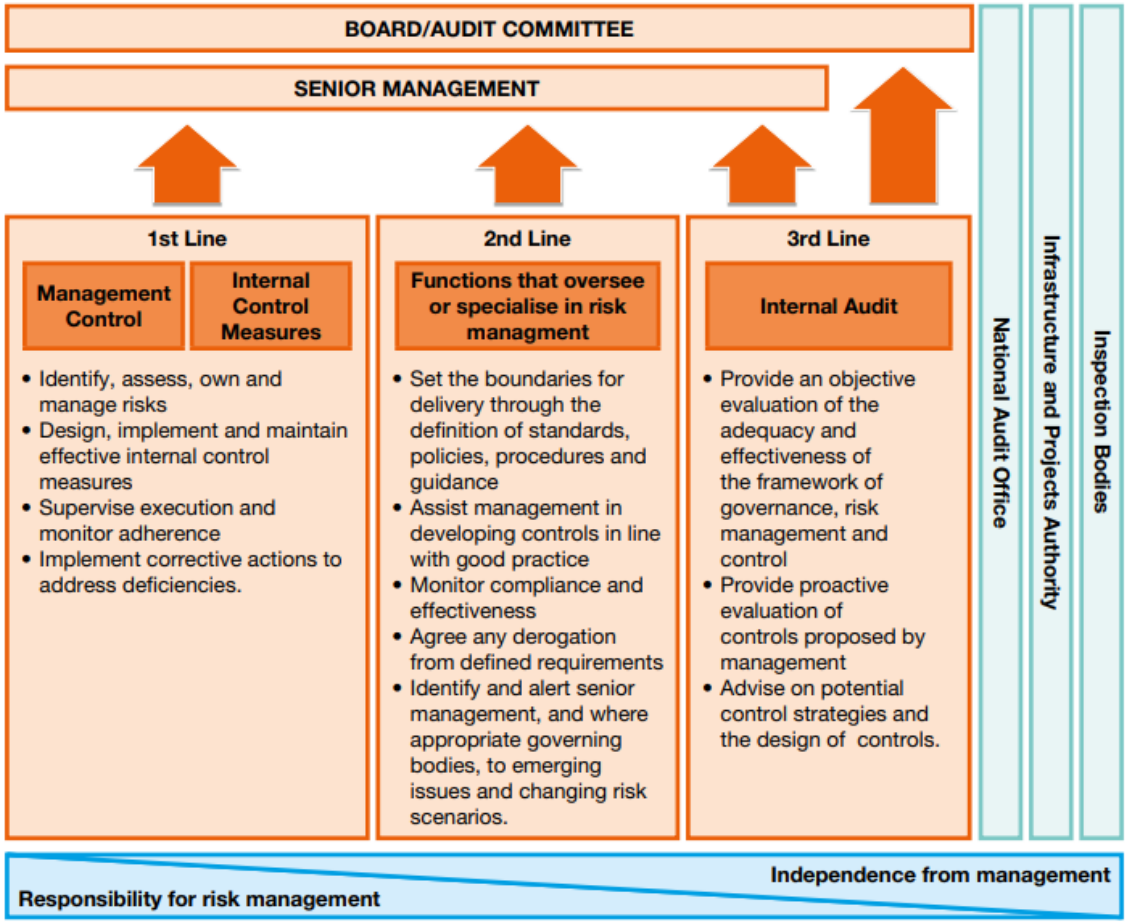
The purpose of the Board Assurance Framework (BAF) is a structured means of identifying and mapping the main sources of assurance in the organisation, and co-ordinating them to best effect. It is intended that through appropriate utilisation of the BAF, the Board can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action as a result.

Following approval of the RMF in March 2025, work has been undertaken to develop a BAF Dashboard in support of the Health Boards SRR, as indicated in the last update provided to the Committee in October 2024. The BAF Dashboard is intended to support the Board's SRR and will 'close the loop' of the risk management process by seeking/providing assurance that the actions deployed by the Health Board to manage/mitigate its key risks are adequate and effective. This will also provide an opportunity to undertake further scrutiny of risks and identify where gaps or weaknesses require further action. This dashboard will therefore be a key reporting mechanism in terms of both the BAF and SRR.

The Audit, Risk and Assurance Committee received the BAF Dashboard templates at its meeting on 8 July 2025 and was supportive of the approach, recognising that the process would continue to develop and mature.

The BAF Dashboard is attached to this paper as **Appendix B**. The dashboard will report to the Board alongside the SRR going forward.

As the BAF Dashboard matured work will be undertaken to develop a detailed Risk Assurance Analysis for each strategic risk, which will provide an overview of controls, gaps or weaknesses in controls, including the balance of reaction vs proactive controls and will list the associated assurance available in relation to the controls for each risk. As the BAF continues to mature throughout 2025/26, work will be undertaken to review the Risk Assurance Analysis in relation to each risk in line with the Orange Book (2023)'s Three Lines Model (included below) to ensure the assurance available/reported to the Board in relation to its strategic risks is sufficiently balanced and appropriate in accordance with the model.



The Board is asked to receive the BAF Dashboard, provide any feedback on the approach and also consider and potential actions arising from the information shared within the report.

NEXT STEPS:

Following endorsement by the Board each relevant Board Committee will receive an update on their Committee Risk Register (those risks within the Strategic Risk Register allocated to the Committee) to each meeting for scrutiny and assurance. The Organisational Risk Register will undergo focused development for the remainder of Q2 and will constitute a key element of the Health Board's system for managing risk when established.

The Strategic Risk Register and Board Assurance Framework Dashboard will be reported regularly to the Board and Executive Committee going forward and any updates made to risks will be indicated by the use of red font. Detailed Risk Assurance Analysis for each risk will also be developed which will report to the Board twice annually as a full Board Assurance Framework Report.

The Corporate Governance Team will continue to take steps strengthen and mature and Risk Management Framework and Board Assurance Framework via a process of continuous development.

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Strategic Risk Register

July 2025

STRATEGIC RISK DASHBOARD – JULY 2025

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/×	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 001	**Financial Sustainability**	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	**4 x 5 = 20**	➔	Cautious	×	Finance and Performance	Cross-cutting (All SPs and WBOs)
EDP&C	SRR 002	**Innovation and Strategic Change**	The Health Board is unable to successfully deliver and realise the benefits of transformation	**3 x 4 = 12**	*	Eager	×	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPP&C	SRR 003	**Performance and Service Sustainability**	The Health Board is unable to respond to the demand for commissioned services	**5 x 4 = 20**	➔	Open	×	Patient Experience, Quality and Safety	SP 11 and WBO 8
EDPCCMH	SRR 004	**Performance and Service Sustainability**	The Health Board is unable to respond to the demand for provided services.	**4 x 4 = 16**	➔	Open	×	Patient Experience, Quality and Safety	Several SPs and WBOs 4 and 8
EDPCCMH	SRR 005	**Performance and Service Sustainability**	Primary Care is unable to respond to demand.	**4 x 4 = 16**	↓	Open	×	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDP&C	SRR 006	**Workforce**	The Health Board is unable to recruit and retain an appropriate workforce.	**4 x 4 = 16**	➔	Cautious	×	People and Culture	Cross-cutting (All SPs and WBOs)

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/×	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 007	**Quality**	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**4 x 4 = 16**	➔	Minimal	×	Finance and Performance	SP 09 and WBOs 1 and 4
EDPH	SRR 008	**Innovation and Strategic Change**	The Health Board is unable to shift to a primary prevention focused health care system	**16**	✱	Eager	×	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPCCMH	SRR 009	**Performance and Service Sustainability**	The Health Board is unable to stabilise the growing implications of Continuing Health Care	**4 x 4 = 16**	✱	Open	×	Finance and Performance	SP 6 and WBO 4
EDPH	SRR 010	**Safety**	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	**4 x 4 = 16**	✱	Averse	×	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)
EDAHPHS&D	SRR 011	**Performance and Service Sustainability**	Failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	**3 x 5 = 15**	✱	Open	×	Audit, Risk and Assurance	Cross-cutting (All SPs and WBOs)
DCG	SRR 012	**Reputation and Public Confidence**	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	**3 x 5 = 15**	✱	Open	×	Finance and Performance	Cross-cutting (All SPs and WBOs)

KEY:

Executive Lead	
EDoFC&E	Executive Director of Finance, Capital and Estates
EDP&C	Executive Director of People and Culture
EDPP&C	Executive Director of Planning, Performance and Commissioning
EDPCCMH	Executive Director of Primary Care, Community and Mental Health
EDPH	Executive Director of Public Health
EDAHPHS&D	Executive Director of Allied Health Professionals, Health Sciences and Digital
DCG	Director of Corporate Governance/Board Secretary
CEO	Chief Executive
Trend	
*	**New risk**
→	**Risk score unchanged since last report**
↓	**Risk score decreased since last report**
↑	**Risk score increased since last report**

RISK HEAT MAP – JULY 2025

Almost certain 5				SRR 003 – Commissioning	
Likely 4				SRR 004 – Provider SRR 005 – Primary Care SRR 006 – Workforce SRR 007 – Estate SRR 009 – CHC SRR 010 – Emergency Response	SRR 001 – Financial Balance
Possible 3				SRR 002 – Transformation	SRR 011 – Digital SRR 012 – Public Confidence
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	**Insignificant 1**	**Minor 2**	**Moderate 3**	**Major 4**	**Catastrophic 5**

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SRR 001	**There is a risk that:** The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	**Risk Category:** Financial Sustainability **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director of Finance, Capital and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: July 2025 **Added to register:** June 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause/source of risk:** The Health Board reported a £15.8m deficit in 2024/25 It is forecasting a £28.3m deficit in 2025/26 Savings programme of £23.1m Underlying deficit of £42.1m **Risk materialising would result in:** Failure to achieve the statutory duty to breakeven

Controls (What has been implemented to manage the risk?)	**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**

7.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
7.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
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 F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
7.5	Investment Benefits Group- focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
7.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**

Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and Exec Committee and D&P	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome to be reported to Board in July	Ongoing	Ongoing

Additional information:

Rationale for current score:

- The Plan includes a £23.1m savings target. This is not currently being achieved.
- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as £42.1m.
- The scale of this deficit against annual expenditure of circa £480m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

SRR 002	**There is a risk that:** The Health Board is unable to successfully deliver and realise the benefits of transformation	
Current Risk Score: **12**	**Risk rating detail:** (likelihood x impact) Current: 3 x 4 = 12 Inherent: 4 x 4 = 16 Target: 2 x 4 = 8	**Risk Category:** Innovation and Strategic Change **Boards Risk Appetite:** Eager
Executive Lead: Executive Director of People and Culture		**Assuring Committee:** Planning, Partnerships and Population Health
Latest review date: July 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Risk cause/source:** • Insufficient capacity to deliver across the Better Together Portfolio • Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio • Lack of organisational and public readiness for change • Timescales are too challenging to deliver • Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio • Financial recovery plan FY25/26 impacts on ability to deliver the Better Together portfolio • Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change • Misalignment with key dependencies both external and internal to the portfolio **Risk materialising would result in:**

		Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures. Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate. Unable to realise wider benefits of transformation in a timely manner Reputational damage		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
2.1	Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.	• Transformation updates provided to Executive Committee • Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio including North Powys Wellbeing Programme, Frailty & Community Model	Reasonable	Executive Committee

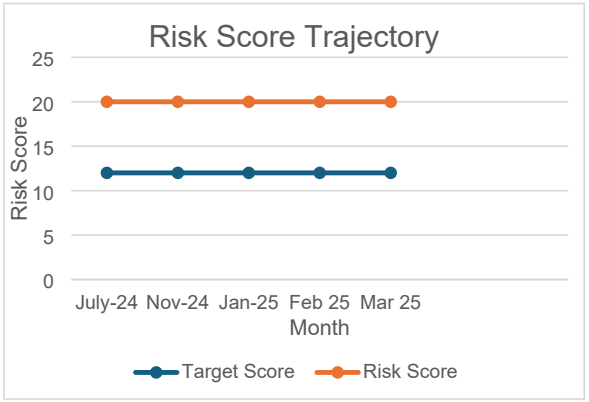
		incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and Temporary Service Change Programme		
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	• Regular reporting to the Executive Committee	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	• Regular reporting to Board Committees and onwards assurance provided to Board	Substantial	Multiple Board Committees
2.4	Better Together Phase 2 engagement programme has been developed and commenced including staff roadshows and workshops as well as several public events across Powys.	• Review and report on outcomes arising from engagement	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	• Regular informal discussion with WG leads	Substantial	N/A
2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	• Inputs and reporting from primary care workshops and meetings. • Inputs and outputs from wider stakeholder engagement meetings.	Reasonable	Better Together Portfolio Board

2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	• Portfolio Board reporting to Executive Committee	Reasonable	Better Together Portfolio Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
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; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and under evaluation.	July 2025	On track
Ongoing public, staff and stakeholder communication & engagement	DSI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track
Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track

Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
Additional information:				
N/A				
Associated organisational risks (ORR):				
• Organisational Risk Register under development Q2 2025/26.				

SRR 003	There is a risk that the Health Board is unable to respond to the demand for commissioned services	
Current Risk Score: **20**	**Risk rating detail:** (likelihood x impact) Current: L5 x I4 = 20 Inherent: L5 x I4 = 20 Target: L3 x I4 = 12	**Risk Category:** Performance and Service Sustainability **Boards Risk Appetite:** **Open**
Executive Lead: Executive Director of Planning, Performance & Commissioning		**Assuring Committee:** Patient Experience, Quality & Safety Committee
Latest review date: July 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:**		**Cause of risk and rationale for current score:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures • Planned care recovery continuing to accelerate in NHSE. • High volumes of patients waiting > 52 weeks and > 104 weeks in NHS Wales. Cabinet Secretary expectations to improve waiting times in NHS Wales. • The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality. **Risk materialising could result in:** • Poorer outcomes and experience for the citizens of Powys • Difficulty in balancing performance and financial plan

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SP 11 and WBO 8				
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
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. Low assurance currently due to robustness of referral data. Exploring alternative data sources (e.g. activity) whilst working through improved data set for GP referrals.	Limited	Executive Director
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, noting the need to agree a balanced finance and performance position as part of the IMTP process	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Executive Director
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 Finance and Performance Committee 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> ▪ Continue regular meetings with commissioned service providers. ▪ Secure performance improvement trajectories from providers. ▪ Insourcing contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. ▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Quality and Performance Report. ▪ Continuing to work to obtain robust data for referrals from NHSW and NHSE GPs for Powys residents.	Executive Director of Planning, Performance and Commissioning (supported by DPCCMH)	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 2025/26 and to be reviewed and discussed through CQPRMs. Planned Care Insourced provision tender exercise delayed. Mitigating actions put in place to ensure continuity of service provision whilst tender exercise undertaken. Paper	April 2025 and ongoing	On track

		presented to Executive Committee for decision. Established Commissioning Oversight and Assurance Group (COAG), chaired by Exec DPPC, to provide a forum for internal oversight and escalation of performance monitoring of commissioned non-specialist services.		
▪ Cancer	MD (supported by DPPC)	Added to this version of the risk register. Actions to be agreed. Cancer Working Group chaired by Medical Director. CQPRMs and COAG cover all specialties with commissioned providers.	TBA	TBC
<u>Urgent and Emergency Care</u> ▪ CQPRMS cover all specialties with commissioned providers including UEC. ▪ Continued work on 6 Goals plan to reduce admissions and secure timely discharge.	DPPC (supported by DPCCMH)	CQPRMS and COAG cover all specialties including urgent and emergency care. Historically had regular meetings (ICAP and Q&S) with Health Boards and WAST to cover performance, patient	April 2025 and ongoing	On track

Commented [NJ1]: Can we put anything in about revived cancer Working Group?

Commented [NJ2R1]: Also COAG will cover all specialities

▪ Strengthening arrangements for admissions to community beds in NHSE. ▪ Continue series of regular meetings with WAST and commissioned service providers. ▪ Continue commissioning of ambulance services in partnership through the Joint Commissiong Committee ▪ Secure performance improvement trajectories and improvement plans from providers.		experience, incidents and resultant investigations, clinical indicators. Several recent ICAP meetings have been cancelled. Regular attendance at CCLG and sub- committee structure. New governance structure being developed by the JCC with establishment of Ambulance Services and 111 Collaborative Commissioning Integration Group. Terms of Reference awaited. Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.		
<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.	DPPC	Integrated Quality and Performance Framework (IQPF) has been reviewed and refreshed for 2025/26. As part of the IQPF, the Integrated Quality and Performance Report will continue to provide information across the NHS Wales Performance Framework	April 2025 and ongoing	On track

		measures including Cancer and 4 hour ED waits.		

Additional information:

Rationale for current score:

Planned Care

NHS Wales

- Latest validated position to month 1 (April 2025):

	Apr-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
Welsh Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.				
Aneurin Bevan Local Health Board	62.4%	708	H	398		7	L	2712	154	H
Betsi Cadwaladr University Local Health Board	47.8%	285		172		33	L	689	89	
Cardiff & Vale University Local Health Board	43.7%	177	H	111	H	12		387	46	
Cwm Taf Morgannwg University Local Health Board	53.0%	327	H	189	H	3	L	920	91	H
Hywel Dda Local Health Board	59.3%	449	L	238	L	7	L	1533	0	L
Swansea Bay University Local Health Board	56.3%	610		317		0	L	1956	0	L
Total	57.2%	**2556**	H	**1425**		**62**	L	**8197**	**380**	

  - Swansea Bay UHB and Hywel Dda UHB continue to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents. However, the overall position in Wales increases in pathways over 52 weeks with Aneurin Bevan UHB and Cwm Taf Morgannwg UHB reporting special cause concern.
  - Only Swansea Bay UHB remains compliant in April reporting no pathways over 104 weeks. All other providers bar Cardiff and Vale UHB continue to report special cause improvement. But the overall number increases from 41 in March to 62 in April 2025.

Challenges

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

Actions & Mitigations
• 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. • PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement. • All Welsh providers have been formally contacted to request confirmation of when those patients waiting > 104 weeks will be seen.

NHS England

- Latest validated position month 12 (March 2025):

	Mar-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	69.4%	41		6		0		252
The Robert Jones and Agnes Hunt Orthopaedic Hospital	52.0%	1307	H	660	H	40	H	3755
The Shrewsbury and Telford Hospital NHS Trust	60.2%	1316	H	371	H	0		4815
Wye Valley NHS Trust	70.1%	571	L	113	L	0		3430
Total	59.7%	**3235**	H	**1150**	H	**40**	H	**12252**

- Powys residents in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH), all wait bands are reporting special cause concern at an aggregated level.
- **Wye Valley NHS Trust (WVT)** reports the best performance of all Powys commissioned providers with 70.1% of pathways waiting under 26 weeks for treatment, 113 wait over 52 and of these 4 pathways wait between 77 and 104 weeks for Ophthalmology and respiratory medicine. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing. The key challenged specialties for long waiting pathways in SATH are Ophthalmology and Oral Surgery which make up 24 of the total 27 pathways between 77 and 104 weeks.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits the SPC chart (right) shows a growing trend of very long waiters and with all key wait bands are reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in March of the 40 total breaches 16 are for Knee & Sports Injuries, 12 are complex spinal, 10 reported for Arthroplasty pathways, and 2 in upper/lower limb. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 307 weeks.

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.

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.

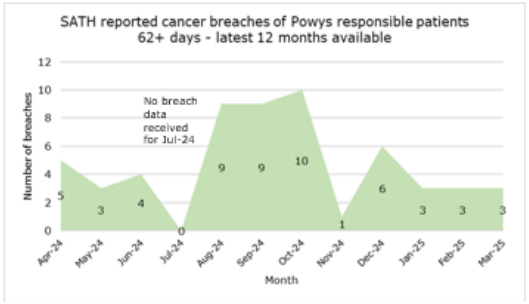
- Work ongoing with NHSE providers, primarily RJAH, SaTH and WVT, re PTHB Commissioning Intentions 2025/26, commissioning to NHS Wales treatment targets.

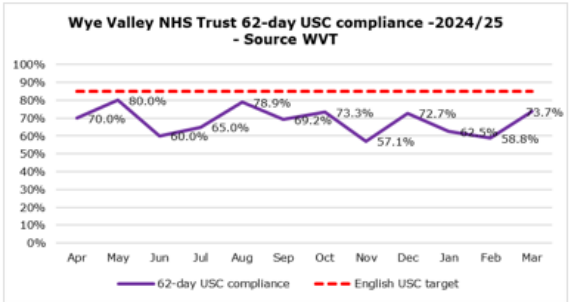
Cancer

- Cancer performance remains poor against the 62 day targets in both English and Welsh commissioned services.

Welsh Provider Cancer Performance Per SCP 62 Day Target - Last 12 Months

HealthBoard	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04
Aneurin Bevan UHB												
Pathways With Treatment	10	11	18	16	11	9	13	16	15	16	16	8
Treated Within 62 Days	5	9	10	10	7	8	7	9	11	9	11	4
Breaching 62 Day Target	5	2	8	6	4	1	6	7	4	7	5	4
% Treated Within Target	50%	82%	56%	63%	64%	89%	54%	56%	73%	56%	69%	50%
Betsi Cadwaladr UHB												
Pathways With Treatment			4	1	1	1	3	2		1		3
Treated Within 62 Days						1	3	2				2
Breaching 62 Day Target			4	1	1					1		1
% Treated Within Target			0%	0%	0%	100%	100%	100%		0%		67%
Cardiff And Vale UHB												
Pathways With Treatment				1				1	1			
Treated Within 62 Days				1					1			
Breaching 62 Day Target								1				
% Treated Within Target				100%				0%	100%			
Cwm Taf Morgannwg UHB												
Pathways With Treatment	4	3	4	7	6	5	3	9	4	3	5	3
Treated Within 62 Days	1	1	1	4	2	4		4	1	1	1	
Breaching 62 Day Target	3	2	3	3	4	1	3	5	3	2	4	3
% Treated Within Target	25%	33%	25%	57%	33%	80%	0%	44%	25%	33%	20%	0%
Hywel Dda UHB												
Pathways With Treatment	8	8	8	8	8	5	7	7	9	7	6	9
Treated Within 62 Days	3	5	6	6	5	2	6	2	6	5	3	4
Breaching 62 Day Target	5	3	2	2	3	3	1	5	3	2	3	5
% Treated Within Target	38%	63%	75%	75%	63%	40%	86%	29%	67%	71%	50%	44%
Swansea Bay UHB												
Pathways With Treatment	7	11	10	14	7	11	9	11	11	4	7	6
Treated Within 62 Days	6	5	8	8	5	7	5	8	6	1	5	
Breaching 62 Day Target	1	6	2	6	2	4	4	3	5	3	2	6
% Treated Within Target	86%	45%	80%	57%	71%	64%	56%	73%	55%	25%	71%	0%
Pathways With Treatment	**29**	**33**	**44**	**47**	**33**	**31**	**35**	**46**	**40**	**31**	**34**	**29**
Treated Within 62 Days	**15**	**20**	**25**	**29**	**19**	**22**	**21**	**25**	**25**	**16**	**20**	**10**
Breaching 62 Day Target	**14**	**13**	**19**	**18**	**14**	**9**	**14**	**21**	**15**	**15**	**14**	**19**
% Treated Within Target	**52%**	**61%**	**57%**	**62%**	**58%**	**71%**	**60%**	**54%**	**63%**	**52%**	**59%**	**34%**





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

Mar-25	SATH	WVT	All English Providers	Target
28-day FDS	62.5%	76.9%	78.9%	75%
31-day DTT	96.6%	91.1%	91.4%	96%
62-day USC	66.6%	69.3%	71.4%	85%

Urgent and Emergency Care (latest position April 2025)

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight increase to 66.3% for those waiting under 4 hrs in Welsh units.
- Number of patients reported waiting over 12 hrs was 124 for April 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 consistently from Q1 2024/25.
- PTHB residents attending English emergency units see the longest wait with 47.4% reported in March as waiting less than 4hrs in their units.
- Of the reported health board 140 patients were reported waiting over 12hrs (predominately Wye Valley NHS Trust).

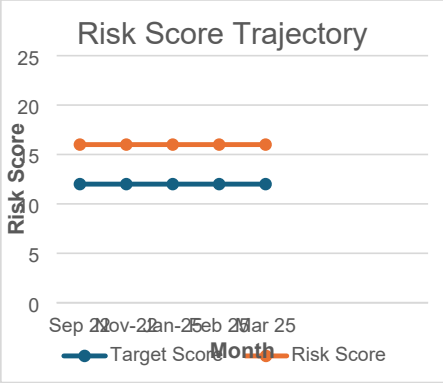
Data Quality

- 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.

Update including impact of actions to date on current risk score:

Improved performance experienced within NHS England commissioned service providers; expected improvement in NHS Wales expected following issue of additional planned care monies in 2025/26, and national procurement process for outpatients and treatments. Continued inequity of access for PTHB residents accessing NHSW services in comparison with NHSE.
Associated organisational risks (ORR):
• Organisational Risk Register under development Q2 2025/26.

SRR 004	**There is a risk that the Health Board is unable to respond to the demand for provided services**

Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	**Risk Category:** Performance and Service Sustainability **Boards Risk Appetite:** **Open**
Executive Lead: Executive Director of Primary Care, Community and Mental Health (PCCMH)		**Assuring Committee:** Patient Experience, Quality & Safety Committee
Latest review date: July 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Several SPs and WBO 4 and 8	 **No change to risk score although additional control and migration added.**	**Cause of risk:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures. **Risk materialising would result in:** • Poorer outcomes and experience for the citizens of Powys • Increased system pressure across urgent and emergency care pathways. • Reduced efficiency in patient flow and bed utilisation • Inability to meet national performance targets and ministerial priorities.

Controls (What has been implemented to manage the risk?)	**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**

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. Maximising insourcing offer to ensure optimal performance standards are achieved. Implement as many Optimisation frameworks and 5 Goals for Planned Care as appropriate for a community-based provider	• Referral data into services from commissioning data sets and supplementary reports received from commissioned providers Best practice guidance from GIRFT and Welsh Government / NHS Exec	Reasonable	Finance & 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	Finance & 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	Finance & Performance
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Reasonable	Finance & Performance
7.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in place to the reliance on agency staff (particularly higher cost agency providers) and deliver expected cessation.	Various workforce and financial reports recording agency usage at ward and service level	Reasonable	Finance & 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	Finance & Performance

7.7	Development and implementation of integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and the expansion of Powys DigiFLO—to enhance system resilience and operational efficiency. This control supports delivery of the PTHB Six Goals for Urgent and Emergency Care, contributes to the NHS Wales People's Experience Framework, and enables a shift toward a prevention-based, value-driven model of care.	Task & Finish Group reports, baseline assessment against National SPoA Framework, operational data (Package of Care Delays, PoCD), pilot evaluations and implementation monitoring reports	Reasonable	Finance & Performance

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> ▪ Continue series of regular meetings with service providers ▪ Monitor and manage delivery against performance improvement trajectories for our own services. ▪ 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 2025/26. Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.	Executive Director PCCMH	Performance Trajectories being routinely monitored and managed.	September 2026	On track

<u>General Service Sustainability & 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.	Executive Director PCCMH	The first two cases for change were approved by the Board in October 2024, with overall case for change now available for second phase engagement.	September 2025	On track
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.	Executive Director PCCMH	A number of sub-indicator performance targets have been identified. These have been built into the IQPR and actions in train to further reduce risk	December 2025	On track
Operationalise and expand integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and DigiFLO rollout—to mitigate delays, improve patient flow, and support timely discharge across the system.	Executive Director PCCMH	Flow Hub: model scoped, and roles identified; launch planned for September 2025. PoCD: Daily tracking and escalation in place; delays reduced by 6%. Daily 'huddle' to review patients in place. DigiFlo: Implemented on community hospital wards, expansion into MH has been scoped with rollout expected in Q2.	March 2026	On Track

		Trusted Assessment: Pilot completed in collaboration with PCC with early findings indicating positive impact.		

Additional information:

Rationale for current score:

Planned Care

- NHS Wales Ministerial standards
- Whilst services generally perform well against access targets, the fragility of some of the in-reach SLAs creates inherent operational risk to delivery.

Inpatient Beds

- At present capacity is part staffed by continued reliance upon agency staff. This is not a sustainable or affordable model.
- On any given day, over 40% 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

Primary Care

- There are some recruitment challenges for staffing in primary care.
- Dental access and capacity required does not currently meet demand.

Minor Injury Units

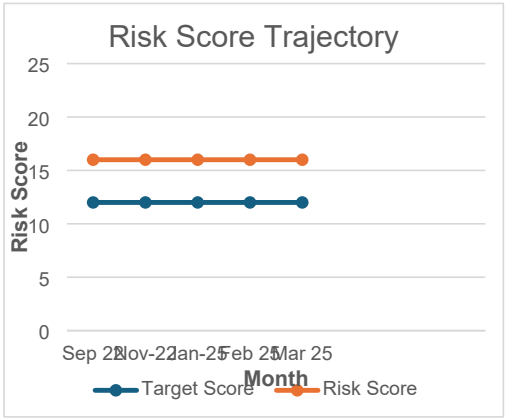
- Powys MIUs continue to performance well, in May (latest validated available) reported 100% compliance against 4 hour target and no patients waiting longer than 12 hours.

Mental Health

Elements of the service are currently in internal performance and scrutiny escalation

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

SRR 005	There is a risk that Primary Care is unable to respond to demand	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	**Risk Category:** Performance and Service Sustainability **Boards Risk Appetite:** **Open**
Executive Lead: Executive Director of Primary Care, Community and Mental Health		**Assuring Committee:** Planning, Partnerships and Population Health Committee
Latest review date: July 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** SP 4 and WBO 8		**Drivers/causes of risk:** • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures **Risk materialising would result in:** • Related workforce challenges may lead to services becoming unsustainable

Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
7.1	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. Additional national and local investment into GMS for 24/25. National 25/26 negotiations about to commence. Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans in place with specific practices. Implementing a local sustainability framework to consider supporting practices who do not meet the National Sustainability Assessment Framework criteria.	• Escalation Tool • Sustainability matrix score • National Sustainability Assessment Framework	Reasonable	Executive Committee
7.2	National Contract Assurance Framework embedded to support contract assurance. 23/24 CAF cycle completed, with a mixture of targeted Practice visits and action plans. Outstanding actions being picked up as part of the 24/25 review process	• Contract Assurance Framework • Annual Return • Supplementary Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self-Assessment Tool	Reasonable	Executive Committee / Finance & Performance

	24/25 evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance GMS Contracts Management Group meeting in mid July to confirm practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.	• Information Governance Toolkit		
7.3	Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability. Cluster IMTP plans agreed by RPB Executive Group – 09/01/25	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
7.4	OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/01/26 (including extensions). The future long-term viability of Shropdoc continues to be a high-risk concern for PTHB. The long-term company viability review is currently under review by the Health Board. This is not having an impact on current service delivery, however, is an ongoing risk for PTHB. Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Meeting dates being arranged/	• Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards • Quarterly Performance Review Commissioning Assurance Framework	Limited	Executive Committee / Finance & Performance

	Quarterly Performance Reviews continue to monitor out of hours services.			
7.5	Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs' 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. Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys and from September onwards Gwynyfed High School. Non-Recurrent investment added to contracts in areas of need (geographical and service need) securing increased access provision.	• Dental Access Portal • Contract Reform new patient and historic patient metrics. • GDS monitoring Group	Limited	Executive Committee / Finance & Performance

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews to commence in July	October 2025	On track
Review and assess completion of General Practice Improvement Plans	ADPC	Not yet commenced - linked to desktop reviews above.	March 26	On track
To undertake GDS End of year review visits with all contract holders	ADPC	Arranged for July/August 25. Includes 3 face to face visits	August 25	On track

Undertake GDS Mid-Year Review visits	ADPC	Will be undertaken in October/November 2025	November 25	On track
Review of GMS sustainability matrix	ADPC	To be undertaken in Q2	November 25	On track
Relocate mobile dental clinic to Gwernyfed High School	Associate Dental Director/ADPC	Agreed implementation plan in place with the school	October 25	On track
Offer additional non recurrent GDS access opportunities across Powys	ADPC	3 non-recurrent ortho contracts being progressed. Also Clifton Dental Practice non recurrent CVN agreed	September 25	On track
Procure additional recurrent GDS access opportunities across Powys	ADPC	Crickhowell contract currently out to tender	April 25	On track
Assessment of delivery model of current GMS OOH service provision and future procurement options	Executive Director of Primary Care, Community and Mental Health (EDPCCMH/ADPC	GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider various options for the future OOH GMS service delivery and model across Powys. This will be presented to September Board for approval	September 25	On track
Complete Procurement for future provision of GMS OOH services	EDPCCMH/ADPC	Will commence following Board approval in September to proceed.	March 26	On track
Ensure future provision of general medical services for patients registered	EDPCCMH/ADPC	Procurement process being worked through with 2 bidders	July 2025	On track

at Rhayader Medical Practice post 30th September 2025		for Board approval of selected bidder (July Board)		

Additional information:

Rationale for current score:

- Current Shropdoc OOH contract due to end 30/06/25
- 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 support in place for Llanfyllin
- Practice Sustainability applications for support being prepared for Llanidloes and Knighton.
- Termination of Rhayader Medical Practice contract, effective from September 2025.
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently at 3,710 patients on the waiting list.
- Orthodontic demand continues to exceed capacity across Powys.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by appropriately trained workforce.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

SRR 006	There is a risk that the Health Board is unable to recruit and retain an appropriate workforce	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	**Risk Category:** Workforce **Boards Risk Appetite:** **Cautious**
Executive Lead: Executive Director People & Culture		**Assuring Committee:** People & Culture Committee
Latest review date: July 2025 **Added to register:** July 2024 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Drivers/causes of risk:** • Demographics of the workforce and within our communities leading to challenging labour market. • No university within the Powys footprint to provide regular supply of newly qualifying clinicians. • Rurality and commutability of sites. **Risk materialising would result in:** • Higher agency costs associate with variable pay spend • Inability to sustain high quality services and patient safety

Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
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
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	Workforce performance reports produced routinely and shared appropriately.	Substantial	Lead Executive Directors

	against known recruitment pipelines, such as Grow our own and international recruitment.	Deep Dive Reports developed annually, or as required.		
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: Workforce Planning (sharepoint.com)	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**
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering	tbc	Ongoing support available to service leads in the development of workforce plans.	November 2025	On track

training which supports services to develop their resource plans.		HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.		
Candidate Journey application to induction 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. To be extended to include local KPIs for recruitment to the Bank.	tbc	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. Recruitment Modernisation group, renamed as Recruitment Improvement and first meeting held in June 25. End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.	31/09/2025	On Track
Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.	tbc	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	Ongoing	On Track

Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.		August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day. Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields.		
International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses	tbc	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	Ongoing	On Track

		hospital wards. In addition, 6 RMNs are expected in country by end of Q4. 24/25 International recruitment plan complete, totalling 18 Adult RNs and 6 RMNs, who have all now passed their OSCE exam. 25/26 International recruitment programme commenced, and 4 Adult RNs arrived in country in June 25, a further 4 Adult RNs due Oct/Nov 25. Paused RMN International recruitment pending student streamlining processes.		

Additional information:

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 31st May 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 13.87%. After the use of overtime, additional hours, agency, and Bank this fell to 7.65%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 17.70% for registered Nursing and Midwifery, 17.10% for Healthcare Scientists, 16.24% for Allied Health Professionals, 15.96% for Additional Clinical Services 14.62% for Medical and Dental and 10.02% for Add Prof Scientific & Technic.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in May 2025 from information held on the Health Roster/TSU systems:

- Additional Clinical Services: 25.01 WTE
- Nursing & Midwifery Registered: 22.65 WTE
- Allied Health Professionals: 7.84 WTE

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

SRR 007	There is a risk that the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	**Risk Category:** Quality **Boards Risk Appetite:** **Minimal**
Executive Lead: Executive Director of Finance, Capital, and Support Services		**Assuring Committee:** Finance and Performance Committee
Latest review date: July 2025 **Added to register:** January 2017 **Link to Strategic Priorities and Wellbeing Objectives:** SP 9 and WBOs 1 and 4		**Drivers/causes of risk:** **Estates Compliance**: (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands) • Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only 5% post-2005, leading to higher maintenance needs and outdated systems. • Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.). • Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets. • Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation. • Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the

		estate and shortfall in funding to address backlog and support future transformation plans. • Powys has the oldest estate in NHS Wales, compounding these issues. **Capital**: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures) • NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda. • NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate. • Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes. **Environment & Sustainability**: (Risk Driver: Policy Ambition vs. Resource Gap) • The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation. • The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit investment (Re:fit), further widening the gap between policy ambition and practical delivery.

		Risk materialising would result in: • Inability to sustain high quality services • Adverse impact on achievement of WBO 1 & 4 • Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services. • Escalating backlog costs may also lead to reputational damage and regulatory scrutiny. • Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs. • Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability. • Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
	ESTATES			
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.	• Minutes and papers from meetings • Audits undertaken by NWSSP	Reasonable	Estates Compliance Group, Health & Safety Committee
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
	CAPITAL			

9.11	Capital Procedures for project activity	• Capital Procedures CP/D/1.00 document • Annual Capital Systems Audit reports from NWSSP	Reasonable	Innovative Environments Group
9.12	Routine oversight / meetings with NWSSP Procurement	• Notes from meetings • Annual Procurement Report	Substantial	Innovative Environments Group / Finance & Performance
9.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	• Notes from meetings • Designated Director role	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 Finance & Performance Committee	• Notes and papers from meetings	Reasonable	Finance & Performance Committee
9.17	Capital Programme developed and approved	• Paper to Executive level meeting	Substantial	Delivery & Performance / 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
	ENVIRONMENT			
9.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & 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

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital	In line with Annual Plan for 2025-26	On Track

		Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.		
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.	In line with Annual Plan for 2025-26	On Track
Deliver energy savings and decarbonisation benefits	Associate Director for Capital, Estates and Facilities	£4.2M Re:fit energy efficiency project works will complete in Q2	In line with Annual Plan for 2025-26	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
Additional information:				

Update including impact of actions to date on current risk score:
Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing.
Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.
Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.
Finance: significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

SRR 008	**There is a risk that:** The Health Board is unable to shift to a primary prevention focused health care system	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: L x I = 16 Inherent: L x I = 20 Target: L x I = 6	**Risk Category:** Innovation and Strategic Change **Boards Risk Appetite:** Eager
Executive Lead: Executive Director of Public Health		**Assuring Committee:** Planning, Partnerships and Population Health
Latest review date: July 2025 **Added to register:** July 2025 **Risk source:** SP 1 and WBO 1		**Cause of risk and rational for current score:** • NHS historically structured around acute and reactive care • The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention • NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes. • Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.

		Risk materialising would result in: • Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs • Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
2.1	The Health Board *Annual Plan 2025/26* contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/Executive Committee/Group
2.2	The Powys Public Services Board *Wellbeing Plan* has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
2.3	The Powys Regional Partnership Board *Area Plan 2023-28* includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal and external reporting requirements.		
2.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the *NHS*			

	Wales Performance Framework 2025-26.	NHS Wales Planning Framework reporting procedures.		

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
The *Better Together* consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	Phase 2 consultation underway until end July.	End of 2025/26	On track
A Population Health Framework for Powys (DPH Annual Report) will be published.	Executive Director of Public Health	In progress.	24/09/25	

Additional information:

Rationale for current score:
The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

SRR 009	There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care			
Current Risk Score: 16	**Risk rating detail:** (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	**Risk Category:** Performance and Sustainability **Boards Risk Appetite:** Open		
Executive Lead: Executive Director of Primary, Community Care and Mental Health		**Assuring Committee:** Finance and Performance Committee		
Latest review date: **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** SP 6 and WBO 4		**Cause of risk and rational for current score:** • Demand is greater than available resource **Risk materialising would result in:** • The service is unable to remain within allocated budget • Failure to meet needs of vulnerable patients who are eligible for health services		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**

9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board
9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**

Deep Dive Report on EMI numbers and costs	Assistant Director of Complex Care	Report submitted to Executive Director on time	Completed June 2025	On track
Recruitment to additional post to support MH Adults of Working Age with provision of commissioning support to Acute Care Pathway	Head of Mental Health Complex and Unscheduled Care	Draft JD is submitted to Workforce for job matching	Completed June 2025	On track
Private Provider Report identifying new governance processes in place	Assistant Director of Mental Health and Learning Disabilities / Assistant Director of Complex Care	Report submitted to Executive Director on time	Completed June 2025	On track
Complex Care Operational Management Group	Assistant Director of Complex Care	This bi-monthly meeting has a financial component. This is in addition to other regular meetings with finance to review budget changes/rationale.	July 2025	On track
Complex Care Workshop Series	Executive Director of Primary Care, Community and Mental Health	Working group addressing challenges through specific project work: • Implementation of Digital systems • Specific review high cost placements • Alternative arrangements with	Completed June 2025	On track

		providers to meet high need EMI placements		
New System to process Retrospective CHC Claims	Lead Nurse Complex Care and Care Home Governance	Implementation of an effective system to ensure process slippage is reduced when dealing with claims	Completed April 2025	On track
National Digital System delays	Assistant Director of Complex Care	There is no clear timeline for when a national system will be agreed. Welsh Government (WG) has agreed to fund the initial procurement cost of a digital system only but will not cover ongoing costs such as licensing and other system-related expenses. Health Boards will need to plan financially for future costs.	September 2025	Delayed
Additional information:				
Rationale for current score: It is early on in the financial year and full year demand is unknown. **Update including impact of actions to date on current risk score:** Remains the same.				
Associated organisational risks (ORR):				

- Organisational Risk Register under development Q2 2025/26.

SRR 010	**There is a risk that:** The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	
Current Risk Score: **16**	**Risk rating detail:** (likelihood x impact) Current: 4 x 4 = 16 Inherent: 4 x 4 = 16 Target: 4 x 3 = 12	**Risk Category:** Safety **Boards Risk Appetite:** Averse
Executive Lead: Executive Director of Public Health		**Assuring Committee:** Planning, Partnerships and Population Health Committee
Latest review date: July 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause of risk and rational for current score:** • Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency. **Risk materialising would result in:** • Adverse impacts on delivery of care to patients • Inability to respond to a major incident to meet needs of those affected • Harm or injury to population, patients and/or staff • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & financial penalties • Reputational damage and loss of public confidence • Staff absence (injury, wellbeing)

Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	• Plan approved by Executive Committee • Civil Continency Annual Report	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	• Policy approved by Executive Committee	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	• Framework approved by Executive Committee	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	• Arrangements approved by Executive Committee	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases (HCID) are in place and are subject to regular review.	• Protocols in place	Substantial	Executive Director
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	• Plan approved by Executive Committee	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	• Audit Report – substantial assurance (Dec 2023)	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	• Audit Report – substantial assurance (May 2025)	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum's planning and response structures.	• Minutes of meetings	Substantial	Executive Director

		• Training and exercise records		
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	• Minutes of meetings • Training and exercise records	Substantial	Executive Director
10.11	The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive): • Exercise Mighty Oak (National Power Outage) • Exercise Pen Y Darren (Mass Casualty) • Exercise CYD (Communicable Disease) • Exercise Fad Fellin (Mpox/HCID) • Exercise Solaris (Pandemic) • Exercise Redstreak (Water disruption) • Exercise Wales Connect (Regular Pan Wales Response Plan activation test) • Walkthroughs of the operational response to major incidents/Mpox arrangements	• Exercise Reports	Substantial	Executive Director
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	• Debriefs from internal responses to incidents	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	• Internal repository	Substantial	Executive Director

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target

Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31st March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies		October 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead		September 2025	On Track
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31st March 2026	On Track
Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31st March 2026	On Track

Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures to strengthen the Health Board's future response to incidents	Civil Contingencies Manager		31st March 2026	On Track
Additional information: The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital				
Rationale for current score: There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.				
Associated organisational risks (ORR): • Organisational Risk Register under development Q2 2025/26.				

SRR 011	**There is a risk that:** failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	
Current Risk Score: **15**	**Risk rating detail:** (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 3 x 4 = 12 *Risk scored based on health board wide failure.*	**Risk Category:** Performance and Service Sustainability **Boards Risk Appetite: Open**
Executive Lead: Executive Director of Allied Health Professionals, Health Sciences and Digital		**Assuring Committee:** Audit, Risk and Assurance Committee
The detail relating to this risk are considered In-Committee as some of the details are sensitive and confidential.		

SRR 012	**There is a risk that:** The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.

Current Risk Score: **15**	**Risk rating detail:** (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	**Risk Category:** Reputation and Public Confidence **Boards Risk Appetite:** Open
Executive Lead: Director of Corporate Governance / Board Secretary		**Assuring Committee:** Finance and Performance Committee
Latest review date: July 2025 **Added to register:** July 2025 **Link to Strategic Priorities and Wellbeing Objectives:** Cross-cutting risk relevant to all SPs and WBOs		**Cause of risk and rationale for current score:** • The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways. **Risk materialising would result in:** • Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by

		patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.		
Controls (What has been implemented to manage the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
2.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
2.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	PPPH
2.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair
2.4	Quarterly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	PPPH
2.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee

2.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
2.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
2.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
2.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures	Notes from meetings	Reasonable	Board
2.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee
2.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
2.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
2.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Procurement of consultation assurance for Stage Three Better Together	DCG/DoP&C	Procurement process due to conclude by 08/25 following some delays outside the health board's control in SSP	30/07/25	Delays by SSP have been escalated

Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way	08/25	On track
Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation	08/25	On track
Establishment of continuous engagement programme following strengthening of engagement team from 06/25	DCG	Schedule of events being developed for implementation following	08/25	On track
Develop consultation plan for Better Together	DoP&C / DCG / DPPC	Consultation plan being developed through Better Together programme arrangements	08/25	On track
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track
Further campaign to encourage govDelivery sign ups to increase subscribers so that residents can receive information direct from PTHB	DCG	Paid-for advertising campaign summer 2025	30/09/25	On track
Additional information:				
Rationale for current score: Significant challenges to public confidence remain possible, particularly given the pressing need for significant transformation of health services to ensure that they are fit for the future The scope for managing these challenges is reduced due to the highly complex environment in which the health board operates (very large rural geography, hyperlocal needs and expectations, complex				

cross-border commissioned pathways with both England and Wales). Trust has been further challenged by decisions the health board has needed to make in the context of in-year financial challenges (e.g. waiting list measures) and to address risks to safety and sustainability (e.g. temporary service changes).

Update including impact of actions to date on current risk score:

Temporary strengthening of the engagement and communication function is supporting the health board to establish mechanisms for continuous engagement, although decisions will be needed once temporary funding ends as the substantive permanent resource across all engagement and communication specialisms (strategic communications, digital and social media including website and intranet, crisis communications, graphic design and print, public and community engagement and consultation, press and PR, internal communications, stakeholder relations, reputation and branding) is 4.0wte.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

Board Assurance Framework (BAF) Dashboard

PTHB Board– 30 July 2025

Board Assurance Framework Dashboard: Key

Key:

Adequacy of Controls
Are we doing enough to manage the risk?
GREEN: Multiple controls
AMBER: Some controls
RED: Limited/no controls

Effectiveness of Controls
Is what we're doing working?
GREEN: Controls largely effective
AMBER: Some control weaknesses
RED: Significant control weaknesses

Control Assurance
Based on what evidence?
GREEN: Assurance largely substantial
AMBER: Assurance largely reasonable
RED: Assurance largely limited
GREY: Insufficient assurance available

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Risk outside Board appetite

Board Assurance Framework Dashboard

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls *Are we doing enough to manage the risk?*	Effectiveness of Controls *Is what we're doing having the desired impact?*	Associated Assurance *Based on what evidence?*
SRR 001: **Financial Balance** *EDoFC&E*	**20**	**20**	**8**	**Cautious** ⚠	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 002: **Transformation** *EDP&C*	**16**	**12**	**8**	**Eager** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable
SRR 003: **Commissioning** *EDPP&C*	**20**	**20**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable/limited
SRR 004: **Provided Services** *EDPCCMH*	**16**	**16**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 005: **Primary Care** *EDPCCMH*	**16**	**16**	**12**	**Open** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 006: **Workforce** *EDP&C*	**16**	**16**	**8**	**Cautious** *In appetite*	Multiple Controls	Some control weaknesses	Assurance largely substantial

Board Assurance Framework Dashboard

Strategic Risk	Inherent Score	Current Score	Target Score	Within Appetite	Adequacy of Controls *Are there enough controls in place?*	Effectiveness of Controls *Are those controls working as intended?*	Associated Assurance *How do we know/evidence?*
SRR 007: **Estate** *EDoFC&E*	**16**	**16**	**8**	**Minimal** ⚠	Multiple Controls	Some control weaknesses	Assurance largely substantial/ reasonable
SRR 008: **Prevention** *EDPH*	**20**	**16**	**6**	**Eager** *In appetite*	Some controls	Controls largely effective	Assurance largely reasonable
SRR 009: **Continuing Health Care** *EDPCCMH*	**16**	**16**	**9**	**Open** *In appetite*	Some controls	Some control weaknesses	Assurance largely reasonable
SRR 010: **Emergency Preparedness/Incident Response** *EDPH*	**16**	**16**	**12**	**Averse** ⚠	Multiple Controls	Some control weaknesses	Assurance largely substantial
SRR 011: **Digital** *EDAHPHS&D*	**20**	**15**	**12**	**Open** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable
SRR 012: **Public Confidence** *DCG*	**20**	**15**	**8**	**Open** *In appetite*	Multiple Controls	Controls largely effective	Assurance largely reasonable

Summary Position

- 10 of the 12 risks are operating within the Board's Risk Appetite
- **3 of 12 risks received are operating outside of the Board's Risk Appetite**
  - **SRR 001 – Financial Balance**
  - **SRR 007 – Estate**
  - **SRR 010 – Emergency Preparedness/Incident Response**
- *Is the Board willing to tolerate the current position outside of appetite or is action to identify and implement further controls needed to mitigate risks?*
- **8 of the 12 risks received have Inherent Scores the same as the Current Score, suggesting a need to review the effectiveness of controls and/or risk scoring.**

Scoring Matrix

Likelihood x Impact = Risk Score

LIKELIHOOD						
	Almost Certain 5	5	10	15	20	25
	Likely 4	4	8	12	16	20
	Possible 3	3	6	9	12	15
	Unlikely 2	2	4	6	8	10
	Rare 1	1	2	3	4	5
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
		IMPACT				

Risk Appetite Summary

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
SRR 001 – Financial Balance	Financial Sustainability	Cautious	• Financial Governance, Financial Investment, Performance and Service Sustainability, Quality, Regulation and Compliance, and Reputation and Public Confidence.
SRR 002 - Transformation	Innovation and Strategic Change	Eager	• Performance and Sustainability of Services, Regulation and Compliance and Safety
SRR 003 – Commissioning	Performance and Service Sustainability	Open	• Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 004 – Provider	Performance and Service Sustainability	Open	• Quality, Safety, Workforce, Performance and Sustainability of Services.
SRR 005 – Primary care	Performance and Service Sustainability	Open	• Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.
SRR 006 – Workforce	Workforce	Cautious	• Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.

Risk Appetite Summary Cont.

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
SRR 007 – Estate	Quality	Minimal	• Safety, Regulation and Compliance, Reputation and Public Confidence and Financial Investment.
SRR 008 – Prevention	Innovation and Strategic Change	Eager	• Quality, Workforce and Reputation and Public Confidence.
SRR 009 – CHC	Performance and Service Sustainability	Open	• Financial Governance, Financial Sustainability, Partnerships, Quality, Reputation and Public Confidence and Regulation and Compliance.
SRR 010 – Emergency preparedness	Safety	Averse	• Reputation and Public Confidence, and Regulation and Compliance
SRR 011 – Digital	Performance and Service Sustainability	Open	• Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.
SRR 012 – Public Confidence	Reputation and Public Confidence	Open	• Innovation and Strategic Change

Region:	**Powys**
Report:	**Regional Directors Report**
Period Covered:	**13 May 2025 to 23 July 2025**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**30 July 2025**

<u>Local Engagement:</u>

			No. of attendees
14th May	Llanfyllin	Public Forum	14
25th June	Ystradgynlais	Public Forum	19
1st-11th July	Crickhowell	Llais Local	124
1st	Gilwern Community café/ food share		
	Oaklands Residential Home, Llangynidr		
	Crickhowell WI		
2nd	Coffee Morning, Crickhowell		
4th	Crickhowell GP practice		
	Boots Pharmacy		
	Crickhowell Library		
8th	Coffee Morning, Glangrwyney Village Hall		
	Knit and Natter		
	Credu Carers Group		

<u>Llanfyllin Public Forum – Initial Observations</u>

- Online-only GP appointments - many people were upset about the idea
- Poor communication and system changes
- Delays in care
- Travel for treatment
- Long waits for diagnosis and poor joined-up care
- Limited access to support services

- Knowing the “right words” matters
- Private care is common - nearly everyone had turned to private healthcare
- Poor discharge planning
- Lack of home care and support

Ystradynlais Public Forum – Initial Observations

- Access Issues: Residents near health board borders face major delays and confusion in hospital referrals and care access.
- GP Problems: Difficulty booking appointments, poor public transport,
- Mental Health: Long waiting times often worsen conditions and lead to crisis situations.
- Social Care Concerns: Closure of the Canolfan Day Centre worries families who rely on it for vital support.
- Private Care Reliance: Some turn to private care due to lack of local services, raising equity concerns.
- Combined Care Gaps: Poor coordination and staff training in community and post-hospital care add stress for families.

Crickhowell Llais Local – Initial Observations

- Dentistry: no access to dentistry in Crickhowell
- Access to GP: once accessed care is good
- Public Transport: Very poor services locally, having negative impact on access to appointments (including Gilwern following branch closure)
- Neville Hall: Very poor feelings locally on services moving from Neville Hall Hospital
- Mental Health support & Diagnosis: Poor timelines in receiving diagnosis and poor aftercare i.e access the medication and therapies
- Unpaid Carers: No access to respite, no access to workable care plans, poor assessment times

What we continue to hear in Powys:

Health Issues

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

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

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

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

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

Social Care Issues:

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

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

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

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

Advocacy:

Total no. new cases opened	12
Waiting List	13
Total no. open advocacy cases	116

To note, the waiting list has been introduced due to reduced staff capacity.

Emergent themes from complaints:

- Long waiting times for Tonsillectomy
- Powys patients unable to receive care locally (Llanidloes Hospital) / English patients being prioritised
- Concerns regarding late or mis-diagnosis
- Being forced to live in care home / removed from family home due to termination of care provider and difficulties cited by social services in finding a replacement
- Unexpected decline in health post-surgery / lack of communication or updates from Hereford Hospital
- Lack of care package due to the remote location of patient's home, leading to feeling trapped in a care home
- Dereliction of duty by Integrated Autism Service (IAS)
- Delays in handling of NHS and LA complaints
- Communication issues / lack of accessibility for deaf patients when accessing NEPTRS
- Social Services reducing number of permitted care hours for personal assistance

National Updates:

Listening to parents: Llais publishes report on maternity experiences in Swansea Bay

https://www.llaiswales.org/news-and-reports/news/listening-parents-llais-publishes-report-maternity-experiences-swansea-bay

Listening must lead to change: https://www.llaiswales.org/news-and-reports/news/listening-must-lead-change-llais-responds-independent-review-swansea-bay

Attendance at general scrutiny session held by the Senedd's Health and Social Care committee 25th June 2025: https://www.senedd.tv/Meeting/Archive/e0faffb9-9beb-4bd9-87c3-a369c80c764f?autostart=True#

https://www.llaiswales.org/news-and-reports/reports/llais-written-submission-health-and-social-care-committee-june-2025

Katie Blackburn

Regional Director – Llais Powys

23 July 2025

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.1

BOARD	**DATE 30 JULY 2025**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

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).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	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 a virtual meeting on 20 May 2025 and 15 July 2025. The papers for this meeting are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee

The briefing report from the meeting held on 20 May 2025 is attached at **Appendix A** and the briefing report from the meeting on 15 July 2025 will be brought to Board in September.

Mid Wales Joint Committee for Health and Social Care (MWJC)

The Mid Wales Joint Committee for Health and Social Care held virtual meetings on 4 April 2025. The papers for this meeting are available at Joint Committee Meetings - Mid Wales Joint Committee. No meetings of the MWJC have been held since the May Board meeting.

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.

Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Deputy Chief Commissioner/Director of Finance
Noddwr yr Adroddiad / Report Sponsor	Huw George JCC Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	June/July 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 NHS Wales Joint Commissioning Committee (NWJCC) at its public meeting on 20 May 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee (JC) is set out in Paragraphs 2.18 and 2.20 of the NWJCC Standing Orders (SOs).

3. HIGHLIGHT REPORT

(Links to reports highlighted May 2025 – NHS Wales Joint Commissioning Committee)

Status	Update

Alert / Escalate	During the meeting, Members:
	• **Collaborative Commissioning Leadership Group (CCLG)** – Noted that the Terms of Reference for the Collaborative Commissioning Leadership Group (CCLG) included a specific request from HB CEOs that its membership should comprise of Executive Directors from HBs. CEOs were requested to ensure that designated Executive Directors attend to ensure quoracy
	• **Syndrome Without a Name (SWAN)** – Approved recurrent funding for the service
	• **Individual Patient Funding Request (IPFR) Policy** – Approved the updated policy and noted that it will be presented to the 7 x HBs and WG for final approval and adoption from 1 July 2025
	• **Recovered Plasma from Whole Blood Donations for Medicines –** Supported Velindre University NHS Trust/Welsh Blood Service in approaching WG to approve a revised policy position to:
	  ○ Commence supply of plasma recovered from whole blood donations for the manufacture of Immunoglobulin and Albumin products for clinical use in Wales under the terms of a UK-wide contract with Octapharma AG
	  ○ Use the price savings from the contract compared to the commercially sourced equivalent NHS Wales contracts, to cover the additional costs and lost income.
	• **Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals –** Members noted (i) the impact of a delayed discharge on the patient experience and outcomes and (ii) the longstanding process to recharge HBs for the cost of a medium secure patient placement three months after it has been identified that the patient is ready to move on to the next stage of care. Members approved the recommendation to recharge HBs after one month and to expand this process to cover all mental health placements.
	• **JCC Scheme of Reservation and Delegation of Powers –** Approved the adoption of these for the matters further delegated from the Chief Commissioner, all of which must be formally adopted by the JC and approved by HBs as a schedule to their own SOs. Members approved the financial delegations outlined within the updated financial authorisation matrix.

Status	Update
Advise	• The **Chair's Report** noted the recent end of year appraisal with the Cabinet Secretary for Health & Social Care including the discussion around the establishment and governance of the NWJCC, the progress made in the last 12 months, the priority in quarter 1 and 2 (2025-26) to develop a long-term strategy setting the road map for the Integrated Medium-Term Plan (2026-29) and a focus on recast objectives including quality, safety, culture, strategy, and governance. • The **Chief Commissioner's Report** included an update on: ○ **Quarter 4** – the progress made in relation to the transition including the establishment of the new organisational structure (with a 29% vacancy rate that is having an impact on capacity with the NWJCC) and a shift in focus to the delivery of the NWJCC Foundation Plan following its approval (with HB Executive leads identified for each of the strategic priorities) ○ **CCLG** – working to inform decision-making by the Chief Commissioner and the JC ○ **Internal Audit** – review undertaken to assess embedding the statutory governance framework and the establishment of operational governance arrangements to provide effective oversight. This report stated that the first year of operation was regarded very positively, the governance framework has largely been established and meetings are more strategic and collaborative than the previous arrangements. The report identified the need for quoracy in CCLG meetings and the need to take forward an organisational development plan to embed values and behaviours and new ways of working ○ **Annual Accounts** – reflected within governance and accountability arrangements, assurance was provided that the NWJCC Annual Accounts were submitted to CTMUHB and will be presented to their Board for approval on 26 June 2025 which Huw George will attend in his capacity as Accountable Officer. • Reports from each of the Commissioning Directors: ○ **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** – Members noted: ○ The findings of the Perinatal Mental Health Utilisation, Forecasting & Modelling Report (working with the Royal College of Psychiatrists Wales)

Status	Update
	○ Commissioning case management for specialised mental health services, the current variation in provision and the work being taken to address this ○ The impact of a fire incident at Taith Newydd low secure unit has had on medium secure bed availability in south Wales and ongoing discussions around this matter ○ Ongoing discussions with Welsh Government (WG) and NHS Wales Performance and Improvement regarding Sexual Assault Referral Centres ○ In relation to Continuing Healthcare, at the request of the Director General for Health and Social Services, the focus will be the deployment of a digital system and the training of CHC assessors, led by other organisations. ○ **Director of Commissioning for Ambulance Services and 111** – Members noted: ○ The outcome of the Emergency Medical Retrieval and Transfer Services (EMRTS) Judicial Review was anticipated by the end of May 2025 ○ The Emergency Ambulance Performance Framework would be implemented from July 2025 with a shift in focus from time-based targets to clinical outcomes ○ The transfer of the Save a Life Cymru programme to the Welsh Ambulance Services University NHS Trust (WAST), to be commissioned through the JCC enabling a more integrated approach and enhanced community cardiac arrest survival ○ The aim of the national handover improvement group to deliver a maximum 45-minute ambulance patient handover time within 6 months, handover improvement was noted as a recommendation in the Ministerial Advisory Group report ○ Capacity issues within the Non-Emergency Patient Transport Service due to HB service reconfiguration, increased patient complexities and increased costs, work is ongoing with WAST and HBs to address this ○ A review of NHS 111 Wales' roster arrangements with a view to better aligning capacity and demand. ○ **Director of Commissioning for Specialised Services**. Members noted: ○ Key commissioning risks and the reporting of services in escalation to the Quality, Safety and Outcomes Sub-Committee for detailed scrutiny ○ Key commissioning achievements including repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours and the expansion of

Status	Update
	Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales ○ The Paediatric Intensive Care Unit has been de-escalated to level 2 due to the assurances received in line with the NWJCC Escalation Framework. • **Strategic Development –** Members received a presentation outlining a proposal for the development of the NWJCC Strategy including timelines for engagement and approval process. Work will continue to develop the strategy and to ensure alignment with HB strategies. • **NWJCC Foundation Plan 2025-26 – Implementation Framework** – Members noted a report outlining the implementation framework for the Foundation Plan, including strategic priorities, outcomes, deliverables and milestones.
Assure	• **Governance & Risk Management**: ○ The Risk Register at 31 March 2025 was received and approved ○ The Corporate Governance Report was appended with the draft Annual Governance Statement, the Audit Enquiries Letter and the Annual Plan of Committee Business 2025-2026 for approval ○ Members noted: ○ The update on the Register of Interests/Related Parties ○ That the Health Board SOs (and subsequently NWJCC SOs) would be updated to reflect the recently issued Welsh Health Circular which reduced the timescale for publication of board papers to 5 clear days.
Inform	• Members heard the story of a former inpatient's experience in the Mother and Baby Unit at Tonna Hospital. The story presented the challenges as a physically disabled mother and how the unit had worked hard to address the environment, accessibility issues and the staff's willingness to listen and adapt. These lessons would be shared across other commissioned services • The Committee received the Month 12 Finance Report and the Month 12 Operational Performance Report • The Committee noted an update in relation to an extension of the Blueteq Electronic Prior Approval System contract • The Committee received the following assurance reports: ○ Quality Safety and Outcomes Sub-Committee ○ Planning Performance & Finance Sub-Committee

Status	Update
	○ Individual Patient Funding Request (IPFR) Panel Assurance Report ○ Welsh Kidney Network Board Assurance Report.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?* / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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

Agenda item: 4.2

BOARD	**DATE OF MEETING: 30 JULY 2025**
Subject:	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

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:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB).
- Regional Partnership Board (RPB).
- Board:Cabinet Forum (BCF).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

EXECUTIVE SUMMARY:

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 22 May and 17 July 2025. The papers for this meeting are available at: Committee Schedule and Papers - NHS Wales Shared Services Partnership. The assurance report from the May meeting is attached at **Appendix 1.** The assurance report from the July meeting will be brought to Board in September.

The next meeting is scheduled for 30 September 2025.

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 (moderngov.co.uk)

The PSB met on 15 July 2025 where the following items were discussed:

- Workstreams updates:
  - Evidence and insight
  - Responding to the Climate Emergency
  - Undertaking a Whole System Approach to Health Weight
- Healthy Travel Charter Update
- Future Generations Report 2025

The next meeting is scheduled for 25 September 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 10 June 2025 where the following items were discussed:

- leadership arrangements
- terms of reference
- Delivery and Resource Plan 2025-26
- Executive Report Quarter 4

- Draft Annual Report 2024-25

The RPB are next scheduled to meet on 10 September 2025.

Board to Cabinet Forum (BCF)

The Board to Cabinet Forum has not met since November 2024, dates are being planned for later in 2025.

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

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

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	22 May 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, including:

- continued regular duties expected of the Chair, including oversight and engagement with Committee matters;
- regular meetings with NF to discuss ongoing governance and operational issues;
- participating in NWSSP Senior Leadership Group meetings;
- attended multiple Cabinet Secretary events covering Ministerial Priorities;
- representing NWSSP at the NHS Wales event following the publication of the Ministerial Advisory Group Report on Performance and Productivity;
- NF and I meeting with the Chair and Chief Executive of VUNHST to clarify hosting arrangements;
- participating in follow-up engagement through the Chairs' Peer Group on 29 April.
- chairing the Welsh Risk Pool Committee meetings on 19 March and 21 May.
- upcoming participation in a Chairs' Meeting next week, which will include an agenda item on the Welsh Risk Pool; and
- undertaking Chairs' Action, as required, between formal meetings.

The Committee **NOTED** the Chair's Report.

Chair's Action: All Wales e-Rostering Contract – The Chair confirmed that the Chair's Action was endorsed by the Vice Chair and NWSSP's Managing Director and that in accordance with the Standing Orders, the decision requires formal ratification by the Committee. Due to the timing of the matter, it was necessary for the action to be taken outside of a scheduled Committee meeting. Chair expressed appreciation for the support received from colleagues in progressing the matter appropriately.

The Committee supported the approval given via Chairs action and **RATIFIED** the decision.

Managing Director Update - The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool Committee met on 19 March and 22 May. During this period, £27 million was reimbursed, and the reported year-end expenditure totalled £145 million, subject to external audit. The Committee also agreed the 2025–26

assessment programme, with a confirmed timetable for fieldwork and reporting.

- Governance arrangements remain under review, with confirmation received that current hosting arrangements will stay in place pending the outcome of the governance review.
- A balanced financial position was reported for the 2024–25 year-end, subject to audit.
- NWSSP's Integrated Medium-Term Plan was acknowledged by Welsh Government, with no requirement for resubmission.
- Progress was reported in decarbonisation efforts, particularly within Laundry Services. Capital investment, supported by slippage funding, and successful Targeted Estates Fund bids will enable the rollout of water and wastewater heat recovery systems across several sites following a successful pilot in Swansea.
- Deep dives into the Medical Examiner Service identified ongoing system challenges. Further engagement is planned with organisations to improve the death certification process. A winter planning event is scheduled later in the year to address seasonal pressures, with a focus on communication, record transfer, and responsiveness.
- The remodelling of HQ and Companies House was completed using surplus repurposed furniture, supporting sustainability and the wider agile working strategy.
- Discussions are ongoing with Welsh Government regarding long-term storage solutions for PPE, including potential integration with the South West Wales Medicines Hub.
- On 25 March, NWSSP's Director of Procurement Services gave evidence to the UK COVID-19 Public Inquiry in relation to Module 5, covering PPE and procurement. The final report is awaited.
- Regional staff award events were successfully delivered at Denbigh Stores, Matrix House (Swansea), and IP5 (Newport), following the main virtual event held in February.

Members acknowledged the significant contribution of NWSSP and expressed appreciation for the quality of services delivered. While concerns were raised regarding the potential impact of the ongoing governance review on staff beyond the directorate level, assurance was provided that measures are in place to minimise disruption to service delivery. The review is expected to conclude by the end of July, with appropriate support to be provided to the Governance Team. Members were encouraged to engage with the process, and NWSSP was commended for its recent achievements, including IMTP approval and national recognition through awards.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Items for Noting

RadioPharmacy and Transforming Access to Medicines (TrAMS) Update - The Committee received an update on the TrAMS programme, which aims to modernise aseptic medicine production across NHS Wales through regional hubs, addressing capacity, regulatory, and workforce challenges. The build element of the RadioPharmacy unit in South East Wales is now progressing, with enabling works due to complete in May 2025 and go-live planned for April 2026. Dependencies include microbiology lab readiness, workforce recruitment and training.

The South East Hub has secured planning permission and issued its Outline Business Case, with the Full Business Case expected in Quarter 4 2025–26. The South West Hub continues site selection following earlier setbacks.

Digital system development will begin with a minimum viable product, with future

integration into EPMA and ChemoCare. Workforce planning is aligned with HEIW's 2026–27 plan, supported by funded training roles. TUPE and OCP discussions are ongoing with partners and governance mapping is underway to support timely business case progression.

Concerns were noted by Committee members regarding engagement from VUNHST and the need to maintain momentum within the current planning window. The programme remains red rated due to funding and capacity risks and will remain so until the Full Business Case is approved. Committee Members were encouraged to raise any outstanding queries or governance issues in advance of the July meeting to support timely consideration of the Outline Business Case.

The Committee were informed that the intention remained to bring the TRAMS South East hub OBC for approval to the July meeting, with a draft already in circulation with partners to support their local governance arrangements.

The Committee **NOTED** the presentation on RadioPharmacy and TrAMS.

NWSSP Duty of Quality Annual Report 2024-25 Update - The Committee received the update on the second NWSSP Duty of Quality Annual Report 2024–25. The interactive format and inclusion of staff voices were praised for effectively demonstrating compliance with the Quality Bill and the role of support services in delivering quality. The Report is designed as a public-facing document and will be submitted as a chapter to the VUNHST Quality, Safety and Performance QSP report, while also being suitable for wider use to demonstrate organisational involvement in quality.

The Committee **NOTED** and **ENDORSED** the NWSSP Duty of Quality Annual Report 2024-25 Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report - The financial position, as at month 12, was reported as a final underspend of £15k following the distribution of £3.6m to NHS partners. £750k of COVID-related funding was returned to Welsh Government due to timing, though it will be required in the current year. Public Sector Payment Policy targets were met, and progress was noted on variable pay controls, including a new overtime approval app in trial. Capital expenditure totalled £11.2m, including £4.4m related to IFRS 16 lease adjustments. The Welsh Risk Pool outturn was £145m, up from £136m, with increased clinical negligence costs. The Risk Sharing Agreement was triggered and long-term provisions now stand at £1.7bn.

People and Organisational Development Report – The Committee received the latest workforce update to May 2025. The key messages detailed in the overarching report were:

- Sickness absence increased slightly to 3.46% (from 3.28%).
- Turnover decreased to 9.82% (excluding SLE) and 21.64% overall, reflecting ongoing retention efforts.
- Statutory and mandatory training compliance remains high at 92.62%.
- PADR compliance was reported as 84.9%, the second highest in NHS Wales.
- Staff experience initiatives included the Staff Recognition Awards, outcomes from the 2024 Staff Survey, and the launch of engagement roadshows.
- Laundry Services was identified as a focus area for cultural improvement, with targeted support being developed to address training access, shift-based challenges, and team cohesion.

- Shared learning opportunities were discussed, including interest in the overtime approval app.
- Time to hire performance was noted to vary with application volumes, and future alignment with Transformation reporting was requested to ensure consistency.

Performance Information Report - Key Performance Indicators (KPIs) from December 2024 to March 2025 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 40 of 44 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £338m at year end. Quarter 4 meetings with partners were completed and these sessions are key for sharing data, receiving feedback, and addressing any issues or compliments.

Outcome Measures Report – The report focused on outcomes aligned to NWSSP's strategic objectives across services, people, and value. Highlights included increased engagement with the NWSSP website, improved call handling and enhancements to Digital Workforce Solutions. Customer satisfaction remained high, with continued compliance with the Customer Service Excellence standard. Positive trends were reported from the staff survey, including improvements in pride, recognition, and feeling valued. NWSSP maintained a 43% Welsh spend within the foundational economy, contributing to a total spend of £1.057 billion. In terms of planned improvements, a benchmarking exercise against other similar organisations is planned for the longer-term.

Transformation Management Office Update Report – The Committee received an update on the Transformation Management Office, following its rebranding to reflect a combined focus on project delivery and service transformation. The update reflected that RAG ratings remained stable, with 102 objectives on track or complete, which were detailed in the overarching report.

Integrated Medium Term Plan (IMTP) Update Quarter 4 of 2024-25 – The position reported positive progress as 76% of objectives reported as on track, showing a slight improvement from the previous year. Divisional engagement and SLG oversight supported progress and escalation where needed. 19 objectives will be carried forward, primarily due to timing, technical barriers and reprioritisation. 12 of these are linked to external factors such as engagement, resourcing and time constraints. Accordingly, these will receive targeted focus in the year ahead. Progress was highlighted thematically, including decarbonisation, foundational economy initiatives, diversity and inclusion, staff engagement, and speaking up safely.

NWSSP Corporate Risk Register – The position was reported as stable. There are 16 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the Primary Care Workforce Intelligence System (PCWIS) risk, which is expected to reduce to yellow by the end of June, reflecting positive progress. The SLG continues to review the Register regularly and the importance of aligning risk updates with other Committee reports was emphasised.

Draft Annual Governance Statement 2025-25 - Although not a statutory requirement, NWSSP continues to produce the AGS to provide overarching assurance and transparency to internal and external stakeholders. The format and approval route remain consistent with previous years, with updates made to improve clarity and reflect the current governance framework. The draft acknowledges the ongoing governance review as a material post balance sheet event, with further updates to be incorporated depending on the timing of the final report. The final version will include carbon footprint data and the Head of Internal Audit Opinion, expected to provide a reasonable assurance rating.

The Committee **NOTED** and **DISCUSSED** the above Reports.
Papers for Information
The following items were provided for information only and the Committee **NOTED** the reports: • Finance Monitoring Returns (Month 12 of 2024-25 and Month 1 of 2025-26) • Personal Protective Equipment (PPE) Report – March and April 2025 • 2024-25 Audit Assurance Arrangements - NHS Wales Shared Services Partnership • NWSSP Counter Fraud Annual Plan 2025-26 - been through NWSSP Audit Committee - • NWSSP Internal Audit Plan 2025-26 – been through NWSSP Audit Committee - • SSPC Forward Plan 2025-26
Any Other Business (AOB)
Proposed Autumn Committee Development Day – 10 October 2025 Committee Members were asked to confirm any conflicts with the proposed date to finalise arrangements. **Healthcare Financial Management Association (HFMA) Conference – 18 September 2025** Due to a clash with the HFMA conference, Members were asked to confirm attendance so the Committee meeting can be rescheduled if necessary.
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	Thursday 17 July 2025, 10.00am to 12.00pm

Agenda item: 4.3

BOARD	DATE 30 JULY 2025

Subject:	**Summary of Activity of the Board's Local Partnership Forum**
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board **RECEIVES** the update report appended to this report.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
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	

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 14 July 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 24 September 2025

IMPACT ASSESSMENT – NOT REQUIRED

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

Reporting Committee:	**Local Partnership Forum (LPF)**
Chair:	Debra Wood Lawson
Date of last meeting:	14 July 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 14 July 2025 the following matters were discussed:

- Annual Effectiveness Review Findings
- Better Together Portfolio including
  - Level 2 engagement and preparation for consultation
  - Business efficiencies
- Financial Recovery and workforce report
- Director of People and Culture Summary report
- Chief Executives Report from Board
- Finance Report

A summary of key issues discussed on 14 July 2025 is provided below.

Annual Effectiveness Review

The Forum noted that overall, the feedback from the survey had been positive across all areas, some areas had been identified to develop in 2025/26.

Better Together Portfolio including Level 2 engagement and preparation for consultation and Business efficiencies

The Forum received an update on the Better Together stage two engagement with the public and the staff roadshows. A series of conversations had taken place regarding how to balance the budget, and it had been decided to accelerate certain areas.

The Forum discussed the staff roadshows further which had been well attended by staff and senior management.

Financial Recovery and potential impact on workforce

The Forum received an overview of the activities of the Executive Team during the previous week and reference to the Health Board's annual plan submitted to Welsh Government (WG). The forum discussed that all Directorates had been asked to make further savings. A communication was to be shared across the organisation outlining the strengthening of arrangements across a number of areas. Everyone has a part to play

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Executive Director of People and Culture Summary Report
The Forum received the report that set out the progress made in the previous quarter against the priority areas. Attention was drawn to:

- Internationally Educated Nurses - approaching the breakeven point reducing the need to bring over more Internationally Educated Nurses
- 'Introduction to Compassionate Leadership Behaviours programme' had been well received and evaluated.
- Occupational Health service – improvement in waiting times. Growth in the use of the VIVUP Your care App had continued.
- Great Place to Work – Now piloting the 'Stay' conversations and the leavers toolkit.
- Speaking up Safely action plan moved into business as usual.
- Due to a reduction in funding from RPB, the Workforce Futures Partnership had been re-profiled to focus on two main areas – service transformation and ACEES through schools.
- Workforce Business Partners - Triage system introduced to encourage staff to be more self-sufficient.

Chief Executive Officer's Report and Finance Report
These reports were received for information.

NEXT MEETING

The next meeting of LPF will be held on 6 October 2025

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

Agenda item: 4.4

BOARD	**30 July 2025**
Subject:	**Board Committee Governance – Committee Annual Reports**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	The Annual Report provided has been considered at the relevant Committee meeting in June 2025.

PURPOSE:

The paper provides the final Committee Annual Reports to the Board from the People and Culture Committee. Other Committee annual reports were provided to the Board from other Committees in May 2025.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** Annual Reports from the People and Culture Committee (P&C) – previously the Workforce and Culture Committee.
- Take **ASSURANCE** that the committee is operating effectively in fulfilling their terms of reference.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Committees support the breadth and depth of the Health Boards activities are per their terms of reference.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

PTHB Board Committees play a significant role in supporting the Board in the delivery of its roles, as per the PTHB Standing Orders and Committee Terms of Reference.

The Board receives reports from all Board Committee meetings on an ongoing basis throughout the year, via a Committee Chair's report. These are delivered by the Committee Chair and provide a summary of Committee business including any areas of particular interest or escalation to the Board.

For 2024/25, Annual Reports have been produced for Committees reflecting the following core content:

- Roles and Responsibilities including membership, attendance and frequency
- Activity in 2024/25
- An assurance statement to the Board
- Committee Effectiveness
- Planned activity

This reports summarise the key areas of business activity undertaken by the Committee (the Committee) over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

Included in this report are reports for the following Committees:

  - People and Culture Committee (P&C)

The Committee has considered their Annual Report and have:

- Taken their own assurance that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- Recommended the Annual Report(s) to the Board.

Annual reports for other Board Committees were presented to the Board in May 2025. The Remuneration and Terms of Service Committee annual report will be reported to the In-Committee meeting of the Board. An annual report has not been produced for the Executive Committee given the volume and frequency of meetings held by the Committee.

IMPACT ASSESSMENT – NOT REQUIRED
Not required

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.4a

BOARD	**Date: 30 JULY 2025**
Subject:	**People and Culture Committee Annual Report 2024/2025 (previously Workforce & Culture Committee)**
Presented by:	Director of Corporate Governance/Board Secretary
Approved by:	Director of Corporate Governance/Board Secretary
Prepared by:	Corporate Governance Business Officer
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to provide the People and Culture Committee Report for 2024/2025.

RECOMMENDATION(S):

It is recommended that the Committee:

- CONSIDER the People and Culture Committee Annual Report for 2024/2025 summarising the key areas of business activity undertaken;
- RECOMMEND the report to the Board for the July 2025 meeting.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

Contents

1. Introduction

The People and Culture Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the People and Culture Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the People and Culture Committee were reviewed and agreed by the Board in March 2025. The purpose of the Delivery and Performance Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees on all matters relating to staff and workforce planning of the Health Board;

- Enhance the environment that supports and values staff in order to engage the talent and encourage the leadership capability of individuals and teams working together to drive to delivery of safe, improved healthcare;

In respect of the development of the following matters consistent with the Board's overall strategic direction:

- advise the Board on all compliance with legislation, guidance, and best practice;
- to provide assurance to the Board the Organisational Development Framework, Work Futures Strategic Framework and Strategic Equality Plan are consistent with the Board's overall strategic direction and with the requirements laid out by NHS bodies in Wales;
- to provide assurance to the Board on the organisation's ability to create and manage strong, high performance, culture, and values;
- the Committee is responsible for providing advice to the Board and Committees on:

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2024/25 was:

Name	Role	Attendance
Ian Phillips	Independent Member and Chair of the Committee until August 2024	1/1
Jennifer Owen-Adams	Independent Member and Chair of the Committee from August 2024	4/4
Chris Walsh	Independent Member	3/4
Cathie Poynton	Independent Member (Trade Union)	2/4
Steve Elliot	Independent Member to ensure quorum	1/1

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Debra Wood-Lawson	Director of People and Culture (Executive Lead)	4/4
Pete Hopgood	Director of Finance, Capital, and Support Services	2/4
Claire Madsen	Director of Allied health Professions, Therapies & Health Sciences	0/4
Kate Wright	Medical Director	3/4
Claire Roche	Director of Nursing, Quality, Womens and Family Health	1/4
Helen Bushell	Director of Corporate Governance/Board Secretary	3/4

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas was also invited to attend every meeting and attends at least annually.

The Chair of the Board, Carl Cooper, attended three meetings. The Chair has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2024/25 the Committee met four times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

3. Activity in 2024/25

3.1 Main Areas of Committee Activity 2024/25

Assurance	
Workforce Performance Report (including Medical Job planning Annual review)	June 2024
Executive Director of People and Culture report	Every meeting
Workforce Futures: Theme 1 - Staff Health and Wellbeing	June 2024
Staff Retention & Implementation Plan	June 2024
Welsh Language Annual Report	June 2024
Equalities Annual Report	June 2024
NHS Wales Staff Survey	June 2024
Annual Work Programme	June 2024
Workforce Performance Report	October 2024
Workforce Futures: Theme 2 – Great Place to Work	October 2024
Workforce Futures: Theme 4 - Welsh Language, Equality, Diversity, and Inclusion	October 2024
Temporary Service Change	October 2024
Staff Story (Ynys Y Plant)	December 2024
Workforce Performance Report	December 2024
Workforce Futures: Theme 1 - Staff Health and Wellbeing	December 2024
Workforce Futures: Theme 3 Workforce Sustainability and Transformation	December 2024
Health and Safety Assurance Update (staff focus)	December 2024
Workforce Performance Repot	March 2025
NHS Staff Survey	March 2025

Director of People and Culture Report (to include Staff Bank Service update and Theme 2: A Great Place to Work)	March 2025
Theme 4: Welsh Language, Equality, Diversity, and Inclusion	March 2025
Annual Assessment of Committee Effectiveness	March 2025
Review Terms of Reference	March 2025
Escalated Items	
There were no items for inclusion within this section	
Items for Information	
Internal Audit Reports: • Audit Wales Workforce Planning • Staff Retention • Board and Committee Structure/Effectiveness	 October 2024 December 2024 March 2025
Corporate Governance	
Committee Annual Programme of Business/Committee Frequency	March 2025
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
In-Committee Items	
Internal processes for revalidation	October 2024
Fitness to Practice referrals to Nursing Midwifery	October 2024

3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year, the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast-moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

6. Planned Activity in 2025/26

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

Board 2025-26									
Theme	**Item Title**	**21/05/2025**	**25 June 2025 (Annual Accounts)**	**30/07/2025**	**24/09/2025**	**24/10/2025**	**26/11/2025**	**28/01/2026**	**25/03/2026**
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	Strategic Risk Register	✓		✓	✓		✓	✓	✓
Risk	Risk Appetite	✓		✓					✓
Risk	Review of Risk Management arrangments						✓		
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 (as needed)								
Governance	Scheme of Delegation (as needed)								
Governance	Common Seal (as needed)								
Governance	Committee Membership Annual Review			✓					
Governance	Annual Assessment of Committee and Board Effectiveness	✓							
Governance	Committee Annual Reports	✓							
Governance	Speaking Up Safely and Raising Concerns Report	✓							
Governance	Board Assurance Framework	✓					✓		
Governance	BAF Dashboard	✓		✓	✓		✓	✓	✓
Governance	Structured Assessment							✓	
Governance	Review of Consent Agenda Protocol	✓							
Governance	Organisational Escalation - Finance and Performance Monitoring	✓		☒			✓		✓
Planning	Integrated Plan Approach to development						✓		
Planning	Draft Integrated Plan							✓	
Planning	Integrated Plan 2025/26								✓
Planning & Finance	Annual Delivery Plan 2025/26 including budget allocation and framework	✓							✓
Performance	Annual Delivery plan - by quarter	✓			✓		✓		✓
Performance	Primary Care Summary Report				✓				✓
Planning	Winter Planning/Resilience						✓		
	Winter vaccination programme				✓				

Partnerships	RPB Annual Report			✓					
Partnerships	RPB Delivery (6 monthly update) Date TBC								✓
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027								
Partnerships	Partnership Governance Framework	✓					✓		
Population Health	Annual Report of Director of Public Health	☒			✓				
Performance	Integrated Performance & Quality Report	✓		✓	✓		✓	✓	✓
Finance	Approach to the Annual Accounts								
Finance	Annual Report and Financial Statements		☒	✓					
Finance	Financial Performance	✓		✓	✓		✓	✓	✓
Finance	Charitable Funds Annual Accounts and Report							✓	
Finance	Approve contracts and financial delegations above the CEOs limit (as needed)								
Partnerships	Llais Regional Director Report	✓		✓	✓		✓	✓	✓
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2024/25			✓					
Equality, Diversity & Inclusion	Strategic Equality Report				✓				
Equality, Diversity & Inclusion	Welsh Language Annual Report	✓							
Compliance	Safeguarding Annual Report				✓				
Listening and Learning	Patient Experience Approach				☒		✓		
Compliance	Wellbeing of Future Generations Act Report			☒			✓		
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								✓
	Therapies and Health Sciences Annual Update								
Digital	Digital Strategic Framework annual update				✓				
Transformation / Change	Temporary Service Changes	✓		✓					
Workforce	Nurse Staffing Levels				✓				
	Better Together Case for Change	✓		✓	✓	✓			
Governance	Annual summary of petitions received under Petitions Protocol				✓				
Governance	Standards of Behaviour Policy (Next due March 2027)								
	Duty of Quality Annual Report				✓				
	Ministerial Advisory Group Productivity and performance assessment			✓					
	Central Procurement of Out Patients Insourcing (IC?)		✓						
	Joint Commissioning Committee - Revised IPFR Policy			☒	✓				

	Joint Commissioning Committee - Revised Scheme of Delegation (Financial Delegations)			✓					
	Patient Experience Approach			☒	✓				
IN-COMMITTEE	SRR (IC risks)	✓		✓	✓		✓	✓	✓
	Minutes of previous IC meeting	✓		✓	✓		✓	✓	✓
	RaTS Committee Annual Report			✓					
	COVID-19 Public Inquiry preparation and readiness update	✓							
	Emergency Preparedness, Resilience and Response Annual Report			✓					
	Out of Hours Contract			✓	✓				✓
	Central Procurement of Out Patients Insourcing (open session?)		☒						
	Rhayader GDS contract			✓					
	Crickhowell GDS contract					✓			
	Annual Plan 2024/25		✓	✓					

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

Powys Teaching Health Board Glossary (juli 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
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
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development

CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team

H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
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
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
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board

RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
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

Agenda Item
PTHB Board 4.7

Joint Commissioning Committee

Reservation of Powers and Scheme of Delegation

NOTE TO PTHB BOARD
This paper is provided from the JCC of which the PTHB CEO is a member.
The paper is recommended to the PTHB Board as per the recommendations at the end of this paper.

Dyddiad y Cyfarfod / Date of Meeting	30/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Stacey Taylor, Director of Finance & Value Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor, Director of Finance & Value Jacqui Maunder, Committee Secretary
Noddwr yr Adroddiad / Report Sponsor	Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
NHS Wales Joint Commissioning Committee meeting Senior Leadership Team (SLT)	20 May 2025 7 May 2025	Approved Endorsed Endorsed

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf University Health Board
HA	Hosting Agreement
HB	Health Board
MOA	Memorandum of Agreement
NWJCC	NHS Wales Joint Commissioning Committee

SO	Standing Orders
SFI	Standing Financial Instructions

1. SITUATION/BACKGROUND

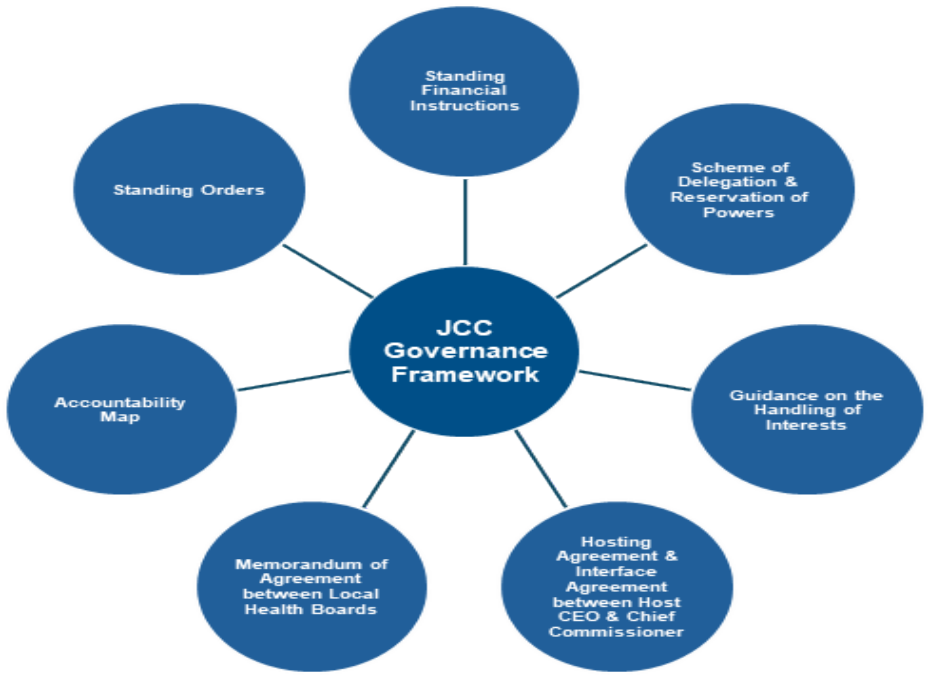
The purpose of this report is to request that the Board approves the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NHS Wales Joint Commissioning Committee (NWJCC) to the Chief Commissioner (and other Officers as appropriate) as a schedule to the Health Board's (HB) Standing Orders.

Noting that the NWJCC approved the Scheme of Delegation and Reservation of Powers, for adoption, at its meeting on 20 May 2025.

1.1 GOVERNANCE FRAMEWORK FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

The Governance Framework for the NWJCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the NWJCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Health Boards and have been developed within that context.

The Governance Framework for the NWJCC will contain the following and an update on each element is provided below:



Section 4 of the NWJCC Standing Orders (SOs) stipulates that the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made. The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to joint sub-Committees and others; and
- Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

Each of the seven Health Boards are required to formally adopt the NWJCC's SOs, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions (SFIs), as part of its overall governance framework for the HB, with the NWJCC being a formal Joint Committee.

Joint Committee Meeting	Governance Document
9 April 2024	**1.Standing Orders** **2.Standing Financial Instructions,** **3.Scheme of Reservation and Delegation of Powers and** **4. NWJCC Transitional Delegated Financial authorisation matrix** The seven HBs approved the NWJCC SOs, the Scheme of Reservation and Delegation of Powers and SFIs in March 2024, and the Joint Committee adopted the NWJCC Standing SO's, the Scheme of Reservation and Delegation of Powers and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the HBs own SOs and have effect as if incorporated within them. The Joint Committee also approved the NWJCC Transitional Delegated Financial authorisation matrix. It was recognised that the Scheme of Reservation and Delegation of Powers and the NWJCC Transitional Delegated Financial authorisation matrix would need to be updated further during the transition phase to reflect developments concerning delegated matters to the NWJCC, the Chief

Joint Committee Meeting	Governance Document
	Commissioner, Directors and the new sub-committees once established.
9 April 2024	**1.Accountability Map and** **2.Guidance on the Handling of Interests** The Accountability Map outlining the formal accountabilities and formal relationships between Welsh Government, Health Boards, Cwm Taf University Health Board (CTMUHB) as the Host Body, the NWJCC and its Team; and the Guidance on the Handling of Interests which sets out the arrangements for the appropriate handling of declarations of interests within the NWJCC's business, were both received by the Joint Committee at its inaugural meeting on 8 April 2024.
17 September 2024	**1.The Hosting Agreement (HA) and** **2.Memorandum of Agreement (MoA)** The Hosting Agreement (HA) and the Memorandum of Agreement (MoA) were endorsed by the Joint Committee on 17 September 2024 and were approved by the seven HBs at their September 2024 Board meetings. The Joint Committee were advised that work was ongoing during the transition phase to finalise the last part of the governance framework namely updating the Scheme of Reservation and Delegation of Powers.
20 May 2025	**Joint Commissioning Committee Scheme of Reservation and Delegation of Powers** The Joint Committee approved the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by HBs as a schedule to their own SOs, and reviewed and approved the updated financial scheme of delegation and the financial authorisation limits.

2.ASSESSMENT

2.1 Scheme of Delegation and Reservation of Powers

The NWJCC's Scheme of Reservation and Delegation of Powers forms an annex to the NWJCC's SOs, which form a schedule to each HBs own SOs and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the NWJCC's business:

- Those matters reserved for HBs;
- Those matters delegated from HBs and reserved for the NWJCC; and
- Those matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate).

The Scheme of Reservation and Delegation of Powers is set out in two parts. The first part is the Schedule of Matters Reserved to the HBs and the Joint Committee see ***Appendix 1*** which is prescribed by Welsh Government; the second part is the Scheme of Delegation to the Chief Commissioner, Corporate Directors and Officers. Section 6.15 of the NWJCC SOs state:

"The JCC will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. (SO 6.15)"

In addition to the responsibilities delegated from the NWJCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It is also necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and the NWJCC team as the employer and provider of administrative (e.g. finance, workforce) services.

For completeness a mapping exercise has been undertaken to capture all of the delegations into one document, which is presented as the Scheme of Reservation and Delegation of Powers to the Chief Commissioner see ***Appendix 2.*** This includes delegations to the NWJCC, the Chief Commissioner and Tier 2 Directors.

2.2 Financial Authorisation Matrix Limits

The NWJCC's SFIs form an annex to the NWJCC's SOs, which form a schedule to each HB's own SOs and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the NWJCC's Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

The SFIs were approved by the NWJCC at its meeting on 20 May 2025.

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
Cyfreithiol / Legal	Section 4.2 of the NWJCC SOs state: Reservation and Delegation of Joint Committee Functions 4.2 Within the framework approved by each LHB Board and set out within these JCC SOs and subject to any directions that may be given by the Welsh Ministers; the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made. 4.3 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in	

	a) Schedule of matters reserved to the Joint Committee b) Scheme of delegation to joint sub-Committees and others, and c) Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs. 4.4 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report. There is not expected to be an additional cost associated with the proposal in this report. Determining and approving the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) is reserved to the Joint Committee and the Chief Commissioner.

3. RECOMMENDATIONS

The (PTHB) Board are asked to:

- **Note** the development of the NWJCC's governance framework, as a key component of the Health Board's governance framework;
- **Note** that the Joint Committee approved the adoption of the updated Scheme of Delegation and Reservation of Powers on 20 May 2025;
- **Approve** the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approval of the Joint Committee's Governance Framework, including: • JCC Standing Orders • JCC Standing Financial Instructions • JCC Scheme of Delegation and Reservation of Powers • JCC sub-Committee Terms of Reference
A2.	Strategy & Planning	Endorse the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee), as agreed by the Joint Committee
A3.	Strategy & Planning	Endorse the JCC Integrated Medium-Term Plan, as agreed by the Joint Committee for inclusion in LHB Integrated Medium-Term Plans
A4.	Strategy & Planning	Endorse the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure), as agreed by the Joint Committee

B. MATTERS RELATING TO THE JCC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: • JCC Standing Orders • JCC Standing Financial Instructions • JCC Scheme of Delegation and Reservation of Powers • JCC sub-Committee Terms of Reference
B2.	Operating Arrangements	Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework
B3.	Operating Arrangements	Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: • Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. • Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B4.	Strategy & Planning	Develop and approve the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee)
B5.	Strategy & Planning	Develop and approve the JCC's Integrated Medium-Term Plan, for LHB approval
B6.	Operating Arrangements	Ratify any urgent decisions taken by the Chair, in-line with JCC Standing Order requirements

B7.	Operating Arrangements	Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non-compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs
B8.	Operating Arrangements	Adopt the Host Body's Values and Standards of Behaviour Framework for the JCC
B9.	Strategy & Planning	Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
B10.	Operating Arrangements	Approve the Joint Committee's Risk and Assurance Framework, ensuring alignment with the Host Body
B11.	Operating Arrangements	Approve the Joint Committee's Performance Management Framework
B12.	Performance & Assurance	Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
B13.	Performance & Assurance	Receive assurance reports from the Joint Committee's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required
B14.	Performance & Assurance	Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
B15.	Performance & Assurance	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required
B16.	Performance & Assurance	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body
B17.	Performance & Assurance	Approve the Joint Committee's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function
B18.	Performance & Assurance	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body.
B19.	Strategy & Planning	Approve policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
B20.	Strategy & Planning	Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated-Medium Term Plan [B5]).

C. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO THE CHIEF COMMISSIONER		
REF.	AREA	MATTER
C1.	Performance & Assurance	Responsibility for the leadership and overall delivery of the JCC's: • Integrated Medium-Term Plan; and

		• Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance & Assurance	Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved Integrated Commissioning Plan (title to be confirmed)
C3.	Performance & Assurance	Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity
C4.	Performance & Assurance	Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs

D. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INIDVIDUAL LAY MEMBERS)		
REF.	AREA	MATTER
		To be determined upon establishment of the JCC

	Welsh Government / Chief Executive of NHS Wales	NWJCC	Joint Committee Chair	CEO Host Body and host body committees	Chief Commissioner	Deputy Chief Commissioner and Director of Finance and Value	Director of Commissioning for Ambulance and 111 Services	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups	Director of Commissioning for Specialised Services	Medical Director	Director of Nursing and Quality	Director of Corporate Planning and Strategy	Committee Secretary and Assistant Director of Corporate Services
Welsh Government Ministers and CEO NHS Wales													
NHS Wales JCC Directions WG24-06 (to health boards to establish a joint committee to exercise the relevant functions)	√												
NHS Wales JCC Regulations 2024 no 135 (W29)	√												
Accountable officer status from WG to Chief Commissioner (letter and memo)	√				√								
Role of the JCC (SO 2.20)													
Determine a **long-term strategy for the commissioning of services delegated to the JCC**		√			√								
Produce an **Integrated Medium-Term Plan** which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs)		√			√							Lead	
In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards		√			√								Lead
Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered		√			√					Lead			
Develop policies (service specifications) for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC (see line 35)		√			√					Lead			
Determine annually those services that should be commissioned on a regional or national basis		√			√								
Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers		√			√	Lead							
Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales		√			√								
Ensure the JCC operates within an appropriate governance framework.		√			√								Lead
Matters delegated from HBs and reserved for JCC													
Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: •JCC Standing Orders •JCC Standing Financial Instructions •JCC Scheme of Delegation and Reservation of Powers •JCC sub-Committee Terms of Reference (B1)	Accountable for model SOs and SFIs	√		Responsible for inclusion in CTMUHB and all HBs SOs and SFIs									Lead
Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework (B2)		√			√								Lead
Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: •Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. •Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue. (B3)		√			√								Lead
Develop and approve the long-term strategic plan for the development of those functions delegated to the JCC (B4)		√			√							Lead	
Develop and approve the JCC's Integrated Medium- Term Plan, for LHB approval B5		√			√							Lead	
Ratify any urgent decisions taken by the Chair, in- line with JCC SOs (B6)		√	√		√								Lead
Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non- compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs (B7)		√			√								Lead
Adopt the CTMUHBs Host Body's Values and Standards of Behaviour Framework for the JCC (B8)		√		Responsible for Values and Standards of Behaviour Framework	√								Lead
Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) (B9)		√			√	Lead							
Approve the JCC's Risk and Assurance Framework, ensuring alignment with the Host Body (B10)		√			√								Lead
Approve the JCC's Performance Management Framework (B11)		√			√	Lead							
Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans (B12)		√			√							Lead	
Receive assurance reports from the JCC's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required (B13)		√			√								Lead
Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the JCC's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of JCC sub-Committees (as appropriate) (B14)		√			√								Lead
Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required (B15)		√			√							Lead	
Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body (B16)		√		√	√	lead							
Approve the JCC's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function (B17)		√			√	co-lead							co-lead
Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body. (B18)		√			√						Lead		
Approve policies (service specification) for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC (B19)		√			√					Lead			
Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated- Medium Term Plan [B5]) (B20)		√			√							lead	
Matters delegated by JCC to CC - page 40 of SOs)													
JCC's: •Integrated Medium-Term Plan; and •Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) (C1 - matters delegated from the JCC to CC)					√	Lead						Lead	
Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved IMTP / Foundation Plan (C2 - matters delegated from JCC to CC)					√							Lead	
Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity (C3 - matters delegated from JCC to CC)					√						Lead		
Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs (C4 - matters delegated from the JCC to CC)					√							Lead	
Committee secretary role (SO 6.16)													
Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance -Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups -Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role -Ensuring that Joint Committee members have the right information, to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs; -Ensuring that, in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination; -Contributing to the development of a committee culture that embodies NHS values and standards of behaviour; and -Monitoring the Joint Committee's compliance with the law, JCC SOs and the framework set by the LHBs and Welsh Ministers.				√								Lead	

The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.			yes		√								Lead	
As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via					√								Lead	
Specifics														
The JCC will set out (SO 4.3): 1. Schedule of matters reserved to the Joint Committee 2. Scheme of delegation to joint sub-Committees and others 3. Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.		√												
Approve those policies relevant to the business of the Committee as delegated by the LHBs or the host Board (SO 5.1)		√			√							√		
The Joint Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to their role in holding a shared accountability for the Chief Commissioner (SO 5.4 more in Hosting Agreement			√	√	√									
The JCC will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. (SO 6.15)		√			√									
Lead on compliance with the Standing Financial Instructions				with DOF	√	Lead								
Lead on compliance with Standing Orders and the Governance Framework					√								Lead	
To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making delegated to the Chief Commissioner and others undertaken at the direction of the Joint Committee (2.21).		√												
The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. (SO 6.16)			√		√								Lead	
The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Commissioner, will set the agenda. (SO 7.10)			√		√								Lead	
The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way. (SOs 8.9)			√	√	√								√	
Agree Scheme of Delegation for JCC Team (reflecting SoD of JCC) and Approve Financial Limit for JCC Team Responsible Officers					√									
Determine JCC Team Annual Priorities					√									
Approve JCC Team Workplan (based on IMTP)					√									
Sign off DRAFT IMTP for submission to NWJCC prior to WG HSCEYG planning team		√			√									
Annual Review of Hosting Agreement				√	√									
Endorse amendments to any JCC Governance documents such as SOs, SFIs, Hosting Agreement, Memo of Agreement for approval at HBs		√			√								Lead	
Approve JCC Branding	√				√									
Sign off relevant reports/papers for Committees relating to professional area					√									
Approve draft annual operating budget for NWJCC		√			√									
Allocate annual budget allocation to relevant functions/programmes of the NWJCC		√			√	Lead								
Approve draft JCC Risk Register for reporting to the NWJCC					√									
Approve JCC staff engagement plan					√									
Approve JCC partnership and stakeholder engagement plan		√			√							Lead		
Approve appointment of Directors of JCC Team					√									
Approve appointment of Deputy Directors of JCC Team (in relevant professional area)					√	*								
Consider redundancy and Voluntary Early Release applications prior to submission to CTMUHB for approval noting WG approval required over £50k settlement				√	√	*								
Approve redundancy and Voluntary Early Release applications for submission to CTMUHB RATS noting WG approval required over £50k settlement				√	√									
Appraisal of Directors of the JCC Team					√									
Appraisal of Chief Commissioner RO in relation to compliance with Hosting Agreement			√	√	√									
Review ToRs for JCC SLT					√								Lead	
Approve ToRs for SLT					√									
Establish Sub Groups to report to SLT and agree ToRs					√								Lead	
Establish the Collaborative Commissioning Leadership Group					√								Lead	
Approve ToRs for CCLG					√									
Review JCC Team Operating Model and Structure to ensure fit for purpose					√	*								
Approve amendments to the JCC Team Operating Model and Structure					√	*								
Engagement of staff within funded establishment					√	√	√	√	√	√	√	√		
Engagement of staff outside funded establishment					√	√								
Approval of revised job resulting in change in grade in line with agreed policy and All Wales Terms and Conditions					√	√	√	√	√	√	√	√	√	
Approve & manage overtime, travel expenses, absence and leave within funded establishment (in accordance with CTMUHB Policies)					√	√	√	√	√	√	√	√	√	
Approval of mobile phones / IT equipment					√	√	√	√	√	√	√	√	√	
Management of allocated budgets					√	√	√	√	√	√	√	√	√	
Approval of in-year budget virements between Director Budgets					√									
Receive reports on progress against performance in delivery of the JCC Team Workplan					√									
Endorse Annual Report, Annual Governance Statement and Annual Quality Report of the JCC prior to submission to CTMUHB		√			√						Lead		Lead	
Approve JCC Annual Report, Annual Governance Statement & Annual Quality Report		√			√								lead	
Agree scope of planned internal audit		√			√	Lead							Lead	
Receive internal audit reports to develop management response		√			√	Lead	√	√	√	√	√	√	Lead	
Approve final internal audit reports		√			√	√								
Receive reports from external/independent parties for consideration and action where necessary		√			√									
Dismissal of staff (in accordance with delegations set out in CTM policy)				√	√	√	√	√	√	√	√	√	√	
Approval of legal action					√								Lead	
Approval of receipt of any gift, hospitality or sponsorship (of individuals) under CTM policy (NB Gifts above £25 should not be accepted; gifts over £25 where it is not possible to decline must be declared and seek approval; tickets to sporting events must not be accepted; all offers of gifts over £25 whether accepted or declined should be declared)					√								Lead	
Approval of receipt of sponsorship in line with CTMUHB policy http://ctuhb-intranet/dir/Corporate/Decs/GHSH/Spon/_layouts/15/start.aspx#/					√	√	√	√	√	√	√	√	Lead	
Approval of JCC Pulse Bulletin and information for publication					√									
Financial limits - See Financial Authorisation Matrix														
Payroll														
Payroll new starters					√	√	√	√	√	√	√	√	√	
Payroll leavers					√	√	√	√	√	√	√	√	√	
Establishment vacancy authorisation					√	√								
Payroll changes financial					√	√								
Payroll changes non financial e.g. financial coding					√	√	√	√	√	√	√	√	√	
Payroll travel expenses					√	√	√	√	√	√	√	√	√	
Payroll study leave					√	√	√	√	√	√	√	√	√	
Financial matters in line with additional delegations from the SFIs														
Funding releases (was WHSSC Management Group)					√	√			√					
Manage reserves and contingencies					√	√								
Manage and control of stocks					√	√							Lead	
Monitor and achievement of management cost targets					√	√								
Recording of payments under the losses and compensation regulations					√	√								
Issuing tenders and post tender negotiations					√	√								
Operation of detailed financial matters including bank accounts and banking procedures				with DOF of host body	√	√								
Corporate														
Information governance					√								Lead	with ctm
Management of concerns					√						Lead			
Lead on health and safety arrangements (not line management duties)					√							Lead		
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with Government directions					√	√								
Legal advice					√								Lead	
Action on litigation				with Director of Nursing	√								√	
Workforce				with Director of People host body	√								Lead	