

# Finance and Performance Committee

Tue 02 September 2025, 09:30 - 13:00

## Agenda

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### 09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 Agenda\_F&P\_02Sept2025.pdf (3 pages)

#### 1.1. Welcome and Apologies

*Verbal*          *Chair*

#### 1.2. Declarations of Interest and Board Members Register of Interests 2025/26

*Verbal & Attached*          *All*

 F&P\_1.2\_Board Members Declaration Of Interests summary 2025-26.pdf (2 pages)

### 09:30 - 09:30 2. CONSENT AGENDA BUSINESS

0 min

The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.

### 09:30 - 09:30 3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

0 min

#### 3.1. Minutes of the previous meeting held on 26 June 2025

*Attached*          *Chair*

 DRAFT\_Minutes\_F&P\_26June2025 (2).pdf (10 pages)

#### 3.2. Committee Action Log

*Attached*          *Chair/Director of Corporate Governance*

 F&P\_3.2\_Action Log 2025-26 (1).pdf (2 pages)

#### 3.3. Committee Continuous Development Plan

*Attached*          *Assistant Director of Corporate Governance*

 F&P\_3.3\_Committee Effectiveness Continuous Improvement Plan 2025-26.pdf (5 pages)

### 09:30 - 09:30 4. ESCALATED ITEMS

0 min

#### 4.1. Organisational Status (NHS Escalation Framework) Level 4 Monitoring Report

*Presentation*          *Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services and Director of Planning, Performance and Commissioning.*

 F&P\_4.1\_Level 4 Escalation Planning and Strategy (1).pdf (21 pages)


### 09:30 - 09:30 5. ITEMS FOR ASSURANCE

0 min

#### 5.1. Finance Performance Report Month 04

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Attached Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services

 F&P\_5.1\_Financial Performance Report Month 04.pdf (19 pages)

## 5.2. Integrated Quality and Performance Report Month 03

Attached Executive Director of Planning, Performance and Commissioning.

 F&P\_5.2\_Month03\_IQPR\_Cover\_Paper (1).pdf (8 pages)

 F&P\_5.2a\_IQPR\_25-26\_Month\_3\_Final.pdf (46 pages)

## 5.3. Annual Delivery Progress Report Q1 (including Ministerial Enabling actions)

Attached Executive Director of Planning, Performance and Commissioning.

 F&P\_5.3\_Q1 2025-26 Annual Delivery Progress Report \_Cover Paper E.pdf (17 pages)

 F&P\_5.3a\_Q1 Progress against Plan July 2025.pdf (101 pages)


## 5.4. Six Monthly report on Continuing Health Care Costs (track growth on case numbers)

Attached Executive Director of Primary, Community Care and Mental Health

 F&P\_5.4\_Six monthly report on CHC Costs August 2025.pdf (14 pages)


## 5.5. Deep Dive - Private Providers- Mental Health Provision

Attached Executive Director of Primary, Community Care and Mental Health

 F&P\_5.5\_PrivateProviders\_Mental Health 2025.pdf (6 pages)


## 5.6. Deep Dive - Variable Pay

Attached Deputy Chief Executive /Executive Director of Finance, Capital and Support Services

 F&P\_5.6\_Variable Pay\_August 2025 (1).pdf (15 pages)


## 5.7. General Medical Services (GMS)

Attached Executive Director of Primary, Community Care and Mental Health Services

 F&P\_5.7\_GMS CAF 24-25\_August 2025.pdf (19 pages)

## 5.8. Capital and Estates Strategy Monitoring Report


Attached Deputy Chief Executive/Executive Director of Finance, Capital and Support Services

 F&P\_5.8\_Capital and Estates Strategy Monitoring Report.pdf (6 pages)

## 5.9. Strategic Risk Register

Attached Deputy Board Secretary

 F&P\_5.9\_Committee Risk Register Update Aug 2025 (1).pdf (3 pages)

 F&P\_5.9a\_Appendix A - Committee Risk Register Aug 2025 (1).pdf (25 pages)

## 09:30 - 09:30 6. ITEMS FOR DISCUSSION

0 min

There are no items for inclusion within this section

## 09:30 - 09:30 7. CONSENT AGENDA

0 min

### 7.1. Internal Audit Report: Contract Management

Attached Deputy Board Secretary

 F&P\_7.1\_Internal Audit Report\_Contract Management Final Advisory Report.pdf (9 pages)

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## **7.2. Committee Work Programme 2025/2026**

*Attached Deputy Board Secretary*

 F&P\_7.2\_Committee Work programme 2025-2026.pdf (1 pages)

## **7.3. PTHB Glossary**

*Attached Deputy Board Secretary*

 F&P\_7.3\_PTHB Glossary.pdf (5 pages)

## **09:30 - 09:30 8. OTHER MATTERS**

0 min

### **8.1. Any other Urgent Business**

*Verbal Chair*

### **8.2. Items to be brought to the attention of the Board and/or other Committees**

*Verbal Chair*

### **8.3. Committee Reflections**

*Verbal All*

### **8.4. Date of the next meeting: 21 October 2025 at 10:00**

### **8.5. Confidential Session**

The Chair, with advice from the Director of Corporate Governance/Board Secretary, 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:

**FINANCE AND PERFORMANCE COMMITTEE**



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**02 SEPTEMBER 2025**

**09:30 – 13:30**

**VIA MICROSOFT TEAMS**

**CHAIR: RONNIE ALEXANDER**

**AGENDA**

Time	Item	Title	Attached / Verbal	Owner
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
09:30	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"> <li>Board Members Register of Interests 2025/26</li> </ul>	Verbal & Attached	All
	<b>2</b>	<b>CONSENT AGENDA BUSINESS</b>		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	<b>3</b>	<b>ITEMS FOR APPROVAL / DECISION / RATIFICATION</b>		
	3.1	Minutes of previous meeting held on 26 June 2025	Attached	Chair
	3.2	Committee Action log	Attached	Chair/Deputy Board Secretary
	3.3	Committee Continuous Development Plan	Attached	Deputy Board Secretary
	<b>4</b>	<b>ESCALATED ITEMS</b>		
09:45 15min	4.1	Organisational status (NHS Wales escalation framework) - Level 4 monitoring report	Presentation	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services / Executive Director of Planning, Performance and Commissioning
	<b>5</b>	<b>ITEMS FOR ASSURANCE</b>		
10:00 20 mins	5.1	Finance Performance Report Month 04	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
10:20 20 mins	5.2	Integrated Quality and Performance Report Month 03	Attached	Executive Director of Planning, Performance and Commissioning
10:40 15 mins	5.3	Annual Delivery Progress Report Q1 (including Ministerial Enabling actions)	Attached	Executive Director of Planning, Performance and Commissioning
10:55	<b>COMFORT BREAK (10mins)</b>			
11:05 20 mins	5.4	Six monthly report on CHC costs (track growth on case numbers)	Attached	Executive Director of Primary, Community Care and Mental Health

11:25 20min	5.5	Deep Dive - Private Providers - Mental Health provision	Attached	Executive Director of Primary, Community Care and Mental Health
11:45 20min	5.6	Deep Dive - Variable Pay	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
12:05	<b>COMFORT BREAK (10mins)</b>			
12:15 20min	5.7	General Medical Services (GMS)	Attached	Executive Director of Primary, Community Care and Mental Health
12:35 10min	5.8	Capital and Estates Strategy Monitoring	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
12:45 10min	5.9	Strategic Risk Register	Attached	Deputy Board Secretary
	<b>6</b>	<b>ITEMS FOR DISCUSSION</b>		
		There are no items for inclusion within this section.		
	<b>7</b>	<b>CONSENT AGENDA</b>		
	7.1	Internal Audit Reports: • Contract Management	Attached	Deputy Board Secretary
	7.2	Committee Work programme 2025/2026 (For information)	Attached	Deputy Board Secretary
	7.3	PTHB Glossary (For information)	Attached	Deputy Board Secretary
	<b>8</b>	<b>OTHER MATTERS</b>		
13:15	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 21 October 2025 at 10:00		
	8.5 The Chair, with advice from the Director of Corporate Governance/Board Secretary, 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: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> <b>"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"</b>			
13:15	8.6	Welcome and apologies	Verbal	Chair
	8.7	Declarations of interest	Verbal	All

	8.8	Minutes from the previous In-Committee Meeting 26 June 2025	Attached	Chair
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**Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.**

**Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at [PowysDirectorate.CorporateGovernance@wales.nhs.uk](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk) at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.**

**Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.**

**Whilst Committee meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to [PowysDirectorate.CorporateGovernance@wales.nhs.uk](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk).**

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26								Updated: August 2025
Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned
<b>INDEPENDENT MEMBERS</b>								
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29.05.2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil	
Vice Chair	Kirsty Williams	Non Financial personal interests	Loyalty Interests	feb-25	Current	Co Director of Samaritans Powys	None	22.04.2025
		Non Financial personal interests	Loyalty Interests	nov-22	Current	Director of ILEP Ltd a subsidiary of Cardiff University	None	
		Indirect Interests	Outside Employment	feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Financial personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Independent Member (General)	Rhoert Lewis	Non Financial professional interests	Outside Employment	nov-21	Current	Chair NPTC Group of Colleges	NIL	30.05.2025
		Indirect Interests	Outside Employment	nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL	01.05.2025
Independent Member (finance)	Steve Elliot	Non Financial professional interests	Outside Employment	04.02.2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17.04.2025
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	01.10.2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15.05.2025
		Indirect Interests	Outside Employment	2012	Current	Partner-Director of RA and CJ Consulting Limited	Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	Remunerated	
		Indirect Interests	Outside Employment	mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) - Non Executive Director	Remunerated	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	Simon Wright	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Variou Healthcare Programmes	Salaried Employment	18.06.2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	10.06.2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	
		Non Financial professional interests	Loyalty Interests	jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local)	Christopher Walsh	Non Financial professional	Loyalty Interests			Member of Community Speed Watch Group	NIL	

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<b>Authority)</b>		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL	19.06.2025
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL	
<b>Independent Member (Capital)</b>	<b>Michael Giannai</b>	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01.04.2025
<b>Independent Member</b>	<b>Ian Thomas</b>	Non Financial Personal Interests	Outside Employment	apr-23	01.03.2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09.04.2025
<b>EXECUTIVE MEMBERS</b>								
<b>Chief Executive Officer</b>	<b>Hayley Thomas</b>	NIL	NIL	NIL	NIL	NIL	NIL	30.05.2025
<b>Executive Director of Finance, Capital and Support Services</b>	<b>Pete Hopgood</b>	Non Financial Interests	Loyalty Interests	18.06.2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22.05.2025
<b>Executive Director of Allied Health Professions, Health Science and Digital</b>	<b>Claire Madsen</b>	Financial Interests	Outside Employment	07-jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02.06.2025
		Non Financial professional interests	Loyalty Interests	10-jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Claire Roche</b>	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10.06.2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
<b>Executive Medical Director</b>	<b>Kate Wright</b>	Non-Financial professional Interest	Outside Employment	01-aug-91	Current	Member of the British Medical Association	NIL	10.06.2025
<b>Executive Director of People and Culture</b>	<b>Debra Wood Lawson</b>	Indirect Interests	Outside Employment	01-nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	29.05.2025
<b>Executive Director of Public Health</b>	<b>Mererid Bowley</b>	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement	14.05.2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
<b>Director of Corporate Governance/ Board Secretary</b>	<b>Helen Bushell</b>	Non-Financial professional Interest	Outside Employment	nov-21	Current	Self - School Governor - Langynwyd primary school (Bridgend)	Not remunerated	18.06.2025
		Indirect Interests	Outside Employment	aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	jul-24	okt-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	sep-22	Current	Partner - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	

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## FINANCE & PERFORMANCE COMMITTEE

### CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 26 JUNE 2025, VIA MICROSOFT TEAMS

<b>Members Present:</b>		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Independent Member (Trade Union)
Steve Elliot	SE	Independent Member (Finance)
<b>In Attendance:</b>		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Roche	CR	Executive Director of Nursing, Quality, Womens and Family Health
Chris Moss	CMO	Assistant Director of Performance
Kate Wright	KW	Executive Medical Director
Hayley Thomas	HT	Chief Executive Officer
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Katie Blackburn (Observing)	KB	Llais
Amie Symes	AS	Deputy Director of Midwifery
Alex Simmonds	Asi	Assistant Director of Allied Health Professions, Therapies and Health Science
Bethan Powell	BP	Corporate Governance Officer
<b>Apologies for Absence:</b>		
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Mick Giannasi	MG	Independent Member (General)

<b>PRELIMINARY MATTERS</b>
<b>1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&amp;P/25/025)</b>
RA welcomed everyone to the meeting and introduced Amie Symes, newly appointed Deputy Director of Midwifery and Alex Simmonds, Assistant Director of Allied Health Professions, Therapies and Health Science. Apologies for absence were noted as recorded above.
Members were made aware of the reduced agenda due to an Extraordinary Board meeting scheduled to take place prior to the Finance and Performance Committee. This resulted in a number of reports being deferred to the next meeting in September, of which would be extended to accommodate those additional reports.

## 1.2 DECLARATIONS OF INTERESTS (F&P/25/026)

There were no Declarations of interests received in addition to those already recorded on the register.

## 2. CONSENT AGENDA BUSINESS (F&P/25/027)

The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.

The Chair acknowledged the Internal Audit Pharmacy Report was included within the consent agenda and observed the physical space limitations for vaccine storage. This was noted to be included within the Risk Register and would require consideration at a future discussion.

## 3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

### 3.1 MINUTES OF THE PREVIOUS MEETING (F&P/25/028)

The minutes of the meeting held on 01 May 2025 were **CONFIRMED** as an accurate record.

#### Matters Arising

The Director of Finance, Capital and support Services confirmed that no further update had been received to date in regard to the current position of the Wye Valley Trust invoice.

### 3.2 COMMITTEE ACTION LOG (F&P/25/029)

HB introduced the Action Log that recorded updates with the following information provided:

**D&P/25/004: - Welsh App** -Completed and closed

**D&P/25/010: - Q4 Quarterly Delivery Progress report** - Completed and closed

**D&P/24/101- Deep Dive Ambulance Response** – Item on the agenda

**PTHB/24/101a & D&P/25/009a- Cancer Performance** – Scheduled for September 2025

**D&P/24/086 – In-Reach Fragility update** – Due December 2025

**D&P/24/103 -Contract Negotiations, Data Source & Provision (GMS)-** Due September 2025

**D&P/25/004 – GMS Access** – Due September 2025

**PTHB/24/205b - Financial lessons Learned** – Item to be discussed at a Board Development session and for further review at Committee in Aug/September 2025

**PTHB/24/205 - Use of Private Providers in Mental Health** – Due September 2025

**PTHB/24/008** -*To confirm whether there had been a rise in total opportunity costs for Social Care and Community Hospital Delays in comparison to the previous year. PH provided the following update:*

There had been an increase in costs year on year within this area. The team are reviewing how the data is declared, and future finance reports would reflect previous and in-year position to show the trend profile.

**D&P/25/009**-*To confirm a timeframe of resolution on Colonoscopy reporting from Public Health Wales. NJ provided the following update:*

The Colonoscopy reporting from Public Health Wales is a national process, which had been raised with Public Health Wales colleagues on a number of occasions. Should a

resolution not be confirmed by the end of July, this would be escalated to Director level. An update would be provided to committee at the next meeting.

The Committee **RECEIVED** the Action Log updates.

#### **4. ESCALATED ITEMS**

##### **4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/030)**

PH provided a verbal update against the Organisational status where the Board had been placed into level 4 escalation in November 2024. NJ acknowledged the additional work that had progressed to setup a number of additional arrangements with Planning and Finance professional leads and meetings with Welsh Government on a monthly basis.

The de-escalation criteria had now formally been agreed with Welsh Government. A support package had been agreed by the health board to procure external support across a number of key areas to sustain the escalation and delivery of the plan to meet statutory financial duty. NJ noted that a procurement exercise was underway with external support going live from the end of July.

Feedback had been received from Welsh Government on the health boards Maturity Matrix. NJ explained that a six-monthly update is due to be reported to the Planning, Partnerships and Population Health Committee in September which would include the health board response.

NJ presented the Roles and Responsibilities Dashboard and highlighted the 'amber' status to strengthen the formal review and mechanisms to support urgency in delivery confidence to improve the financial position. An action plan had been agreed for finance improvement and work is ongoing to de-risk and develop the Annual Financial Plan.

HT confirmed that NHS Wales had received confirmation from Welsh Government on 18 June 2025 which required action to refine performance and oversight meeting arrangements. Work is underway, recognising that further streamlining arrangements are required to understand the revision of the timetable. An update would be reported back to committee following progress of work.

Committee members sought assurance by asking the following questions:

*Are Welsh Government content with the areas being covered within the Internal Audit Plan or is it anticipated that the health board commission further Internal Audit work?*

Head of Internal Audit is due to review the Internal Audit Plan imminently to ensure the de-escalation criteria is clearly mapped against the procurement specification to ensure appropriate fit without duplication. The specification content is inclusive of an external review in terms of the adequacy of external programmes. This would be reported to the Audit, Risk and Assurance Committee in due course.

*What is the timeframe of completion against the "amber" status of the need to strengthen the formal review mechanisms to support urgency in delivery confidence*

and improvement to the financial position, and what work has been undertaken to date?

PH explained that work to strengthen the delivery confidence had been developed and all actions had been completed. A final review would be undertaken prior to updating the status from amber to green.

The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report.

## **5.ITEMS FOR ASSURANCE**

### **5.1 FINANCE PERFORMANCE REPORT MONTH 02 (F&P/25/031)**

PH presented the year end finance report and highlighted that performance is being tracked against current forecast position of a £28.3m deficit, with ongoing Board discussion in terms of mitigation of actions to improve the deficit position. The following key areas were highlighted:

- The Annual Plan was submitted 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;
- At month 02, there was a £5.732m overspend against the forecast deficit of £4.719m, giving the Health Board an operational underspend of £1.013m as a result of the Commissioned position from Q2;
- Significant pressures continue across Commissioning, Agency and Mental Health Private Providers, subject to urgent focus;
- Continuing Health Care had underspent by £0.042m, with a forecast outturn of £36.778m;
- Commissioning of Healthcare Services from other NHS Bodies at £1.184m overspend. Actions to defer expenditure are yet to take effect and is normal at the start of the year;
- Provider Services performance at month 2, provides an underspend of £0.129m over a number of 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.
- Other private and voluntary sector is overspent by £0.147m, due to an increased number of acute mental health placements with private providers.
- There have been underspends in primary care within dental and general medical services.
- There had been a significant increase in the complexity and number of patients requiring Private provision , with a risk that growth continues throughout 2025/26 beyond the levels that could be mitigated. Pressure continued on the weekly fees charged for packages of care.

EL added that work is underway across the Mental Health and Learning Disability Providers with implementation of stronger governance processes to mitigate actions and risk. It was recognised that demand and acuity had grown significantly, work is ongoing to create fundamental change and improvements across the service. EL confirmed that a report would be presented to committee in September outlining the detail of the demand and capacity across Mental Health Private Providers.

Committee members sought assurance by asking the following questions:

*What is the rationale for the underspend across Medical and Dental Services and when is it anticipated that progress would be made across Nursing and Midwifery agency?*

EL explained the use of Locum Psychiatry had resulted in an underspend across GDS. There had been an operational focus across agency, Nursing and Health Care Support Workers (HCSW) with implementation of a phased approach across Mental Health and Learning Disability (MH&LD) to withdraw from agency use as of 30 June 2025. Exception criteria processes had been implemented with the need to focus on substantive recruitment to reduce gaps and use of agency.

*The Savings table shows a shortfall of £2.5M against the £23M, plan, what are the timescales to identify savings schemes?*

PH confirmed the significant gap of savings target of £23M with MH providers at £2M, as further work progresses this would be updated to an 'amber' position.

*What are the timescales to address the savings proposal of Joint Commissioning Committee (JCC)?*

PH explained this had been Rag Rated Red, with no confirmed timescale at present. HT added that a meeting had taken place with the JCC on 10 June, which provided an update on the financial position and lack of progress to identify savings against the plan. Further work had been requested to provide further detail to mitigate the risks. HT confirmed that the JCC would provide a timeline at its next meeting in July with an update to the committee in October.

**Action: Chief Executive Officer**

*What areas across CHC can be controlled given the significant growth and what is the rationale for the significant rise in children's CHC needs?*

EL highlighted the underspend across CHC at month 02, which provided significant improvement across the service. A Consultant in Public Health had developed a report following the increased demand across CHC which members welcomed to be sighted on this. A new digital system is expected to be implemented by the end of Q2 to ascertain information and to help better understand patient demand and need. Internal record keeping and reporting had been improved, with a clear focus required across EMI and Children placements.

CR explained that the number of Children requiring CHC are relatively small. A Business case had been agreed by the Executive team to enable to cease the use of external providers for CHC across Childrens. Work is underway to scope Community Childrens Nursing as a provider with recruitment underway to enable greater control in terms of quality and governance. The model is expected to be implemented within Q3.

The Committee:

- **RECEIVED** the financial report
- **CONSIDERED and DISCUSSED** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m; and
- took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

## **5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 01 (F&P/25/032)**

N3 provided an overview on the latest performance position against the NHS Wales Performance Framework 2025/26. The following key themes were highlighted:

- Provider Performance for Outpatients and waiting times remained positive;

- The ability to deliver the Diagnostic trajectory measure remained challenged, the recovery trajectory is currently under review.
- Small number of breaches across Therapy services– mitigated actions undertaken to gain control;
- Neurodevelopmental Services for Children and Young People remain in escalation; however, the 104-week wait had been maintained. The escalation status would be discussed at Executive Committee prior to reporting to the Patient Experience Quality and Safety (PEQS) Committee;
- Minor Injury Units (MIU) remain positive through evaluation of temporary changes implemented in autumn 2024;
- Deterioration of Outpatient performance due to the non-recurrent deployment of planned care finances;
- Cancer Performance remains fragile.

Committee members sought assurance by asking the following questions:

*When does a patient's clock start in terms of the time they are transferred from an ambulance to the Hospital?*

KW confirmed that the clock begins from the time that an ambulance arrives at a hospital and the measures are inclusive within published Emergency Department data.

*Has any analysis been undertaken to understand the changes and impact for Powys Patients given the change to ambulance performance recording metrics?*

NJ explained that oversight of the commissioning arrangements of ambulance services through the JCC is in place. Issues regarding the rurality of Powys had been considered at the JCC, an update would be provided to the committee when available.

*When can we expect to see material improvement across Cancer Services performance?*

HT explained that following an Internal Audit on Cancer Services, an action was agreed to integrate the cancer network plan and cancer recovery programme plan which had enabled to target activity across NHS Wales to improve compliance across single pathway performance targets, delivery and focus on improved waiting times. It was highlighted that future IQPR reports would include narrative around Cancer pathway improvement across the Organisation and NHS Wales.

The Committee recognised that following implementation of the new Ambulance framework, an evaluation would be undertaken. The importance of information received for the Powys population to enable to measure outcomes and impact was highlighted. An update would be provided to the committee following completion of the evaluation.

**Action: Director of Primary, Community Care and Mental Health**

The Committee **DISCUSSED** the report and were **ASSURED** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

### **5.3 COMMUNITY HOSPITAL DELAYS AND FLOW UPDATE (F&P/25/033)**

EL provided members with an overview of work undertaken to improve performance and flow across Powys community hospital beds and the positive impact delivered on

reducing length of stay, pathway of care delays and to reduce the number of patients in English community hospital beds. The following key areas were highlighted:

- A number of actions have been undertaken to support admission avoidance and increased rapid safe discharge of patients.
- Hospital flow- engaged with National Care Action Community Programme, seen significant reduction of assessment and days delays reduction.
- Average length of stay had reduced since last year from 47 days to 35 days;
- Improvement to pathway delays reporting;
- Improved culture change across transfer of care and ward staff;

Committee members sought assurance by asking the following questions:

*What is the impact of MIUs drawing demand from Emergency Departments into the County?*

EL explained that as part of the Better Together Portfolio, the importance of training staff to enhance the service remains a priority. KW added the recognition of the sustained overall position in MIUs following the temporary services changes that were implemented in the autumn. A review would be undertaken to ensure appropriate access of care is available. An update would be provided following the evaluation.

**Action: Executive Medical Director**

*Can assurance be provided that the DigiFlow system is being utilised to its full capacity?*

EL confirmed the refinement of the system which had been embedded across all wards had started to see the benefits of up-to-date information. This continues to be driven through the Care Transfer Coordinators to ward staff.

*Given the rise in admission avoidance, is there an intention to repeat Falls training across Care Homes and who monitors the number of 999 Falls related calls?*

EL confirmed that Phase one of the Falls prevention work had been completed, with Phase two set out imminently. The continuation of reports received from Welsh Ambulance Service Trust (WAST) provide data of calls from Care Homes. Support is then provided to those residents and Care Homes of which were attended more frequently.

*What more can be done to ensure all Care Homes participate in Falls Training given the benefits that it provides?*

EL confirmed that work would be undertaken in collaboration with the LA to provide a combined response to Care Home in terms of Falls Training.

*Can assurance be provided that the health board can implement changes should a national approach be recommended in terms of automatic CT scan referrals?*

KW confirmed that work is underway to review a pathway-by-pathway approach to ensure the correct governance and clinical support is appropriately provided. The importance of the Nurse Practitioners skill set was recognised with scope to expand training to treat illnesses.

*What does the data for the variation in 'length of stay' tell us?*

EL explained the variation can imbalance at any time and is driven by an individual's needs and requirements. This is reliant on different access of care provision, various placements following a patient being discharged and patient pathway needs.

*What work has been undertaken with partners in terms of improving delays?*

HT responded that a Whole system approach to respond to causes of delays is required. The Regional Partnership Board (RPB) continues to focus this as a key priority alongside the LA and Third Sector partners. Work across the LA had progressed in terms of future options and it was recognised that impact against outcomes continues to be a key area of focus.

The Committee **RECEIVED** the report and took **ASSURANCE** that significant improvements had been delivered to reduce overall Length of Stay (LoS), pathway of care delays and the number of Powys patients in English community hospital beds.

#### **5.4 AMBULANCE RESPONSE (F&P/25/034)**

CM provided members with the latest All Wales performance information from the NHS Wales JCC Ambulance Performance Dashboard. The following key points were noted:

- 999 call volumes in April 2025 were 20.1% higher than February 2024;
- 12.6% increase in calls and 1.8% increase in incidents in April 2025 compared to April 2024.
- Red incidents increased by 0.9% between February 2025 and April 2025 and increased by 12.7% between April 2024 and April 2025.
- Amber incidents in April 2025 increased 12.3% compared to February 2025 and are 14.2% lower than April 2024.
- Green incidents in April 2025 increased by 17.4% compared to February 2025 and are 46.7% lower than April 2024.
- Ambulance handover lost hours in April 2025 were 21,186, which is a 12.6% increase compared to February 2025 (18,812) but ambulance handover lost hours in April 2025 (21,186) are 8.4% lower than April 2024 (23,632).

Committee members sought assurance by asking the following questions:

Committee members observed that a recommendation within the Ministerial Advisory Group (MAG) report sets out an improved impact to waiting times. This would be picked up through WAST and the JCC to request this information.

*Who is responsible for the Community capacity engagement?*

CR explained that the responsibility is shared across Health and Social Care and communities. There had been discussion in terms of the development of life savers across the Nation and to support communities in responding to immediate life support.

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

#### **5.5 COMMITTEE RISK REGISTER AND RISK APPETITE (F&P/25/035)**

HB provided an overview of the proposed revisions to the Board's Risk Appetite Statement as discussed at the meeting of the Board on 21 May 2025. The Board requested that the Audit, Risk and Assurance Committee (ARAC) discuss the proposals in relation to Financial Sustainability, to formulate a consensus and make a recommendation to the Board at its next meeting on 30 July 2025.

Members of ARAC discussed the potential break down elements of the Financial Sustainability category to demonstrate more detailed considerations of Financial Sustainability into three distinct categories: Financial Governance, Financial

Sustainability and Financial Investment, recognising the impact on decision making. Members of ARAC suggested that Finance and Performance Committee members to consider the approach given the ownership of Financial Sustainability risk.

HB confirmed that the full Strategic Risk Register which contain 13 risks is due to be considered by the Board at the end of July, three of which are yet to be confirmed. Five of the risks sit within the Finance and Performance committee remit.

Members discussed the low potential impact of creating complexity and cautioned against the creation of too many risk appetite categories and sub-categories. HT welcomed the substantial consideration of Risk Appetite which had articulated the emphasis of the financial position and the required improvements.

The Committee **RECEIVED** and **DISCUSSED** the proposed revisions to the Board's Risk Appetite Statement for financial sustainability; and **RECOMMENDED** to the Board the appropriate categorisation of appetite regarding Financial Sustainability.

## **6. ITEMS FOR DISCUSSION**

There were no items for discussion.

## **7. CONSENT AGENDA**

### **7.1 INTERNAL AUDIT REPORTS (F&P/25/036)**

The Committee **RECEIVED** the following Internal Audit Reports for **ASSURANCE**.

- Pharmacy Sores
- Primary Care GMS Unified Contract
- Llandrindod Phase 2

### **7.2 PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE HIGHLIGHT REPORT (F&P/25/037)**

The Committee **RECEIVED** the Joint Commissioning Committee Planning and Performance Highlight report for information.

### **7.3 CLUSTER ACHIEVEMENT REVIEW (F&P/25/038)**

The Committee **RECEIVED** the Cluster Achievement Review report.

### **7.4 COMMITTEE WORK PROGRAMME (F&P/25/039)**

The Committee **RECEIVED** the Committee Work Programme for 2025/26.

### **7.5 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (F&P/25/040)**

The Committee **RECEIVED** the PTHB Glossary for information.

## **8. OTHER MATTERS**

### **8.1 ANY OTHER URGENT BUSINESS (F&P/25/041)**

No urgent business was raised.

### **8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/042)**

There were none.

### **8.3. COMMITTEE REFLECTIONS (F&P/25/043)**

The following summary of business and reflections were provided by members:

- Well Chaired;
- In depth scrutiny and challenge;
- Recognised the good work to enable to make a difference;
- Finance discussions well received;
- Constructive challenge to drive the organisation forward;

### **8.4 DATE OF THE NEXT MEETING (F&P/25/044)**

The date of the next meeting is scheduled on 02 September 2025 at 10:00 via Microsoft Teams.

**8.5 The following resolution 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.'*

**8.6 WELCOME AND APOLOGIES (F&P/IC/25/004)**

The Chair welcomed everyone to the In-Committee meeting, apologies were noted and recorded.

<b>Members Present:</b>		
Ronnie Alexander	RA	Independent Member (Chair)
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Trade Union
Steve Elliot	SE	Independent Member (Finance)
<b>In Attendance:</b>		
Pete Hoggood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright	KW	Executive Medical Director
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
<b>Apologies for Absence:</b>		
Hayley Thomas	HT	Chief Executive Officer
Mick Giannasi	MG	Independent Member (General)
Claire Madsen	CC	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Debra Wood-Lawson	DW-L	Executive Director of People and Culture
Helen Bushell	HB	Director of Corporate Governance
<b>8.7 DECLARATION OF INTERESTS (D&amp;P/IC/25/005)</b>		
There were no Declarations of interests received in addition to those already recorded on the register.		
<b>8.8 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&amp;P/IC/25/006)</b>		
The Committee <b>RECEIVED</b> the item and <b>APPROVED</b> the In-Committee Minutes of the meeting held on 01 May 2025 as an accurate and true record.		

*Meeting Closed at 13:13*

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Beth Powell									
<b>RAG Status:</b>									
<b>At risk</b>	Red - action date passed or revised date needed								
<b>On track</b>	Yellow - action on target to be completed by agreed/revised date								
<b>Completed</b>	Green - action complete								
<b>No longer needed</b>	Blue - action to be removed and/or replaced by new action								
<b>Transferred</b>	Grey - Transferred to another group								



### Finance and Performance Committee

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
<b>OPEN ACTIONS FOR REVIEW - (02 SEPTEMBER 2025)</b>								
26/03/2025	PTHB/24/205b	DCG	Finance Report	Lessons learnt from the financial year to be incorporated into decision-making action plan to June D&P	<b>26.06.25 update</b> - action will be included as a discussion at Board Development and then bought back to Committee. <b>19.08.2025 Update:</b> Scheduled on the Board Development Work programme for October 2025. Proposed to revise target date.	Jun-25	Aug-25	At risk
01/05/2025	D&P/25/009	AD of Performance	IQPR	To confirm a timeframe for a resolution on Colonoscopy reporting from PHW	<b>26.06.25 update</b> - update to be provided within the meeting. The Colonoscopy reporting from Public Health Wales is a national process, which had been raised with Public Health Wales colleagues on a number of occasions. Should a resolution not be confirmed by the end of July, this would be escalated to Director level. <b>26.08.2025 update:</b> A verbal update would be provided to committee in September.	Jun-25	Sep-25	At risk
26/06/2025	F&P/25/031	CEO/DoFCSS	Finance Report	To confirm timescales to address the savings proposal of the JCC	<b>19.08.2025 Update:</b> A verbal update would be provided on the latest position at the September meeting.	Sep-25		On track
26/06/2025	F&P/25/032	DPCCMH	IQPR	To provide an update following the evaluation of the new ambulance framework	<b>19.08.2025 Update:</b> A verbal update would be provided on the latest position at the September meeting.	Sep-25		On track
06-Feb-25	D&P/24/101a	Executive Director of Planning, Performance and Commissioning	IQPR	A report focused on internal cancer performance progress and external cancer pathways be brought forward to the Committee in Q2.	<b>09.04.2025 update:</b> Item scheduled for September 2025 Agenda. <b>18.08.2025 update:</b> This will be deferred due to a lengthy September agenda and would be presented to committee in October 2025.	Sep-25	Oct-25	At risk
06-Feb-25	D&P/24/103	DPCCMH	Primary Care: OOH	To provide a report to Committee around Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais.	<b>01.05.2025 update</b> - Verbal update provided under Matters Arising at the May 2025 meeting. An update would be brought back to committee in September 2025. <b>18.08.2025 update:</b> This was deferred due to a lengthy September agenda and would be included within the OOH report to committee in October 2025.	Sep-25	Oct-25	At risk
01/05/2025	D&P/25/004	EDPCCMH	Matters Arising: GMS Access	A progress report would be provided around GMS access and how data is triangulated in terms of access and patient feedback.	<b>16.06.2025 update:</b> Item has been added to the Work programme for September 2025.	Sep-25		On track
<b>OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (02 SEPTEMBER 2025)</b>								
05-Dec-24	D&P/24/086	Executive Director of Primary, Community Care and Mental Health.	In-reach Fragility	It was agreed to bring an update report back to Committee in December 2025 to review the position.	<b>06.02.25 update</b> - item scheduled for December 2025 - to consider reports by exception in May and September if there are any significant changes/financial challenges impacting on in reach capacity. <b>01.05.2025 update</b> - A verbal update to be provided at the May 2025 Committee. (assurance report scheduled for Dec 2025)	Dec-25		On track
<b>ACTIONS RECOMMENDED FOR CLOSURE (02 SEPTEMBER 2025)</b>								
26/06/2025	F&P/25/033	MD	Community Hospital Delays	To provide an update following the evaluation of the temporary service changes and the overall position of MIUs	<b>Update 18.08.2025:</b> To confirm that evaluation of the MIU Temporary Service Changes confirmed that there had been no increased attendances to GP Practices and no increased attendance to DGH EDs as a result of the changes. Work is ongoing as part of Better Together to establish how the MIUs could most optimally and efficiently functional			Completed

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26/03/2025	PTHB/24/205	DPCCMH	Finance Report	Assurance Report on use of private providers in MH services to June D&P	<b>01.05.2025 update:</b> Item scheduled for June 2025 agenda <b>23.06.2025 Update:</b> Item deferred to Sept meeting due to reduced Committee agenda given Board meeting pressures.	Jun-25	Sep-25	Completed
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**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 3.3**

**Finance and Performance Committee** **Date: 02 September 2025**

<b>Subject:</b>	<b>Committee Effectiveness: Continuous Development Plan 2025-26</b>
<b>Approved and presented by:</b>	Stella Gwynne, Deputy Board Secretary
<b>Prepared by:</b>	Deputy Board Secretary
<b>Other Committees and meetings considered at:</b>	Committee Effectiveness report considered at earlier Committee meetings in 2025.
<b>Appendices:</b>	Appendix A – F&P Continuous Development Plan 2025-26

**PURPOSE:**

This report provides the Committee with a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness.

The plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and those actions which are specific to the Finance and Performance Committee.

**RECOMMENDATION(S):**

The Committee is asked to:

- a. **RECEIVE** the Continuous Development Plan 2025-26 and **TAKE ASSURANCE** that the implementation of continuous development actions will be monitored throughout the year as a key principle of good corporate governance.

Approve/Take Assurance	Discuss	Note
x		

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

Objective	Alignment	Notes
1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

8. Transforming in Partnership	Y	
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**COMMITTEE EFFECTIVENESS**

Each Committee of the Board 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 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 Finance and Performance Committee review were received and discussed by the Committee on 26 June 2025, and subsequently the findings of all Committees were combined and reported to the Chair’s Forum and the 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.

Implementation of the Continuous Development Plan 2025-26 (Appendix A) will be monitored by the Corporate Governance team and will return to the Committee periodically for assurance.

**NEXT STEPS:**

The Corporate Governance Team will continue to monitor implementation and will provide a further update on progress to the meeting on the Committee 26 February 2026.

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## Appendix A – F&P Continuous Development Plan 2025-26

### Committee Effectiveness: Continuous Development Plan 2025–2026

#### Cross-Committee Action Plan (actions relevant to all Committees)

Theme	Action	Owner	Timeline	Status	Comments
Membership	Review and confirm committee membership	DCG / PTHB Chair	Q1	Complete	New Committee Membership confirmed as of May 2025
Assurance to Board (Quality Assurance: QMS)	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 (having been piloted during 2024/25). This template will be reviewed and matured in readiness for September Board.
Organisational Learning (Quality Learning: QMS)	Schedule opportunity to actively consider evidence of learning and improvement in each Committee	Governance Team	Q3	Not yet started	
Committee Agenda Focus	Apply risk-based approach to planning agendas,	DCG/Committee Chairs	Q1	Underway	Prioritisation is already undertaken as part of the agenda setting process, but check in will be

(Quality Planning: QMS)	prioritising high-risk/high-impact items				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	

## Committee-Specific Action Plan

### Finance and Performance Committee

Issue	Action	Owner	Timeline	Status	Comment
Enhance the focus on DTOC/Primary Care	Embed focus items or deep dives into work programme	DCG/Committee Chair	Q1	Underway	Programme of deep dives is in development with dates for DTOC and Primary Care due in Q3
Length and focus of Meetings	Consider length of meetings and agenda to ensure appropriate scope to consider items in a timely / risk based manner	Governance Team	Q1	Complete	Complete – Meetings extended to 3.5 hours to allow for sufficient discussion of key items.

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Powys Teaching  
Health Board

# Level 4 Escalation Update

Executive Committee 20 August 2025

(via Planning, Partnerships & Population Health Committee 14 August 2025)

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# Escalation and Intervention Arrangements

<b>Subject:</b>	<b>Escalation and Intervention Arrangements</b>
<b>Approved and Presented by:</b>	Nicola Johnson, Executive Director Planning, Performance and Commissioning
<b>Prepared by:</b>	Assistant Director Planning Director of Corporate Governance/Board Secretary
<b>Purpose:</b>	This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.
<b>Recommendations:</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"><li>• <b>RECEIVE</b> the report and take <b>ASSURANCE</b> that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria;</li><li>• <b>NOTE</b> feedback has been received from Welsh Government on the Planning Maturity matrix and a revised copy will be considered by the PPPH Committee and PTHB Board prior to resubmission in November 2025.</li></ul>
<b>Executive Summary</b>	<p>The Welsh Government Escalation and Intervention Arrangements has five levels of escalation</p> <ol style="list-style-type: none"><li>1. Routine arrangements</li><li>2. Area of concern (new level)</li><li>3. Enhanced monitoring</li><li>4. Targeted intervention</li><li>5. Special measures</li></ol> <p>The framework has six escalation domains and can be viewed here - <a href="#">NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales)</a></p> <p>PTHB's status increased from Enhanced Monitoring (Level 3) Finance, Strategy to Targeted Intervention on the 5 November 2024 having previously been in Enhanced Monitoring since September 2023.</p> <p>PTHB remains in routine monitoring for all other domains.</p>
<b>Appendices:</b>	<i>None for this meeting</i>

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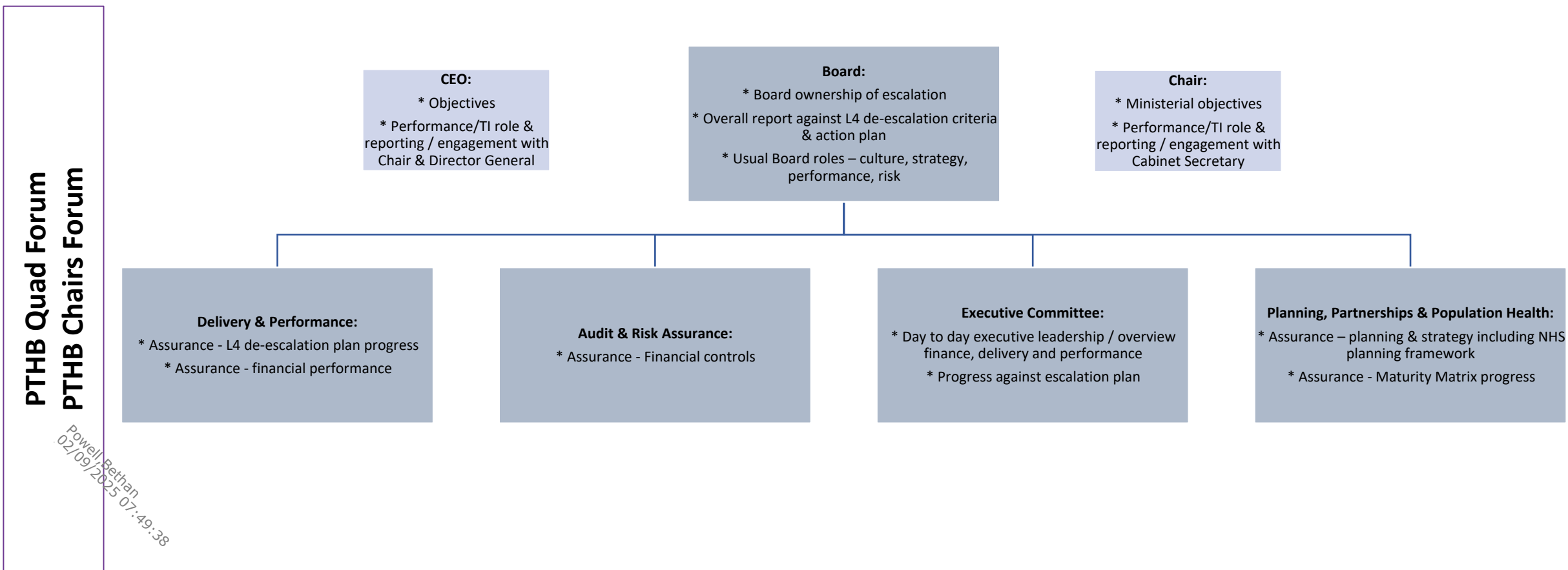
# NHS Wales Escalation and Intervention Arrangements

- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation
  1. Routine arrangements
  2. Area of concern (new level)
  3. Enhanced monitoring
  4. Targeted intervention
  5. Special measures
- Six escalation domains
- [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://gov.wales/nhs-oversight-assurance-escalation-intervention-framework)
- PTHB's status **increased** from Level 3 to Level 4 for Finance, Strategy and Planning on the 5 November 2024 having been in Level 3 since July 2023
- Increased status due to worsening financial position.



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# Approach to Managing Level 4 Escalation – PTHB Board approved



## Welsh Government

- Support a formal structure for reviewing and reporting progress.
- Signpost relevant best practice guidance and frameworks.
- Act as a critical friend and sounding board on existing practices and new developments.
- Review and provide feedback on developed products.
- Undertake and share relevant analysis and deep dives of national data.
- Enable shared approaches to key national issues across Welsh NHS organisations and promote shared learning.
- Direct the NHS Executive or make alternative arrangements to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
- Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

## PTHB

- Appoint an SRO (designated point of contact) to lead the health board's response to the escalation.
- Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
- To produce a level 4 action plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
- Provide quarterly progress reports and evidence against the escalation plan to Welsh Government.
- Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the financial position.

## Strategy and Planning

- Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework
- Board clarity on the strategic vision for the organisation
- Evidence of a clear roadmap and implementation of the health board's clinical services plan
- Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix
- Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

## Finance

- Demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised
- Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities
- Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory and delivering as a minimum the target control total

- The escalation and related interventions detailed within the escalation action plan have been designed to support the health board to demonstrate actions and evidence in line with the key objective areas
- Support has been commissioned, with Welsh Government support in the following four areas:

## **Commissioning and contracting expertise**

Required to provide capacity to the health board to review contracting mechanism, process and approach and to improve process and controls of entering and monitoring commissioned contracts within resources available.

## **CHC clinical and operational expertise**

Required to enhance capacity and review the process and pathways underpinning CHC and FNC and support the development of sustainable solutions.

## **External planning and transformation capacity and expertise**

To support the health board in developing and delivering an integrated plan for 2025/26, including effective stakeholder engagement, identification of rapid turnaround actions to support delivery of target control total, and support the longer-term through development of a clear route map to balance, including a focus on opportunities to strengthen planning capability.

## **Audit expertise**

Additional internal audit days required to review the controls and processes within key risk areas that have not been recently reviewed and in key areas such as workforce (e.g. bank and agency)

# L4 Escalation – Planning and Strategy Evidence Log

Updated July 2025 – with proposed moderation of scores in light of Welsh Government feedback  
(draft at this stage until considered and finalised via Committee and Board process)

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# Strategy and planning intervention

The strategy and planning intervention and focus whilst in level 4 covers the following areas and the health board is required to action and demonstrate as below:

## Submission and delivery of an approvable plan

- Improved integrated planning evident across the organisation to develop an approvable IMTP, providing a route map towards the health board's longer-term ambition
- If the health board is unable to submit a balanced IMTP for 2025/28 as is the statutory requirement, the health board will be expected to very clearly set out a credible plan which will deliver the target control total of a £12m deficit in 2025/26 as a minimum
- Make good progress in delivering the ministerial priorities, delivery expectations, enabling actions (as set out in the NHS Wales Planning framework 2025-28), accountability criteria and the level 4 requirements

## Strategic planning and transformation

- Demonstrate how the clinical strategy and plan are driving decision-making across the organisation
- Board approval of timeline and strategic approach for route map to sustainability
- Board-level alignment between strategic direction for transformation of service model and financial obligations

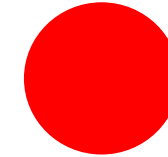
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# De-escalation criteria for Strategy and Planning

Proposed 'RAG'  
Self assessment

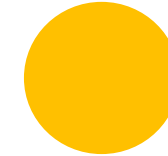
Rationale  
(summary)

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework



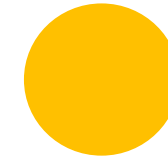
Unable to submit balanced IMTP and unable to deliver Target Control Total in 2025/26 Annual Plan

2. Board clarity on the strategic vision for the organisation



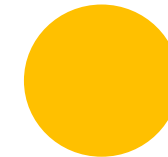
Clear vision within shared long term strategy, A Healthy Caring Powys forms basis of Annual Plan

3. Evidence of a clear roadmap and implementation of the health board's clinical services plan



Better Together Programme in place, engagement commenced – ambitious and difficult work to produce 'roadmap' and reach implementation

4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix



WG Feedback received which has informed this update (July 2025)

5. Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions



Annual Plan 2025/26 in place with quarterly monitoring and reporting as per IQPD and JET

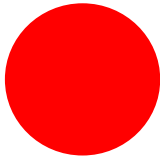
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The following slides provide more detail, forming an 'evidence log' for the assessment against each of the criteria above

# De-escalation criteria 1)

Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework

'RAG' Self assessment



Proposed July 2025 Update

No change

Rationale

Unable to submit balanced IMTP and unable to deliver Target Control Total in 2025/26 Annual Plan

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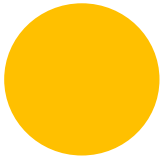
- Proposed that Self Assessment remains the same as the key limiting factor is the inability to produce an Integration Medium Term Plan and the Annual Plan remains unacceptable to WG
- Progress made this quarter:
  - Whole Board approach being taken and Senior Responsible Officer (SRO) role allocated
  - De-escalation framework and associated criteria finalised by Welsh Government in May 2025 – this has been appraised and self assessment carried out against criteria
  - Further update of this assessment carried out July 2025 in light of WG feedback
  - Further update to Planning and Strategy Maturity Self Assessment in light of WG feedback
  - Board engagement April to July to consider and respond to meetings and correspondences from WG on the Annual Plan and in particular the financial position (*Financial element of escalation reported separately*)
  - Tender for external expertise progressed; provider expected to commence August / September
  - Significant work progressing in relation to 'Better Together' which is the mechanism for delivering a sustainable model of care (the equivalent for Powys of a Clinical Services Plan) –
  - This is key to both the medium term goal of an acceptable Annual Plan and the longer term goal of achieving 'break-even' and producing an Integrated Medium Term Plan (IMTP)
  - Further evidence / links provided on following slides

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# De-escalation criteria 2)

## Board clarity on the strategic vision for the organisation

'RAG' Self assessment



Proposed July 2025 Update

Score Moderated from Green to Amber in July 2025

Rationale

Clear vision within shared long term strategy, A Healthy Caring Powys and Annual Plan/ Better Together

Self Assessment moderated in line with WG feedback on key limiting factor i.e. financial sustainability

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- Proposed that Self Assessment updated to Amber (from Green) in light of feedback from WG on key limiting / progression factors:
  - The financial position is cited by WG as a key factor across multiple criteria (and in the Planning Maturity Matrix)
  - Progression will therefore be dependent on a clear routemap to financial sustainability in the short to medium term and the delivery of a 'clinical services plan' (CSP) longer term
- Progress made this quarter (further context and hyperlinks added as requested by WG):
  - For recap - there is a vision shared across partners of 'A Healthy, Caring Powys', the shared long-term health and care strategy, which forms the basis of the Joint Area Plan [www.powysrpb.org](http://www.powysrpb.org)
  - This in turn is set in the context of the Powys Wellbeing Plan, which sets out efforts to improve well-being now and for future generations [Powys Well-being Plan](#)
  - The [PTHB Annual Plan](#) builds on this shared vision, setting out strategic priorities against the shared Wellbeing Objectives. This year there is also a particular focus on Risk, Recovery and Sustainability, with 'critical actions' to maintain grip and control, address the drivers of financial deficit, and prioritise resources to address them.
  - Significant progress made on the Better Together portfolio which is delivering the equivalent of the Clinical Services Plan for Powys and the Routemap to financial sustainability (more detail in Criteria 3):
    - Development and engagement on the Case for Change Spring 2025 [Better Together: Shaping the future of safe, quality health services for Powys](#)
    - Extensive engagement underway Summer 2025 [Better Together Engagement - a sustainable approach for Powys](#)
    - Significant consultation phase commencing Autumn 2025
    - Subsequent consideration and decisions in March 2026

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# PTHB Integrated Plan 2025 - 2026



## Plan on a page 2025 > 2026

Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of *Safe, Timely, Effective, Efficient, Equitable and Person-Centred* care (STEEEP)

**Logic Map**  
showing the link between Key Drivers, Objectives, Priorities and **CRITICAL ACTIONS**

**Key Drivers**  
(aligned with escalation status and de-escalation criteria)

**RISK**  
Addressing performance/quality/delivery/corporate risk

**RECOVERY**  
Addressing the drivers of the financial deficit, optimising efficiency and productivity

**SUSTAINABILITY**  
Delivering 'A Healthy Caring Powys' (Health and Care Strategy) through the Better Together Programme

**CRITICAL ACTIONS**  
in the Delivery Plan 2025 - 26



**A whole system approach to wellbeing & prevention**

1. Whole system Prevention across the life course
2. Health Protection Response including Vaccination
3. Women, Family and Children's health

**CRITICAL ACTION:**  
• Neurodevelopment Services for Children & Young People



**A responsive community based model of care**

4. Enhanced Primary & Community Care

**CRITICAL ACTION:**  
• Community Model

**CRITICAL ACTION:**  
• GP Out of Hours

5. Planned Care and Diagnostics

**CRITICAL ACTIONS:**  
• Performance & Delivery  
• Referral Optimisation

6. Complex and Continuing Healthcare

**CRITICAL ACTION:**  
• External support for further improvement to develop a new model



**Effective care across the Big Four**

7. Major Conditions

**CRITICAL ACTION:**  
• High Value High Impact Pathways: Diabetes (2025/26)

8. Mental Health

**CRITICAL ACTION:**  
• Transformation Programme



**Sustainable and resilient health care**

9. Community Hospital Model and Rural Regional Centre

**CRITICAL ACTION:**  
• Optimising inpatient pathways and bed use

10. Improve System Resilience

**CRITICAL ACTION:**  
• Six Goals Plan – further development of Hub

11. Commissioning for Value

**CRITICAL ACTION:**  
• Strategic and Tactical Commissioning Framework

Wellbeing Objectives

Strategic Priorities

Enablers



**CRITICAL ACTION:**  
• Workforce Transformation



**CRITICAL ACTIONS:**  
• Cybersecurity  
• WCCIS Replacement



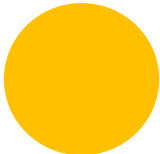
**CRITICAL ACTION:**  
• RPB Prioritisation for greatest system impact



# De-escalation criteria 3)

Evidence of a clear roadmap  
and implementation of the health board's clinical services plan

'RAG' Self  
assessment



Proposed July 2025 Update

No change

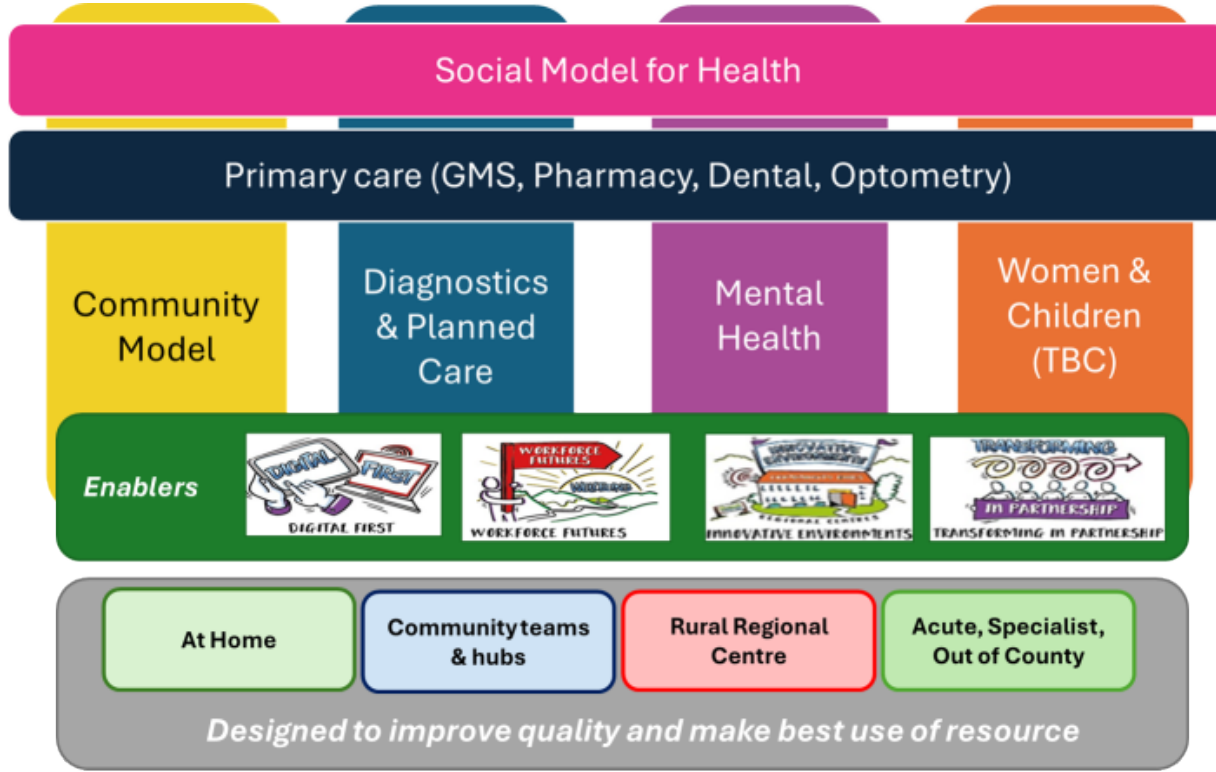
Rationale  
(summary)

Better Together Programme in  
place, engagement phases  
commencing

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- Self Assessment remains the same for same reasons as Criteria 1 and 2 – given WG feedback in relation to delivery of a Routemap and CSP cuts across Criteria 1 – 3
- Progress made this quarter (further context and hyperlinks added as requested by WG):
  - Significant progress made on the Better Together portfolio which is delivering the equivalent of the Clinical Services Plan for Powys and the Routemap to financial sustainability (same hyperlinks as Criteria 2)

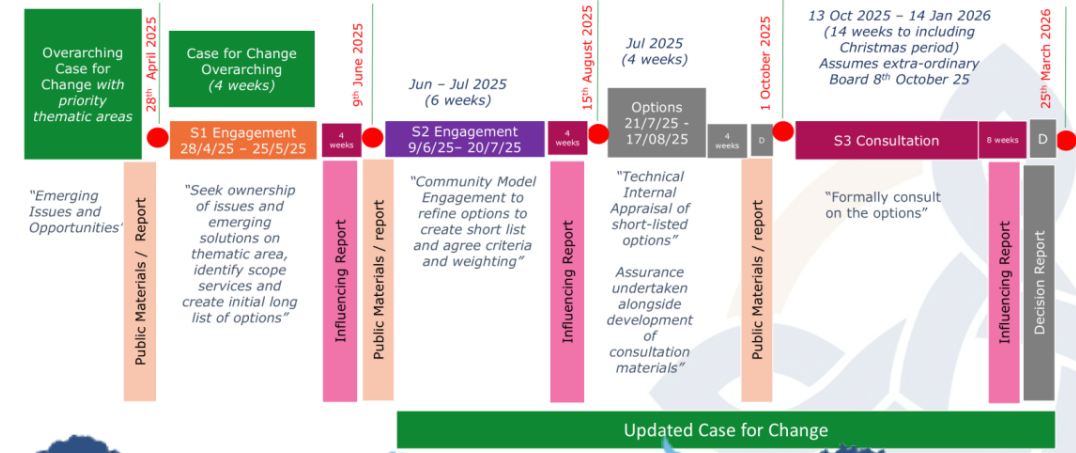
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- Acceleration of Frailty & Community and Adult Mental Health models
- Options Development Group established
- Clinical and Professional Workshops, Strategic Assessments and Deliberative Events underway
- Primary Care engagement approach agreed at Pan Cluster planning group
- Public engagement commenced, external support and assurance being procured



### Community Model & Mental Health - Engagement & Consultation Process and Timescales



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# De-escalation criteria 4)

Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix

'RAG' Self assessment



Proposed July 2025 Update

RAG not included last time as no WG assessment received at that time; now updated to Amber in light of WG feedback

Rationale

- WG feedback received and being considered internally
- PTHB response being tested with WG
- PPPH and PTHB Board will consider PTHB revised matrix
- Revised matrix to be submitted by end November 2025 (based on new template)

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# De-escalation criteria 5)

Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

'RAG' Self assessment



Proposed July 2025 Update

No change proposed (as not yet completed Q1 Progress against Plan process; Performance in wider sense maintained as evidenced in IQPF

Rationale (summary)

Annual Plan 2025/26 in place with quarterly monitoring and reporting of delivery commitments as per IQPD and JET

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- Proposed that Self Assessment remains the same at this point in time
- Q1 Progress against Plan process currently underway, this includes appraisal of the Critical Actions agreed by PTHB Board as part of the Annual Plan 2025-2026
- Work has also been carried out in Q1 to add cross references to the Progress against Plan reporting to the MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas
- Further detailed tracking in line with the recently released WG 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) – this will be incorporated into the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report) pending the national work on the development of metrics
- Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings; and new bi-monthly meetings in relation to MAG
- IQPR available on PTHB Website as part of Board / Finance and Performance Committee papers; this provides further detail on key areas of quality and performance (also provided to WG within the IQPD slides)
- PTHB remains in routine monitoring for all other domains relating to performance and delivery (confirmed as at July 2025 when most recent update to Escalation statuses announced by Cabinet Secretary)

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# Powys THB Finance Department Financial Performance Report Finance and Performance Committee

**Period 04 (July 2025)  
FY 2025/26**

**Date Meeting: 02 September 2025**

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# Introduction

<b>Subject:</b>	<b>FINANCIAL PERFORMANCE REPORT FOR MONTH 04 OF FY 2025/26</b>
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

<b>PURPOSE:</b>
This paper provides an update on the July 25 (Month 04) Financial Position, including progress with savings delivery.
<b>RECOMMENDATION:</b>
The Committee is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
The Committee is asked to consider and discuss the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

<b>THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):</b>		
<b>Strategic Objectives:</b>	• 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	✓
<b>Health and Care Standards:</b>	• Staying Healthy	✘
	• Safe Care	✘
	• Effective Care	✘
	• Dignified Care	✘
	• Timely Care	✘
	• Individual Care	✘
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✘

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
	✓	

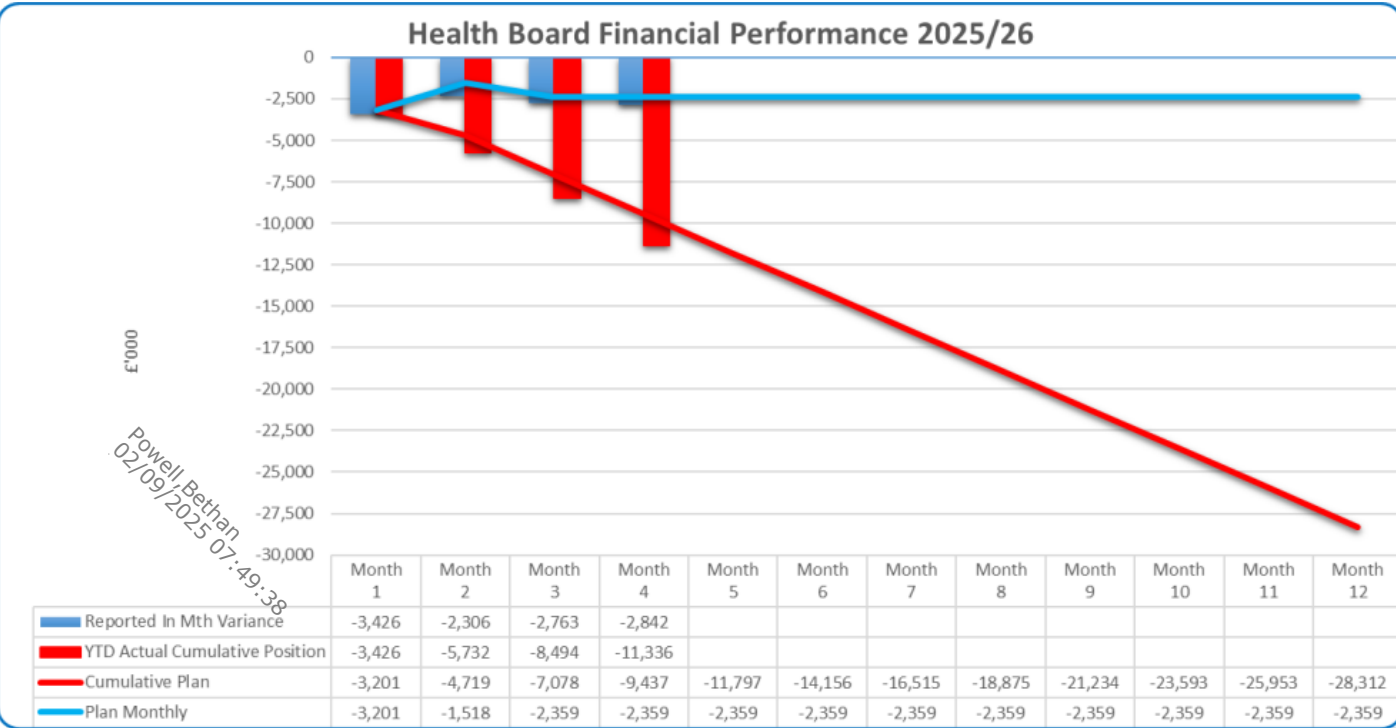
Revenue				Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend		Value £'000	Trend
Reported in-month financial position – (deficit)/surplus	-2,359	-2,842	➡	Capital Resource Limit	5,941	➡
Reported Year To Date financial position – (deficit)/surplus	-9,437	-11,336	➡	Reported Year to Date expenditure	1,068	➡
Year end – (deficit)/surplus	-28,312	-28,312	⬆	Reported year end – (deficit)/surplus – Forecast	5,941	➡

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 4, there is a £11.336m overspend. Compared to a planned deficit of £9.437m, (which is 4/12ths of a forecast £28.3m deficit), this equates to the Health Board having an operational overspend of £1.898m.

The capital resource limit for 2025/26 is £5.941m, the forecast outturn is £5.941m; with a YTD spend of £1.068m.



- DAY FIVE – summary report**
- Commissioning is £1.714m overspent YTD, as actions to defer expenditure have not yet taken effect.
  - Agency expenditure of £0.432m in July is lower than last month; and compared to M04 2024/25 it is £0.114m lower.
  - CHC is £0.188m overspent YTD, with a forecast outturn of £37.894m. There are 374 packages of care, a net increase of 10 since Month 2 2025/26 and a net increase of 19 since Month 12 2024/25.
  - Mental Health Private Provider is overspent. Forecast annual expenditure has further increased to £6.798m. This is subject to urgent focus.

## Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(148,167)	(148,167)	0
02 - Capital Donations	(43)	(43)	0
03 - Other Income	(2,727)	(3,203)	(476)
<b>Total Income</b>	<b>(150,938)</b>	<b>(151,414)</b>	<b>(476)</b>
05 - Primary Care - (excluding Drugs)	16,152	15,870	(281)
06 - Primary care - Drugs & Appliances	11,797	11,797	0
07 - Provided services -Pay	40,325	40,091	(235)
08 - Provided Services - Non Pay	7,248	7,062	(187)
09 - Secondary care - Drugs	465	473	9
10 - Healthcare Services - Other NHS Bodies	63,633	65,346	1,714
12 - Continuing Care and FNC	13,544	13,733	188
13 - Other Private & Voluntary Sector	2,107	3,273	1,166
14 - Joint Financing & Other	3,334	3,334	(0)
15 - DEL Depreciation etc	1,722	1,722	0
16 - AME Depreciation etc	49	49	0
18 - Profit/Loss Disposal of Assets	0	0	0
<b>Total Costs</b>	<b>160,376</b>	<b>162,750</b>	<b>2,374</b>
<b>Reported Position</b>	<b>9,438</b>	<b>11,336</b>	<b>1,898</b>

At Month 04, there is a £11.336m overspend against the forecast deficit of £9.438m giving the Health Board an operational overspend of £1.898m.

The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £1.714m overspent at M4. 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 £1.166m. 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	(2,727)	(3,203)	(£476)
07 - Provided services -Pay	2,383	2,083	(300)	2,096	40,325	40,091	(£235)
08 - Provided Services - Non Pay	0	0	0	0	7,248	7,062	(£187)
<b>Grand Total</b>	<b>2,383</b>	<b>2,083</b>	<b>(300)</b>	<b>2,096</b>	<b>£44,846</b>	<b>£43,949</b>	<b>(£897)</b>
<b>Directorate View</b>							
Assistant Director Community Services	1,037	904	(133)	900	15,841	15,373	(£468)
Assistant Director MH/LD	535	408	(127)	417	7,882	10,437	£2,555
Assistant Director Women and Children	159	157	(2)	162	2,367	2,686	£319
Estates and Support Services	198	201	3	202	5,298	5,409	£111
Corporate and other Services	454	412	(41)	414	13,458	10,045	(£3,413)
<b>Grand Total</b>	<b>2,383</b>	<b>2,083</b>	<b>(300)</b>	<b>2,096</b>	<b>£44,846</b>	<b>£43,949</b>	<b>(£897)</b>

**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.

**Risks**

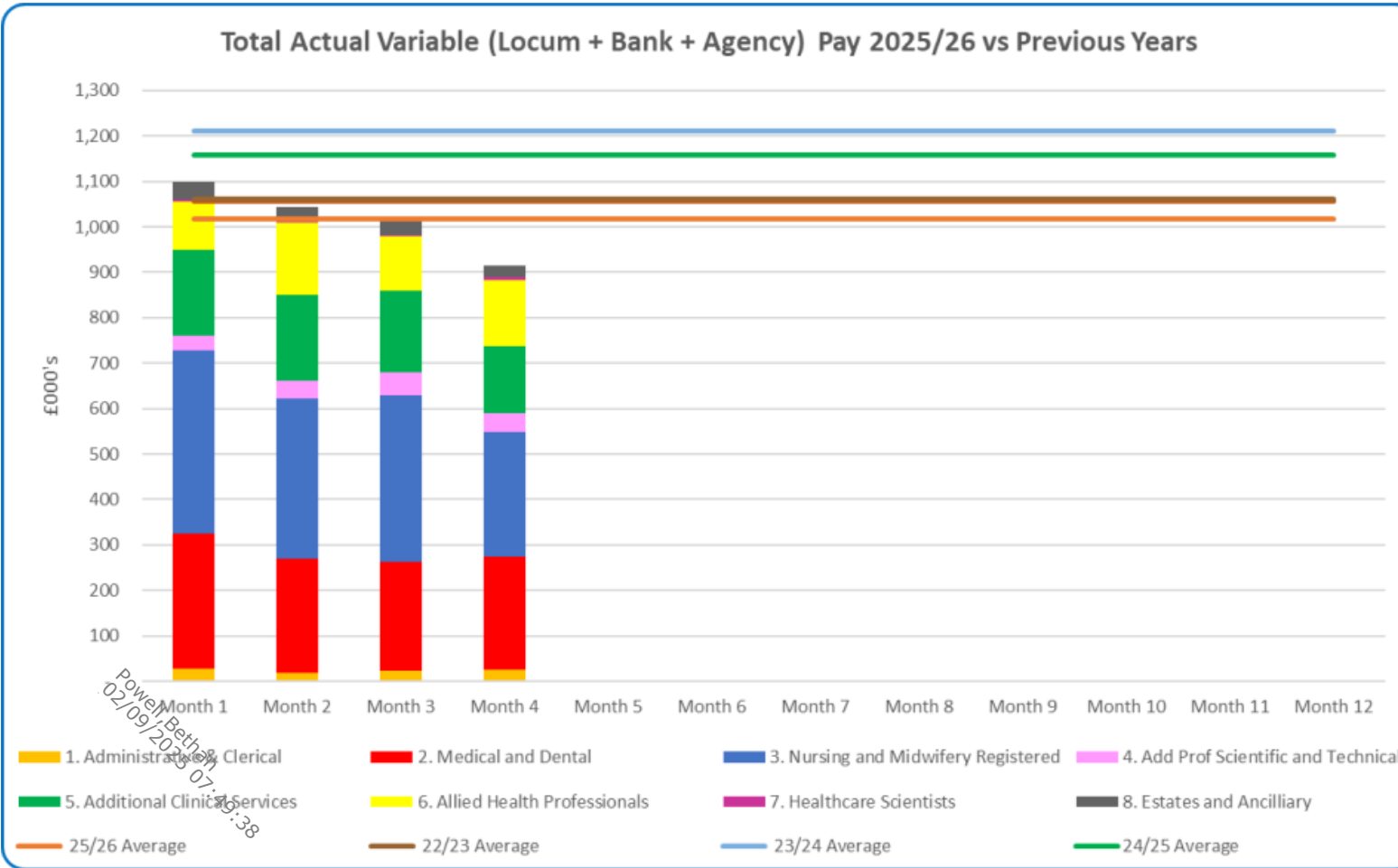
- Increased workforce gaps resulting in greater requirement for temporary workforce and associated premium spend.

**Explanation of Performance**

- The Month 4 position is showing an underspend of £0.897m 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 24% (127 WTE) for MH&LD Services and 13% (133 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.

**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).



**Performance and Actions**

- Pay budgets have underspent by £0.235m against the plan, due to the high level of vacancies.
- The chart opposite demonstrates in July 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 3, against the Wales average of 1.9%.
- The HB’s Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

**Risks**

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to use of off-contract agencies.

**What the charts tells us:** Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

**We are focused on this because:**

Commissioning of secondary and tertiary healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the transformation programme.

**Status Update**

Welsh LTAs for 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being negotiated. The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly with SaTH, WVT and RJAH.

**NHS Commissioning Variance to Date 2025/26**

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	16,422	15,855	- 567
English Providers	26,906	28,876	1,969
JCC	18,341	18,655	315
Other NHS Providers	1,654	1,654	0
Mental Health (LTAs Only)	311	307	(4)
<b>Total</b>	<b>63,633</b>	<b>65,346</b>	<b>1,714</b>

**Performance**

- The status of 2025/26 inflation in contracts:
  - i) Welsh Health Boards 1.77% to include cover non-pay and investments;
  - ii) English providers 2.83% to cover pay, non-pay inflation less efficiency factor; and
  - iii) English providers price increase in the English system for maternity and non-elective tariffs of circa a further 15%. We have assumed this is funded but have it as a funding risk due to the uncertainty.
- 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.

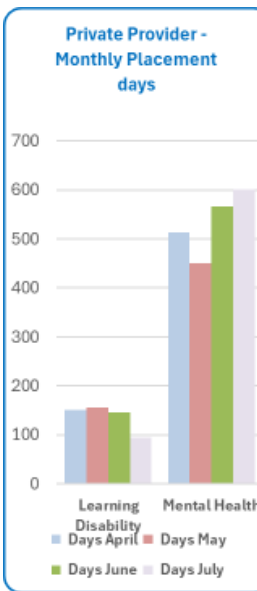
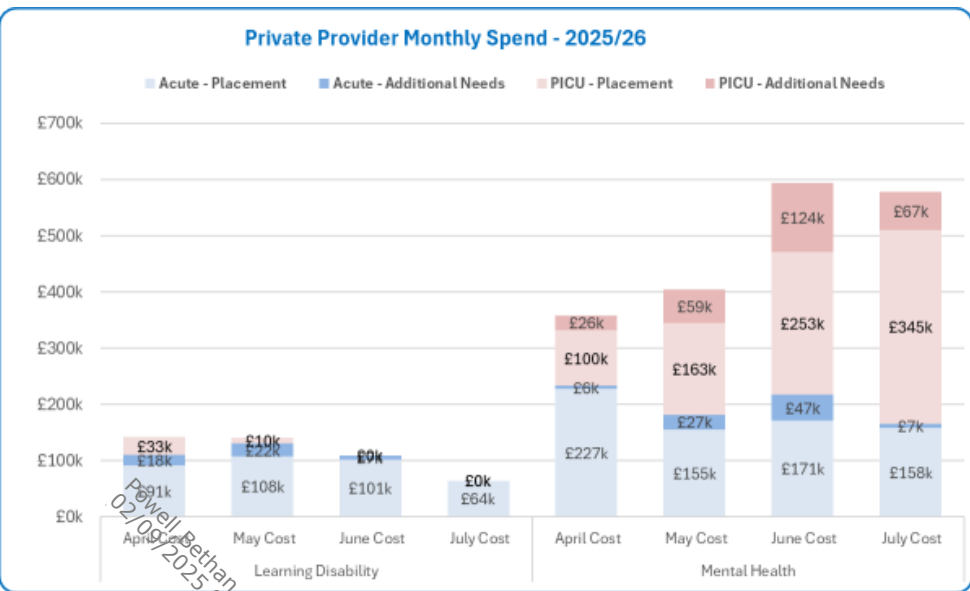
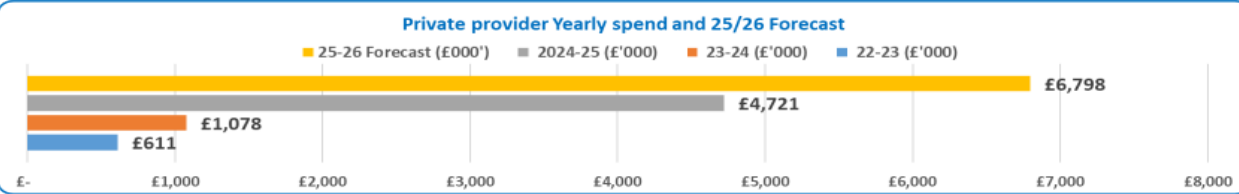
**Risks**

- 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.

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**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 M4, it is forecast that without action the costs will increase to £6.8m (£6.1m MH and £0.7m LD). The number of open packages is 20 at the end of July.

LD costs have reduced this month, whilst MH continues to increase, which is primarily driven by high cost PICU placements and Additional Needs (1-2-1 care)

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages.

**What the table tells us**

The table shows the significant growth in costs incurred with private providers across all categories (mental health, learning disability,). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

**Risks**

The HB has seen a significant increase in the complexity and number of patients requiring private provision, there is a risk the growth continues throughout 2025/26 above that planned for and beyond the levels that can be mitigated. There is a pressure on the weekly fees charged for packages of care.

**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 2 months of FY25-26.

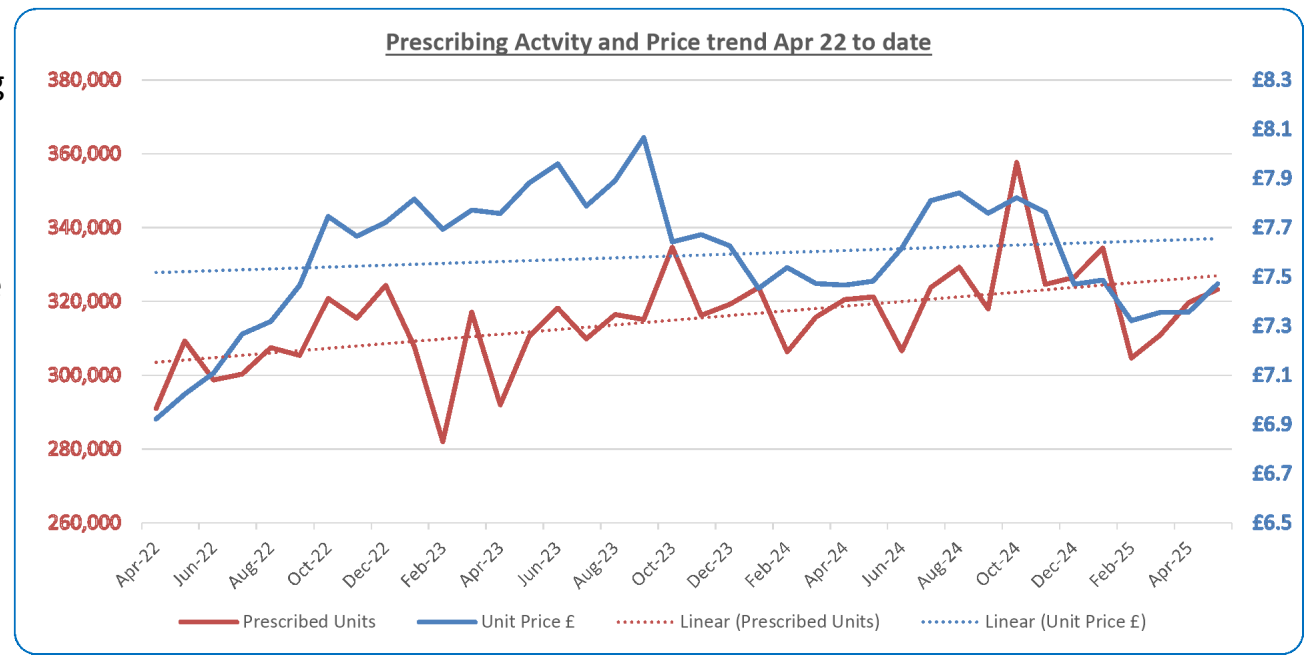
**Status Update**

Forecasting a breakeven position against a budget of £29.4m (incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-2, are in line with Q4 FY24-25 but lower than M1-2 of FY24-25.

- Unit price decrease year on year of **-2.5%**
- Reducing % in FY225-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate further into FY25-26 as the full year effect of the Rivaroxaban cost reduction is realised.
- Prescribing activity year on year increase of 0.2%

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	<b>-1.3%</b>	7.3%	6.3%	1.0%	<b>-0.2%</b>
Yr on Yr increase £ Total	<b>-344</b>	<b>1,859</b>	<b>1,727</b>	<b>292</b>	<b>-68</b>
Yr on Yr increase £ Growth	475	655	747	1,907	52
Yr on Yr increase £ Inflation	<b>-819</b>	1,204	980	<b>-1,614</b>	<b>-120</b>



**Risks & Challenges**

- High proportion of dispensing practices: (38% of patients receive medicines from a dispensing practice; 79% of patients are registered with a dispensing practice)
- Access and control to prescribing data, audit participation, other services driving prescribing activity.
- Responsibilities for prescribing vs accountability for the prescribing budget.

**Medicines Management savings performance and actions**

- Schemes forecasting 1.7m of savings, against a target of £1.5m. Actual savings will be identifiable later in the financial year.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums, including the Value and Sustainability Board workstream.

**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	£5,192	£248	£870	20.1%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£23,851	£1,261	£4,137	21.0%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,585	(£73)	£284	12.3%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,515	(£1,032)	(£412)	(10.5%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£1,924	(£13)	£254	15.2%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
<b>Grand Total</b>	<b>£19,790</b>	<b>£23,917</b>	<b>£28,296</b>	<b>£32,803</b>	<b>£37,371</b>	<b>£37,894</b>	<b>£523</b>	<b>£5,091</b>	<b>15.5%</b>
<b>Number of active clients</b>	<b>285</b>	<b>295</b>	<b>327</b>	<b>355</b>	<b>379</b>	<b>374</b>		<b>19</b>	<b>5.4%</b>
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%
<b>Total</b>	<b>£21,750</b>	<b>£26,744</b>	<b>£30,777</b>	<b>£35,592</b>	<b>£40,633</b>	<b>£41,147</b>	<b>£514</b>	<b>£5,555</b>	<b>(67.6%)</b>

**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 4, there is an overspend of £0.188m on the budget of £13.544m against Continuing Care and FNC. The number of CHC packages increased by 19 to 374, since the 2024/25 outturn.

The table shows that a £500k overspend 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.

## 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

Targeted Area	(£ '000s)									
	In-year 2025/26							Recurrent for future years		
	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	2,657	134	2,791	-609	1,391	3,400	2,559	-841
Medicine Management	1,500	6	1,465	0	1,465	-35	0	1,500	1,465	-35
MV and HP Programmes	1,000	1	699	0	699	-301	0	0	0	0
2% Recurrent	1,000	33	1,265	209	1,474	474	109	1,000	1,304	303
1% Non-recurrent	500	18	1,089	39	1,128	628	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	1,605	75	1,680	-1,400	0	1,420	1,131	-289
Commissioning (NHSE to Wales Targets)	7,100	7	2,100	6,400	8,500	1,400	7,100	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	1,000	0	0	0
Commissioning (POCD)	1,500	1	0	500	500	-1,000	2,157	0	500	500
RTGH	500	1	500	0	500	0	0	0	0	0
<b>Total</b>	<b>23,080</b>	<b>114</b>	<b>11,880</b>	<b>7,357</b>	<b>19,237</b>	<b>-3,843</b>	<b>13,835</b>	<b>9,320</b>	<b>8,159</b>	<b>-1,161</b>

### 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
CHC/ private providers	2,500
Non-pay/ commissioning	12,680
Other	3,000
<b>Total</b>	<b>23,080</b>

### Performance and Actions

- As shown in the table green and amber schemes with £19.237m savings are currently forecast, against the £23.080m target, giving a gap of £3.843m to be closed.
- The recurrent impact of saving schemes is £8.159m, 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](#)

# 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	-3,679	Medium
Prescribing	-600	Low
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	-1,176	High
Welsh Risk Pool - increase in risk	-1,138	Medium
Joint Commissioning Committee -Identified Risks	-1,259	High
Maternity & Non-Elective English 15% Price Increase not funded	-5,400	Medium
Savings Gap	-3,843	Medium
<b>Total</b>	<b>-26,795</b>	
<b>Opportunity</b>		
Commissioning - mitigating actions exceed forecast	3,000	Medium
Provided Services	1,500	Medium
DHCW Microsoft VAT	101	High
<b>Total</b>	<b>4,601</b>	

## Risks

- Under Delivery of Saving Schemes – assumed amber schemes have an element of risk categorised as 50% (£3.679m). There is a risk that the gap of £3.843m 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.
- There is a £5.4m potential risk of the English Providers Maternity and Non-Elective 15% Price increases are not funded.
- 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 £1.176m 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.

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.

1. At month 04, PTHB is reporting a £11.336m deficit. This comprises the evenly profiled forecast deficit £9.438m, with an operational overspend of £1.898m.
  - 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 £42.071m
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%. Additional work is being undertaken to improve this.

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# Powys THB Finance Department Financial Performance Report – Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13<sup>th</sup> August 2025.

## MMR Narrative



Microsoft Edge  
PDF Document

## MMR Tables



Microsoft Excel  
Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st July 2025
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	2.100	2.100	0.540
Decarbonisation Programme	0.643	0.643	0.348
TEF - Fire	0.300	0.300	0.000
TEF - Infrastructure	1.290	1.290	0.008
TEF - Decarbonisation	0.100	0.100	0.000
TEF - Mental Health	0.080	0.080	0.006
TEF - Infection Prevention Control	0.230	0.230	0.001
DPIF - Medicines and Prescribing and Medicines Administration	0.127	0.127	0.000
DPIF - Digital Maternity Cymru	0.100	0.100	0.000
IRCF - North Powys Integrated Health and Wellbeing Hub - Fe	0.971	0.971	0.165
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>5.941</b>	<b>5.941</b>	<b>1.068</b>

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	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>OPENING CASH BALANCE</b>	<b>629</b>	<b>674</b>	<b>336</b>	<b>1,352</b>	<b>1,022</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>
<b>Receipts</b>												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,222	39,817	39,826	37,545	41,502	38,725	40,704	5,779
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(232)	(64)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	18	76	1,061	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	697	632	457	497	540	1,450
Income from other Welsh NHS Organisations	771	499	737	586	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	546	1,179	686	860	567	700	671	703	1,108
<b>Total Receipts</b>	<b>43,693</b>	<b>44,171</b>	<b>40,550</b>	<b>42,107</b>	<b>43,000</b>	<b>42,871</b>	<b>42,697</b>	<b>39,332</b>	<b>42,957</b>	<b>41,597</b>	<b>42,840</b>	<b>10,728</b>
<b>Payments</b>												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,600	2,900	2,300	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	450	450	900	0	900	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,450	1,450	2,900	0	2,900	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	450	450	450	450	450	450	450	450
Non Cash Limited Payments	134	145	155	141	150	150	150	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,800	10,200	10,200	10,200	10,200	10,200	10,200	10,200
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,882	26,415	25,100	25,100	25,100	25,100	25,100	25,256
Capital Payment	5,433	380	600	310	740	856	697	632	457	497	540	584
Other items	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Payments</b>	<b>43,648</b>	<b>44,509</b>	<b>39,534</b>	<b>42,437</b>	<b>43,522</b>	<b>42,871</b>	<b>42,697</b>	<b>39,332</b>	<b>42,957</b>	<b>41,597</b>	<b>42,840</b>	<b>39,540</b>
<b>NET CASH FLOW IN MONTH</b>	<b>45</b>	<b>(338)</b>	<b>1,016</b>	<b>(330)</b>	<b>(522)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(28,812)</b>
<b>Balance c/f</b>	<b>674</b>	<b>336</b>	<b>1,352</b>	<b>1,022</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>(28,312)</b>

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.

	Opening Balance Beginning of Apr-25 £'000	Closing Balance End of Jul-25 £'000	Forecast Closing Balance End of Mar-26 £'000
<b>Non-Current Assets</b>			
Property, plant and equipment	110,704	111,909	111,909
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
<b>Non-Current Assets sub total</b>	<b>111,054</b>	<b>112,259</b>	<b>112,259</b>
<b>Current Assets</b>			
Inventories	197	198	198
Trade and other receivables	10,991	12,170	12,170
Other financial assets	0	0	0
Cash and cash equivalents	629	1,022	(28,312)
Non-current assets classified as held for sale	0	0	0
<b>Current Assets sub total</b>	<b>11,817</b>	<b>13,390</b>	<b>(15,944)</b>
<b>TOTAL ASSETS</b>	<b>122,871</b>	<b>125,649</b>	<b>96,315</b>
<b>Current Liabilities</b>			
Trade and other payables	50,135	50,089	48,135
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,403	3,403
<b>Current Liabilities sub total</b>	<b>53,938</b>	<b>53,492</b>	<b>51,538</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>68,933</b>	<b>72,157</b>	<b>44,777</b>
<b>Non-Current Liabilities</b>			
Trade and other payables	720	929	929
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
<b>Non-Current Liabilities sub total</b>	<b>1,523</b>	<b>1,732</b>	<b>1,732</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>67,410</b>	<b>70,425</b>	<b>43,045</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	16,781	19,794	(7,586)
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
<b>Total Taxpayers' Equity</b>	<b>67,410</b>	<b>70,425</b>	<b>43,045</b>

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**Core Financial Plan Year 1 2025/26**

<b>Financial Plan</b>	<b>(£m)</b>
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
<b>TOTAL DEFICIT</b>	<b>28.3</b>

Powys THB submitted its 2025/26 Annual Plan to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit.

The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit.

This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.2**

<b>Executive Committee</b>	<b>20<sup>th</sup> August 2025</b>
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<b>Subject:</b>	Integrated Quality & Performance Report – Month 3 2025/26
<b>Presented and approved by:</b>	Chris Moss, Deputy Director of Performance and Commissioning
<b>Prepared by:</b>	Head of Performance and Administrative Officer, Integrated Performance
<b>Other Committees and meetings considered at:</b>	N/A

**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 June 2025 (month 3).

**RECOMMENDATION(S):**

The Committee is asked to **DISCUSS** the 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	N

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

Objective	Alignment	Explanation
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 strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

8. Transforming in Partnership	Y	
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## **SUMMARY:**

This report provides the Executive Committee with the latest performance information to highlight performance achievements and challenges. This is provided as an exception and escalation version for June (month 3) 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 3**

#### **PTHB Provider Services**

##### Planned care:

- Diagnostic waits reported increase to 139 breaches in June from 99 in May. Breaching pathways are for echocardiograms (88 pathways), and non-obstetric ultrasound (50 pathways). It should be noted that 1 endoscopy breach has been reported as a clerical error (no patient pathways waited over the 8-week target).

Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms, and demand and capacity work is underway with the service.

Non-obstetric breaches caused by short term sickness, recovery plan in place with performance recovery planned by September (agency has been used to support capacity).

- Referral to treatment (RTT) compliance :
  - 52-week outpatient waits: 4 Rheumatology pathways breach (fragile in reach capacity from WVT), patients were seen in July.
  - 104-week waits: 0 pathways.
- Therapies pathway breaches improved reducing from 85 in May to 20 in June in Adult Physiotherapy (4 breaches), Adult Occupational Therapy (16 breaches). These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff.

OT Single Clinician currently off on long-term sick with further breaches forecast for July. Also predicted breaches for Podiatry from Q2 with capacity challenges by vacancies and existing team annual leave.

Audiology measures for adults and paediatrics have achieved the month-on-month reduction in June.

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- Provider cancer pathway performance for outpatients and diagnostics remains robust with key urgent suspected cancer diagnostics (endoscopy) being carried out within target. In June service demand remains high with 38 new single cancer pathways reported. Downgrades within 28 days performance improved significantly to 65% of the 20 total closed pathways in June. Although not an NHS Performance Framework measure, the health board reported 33.3% of patients 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 ENT, Ophthalmology, Orthopaedics and Rheumatology. Insourced capacity remains in place to boost activity especially for the key urgent and urgent suspected cancer pathways at the end of Q1 2025/26.

#### Mental Health:

- Under-18s
  - Compliance achieved in June for assessments (100%), interventions (93.8%), care and treatment plans (97.9%).
- For Adults:
  - Compliance achieved in June for assessments (100%) and interventions (100%).
  - Care and Treatment Plans compliance: Performance slightly reduced in June to 83.2% from 83.3% in May. The health board is not meeting the 90% target. Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on CMHT capacity again as there are additional pressures whilst assessments are moved from teams to the Single Point of Access.
  - Psychological therapy waiting times have improved again in June from 76.7% to 82.4% against the 80% target following an effective and timely recovery plan.

#### Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported in June reduced from 24.1% in April to 22.5%. PTHB continues to benchmark positively against the All-Wales position, however this reflects the system challenge in Wales with All-Wales position of 22.8%.

- 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 June 2025; however, a cohort of very long waits is expected for Q2 2025/26 (some linked to children moving into Powys area).
- The service has implemented a Multi-Disciplinary Team (MDT) panel, further action being taken to ensure robust multi-professional panel.
- Business Case developed by the service for consideration at the Health Board Investment and Benefits Group (IBG) seeking recurrent funding beyond March 2027.
- The service has been successfully de-escalated to Level 2a in July 2025 with referral to assessment improving in performance.

#### 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 6 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 reduced in June reporting 361 breaches (380 reported in May). Of all the Welsh providers both Swansea Bay UHB and Hywel Dda UHB are compliant with the target for PTHB residents.
- Long waits during June in Wales for RTT continue to improve with Swansea Bay UHB and Cwm Taf Morgannwg UHB reporting that no Powys resident pathways waited over 2 years (104 weeks) for treatment.

##### 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).
- Wye Valley NHS Trust (WVT) reports the best performance of all Powys commissioned providers with 70.6% of pathways waiting under 26 weeks for treatment, 116 wait over 52 weeks in May. WVT is the only English provider to consistently report special cause improvement for all key wait bands.

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- 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 are increasing. 1 patient waits over 104 weeks for ENT, and a further 30 wait between 77 and 104 weeks, these pathways are also predominately in ENT and Oral Surgery.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of very long waiters and with all key wait bands reporting special cause concern.

Historically RJAH has always been challenged by complex spinal pathways but in May breaches over 104 weeks increased further to 52, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 294 weeks.

### Cancer Pathways:

#### Welsh Providers

- At the end of June, the provisional position reported a total of 258 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 223 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 35 pathways were closed with the commencement of definitive treatment. 15 patients breached the 62 days target with the longest wait reported as 141 days in Hywel Dda UHB for a lower gastrointestinal (Lower GI) pathway.
- Reported performance for June has improved further to 57% (20 of 35 pathways being treated within the 62-day target) against the 12-month improvement target working toward 80% by March 2026.

#### English Providers

- The Shrewsbury and Telford NHS Trust (SATH) report 3 breaches (2.7% of all SATH breaches reported to NHS England) in May for a Powys responsible pathway, all were reported waiting longer than 104 days. SATH's overall compliance (all patients not just Powys residents) is below average for England in May 2025. Key challenged tumour type was for urological cancer and the key theme was diagnostic delays and treatment capacity.
- WVT have not provided Powys resident data for 2025/26, this is being sought as a priority via CQPRM with the provider. WVT overall compliance for May reports better performance for all measures against the English average except 31-day DTT.

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### Commissioned Emergency Care:

- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls remained poor throughout 2024/25. June performance falls slightly from 46.0% to 44.8% with median emergency response times also increasing to 1hr 18 minutes. June will be the last month reported against the Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. Reporting will recommence in August against the revised categories as described on the Welsh Ambulance Services website [how our service is changing - Welsh Ambulance Services University NHS Trust](#).
- 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 3 measures by escalation level**

There are a total of 49 reportable measures currently in the 2025/26 financial year, with 3 reported at level 3 as follows:

- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

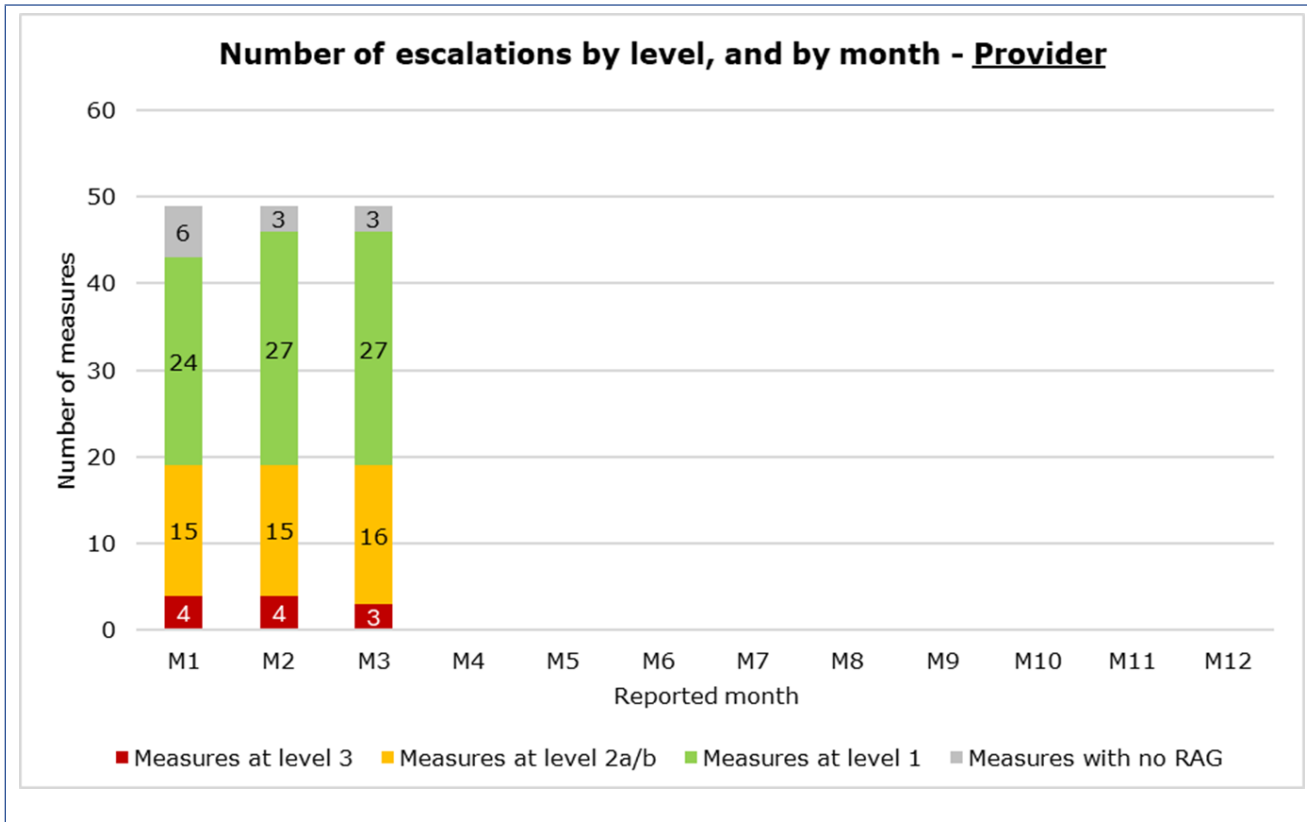
A further 16 measures are rated at level 2a, and 27 are achieving level 1 compliance e.g., no issues reported.

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.

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**NEXT STEPS:**

- The refreshed IQPF for 2025/26 was approved by the Board in May 2025. Within this, the oversight and accountability has been strengthened including the aim to provide an increased focus on quality metrics and alignment of the IQPR and the Integrated Quality Report (IQR). This will be progressed during Q2 2025/26.
- In July 2025, the Cabinet Secretary for Health and Social Care confirmed the bringing together of the main tasks to focus on in 2025/26 'Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26'. This includes the work of the [Ministerial Advisory Group on Performance and Productivity](#); and the expectations set out within the [NHS Wales Planning Framework for 2025-2028](#). Within the latter, mandated 'Enabling Actions' have been set out for 2025/26 with a list of metrics having now been released. It is planned to report against the Ministerial Advisory Group recommendations and Enabling Actions and for these to be included as an Appendix to the IQPR going forward.

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# Powys Teaching Health Board

## Integrated Quality & Performance Report

Month 3 - 2025/26

Updated on 11/08/2025

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Delivery Area	Report section
	<a href="#"><u>Introduction</u></a>
	<a href="#"><u>Executive Summary</u></a>
Provider National Focus (NHS Performance Framework)	<a href="#"><u>Level 3 Performance Challenges</u></a>
	<a href="#"><u>Level 2a/2b Performance Challenges</u></a>
	<a href="#"><u>Level 1 Achievements</u></a>
	<a href="#"><u>Quadruple Aim 1</u></a>
	<a href="#"><u>Quadruple Aim 2</u></a>
	<a href="#"><u>Quadruple Aim 3</u></a>
	<a href="#"><u>Quadruple Aim 4</u></a>
Provider/Commissioned service assurance	<a href="#"><u>Provider Cancer &amp; Quality &amp; Safety</u></a>
	<a href="#"><u>Planned &amp; Emergency Care Inc. Cancer</u></a>

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# Background of the IQPR

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

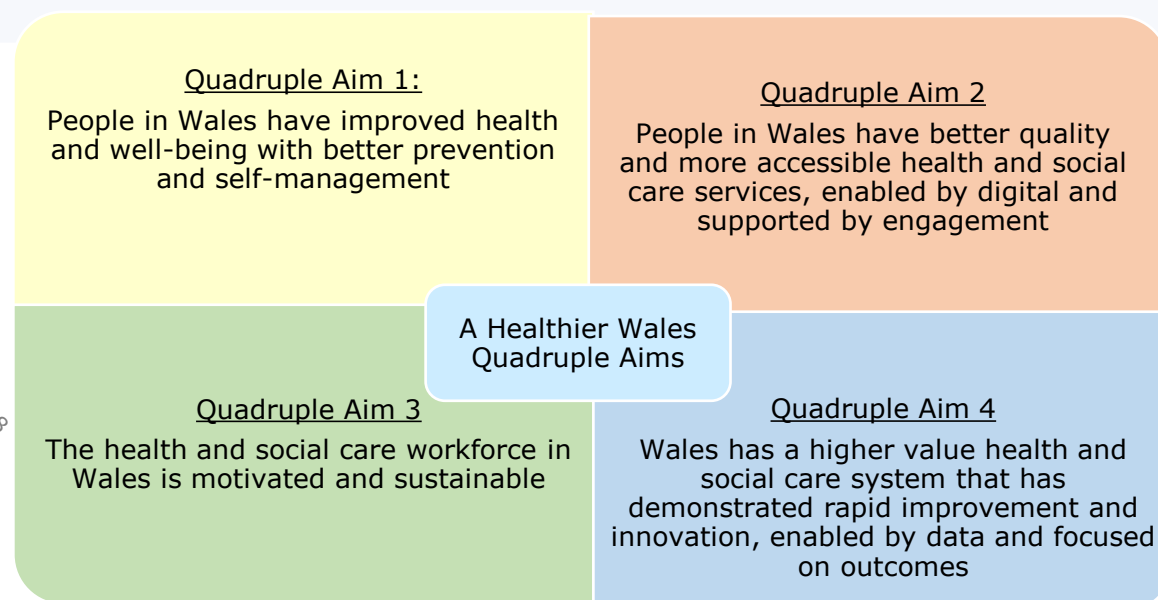
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The IQPR uses key NHS Performance Framework measures updated for 2025/26 which include further timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success.

This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area. The IQPR will continue to be developed with further inclusion of key measures.

## What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales. Link to the [NHS Wales Performance Framework 2025/26](#)



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## What is the Integrated Quality and Performance Framework (IQPF) in Powys?

The Integrated Quality & Performance Framework (IQPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators. The framework is reviewed and refreshed on a yearly basis ensuring modernisation and compliance with developing aspects of health care.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and any priority trajectories. In the provider Integrated Quality & Performance Group meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

As part of the operationalisation of the IQPF there is an expected element of exception or escalation either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation. The levels of the framework, triggers and escalation response are set out below.

1. Level 1 : Normal e.g., earned autonomy meeting key objectives
2. Level 2a : Failure to achieve / maintain delivery
3. Level 2b : Specific for financial overspend by more than £0.5m per year
4. Level 3 : Serious concerns on quality, governance, ongoing failure to achieve key priority metrics.
5. De-escalation : Challenge rectified, requirement change, or senior committee decision.

[Link to escalation descriptor slide](#)

# Summary of Performance Provider – Month 3

## Provider services

### Planned care:

- Diagnostic waits reported increase to 139 breaches in June from 99 in May. Breaching pathways are for echocardiograms (88 pathways), and non-obstetric ultrasound (50 pathways). It should be noted that 1 endoscopy breach has been submitted in error. Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms, and demand and capacity work is underway with the service. Non-obstetric breaches caused by short term sickness, recovery plan in place with performance recovery planned by September (agency has been used to support capacity).
- Referral to treatment (RTT) compliance :
  - 52-week outpatient waits: 4 Rheumatology pathways breach (fragile in reach capacity from WVT), patients were seen in July.
  - 104-week waits: 0 pathways.
- Therapies pathway breaches improve reducing from 85 in May to 20 in June in Physiotherapy, Occupational Therapy (OT). These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff. OT Single Clinician currently off on long-term sick with further breaches forecast for July. Also predicted breaches for Podiatry from Q2 with capacity challenges by vacancies and existing team annual leave. Audiology measures for adults and paediatrics have achieved the month-on-month reduction in June.
- Provider cancer pathway performance for outpatients and diagnostics remains robust with key urgent suspected cancer diagnostics (endoscopy) being carried out within target. In June service demand remains high with 38 new single cancer pathways reported. Downgrades within 28 days performance improved significantly to 65% of the 20 total closed pathways in June. And although not an NHS Performance Framework measure, the health board reported 33.3% 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 ENT, Ophthalmology, Orthopaedics and Rheumatology. Insourced capacity remains in place to boost activity especially for the key urgent and urgent suspected cancer pathways at the end of Q1 2025/26.

### Mental Health:

- Under-18s: Compliance achieved in June for assessments (100%), interventions (93.8%), care and treatment plans (97.9%).
- For Adults: Compliance achieved in June for assessments (100%) and interventions (100%).
- Care and Treatment Plan compliance (Adults): Performance slightly reduced in June to 83.2% from 83.3% in May. The health board is not meeting the 90% target. Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Psychological therapy waiting times (Adults) have improved again in June from 76.7% to 82.4% against the 80% target following an effective and timely recovery plan.

### Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported in June reduced from 24.1% in April to 22.5%.
- 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 June 2025 although a cohort of very long waits is expected for Q2 2025/26 (some breaches are linked to children moving into Powys and PTHB services).
- The service has been successfully de-escalated to Level 2a in July 2025 with referral to assessment improving in performance.

### 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 6 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 reduced in June reporting 361 breaches (380 reported in May). Of all the Welsh providers both Swansea Bay UHB and Hywel Dda UHB are compliant with the target for PTHB residents.
- Long waits during June in Wales for RTT continue to improve with Swansea Bay UHB and Cwm Taf Morgannwg 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.

### 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 70.6% of pathways waiting under 26 weeks for treatment, 116 wait over 52 weeks in May. 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. 1 pathway waits over 104 weeks for ENT, and a further 30 wait between 77 and 104 weeks, these pathways are also predominately in ENT and Oral Surgery.
- 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 May breaches over 104 weeks increased further to 52, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 294 weeks.

### Cancer Pathways:

#### Welsh Providers

- At the end of June, the provisional position reported a total of 258 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 223 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 35 pathways were closed with the commencement of definitive treatment. 15 patients breached the 62 days target with the longest wait reported as 141 days in Hywel Dda UHB for a lower gastrointestinal (Lower GI) pathway.
- Reported performance for June has improved further to 57% (20 of 35 pathways being treated within the 62-day target) against the 12-month improvement target working toward 80% by March 2026.

#### English Providers

- The Shrewsbury and Telford NHS Trust (SATH) report 3 breaches (2.7% of all SATH breaches reported to NHS England) in May for a Powys responsible pathways, all were reported waiting longer than 104 days. SATH's overall compliance (all patients not just Powys residents) is below average for England in May 2025. Key challenged tumour type was for urological cancer and the key theme was diagnostic delays and treatment capacity.
- WVT have not provided Powys resident data for 2025/26, this is being sought as a priority via CQPRM with the provider. WVT overall compliance for May reports better performance for all measures against the English average except 31-day DTT.

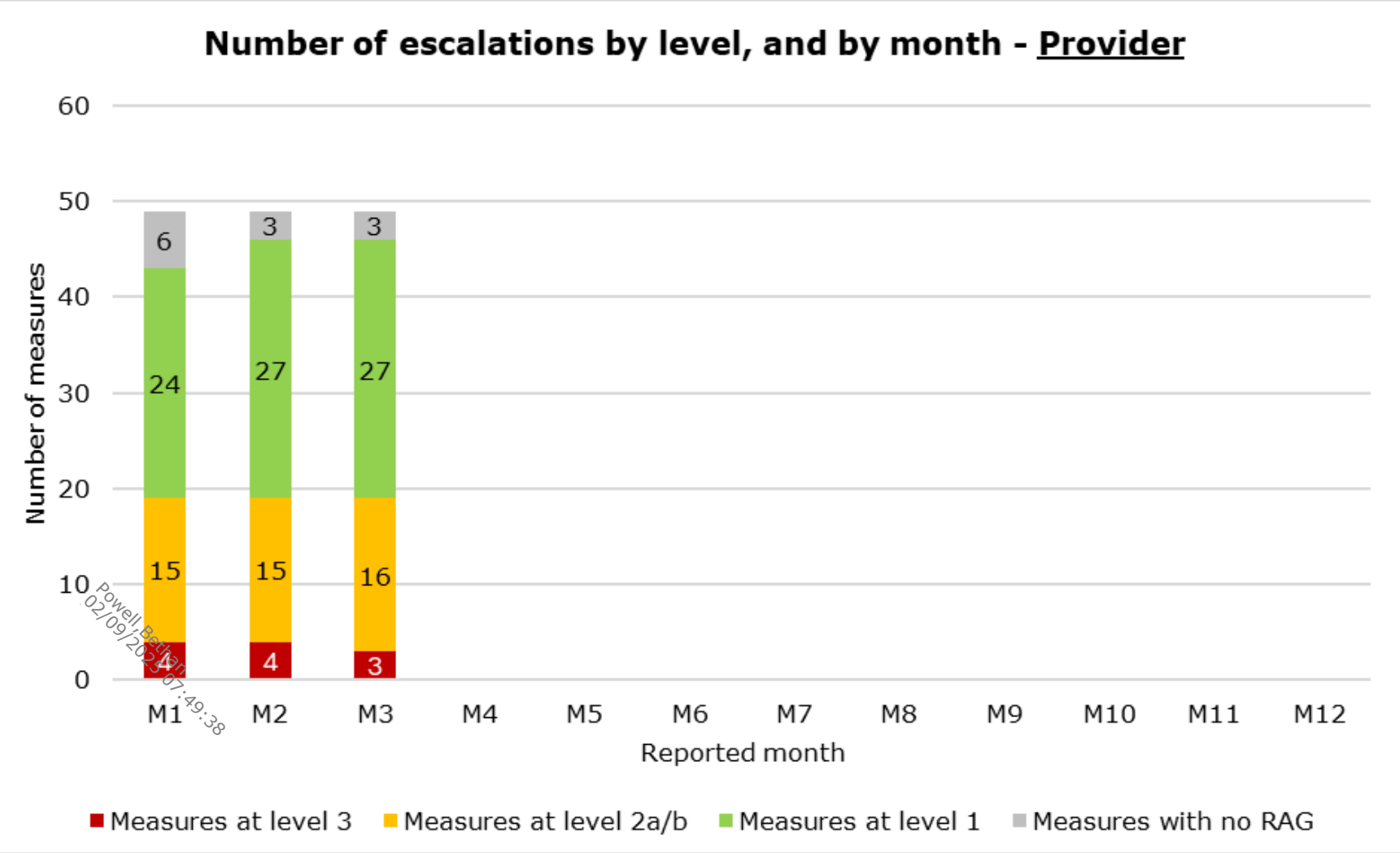
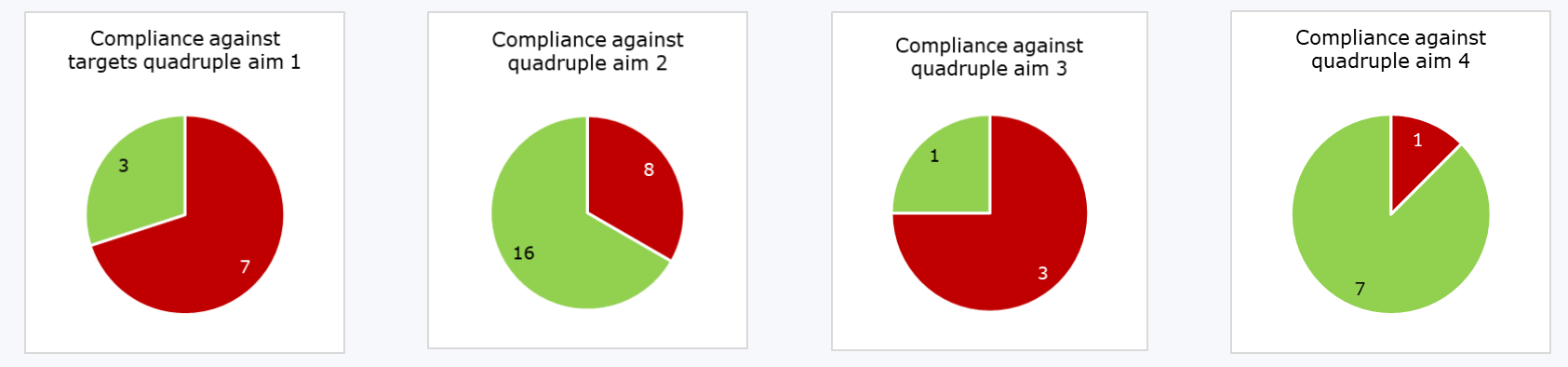
### Commissioned Emergency Care:

- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls remained poor throughout 2024/25. June performance falls slightly from 46.0% to 44.8% with median emergency response times also increasing to 1hr 18 minutes. June will be the last month reported against the Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. Reporting will recommence in August against the revised categories as described on the Welsh Ambulance Services website how our service is changing - [how our service is changing - Welsh Ambulance Services University NHS Trust](#).
- 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 3 (June 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 service metrics are included within graphs below.  
 No non-RAG rated measures are included.

## Compliance against NHS Performance Framework 2025/26 measures at month 3 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.

Serious concerns on quality and governance or continued and consistent failure to meet agreed performance improvements and trajectories.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
8	<b>Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment</b>								Escalated by Powys Performance team for poor target compliance.	<ul style="list-style-type: none"> <li>Key challenge feedback following Public Health Wales assurance visit includes;                             <ul style="list-style-type: none"> <li>Single handed consultant service impacting waiting times for screening.</li> <li>Ongoing insource requirement to support delivery which is further challenged by procurement processes.</li> </ul> </li> <li>Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable.</li> <li>Escalated performance reporting concern linked to methodology of measures, ongoing engagement with BSW.</li> </ul>	<ul style="list-style-type: none"> <li>Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August</li> <li>Deep dive on pathways to be undertaken in Q2 2025/26.</li> </ul>
	Period	May-25	Target	90%	Actual	0.0%	SPC icon				
26	<b>Number of patients waiting more than 8 weeks for a specified diagnostic</b>								This measure remains <b>escalated</b> due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	<ul style="list-style-type: none"> <li>Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.</li> <li>The breach in June has been reported as a clerical error and no patient pathway waited over the 8-week target.</li> <li>National shortage of Endoscopists particularly colorectal.</li> <li>National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.</li> <li>Non-Obstetric Ultrasound – Short term sickness challenge.</li> </ul>	<ul style="list-style-type: none"> <li>Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms.</li> <li>Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.</li> <li>Endoscopy locum medical lead starting from June 2025 to support JAG reaccreditation in November 2025.</li> <li>Non-Obstetric Ultrasound – Recovery plan in place with performance improvement planned by September. Use of agency for breaching patients. Demand and Capacity workstream to assess system efficiency and implement improvements.</li> </ul>
	Period	Jun-25	Target	0	Actual	139	SPC icon				
32	<b>Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%</b>								FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.	<ul style="list-style-type: none"> <li>Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.</li> <li>De-escalation has not been achieved by the end of Q1, but data quality reporting accuracy has been reviewed and has seen significant improvement.</li> </ul>	<ul style="list-style-type: none"> <li>PTHB standardised service operating procedure for validation, and submission under development.</li> <li>New PowerBI report under consultation with service as part of wider digital migration and modernisation.</li> <li>Proactive action on validation with services has confirmed;                             <ul style="list-style-type: none"> <li>Significantly improved pathway management and validation for consultant led specialties.</li> <li>Limited issues reported linked to system challenges (under assessment).</li> <li>But a growing challenge of FUP capacity which is showing that patient pathways delayed over 100% of their re-attendance target date have increased.</li> </ul> </li> <li>Enhanced clinical support for consultants in outpatients to maximise SOS &amp; PIFU opportunities.</li> </ul>
	Period	Jun-25	Target	< same month pre. year	Actual	1428	SPC icon				







# Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.




No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
2	<b>Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks</b>								Measure not meeting target	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Drop-in CO validation clinics in Welshpool and Brecon.</li> <li>Local pharmacies offering CO validation to community clients in Newtown.</li> <li>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.</li> </ul>
	Period	Q4 2024/25	Target	40% Annual target	Actual	14.8%	SPC icon	N/A			
3	<b>Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)</b>								Measure not meeting target	<ul style="list-style-type: none"> <li>Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.</li> <li>South Powys Dual Diagnosis worker role remains vacant.</li> <li>Lack of full time Clinical Lead role for Area Planning Board (APB).</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.</li> <li>Recruitment campaign for remaining vacant Dual Diagnosis post.</li> </ul>
	Period	Q4 2024/25	Target	4 Quarter Improvement Trend	Actual	60.4%	SPC icon	N/A			
4	<b>Percentage of children who are up to date with the scheduled vaccinations by age 5</b>								Measure not meeting target <u>No update available from reported Month 2 IQPR – slide reflects Month 2 position e.g., no changes or officer lead update.</u>	<ul style="list-style-type: none"> <li>Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care &amp; Child Health.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4)</li> <li>Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.</li> </ul>
	Period	Q4 2024/25	Target	95%	Actual	89.6%	SPC icon	N/A			
5	<b>Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15</b>								Measure not meeting target <u>No update available from reported Month 2 IQPR – slide reflects Month 2 position e.g., no changes or officer lead update.</u>	<ul style="list-style-type: none"> <li>Obtaining signed parental consent forms can be challenging when vaccinating in schools.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
	Period	Q4 2024/25	Target	90%	Actual	77.3%	SPC icon	N/A			
6	<b>Percentage uptake of the influenza vaccination amongst adults aged 65 years and over</b>								Measure not meeting target <u>No update available from reported Month 2 IQPR – slide reflects Month 2 position e.g., no changes or officer lead update.</u>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>GP led clinics organised across Powys for eligible residents by GP Practices.</li> <li>Pharmacy flu clinics also available in many communities across Powys.</li> <li>Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.</li> </ul>
	Period	Mar-25	Target	75%	Actual	69.2%	SPC icon	N/A			
7	<b>Percentage uptake of the COVID-19 vaccination for those eligible</b>								Measure not meeting target, performance below previous year at same time point. Autumn booster started from October 2024.	<ul style="list-style-type: none"> <li>Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.</li> <li>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</li> <li>Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>
	Period	Jun-25	Target	75%	Actual	55.7%	SPC icon	N/A			
14	<b>No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)</b>								Measure not meeting target	<ul style="list-style-type: none"> <li>Identifying mentors to support trainee Pharmacist Independent Prescribers (PIP) has previously been a limiting factor – many have struggled to identify a suitable, willing mentor.</li> <li>Shared consultation rooms</li> <li>Performance data reflects only the volume of PIPS consultations, without recognising the wider contribution of pharmacy teams delivering other clinical services.</li> </ul>	<ul style="list-style-type: none"> <li>Medicines Management is continuing to implement the Pharmacist Independent Prescribing Service (PIPS) across its community pharmacy network. As of May 2025, there are 8 community pharmacies in Powys with active Pharmacist Independent Prescribers, reflecting growth in service coverage.</li> <li>PTHB is also working with Welsh Government on the funding mechanism for PIPS to better incentivise higher volumes of delivery and ensure the service is sustainable and attractive to contractors.</li> </ul>
	Period	May-25	Target	Increase compared to the same month in the previous year	Actual	507	SPC icon				

# Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.









No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
19	<b>Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes</b>								Measure not meeting target	<ul style="list-style-type: none"> <li>This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.</li> <li>Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.</li> <li>Temporary relocation of stroke services from Prince Charles Hospital (PCH) to Royal Glamorgan Hospital (RGH) from 6th January may impact on stroke conveyances.</li> <li>June will be the last data point for this KPI (revised from August 2025).</li> </ul>	<ul style="list-style-type: none"> <li>Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.</li> <li>New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.</li> <li>Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.</li> <li>Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.</li> <li>PTHB will continue to be active member of the Ambulance Services/111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.</li> </ul>
	Period	Jun-25	Target	12-month reduction target	Actual	44.8%	SPC icon				
20	<b>Median emergency response time to amber calls</b>								Measure not meeting target	<ul style="list-style-type: none"> <li>Demand for urgent care services continues to increase including calls to 999 ambulance services.</li> <li>Handover delays at A&amp;E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.</li> </ul>	<ul style="list-style-type: none"> <li>Podiatry – continue to recruit</li> <li>Musculoskeletal (MSK) – to work with WOD to improve onboarding of staff                             <ul style="list-style-type: none"> <li>Agency in place for short term.</li> <li>Reviewed skill mix piloting the development of Band 4 role to support urgent post operative referrals.</li> <li>Within budget reskill mix opportunity within MSK to support orthopaedic changes and projected increasing of demand requiring 2 clinicians (it is expected to take 6 months to achieve).</li> </ul> </li> </ul>
	Period	Jun-25	Target	12-month reduction target	Actual	01:18:06	SPC icon				
28	<b>Number of therapy breaches 14+ weeks (all ages)</b>								Measure not meeting target.	<ul style="list-style-type: none"> <li>Occupational Therapy (OT) Hand Therapist – Single clinician currently off long-term sick (further breaches forecast for July).</li> <li>Predicted breaches in Podiatry from Q2 with capacity challenged by significant vacancy and existing team annual leave. Podiatry remains significantly fragile with 50% staff in post pan-Powys.</li> <li>Musculoskeletal physiotherapy remains the biggest risk to breaches with high demand and significant staffing fragility.</li> </ul>	<ul style="list-style-type: none"> <li>Patients have been booked, no further actions.</li> </ul>
	Period	Jun-25	Target	0	Actual	20	SPC icon				
31	<b>Patients waiting more than 52 weeks for a new outpatient appointment</b>								Measure not meeting target.	<ul style="list-style-type: none"> <li>Key challenge in Rheumatology for June 2025 where the service is reliant on fragile in reach provided from Wye Valley NHS Trust. All patients were booked to be seen in July.</li> </ul>	<ul style="list-style-type: none"> <li>Patients have been booked, no further actions.</li> </ul>
	Period	Jun-25	Target	Zero	Actual	4	SPC icon				
34	<b>Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment</b>								Measure is not meeting target.	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>KPI's to ensure quality service is in place.</li> <li>Robust scheduling, with the utilisation of joint appointments.</li> <li>Commencements of improved clinic scheduling.</li> <li>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.</li> </ul>
	Period	Jun-25	Target	80%	Actual	22.5%	SPC icon				
36	<b>Percentage of sickness absence rate of staff</b>								Measure does not meet target.	<ul style="list-style-type: none"> <li>Rolling sickness absence had a steady downward trajectory for an extended period but between August 2024 and June 2025 there has been a slight increase, although this has remained relatively small and actual sickness absence levels. 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.</li> <li>Anxiety, Stress &amp; Depression continues to be the top reason followed by other musculoskeletal.</li> </ul>	<ul style="list-style-type: none"> <li>The People and Culture Business Partners team (P&amp;C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.</li> <li>Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.</li> <li>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.</li> </ul>
	Period	Jun-25	Target	80%	Actual	5.38%	SPC icon				

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
37	<b>Turnover rate for nurse and midwifery registered staff leaving NHS Wales</b>								Measure not meeting target but reporting special cause improvement.	<ul style="list-style-type: none"> <li>Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.</li> <li>HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".</li> </ul>	<ul style="list-style-type: none"> <li>Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.</li> <li>The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.</li> <li>The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.</li> </ul>
	Period	Apr-25	Target	Rolling 12-month reduction against a baseline of 2024/25	Actual	8.9%	SPC icon				
39	<b>Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)</b>								Measure not meeting target.	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The People and Culture Business Partners team (P&amp;C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.</li> <li>The P&amp;C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.</li> <li>Targeted work is underway in directorates with lower compliance.</li> </ul>
	Period	Jun-25	Target	85%	Actual	80.1%	SPC icon				
44	<b>Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over</b>								Measure not meeting target.	<ul style="list-style-type: none"> <li>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.</li> <li>Targeted work with specific teams who have the most significant capacity challenges is ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.</li> <li>Continue to advertise vacant positions.</li> <li>There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.</li> <li>Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.</li> <li>Mental Health &amp; 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.</li> <li>Focussed work is being undertaken striving for improvement for next reporting period as follows.                             <ul style="list-style-type: none"> <li>Outpatient's Clinics have been revised to accommodate CTP reviews</li> <li>Compliance data and out of date reviews have been added as standard MDT agenda item</li> </ul> </li> <li>It is anticipated that performance will reach the 90% target by the end of October.</li> <li>Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.</li> </ul>
	Period	Jun-25	Target	90%	Actual	83.2%	SPC icon				

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Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 2024/25	5% cumulative annual target	5.45%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Apr-25	90%	91.5%	
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jun-25	95%	100%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2024/25	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	May-25	Improvement compared to the same month in the previous year	50.1%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Jun-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	15.3%	N/A
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged <u>under 18 years</u>	Jun-25	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged <u>under 18 years</u>	Jun-25	80%	93.8%	
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 <u>18 and over</u>	Jun-25	80%	100%	
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 <u>18 and over</u>	Jun-25	80%	100%	
21	Median time from arrival at an emergency department to triage by a clinician	Jun-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	Jun-25	60 minute or less	6	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	Jun-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	Jun-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	

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# 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
27	% of children <18 waiting 14 weeks or less for a specified AHP	Jun-25	Month on Month reduction	100%	
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)	Jun-25	Month on Month reduction	0	N/A
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Jun-25	Month on Month reduction	1	N/A
33	Number of patients waiting more than 104 weeks for referral to treatment	Jun-25	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-25	80%	82.4%	
38	Agency spend as a percentage of the total pay bill	Jun-25	12-month reduction	7.2%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-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	May-25	90%	100%	
42	Number of pathways of care delayed discharges	Jun-25	12-month reduction trend	57	
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	Jun-25	90%	97.9%	
45	Number of service user feedback experience responses completed and recorded on CIVICA	May-25	Month on month improvement	499	
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	Jun-25	12 month improvement trend towards national target of 95%	71.2%	
53	Number of patient safety incidents that remain open 90 days or more	Jun-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	Jun-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)	Jun-25		2.98	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Jun-25		14.92	

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

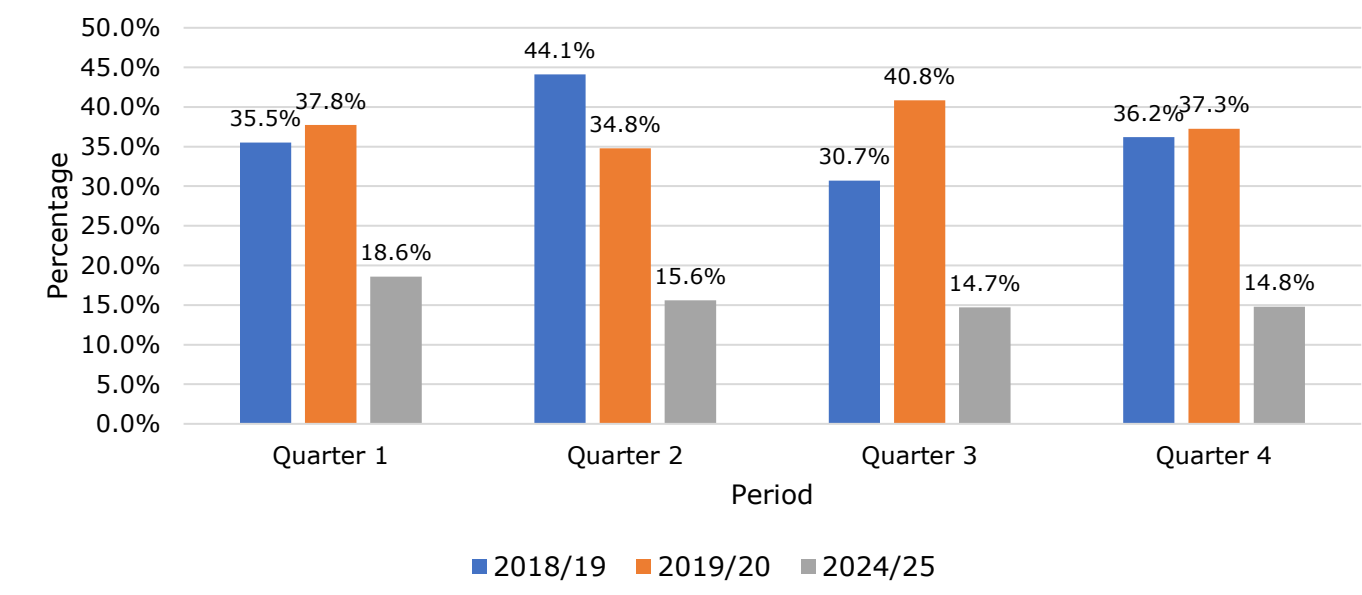
<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Principal Public Health Practitioner</b>
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Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	14.8%	Benchmark position (Wales)	5 <sup>th</sup> (18.0%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			

**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.

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



**Actions & Mitigations**

- CO validation appointments are offered at face-to-face clinics across Powys for clients choosing telephone support.
- 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 being offered their own personal CO monitor to validate progress through their quit attempt. The sonography team also offer CO validation at routine scan appointments to pregnant women who have quit smoking.

**What the data tells us**

- In Q4 2024/25 14.8% of treated smokers were Carbon monoxide (CO) validated as quit at 4 weeks. In addition, 55% self-reported as having quit at 4 weeks. In total, therefore, 70% of treated smokers had quit at 4 weeks.

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

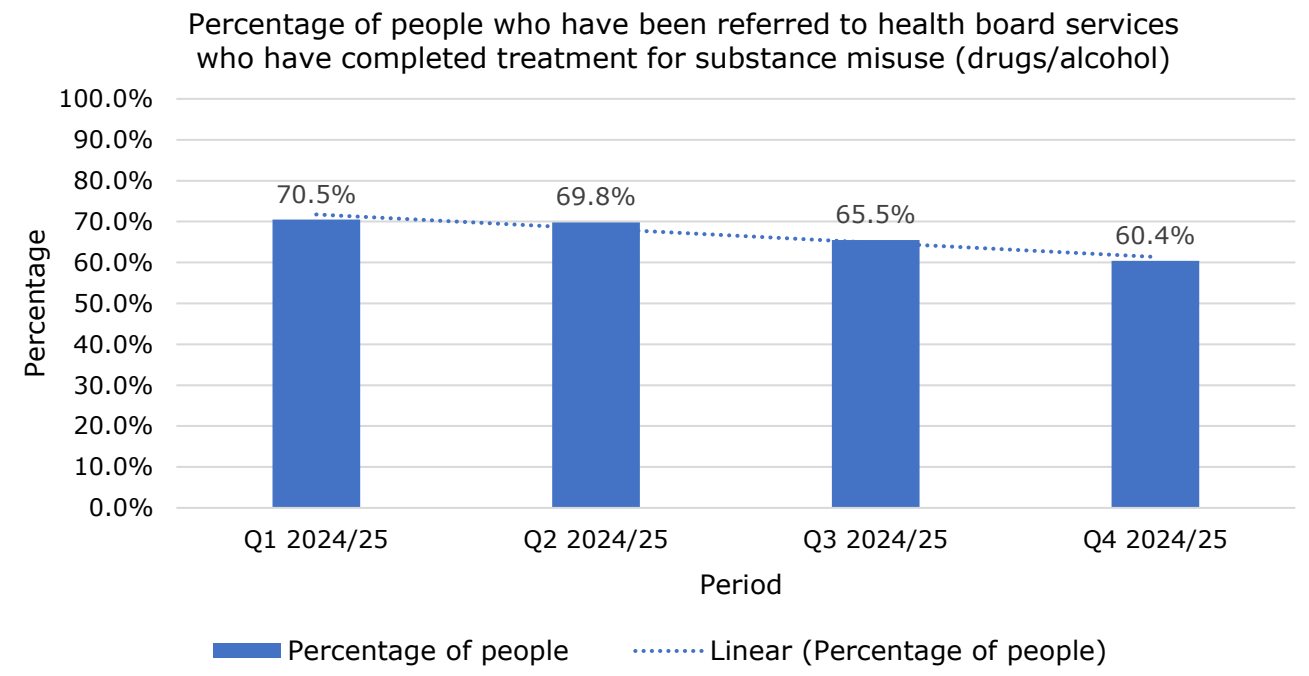
<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental Health</b>
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Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	60.4%	Benchmark position (Wales)	4 <sup>th</sup> (59.1%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges
<ul style="list-style-type: none"> <li>• Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.</li> <li>• South Powys Dual Diagnosis worker role remains vacant.</li> <li>• Lack of full time Clinical Lead role for Area Planning Board (APB).</li> </ul>

**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.



**What the data tells us**

- Performance has decreased over the last 12 months with 67.4% in Q4 2023/24 and 60.4% reported in Q4 2024/25
- The health board benchmarked 4th in Wales with an All-Wales position of 59.1% for Q4 2024/25

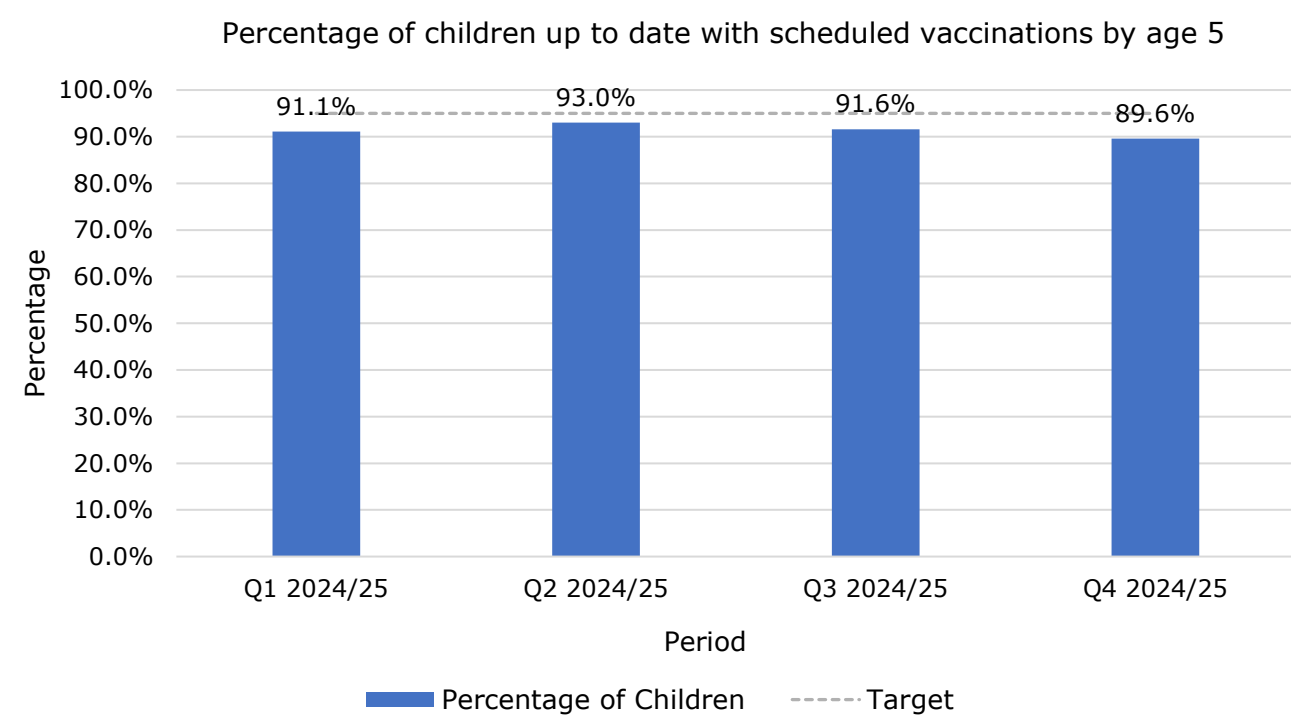
## Vaccinations - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Head of Service: Public Health Programmes &amp; Services</b>
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Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	89.6%	Benchmark position (Wales)	2 <sup>nd</sup> (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		

Challenges
<ul style="list-style-type: none"> <li>Data on uptake is sourced nationally from the Child Health System, whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked; therefore, frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.</li> <li>Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care &amp; Child Health.</li> <li>Childhood schedule changes from 01/07/2025 with the removal of Hib / Meningococcal Group C at 12 months – hard stop on supply of Menitorix, Meningitis B and Pneumococcal (PVC) swap at 12 and 16 weeks.</li> <li>Pending introduction of an 18-month appointment to include a fourth DTaP/IPV/Hib/Hep B (6 in 1) and bringing forward the pre-school MMR (suggested Jan 2026). With potential MMR/V (Varicella) from March 2026 – although awaiting confirmation on this.</li> <li>The digital infrastructure for appointing these changes is not in place and therefore will rely on manual changes to the schedule from primary care.</li> </ul>

Actions & Mitigations
<ul style="list-style-type: none"> <li>Enhanced COVER surveillance continues which includes:                             <ul style="list-style-type: none"> <li>Data cleansing.</li> <li>Enhanced monitoring of practice queues lists.</li> <li>Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).</li> </ul> </li> <li>Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.</li> <li>Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists/understand waits and cover equity. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System and prevent delays with returning forms to Child Health.</li> <li>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.</li> <li>There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.</li> <li>National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPrIS (the child health record database).</li> <li>The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated.</li> <li>VPDP have provided a letter and visual guide to primary care clinicians to support with the childhood vaccination schedule changes.</li> <li>New complete routine immunisation schedule for Wales published from 1<sup>st</sup> July 2025 – to reflect childhood changes</li> <li>VPDP have provided Q&amp;A sessions for Primary Care since the changes on 01/07/25.</li> </ul>



What the data tells us
<ul style="list-style-type: none"> <li><b>No update available from reported Month 2 IQPR – slide reflects Month 2 position e.g. no changes or officer lead update.</b></li> <li>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.</li> </ul>

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

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Assistant Head of Public Health Nursing</b>
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Latest available	Q4 2024/25	Status of measure	Level 2a
Reported performance	77.3%	Benchmark position (Wales)	3 <sup>rd</sup> (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		

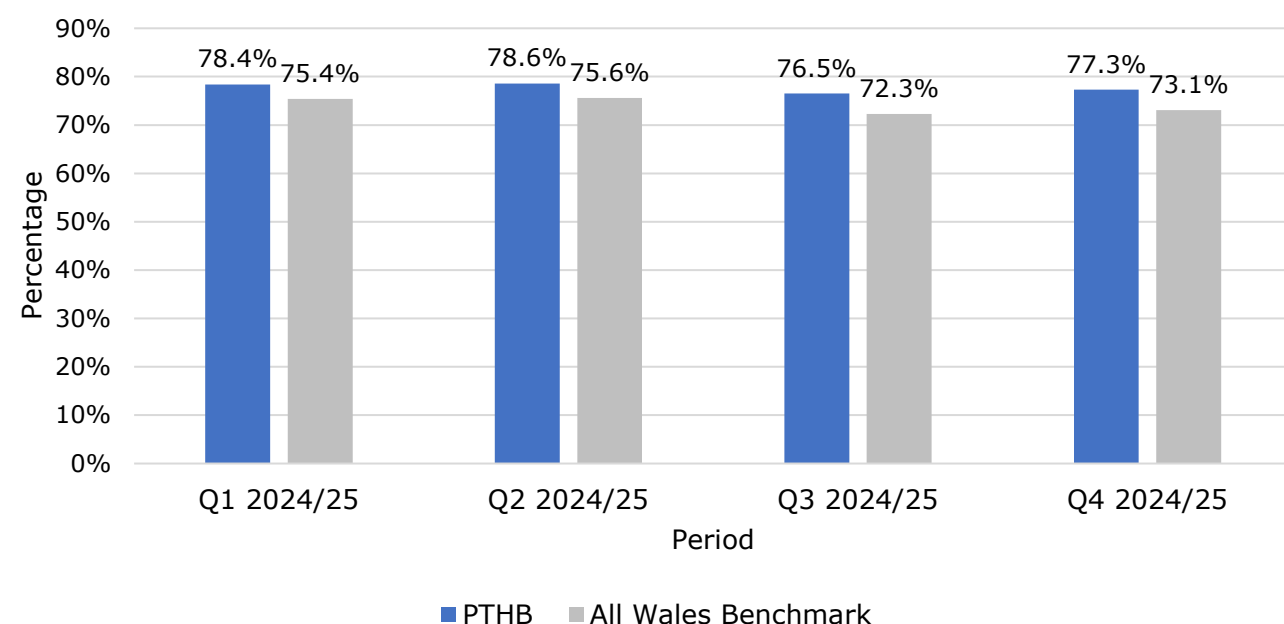
### Challenges

- 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, so each school attended twice.
- E-consent has been rolled out with the aim of increasing the return rate of consent.

Percentage of children receiving the HPV vaccination by age 15



### What the data tells us

- No update available from reported Month 2 IQPR – slide reflects Month 2 position e.g. no changes or officer lead update.**
- 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).

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

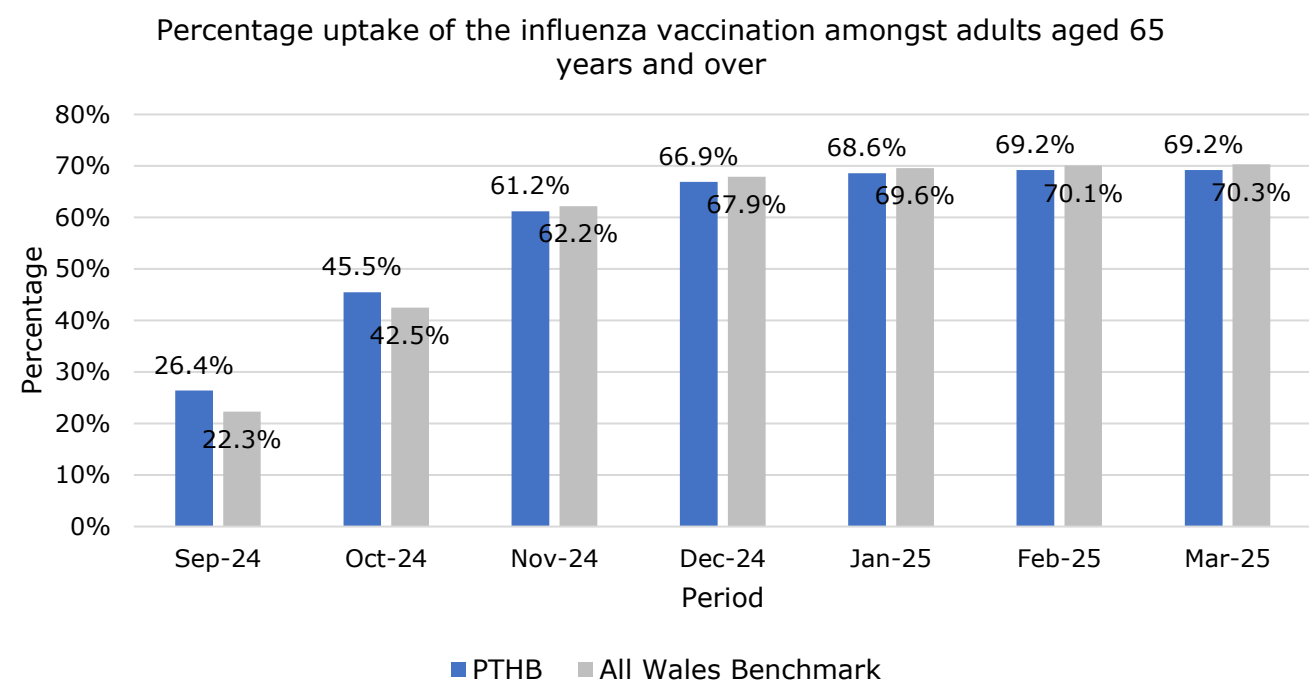
<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Head of Service: Public Health Programmes &amp; Services</b>
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Latest available	Mar-25	Status of measure	Level 2a
Reported performance	69.2%	Benchmark position (Wales)	5 <sup>th</sup> (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		

Challenges
<ul style="list-style-type: none"> <li>Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.</li> <li>Adult flu vaccine is offered through GP Practices and community pharmacies across Powys</li> <li>Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy. This data needs to be manually inputted by GP Practices so therefore there maybe incomplete data and underreporting of uptake.</li> <li>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.</li> <li>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.</li> </ul>

### Actions & Mitigations

Actions implemented:
<ul style="list-style-type: none"> <li>GP led clinics organised across Powys for eligible residents by GP Practices.</li> <li>Pharmacy flu vaccination clinics also available in many communities across Powys.</li> <li>Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.</li> <li>Additional targeted support provided to GP Practices to increase uptake.</li> <li>Continued monitoring of uptake and engaging with GPs to encourage further sessions.</li> <li>Opportunistic vaccination of eligible population through vaccination centres.</li> <li>Mapping out of remaining flu stock across Powys and signposting patients to where appropriate stock is available.</li> <li>Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels.</li> <li>Communications issued through local advertising methods- i.e. local newspapers, local beacon and PAVO newsletter.</li> <li>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.</li> <li>The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign.</li> </ul>



### What the data tells us

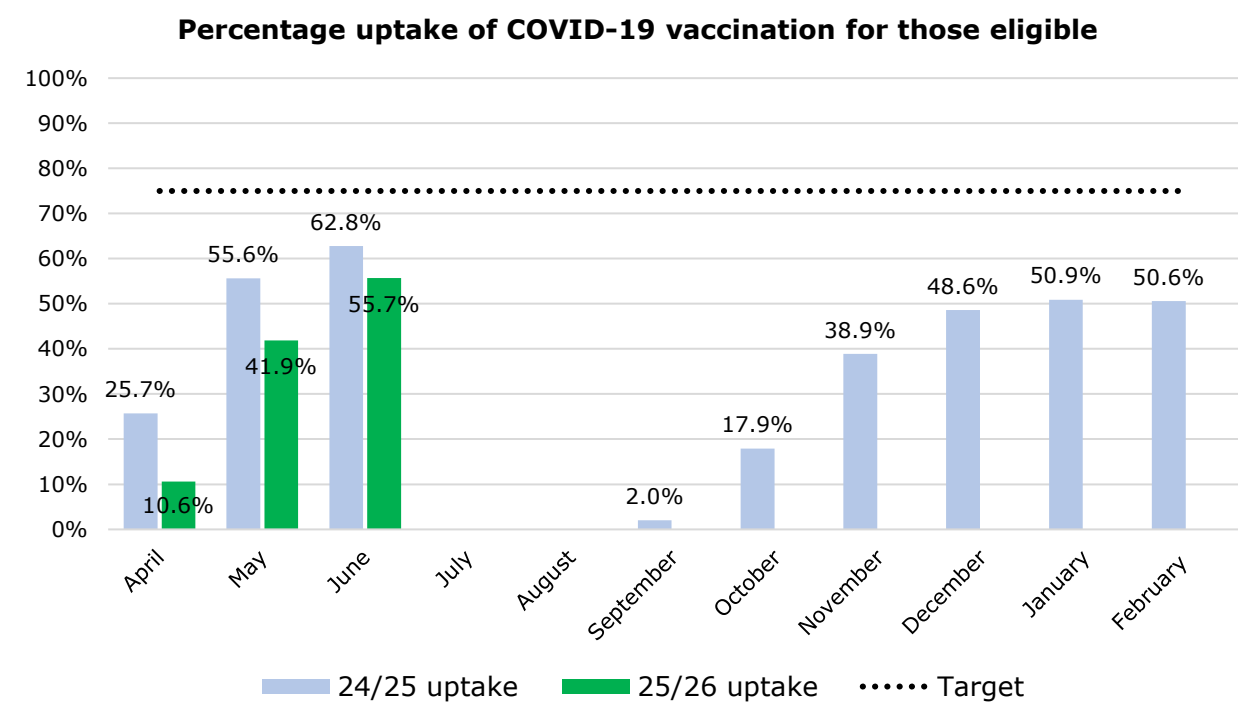
- No update available from reported Month 2 IQPR – slide reflects Month 2 position e.g. no changes or officer lead update.**
- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- PTHB did not meet the 75% target, vaccine fatigue is being anecdotally reported across Wales. However, two practices in Powys did reach the 75% target

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

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Head of Service: Public Health Programmes &amp; Services</b>
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Latest available	Jun-25	Status of measure	Level 2a
Reported performance	55.7%	Benchmark position (Wales)	2 <sup>nd</sup> (52.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		

Challenges
<ul style="list-style-type: none"> <li>Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.</li> <li>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.</li> <li>Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited.</li> <li>Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination.</li> <li>Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme</li> </ul>



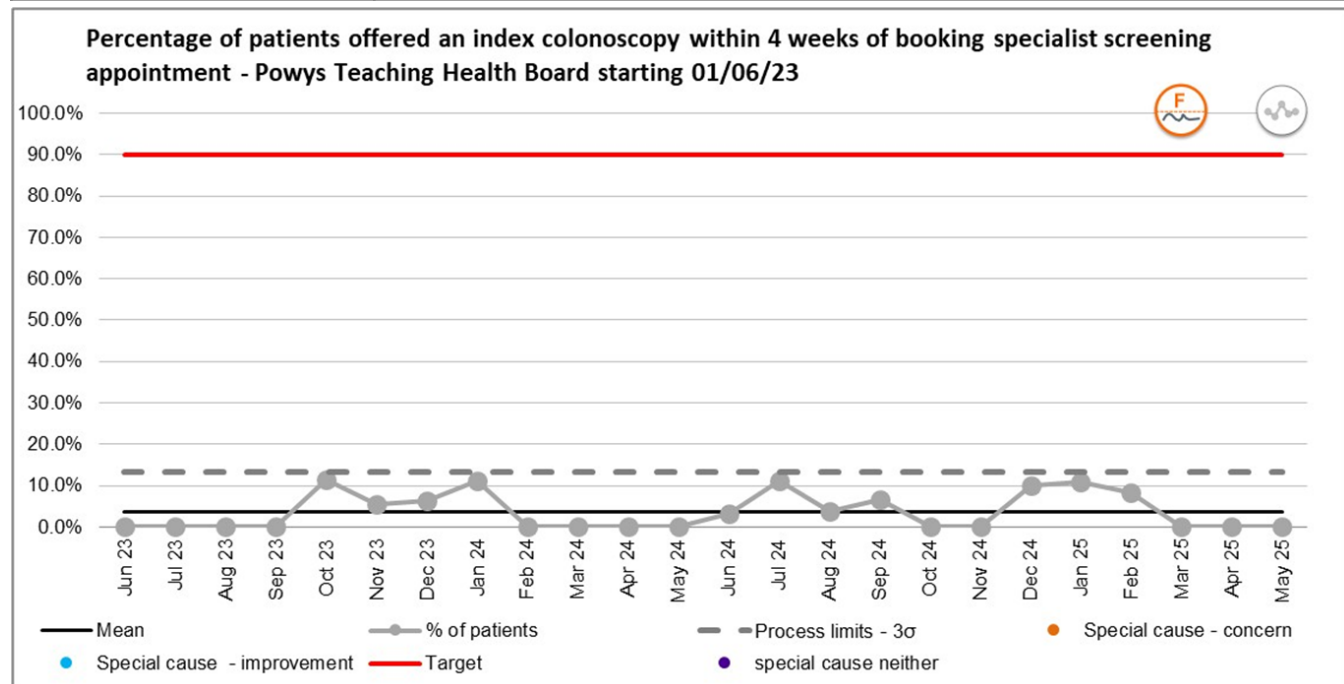
Actions & Mitigations
<ul style="list-style-type: none"> <li>Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes.</li> <li>The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for.</li> <li>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.</li> <li>Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.</li> <li>Drop-in clinics offered from June 2025 for the remainder of the campaign- advertised weekly via PTHB social media channels.</li> <li>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.</li> </ul>

What the data tells us
<ul style="list-style-type: none"> <li>To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period.</li> <li>Uptake of the COVID-19 Spring vaccination programme is lower than at the same point in last years spring vaccination campaign</li> <li>Uptake rates of COVID-19 vaccination have fallen significantly, with vaccine fatigue being anecdotally reported across Wales.</li> </ul>

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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director Community Services</b>
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Latest available	May-25	Status of measure	Level 3
Reported performance	0.0%	Benchmark position (Wales)	5 <sup>th</sup> (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 May 2025, All Wales performance is also challenged against this measure.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- Methodology of measure is currently under scrutiny with Public Health Wales; data quality has been flagged red until this is satisfactorily resolved, further engagement planned for Q2 with Public Health Wales.

### Challenges

- Key challenge feedback following Public Health Wales assurance visit includes;
  - Single handed consultant service impacting waiting times for screening.
  - Ongoing insource requirement to support delivery which is further challenged by procurement processes.
- Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable.
- Further expansion of national FIT test criteria from October 2024 has increased demand.
- In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider.
- Insource provision has fluctuated with short term contract extensions following NHS Shared services procurement delays.
- Patient choice including appointment deferral resulting in significant impact on compliance (clock adjustments are not made for BSW pathways), some patients are deferring up to circa 3-5 potential dates or noting that they are not available for multiple months from screening assessment.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Not all referrals for PTHB led Specialist Screening Practitioner assessment appointments have their colonoscopy carried out within provider services and not all patients are suitable for the procedure within PTHB provided units.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH.
- National staff resource has been re-directed to support CTMUHB which impacts on the capacity for PTHB service with resultant increase in wait times.

### Actions & Mitigations

- Positive feedback via Public Health Wales assurance visit to bowel screening service (June 25) recognised PTHB service delivered to a high standard and the team should be commended for this. Staff are highly skilled and motivated to provide a high-quality service to bowel screening participants and there is effective and dedicated leadership across the teams. There is evidence of a quality-focused culture that encourages continuous improvement, with effective communication and planning. PHW did highlight the challenges faced by PTHB in terms of single-handed consultant and impact on waiting times for screening – we continue to require insourcing to support delivery of this service (insourcing is stop start due to change in procurement which makes forward planning difficult), regional working with CTMUHB joint nursing posts reviewing options for joint screening clinician post however there is skills shortage all HBs challenged. – PHW assurance visit report will be released in August.
- Deep dive on pathways to be undertaken in Q2 2025/26.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Appointment of new band 7 screening practitioner with CTMUHB from May 2025.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Performance & Improvement.

# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



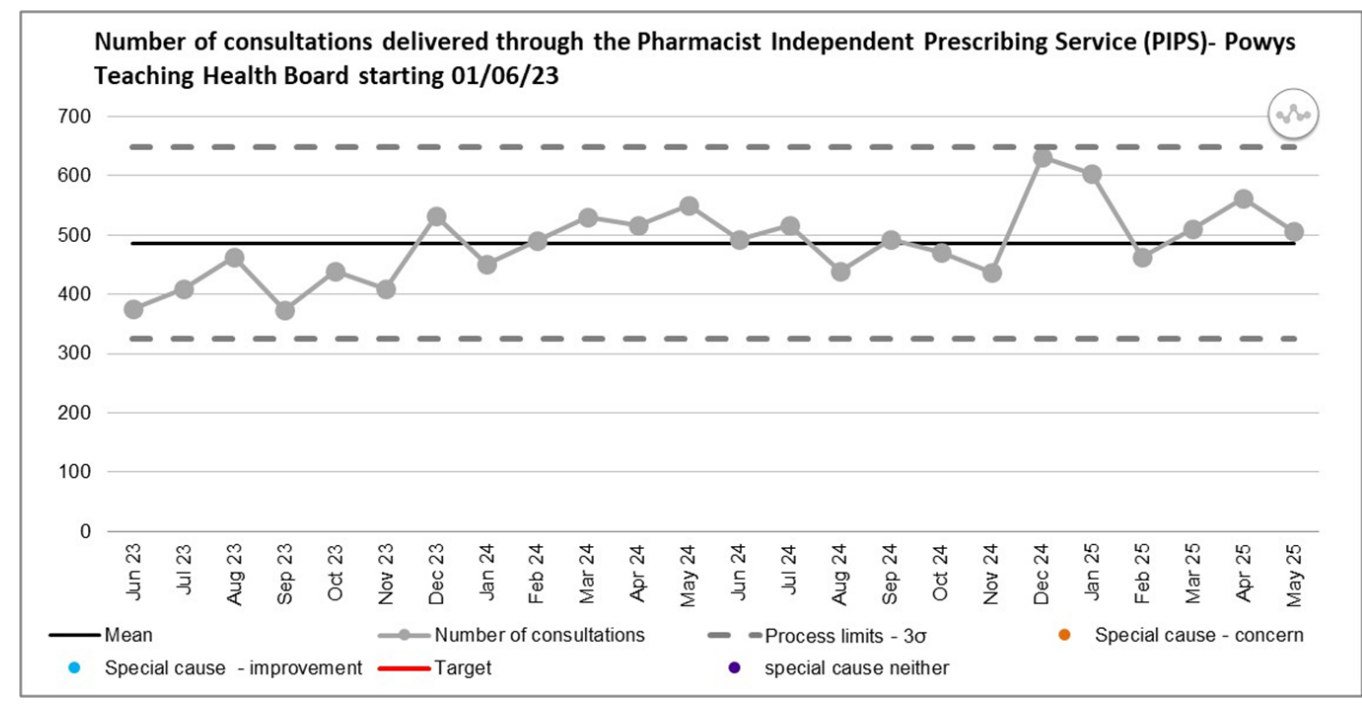
## Primary Care - Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

<b>Executive lead</b>	Executive Medical Director	<b>Officer lead</b>	Chief Pharmacist
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<b>Latest available</b>	<b>May-25</b>	<b>Status of measure</b>	<b>Level 2a</b>
Reported performance	507	Benchmark position (Wales)	7 <sup>th</sup> (14,459)
Target	Increase compared to the same month in the previous year.		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

### Challenges

- Identifying mentors to support trainee Pharmacist Independent Prescribers (PIP) has previously been a limiting factor – many have struggled to identify a suitable, willing mentor.
- Many pharmacies operate with a single consultation room, which must be shared across multiple commissioned services (e.g. PIPS, influenza vaccination, common ailments etc.). This creates operational pressures and limits how many PIPS consultations can be delivered, particularly during peak periods.
- Performance data reflects only the volume of PIPS consultations, without recognising the wider contribution of pharmacy teams delivering other clinical services. This can give a narrow view of activity and understate overall impact; consultations for common ailments, sore throat and urinary tract infections have all increased compared to last year.
- Powys' rurality affects patient footfall and may limit opportunities for high-volume service delivery compared to more densely populated areas.
- Public understanding of PIPS and the range of services available through pharmacy is still developing, which may limit demand.
- The funding mechanism for the PIPS service does not incentivise contractors enough to increase activity levels; there is currently a decent return for completing a small number of monthly consultations.



### Actions & Mitigations

Medicines Management is continuing to implement the Pharmacist Independent Prescribing Service (PIPS) across its community pharmacy network. As of May 2025, there are 8 community pharmacies in Powys with active Pharmacist Independent Prescribers, reflecting growth in service coverage. However, activity levels have slightly declined, with 507 consultations delivered in May 2025, compared to 551 in May 2024. This reduction in activity has occurred despite the increase in active sites, highlighting the need to continue supporting contractors to embed and optimise delivery of the service.

#### Active community pharmacy sites:

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

PTHB is also working with Welsh Government on the funding mechanism for PIPS to better incentivise higher volumes of delivery and ensure the service is sustainable and attractive to contractors, timescale TBC.

### What the data tells us

- PIPS was the first UK nationally commissioned community pharmacy prescribing service with the aim to increase access to services that should relieve pressure across the NHS.
- PIPS complements existing community pharmacy services by enabling pharmacists to manage a wider range of clinical presentations.
- It allows treatment of conditions outside the scope of Patient Group Directions (PGDs), offering greater flexibility and clinical autonomy. This enhances the pharmacist's role in delivering timely, person-centred care and supports the shift of appropriate activity away from GP and urgent care settings.
- PIPS supports a more integrated and resilient primary care system by maximising the skills of the pharmacy workforce.
- Performance against the measure shows PTHB is non-compliant: 507 consultations were delivered in May 2025 compared to 551 consultations in May 2024.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2024/25</b>	517	551	492	517	440	492	471	438	632	604	462	511
<b>2025/26</b>	563	507										

# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity

NHS Performance Measure – 26

Frequency - Monthly

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

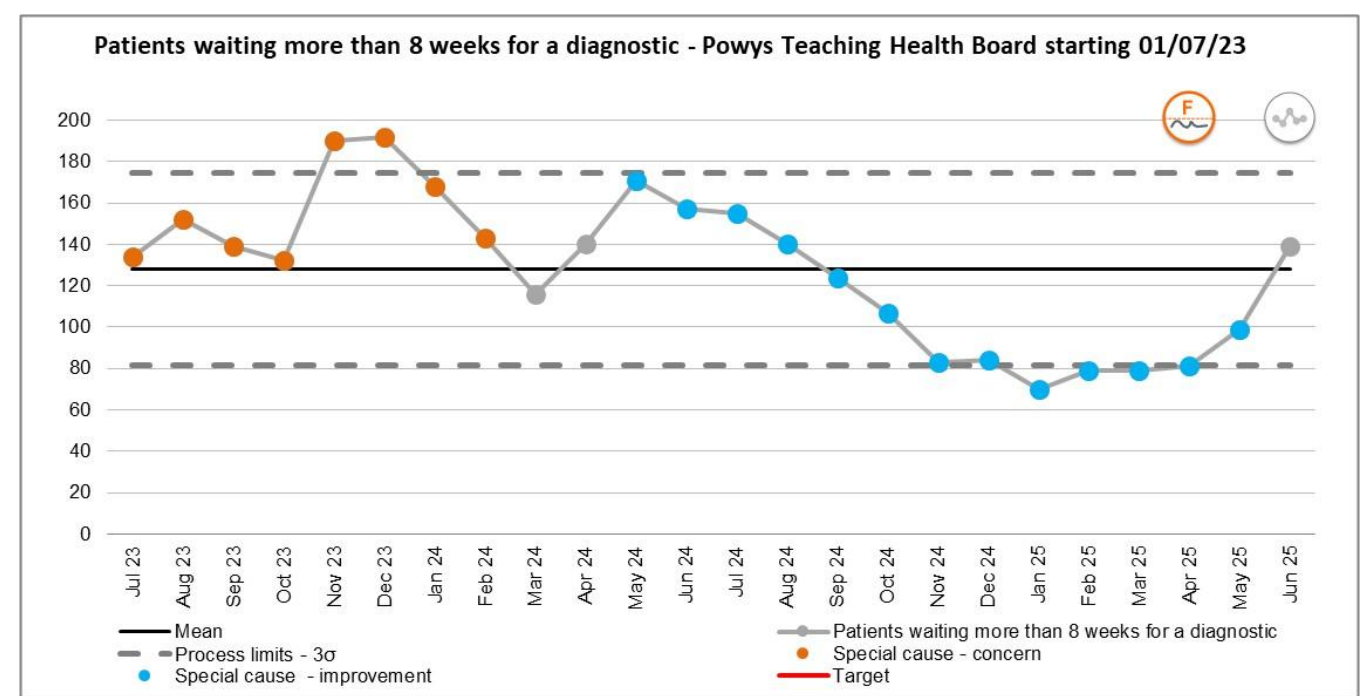
<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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<b>Latest available</b>	<b>Jun-25</b>	<b>Status of measure</b>	<b>Level 3</b>
Reported performance	139	Benchmark position (Wales)	1 <sup>st</sup> (43,121)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC 2024/25		

### Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	143	88	62%
Diagnostic Endoscopy	Colonoscopy	9	*1	11%
Diagnostic Endoscopy	Cystoscopy	4	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	0	0%
Diagnostic Endoscopy	Gastroscopy	7	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	10	0	0%
Radiology - GP referral	Non-Obstetric Ultrasound	487	50	10%

\* Pathway did not breach but validation change to system missed submission date in June 2025.



### What the data tells us

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

- The health board has reported 139 breaches in June 2025, 88 breaches are for Cardiology (Echo Cardiograms), 1 breach reported within Endoscopy is incorrect and was a clerical error. A remaining 50 breaches are within non-obstetric ultrasound.
- This measure remains **escalated** due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.

**Detailed narrative of challenges, actions and mitigations by sub service on the next slide**

**Access & Activity** **NHS Performance Measure – 26** **Frequency - Monthly**

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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Community Service Group</b>
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<b>Cardiology - Challenges</b>	<b>No. of breaches</b>	<b>88</b>	<b>Diagnostic Endoscopy - Challenges</b>	<b>No. of breaches</b>	<b>*1</b>	<b>Non-Obstetric Ultrasound - Challenges</b>	<b>No. of breaches</b>	<b>50</b>
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- 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.

- The breach in June has been reported as a clerical error and no patient pathway waited over the 8-week target.
- 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.

- Short term sickness.
- Fragility of service due to limited scale.

<b>Cardiology - Actions &amp; Mitigations</b>	<b>Diagnostic Endoscopy - Actions &amp; Mitigations</b>	<b>Non-Obstetric Ultrasound - Actions &amp; Mitigations</b>
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- 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 be undertaken. Future plans for service to be expanded to mid and south Powys. It should be noted that this relates to Community Cardiology only.

- 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 reaccrreditation 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.

- Use of agency for breaching patients.
- Recovery plan underway with performance improvement predicted by September 2025.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.
- Recruited a development post with a view to complete preceptorship 2025/26
- Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS).
- Explore repatriation opportunities to increase scale of service.

Well, Bethan  
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# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

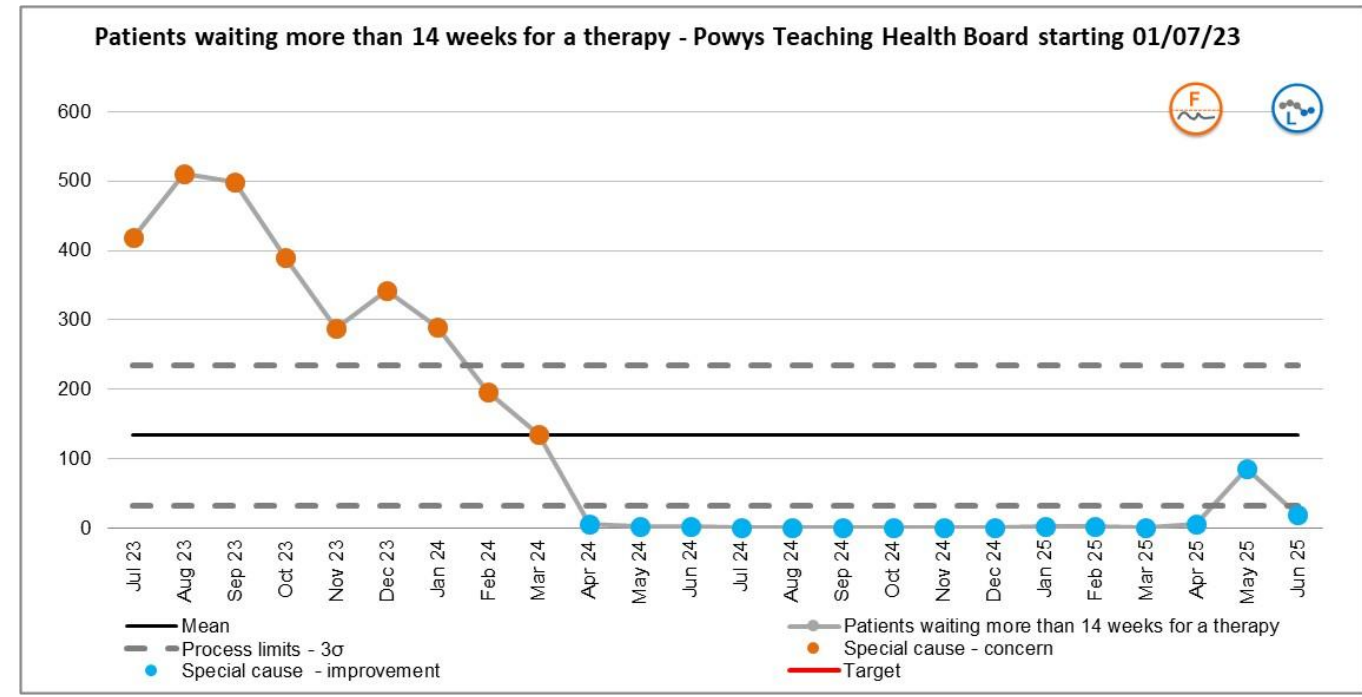


## Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

<b>Executive lead</b>	Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Service Group
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<b>Latest available</b>	<b>Jun-25</b>	<b>Status of measure</b>	<b>Level 2a</b>
Reported performance	20	Benchmark position (Wales)	3 <sup>rd</sup> (4,190)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Therapy performance by sub service				
Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	189	0	0%
Dietetics	Paediatrics	82	0	0%
Occupational Therapy	Adults	60	16	27%
Occupational Therapy	Learning Disabilities	4	0	0%
Occupational Therapy	Paediatrics	16	0	0%
Physiotherapy	Adults	2216	4	0%
Physiotherapy	Paediatrics	118	0	0%
Podiatry	Routine	546	0	0%
Podiatry	Urgent	42	0	0%
Speech Language	Adults	112	0	0%
Speech Language	Paediatrics	71	0	0%



### Challenges

- Occupational Therapy (OT) Hand Therapist – Single clinician currently off long-term sick (further breaches forecast for July).
- Predicted breaches in Podiatry from Q2 with capacity challenged by significant vacancy and existing team annual leave. Podiatry remains significantly fragile with 50% staff in post pan-Powys.
- 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).

### Actions & Mitigations

- 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.
  - Within budget reskill mix opportunity within MSK to support orthopaedic changes and projected increasing of demand requiring 2 clinicians (it is expected to take 6 months to achieve).

### 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)
- June 2025 20 pathways breached the 14-week target. 16 of those breaches were in Adult Occupational Therapy with 4 in Adult Physiotherapy.

**Planned Care & Cancer – Patients waiting more than 52 weeks for a new outpatient appointment**

**Executive lead**

**Executive Director of Primary Care, Community and Mental Health**

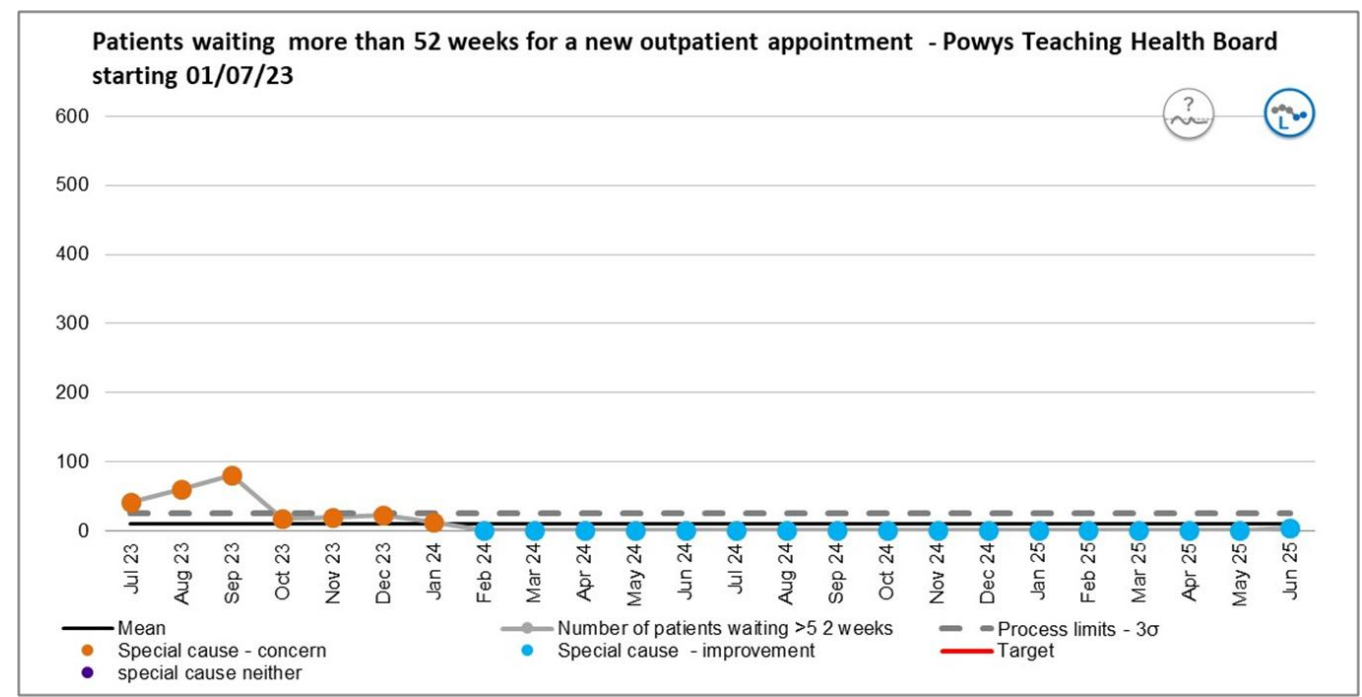
**Officer lead**

**Assistant Director of Community Service Group**

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	4	Benchmark position (Wales)	1 <sup>st</sup> (73,158)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

**Challenges**

- Key challenge in Rheumatology for June 2025 where the service is reliant on fragile in reach provided from Wye Valley NHS Trust. All patients were booked to be seen in July.



**Actions & Mitigations**

- Patients have been booked, no further actions.

**What the data tells us**

- 4 pathways wait over 52 weeks for a new outpatient appointment in June, the last time the provider breached this target was in 2023/24.
- Powys routinely reports the quickest waiting times in Wales, however as a non acute provider many pathways require diagnostics and or treatment in acute commissioned care.

# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity

NHS Performance Measure – 32

Frequency - Monthly

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

Executive lead

Executive Director of Primary Care, Community and Mental Health

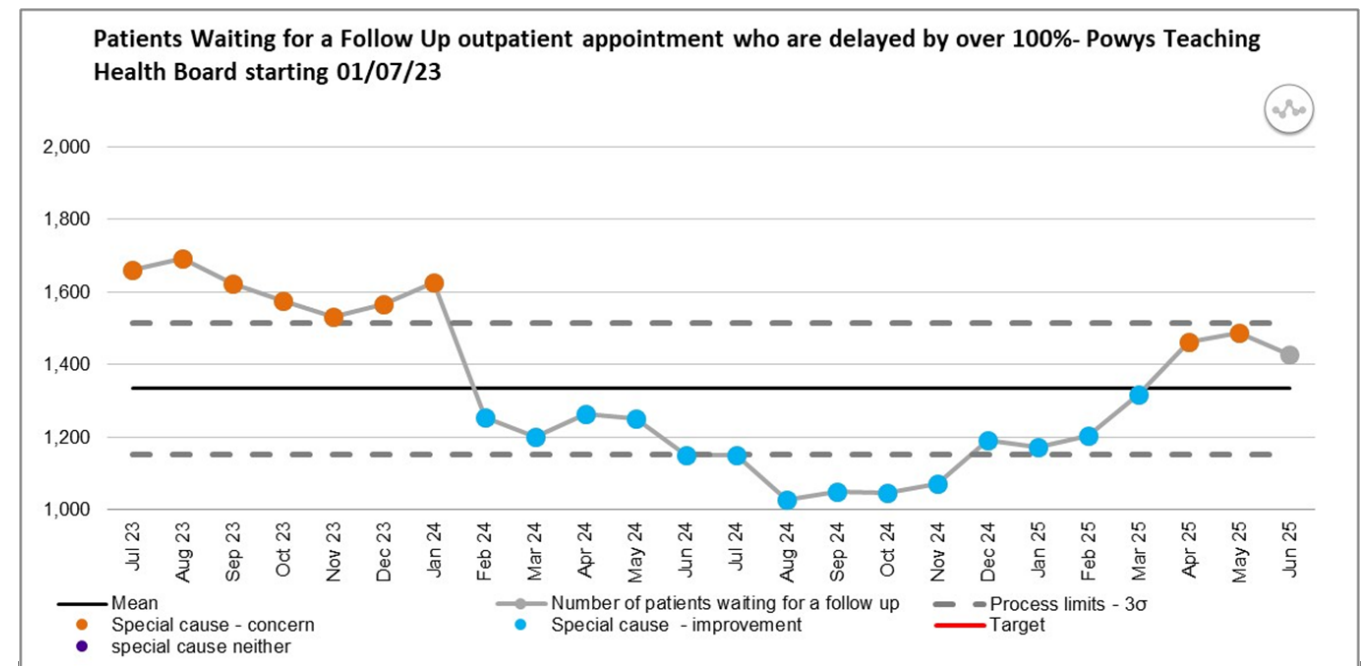
Officer lead

Assistant Director of Community Service Group

Latest available	Jun-25	Status of measure	Level 3
Reported performance	1428	Benchmark position (Wales)	1 <sup>st</sup> (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		

### 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.
- Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.



### Actions & Mitigations

- PTHB standardised service operating procedure for validation, and submission under development.
- New 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.

### What the data tells us

- In June 1428 Follow-up (FUP) outpatient appointments were reported as delayed by 100% or more of their target date, this is more than the equivalent period in June 2024 (1152) but is improvement on May's position.
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

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# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity

NHS Performance Measure – 34

Frequency - Monthly

## Mental Health including CAMHS - Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)

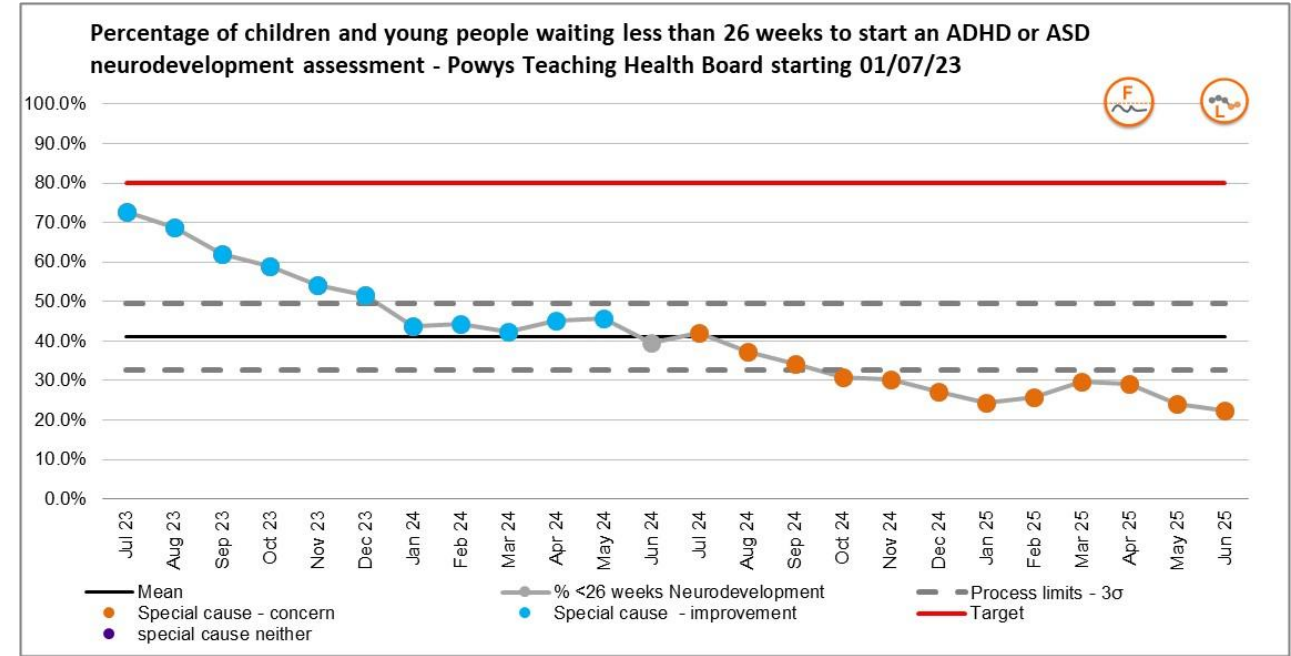
**Executive lead**  
Executive Director of Nursing, Quality, Women and Family Health

**Officer lead**  
Assistant Director of Womens and Childrens

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	22.5%	Benchmark position (Wales)	4 <sup>th</sup> (22.8%)*
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		

### Challenges

- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. However, these funding streams do not fully cover the staffing costs of the service. Awaiting confirmation and receipt into budget.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place.
- Ensuring a substantive and robust staffing model in place is a priority during Q3, current plan is to maintain <104 week wait.
- Service has accepted pathways from patients moving in county which have considerable wait times.



### Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded.
- KPI's to ensure quality service is in place.
- Robust scheduling, with the utilisation of joint appointments.
- Commencements of improved clinic scheduling.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024 for 12 months. Anticipated year 2 to be commissioned jointly with education.
- Business efficiencies being addressed within the administrative processes. Further work to enhance digital capabilities required with digital services expertise.
- Use of automated text messaging (WPAS) - implemented July 2025.
- Core templates of documentation developed and in use (WCCIS)
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Multi Disciplinary Team (MDT) panel and decisions implemented and embedded within the structure. Further action required to ensure robust multi professional panel e.g. recruitment of clinical psychologist.
- Multi agency Start Well project under consideration in relation to a whole system single point of access for children with ND and emotional health and wellbeing needs, for signposting to the most appropriate level of support.
- Recurrent funding beyond March 2027 to be confirmed via business case and MDT model.

### What the data tells us

Please note that unlike normal referral to treatment pathways for planned care this metric measures the time from referral to first assessment appointment, this assessment may then take a significant engagement time to provide a diagnosis and future care plan. Only children between the ages 0-17.5 years are submitted as part of the performance proforma.

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 1024 pathways reporting in the June's snapshot 22.5% wait less than 26 weeks for their first assessment.
- Referral to assessment performance is predicted to improve in July following
- PTHB continues to benchmark positively against the All-Wales position however this reflects the system challenge in Wales rather than good performance locally.

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Deputy Director of People and Culture
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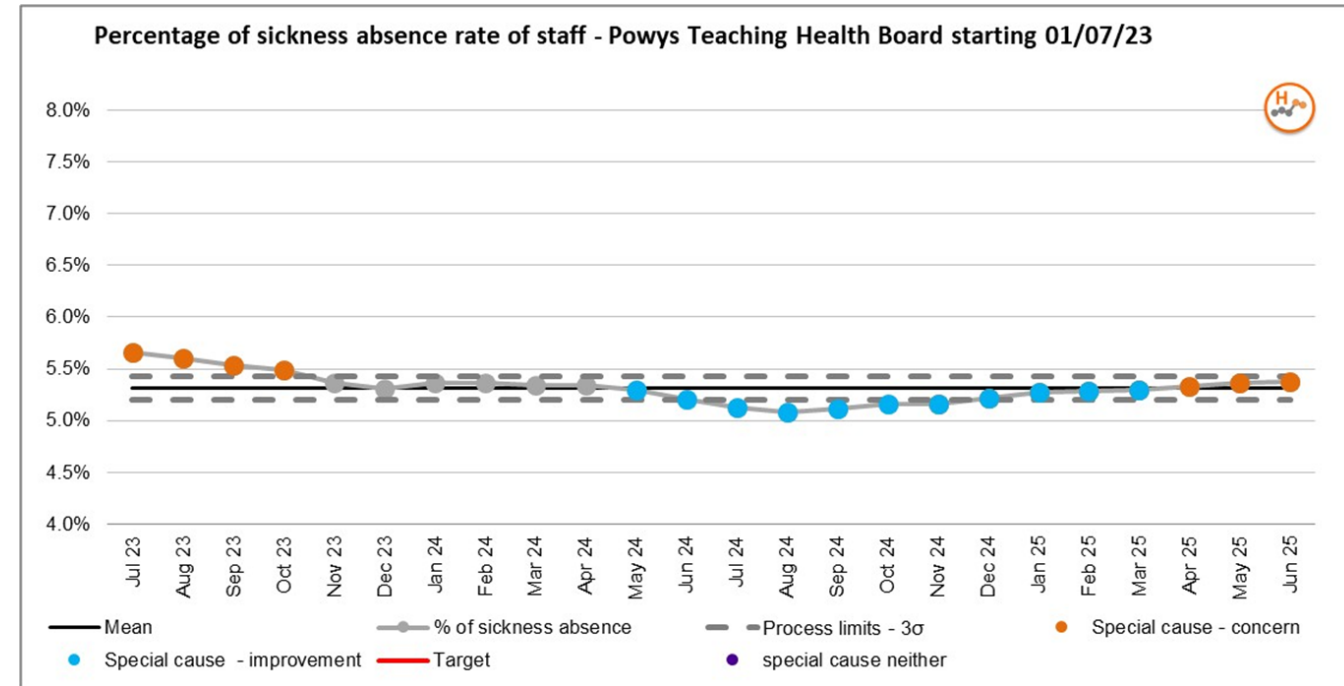
Latest available	Jun-25	Status of measure	Level 2a
Reported performance	5.38%	Benchmark position (Wales)	6 <sup>th</sup> (6.24%) (Apr-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			

**Challenges**

- Rolling sickness absence had a steady downward trajectory for an extended period but between August 2024 and June 2025 there has been a slight increase, although this has remained relatively small. This was largely driven by an increase in short term absence with actual sickness absence levels reducing again since February 2025 but has yet to feed through to the rolling absence figure.
  - Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal.
- Rolling sickness absence rates are highest in the following staffing groups:
- Additional Clinical Services – 7.22%
  - Estates & Ancillary – 6.29%
  - Nursing & Midwifery – 6.22%.

**Actions & Mitigations**

- The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates.
- A focussed deep dive into absence relating to anxiety, stress and depression took place in October 2024 to better understand trends within this area and enable more focussed interventions where possible. Since the review and following subsequent actions anxiety, stress and depression related absence has reduced by approximately 7 WTE.
- P&C has recruited Mindfulness Practitioners onto the bank. They have developed some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent) as well as supporting staff to remain in work. The feedback and evaluation has been very positive with future targeted activity planned during the current financial year.
- There has been an increase in the numbers (183 as of June ) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.
- We have signed up to the ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice ( note; this service will not issue fit notes).



**What the data tells us**

- The rolling 12-month sickness absence rate is reported as 5.38% for June 2025
- The organisation benchmarks 6<sup>th</sup> and the All-Wales performance position is 6.24% for April 2025
- Variation is special cause – concern.

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

<b>Executive lead</b>	<b>Executive Director of People and Culture</b>	<b>Officer lead</b>	<b>Deputy Director of People and Culture</b>
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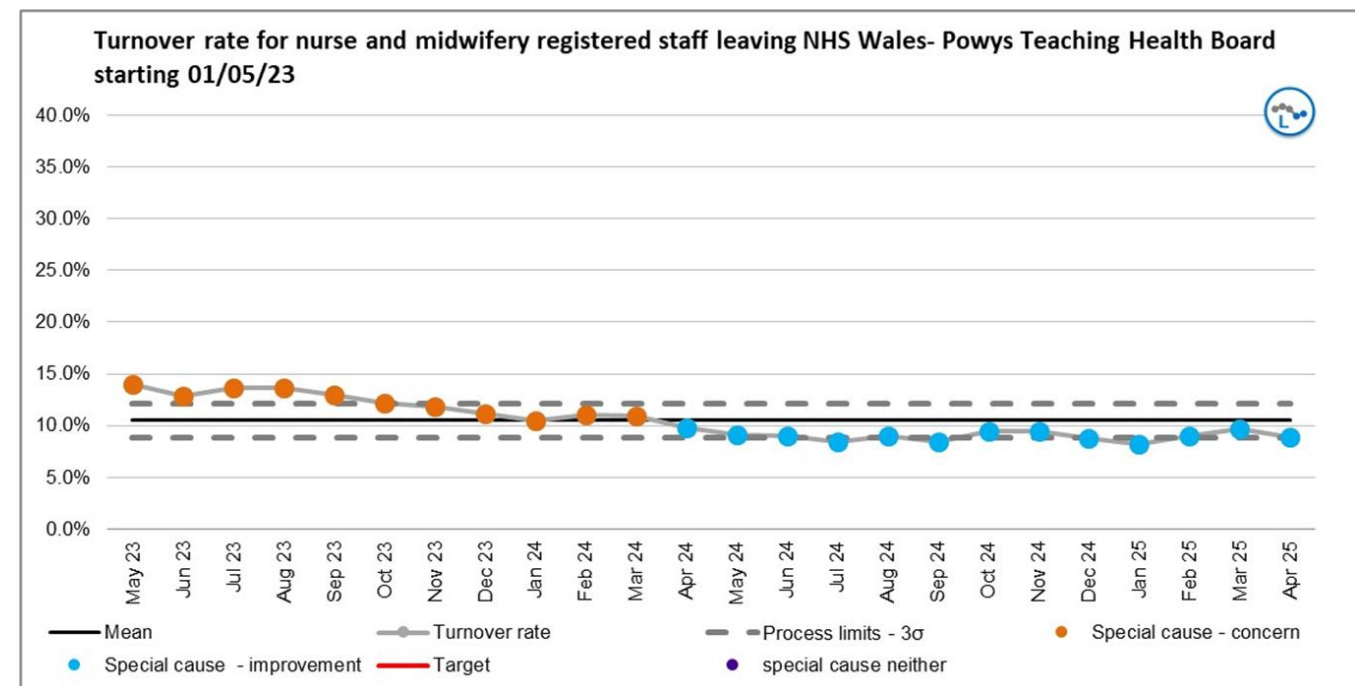
Latest available	Apr-25	Status of measure	Level 2a
Reported performance	8.9%	Benchmark position (Wales)	9 <sup>th</sup> (6.06%)
Target	Rolling 12-month reduction against a baseline of 2024-25		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

### Challenges

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that "current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".

### Actions & Mitigations

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.
- The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
- An initial organisational self-assessment against the national nurse retention plan has been completed which will inform the forward plan.
- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.
- The health board have successfully appointed to the Workforce Retention Lead role which will support the delivery of the nurse retention plan within Powys.



### What the data tells us

- PTHB is non-compliant against the target as reported in April with turnover rate 8.9%.
- PTHB benchmarks 9<sup>th</sup> with All Wales performance at 6.06%

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# Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

## Workforce

## NHS Performance Measure – 39

## Frequency - Monthly

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

<b>Executive lead</b>	<b>Executive Director of People and Culture</b>	<b>Officer lead</b>	<b>Deputy Director of People and Culture</b>
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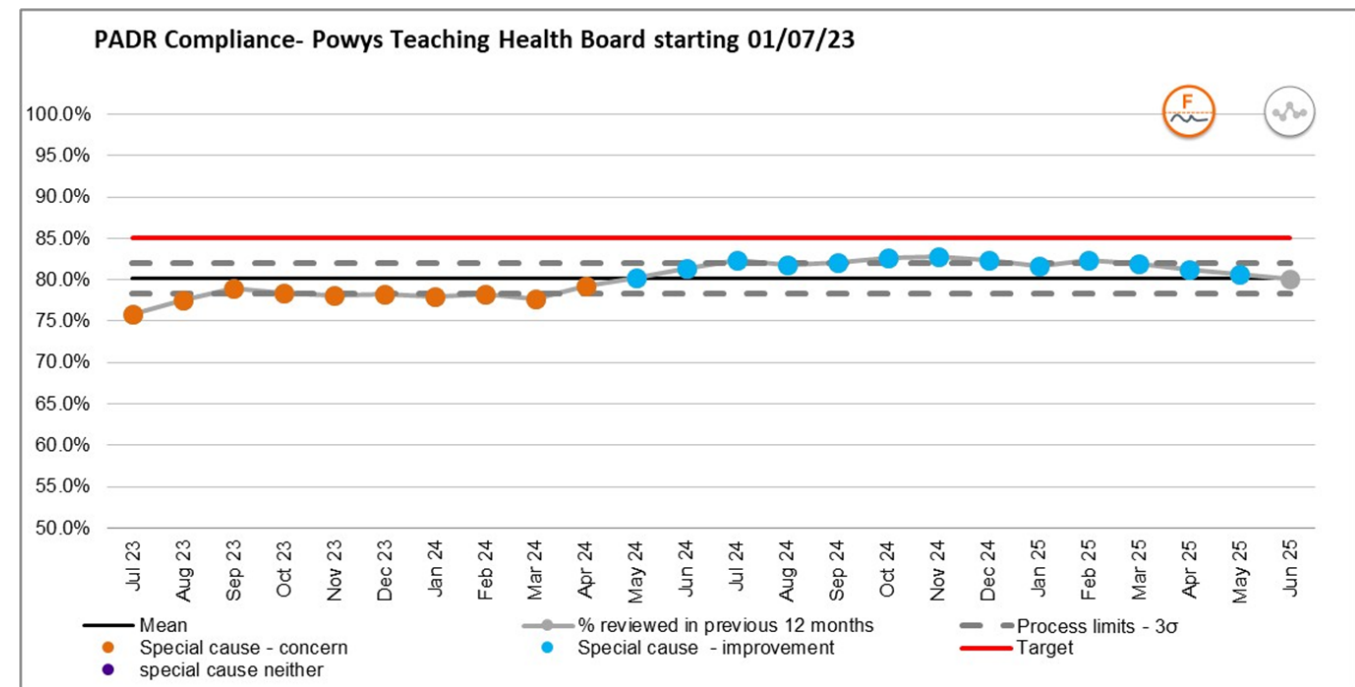
Latest available	Jun-25	Status of measure	Level 2a
Reported performance	80.1%	Benchmark position (Wales)	5th (76.0%) (Apr-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		

### 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.



### What the data tells us

- PTHB PADR compliance is reported at 80.1% for June 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in April showed PTHB benchmarking 5th out of 13 organisations

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

Quality, safety, effectiveness, and experience

NHS Performance Measure – 44

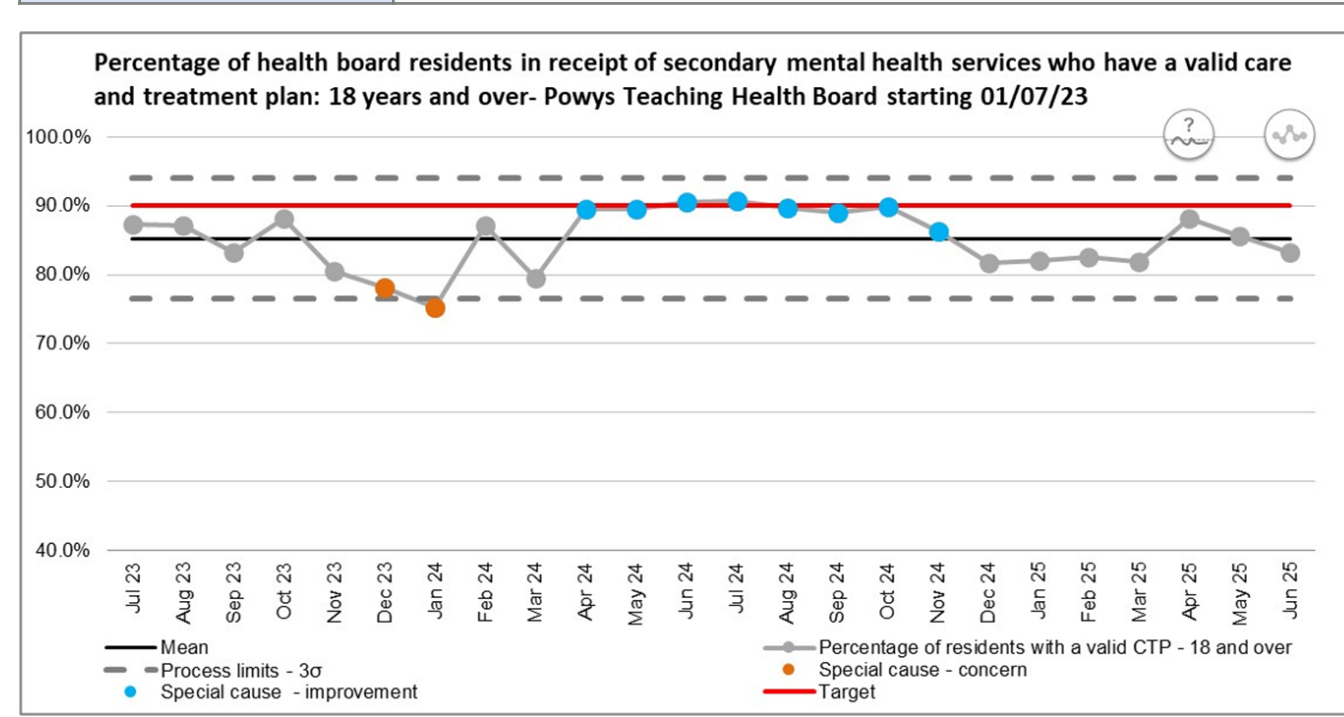
Frequency - Monthly

## 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

<b>Executive lead</b>	<b>Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director of Mental Health</b>
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Latest available	Jun-25	Status of measure	Level 2a
Reported performance	83.2%	Benchmark position (Wales)	4 <sup>th</sup> (78.5%)*
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		

Challenges
<ul style="list-style-type: none"> <li>Additional demand on PTHB's Community Mental Health Teams (CMHT) remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as there are additional pressures whilst assessments are moved from teams to the Single Point of Access.</li> <li>Targeted work with specific teams who have the most significant capacity challenges is ongoing.</li> </ul>



Actions & Mitigations
<ul style="list-style-type: none"> <li>Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.</li> <li>Continue to advertise vacant positions.</li> <li>An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.</li> <li>There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.</li> <li>Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.</li> <li>The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&amp;T Planning.</li> <li>Mental Health &amp; Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.</li> <li>Focussed work is being undertaken striving for improvement for next reporting period as follows. <ul style="list-style-type: none"> <li>Outpatient's Clinics have been revised to accommodate CTP reviews.</li> <li>Compliance data and out of date reviews have been added as standard MDT agenda item.</li> </ul> </li> <li>It is anticipated that performance will reach the 90% target by the end of October.</li> <li>Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans.</li> </ul>

What the data tells us
<ul style="list-style-type: none"> <li>Adult CTP compliance has measured at 83.2% and reports common cause variation.</li> <li>PTHB benchmarked 4<sup>th</sup> against an All-Wales position of 78.5% in May.</li> <li>Data challenge around retrospective updates in CTP performance.</li> </ul>

# Provider Service Assurance

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

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# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



Access & Activity

Local Measure

Frequency - Monthly

**Planned Care & Cancer** – Powys provider cancer pathways additions Inc. straight to test diagnostics, and downgrade performance against 28-day NICE guidance of best practice.

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

### What the data tells us

Powys 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 38 new pathways in June 2025 with the majority via primary care, referral numbers are slightly below the 24-month average.
- The health board has reported a very positive compliance of 65% for downgrades within 28 days of the 20 closed pathways in June.
- PTHB meets the straight to diagnostic test 12-month improvement trend in June, however this measure reported lower (33.3%) that the previous month and its compliance is volatile because of small numbers e.g., only 3 of a 9 total diagnostics in June went straight to test.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

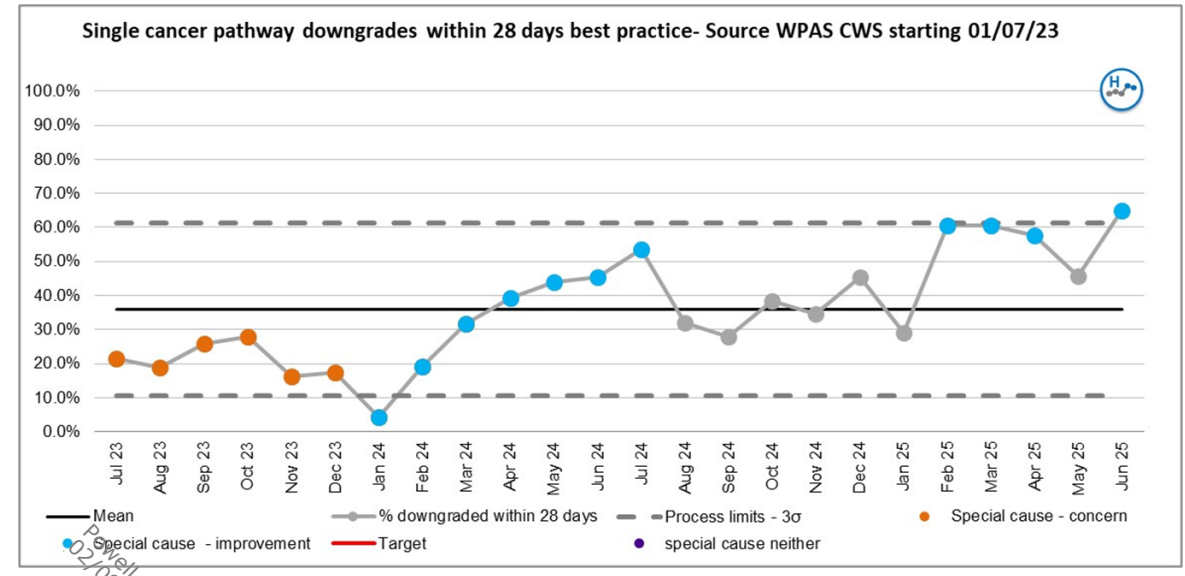
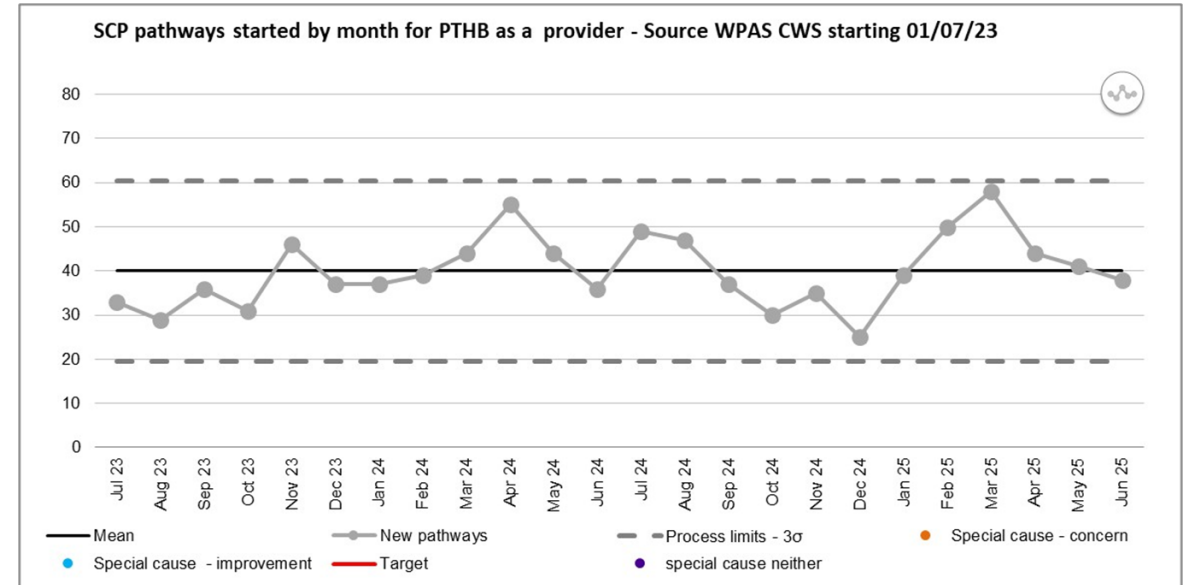
### Challenges

Key challenges within PTHB align to the national issues:

- Shortages of Endoscopists particularly colorectal.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bid to Welsh Government Cancer Transformation fund declined in round 2.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

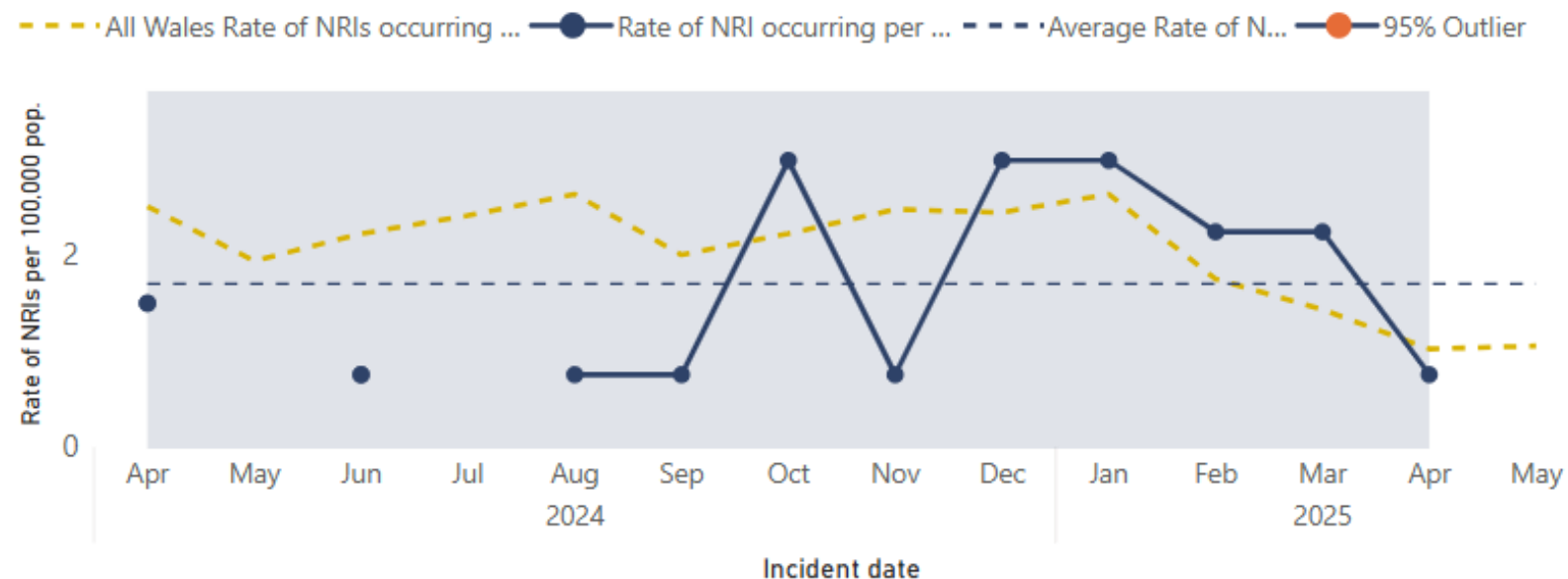
### Actions & Mitigations

- Internal Cancer Audit undertaken Q1 2025/26 with reasonable assurance rating.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- DHCW data resource review with PTHB Digital team and Operational services to strengthen pathway tracking for patients referred to treatment. This review has provided key improvement recommendations in Q1 25/26 which where locally driven have been implemented, but further work requires DHCW led changes to central data set, a timeline for this has been requested.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- 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	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06
% of patients who are sent straight to test	12 month improvement trend	42.9%	42.9%	28.6%	23.1%	26.3%	33.3%	45.5%	58.3%	73.3%	60.0%	40.0%	33.3%

## PT HB rate of NRIs occurring (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)	June 2025	75%
Reported never events	2025/26 to date	Zero
Mortality Rate Rolling Annual	May 2025	5.9%

### What the data tells us

- Concerns management remains at 75%.
- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.
- Powys reported 5.9% rolling annual rate for May 2025, this slightly lower than the equivalent period last year that reported 6.1%. 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

- Review of incident investigation training being undertaken.
- Mental Health have recruited an external incident investigator to review historic outstanding NRI investigations to coach to closure.
- Reviewing and update the Incident Management Framework to provide robust process on the completion of investigations and the accompanying action plan to prevent delay of closure.

# Commissioned Service Assurance

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

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# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity

NHS Performance 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

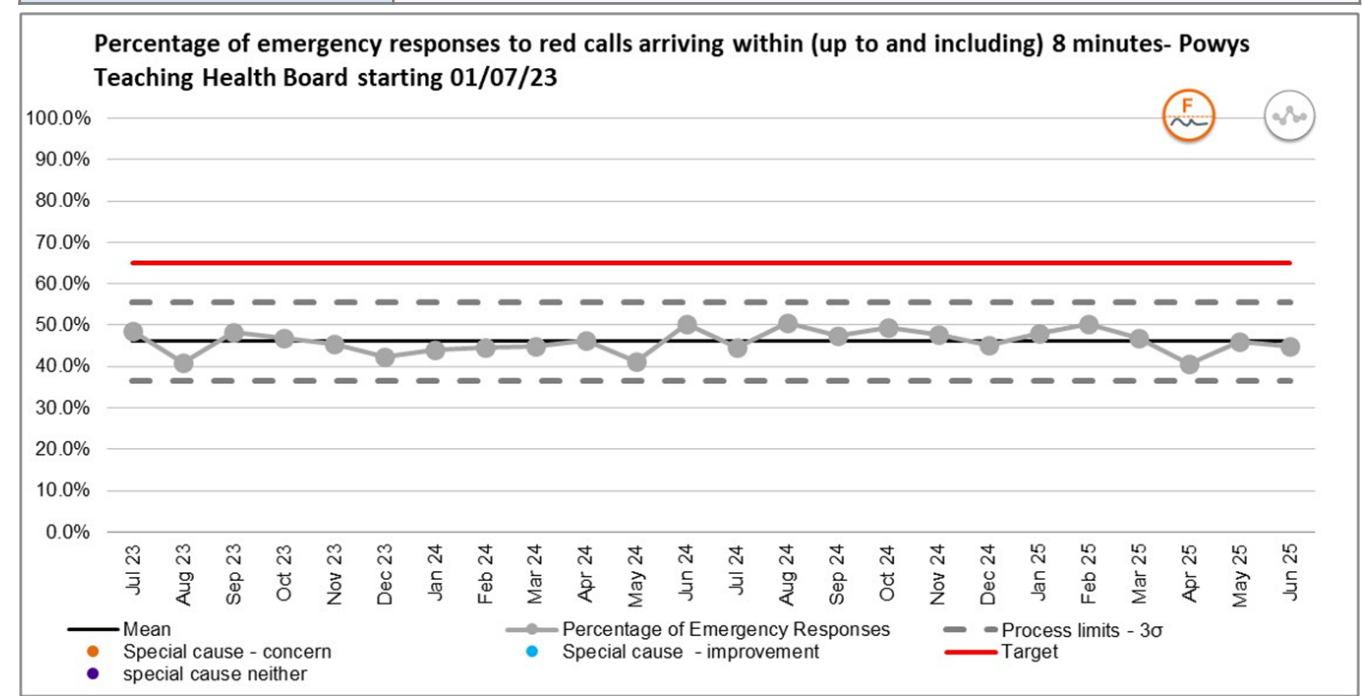
Officer lead

Deputy Director of Performance and Commissioning

Latest available	Jun-25	Status of measure	Level 2a
Reported performance	44.8%	Benchmark position (Wales)	7th (50.7%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		

### Challenges

- Handover delays and lost hours continue to be a challenge across Wales.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Across Wales 1.5% decrease in number of red incidents from April to June 2025, 8 minutes performance 4.2% higher for same period.
- 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

- Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
- Temporary changes were made in December 2024 to stroke services provided by CTMUHB with consolidation of acute stroke provision at the Royal Glamorgan Hospital, temporarily ceasing the service at Prince Charles Hospital but retaining the initial response prior to onward transfer to the acute stroke service.
- PCH will continue to provide emergency assessment and treatment for Stroke patients, temporary changes mean that ambulance service will convey with stroke or suspected stroke patients to alternative hospital to PCH (number of patients likely to be affected reviewed to assist this change).

### What the data tells us

- The reported performance in June has decreased below average to 44.8% compliance for the 8-minute emergency response target for red calls.
- June will be the last month reported against the Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. Reporting will recommence in August against the revised categories as described on the Welsh Ambulance Services website [how our service is changing - Welsh Ambulance Services University NHS Trust](#).
- 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 often ranks lower than the rest of Wales and benchmarked 7<sup>th</sup> in June against the All-Wales position is 50.7%.

# 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



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

Executive lead: Executive Director of Planning, Performance and Commissioning  
 Officer lead: Deputy Director of Performance and Commissioning

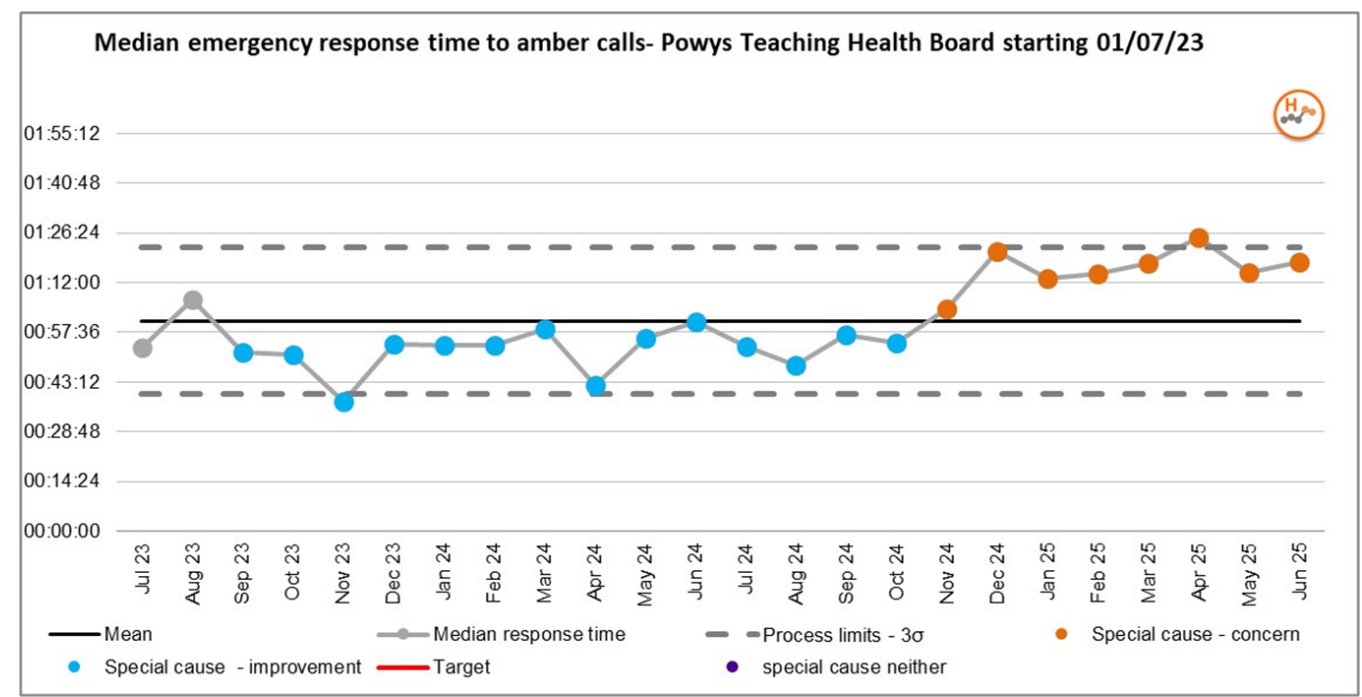
Latest available	Jun-25	Status of measure	Level 2a
Reported performance	01:18:06	Benchmark position (Wales)	1 <sup>st</sup> (01:33:44)
Target	12-month reduction target		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		

### Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays and lost hours continue to be a challenge across Wales.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

### Actions & Mitigations

- Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
- Temporary changes were made in December 2024 to stroke services provided by CTMUHB with consolidation of acute stroke provision at the Royal Glamorgan Hospital, temporarily ceasing the service at Prince Charles Hospital but retaining the initial response prior to onward transfer to the acute stroke service.
- PCH will continue to provide emergency assessment and treatment for Stroke patients, temporary changes mean that ambulance service will convey with stroke or suspected stroke patients to alternative hospital to PCH (number of patients likely to be affected reviewed to assist this change).



### What the data tells us

- Median amber response times have reported an improved performance in June 2025 with response times decreasing to 01:18:06
- PTHB ranks 1<sup>st</sup> in Wales with the All-Wales average at 01:33:44

# 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** Deputy Director of Performance and Commissioning

Latest available	Jun-25	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW EDDS		

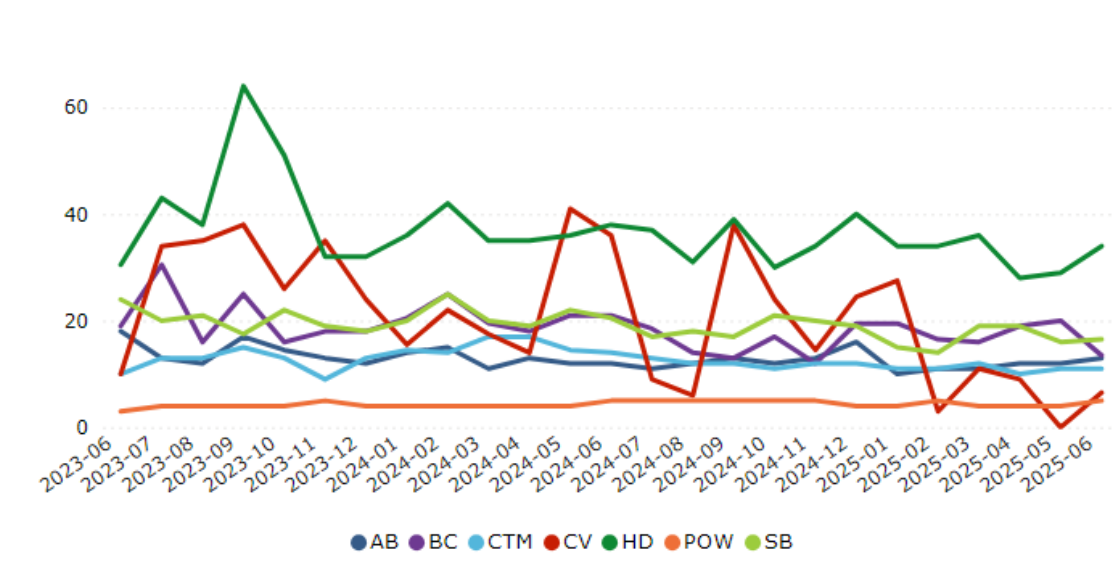
### What the data tells us

- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.
- Hywel Dda University Health Board continues to report the highest median times to triage and clinical decision of the Welsh emergency flow services.

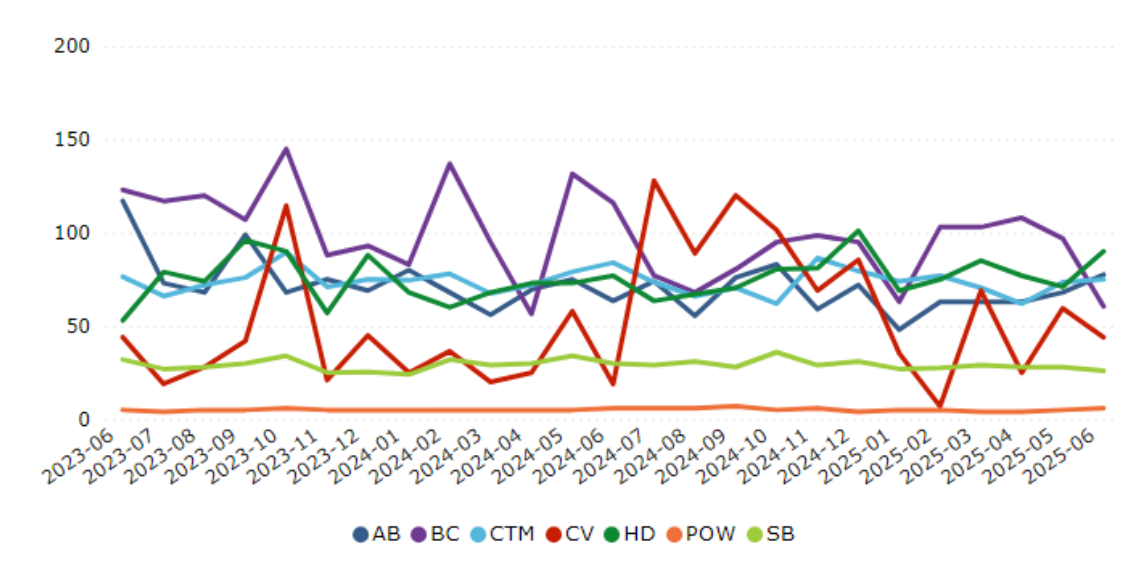
### Actions & Mitigations

- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- Powell, Bethan  
02/09/2025 07:49:38*

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.

Jun-25 -Source Welsh Government monthly scorecard.				
Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	13	16	78	139
BCUHB	14	20	61	144
CTMUHB	11	11	75	72
C&VUHB	7	6	44	68
HDUHB	34	29	90	77
SBUHB	17	19	26	21

# 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

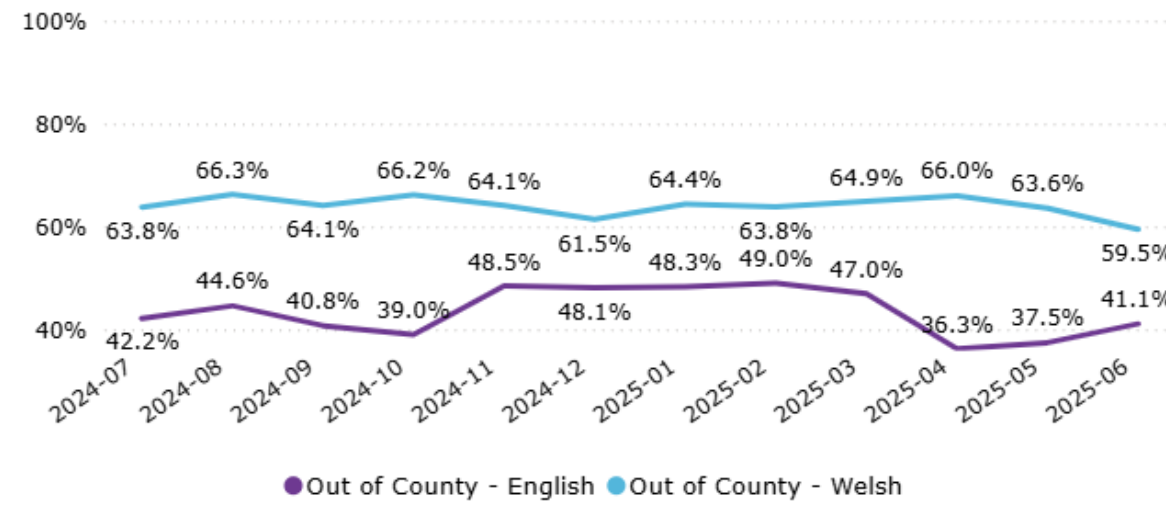
**Executive lead**      **Executive Director of Planning, Performance and Commissioning**      **Officer lead**      **Deputy Director of Performance and Commissioning**

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		

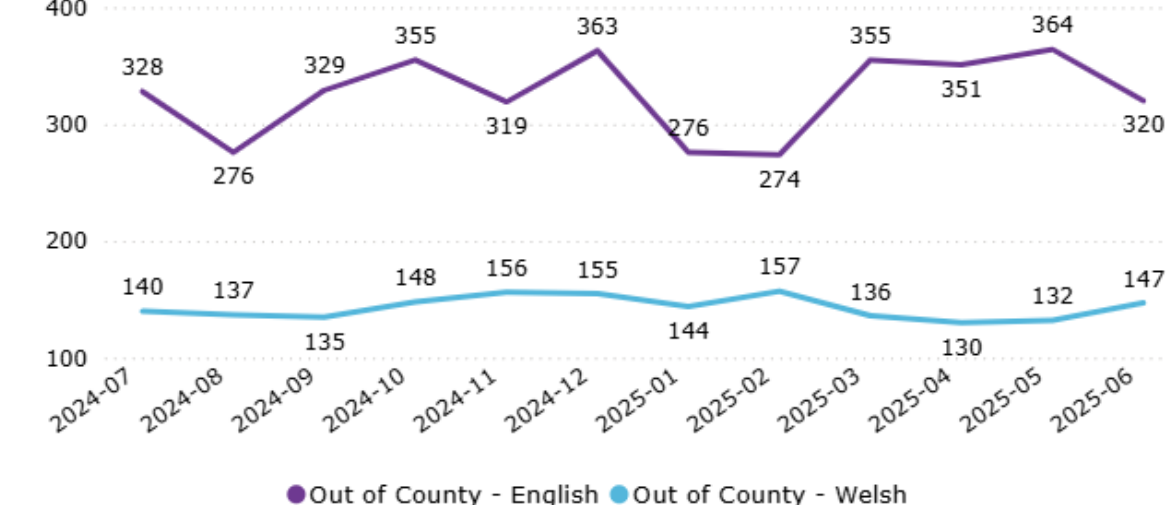
**Key notes**

- Complete English data is delayed by up to 1 month and the latest information should be taken as provisional.

Percentage of ED Waits Seen Within 4 Hours by Arrival Month



Number of ED Waits Over 12 Hours by Arrival Month



**What the data tells us**

**Welsh Emergency Access (A&E) providers**

- Powys residents have seen a slight fall to 59.5% in June from 63.6% in May for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs increases slightly to 147 but remains within expected variation.

**English Emergency Access (A&E) providers**

- PTHB residents attending English emergency units see the longest wait with very poor compliance to the 4-hour target. 41.1% were reported in June as waiting less than 4hrs in their units.
- In June provisional data shows 320 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge.

**Data Quality**

- Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance which will be noticeable between reporting month although minor.

**Challenges**

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

**Actions & Mitigations**

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).

# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



## Access & Activity NHS Performance Measures – 25 Frequency - Monthly

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

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

**Officer lead** Deputy Director of Performance and Commissioning

<b>Latest available</b>	Jun-25	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

Single cancer pathway performance – Powys residents – Last 12 months – Source DHCW  
Target improvement trend to 80% - (Target prior to April 2025 75%).

HealthBoard	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06
<b>Aneurin Bevan UHB</b>												
Pathways With Treatment	18	16	11	9	13	16	15	15	16	8	16	14
Treated Within 62 Days	10	10	7	8	7	9	11	9	11	4	10	7
Breaching 62 Day Target	8	6	4	1	6	7	4	6	5	4	6	7
% Treated Within Target	56%	63%	64%	89%	54%	56%	73%	60%	69%	50%	63%	50%
<b>Betsi Cadwaladr UHB</b>												
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%	
<b>Cardiff And Vale UHB</b>												
Pathways With Treatment		1				1	1					
Treated Within 62 Days		1					1					
Breaching 62 Day Target						1						
% Treated Within Target		100%				0%	100%					
<b>Cwm Taf Morgannwg UHB</b>												
Pathways With Treatment	4	7	6	5	3	9	4	3	5	3	2	5
Treated Within 62 Days	1	4	2	4		4	1	1	1			4
Breaching 62 Day Target	3	3	4	1	3	5	3	2	4	3	2	1
% Treated Within Target	25%	57%	33%	80%	0%	44%	25%	33%	20%	0%	0%	80%
<b>Hywel Dda UHB</b>												
Pathways With Treatment	8	8	8	5	7	7	9	6	6	9	10	11
Treated Within 62 Days	6	6	5	2	6	2	6	4	3	4	3	6
Breaching 62 Day Target	2	2	3	3	1	5	3	2	3	5	7	5
% Treated Within Target	75%	75%	63%	40%	86%	29%	67%	67%	50%	44%	30%	55%
<b>Swansea Bay UHB</b>												
Pathways With Treatment	10	14	7	11	9	11	11	5	7	6	4	5
Treated Within 62 Days	8	8	5	7	5	8	6	1	5		2	3
Breaching 62 Day Target	2	6	2	4	4	3	5	4	2	6	2	2
% Treated Within Target	80%	57%	71%	64%	56%	73%	55%	20%	71%	0%	50%	60%
<b>Pathways With Treatment</b>	<b>44</b>	<b>47</b>	<b>33</b>	<b>31</b>	<b>35</b>	<b>46</b>	<b>40</b>	<b>30</b>	<b>34</b>	<b>29</b>	<b>34</b>	<b>35</b>
<b>Treated Within 62 Days</b>	<b>25</b>	<b>29</b>	<b>19</b>	<b>22</b>	<b>21</b>	<b>25</b>	<b>25</b>	<b>15</b>	<b>20</b>	<b>10</b>	<b>16</b>	<b>20</b>
<b>Breaching 62 Day Target</b>	<b>19</b>	<b>18</b>	<b>14</b>	<b>9</b>	<b>14</b>	<b>21</b>	<b>15</b>	<b>15</b>	<b>14</b>	<b>19</b>	<b>18</b>	<b>15</b>
<b>% Treated Within Target</b>	<b>57%</b>	<b>62%</b>	<b>58%</b>	<b>71%</b>	<b>60%</b>	<b>54%</b>	<b>63%</b>	<b>50%</b>	<b>59%</b>	<b>34%</b>	<b>47%</b>	<b>57%</b>

#### What the data tells us

- At the end of June, the provisional position reported a total of 258 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 223 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 35 pathways were closed with the commencement of definitive treatment. 15 patients breached the 62 days target with the longest wait reported as 141 days in Hywel Dda UHB for a lower gastrointestinal (Lower GI) pathway.
- Compliance reporting in Commissioned services has become more complicated following the target change for 2025/26. With low numbers of Powys residents across multiple providers the improvement trend and target compliance can be significantly affected. However reported performance in June has risen to 57% with three providers showing improvement, and Cwm Taf Morgannwg UHB showing 80% of 4 cases being treated within target.
- Data quality for reporting - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

#### Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour sites of Lower GI and Breast in June reported the most breaches and predominately in Aneurin Bevan UHB and Hywel Dda UHB (noting that these providers have PTHB's highest flow of patients in Wales).
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed.
- Open pathway data quality remains challenging, and the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathways.

#### Actions & Mitigations

- Breaches of greater than 146 days for 2024/25 have been reviewed with the Commissioned providers including detailed pathway breach reports and no resultant harm following review has been reported.
- Q1 2025/26 retrospective checks will be requested August 2025 following the June data submission and will support a deep dive into cancer for Powys residents.
- 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.

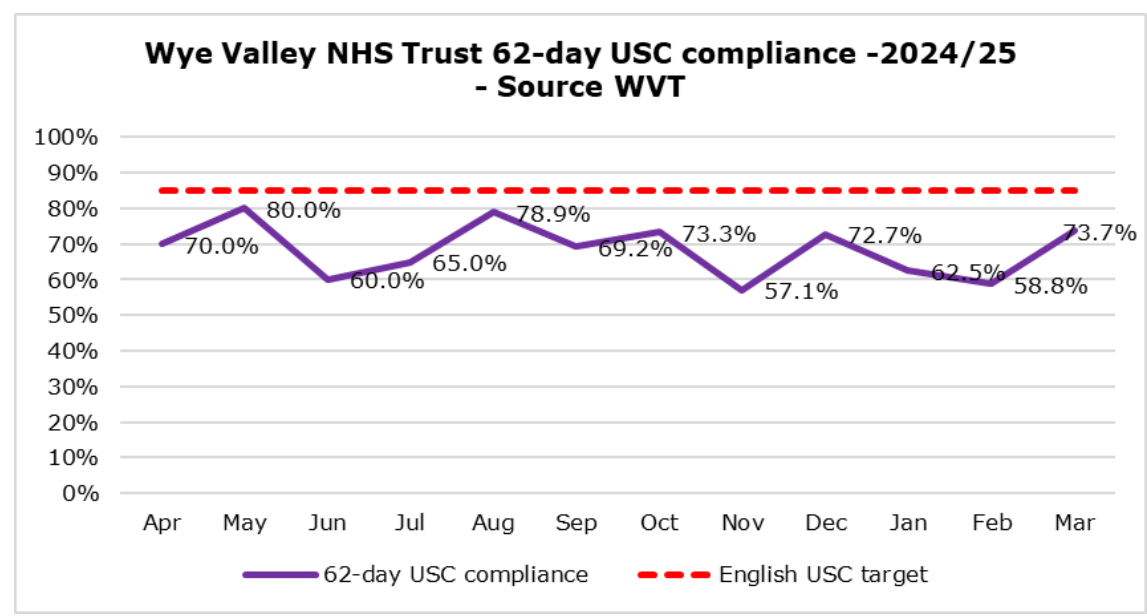
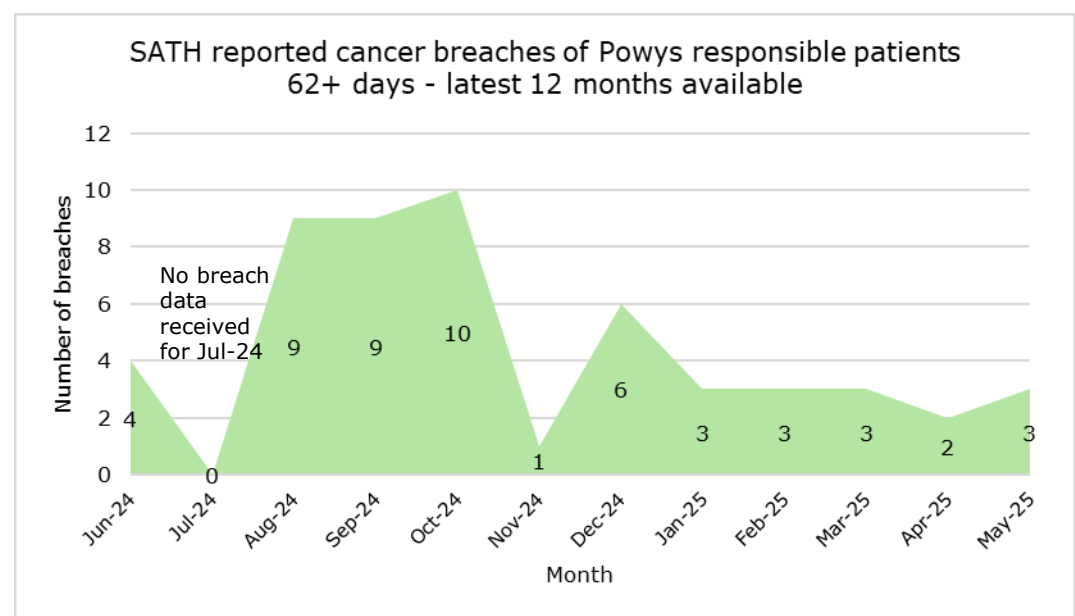
## Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

<b>Executive lead</b>	<b>Executive Director of Planning, Performance and Commissioning</b>	<b>Officer lead</b>	<b>Deputy Director of Performance and Commissioning</b>
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<b>Latest available</b>	<b>Apr-25</b>	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Poor
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

**NHS England Cancer Measures, and target**

- 28-day FDS = Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitely Excluded (target 75%)
- 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
- 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%)



### Powys key provider provisional cancer waiting times standards NHS England - All patients e.g., including non-Powys residents (table 1)

May-25	SATH	WVT	All English Providers	Target
28-day FDS	71.4%	75.5%	74.8%	75%
31-day DTT	88.2%	85.7%	91.0%	96%
62-day USC	63.1%	78.0%	67.8%	85%

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

### What the data tells us

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

- Shrewsbury and Telford NHS Trust (SATH) report 3 breaches (2.7% of all SATH breaches reported to NHS England) in May for a Powys resident, all were reported waiting longer than 104 days. SATH's overall compliance (all patients not just Powys residents) is below average for England in May 2025 (table 1).
- Wye Valley NHS Trust (WVT) performance reported in March that 73.7% of 19 Powys residents started treatment within 62 days. WVT have not provided Powys resident data for 2025/26, this is being sought as a priority.
- WVT overall compliance for May reports better performance for all measures against the English average except 31-day DTT.
- Data quality has been revised to poor following ongoing information availability and assurance challenge.

### Challenges

- Capacity challenges for outpatients, and treatment listed alongside complex diagnostics for breaches reported to the health board in March.
- Commissioned cancer assurance for English pathways remains limited, re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information has not progressed as hoped. Challenge has been provided back via Welsh audit process to drive recommendations at a national level and is routinely raised with Welsh Government via monthly engagement meetings.
- NHS England priority targets for 2025/26 are:
  - 62-day standard: 75% of patients begin first definitive cancer treatment within 62 days of urgent referral/upgrade.
  - 28-day Faster Diagnosis Standard (FDS): 80% of patients to have cancer confirmed or ruled out within 28 days of urgent referral.

### Actions & Mitigations

- SCP performance reviewed and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SATH outsourcing/redirecting referrals where possible, utilising mutual aid where available and actively triaging all referrals to focus on cancer and treat accordingly (impact on routine waiters).
- Lack of cancer data submission from WVT escalated at CQPRM.

# Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity

NHS Performance Measures – 31 and 33

Frequency - Monthly

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

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

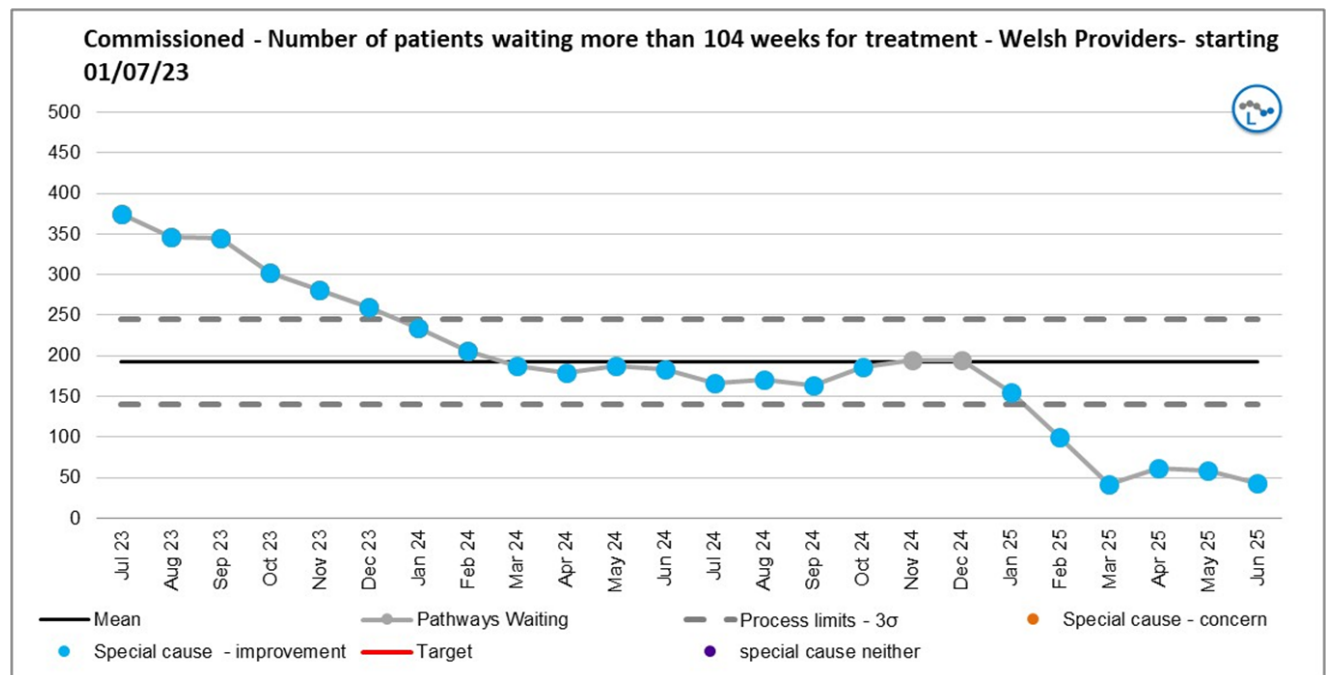
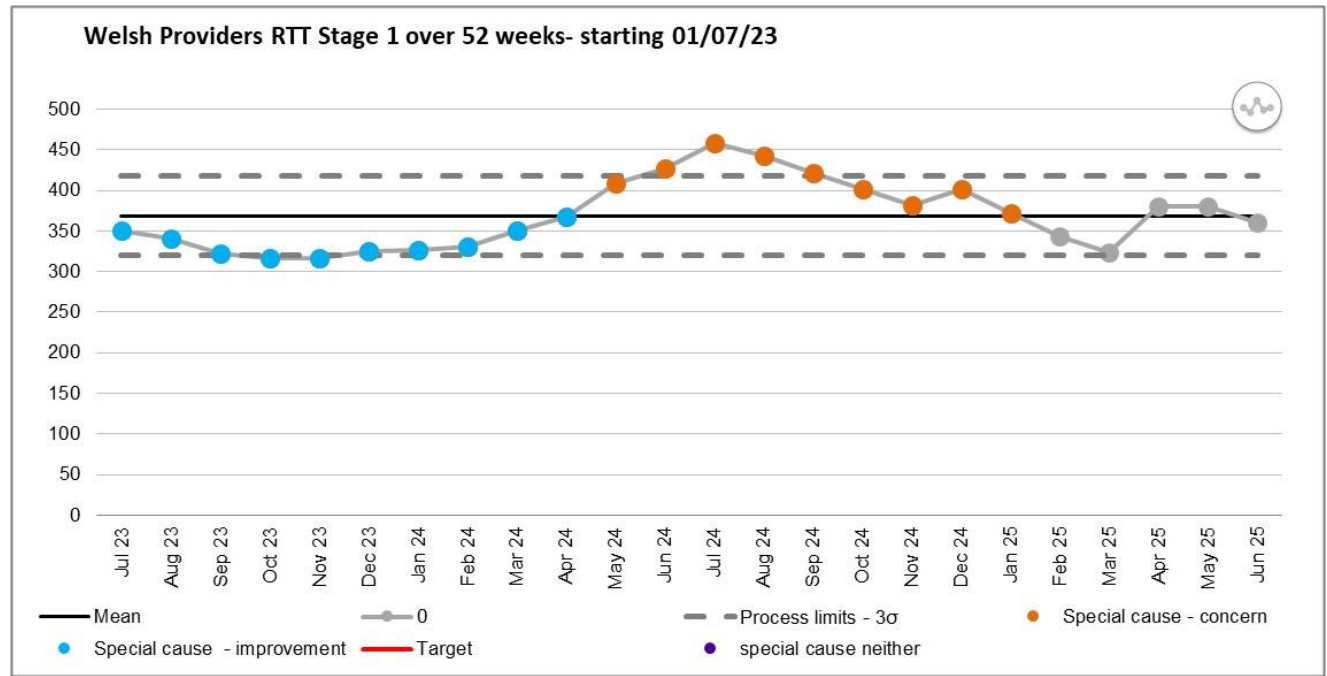
### What the data tells us

**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. The overall position in Wales is decreasing in pathways over 52 weeks.
- Cwm Taf Morgannwg UHB is the only provider who show an increasing challenge for those patients waiting under 52 weeks for a new outpatient appointment flagging special cause concern in June.
- The total number of patients waiting over 52 weeks in Wales for a new outpatient appointment reduces in June below the 24-month average and reports common cause variation.

**Measure 33. Number of patients waiting more than 104 weeks for referral to treatment**

- Swansea Bay UHB and Cwm Taf Morgannwg UHB are compliant in June reporting no pathways over 104 weeks. All providers report special cause improvement.
- Betsi Cadwaladr UHB and Cardiff & Vale UHB continue the trend of long wait challenges with the highest proportion of total pathways waiting reported over 104 weeks for Powys responsible patients.



Welsh Providers	Jun-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
		All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.						
Aneurin Bevan University Health Board	62.3%	694	381	4			2620	138		
Betsi Cadwaladr University Local Health Board	44.6%	270	165	24			664	91		
Cardiff & Vale University Health Board	47.4%	175	117	11			382	36		
Cwm Taf Morgannwg University Health Board	54.6%	310	196	0			907	96		
Hywel Dda University Health Board	59.5%	459	234	4			1507	0		
Swansea Bay University Health Board	59.7%	577	317	0			1993	0		
<b>Total</b>	<b>58.1%</b>	<b>2485</b>	<b>1410</b>	<b>43</b>			<b>8073</b>	<b>361</b>		

Challenges and actions narrative link (slide 43)

# 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

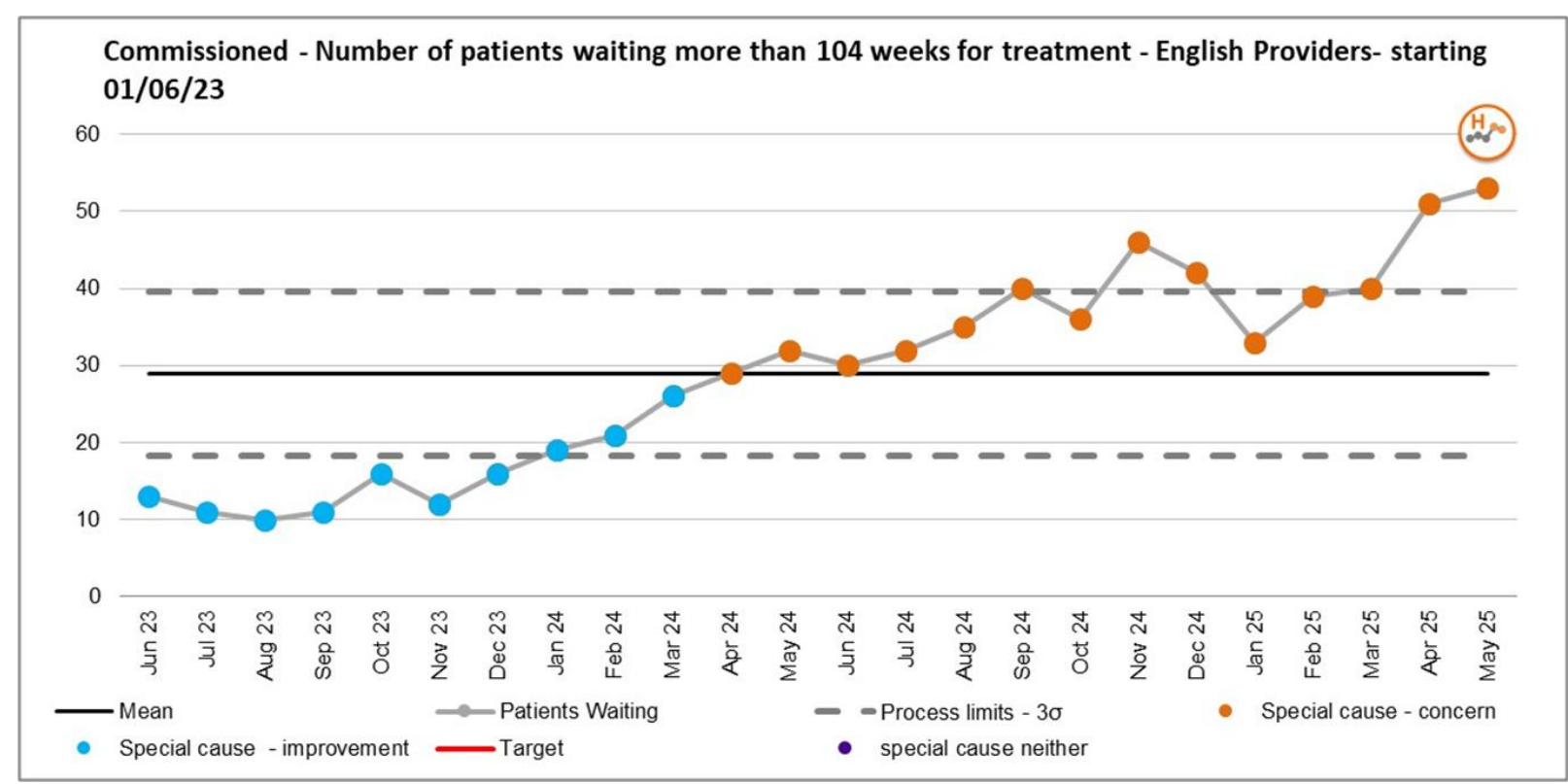
### Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

<b>Executive lead</b>	<b>Executive Director of Planning, Performance and Commissioning</b>	<b>Officer lead</b>	<b>Deputy Director of Performance and Commissioning</b>
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<b>Latest available</b>	<b>May-25</b>	<b>Status of measure</b>	<b>Level 3</b>
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 with the exception of Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH).
- Wye Valley NHS Trust (WVT)** reports for May the best performance of all Powys commissioned providers with 70.6% of pathways waiting under 26 weeks for treatment, 116 wait over 52 weeks. WVT is the only English provider to consistently report special cause improvement for all key wait bands. It should be noted that WVT waiting cohorts have increased slightly in May and the longest wait is 79 weeks for Orthopaedics.
- 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. 1 patient waits over 104 weeks for ENT, and a further 30 wait between 77 and 104 weeks, these pathways are also predominately in ENT and Oral Surgery.
- 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 May breaches over 104 weeks increased further to 52, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 294 weeks.



English Providers	May-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
		All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.				
English Other	68.9%	31	4	0				177
The Robert Jones and Agnes Hunt Orthopaedic Hospital	52.2%	1348	746	52				3892
The Shrewsbury and Telford Hospital NHS Trust	62.2%	1135	379	1				4691
Wye Valley NHS Trust	70.6%	603	116	0				3686
<b>Total</b>	<b>61.7%</b>	<b>3117</b>	<b>1245</b>	<b>53</b>				<b>12446</b>

Challenges and actions narrative link (slide 43)

**Planned Care & Cancer – Commissioned Referral to treatment (RTT) Challenges and Actions**

**Commissioned RTT for Welsh providers challenges and actions**

**Challenges**

- NHS Wales Planning and Performance Frameworks 2025/26 key targets:
  - No patients waiting over 104 weeks for referral to treatment.
  - No patients waiting over 52 weeks for new outpatient appointment.
  - No patients waiting over 8 weeks for specified diagnostics.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

**Actions & Mitigations**

- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- Long waiters are discussed in CQPRM with all Welsh and where applicable English providers to understand the delays and when they are booked/expected to be treated.
- Welsh Government confirmed national programme to reduce overall size of waiting lists in Wales by targeting a reduction of 200,000 first outpatient appointments. This has involved national procurement of 164,000 first outpatient appointments.
- Health Boards will also deliver up to 50,000 first outpatient appointments via local plans with all Health Boards having submitted costed plans indicating specialty and volume per specialty.

**Commissioned RTT for English providers challenges and actions**

**Challenges**

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge).
- Wye Valley NHS Trust continues to provide excellent access as reported in April driving down waiting times. The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
  - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
  - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment .
  - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
  - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift
- Patients in June have already reported to PTHB concerns on the impact for their pathways for procedures initially planned from Q2 2025/26 in Wye Valley NHS Trust and RJAH.

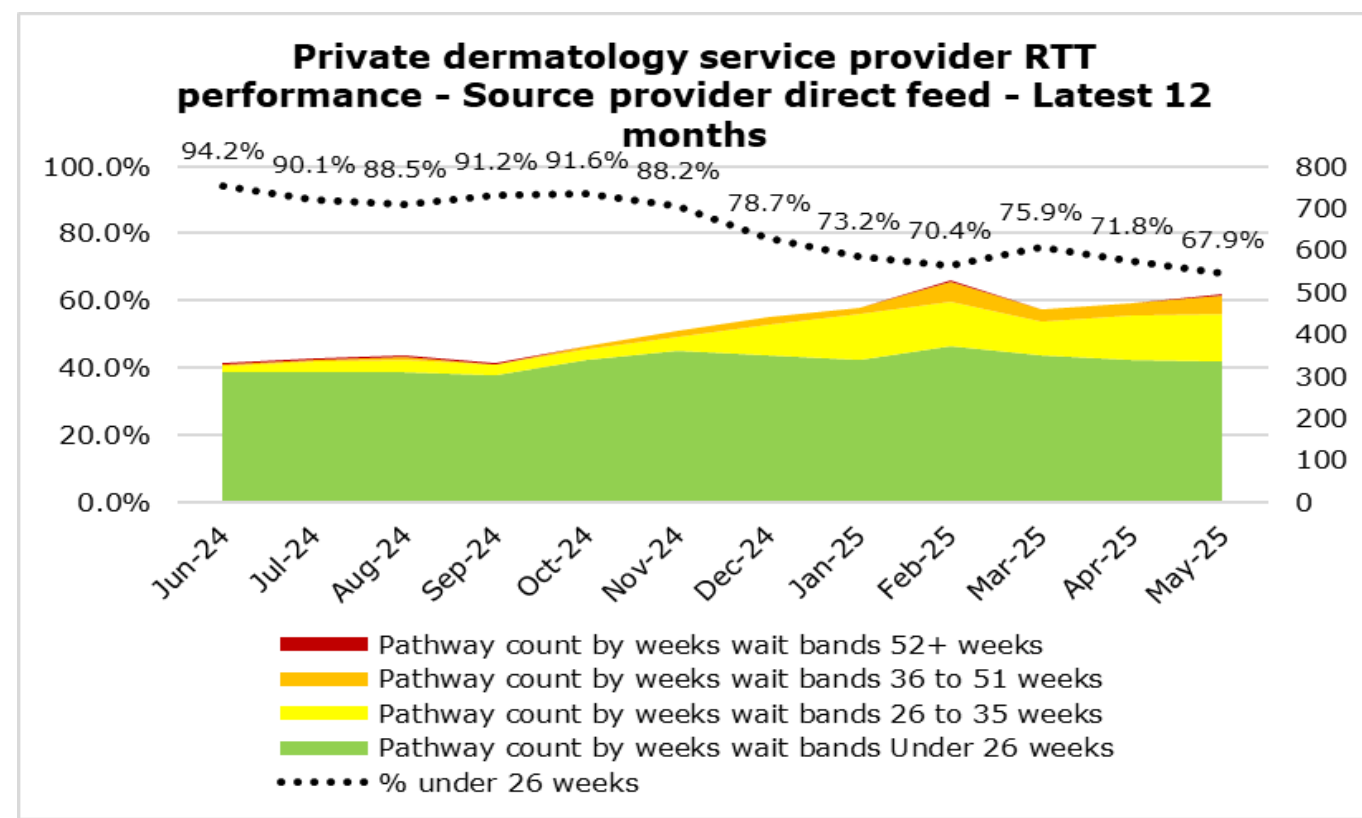
**Actions and Mitigations**

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Use of Community Cardiology service in the North of Powys to reduce the flow and manage locally Powys patients driving improved outcomes and reduced travel times. Work on-going to roll out to Mid Powys.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- SATH data system challenges – PTHB agreed block arrangement for Q1 25/26.
- Discussions continue with SATH, WVT, RJAH around working to WG performance framework targets.
- CSU undertaken work to assess impact of increase in NHSE tariffs, WG notified of increase in costs for PTHB.

Referral to Treatment - Private dermatology service provider

Executive lead: Executive Director of Planning, Performance and Commissioning  
Officer lead: Deputy Director of Performance and Commissioning

Latest available	Mar-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		



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.

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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

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

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Domains	
<b>Safe</b>	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
<b>Timely</b>	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
<b>Effective</b>	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
<b>Efficient</b>	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
<b>Equitable</b>	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
<b>Person Centred</b>	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
<b>Leadership</b>	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
<b>Workforce</b>	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
<b>Culture</b>	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
<b>Information</b>	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
<b>Learning, improvement and research</b>	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
<b>Whole system approach</b>	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.3**

**Finance and Performance Committee** **Date: 02 September 2025**

<b>Subject:</b>	<b>Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 1 period, April to June 2025</b>
<b>Approved and presented by:</b>	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
<b>Prepared by:</b>	Assistant Director of Planning/Planning Managers
<b>Other Committees and meetings considered at:</b>	Executive Committee on 20 August 2025

**PURPOSE:**

This report provides the Finance and Performance (F&P) Committee with an update of the progress made against the Annual Plan for the Quarter 1 period (April to June 2025).

It also provides the Finance and Performance Committee with an overview of the change requests for consideration that have been requested from Executive Leads as part of the Quarter 1 monitoring process. The summary table of change requests has been attached.

Following consideration at the F&P Committee, it will be presented to PTHB Board and subsequently submitted to Welsh Government, as a formal report of Progress against the Plan for Quarter 1.

**RECOMMENDATION(S):**

The F&P Committee is asked to:

- **ENDORSE** the change requests that have been submitted by leads as part of the Quarter 1 process (the summary table of change requests has been attached) for onwards approval by the Board.
- **CONSIDER** how the report may be strengthened with any additional information.
- **TAKE ASSURANCE** that there is a process in place for monitoring progress against plan and **ENDORSE** the report for onwards reporting to the PTHB Board.

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

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

1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

## EXECUTIVE SUMMARY:

This report provides the Executive Committee with an update of the progress made in Quarter 1 (April to June 2025) against the 2025-26 Annual Plan.

This is the output of the reviews carried out by each Executive Lead on their respective areas.

Once considered, moderated and approved by the Executive Committee, this will then be submitted to the Finance and Performance Committee, PTHB Board and finally to Welsh Government as a formal report of Progress against Plan for Quarter 1 2025-26, in line with national reporting requirements.

This is an important component of the health board's assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan.

## BACKGROUND

This report provides the Executive Committee with an update of the progress made in Quarter 1 (April to June 2025) against the 2025-26 Annual Plan.

As this is the first report of the current Annual Plan 2025 – 2026 there are items that were identified as part of the plan development and prioritisation process, that are a progression of items from the previous plan. Notably i) items that are annual cycles of delivery and therefore repeated in each annual plan ii) items that cross over multiple years of delivery as they are medium / longer terms programmes of work iii) items that adapt / refine or build on actions that were not completed at year end 2024/25 but were prioritised and agreed by the Board for 2025/26.

The Committee and Board had requested that these items are tracked, as these are multiple and vary in nature as noted above, they are not specifically highlighted, but rather form an integral part of the Progress against Plan report.

The change control process will be applied in the same way as previous years, to ensure the integrity of tracking across all areas of the plan.

### 1) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 1.

An additional explanation including mitigating action is also included where any items are RAG rated as Red. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan.

As discussed with the Board in the updates on the Annual Plan during Q1 Executive Leads were asked to review the deliverables and milestones in the Plan in the light of the additional savings requirements, acceleration of Better Together and any additional actions required as a result. It is noted that there are few very change requests as a result of these requirements or changes to the Delivery Confidence.

The Delivery Plan has also been mapped to the MAG requirements as discussed below. At present no changes to the timeline of actions are included and Executive Leads are asked to review the timelines for delivery of these actions to assess deliverability in the context of the MAG report (see appendix 2).

This is an important component of the Health Board's monitoring, assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Level 4' for strategy, finance and planning.

Executive Lead sign off has been maintained, to ensure that the report reflects the appraisal carried out within Directorates and is given as part of the Executive Leads accountability for their portfolio and strategic priorities.

## 2) Progress Summary at Q1

The report shows the progress made with delivery of the actions and priorities in the Plan as reported for Q1.

Of the 348 key deliverables identified for completion in 2025/26, 21 have been completed (Blue), 125 are on track (Green), 38 are at risk (Amber) and 5 are behind schedule (Red), with 160 not due yet.

## Ministerial Advisory Group Recommendations

Work has also been carried out in Q1 to add cross references to the Progress against Plan reporting to the MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas.

Further detailed tracking in line with the recently released WG 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) will be incorporated into the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report) pending the national work on the development of metrics.

Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings; and new bi-monthly meetings in relation to MAG.

This also responds to discussion held at PTHB Board in July relating to ensuring a line of sight on the MAG areas of focus.

Key Areas of Delivery MAG recommendation	Key Deliverables	RAG rating	Commentary provided
<p><b>5.6) Theatres:</b> Development of key day case pathways</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics)</li> </ul> <p>(further recommendation on accreditation of Surgical Hubs which WG propose they lead)</p>	<b>5.6.1)</b> Development of theatre dashboard in line with national programme Q3	<b>Not due yet</b>	<p>Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.</p>
	<b>5.6.2)</b> Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	<b>Not due yet</b>	
	<b>5.6.3)</b> Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	<b>Not due yet</b>	
	<b>5.6.4)</b> Digitalisation – costed proposal for theatre management system Q1	<b>At risk</b>	
	<b>5.6.5)</b> Review of day case procedures to identify opportunities for repatriation Q2	<b>Not due yet</b>	
<p><b>5.7) Outpatients:</b> Develop a single management system and oversight</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation</li> <li>Models that offer alternatives should be rapidly identified and scaled</li> <li>Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways</li> </ul>	<b>5.7.1)</b> Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	<b>On track</b>	<p>Further Faster discussions in progress with each in reach consultant to discuss opportunities for Outpatient efficiencies, developing Standard Operating Procedures for Outpatient procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of Follow Ups with additional validation and Attend Anywhere Workshops to be held with inreach consultants to increase digital offer.</p> <p>Review of room booking systems undertaken, awaiting Digital Lead to support development of business case for investment which will need to be resource neutral.</p>
	<b>5.7.2)</b> Develop business case and delivery model for clinical room booking system Q1-Q4	<b>On track</b>	
<p>7.2) Cancer</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b> No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)</p>	<b>7.2.1)</b> Delivery against Cancer Improvement plan Q1-Q4	<b>On track</b>	<p>Delivery against the plan is ongoing with annual review due in Q4.</p> <p>PTHB Performance and Commissioning continue to monitor pathway performance and raise areas for improvement with Commissioned Service Providers via regular CQPRM meetings.</p> <p>Collaboration with National Strategic Clinical Network for Cancer and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times.</p> <p>The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation.</p>
	<b>7.2.2)</b> Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	<b>On track</b>	
	<b>7.2.3)</b> Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	<b>On track</b>	
	<b>7.2.4)</b> Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	<b>On track</b>	
	<b>7.2.5)</b> Annual review of the PTHB Cancer Improvement Plan Q1-Q4	<b>On track</b>	

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			Following successful recruitment to the Communication and Engagement role, the team will be up to full complement in Q2.
<p>10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>- Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months)</li> <li>- Delays by pathways to be published in 3 months</li> <li>• Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input</li> </ul> <p>Also note ambulance handovers included (see MAG for detail)</p>	<p><b>10.2.1)</b> Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4</p>	On track	Reduced number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking. 6% reduction in Total Delays (number of service users experiencing PoCDs) from Q1 2024/25
	<p><b>10.2.2)</b> Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	On track	Revised Pathway of Care Delays codes in use since April 2025.
	<p><b>10.2.3)</b> Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4</p>	At risk	Daily 'huddle' to review patients with the longest length of stay to maintain focus on discharge plans and continue to reduce average lengths of stay
	<p><b>10.2.4)</b> Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4</p>	On track	Discharge Liaison Team of 5 officers active across 8/9 Community Hospital Wards have contributed to reducing average length of stay on wards down from 63.24 in April 2024 to 43.92 in April 2025. Reduced number of super-stranded patients through escalation and tracking Q1-Q4: Ongoing risks to the capacity of social care teams - January Social Worker allocation average was 39 days, June Social Worker allocation average reduced to 21 days.
<p>10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <p>Hospitals must ensure all admitted patients are placed on D2RA pathways</p>	<p><b>10.5.1)</b> Develop R2G and D2RA Information and Performance dashboards Q1</p>	Behind Schedule	Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued to contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.
	<p><b>10.5.2)</b> Monitor and review data outputs and identify barriers Q2</p>	Not due yet	
	<p><b>10.5.3)</b> Scope and assess means to address identified barriers Q3</p>	Not due yet	
	<p><b>10.5.4)</b> Develop targeted action plan to address identified barriers Q4</p>	Not due yet	
<p>10.6) Further strengthening the approach to Trusted Assessment</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>• Audit of Trusted Assessors May &amp; Sept (WG lead, Health Boards to provide justification and timescales)</li> </ul>	<p><b>10.6.1)</b> Pilot of Trusted Assessment approach Q1</p>	Complete	A place-based pilot in Knighton, delivered in collaboration with Powys County Council, has continued throughout the quarter, with early findings indicating a positive impact. In addition, Trusted Assessment principles have been embedded within CHC assessment processes, contributing to a reduction in assessment delays.
	<p><b>10.6.2)</b> Review outcomes of the pilot Q2</p>	On track	
	<p><b>10.6.3)</b> Scoping of next steps Q3</p>	On track	
	<p><b>10.6.4)</b> Implementation of Trusted Assessment Q4</p>	On track	
<p>12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working <b>CRITICAL ACTION</b></p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p>	<p><b>12.1.1)</b> Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4</p>	On track	

- Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale)
- also note recommendation for HEIW in relation to Leadership programmes

**Progress of Critical Actions:**

Additionally in this year’s Plan, due to the board’s escalation status, a set of ‘critical actions’ has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them. Of the 48 critical actions identified in the Plan:

- 26 are “not due yet”
- 2 are “complete” relating to the GP Out of Hours Shropdoc contract and defining of the scope and priorities of the Flow Hub (as part of the Sustainability model)
- 12 are “on track” for delivery
- 8 are reported as “at risk” relating to strategic assessment of community MDTs, commissioning Swansea Bay UHB to deliver Out of Hours service in Ystradgynlais, developing a new commissioning model, delivering improvements in the Diabetes pathway and identifying opportunities in the Mental Health Transformation Programme

Naturally there is an overlap between the 2 tables given that the critical actions are areas being picked up by the MAG also.

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided (items “at risk”)
Focus on Wellbeing	3.1) Develop, design and implement a Children’s Neurodevelopment (ND) service that is family and child centred in line with national standards <b>CRITICAL ACTION</b>	3.1.1) Embed and sustain improvements in the Children’s ND Improvement Plan Q1	<b>On track</b>
Early Help and Support	<b>4.1) Enhanced Community Care Model</b> Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	<b>On track</b>
		4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	<b>At risk</b> Capacity issues taking this forward alongside the accelerated community model work
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	<b>On track</b>

	<b>CRITICAL ACTION</b>	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	<b>On track</b>
	<b>4.2) GP Out of Hours (OOH) CRITICAL ACTION</b>	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	<b>Complete</b>
		4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	<b>At risk</b> 2025/26 SLA is unsigned with outstanding areas to be resolved at Executive level meeting. Service delivery continues with no impact on patients.
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital <b>CRITICAL ACTION</b> Q1-Q3	<b>On track</b>
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model <b>CRITICAL ACTION</b>	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	<b>At risk</b>
Tackling the Big Four	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) <b>CRITICAL ACTION</b>	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	<b>At risk</b> Progress in Q1 has been limited due to competing priorities
		7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	<b>At risk</b> Service mapping for Diabetes care pathways began in Q1 and is continuing into Q2.
		7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	<b>At risk</b> Initial scoping of the potential to deliver elements of the hybrid closed loop pathway closer to home has begun and will be continued through Q2.
	<b>8.1) Mental Health Transformation Programme CRITICAL ACTION</b>	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	<b>At risk</b> There are capacity issues taking this forward alongside the accelerated community model work.
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	<b>On track</b>
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	<b>On track</b>
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	<b>On track</b>
	Joined Up Care	9.1) Optimising inpatient care and bed utilisation <b>CRITICAL ACTION</b>	<b>Colocation by clinical need</b> 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow <b>CRITICAL ACTION</b>		10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	<b>Complete</b>
<b>11.1) Commissioning development</b>		11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for	<b>At risk</b> Off track due to competing priorities within team particularly around NHS England Commissioning. <u>Likely to be concluded in Q2.</u>

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	<p>Framework <b>CRITICAL ACTION</b></p>	<p>2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1</p>	
<p>Workforce Futures</p>	<p>12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working <b>CRITICAL ACTION</b></p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/timescale)</li> </ul> <p>also note recommendation for HEIW in relation to Leadership programmes</p>	<p>12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4</p>	<p><b>On track</b></p>
<p>Digital First</p>	<p>16.1) DSF Strategic Theme - Leadership, Partnership and Alliances</p> <ul style="list-style-type: none"> <li>Schedule Board Development sessions to embed digital thinking at the</li> </ul>	<p>16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1</p>	<p><b>On track</b></p>

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	leadership level <b>CRITICAL ACTION</b>		
	16.7) DSF Strategic Theme - Infrastructure and Security <b>CRITICAL ACTION</b> Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	<b>On track</b>

### Achievements to date

Following feedback from the Committee in the previous financial year, to enhance the content to provide greater insight into what difference actions were making, additional guidance was provided to Executive leads and a section for Achievements was added to the capture form used for the returns. This has enabled further information to be shared on achievements in the Quarter. This area of reporting will continue to be refined in year as the approach matures further

#### Focus on Wellbeing:

- o Additional 2 Early Years settings achieved the Gold Standard Healthy Snack Award, over 250 premises signed up to be Breastfeeding Welcome.
- o 5.59% of smokers treated by smoking cessation service in previous 12 months, exceeding national 5% target.
- o 2 Making Every Contact Count training sessions held with 31 participants targeting midwives, primary care and Powys Association of Voluntary Organisations colleagues.
- o Covid-19 spring vaccination uptake is 55.69% (over 12,970 doses administered) and 650 care home residents (77.65%) vaccinated (data as of 30th June 2025).
- o 89.6% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) January-March 2025. For population herd immunity, a further 14 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.
- o Agreed structure for Childrens Continuing Care.

#### Early Help and Support:

- o Blueteq Dermatology forms in use with St Michael's Clinic, Rheumatology and PTHB Weight Management planned for Q2.
- o New Medicines Safety Officer appointed with additional team resource to promote learning and share best practice. Datix use promoted with all providers.
- o Good improvements made in 4C antimicrobial prescribing especially co-amoxiclav in Primary Care.
- o Gabapentin use is on a downward trajectory, well below national average.

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- 1744 community pharmacy clinical consultations in April (>1500 for first time) with the majority of activity in North Powys.
- Successful PHW assurance visits to PTHB Cervical Screening & Bowel Screening with multidisciplinary team, regional working and quality improvement commended by PHW.
- MSK clinical and administrative team recruited and in post. Speciality lead consultant orthopaedics appointed start date September 2025.
- Ophthalmology GIRFT recommendations successfully progressed istents for glaucoma pathways and PTHB nurse led laser service with equipment purchased by charitable funds.
- Maximising of scarce in reach consultant capacity DNA rates – less than 3% waiting well calls to patients to support attendance.
- Continuing Healthcare:
- Robust weekly Panel processes are in place to ensure that the NHS Framework for CHC is complied with consistently and new governance for financial sign off at the highest level is in place from April 1<sup>st</sup> 2025.
- Arrangements with partner agencies to ensure effective operation of the framework are developing.
- Implementation of recommended improvements from last year’s audit is in progress. A further audit will commence in Quarter 2.
- Benchmarking work with Hywel Dda University Health Board is ongoing.
- Work has commenced on improving digital performance and management information. Procurement around a National Digital system has commenced and is being led by NHS Wales Performance and Improvement.
- Rolling programmes of joint training to maintain and increase good practice and the meeting of quality standards around CHC is in place.

#### Workforce Futures:

- Evaluation report approved by Workforce Futures Programme Board May 2025. A blended whole school, and immersive approach enabled the scheme to increase engagement in the last academic year to over 5,750 (3,800 in 23/24) learners between October 2024 and April 2025. Snapshot key findings for the whole school approach: 56% were likely to be interested in going into a career in health and social care, this is more than double from last year showing a year-on-year increase in interest in the health and social care sector.
- The Clinical Leadership Immersive Programme (CLIP) in PTHB is seen by HEIW as best practice.
- Rollout of video interpretation has increased overall usage, meaning patients are now receiving interpretation who would not have done in the past. This has been achieved whilst simultaneously reducing costs.

#### Digital First:

- Increased Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations.

- Financial performance for Q1 has been robust, with revenue growth exceeding projections. Cost management initiatives have also contributed to improved profitability. Despite this, there is a risk of market fluctuations and economic uncertainties that could impact financial stability and growth in the upcoming quarters.
- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on enhanced service offerings and support. Continue to prioritize customer experience and committed to maintaining high standards. However, there is a risk of not being able to sustain the high levels of customer satisfaction if facing any service disruptions or failing to meet evolving customer expectations.

Innovative Environments:

- The Capital Programme for 2025/26 will be the busiest in terms of project numbers with 61 already scheduled.
- Electric Vehicle charge point capability has now been rolled out to four of the main hospital sites and solar PV has been introduced to three main hospital sites along with Spa Road, Llandrindod Wells.
- Environmental Health Officer inspections of the catering facilities have achieved Food Hygiene Ratings of 5 across the estate.

Transforming in Partnership:

- A Partnership Development Framework has been developed and agreed, and implementation is underway.
- Board approval of revised Terms of Reference and Annual Work Programmes for all Committees in May 2025.
- Identification and Board approval of x12 Strategic Risks, currently under detailed development for reporting to the Board in July 2025.
- Production of the Annual Governance Statement and co-ordination of the Annual Report 2024-25.
- Completion of the Board and Committee Annual Effectiveness Review for 2024-25, and production of subsequent continuous improvement action plans for implementation in 2025-26.
- NHS Wales Information Governance Toolkit 2024-25 and out-turn report completed with 2025/26 Improvement plan developed.
- Continued collaboration at national level to review and align core Information Governance documentation and templates.
- Finalisation and deployment of activity tracker within the Information Governance Team which supports completion of the outstanding Internal Audit Recommendation.

Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 1.

Strategic Priority	Key Areas of Delivery	Key Deliverables	Reason for delay/action for recovery	Delivery Assessment at Q1	Confidence
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SP 7	Respiratory	7.3.2) Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions Q1-Q4	Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPDHub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.	Low
SP 10	Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. As a result, this action has been marked as red. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.	Medium
SP 11	Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in-reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q1	Timescale has been updated to align with 5.1, target of Q4.1	Medium
SP 16	DSF Strategic Theme Leadership, Partnership and Alliances System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4	Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.	Medium
SP 21	Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2	The finalisation of the Information Governance and Records Management Strategy, originally scheduled for completion in Q1, has experienced a slight delay due to demands on resources on several national programmes of work. However, work is progressing well, and the strategy is now on track for completion and submission for approval during Q2-Q3.	Medium

### 3) Next Steps

This report provides the Executive Committee with an update of the progress made in Quarter 1 (April-June 2025) against the 2025-26 Annual Plan.

Following consideration and approval at Executive Committee, this report will be provided to Finance and Performance Committee. It will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against the Quarter 1 of the 2025-26 Annual Plan in line with national reporting requirements.

#### **NEXT STEPS:**

When approved the progress report will be submitted to PTHB Board and Welsh Government as a formal report of Progress against Plan.

An update will also be provided to the Finance and Performance Committee on 2 September 2025 for assurance.

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Appendix 1  
Q1 Change request table

Strategic Priority	Key Areas of Delivery	Key Deliverables	Change Request Type	Description of change	Lead Director	Change approved
4.7	<b>General Medical Services (GMS)</b> Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development		Additional deliverable	New additional request: Review and analysis of patient experience accessing general medical services Q4	ED PCC&MH	
5.1.3	Delivery of prioritised strategic planned care improvements	Development and delivery of consolidated priority speciality delivery plan Q2-Q4	Remove Deliverable	Could be removed as is duplicate/contained within 5.1.2.	ED PCC&MH / ED PP&C	
5.1.4	Delivery of prioritised strategic planned care improvements	Review and implementation of plan for in-reach provision Q3	Remove Deliverable	Could be removed as is duplicate/contained within 5.1.2.	ED PCC&MH / ED PP&C	
5.6.4	<b>5.6) Theatres:</b> Development of key day case pathways  <b>Cross reference to MAG Report 2025 recommendations:</b>  - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics)  (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	5.6.4) Digitalisation – costed proposal for theatre management system Q1		Health Boards were anticipating one theatre system for Wales but this has not happened so PTHB will develop WPAS in interim	ED PCC&MH / ED PP&C	
7.3.2	Respiratory	Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions Q1-Q4	Remove Deliverable	Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions)	ED AHPHS&D	

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				and a current, approved self-management/education app exists and is currently utilised in the form of COPDHub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.		
7.3.3	Respiratory	Evaluate the impact of the remote monitoring of Powys patients with respiratory conditions and confirm the next steps Q4	Remove Deliverable	Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPDHub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.	ED AHPHS&D	
8.1.3	8.1) Mental Health Transformation Programme	Implement electronic GP referral to SPOA Q2	Timescale	Implement electronic GP referral to SPOA Q2:	ED PCC&MH	

	<b>CRITICAL ACTION</b>			<p>Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (&amp; Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4.</p> <p>Whilst a large scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity.</p>		
<b>11.2.1</b>	<p><b>Pathway development/redesign</b></p> <p>Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine</p>	Establish and secure clinical leadership Q1	Timescale	Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework agreed via the Better Together Portfolio Board to reprofile to Q4	ED PP&C	
<b>11.4.1</b>	Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q1	Timescale	Timescale has been updated to align with 5.1, target of Q4.1	ED PP&C	

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### Summary: Proposed actions to align PTHB Plan & Tracking

- Generally, there is alignment in the PTHB Annual Plan, however the MAG report introduces ambitious new timescales and a level of granularity which creates some potential risks/gaps, key areas noted below:
- In relation to Planned Care, this is an existing Strategic Priority in the PTHB Annual Plan, with actions in the Delivery Plan covering the MAG areas of focus in relation to Outpatients, waiting lists and theatre management
  - There is a potential timescale difference with the MAG recommendation to develop a plan to reduce outpatient referrals in 3 months (the timescale in the PTHB Delivery Plan for Planned Care is Q1 – Q4)
  - Similarly, there is a potential timescale difference in relation to the MAG recommendation to reduce variation/adopting best practice/ pathways in relation to outpatient referrals in 6 months
  - There is a further potential timescale difference relating to requirement to reduce variation in treatment and adopt best theatre management practice in 6 months
  - There is a further potential scope gap relating to regional plans for Pathology, this is not specified in PTHB Delivery Plan as PTHB is not a provider (also note that WG response suggests some further clarity to be confirmed around scope)
- In relation to Urgent and Emergency Care, this is also included in the PTHB Annual Plan, and the actions in the Delivery Plan cover processes, partnerships and pathways / delayed pathways of care and trusted assessor
  - There is a potential timescale difference in PTHB Plan (ie. 6 months requirements in MAG)
  - There is a potential scope gap as Ambulance handovers are not specified as deliverables in PTHB Plan as PTHB is not a provider of A&E services
- In relation to other areas in the MAG report there are no further immediate lead actions for Health Boards, at this stage, but it will be important to keep a **watching brief** on developments being led by Welsh Government, particularly around regional plans (see next slide) – and to **participate** / help to shape and ensure alignment across all areas

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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Integrated Plan Progress Report

## Quarter 1 2025-26

### BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have been cross referenced in the appropriate delivery areas in this Progress Report

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# Plan on a page 2025 > 2026

Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEEP)

**Logic Map**  
 showing the link between Key Drivers, Objectives, Priorities and **CRITICAL ACTIONS**

**Key Drivers**  
 (aligned with escalation status and de-escalation criteria)

**> RISK**  
 Addressing performance/quality/delivery/corporate risk

**> RECOVERY**  
 Addressing the drivers of the financial deficit, optimising efficiency and productivity

**> SUSTAINABILITY**  
 Delivering 'A Healthy Caring Powys' (Health and Care Strategy) through the Better Together Programme

**CRITICAL ACTIONS in the Delivery Plan 2025 - 26**

**WELLBEING**

A whole system approach to wellbeing & prevention

1. Whole system Prevention across the life course
2. Health Protection Response including Vaccination
3. Women, Family and Children's health

**CRITICAL ACTION:**

- Neurodevelopment Services for Children & Young People

**EARLY HELP AND SUPPORT**

A responsive community based model of care

4. Enhanced Primary & Community Care
5. Planned Care and Diagnostics
6. Complex and Continuing Healthcare

**CRITICAL ACTION:**

- Community Model
- GP Out of Hours

**CRITICAL ACTIONS:**

- Performance & Delivery
- Referral Optimisation

**CRITICAL ACTION:**

- External support for further improvement to develop a new model

**TACKLING THE BIG 4'**

Effective care across the Big Four

7. Major Conditions
8. Mental Health

**CRITICAL ACTION:**

- High Value High Impact Pathways: Diabetes (2025/26)

**CRITICAL ACTION:**

- Transformation Programme

**FULLY JOINED UP CARE**

Sustainable and resilient health care

9. Community Hospital Model and Rural Regional Centre
10. Improve System Resilience
11. Commissioning for Value

**CRITICAL ACTION:**

- Optimising inpatient pathways and bed use

**CRITICAL ACTION:**

- Six Goals Plan – further development of Hub

**CRITICAL ACTION:**

- Strategic and Tactical Commissioning Framework

**WORKFORCE FUTURES**

**CRITICAL ACTION:**

- Workforce Transformation

**DIGITAL FIRST**

**CRITICAL ACTIONS:**

- Cybersecurity
- WCCIS Replacement

**INNOVATIVE ENVIRONMENTS**

REGIONAL CENTRES

**TRANSFORMING IN PARTNERSHIP**

**CRITICAL ACTION:**

- RPB Prioritisation for greatest system impact

Wellbeing Objectives

Strategic Priorities

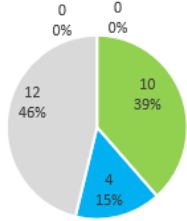
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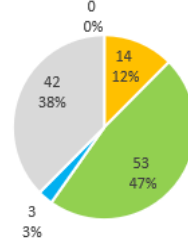
# SUMMARY OVERVIEW

Focus on Wellbeing



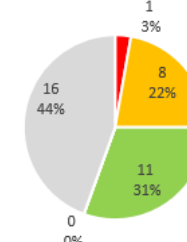
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Early Help and Support



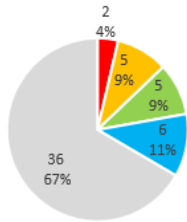
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Tackling the Big Four



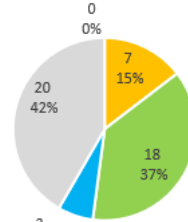
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Joined Up Care



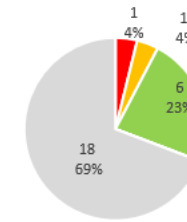
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Workforce Futures



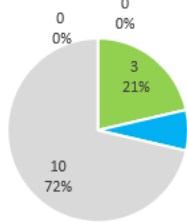
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Digital First



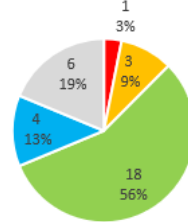
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Innovative Environments



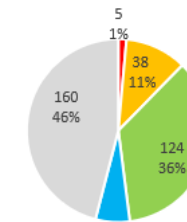
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Transforming in Partnership



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

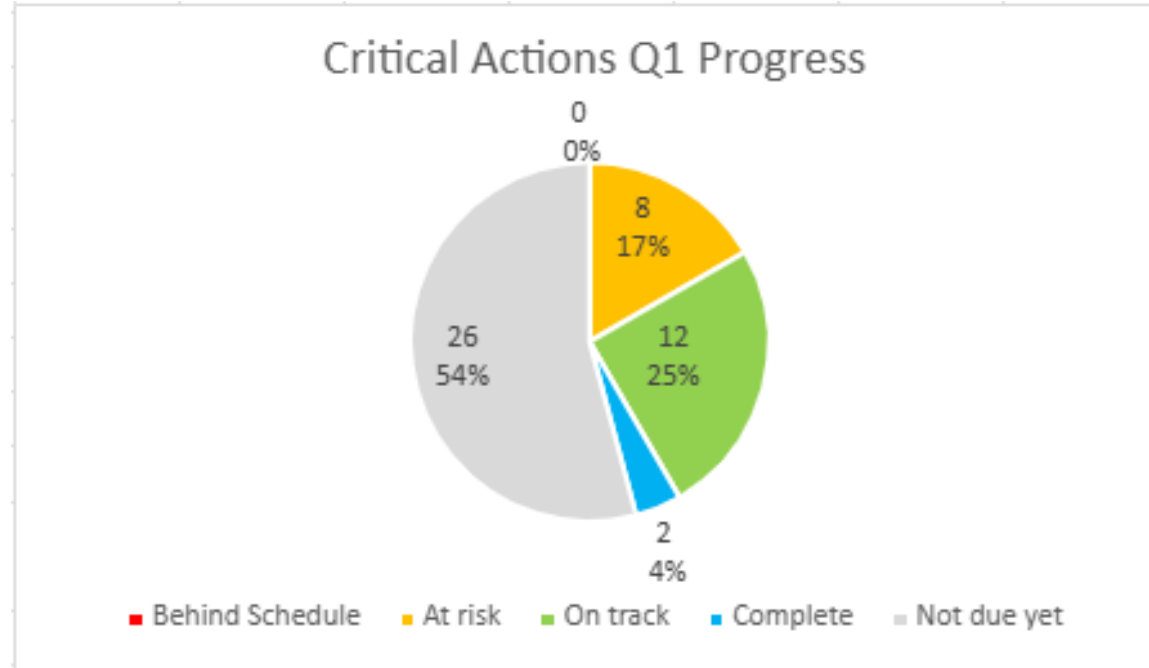
Overall



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

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# Critical Actions



Of the 48 critical actions in the Delivery Plan:

- 26 are “not due yet”
- 2 are “complete” relating to the GP Out of Hours Shropdoc contract and defining of the scope and priorities of the Flow Hub (as part of the Sustainability model).
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- 8 are reported as “at risk” related to strategic assessment of community MDTs, commissioning Swansea Bay UHB to deliver Out of Hours service in Ystradgynlais, developing a new commissioning model, delivering improvements in the Diabetes pathway and identifying opportunities in the Mental Health Transformation Programme

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# Response to Ministerial Advisory Group recommendations Q1


Key areas of delivery:	Key Deliverables	RAG rating	Commentary provided
Ministerial Advisory Group recommendation			
<b>5.6) Theatres:</b> Development of key day case pathways  <b>Cross reference to MAG Report 2025 recommendations:</b> <ul style="list-style-type: none"> <li>All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity i.e. cases per session (see MAG for specifics)</li> </ul> (further recommendation on accreditation of Surgical Hubs which WG propose they lead)	<b>5.6.1)</b> Development of theatre dashboard in line with national programme Q3	<b>Not due yet</b>	Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.
	<b>5.6.2)</b> Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	<b>Not due yet</b>	
	<b>5.6.3)</b> Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	<b>Not due yet</b>	
	<b>5.6.4)</b> Digitalisation – costed proposal for theatre management system Q1	<b>At risk</b>	
	<b>5.6.5)</b> Review of day case procedures to identify opportunities for repatriation Q2	<b>Not due yet</b>	
<b>5.7) Outpatients:</b> Develop a single management system and oversight  <b>Cross reference to MAG Report 2025 recommendations:</b> <ul style="list-style-type: none"> <li>All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation</li> <li>Models that offer alternatives should be rapidly identified and scaled</li> <li>Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways</li> </ul>	<b>5.7.1)</b> Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	<b>On track</b>	Further Faster discussions in progress with each in reach consultant to discuss opportunities for Outpatient efficiencies, developing Standard Operating Procedures for Outpatient procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of Follow Ups with additional validation and Attend Anywhere Workshops to be held with inreach consultants to increase digital offer. Review of room booking systems undertaken, awaiting Digital Lead to support development of business case for investment which will need to be resource neutral.
	<b>5.7.2)</b> Develop business case and delivery model for clinical room booking system Q1-Q4	<b>On track</b>	
7.2) Cancer	<b>7.2.1)</b> Delivery against Cancer Improvement plan Q1-Q4	<b>On track</b>	Delivery against the plan is ongoing with annual review due in Q4.

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<p><b>Cross reference to MAG Report 2025 recommendations:</b> No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)</p>	<p><b>7.2.2)</b> Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4</p>	<p><b>On track</b></p>	<p>PTHB Performance and Commissioning continue to monitor pathway performance and raise areas for improvement with Commissioned Service Providers via regular CQPRM meetings. Collaboration with National Strategic Clinical Network for Cancer and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times. The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment to the Communication and Engagement role, the team will be up to full complement in Q2.</p>
	<p><b>7.2.3)</b> Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4</p>	<p><b>On track</b></p>	
	<p><b>7.2.4)</b> Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4</p>	<p><b>On track</b></p>	
	<p><b>7.2.5)</b> Annual review of the PTHB Cancer Improvement Plan Q1-Q4</p>	<p><b>On track</b></p>	
<p>10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>- Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months)</li> <li>- Delays by pathways to be published in 3 months</li> <li>• Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input</li> </ul> <p>Also note ambulance handovers included (see MAG for detail)</p>	<p><b>10.2.1)</b> Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4</p>	<p><b>On track</b></p>	<p>Reduced number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking. 6% reduction in Total Delays (number of service users experiencing PoCDs) from Q1 2024/25 Revised Pathway of Care Delays codes in use since April 2025. Daily 'huddle' to review patients with the longest length of stay to maintain focus on discharge plans and continue to reduce average lengths of stay Discharge Liaison Team of 5 officers active across 8/9 Community Hospital Wards have contributed to reducing average length of stay on wards down from 63.24 in April 2024 to 43.92 in April 2025.</p>
	<p><b>10.2.2)</b> Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	<p><b>On track</b></p>	
	<p><b>10.2.3)</b> Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4</p>	<p><b>At risk</b></p>	
	<p><b>10.2.4)</b> Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4</p>	<p><b>On track</b></p>	

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			Reduced number of super-stranded patients through escalation and tracking Q1-Q4: Ongoing risks to the capacity of social care teams - January Social Worker allocation average was 39 days, June Social Worker allocation average reduced to 21 days.
<p>10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b> Hospitals must ensure all admitted patients are placed on D2RA pathways</p>	<b>10.5.1)</b> Develop R2G and D2RA Information and Performance dashboards Q1	<b>Behind Schedule</b>	<p>Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.</p>
	<b>10.5.2)</b> Monitor and review data outputs and identify barriers Q2	<b>Not due yet</b>	
	<b>10.5.3)</b> Scope and assess means to address identified barriers Q3	<b>Not due yet</b>	
	<b>10.5.4)</b> Develop targeted action plan to address identified barriers Q4	<b>Not due yet</b>	
<p>10.6) Further strengthening the approach to Trusted Assessment</p> <p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"> <li>Audit of Trusted Assessors May &amp; Sept (WG lead, Health Boards to provide justification and timescales)</li> </ul>	<b>10.6.1)</b> Pilot of Trusted Assessment approach Q1	<b>Complete</b>	<p>A place-based pilot in Knighton, delivered in collaboration with Powys County Council, has continued throughout the quarter, with early findings indicating a positive impact. In addition, Trusted Assessment principles have been embedded within CHC assessment processes, contributing to a reduction in assessment delays.</p>
	<b>10.6.2)</b> Review outcomes of the pilot Q2	<b>On track</b>	
	<b>10.6.3)</b> Scoping of next steps Q3	<b>On track</b>	
	<b>10.6.4)</b> Implementation of Trusted Assessment Q4	<b>On track</b>	
<p>12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working <b>CRITICAL ACTION</b></p>	<b>12.1.1)</b> Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement	<b>On track</b>	

<p><b>Cross reference to MAG Report 2025 recommendations:</b></p> <ul style="list-style-type: none"><li>Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/timescale)</li></ul> <p>also note recommendation for HEIW in relation to Leadership programmes</p>	<p>training, skills and capacity at all levels of the organisation Q1-Q4</p>		
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# Focus on Wellbeing

## Strategic Priority 1: Whole system Prevention across the life course Executive Director of Public Health

### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- A joined-up preventative approach, helping to create conditions to be well and healthier for longer, addressing health inequalities
- Reducing preventable mortality and ill health
- Contribute to preventing a rise in childhood (under 5s) obesity rates by 2030
- Delivery against National programme requirements for smoking cessation and healthy weights
- Delivery against NHS Wales Performance Framework for health improvement related measures

Commentary on Progress in this Quarter:

- **1.2.1)** Whole Systems Approach to a Healthy Weight action plan being implemented, including roll out of Breastfeeding Welcome Scheme in Powys and Gold Standard Healthy Snack Award in early years settings.
- **1.2.1)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained.
- **1.2.5)** Making Every Contact Count (MECC) training sessions held to improve knowledge and staff practice in raising behaviour change.

Commentary on red rated actions: N/A

Achievements:

- Additional 2 Early Years settings achieved the Gold Standard Healthy Snack Award, over 250 premises signed up to be Breastfeeding Welcome.
- 5.59% of smokers treated by smoking cessation service in previous 12 months, exceeding national 5% target.
- 2 MECC training sessions held with 31 participants targeting midwives, primary care and Powys Association of Voluntary Organisations colleagues.

### Progress against key actions and milestones

<i>Key Areas of Delivery</i>	<i>Key Deliverables</i>	<i>Lead Executive</i>	<i>Status</i>	<i>Year End Delivery Confidence Assessment</i>

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				Q1	Q2	Q3	Q4	Initial	Current
1.1) Work with partners to develop and commence implementation of a population health strategic framework for Powys (subject to funding)	1.1.1) Commence implementation of a whole system population-level prevention framework (subject to funding) Q4	ED PH						M	High
	1.1.2) Population Health Strategic Framework presented and discussed at PTHB Board Q1		Blue						High
	1.1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus Q2								Medium
	1.1.4) Framework governance and funding arrangements agreed Q3								Medium
	1.1.5) Review of new return on investment publications to be undertaken Q3								High
1.2) Delivery of health board-led population level health improvement programmes, ensuring an equity focus	1.2.1) Implement the Powys Whole System Approach to Healthy Weights action plan Q1-Q4		Green					H	High
	1.2.2) Develop and implement a proactive promotion and engagement plan, to support smokers to quit through accessible and equitable services in the community Q1-Q4		Green						High
	1.2.3) Work with partners to prepare for pending legislation on tobacco and vaping Q3								High
	1.2.4) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published) Q4								Medium
	1.2.5) Deliver Making Every Contact Count training Q1		Blue						High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A						
<b>Executive Director Sign Off</b>	Mererid Bowley (Executive Director of Public Health)								

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# Focus on Wellbeing

## Strategic Priority 2: Health Protection Response including Vaccination Executive Director of Public Health

### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Reducing preventable mortality and ill health, contributing to addressing health inequalities
- Preventing infections and avoidable harm including responding to incidents/outbreaks
- System impacts include prevention of avoidable healthcare utilisation and treatments including hospital admissions and GP consultations
- Delivery against national frameworks and requirements for vaccination, immunisation and screening, inequities in uptake are narrowed
- Wider impacts on decreasing GP consultations, treatment and hospital admissions and incidents/outbreaks

Commentary on Progress in this Quarter:

- **2.1.1)** In compliance with PTHB statutory obligations, plans have been reviewed and updated in preparation for submission to Board in Q2 (PTHB Major Incident & Emergency Response Plan; Emergency Planning Resilience and Response Annual Report; Corporate Business Continuity Plan and NHS Wales Emergency Planning Self-Assessment Annual Report). Regular internal and external communications tests have taken place, at local and regional levels. The Health Board continues to be engaged in national emergency planning, resilience and response preparedness activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level, includes engagement in a range of planning, training and exercising activities.
- **2.2.1)** Work has been undertaken with residential and nursing homes in Powys to develop a Health Protection Champions programme. This will strengthen the partnership, communication and training in order to protect vulnerable elderly residents in Powys.
- **2.2.1)** Health protection responses have been made to respond to acute incidents:
  - Work is underway, in partnership, for Powys to become a FastTrack area to contribute to ending HIV in Wales.
  - Progress is being made against the Hepatitis Elimination Programme, delivering Dried Blood Spot Tests, and improving surveillance data. Covid-19 Spring Vaccination campaign delivered through a blended delivery model between 1<sup>st</sup> April 2025 and 30<sup>th</sup> June 2025. Outreach clinics held across county in 8 locations to increase accessibility, along with housebound patients by District Nurses and inpatients by ward staff.
- **2.3.1)** RSV routine vaccination programme started 1<sup>st</sup> September 2024. 7 GP practices offering older adult routine programme to their patients; patients from other 9 practices being offered the vaccine by Immunisation Service. Midwifery teams vaccinate pregnant women.
- **2.3.1)** RSV catchup campaign running January to August 2025 or until resident reaches 80<sup>th</sup> birthday.

Commentary on red rated actions: N/A

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**Achievements:**

- Covid-19 spring vaccination uptake is 55.69% (over 12,970 doses administered) and 650 care home residents (77.65%) vaccinated (data as of 30<sup>th</sup> June 2025).
- 89.6% of children are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) January-March 2025. For population herd immunity, a further 14 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises Q1-Q4	ED PH	Green				H	High
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green				M	High
2.3) Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	2.3.1) Plan and deliver annual respiratory vaccination programmes Q1, Q3, Q4		Green				H	High
	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3							High
2.4) Implement immunisation schedule in line with National	2.4.1) Plan and deliver vaccination programmes Q1-Q4		Green			H	High	

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Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4								Medium
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening) Q1 (recorded in 1.2.5)		Blue				H		High
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales Q1-Q4		Green						Medium
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4								High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A						
<b>Executive Director Sign Off</b>	Mererid Bowley (Executive Director of Public Health)								

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# Focus on Wellbeing

## Strategic Priority 3: Women, Family and Children’s health Executive Lead - Executive Director of Nursing, Quality, Women and Family Health

### Intended Outcome/ Impact

Population and system outcomes:

- Improved outcomes for children, young people, women and families through holistic care tailored to their needs and earlier targeted interventions for those in need of support, with equitable access to services and improved citizen experience
- Contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework – in particular improvement in access to Neurodevelopment services for children and young people

Commentary on Progress in this Quarter:

- **3.1.1)** The Neurodevelopment Business case is to be considered by Investment Benefits Group in July, this will further support robust delivery model aligned to demand and capacity analysis (recognising interim funding from NDIP and RIF)
- **3.2)** Women’s Health Steering Group established and recruitment to Clinical Lead underway.
- **3.3.3)** Job Descriptions for Continuing health care structure awaiting Job Evaluation process.
- **3.4)** Commitment of intent submitted - awaiting response from UNICEF Baby Friendly Initiative.

Commentary on red rated actions: N/A

Achievements:

- Agreed structure for Childrens Continuing Care.

### Progress against key actions and milestones

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

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3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards <b>CRITICAL ACTION</b>	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan Q1	ED NQW&FH	Green				H	High
	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2							High
	3.1.3) Ensure a robust workforce model is in place Q2							High
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) Develop, design and commence implementation of the Powys Women's Health Plan, including scoping the Women's Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women's Health Q1-Q4		Green				H	High
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan Q1-Q3		Green				H	High
3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK Q1	Blue				H	High	
	3.4.2) Completion of Stage 1 Accreditation Q3						High	
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A					
<b>Executive Director Sign Off</b> Claire Roche (Executive Director of Nursing, Quality, Women and Family Health)								

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## Early Help and Support

**Strategic Priority 4: Enhanced Primary & Community Care** Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Medical Director

### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to the enhanced community care developments
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework for measures relating to community and primary care
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Ensures implementation of the WG Hospital Pharmacy review recommendations

Specific improvements in services and pathways including:

- Those relating to the community model i.e. Integrated Community Teams
- GP Out of Hours service provision
- Co-ordination of the last year of life
- Coherent and engaged cluster groups across Powys working together to provide quality and timely services for patients closer to home
- Committed primary care workforce working to top of competencies leading to resilient sustainable and engaged primary care services
- Primary care services operating in line with contracts and regulations with focus on clinical activity

Commentary on Progress in this Quarter:

Significant progress being made to develop the community model through the Better Together transformation programme. Realistic delivery of operational change unlikely until design phase completed and options development complete towards end of year, as likely to require shift of resources.

- **4.1.1):** The Community Resource Team (CRT) Supplementary Service review had originally commenced through an existing fortnightly Supplementary Service Review Group in Q4 2024/25, however a dedicated CRT Supplementary Service Review Task & Finish Group met on 1<sup>st</sup> May 2025 and 4<sup>th</sup> June 2025 including members of the Local Medical Committee and PTHB departments. A reflective audit questionnaire has been circulated to GPs to provide feedback on the existing arrangements. The Primary Care Dept is finalising the updated supplementary service ready to seek approval from the

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Executive Lead. The revised service specification will provide additional data and outcomes to better reflect the impact of Community Resource Teams for patients and also enable additional reporting to Welsh Government.

- **4.1.2):** Capacity issues taking this forward alongside the accelerated community model work. The proposed structure for the Strategic Assessment has been agreed, quantitative data provided by enabling services and analysis underway. From a qualitative perspective, a questionnaire has been sent to all Service Leads across community physical and mental health Heads of Service/Service Leads. The questionnaire will gather robust data/intelligence on the services to address the needs of 4.1.1. Completed questionnaires are due back 30<sup>th</sup> June 2025, with data analysis to follow in July 2025.
- **4.1.3):** A series of workshops were delivered in May 2025 to enable clinical and operational staff across PTHB, social care and the third sector in Powys to develop ideas for a new community model for adults physical and mental health. Workshop output reports have been drafted and agreed through programme board. The Options Development Group (Community Model) was created and has met weekly since 10<sup>th</sup> April 2025 to coordinate the accelerated work across physical and mental health. Further work is underway to develop the long list of options from the ideas generated through the workshops.
- **4.1.4):** Discussions have taken place with Adult Social Care and PAVO around locality / neighbourhood models. This included a workshop session on 18<sup>th</sup> June 2025 with key individuals from PTHB to share points around developing shared definitions and agreement on the scope of integrated teams, including workforce and geographical structure.
- **4.2.1):** Shropdoc contract issued by Direct Award Option 2 from 1<sup>st</sup> April 2025 has been extended from 1<sup>st</sup> July 2025 to 31<sup>st</sup> March 2026. Performance has remained consistent. Financial viability reviewed and assurance given.
- **4.2.3):** 2025/26 SLA is unsigned with outstanding areas to be resolved at Executive level meeting. Service delivery continues with no impact on patients.
- **4.3.1):** Draft workplan and structure to finalise the model approved by Programme Board on 19<sup>th</sup> June 2025. Task & Finish Groups being established to finalise the model during Q2, noting interdependencies with national work around hospice commissioning and the consultation around the National Service Specification for Palliative and End-of-Life Care.
- **4.4.1):** Capacity issues taking this forward alongside the accelerated community model work. Following the request to review access to Fracture Liaison Services (FLS) for Powys patients, development of the FLS business case commenced towards the end of 2024/25 through the FLS Task & Finish Group. A preferred model has been proposed, and the relevant costings have been made. The acceleration of the community model work has meant that the finalising the business case has had to be paused - national colleagues have been informed of this - and it is intended that the business case will be finalised in July. The business case identifies potential improved outcomes and experience for patients through the new FLS approach, as well as potential cost savings.
- **4.5.1):** An outline model for a Level 2 community-based falls response offer has been developed, with consideration to delivery within the Powys context. A multi-agency workshop held in April confirmed broad support for piloting delivery through existing community teams, with follow-up sessions in June focused on aligning the pilot with the planned development of a Single Point of Access for Urgent and Emergency Care within PTHB [10.1]. This alignment will enable a more streamlined, scalable model from the outset and support consistent access for service users. Further work is planned in Q2

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to refine the pilot offer ahead of the proposed September launch. The development of this offer directly supports key ministerial priorities for 2025/26 (Urgent and Emergency Care 1) and is expected to reduce unnecessary ambulance conveyances and pressure on neighbouring Emergency Departments.

- **4.11)** Medicines team actively engaging with GP practices on all medicine’s priorities. Dashboard developed to monitor progress monthly. Two representatives on the national Value & Sustainability Group to help steer future priorities and keep ahead of the national directives.
- **4.12)** New Medicines Safety Officer appointed with additional team resource to promote learning and share best practice. Datix use promoted with all providers.
- **4.12.3)** Moderate reduction in opioid burden, Powys under national average.
- **4.12.5)** Business case under development for specialist mental health pharmacy roles.
- **4.13.2)** Inpatient Electronic Prescribing and Medicines Administration implementation on track to complete Q3 & Q4
- **4.13.3)** Electronic Prescribing System roll out progressing – Dyfi Valley went live in June. Additional software requirements for dispensing practices may slow progress with this group later in the year.
- **4.14.3)** Support scheme in development to backfill community pharmacy independent prescribers to expand scope of clinical practice via additional training.
- **5.15.1)** Central procurement of flu vaccines may allow additional vaccinations by community pharmacy. New national smoking cessation service specification in development. Engaging closely with weight management team on the introduction of GLP1 prescribing.

Commentary on red rated actions: N/A

**Achievements:**

- Blueteq Dermatology forms in use with St Michael’s Clinic, Rheumatology and PTHB Weight Management planned for Q2.
- New Medicines Safety Officer appointed with additional team resource to promote learning and share best practice. Datix use promoted with all providers.
- Good improvements made in 4C antimicrobial prescribing especially co-amoxiclav in primary care.
- Gabapentin use is on a downward trajectory, well below national average.
- 1744 community pharmacy clinical consultations in April (>1500 for first time) with the majority of activity in North Powys.

**Progress against key actions and milestones**

<i>Key Areas of Delivery</i>	<i>Key Deliverables</i>	<i>Lead Executive</i>	<i>Status</i>	<i>Year End Delivery Confidence Assessment</i>
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			Q1	Q2	Q3	Q4	Initial	Current
<b>4.1) Enhanced Community Care Model</b> Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams <b>CRITICAL ACTION</b>	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	ED PCC & MH	Green				H	High
	4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1		Amber				H	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green				H	High
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1		Green				M	Medium
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2						M	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4						M	Medium
<b>4.2) GP Out of Hours (OOH)</b> <b>CRITICAL ACTION</b>	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1		Blue				M	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3						M	Medium
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1		Amber				L	Low
<b>4.3) Last Year of Life</b> Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2		Green				M	Medium
	4.3.2) Implement the new model through a phased approach with partners Q3-Q4							Medium

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<b>4.4) Fracture Liaison</b> Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2	Amber				H	Medium
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4						Medium
<b>4.5) Falls Response</b> Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2	Green				M	Medium
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4						Medium
<b>4.6) Cluster Development</b> Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4	Green				H	High
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4	Green				H	High
	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4					L	Low
	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4					M	Medium
	4.6.5) Develop the Optometry Collaborative Q1-Q4	Green				H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4	Green				H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1	Green				H	High
<b>4.7) General Medical Services (GMS)</b>	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q2					H	High

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Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4	Green				H	High
	4.7.3) Access Standards analysis, review and action planning Q1	Green				H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4					H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2	Green				H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3					H	High
<b>4.8) Optometry</b> Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision Q2					H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1	Green				H	High
	4.8.3) Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3					M	Medium
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2	Amber				M	High
	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 Q1-Q4	Green				H	High
<b>4.9) Dental Services</b> Grow capacity and sustainability of dental, orthodontic and special care	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity Q1	Green				M	Medium
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4	Green				H	High

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dentistry services across Powys	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform Q1	Blue				H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4	Green				M	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4					H	High
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4					H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4					M	Medium
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4					M	Medium
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4	Green				H	High
<b>4.10) Primary &amp; Community Care Academy</b> Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4	Green				H	High
	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills Q1 & Q4	Green				H	High
	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4					H	High
	4.10.4) Develop cluster & collaborate lead workshops Q2					H	High
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity Q1-Q4	Green				H	High

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	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4		Green				H	High
<b>4.11) Medicines Management/Pharmacy: Optimising Medicines Use</b>	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board Q1-Q4	EMD	Green				H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4		Green			M	Medium	
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4		Amber			M	Medium	
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm Q1-Q4		Green				M	High
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4		Green					High
	4.12.3) Deliver improvement in opiate prescribing Q1-Q4		Green					High
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4		Green					High
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4							Low
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations Q1-Q4		Green				H	High
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4							High
	4.13.3) Implement Electronic Prescribing System Q1-Q4		Amber					Medium
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW Q2						M	Medium
	4.14.2) Support for development of portfolio roles Q1-Q4		Green				H	High

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		4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4		Green				H	High
4.15) Public Health & Preventative Medicine		4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management Q1-Q4		Green				M	Medium
		4.15.2) Support for roll out of self-administration of medicines Q1-Q4		Green				H	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A						
<u>Q1 Additional Deliverable to be added</u>									
<b>4.7)</b> New additional request: Review and analysis of patient experience accessing general medical services Q4									
<b>Executive Director Sign Off</b>	Kate Wright (Executive Medical Director) Elaine Lorton (Executive Director Primary Care, Community & Mental Health)								

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## Early Help and Support

**Strategic Priority 5: Planned Care and Diagnostics** Executive Lead - Executive Director of Primary Care, Community and Mental Health, Executive Director of Planning, Performance and Commissioning, Executive Director of Allied Health Professions, Health Sciences and Digital

### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

*The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) have also been cross referenced in the appropriate delivery areas in this section of the Delivery Plan, where these apply to Health Boards (there are further recommendations for Welsh Government, HEIW and Regional fora which will require collective input and have potential implementation implications for Health Boards, a watching brief will be kept via the PTHB Planned Care Board as part of the Better Together Portfolio- see full MAG report for further detail).*

Commentary on Progress in this Quarter:

- **5.1.1)** Clinically led optimisation is on track for orthopaedics /ophthalmology at operational level, DHCW systems work for MSK is being finalised through testing due to complete end August. Ophthalmology IG processes are being finalised and recruitment to optometry post in Aug 25 to support triaging. PTHB Transformation & Value Programme leading on spread scale modelling with systems review undertaken. Forward plan under development with respiratory highlighted as potential next specialty for development.

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- **5.1.5)** Clinical Governance Quality and Safety Framework continues to develop in Planned Care. Positive Public Health Wales Quality Assurance visits to PTHB Planned Care in Q1 for Bowel Screening and Cervical Screening with quality improvements, multi-disciplinary team and regional working recognised.
- **5.1.7)** PTHB priority specialities agreed with Welsh Government are orthopaedics and ophthalmology - attendance at these Clinical Implementation Networks continues to be prioritised. Fully engaged in National Planned Care Programme with successful bids to WG to for management of diagnostic and Outpatient backlog including insourcing/outsourcing solutions to commence from Quarter 2. There continues to be a large volumes of National Planned Care data, submissions, presentations requested nationally across specialities with a small PTHB Planned Care Team fielding this.
- **5.2.1)** Clinically lead optimisation is on track for orthopaedics operationally with recruitment completed, however there are digital challenges flagged on risk register (national DHCW delay to end August 2025). Operational teams are looking to use paper based alternative in the interim. Appointment made to orthopaedics speciality lead post and uppers consultant sessions - awaiting outcome of further Robert Jones and Agnes Hunt financial job planning discussions. Orthopaedics optimisation maturity matrix assessment submitted to WG in Q1 awaiting feedback.
- **5.3.1) & 5.3.2)** Eyecare transformation progressing well in line with GIRFT recommendations. New service developments for glaucoma/cataract pathways to “go live” from Q2. Ophthalmology optimisation framework maturity assessment submitted to ophthalmology Clinical Implementation Network in Q1 awaiting further National Planned Care feedback. Developing business case for North Powys Wet AMD nurse led service with Hywel Dda University Health Board as part of mid Wales Collaborative regional approach for submission to Planned Care Board August 2025.
- **5.4.2)** Locum Speciality Lead Consultant appointed in June 2025 to support JAG requirements, however JAG will require substantive appointment prior to Assurance visit in November 2025. This will require case for investment - funding stream is unclear due to financial challenges in commissioning. Business case to be provided to Planned Care Board August 2025 following internal Executive review. North Powys HDUHB/PTHB Colorectal Outpatient pilot outcome evaluation to be presented to Commissioning Collaborative July 2025 with request to continue business as usual and progress scoping of service expansion to repatriate patients from BCUHB/SaTH.
- **5.6.4)** Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.
- **5.7.1)** Further Faster discussions in progress with each in reach consultant to discuss opportunities for Outpatient efficiencies, developing Standard Operating Procedures for Outpatient procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of Follow Ups with additional validation and Attend Anywhere Workshops to be held with inreach consultants to increase digital offer.
- **5.7.2)** Review of room booking systems undertaken, awaiting Digital Lead to support development of business case for investment which will need to be resource neutral.
- **5.9.2)** Point of Care Testing included in MIU Task & Finish group and the Diagnostics section of Better Together.
- **5.9.3)** On track but risk of delay due to capacity within POCT. Internal Quality Control data can be easily downloaded for all hospital-based locations from the middleware (NovaNet) for Glucose testing, analysed and report produced but minimal capacity to do this at present.
- **5.9.4)** Plan developed to get PTHB POCT Policy adopted within Primary Care.
- **5.9.5)** On track and working with ABUHB on customising this for PTHB.

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- **5.9.6)** Clinical Education Team will be trained by all suppliers as 'Trainers'. All course materials will be prepared and ready to share for delivering the training on all POCT devices by the end of the year. The first device will be the Nova Glucose/Ketone Meter followed by Coagucheck INR.
- **5.9.7)** Service workshop completed to explore further POCT opportunities within PTHB. Options were reviewed and refined with the Medical Director and are now integrated into diagnostic deliverables under the Planned Care and Diagnostics workstream and aligned with accelerated Better Together Transformation priorities—specifically the Community Model and Mental Health, including ward-based care.
- **5.9.8)** Service workshop completed with opportunities for additional primary care POCT identified. Options were reviewed and refined with the Medical Director and a further meeting held with Head of Primary Care Development. Potential options are now integrated into diagnostic deliverables under the Planned Care and Diagnostics workstream and align with Primary Care thematic chapter.

Commentary on red actions: N/A

**Achievements:**

- Successful PHW assurance visits to PTHB Cervical Screening & Bowel Screening with MDT, regional working and quality improvement commended by PHW.
- MSK clinical and administrative team recruited and in post. Speciality lead consultant orthopaedics appointed start date September 2025.
- Ophthalmology GIRFT recommendations successfully progressed istents for glaucoma pathways and PTHB nurse led laser service with equipment purchased by charitable fund “Jack and Iris Lloyd Fund “.
- Maximising scarce in reach consultant capacity DNA rates – less than 3% waiting well calls to patients to support attendance.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) –		Green				H	Medium

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<b>5.1) Delivery of prioritised strategic planned care improvements</b>	joint work across Transformation, Operational teams, Commissioning and Digital <b>CRITICAL ACTION</b> Q1-Q3	ED PCC&MH/ ED PP&C						
	5.1.2) Strategic assessment of provided and commissioned planned care Q4							Medium
	5.1.3) Development and delivery of consolidated priority speciality delivery plan Q2-Q4							Medium
	5.1.4) Review and implementation of plan for in-reach provision Q3							Medium
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green					High
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4							Medium
	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green					High
<b>5.2) Pathway Development</b> Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4					H	Medium	
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4					H	Medium	
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4	Green					Medium	
	5.3.3) Scope opportunity for eyecare surgical hub in Powys Q1-Q4	Green					Medium	
5.4) Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys Q2					L	Low	
	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards Q1-Q4	Amber					Low	
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3					H	High	

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	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2								High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4								Medium
<b>5.6) Theatres:</b> Development of key day case pathways  <b>Cross reference to MAG Report 2025 recommendations:</b> <ul style="list-style-type: none"> <li>- All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics)</li> <li>- (further recommendation on accreditation of Surgical Hubs which WG propose they lead)</li> </ul>	5.6.1) Development of theatre dashboard in line with national programme Q3							H	High
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4								Medium
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2								Medium
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	Amber							Medium
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2								Medium
<b>5.7) Outpatients:</b> Develop a single management system and oversight  <b>Cross reference to MAG Report 2025 recommendations:</b> <ul style="list-style-type: none"> <li>- All Health Boards should within three months develop a plan to reduce</li> </ul>	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	Green						H	Medium
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	Green							Medium

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<p>referrals to traditional outpatients in high volume specialities / unwarranted variation</p> <ul style="list-style-type: none"> <li>- Models that offer alternatives should be rapidly identified and scaled</li> <li>- Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways</li> </ul>								
<p><b>5.8) Diagnostics transformation</b></p>	<p>5.8.1) Strategic assessment and implementation of plan for diagnostics Q2-Q4</p>						<p>M</p>	<p>Medium</p>
<p><b>5.9) Point of Care Testing (POCT)</b> Improved assurance and governance</p>	<p>5.9.1) Add all connectable devices to WPOCT Q1-Q2</p>	<p>ED</p>	<p>Amber</p>				<p>H</p>	<p>Medium</p>
	<p>5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4</p>	<p>AHPHS&amp;D</p>	<p>Amber</p>					<p>High</p>
	<p>5.9.3) Monitor Internal Quality Control (IQC) &amp; External Quality Assurance (EQA) Q2-Q3</p>							<p>High</p>
	<p>5.9.4) Establish model for working with Primary Care Q1-Q2</p>		<p>Amber</p>					<p>Medium</p>
	<p>5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q2</p>							<p>Medium</p>
	<p>5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use Q1-Q4</p>		<p>Green</p>					<p>High</p>
	<p>5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4</p>							<p>High</p>
	<p>5.9.8) Identify opportunities in primary &amp; community care Q2</p>							<p>High</p>

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

<b>Change in Scope</b>	✓	<b>Change in Timescale</b>	N/A
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Q1 change in scope

- **5.1.3) / 5.1.4)** could be removed as is duplicate/contained within 5.1.2.
- **5.6.4)** Health Boards were anticipating one theatre system for Wales but this has not happened so PTHB will develop WPAS in interim
- **5.1.1)** Optimisation digital delays I have moved to medium also protracted discussions with RJAH re consultant posts now finance queries

**Executive Director Sign Off**

Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)  
Elaine Lorton (Executive Director Primary Care, Community & Mental Health)  
Nicola Johnson (Executive Director of Planning, Performance and Commissioning)

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# Early Help and Support

**Strategic Priority 6: Complex and Continuing Healthcare (CHC)** Executive Lead - Executive Director of Primary Care, Community and Mental Health

## Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Delivery of, and compliance with, the National Framework for NHS Continuing Healthcare
- Clear arrangements in place with other NHS organisations, independent or voluntary sector partners to ensure effective operation of the Framework
- Implement improvements recommended by external support including finance, audit and national targets
- Delivery against National Framework for NHS Continuing Healthcare

Specific improvements in services and pathways including:

- Improved process for CHC applications and understanding of trends within PTHB through work with NHS Executive
- Governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages
- System in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages
- Implementing and maintaining good practice; ensuring that quality standards are met and sustained

Commentary on Progress in this Quarter:

- **6.6.4** Earlier this year, the NHS Wales Joint Commissioning Committee (NWJCC) agreed in principle to lead on a CHC national programme if funding was made available. The funding was not made available so the NWJCC will not be able to support this proposed work. Welsh Government Value and Sustainability Board requested the NHS focused on just two areas of the seven recommendations: the deployment of a CHC digital national system, and the training of CHC assessors. The National Director of Digital, Data, and Technology at the NHS Wales Performance and Improvement will lead on the deployment of the digital CHC system. The procurement of the digital system will be supported by the IT procurement teams from the NHS Wales Shared Services Partnership. The National Director for Complex Care will lead and liaise with Health Boards on the Training of CHC assessors and this work is ongoing.

Over the quarter there has been some small achievements in that work has started around a digital system, internally but capacity is limited.

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- **6.2.1)** Executive Committee paper submitted incorporating a comprehensive review of private provider with a focus on adult mental health needs, identifying systemic and financial drivers, and proposing governance, operational, and strategic reforms to reduce reliance on external placements through sustainable, locally commissioned alternatives.

Commentary on red rated actions: N/A

Achievements:

- Robust weekly Panel processes are in place to ensure that the NHS Framework for CHC is complied with consistently and new governance for financial sign off at the highest level is in place from April 1<sup>st</sup> 2025.
- Arrangements with partner agencies to ensure effective operation of the framework are developing.
- Implementation of recommended improvements from last year’s audit is in progress. A further audit will commence in Quarter 2.
- Work with NHS Executive (now NHS Wales Performance and Improvement) has not commenced, but bench marking work with Hywel Dda University Health Board is ongoing.
- Work has commenced on improving digital performance and management information. Procurement around a National Digital system has commenced and is being led by NHS Wales Performance and Improvement.
- Rolling programmes of joint training to maintain and increase good practice and the meeting of quality standards around CHC is in place.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model <b>CRITICAL ACTION</b>	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	ED PCC&MH	Amber				M	Medium
	6.1.2) Outputs of appraisal used to inform further improvement plan Q2						Medium	
6.2) Systematic review of high growth commissioned activity –	6.2.1) Review of private providers, specifically for adult mental health needs Q1			Green				M

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cost and volume, to determine further improvement activity	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2	Green						Medium
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4							High
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4	Green				H		High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4	Green						High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4	Green						High
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community Q1-Q4	Green						High
6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time Q1-Q4	Green				H		High
	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4							High
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments Q1-Q4	Amber				H		High
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB Q1	Green				H		High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1	Blue						High
	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q1-Q2	Green						High

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		6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4		Amber		High	
<b>Formal change request (Please tick as applicable and provide explanation below)</b>							
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A				
<b>Executive Director Sign Off</b>	Elaine Lorton (Executive Director Primary Care, Community & Mental Health)						

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## Tackling The Big Four

**Strategic Priority 7: Major conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes)** Executive Lead - Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital/ Executive Director of Nursing, Quality, Women and Family Health/ Executive Director of Planning, Performance and Commissioning

### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

*The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Cancer have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are no specific recommendations for Health Boards at this stage, however there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and HEIW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.*

Commentary on Progress in this Quarter:

- **7.1.1)** Progress in Q1 has been limited due to competing priorities; initial scoping of the Diabetes High Value High Impact pathway has begun, with further work planned for Q2.

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- **7.1.2)** Service mapping for Diabetes care pathways began in Q1 and is continuing into Q2, with early insights being gathered to inform a more detailed review of outcomes and will be provided back to Diabetes and Integrated Plan 2025-26 programme.
- **7.1.3)** Initial scoping of the potential to deliver elements of the hybrid closed loop pathway closer to home has begun via the Diabetes and Integrated Plan 2025-26 programme with early engagement and mapping underway to assess feasibility and will be continued through Q2.
- **7.2.1)** Delivery against the plan is ongoing with annual review due in Q4.
- **7.2.2)** PTHB Performance and Commissioning continue to monitor pathway performance and raise areas for improvement with Commissioned Service Providers via regular CQPRM meetings.
- **7.2.3)** Collaboration with National Strategic Clinical Network for Cancer and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times.
- **7.2.4)** The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment to the Communication and Engagement role, the team will be up to full complement in Q2.
- **7.2.5)** The Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.
- **7.5.2)** Action beyond Health Board control, reliant on national arrangements, awaiting further updates once the national Fragile Services report is approved.

Commentary on red rated actions:

- **7.3.2)** and **7.3.3)** Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.

Achievements:

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables		Status	Year End Delivery Confidence
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		Lead Executive					Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) <b>CRITICAL ACTION</b>	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber					High
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber				M	Medium
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber				H	Medium
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2						H	High
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3						M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4						H	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						M	Medium
7.2) Cancer	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green				H	High
<b>Cross reference to MAG Report 2025 recommendations:</b> No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green					High
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green					High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green					High

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types and incentives; and associated data development (see MAG for detail)	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green						High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D						H	High
	7.3.2) Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions Q1-Q4		Red						Low
	7.3.3) Evaluate the impact of the remote monitoring of Powys patients with respiratory conditions and confirm the next steps Q4								Low
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH						M	Medium
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3								Medium
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4								Medium
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) Q1-Q4	ED PP&C	Green					M	High
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary changes in place at Cwm Taf Morgannwg University Health Board) Q1-Q4		Amber						Low

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

<b>Change in Scope</b>	✓	<b>Change in Timescale</b>	N/A	
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Q1 change in scope

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This request is to remove the following Key Deliverables from the Integrated Plan:

- **7.3.2) and 7.3.3)** Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward.

**Executive Director Sign Off**

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

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# Tackling The Big Four

## Strategic Priority 8: Mental Health Executive Lead - Executive Director of Primary Care, Community and Mental Health

### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- A shift to prevention of major conditions, contributing to addressing health inequalities and equity of access
- Improved support for those living with major conditions and associated with that, more effective and higher value use of healthcare
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Delivery of outcomes in line with condition specific requirements i.e. single cancer pathway, quality statements, GIRFT recommendations

Service and Pathway improvements:

- Delivery of principles of prehabilitation to rehabilitation
- Enhanced coordination of services across sectors to deliver more holistic care for people living with major conditions in Powys
- Improved resilience and utilisation of provider services capacity where appropriate
- Improved value based evidence (outcomes, variation, cost, programme budgeting and high cost user data) to guide pathway improvements, to drive system efficiency and improve clinical outcomes and patient experience

Commentary on Progress in this Quarter:

- **8.1.1)** There are capacity issues taking this forward alongside the accelerated community model work. The proposed structure for the Strategic Assessment has been agreed, quantitative data provided by enabling services and analysis underway. From a qualitative perspective, a questionnaire has been sent to all Service Leads across community physical and mental health Heads of Service/Service Leads. The questionnaire will gather robust data/intelligence on the services with completed questionnaires due 30<sup>th</sup> June 2025, with data analysis to follow in July 2025.
- **8.1.2)** The Triage service and 111 press 2 service, forming the 'front door' single point of access, (SPOA), for Mental Health have managed staffing issues, including a change of agency and training of new staff, whilst further recruitment is underway. Output from phase 2 workshop will inform analysis for phase 2, which is now in scope of the accelerated Community Model work and planning is aligned with 'long list' options for public engagement.
- **8.1.4)** Prolonged negotiation regarding handover of previous modelling work completed by external party to PTHB internal enabling services. This handover is required for progression of ongoing demand & capacity modelling work which will underpin design of the Better Together accelerated scope of work for the Community Model Re-design and Inpatient model. Service area workshops, across physical and mental health, are being planned to determine modelling assumptions required for planned demand & capacity work.

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- **8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4**
  - **8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4**
  - **8.1.8) Rescope Sanctuary model in above context, in North Powys Q2-Q3**
  - **8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3**
  - **8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4**
  - **8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4**
- The above deliverables, 8.1.5 – 8.1.10 & 8.1.13, whilst due for delivery during Q2-Q4, have been included within the scope of Better Together accelerated work for Community Model Re-design and Inpatient Model. The scope of Better Together accelerated work was agreed by Executive Committee on 9<sup>th</sup> April 2025, post agreement of the Integrated Plan timescales. Consequently, work relating to accelerated deliverables has been taking place, at pace, within Q1, which has adversely impacted staff capacity available for planned Q1 deliverables.
  - A series of 6 workshops and a Deliberative Event have been delivered, facilitating clinical and operational staff across PTHB, social care, WG and the third sector in Powys to develop ideas for a new community model for adults physical and mental health. Workshop output reports have been drafted and agreed through programme board. An Options Development Group (Community Model), working group has been created and has met weekly since 10<sup>th</sup> April 2025, coordinating the accelerated work across physical and mental health. Further work is underway to develop the ‘long list of options’ from the ideas generated through the workshops.
  - A tactical Organisational Development group has been set up for managing internal staff engagement and communications, project managed by the Transformation team. A series of Better Together Case for Change documents have been created by operational and corporate teams, with a summary document released to the public on 28<sup>th</sup> April 2025. Further documents relating to service areas are due for release.
  - Discussions have taken place with Adult Social Care and PAVO around locality / neighbourhood community models. This included a workshop session on 18<sup>th</sup> June 2025 with key individuals from PTHB, PCC and PAVO sharing points around developing shared definitions and agreement on the scope of integrated teams, including workforce and geographical structure.
  - **8.1.11) Work is underway with Digital team to define best use of current electronic systems for the proposed Dementia Home Treatment Team (DHTT) operational process, to support data collection and retrieval for reporting purposes, (pending introduction of future ‘WCCIS replacement’ system). Efficient data capture will facilitate the production of a Business Intelligence dashboard for DHTT measurable outcomes.**
  - **8.1.12) High level feedback following the Supportive Assessment, (conducted March 2025) has been received from NHS Executive and incorporated into Better Together workshop ideas generation. The Supportive Assessment Report has not yet been received.**

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- **8.1.14)** Original report for existing model can potentially provide a baseline for further demand & capacity modelling during Q2. This report requires clinical staff capacity for rectification prior to sharing.
- **8.1.15)** SBAR detailing proposed new staff structure, working pattern and operational process is awaiting additional data and analysis, before submission to Transformation Programme Board for approval. If approved, a staff Organisational Change Process (OCP) may be required, with guidance from People & Culture team. Revised Job descriptions are prepared and ready to be submitted for evaluation. If an OCP is required then Q2 timeline for implementation may be unachievable.

Commentary on red rated actions: N/A

Achievements:

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
<b>8.1) Mental Health Transformation Programme</b>  <b>CRITICAL ACTION</b>	<b>Community Model Re-Design for Mental Health Services</b>	ED						
	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	PCC&MH	Amber				H	High
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green				H	High
	8.1.3) Implement electronic GP referral to SPOA Q2						M	Medium
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green				L	Medium
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4						M	Medium

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	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4					M	Medium
	8.1.7) Develop phased implementation plan Q4					M	Medium
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q2-Q3					L	Medium
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3					L	Low
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4					L	Low
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	Green				M	Medium
	<b>Acute Inpatient Model of Care</b>	Amber				H	High
	8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1						
	8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4	Green				H	High
	<b>Older Adult Mental Health Services</b>	Amber				L	Medium
	8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1						
	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	Amber				H	High
<b>8.2) Suicide and Self Harm Prevention &amp; Postvention</b>	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: <ul style="list-style-type: none"> <li>Developing the pathways for people who self-harm</li> <li>Further aligning crisis support with the Single Point of Access</li> </ul>	Green				H	High

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		<ul style="list-style-type: none"> <li>○ Promoting the provision of specialist postvention support</li> <li>○ Ongoing suicide surveillance and rapid response to suspected suicides</li> </ul> <p>Work with partners to implement strategy, building resilience of communities and responding to learning Q1-Q4</p>						
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
Change in Scope	N/A	<b>Change in Timescale</b>	✓					
<p><b>8.1.3)</b> Implement electronic GP referral to SPOA Q2: Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (&amp; Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4. Whilst a large scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity.</p>								
<b>Executive Director Sign Off</b>		Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)						

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## Joined Up Care

### Strategic Priority 9: Community Hospital Model and Rural Regional Centres Executive Lead - Executive Director of Primary Care, Community and Mental Health

#### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to infrastructure
- Longer term, this will create a value based approach across the use of the estate, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a use of resource for the greatest impact, contributing to addressing health inequalities
- Improve stakeholder understanding of the challenges and changes needed in the system as a result of continued engagement
- Lead to greater co-production of the design and delivery of the model of care
- Enable risk stratification and improved intelligence about population need
- Environments in which care is delivered are also important for delivery against the People's Experience Framework/ patient and carer reported outcomes and experience / quality of care across all six domains of the framework

Specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Enabling progression against the local Health and Care Strategy and Cabinet Secretary priority to further enhance community capacity
- Improved patient flow, reduction in delayed transfers and reduced length of stay
- Reduction in emergency activity / admission avoidance where appropriate
- Increased activity in relation to preventative and wellbeing interventions
- Optimised utilisation of community based care
- Improved co-ordination of care including end / last year of life
- Improved join up of physical and cognitive frailty approach
- Prevention of deconditioning

Commentary on Progress in this Quarter:

- **9.1.1)** Workshop session held 12<sup>th</sup> June 2025 to present qualitative and quantitative data from the Monitoring & Evaluation Group for discussion with key stakeholders. Paper being prepared for Executive Committee ahead of PTHB Board decision in July.

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- **9.2.1)** Following Stage 1 engagement with over 300 PTHB staff in February and March, public engagement took place from 28<sup>th</sup> April 2025 to 25<sup>th</sup> May 2025 on the updated Case for Change document. Stage 2 public engagement has commenced, as planned.

Commentary on red rated actions: N/A

Achievements:

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
9.1) Optimising inpatient care and bed utilisation <b>CRITICAL ACTION</b>	<b>Colocation by clinical need</b> 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	ED PCC&MH	Green				H	High
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4							High
9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme Q1			Green				H
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2						High	
	9.2.3) Commence formal consultation on the options (if required) Q3						High	

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		9.2.4) Confirm the new model Q4								High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A							
<b>Executive Director Sign Off</b> Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)										

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## Joined Up Care

### Strategic Priority 10: System Resilience Executive Lead - Executive Director of Primary Care, Community and Mental Health

#### Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

- System resilience is a key priority given the challenges and constraints placed on the health board by system pressures – the PTHB Six Goals plan is a component of delivery to improve system efficiency and flow (locally and in neighbouring systems)
- Improving system effectiveness and efficiency (locally and across all neighbouring systems) is key to achieving the longer term shift to a prevention based model of care and associated shift to value based use of resources for population health
- Supporting delivery across the NHS Wales People's Experience Framework and Six Domains of Quality

Specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

*The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) that relate to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. It is recommended in the MAG report that progress against the Six Goals programme should be reported publicly (which is discharged through existing PTHB Progress against Plan and Performance reporting, further development of metrics to be led nationally).*

Commentary on Progress in this Quarter:

- **10.1.1)** The role and future priorities of the Integrated Flow Hub have been defined through a dedicated Task and Finish Group established in Q1. The Integrated Flow Hub will serve as a core component in the development of a Single Point of Access (SPoA) for Urgent and Emergency Care in Powys. A baseline assessment against the National SPoA Framework, published in June, has been completed to inform local planning, with some risks emerging from the national specification which has limited alignment to a community provider model. The model is being developed in parallel with other key

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initiatives, including the Level 2 Falls Response offer [4.5], ensuring a streamlined and scalable approach. Key roles have been identified to support delivery, with further refinement of the offer planned in Q2 ahead of a proposed September launch. This work directly contributes to ministerial priorities for 2025/26 (UEC2) and is anticipated to reduce avoidable ambulance conveyance and demand on neighbouring emergency departments.

- **10.2.1)** Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4:

	2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total Delays	170	192	183	179	160			

- 6% reduction in Total Delays (number of service users experiencing PoCDs) from Q1 2024/25
- Revised Pathway of Care Delays codes in use since April 2025.
- Daily ‘huddle’ to review patients with the longest length of stay to maintain focus on discharge plans and continue to reduce average lengths of stay
- Discharge Liaison Team of 5 officers active across 8/9 Community Hospital Wards have contributed to reducing average length of stay on wards down from 63.24 in April 2024 to 43.92 in April 2025

- **10.2.2)** Reduce the number of super-stranded patients through escalation and tracking Q1-Q4:

- 10% decrease from 2024/25 Q4 to 2025/26 Q1:

	2024/25			2025/26		
	Q4			Q1		
	Jan	Feb	Mar	Apr	May	June
Super-Stranded (100+ days Length of Stay)	10	7	12	9	11	6

- **10.2.3)** Ongoing risks to the capacity of social care teams - January Social Worker allocation average was 39 days, June Social Worker allocation average reduced to 21 days.

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- **10.2.4)**

**2025/26**

	<b>March (baseline)</b>	<b>April</b>	<b>May</b>	<b>June</b>
<b>Total Days Delayed</b>	2265	2079	1704	2012

- **10.3.1)** The evaluation of the temporary service changes for Minor Injury Units has taken place. This report is to be received by Temporary Service Change Programme Board on 8<sup>th</sup> July 2025 and Executive Committee on 9<sup>th</sup> July prior to presentation to the PTHB Board on 30<sup>th</sup> July 2025.
- **10.6.1)** A place-based pilot in Knighton, delivered in collaboration with Powys County Council, has continued throughout the quarter, with early findings indicating a positive impact. In addition, Trusted Assessment principles have been embedded within CHC assessment processes, contributing to a reduction in assessment delays.
- **10.7.1)** The expansion of Powys DigiFLO to Mental Health wards has been scoped during Q1, with developments identified to support implementation and utilisation within Mental Health inpatient settings. Further work is required in Q2 to finalise planning, with rollout expected to begin throughout Q2 as scheduled. This expansion will enhance the monitoring of patient flow within Mental Health inpatients services and ensure readiness to engage with upcoming national developments, including the anticipated extension of D2RA allocation and monitoring into Mental Health in the coming months.

Commentary on red rated actions:

- **10.5.1)** Work has been undertaken throughout Q1 to engage with national reporting requirements for D2RA measures, with notable improvements in local compliance against these measures. There has also been continued contribution to the development of national R2G reporting proposals, with implementation expected later in the year. However, technical issues relating to the scripting of live data outputs from Powys DigiFLO have inhibited progress on dashboard development. It is anticipated that these issues will be resolved during Q2, allowing progress to continue and maintaining engagement with both current and emerging national reporting expectations.

Achievements:

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## Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow <b>CRITICAL ACTION</b>	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue				H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2							Medium
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3							Medium
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4							Medium
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.  <b>Cross reference to MAG Report 2025 recommendations:</b> <ul style="list-style-type: none"> <li>- Health Boards should make improvement in processes, partnerships and investment in specific community</li> </ul>	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green				H	High
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green					High
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4		Amber					Medium
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4		Green					High

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<p>pathways to reduce delayed pathways of care (6 months)</p> <ul style="list-style-type: none"> <li>- Delays by pathways to be published in 3 months</li> <li>• Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input</li> <li>• Also note ambulance handovers included (see MAG for detail)</li> </ul>							
10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units Q1					H	High
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2						High
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2					H	High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3						High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3						High
	10.4.4) Advance pathway development - define vision for the future service Q4						High
10.5) Further develop PTHB's utilisation of the Optimal	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1					H	Medium

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Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green  <b>Cross reference to MAG Report 2025 recommendations:</b> - Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.2) Monitor and review data outputs and identify barriers Q2							Medium
	10.5.3) Scope and assess means to address identified barriers Q3							Medium
	10.5.4) Develop targeted action plan to address identified barriers Q4							Medium
10.6) Further strengthening the approach to Trusted Assessment  <b>Cross reference to MAG Report 2025 recommendations:</b> • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales)	10.6.1) Pilot of Trusted Assessment approach Q1	Blue					L	High
	10.6.2) Review outcomes of the pilot Q2							High
	10.6.3) Scoping of next steps Q3							High
	10.6.4) Implementation of Trusted Assessment Q4							High
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1	Blue					H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2							High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3							High
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4							High
	10.7.5) Embed all DigiFLO processes into business as usual Q4							Medium

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

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

### Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning

#### Intended Outcome/ Impact

The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:

- Resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population.
- We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value.
- Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity.
- Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance.
- Robust service specifications underpinning contracted activity levels.
- Focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.
- A citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.
- Development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery.
- Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model.
- Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services.
- Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency
- Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

Commentary on Progress in this Quarter:

- **11.1.1)** Off track due to competing priorities within team particularly around NHS England Commissioning.
- **11.3.2) and 11.3.3)** Out of the Health Board's control being escalated through Joint National Commissioning Committee processes.

Commentary on red rated actions:

- **11.4)** Timescale has been updated to align with 5.1, target of Q4.1.

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Achievements:

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
<b>11.1) Commissioning development</b> Framework <b>CRITICAL ACTION</b>	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	ED PP&C	Amber				H	Medium
	11.2) <b>Pathway development/redesign</b>  Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine		Amber				M	Low
	11.2.1) Establish and secure clinical leadership Q1						Medium	
	11.2.2) Review of population need, current and intended outcomes Q2						Medium	
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) Q2						Medium	
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway Q2						Medium	
	11.2.5) Develop proposed service specifications Q2						Medium	
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q3						Medium	

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	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q3								Medium
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q3								Medium
	11.2.9) Develop pathway implementation plans Q4								Medium
	11.2.10) Develop performance monitoring and assurance framework Q4								Medium
<b>11.3) Specialised services</b> Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement Q1	Blue						L	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4	Amber							Low
	11.3.3) Develop implementation plan for identified options – Q1-Q4	Amber							Low
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q1	Red						M	Medium
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms Q1	Blue						H	High
11.6) Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	11.6.1) Establish review group, clinical and managerial leadership Q2							H	Medium
	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3								Medium
	11.6.3) Develop KPI's and agree new reporting metrics Q2								Medium
	11.6.4) Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and								Medium

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# Workforce Futures

**Strategic Priority: Transformation and Sustainability** Executive Lead – Executive Director of People and Culture

## Intended Outcome/ Impact

- Meeting Welsh Government 30% agency reduction spend target
- Zero agency spend on Agency Healthcare Support Worker, Admin & Clerical, and Estates & Ancillaries
- Reduction in Whole Time Equivalent vacancies
- Increase workforce pipeline routes
- Restorative supervision Trained clinical managers
- Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits
- Home grown capability in rural healthcare, with associated improvements in patient care and experience

*The recommendations set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) in relation to Workforce which are specific to Health Boards have been cross referenced in the appropriate delivery areas in this section of the Delivery Plan. There are further recommendations for Welsh Government and HEIW which may also require collective action / health board implementation at a later stage. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.*

## Commentary on Progress in this Quarter:

- **12.2.1)** Between March and April 2025, PTHB were pleased to welcome six Registered Mental Health Nurses (RMNs) to Powys. All undertook their OSCE training programme within Swansea Bay University Health Board, successfully passed their exams, and are now awaiting confirmation of their Nursing and Midwifery Council PINs. Each nurse has transitioned to their allocated ward, with two placed at each of the following sites: Ystradgynlais, Bronllys, and Llandrindod Wells Hospitals. In June 2025, four Registered Adult Nurses arrived in Powys and have been allocated to Welshpool Hospital. They are currently completing their OSCE training programme, delivered by Powys Teaching Health Board (PTHB). Additionally, two medics are in the final stages of recruitment having recently completed all compliance checks. Once accommodation arrangements are confirmed, travel plans will be finalised, and PTHB look forward to welcoming them to Powys in the near future.
- **12.5.1)** As part of strengthened vacancy scrutiny measures (to support the Health Board's financial recovery and savings programme), an enhanced Executive Director approval process has been in place since January 2025. Under this process, weekly email notifications are sent to each relevant Executive Director, outlining any new roles added to Trac within their area of responsibility during the preceding week. These roles are subject to direct review and scrutiny. No further People and Culture actions are taken on Trac, and adverts are not progressed, until written confirmation is received

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from the respective Executive Director authorising the recruitment. This added layer of oversight ensures that all vacancies are aligned with service priorities, workforce planning, and the Health Board's commitment to delivering maximum value for money in its staffing decisions.

- **12.6.1)** The Resourcing Team and HR Business Partners, as part of their routine operations, hold regular meetings with service leads. At every opportunity, they actively encourage service leads and recruiting managers to advertise vacant posts that contribute to variable pay expenditure. This expenditure is consistently monitored, tracked, and shared with service leads to support workforce planning. While there has been a long-standing challenge in recruiting to hard-to-fill roles, some progress has been made - particularly through the international recruitment of medical staff, which has enabled the successful appointment to a number of these positions.
- **12.7.1)** PTHB are progressing into Phase 3 of the national Registered Nursing Associate (RNA) project, following full engagement as a Health Board throughout Phases 1 and 2. Currently awaiting the establishment of the Welsh Government Workforce Board, which will provide overarching governance for several national programmes, including the RNA initiative. The RNA role has been formally agreed in Wales; however, national work remains ongoing in key areas, including the development of policy, clarification of parameters of practice, and necessary legislative updates. At a local level, initial scoping work has been completed to assess the current Band 4 workforce - examining the number of existing roles, qualifications held, and levels of interest in progressing to the RNA role. During Phases 1 and 2, local engagement took place with stakeholders and are now moving to formalise a local working group to lead implementation in Phase 3. This group will be instrumental in driving forward local delivery of the RNA role, translating national strategy into practical, operational action. Importantly, the group will also provide a vital two-way communication channel - enabling PTHB to inform the Welsh Government Workforce Board of the support and infrastructure needed to ensure the Health Board is RNA-ready, while actively contributing to relevant national workstreams.
- **Band 2/3 Update:** The national job descriptions for band 2/3 health care support workers have now been agreed and shared with organisations for adoption. Locally, discussions are underway to develop local implementation plans for validation of health care support workers (band 2) in line with the national validation tool, it is anticipated that the validation exercise for band 2 HCSW will be completed by Q3. Implementation plans will then extend to band 3 roles to align staff to the nationally agreed job descriptions. The health board continues to be supportive of reaching a national position in relation to the backdating of pay arrangements which is still currently being negotiated.
- **12.8.1)** In line with the non-pay elements of the pay award, a range of national job descriptions will be developed for adoption by the organisation, whilst organisationally, there will be a focus initially on band 2/3 health care support workers. Further implementation plans for adoption of national job descriptions will be necessary as this work progresses nationally. To date, only health care support worker job descriptions have been released but it is anticipated that registered nurse job descriptions will be available in Q2.
- **12.9.2)** Recruitment for the September 2025 Aspiring Nurse Programme is well underway. Advertising began in May and generated a strong response, with over 150 applications received. Following a robust shortlisting process, 30 candidates were invited to attend an Assessment Centre in June, which formed a key part of the recruitment and selection process. The Assessment Centre included a range of assessment methods - including assessed group discussions, clinical activities and a formal interview—designed to rigorously evaluate candidates against the programme's requirements. PTHB are now in the final stages of decision-making and anticipate making offers to 15 candidates imminently.

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- **12.10.2)** Evaluation report approved by Workforce Futures Programme Board May 2025. A blended whole school, and immersive approach enabled the scheme to increase engagement in the last academic year to over 5,750 (3,800 in 23/24) learners between October 2024 and April 2025. Snapshot key findings for the whole school approach: 56% were likely to be interested in going into a career in health and social care, this is more than double from last year showing a year-on-year increase in interest in the health and social care sector.
- **12.11.1)** A cohort of 474 staff has been identified as Practice Assessors/Practice Supervisors. Of these 279 are up to date with the remaining 195 requiring updating. By the end of Q1, it is anticipated that 48 will be trained which is 23.7% of those requiring updates.
- **12.12.1)** The number of staff who have completed the training is low 4/80 - due to the training being delivered only in Cardiff and at the moment face to face is the only offer with 12 places available across all Health Boards every couple of months. With only 5% of identified staff having attended by end of Q1, it is possible that may not reach/ train all 80 staff during the year.

Commentary on red rated actions: N/A

Achievements:

- Evaluation report approved by Workforce Futures Programme Board May 2025. A blended whole school, and immersive approach enabled the scheme to increase engagement in the last academic year to over 5,750 (3,800 in 23/24) learners between October 2024 and April 2025. Snapshot Key findings for the whole school approach: 56% were likely to be interested in going into a career in health and social care, this is more than double from last year showing a year-on-year increase in interest in the health and social care sector.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	ED P&C	Green				M	High

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transformation and new ways of working <b>CRITICAL ACTION</b>						
<b>Cross reference to MAG Report 2025 recommendations:</b>						
<ul style="list-style-type: none"> <li>Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale)</li> <li>also note recommendation for HEIW in relation to Leadership programmes</li> </ul>						
<b>12.2) Variable pay:</b> On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4				M	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4				H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2				H	High
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2				M	High
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4				H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4				H	Medium
12.7) Work with clinical and operational directorates, ensure staffing models are	12.7.1) Schedule of reviews operationalised Q1-Q4				H	High

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reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role									
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4		Green					H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4							H	High
	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green						High
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4							M	High
	12.10.2) Evaluate impact of programme 2024/25 Q1		Blue						High
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4		Green					H	High
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4		Amber					H	Medium

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

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

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# Workforce Futures

**Strategic Priority: A Great Place to Work** Executive Lead – Executive Director of People and Culture

## Intended Outcome/ Impact

- Turnover percentage in terms of retention
- A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
- Associated improvements in recruitment and retention and reductions in workplace absences
- Staff are able to raise concerns and speak up safely

## Commentary on Progress in this Quarter:

- **13.2.1)** Due to availability, Q1 meeting of the SUS Steering Group had to be stood down. However, arrangements are in place to ensure future quarterly meetings proceed with the relevant staff and trade union colleagues. Issues raised through the Our Voice portal are actively monitored and tracked to ensure concerns are redirected and resolved appropriately.
- **13.3.1)** 5 SharePoint news items (weekly) across different areas, as well as physical posters and information communicated across all sites. All service areas and Executives have had detailed feedback and support sessions with their data. Each area encouraged to make own action plans/next steps.
- **13.5.1)** The programme continues to evaluate extremely well. Whilst courses have been scheduled each month uptake has been very low and June cohorts were cancelled due to low numbers. Whilst there is a recognition of service pressures and staff being released to attend, Executive Directors have been asked to reinforce the importance of staff being able to attend.
- **13.6.1)** The one-day pilot is ready to promote for Band 5s.
- **13.7.1)** Meetings have taken place during May and June with HEIW and an agreed action plan to deliver Clinical Leadership Immersive Programme (CLIP) for other Health Boards is in draft. HEIW keen to scale up PTHBs CLIP offer for all Health Boards as it dove tails with their 'advanced' clinical leadership programmes. CLIP in PTHB is seen by HEIW as best practice.
- **13.8.1)** 12 participants have started this quarter and due to complete by end of Q2 - an additional 5 are finishing final modules from previous cohorts. Numbers are deemed low due to service pressures and the ability to be released. Delivery of courses will be reviewed and potentially moved to a quarterly delivery (as April and June courses were cancelled due to numbers).
- **13.9.1)** The first cohort will finish in June, with the evaluation process commencing thereafter. 16 started (8 mentors and 8 mentees) with 2 mentors recently leaving the organisation. One mentor has already commented on how the programme has been 'hugely beneficial to them'. The 2<sup>nd</sup> round will be promoted during July.

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Commentary on red rated actions: N/A

Achievements:

- Clinical Leadership Immersive Programme (CLIP) in PTHB is seen by HEIW as best practice.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template Q2	ED P&C					H	High
	13.1.2) Develop a leavers toolkit, to include exit interview guidance Q3							High
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact Q1&Q4		Amber				H	High
	13.2.2) Evaluate Vivup SUS offer Q2							Medium
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - “you said we have/ did” model Q1-Q2		Green				H	High
13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return Q3						H	High
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes Q1-Q4		Amber				M	Medium
13.6) Develop a one-day CLIP for B5's	13.6.1) Pilot and then implement a 1 day CLIP programme Q1-Q4		Green				M	Medium

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13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green					M	Medium
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber					H	Medium
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2 <sup>nd</sup> round Q1-Q2		Green					M	Medium
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4							M	Medium
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A						
<b>Executive Director Sign Off</b>	Debra Wood Lawson (Executive Director of People and Culture)								

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# Workforce Futures

**Strategic Priority: Employee Health and Wellbeing** Executive Lead – Executive Director of People and Culture

## Intended Outcome/ Impact

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

Commentary on Progress in this Quarter:

- **14.1.1)** During 2024/25 over 350 staff attended which represented 82% of staff on duty on the days the roadshow were on site. Planning has already commenced for 2025/26 staff roadshows with a wide range of services being able to support on the day.
- **14.1.2)** Vivup GP Online, EAP Provision, Menopause support have been promoted via SharePoint, as well as through the staff Facebook and posters for service areas. The Vivup EAP currently has 170 staff using the wellbeing 'your care' App and 167 views were recorded on the EAP platform and 70 staff accessed user guides this quarter. Knowing that Stress and anxiety are high wellbeing factors, A Stress Awareness Month – Kindness Calendar was promoted along with other areas such as Silver Cloud Wales 11P2 and Mental Health Awareness Week.
- **14.1.3)** Pilot cohort delivered for *Exploring Caring* which was developed in partnership. The course included sessions on Psychological Safety & Compassionate Care; Wellbeing for Carers: What are my needs; Carers Coaching Skills; Compassionate Conversations.
- **14.2.1)** 2 courses, 12 participants (11 PTHB staff), have been run this quarter with a further 2 planned for delivery in June to take the total to 4, signups from 25 participants have been received with 17 of these PTHB staff. Due to the transformation work, it is anticipated that sessions may not be scheduled every month for Q2-4.
- **14.3.1)** A match and gap exercise has been completed with PTHB faring well with few gaps. Findings will feed into the development of the Wellbeing Action Plan.
- **14.3.2)** Action plan drafted, this then changed after results of Staff Survey 2024 came out. Action plan will also include measurable Key Performance Indicators.
- **14.4.1)** During a short period of intervention, the programme has shown notable decreases in distress, overwhelmingly positive qualitative feedback, and a clear alignment with staff needs related to burnout, trauma, menopause, neurodiversity, and workplace challenges. Main outcomes from the pilot were a safe, trusted space to speak openly, highly valued non-judgmental approach, an immediate sense of calm, clarity, and emotional regulation, appreciation for practical tools: breathing exercises, compassion circles, clarity through Acceptance Commitment Therapy (ACT) diffusion and values

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work, requests for continuity and more follow-ups. Evaluation presented at Board Development and currently work is underway on funding to expand the offer throughout the year.

- **14.5.1)** Case reviews are in place for any long-term sickness absence over 6 months to ensure regular dialogue on the management of absence in conjunction with the People and Culture Business Partner team. Targeted work with wards has also taken place particularly in areas to support management of absence which has included more regular discussions to support absence management with improvements seen in the 4 areas where this has taken place. However, management of frequent absence continues to be challenging.
- **14.6.1)** Absence management training continues to be delivered as part of the managers induction programme, and an ongoing offer of training is available on a departmental or service basis.

Commentary on red rated actions: N/A

Achievements:

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green				H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green				H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green				M	Medium

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14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4								M	Medium
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1								M	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2									High
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1								H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4								H	High
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4								H	High
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2								H	High
	14.7.2) Award and implement EAP Q2-Q3									High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A							
<b>Executive Director Sign Off</b>	Debra Wood Lawson (Executive Director of People and Culture)									

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## Workforce Futures

### Strategic Priority: Equalities and Welsh Language Executive Lead – Executive Director of People and Culture

#### Intended Outcome/ Impact

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation

#### Commentary on Progress in this Quarter:

- **15.3.1)** The Sexual Safety in the Workplace policy is currently under development at a national level. The organisation remains supportive of adopting a national approach and continues to engage as appropriate in national discussions and developments. Locally, processes have been established in collaboration with the Safeguarding Team to support the management of any related issues. Publication of the local approach has taken place through Powys Announcements. Regular signposting to these processes will continue via roadshows, local drop-ins, and news announcements.
- **15.5.1)** A review of the organisation's gender awareness training and associated approach will be undertaken considering the recent Supreme Court ruling. The Health Board is currently awaiting national guidance from the Welsh Government to inform the development of its local approach.
- **15.4.1 & 15.4.2)** Work continues to progress in delivering the local Anti-Racism Action Plan. An in-depth analysis of recruitment and staff development has been completed and is being developed into a presentation for wider dissemination. While a number of activities within the plan remain on track, there have been delays in developing and delivering board-level training relating to equality, diversity, and inclusion (EDI). An initial approach to subject areas has been drafted, and Clinical Leadership Immersive Programme currently exploring a range of delivery methods. It is anticipated this will now be achieved in Q3/Q4 of this year.
- **15.6.1)** Guidance on reasonable adjustments, along with the "My Health Passport," has been published and promoted as part of the overall approach to managing attendance at work. This is now available to staff as a toolkit through the People and Culture pages.
- **15.8.2)** Performance has been maintained in the use of on-demand Interpretation since the rollout of on-demand Video interpretation in 2023-24. Interpretation was used on 1,258 separate occasions in 2024-25, 955 of these (78%) via on-demand Video or Telephone systems.

Year	Total Instances	On-demand
2024-25	1,258	955 (78%)

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2023-24	1,037	651 (63%)
2022-23	1,133	525 (46%)
2021-22	706	313 (44%)

- On-demand interpretation offers a number of advantages over face-to-face interpretation as it can be used where the need for interpretation was not foreseen or where it was not possible to arrange a local interpreter due to availability. It also avoids costs and travel where the service user or interpreter fails to attend. These are particularly useful in a rural context like Powys where travel costs are high. 2022-23 saw an unusually high demand in interpretation likely due to the Russian invasion of Ukraine in February 2022. This demand has since substantially subsided, but removing instances of Russian and Ukrainian from the dataset gives the following trend:

*Translation usage (excl. Russian & Ukrainian)*

	Total Instances
2024-25	1,214
2023-24	967
2022-23	943
2021-22	705

- The most popular languages for interpretation in 2024-25 were Polish (32%), Dari (10%), Bulgarian (10%), Arabic (9%), Ukrainian (7%) Bengali (5%) and BSL (3%).

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Commentary on red rated actions: N/A

Achievements:

- Rollout of video interpretation has increased overall usage of interpretation, meaning patients are now receiving interpretation who would not have done in the past. This has been achieved whilst simultaneously reducing costs.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C					H	High
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3						H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q1		Amber				H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green				H	High
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4							High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4						H	High

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15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4							H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4							H	High
15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings Q4							H	High
	15.8.2) Continued utilisation of online translation Q1-Q4					Green			High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A						
<b>Executive Director Sign Off</b> Debra Wood Lawson (Executive Director of People and Culture)									

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# Digital First

**Strategic Priority: Leadership and Planning for Digital** Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

## Intended Outcome / Impact

- Staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.
- Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care.
- Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as the redesign the digital model of care.
- Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes
- Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

*There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government and DHCW. A Watching brief will be kept via the lead Executive on any implications arising for PTHB.*

## Commentary on Progress in this Quarter:

Overall, the progress in Quarter 1 has been very encouraging and remain focused on objectives and are confident in the ability to deliver on commitments for the remainder of the year.

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- **16.1)** Board development session focussed on Cyber and Information Governance has been scheduled for Q3 (October) with a Digital Data Board Brief also scheduled for Q3 (November).
- **16.2)** Digital Clinical Leadership Boards have now commenced which will embed digital clinical accountability on the cost and use of systems and will see improved outcomes in standardising data collection, improved reporting, efficient correct and safe use of clinical systems. Increase Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations. This is the first of the Board meetings and Dashboards on print usage and cost for example are used in collaboration with services to highlight areas of focus.
- **16.3)** Current Planned Care pathways identified areas are Orthopaedics and Ophthalmology. A request submission has been provided to the DHCW National NHS Wales Programme Team for the NHS Wales App. The request sets out the intended outcomes, how this will improve current waiting times and the onboarding process. Further administrative workflows that are making progress, not to reduce wait times but to reduce inefficiency, are E-Consent and patient validation in commissioning. These two identified work flows will aim to reduce duplication and inefficiency, improve quality and safety. E-Consent is live, and within Commissioning the user Testing Phase is underway, awaiting the outcome report of findings. Digital Teams are actively engaged with the NHS Wales App working groups, to prioritise areas. An NHS Wales app brief has been provided to Board Members on the capability of NHS Wales app and the challenges realised currently. There is collaboration from Primary Care and the Public required to drive adoption and usage, and noting is one of four digital Ministerial Priorities.
- **16.5)** Fixed Term Trainers have been appointed as part of the Electronic Prescribing and Medicines Administration programme. This function is being developed at pace to support improvement and inclusivity for Digital Skills and Confidence and is being clinically led by the Chief Nurse Information Lead (CNIO). Clinical Safety Officer Training has been completed by a number of professional roles, increasing the skills within the organisation.
- **16.6)** Demand and Capacity is being reported well in IT Technical functions, still experiencing gaps in Project and Data functions as streamline access to services, there is a challenge with directing service areas to follow a standard process to access data, which is preventing a full transparent way to understand demand on the service. This is because of the current communication channels and heavy use of emails to individuals.
- **16.7)** Cybersecurity initiatives have been a top priority, with significant advancements in enhancing the security posture. This includes the implementation of advanced threat detection and response systems. However, there is a risk of emerging cyber threats that could compromise systems and data. There is continuous updating of security protocols and conducting regular assessments to mitigate these risks. With limited capacity, whilst technically robust, there is work to assure best practice through regular performance reporting and documentation requirements.

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- **16.8)** With AI technology in place, there is a dependency on identifying which areas to utilise the technology, the current clinical systems are a barrier in how it is possible to actively use AI in demand and capacity work. Two Planned Care areas have been identified to review the use of the NHS Wales app and how that might reduce waiting times, this is being reported through the Planned Care Admin Review and the Business Efficiencies work.
- **16.9)** The WCCIS Replacement case is progressing through internal PTHB Governance frameworks and actioned as instructed and directed by Welsh Government and Digital Health and Care Wales. However, there is a risk of additional financial pressure to PTHB, process, which could impact the overall estimated timescales of system procurement and supplier's costs. This is being closely monitored to ensure transparency at all levels. Electronic Prescribing Medicines Administration (EPMA) is progressing in line with the programme plan. Digital Maternity Case is now in project start up, with scheduled Clinical Data Standards and Technical Implementation activities and Programme Governance in place. Radiology Information System Programme (RISP) has been delayed due to User Acceptance Testing, however Soft Go Live has been achieved, and the programme is progressing.

Commentary on red rated actions:

- **16.4.2)** Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.

Achievements:

- Increased Virtual Consultations has achieved 9 new services onboarding for individual consultations and 7 new areas for group consultations.
- Financial performance for Q1 has been robust, with revenue growth exceeding projections. Cost management initiatives have also contributed to improved profitability. Despite this, there is a risk of market fluctuations and economic uncertainties that could impact financial stability and growth in the upcoming quarters.
- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on enhanced service offerings and support. Continue to prioritize customer experience and committed to maintaining high standards. However, there is a risk of not being able to sustain the high levels of customer satisfaction if facing any service disruptions or failing to meet evolving customer expectations.

**Progress against key actions and milestones**

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

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<p>16.1) DSF Strategic Theme - Leadership, Partnership and Alliances</p> <ul style="list-style-type: none"> <li>○ Schedule Board Development sessions to embed digital thinking at the leadership level</li> </ul> <p><b>CRITICAL ACTION</b></p>	<p>16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1</p>	ED AHPHS&D	Green				M	High
	<p>16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2</p>							High
	<p>16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4</p>							Medium
<p>16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness</p> <ul style="list-style-type: none"> <li>○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets</li> </ul>	<p>16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, &amp; efficiency of Health Board information and assets Q1-Q4</p>		Green				M	High
	<p>16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4</p>							High
	<p>16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste Q2</p>							High
	<p>16.2.4) Collect patient feedback on the access to digital tools and services Q3</p>							High
	<p>16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4</p>							High
<p>16.3) DSF Strategic Theme - Citizen Centred Care and Support</p> <ul style="list-style-type: none"> <li>○ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales</li> </ul>	<p>16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities Q2</p>						M	High
	<p>16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients Q3</p>							High
	<p>16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and</p>							High

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	documentation, reduce data collection and input duplication and support the design of new requirements Q4								
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4								High
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> <li>System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements</li> </ul>	16.4.1) Information Sharing agreements in place across providers and commissioners Q3						L		Medium
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4								Medium
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> <li>Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively</li> </ul>	16.5.1) To support all staff to adopt technology and use systems effectively create a business case to support Digital Skills and Confidence training which must include patient engagement, and supporting partners such as Workforce and Development, Health Education in Wales Q2						L		High
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4								High
16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness <ul style="list-style-type: none"> <li>Workforce Planning for Digital and Clinical Informatics services through a Demand and</li> </ul>	16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality Q1-Q2						M		High

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Capacity exercise to support Digital Transformation across the organisation										
16.7) DSF Strategic Theme - Infrastructure and Security <b>CRITICAL ACTION</b> ○ Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	Green							M	High
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence ○ Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system	16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4	Green							M	High
16.9) Strategic Theme - Leadership, Partnership and Alliances ○ DSF National Programme Alignment ● Electronic Prescribing ● Maternity system and app ● Radiology Information System ● Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care <b>CRITICAL ACTION</b>	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement Q2								M	High
	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval Q1	Green								High
	16.9.3) Radiology Information System Programme Upgrade Go Live Q4									High
	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval Q3									High
	16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution Q3									High
	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review Q4									High

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<p>- Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies</p>	<p>16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently Q4</p>							<p>High</p>
<p><b>Formal change request (Please tick as applicable and provide explanation below)</b></p>								
<p><b>Change in Scope</b></p>	<p>N/A</p>	<p><b>Change in Timescale</b></p>	<p>N/A</p>					
<p><b>Executive Director Sign Off</b></p>	<p>Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)</p>							

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# Innovative Environments

**Strategic Priority: Strategic Capital** Executive Lead - Associate Director of Estates, Facilities and Support Services

## Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

*There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025) for Capital. However there may be requirements for collective action and implementation implications at a later stage, of the recommendations set out for Welsh Government. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.*

Commentary on Progress in this Quarter:

- **17.3)** The overall Capital programme of activity is progressing as expected and is in the early stages of the annual cycle.
- **17.5.1)** The Llanfair Caereinion project is pending the outcome of discussions with NWSSP-Procurement.

Commentary on red rated actions: N/A

Achievements:

- The Capital Programme for 2025/26 will be the busiest in terms of project numbers with 61 already scheduled.

## Progress against key actions and milestones

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Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) Q3	AD EF&SS					H	High
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3						H	High
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects) Q1-Q4		Green				H	High
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health Q4							High
17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q1		Blue				H	High
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase Q1-Q4		Green				M	Medium
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A					
<b>Executive Director Sign Off</b> Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)								

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# Innovative Environments

**Strategic Priority: Environmental Management and Decarbonisation** Executive Lead - Associate Director of Estates, Facilities and Support Services

## Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- Electricity reduction across the programme
- Gas reduction across the programme
- Revenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

Commentary on Progress in this Quarter:

- **18.2)** It is recognised that Welsh Government have commissioned Welsh Government Energy Service to review and reset the Decarbonisation Strategic Delivery Plan (DSDP) 'in year' and depending on the new criteria, this may result in a change in compliance status. The reason for the reset is that the original baseline calculations for the DSDP have been queried as reporting mechanisms have improved/matured significantly over recent years.

Commentary on red rated actions: N/A

Achievements:

- Electric Vehicle (EV) charge point capability has now been rolled out to four of the main hospital sites and solar PV has been introduced to three main hospital sites along with Spa Road, Llandrindod Wells.

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**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q2	AD EF&SS					H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green				H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4						H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2						H	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A					
<b>Executive Director Sign Off</b> Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)								

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## Innovative Environments

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

### Intended Outcome/ Impact

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

Commentary on Progress in this Quarter:

- **19.1.1)** Progress on the work to identify synergies and efficiencies between Facilities and Estates will be dependent on the successful appointment to the Head of Facilities role which is shortly being readvertised for the third occasion.

Commentary on red rated actions: N/A

Achievements:

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- Environmental Health Officer (EHO) inspections of the catering facilities have achieved Food Hygiene Ratings of 5 across the estate.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS					H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3						H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3							High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3						H	High

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

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

**Strategic Priority: Partnership Development** Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation, Executive Director of Public Health

## Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1) & 20.1.2)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process, a multiagency Regional Partnership Board (RPB) Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve reprioritisation focused on the greatest system pressures (including the Ready To Go Home Units, which are subject to the PTHB Board decision in July 2025). The revised resource plan for 2025/26 was approved by the RPB on 10<sup>th</sup> June 2025.
- **20.2.1)** A Partnership Development Framework was developed and supported by the RPB Executive, the self-assessment tools include Welsh Governments tool for RPB Boards. Implementation through a series of self-assessments is underway. This will help to discharge self-assessment requirements under the Partnership Regulations.
- **20.3.1) & 20.3.2)** The RPB is implementing the findings of the EPA. A series of projects are being aligned to deliver the Social Model for Health and Wellbeing and there has been work to strengthen implementation, risk and exit plans. Further work will take place in the Autumn to develop recommendations for the resource plan for 2026/27 (with RIF ending March 2027).
- **20.6.2)** A prevention at scale proposal received by The Marches Forward Partnership was explored, but it was concluded it would not be possible to take it forward at this stage due to significant resource and governance dependencies.
- **20.8) Business Efficiencies programme:**
  - Wound Dressing Project (BE04): Product brochure draft has begun. Closure report draft has begun. Information for PTHB Intranet site drafted.
  - Knighton OPD (BE05): Closure report drafted for Programme Manager review ahead of Senior Responsible Officer sign-off.
  - Admin Review of Planned Care (BE06): Output report from workshop drafted and shared with Assistant Director and Chief Digital Officer. Referral forms pulled together from across services.
  - Referral Optimisation (BE08): Meetings have been held and linking together with work being undertaken in Diagnostics & Planned Care programme to ensure single workplan and reporting route.

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- Stock Optimisation (BE09): First site visit taken place at Llanidloes hospital. Meeting held with finance colleagues to discuss 2024-25 Oracle Purchase Orders and how to break down this information.
- Commissioning Team Business Efficiencies (BE10): Project scheduled to start in June following discussion between Digital and Commissioning.

Commentary on red rated actions: N/A

**Achievements:**

- A Partnership Development Framework has been developed and agreed, and implementation is underway.

*There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.*

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report <b>CRITICAL ACTION</b>	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C					M	Medium
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2							Medium

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20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue				H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4							High
20.3) Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027) Q1		Blue				M	High
	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) Q4							Medium
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PH	Green				M	High
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4	ED PP&C	Green				H	High
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) Work with the health group to influence other Marches Forward Partnership programmes to implement a population health and preventative approach -including within external funding bids Q4						L	Low
	20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward Q1		Blue					High

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20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4		Green				H	High
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme Q1-Q4	DSI&T	Green				M	High

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

<b>Change in Scope</b>	✓	<b>Change in Timescale</b>	N/A	
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Q1 change in scope

- 20.6.1)** A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action.

<b>Executive Director Sign Off</b>	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Improvement and Transformation)
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# Transforming in Partnership

**Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management** Executive Lead - Director of Corporate Governance / Board Secretary

## Intended Outcome/ Impact

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board's Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board's governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

Commentary on Progress in this Quarter:

- **21.1)** As part of the Board Assurance Framework and in support of the newly developed Strategic Risk Register, a Board Assurance Framework (BAF) Dashboard is under production. The reporting template has been developed, which will provide assurance that the actions deployed by the Board to

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manage/mitigate its key risks are adequate and effective and the assurance basis for the findings. The dashboard will also present an opportunity to consider further action where gaps or weaknesses are identified. This dashboard will therefore be a key reporting mechanism in terms of both the BAF and SRR. The draft BAF Dashboard template will be shared with the Audit, Risk and Assurance Committee on 8 July 2025 for review and feedback.

- **21.2)** Throughout Q1 there has been continued focus on the delivery of core Board and Committee Governance. Following a period of development and extensive consultation on 21<sup>st</sup> May 2025 the Board approved revised Committee Terms of Reference, Committee Annual Reports 2024-25 and the Annual Committee Work Programmes for 2025-26.
- **21.3)** The team has also facilitated 5 Board Development sessions and 2 Board Briefings since April 2025 (there is currently discussion in regard to potential reduction of the Board Development programme to help alleviate financial and systemic pressures).
- **21.4)** In March 2025 the Board approved a revised Risk Management Framework and significant work had been undertaken throughout Q1 to implement and integrate the updates. In May 2025 the Executive Committee and Board took the opportunity to undertake a fundamental review of its strategic risks and Risk Appetite Statement. 12 Strategic Risks were identified and approved by the Board in May 2025. Following approval of the risk descriptions further development of risk details such as scoring and controls has continued, with the fully developed Strategic Risk Register (SRR) due to be reported to the Board in July 2025. A revised Risk Appetite Statement has also been developed following engagement with the Audit, Risk and Assurance Committee and Finance and Performance Committee upon request of the Board in May 2025. It is however recognised that some elements of implementation such as the integration of the RM Datix system may need to be deferred/delayed due to governance and organisational capacity to support implementation.

From an Information Governance perspective, support to internal and national projects – Q1 has seen a higher than usual demand on resources within the Team to support national projects, where IG and Records Management expertise and guidance has been required to ensure alignment with national and local priorities and compliance.

- **21.8)** – Delivery of focussed training has continued across the organisation in response to specific incidents, Information Asset Register ownerships and accountability. Targeted exercises have been undertaken during Q1 to address non-compliance with mandatory Information Governance training, focusing on staff who were overdue. A paper on the Information Asset Register (part of 21.10) in June raising awareness and highlighting a compliance position on the number of assets logged was submitted to the Executive Committee. The paper has positively raised awareness across the organisation resulting in increase in the number of assets added with 7 training sessions delivered during Q1.

A significant proportion of non-compliance has been identified among bank and agency staff. Work is scheduled to commence in Q2–Q3 in collaboration with NWSSP and the People and Culture team to explore targeted approaches for this workforce group and to gain assurance of their understanding/training around Information Governance responsibilities. A training needs analysis was drafted during Q1 with the aim to explore opportunities for considerations how this required training can be delivered. This aims to support staff who regularly access and process information, ensuring they have the appropriate knowledge and skills to meet governance and data protection requirements.

- **21.9)** Work is scheduled to commence this year on the refurbishment of O Ward, Bronllys to bring sections of this space up to the required standard for secure records storage. This will ensure alignment with relevant records management and information governance requirements, supporting safe and compliant handling of physical records. Annual Records Security Checklists have been issued to Corporate Services to ensure corporate records are being stored safely and securely.
- **21.10)** Nationally work is progressing towards standardised NHS Wales version of key national IG documentation which will continue to support greater consistency, efficiency and best practice across all organisations. Target for completion is the end of Q3.

Commentary on red rated actions:

- **21.6)** The finalisation of the Information Governance and Records Management Strategy, originally scheduled for completion in Q1, has experienced a slight delay due to demands on resources on several national programmes of work. However, work is progressing well, and the strategy is now on track for completion and submission for approval during Q2–Q3.

Achievements:

- Board approval of revised Terms of Reference and Annual Work Programmes for all Committees in May 2025.
- Identification and Board approval of x12 Strategic Risks, currently under detailed development for reporting to the Board in July 2025.
- Production of the Annual Governance Statement and co-ordination of the Annual Report 2024-25.
- Completion of the Board and Committee Annual Effectiveness Review for 2024-25, and production of subsequent continuous improvement action plans for implementation in 2025-26.
- NHS Wales Information Governance Toolkit 2024-25 and out-turn report completed with 2025/26 Improvement plan developed.
- Continued collaboration at national level to review and align core Information Governance documentation and templates.
- Finalisation and deployment of activity tracker within the IG Team which supports completion of the outstanding Internal Audit Recommendation.

### Progress against key actions and milestones

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

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21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green				M	High
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green				H	High
	12.2.2) Work plans delivered Q4							High
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green					High
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green				H	High
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue				H	High
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber					Medium
21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4		Amber				M	Medium
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2		Red				H	Medium
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4		Green				H	High
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4		Green				H	High

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21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4		Amber				H	Low
21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4		Green				H	High
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4		Green					High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A					
<b>Executive Director Sign Off</b> Helen Bushell (Director of Corporate Governance)								

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# Transforming in Partnership

**Strategic Priority: Engagement, Communication and Corporate Affairs** Executive Lead - Director of Corporate Governance / Board Secretary

## Intended Outcome/ Impact

Enabling contribution across all health board outcomes (as agreed/prioritised). Specifically:

- Better informed public and stakeholders
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to “Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system” (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included support for the health board’s commissioning intentions in relation to waiting times, for which widespread communication has been issued through channels ahead of implementation from July 2025. A further key priority has been the Staff Excellence Awards. Applications closed in early April, followed by judging ahead of Celebration events for each category from late June. These are due to conclude early Q2. Recruitment has also concluded for maternity backfill for the Digital Communications Officer.
- **22.2)** A key focus during Q1 has been the continued design and delivery of the programme of engagement on Better Together. Following staff engagement on the case for change during Q4 24/25, work focused first on public and stakeholder engagement on the case for change during April and May, followed by staff, public and stakeholder engagement on scenarios for the future shape of adult physical and mental health community services from June. This period of engagement will continue into Q2, alongside planning for future consultation. There have been delays by SSP in relation to the procurement of external support to the programme. A further uncertainty relates to demands arising from neighbouring health board and Trust service change programmes which can be unpredictable and are outside direct control. Consultation by Hywel DDa UHB on their clinical services plan commenced in May, followed by engagement by Aneurin Bevan University Health Board on the enhanced Local General Hospital model from June. Management of medium- and longer-term risks has been supported by recruitment of two engagement officers who commenced in post during June.

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- **22.3)** Work has progressed on shared Regional Partnership Board/Public Service Board priorities with the latest six-monthly report on engagement activity prepared for RPB and PSB Executive. The RPB communications and engagement lead has secured a new role which will affect capacity and continuity of these programmes, and priorities are being reviewed in this context.
- **22.4)** Ongoing review of the stakeholder map remains in place, particularly in the context of Better Together. A revised programme of meetings with MSs and MPs is under way, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues, and a Board Development session has taken place on Senedd Reform with support from NHS Confed. Work continues to align Health Board leadership with a locality approach to support ongoing stakeholder and community engagement, and this has included the latest programme of joint Town and Community Council sessions with Powys County Council.
- **22.5)** Work requirements relating to COVID Inquiry and Special Purposes Committee have been low level during the quarter but some uncertainty remains regarding future demands particularly in relation to the Special Purposes Committee.
- **22.6)** Recruitment is under way for the Head of Charity role, following approval by Charitable Funds Committee in June. Final action is in place for launch of the new Powys Health Charity website.

Commentary on red rated actions: N/A

**Achievements:**

- Completion of Stage One Better Together Engagement
- Launch of Stage Two Better Together Engagement
- Successful recruitment to engagement officers and digital communication officer (maternity cover)
- Recruitment under way to revised head of charity role
- Staff Excellence Awards celebration events have commenced

**Progress against key actions and milestones**

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

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22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks Q1-Q4	DCG	Green				H	High
22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) Q1-Q4		Green				M	Medium
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker Q1-Q4		Green				M	Medium
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 Q1-Q4		Green				H	High
22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee Q1-Q4		Green				M	Medium
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 Q1-Q4		Green				M	Medium

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

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

Helen Bushell (Director of Corporate Governance)

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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.4**

**Finance and Performance Committee** **Date: 02 September 2025**

<b>Subject:</b>	<b>Continuing Health Care: Performance and System Challenges Update with Deep Dive into EMI Case Number Growth</b>
<b>Approved and presented by:</b>	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
<b>Prepared by:</b>	Assistant Director Complex Care
<b>Other Committees and meetings considered at:</b>	Executive Committee - 20 August 2025

**PURPOSE:**  
To provide an update to the Finance and Performance Committee of the current operational pressures and financial performance in relation to Continuing Health Care/Complex Care.

**RECOMMENDATION(S):**  
The Finance and Performance Committee is asked to:

- **RECIEVE** the update provided
- **REVIEW and DISCUSS** the content of this report.
- **TAKE ASSURANCE** that plans are in place to effectively manage CHC and evolve the service based on expected national changes.

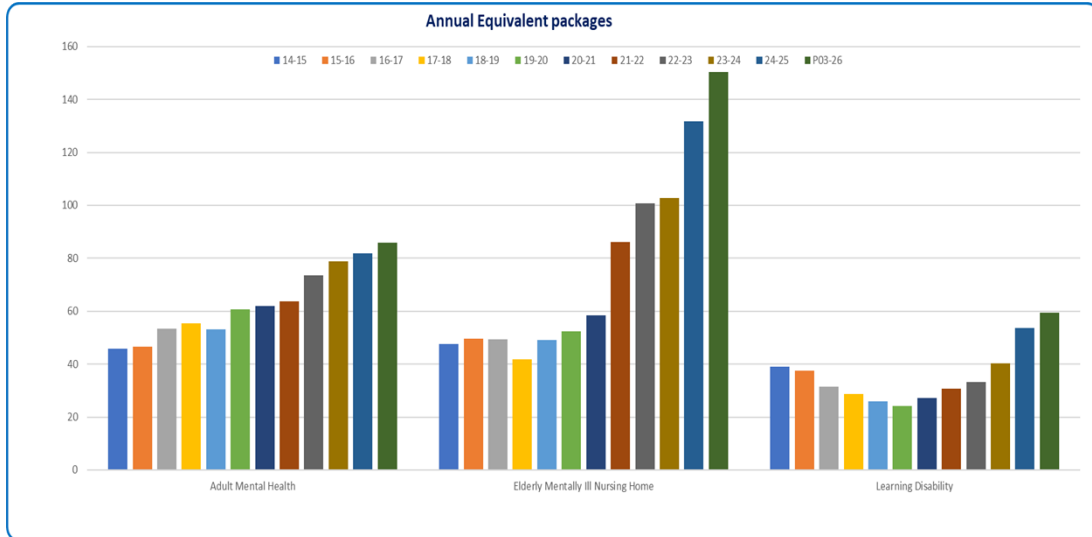
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

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

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

## EXECUTIVE SUMMARY:

The number of Continuing Healthcare (CHC) placements has significantly increased in recent years, doubling in numbers and costs in the last 4 years alone, which is having a significant budgetary and workforce impact.



In December 2024, at the request of the Chief Executive, Public Health undertook a comprehensive review of factors that may be influencing the growth in costs and numbers of placements. The greatest increases relate to people with Learning Disabilities (LD) and Elderly Medically Infirm (EMI).

LD cases tend to be relatively small in number and complicated, therefore expensive due to the intensity of staffing needed to deliver safe packages of care / placements. The Health Board's collaborative working with statutory partners has improved with a new fortnightly meeting to manage patient need and avoid disputes.

In the last year there has been a 31% increase in placements for EMI with each new patient having a time-sensitive review and case management requirement. Although the Health Board does not deliver care, the accountability remains and requires continuous management.

### Increased service demand - May 2024 to May 2025

Primary Diagnosis	May 2024	May 2025	Percentage increase
EMI cases	115	151	<b>31%</b>
Adult cases	80	90	<b>12.5%</b>
FNC cases	53	67	<b>26%</b>
LD cases	42	62	<b>47%</b>
<b>Total</b>	<b>290</b>	<b>370</b>	<b>27.6%</b>

The review report was unable to identify a single factor to account for the growth.

Secondary legislation around Direct Payments is planned for the end of 2025/26. It will set out detailed requirements on eligibility, delegation of healthcare tasks, training requirement, insurance, and governance. Learning is being drawn from the English CHC and Social Care Direct Payments model, stakeholder feedback, and evaluation of risks, costs, and benefits. Core objectives include empowering individuals, simplifying processes, ensuring clinical safety, and maintaining financial governance. Implications and risks are addressed later.

It is recognised that local and national changes will require a change in the Health Board’s team to ensure effective management, governance and compliance with legislation.

### CHC FRAMEWORK

CHC is a statutory obligation to provide care for individuals with ongoing primary health needs where eligibility is met. The framework highlights twelve domains and professionals then match patient need to these.

<b>Breathing</b>	Assesses any breathing difficulties and related needs.
<b>Nutrition</b>	Considers nutritional intake, including risks of malnutrition or dehydration, and issues like aspiration.
<b>Continence</b>	Evaluates the individual's continence needs, including bowel and bladder control.
<b>Skin</b>	Assesses skin integrity, including any wounds, ulcers, or tissue viability issues.
<b>Mobility</b>	Evaluates the individual's ability to move around and their mobility-related needs.
<b>Communication</b>	Assesses the individual's ability to communicate their needs effectively
<b>Psychological and Emotional Needs</b>	Considers the individual's psychological and emotional well-being, including any mental health needs.
<b>Cognition</b>	Evaluates cognitive abilities, including memory, orientation, and decision-making.
<b>Behaviour</b>	Assesses any challenging or problematic behaviours that impact care needs.
<b>Drug Therapies and Medication</b>	Considers the individual's medication management and symptom control needs.
<b>Altered States of Consciousness</b>	Evaluates any changes in consciousness or awareness.
<b>Other Significant Care Needs</b>	This encompasses any other specific care needs that don't fall under the other domains.

Assessors work to a strict level of criterion measurement that indicates how the patient’s presenting need is evidenced. This provides a structured document that is scrutinised by another experienced professional within the service, prior to being presented at the weekly panel for ratification.

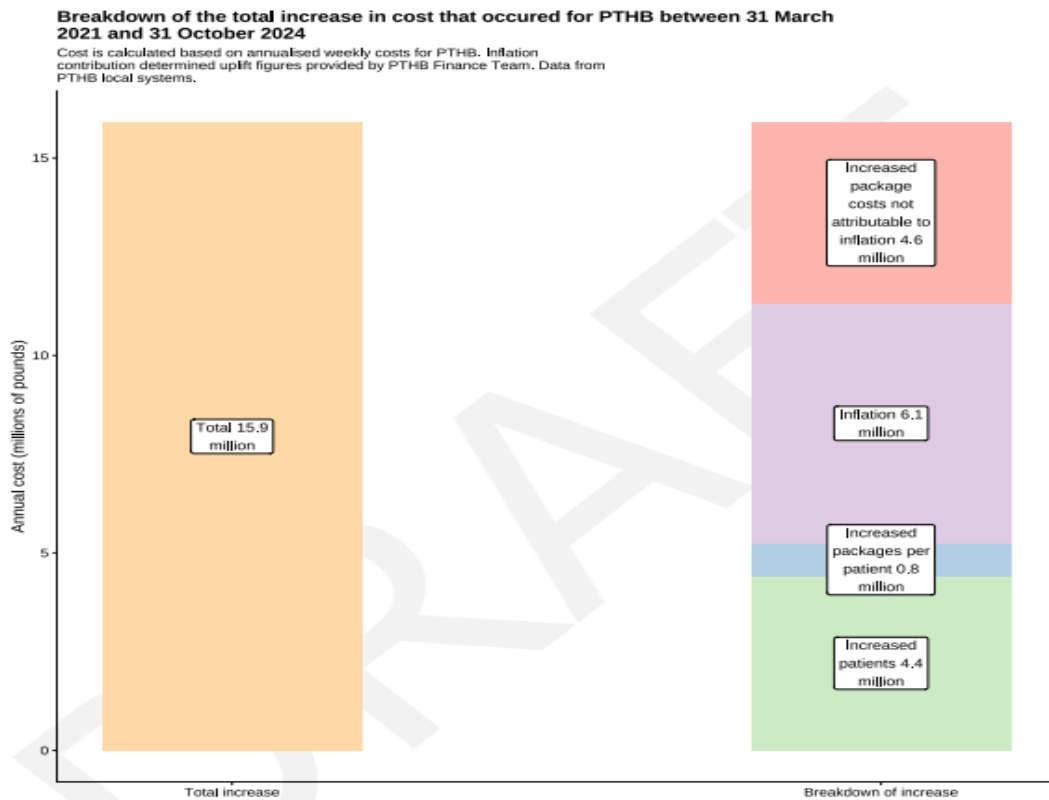
Following assessment, panel scrutiny and placement recommendation, placements are approved according to the financial scheme of delegation.

Internal Audit undertook an assessment of the CHC process in 2023/24 and concluded Reasonable Assurance. A further audit is due to be commenced in September.

**GROWTH IN CHC DEMAND AND SPEND**

Due to the changes in the cost of CHC to the organisation, Public Health were asked to review the data and identify any context and understanding around the drivers that may be influencing the changes.

From 2020/21 to 2024/25, CHC and Funded Nursing Care (FNC) costs increased by 118% (£16m-£35m). Of the £15.9m growth, £11.3m related to a growth in patients, packages (complexity) and inflation leaving £4.6m not accounted for.

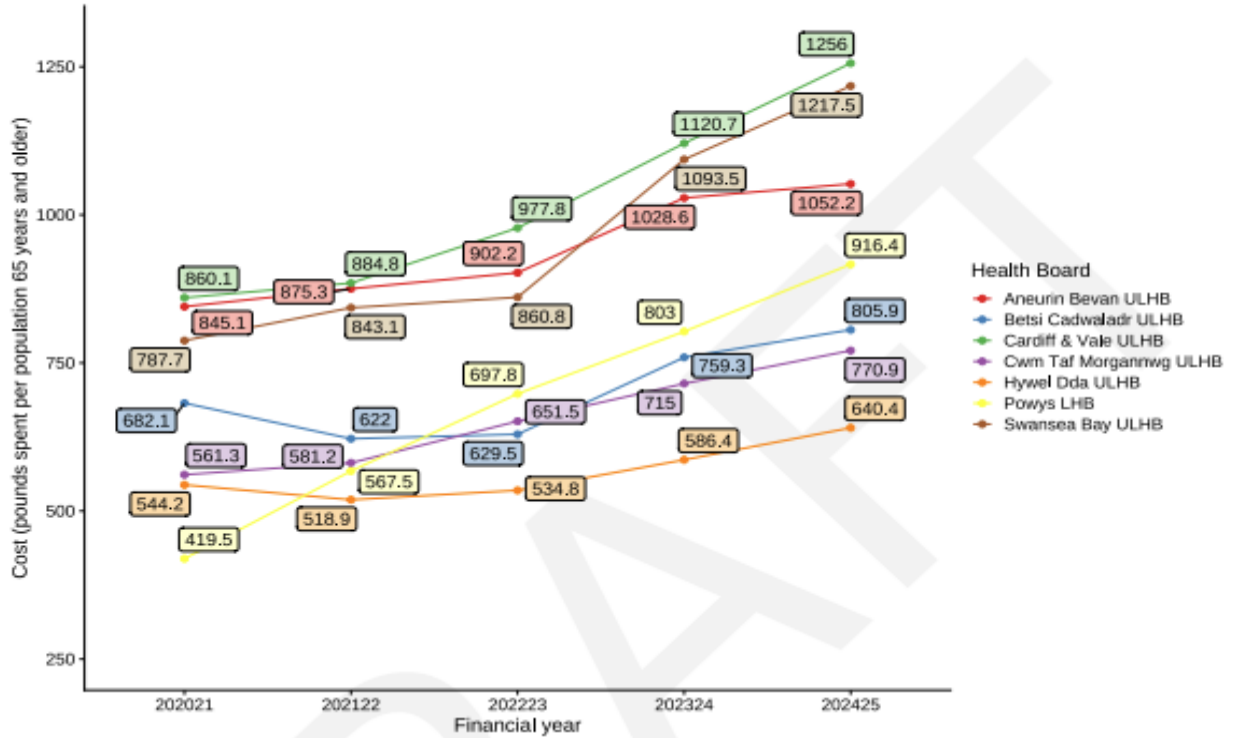


During this period of time, PTHB has moved from being the Health Board with the lowest spend to now being middle of the pack. It is likely that the unaccounted for growth above related in part to this shift for Powys from lowest paying Health Board to mid-pack. This is an assumption and not categorically known.

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**Cost of CHC and FNC per population-aged-65-and-over by financial year for each Welsh Health Board**

Financial year 2024/25 incorporates projections for latter part of year. Finance data from the DU. Populations are from ONS 2023 estimates.



Given the very low starting position for PTHB, the growth has been significant although it has not led the Health Board into a position which outlies the rest of Wales. The Powys growth is more than twice the next highest Health Board, Swansea Bay. Cardiff & Vale consistently is the highest spending Health Board and have had growth over the same period of 46%.

% Change on Prior Year	Financial Year	2020/21	2021/22	2022/23	2023/24	2024/25	Total Change between 2020/21 and 2024/25
Aneurin Bevan ULHB			3.58%	3.08%	14.00%	2.30%	24.51%
Betsi Cadwaladr ULHB			-8.81%	1.19%	20.63%	6.13%	18.14%
Cardiff & Vale ULHB			2.87%	10.52%	14.61%	12.07%	46.03%
Cwm Taf Morgannwg ULHB			3.54%	12.09%	9.75%	7.81%	37.33%
Hywel Dda ULHB			-4.64%	3.07%	9.63%	9.22%	17.68%
Powys LHB			35.28%	22.96%	15.08%	14.13%	118.47%
Swansea Bay ULHB			7.04%	2.09%	27.03%	11.35%	54.57%
<b>Grand Total</b>			<b>1.12%</b>	<b>5.59%</b>	<b>16.36%</b>	<b>7.96%</b>	

Although during this period the costs have been contributed to by inflation and population aging, this does not account for the growth in full. There was a lack of detailed information to support an in depth analysis and the current data systems remain inadequate.

The recommendation from the report and follow up actions were :

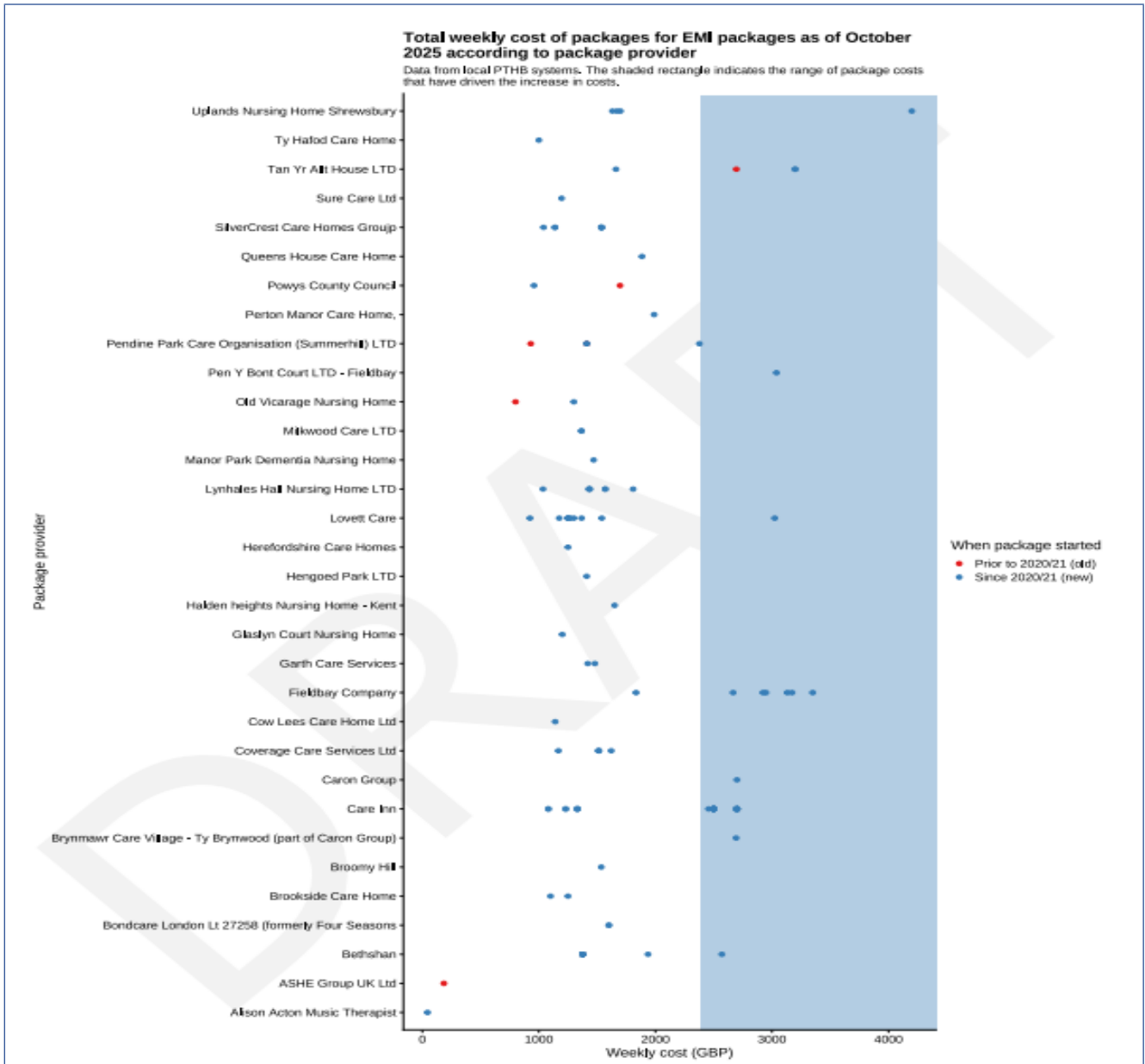
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1. **Improve data and record keeping** : Full engagement with national data system for CHC. Three years of funding has been confirmed and Health Boards now need to identify preferred future system. This work is underway.
2. **Focus on key areas of growth** : An internal Programme Board has been implemented with initial focus on EMI and LD.
3. **Establish improved processes to ensure alignment between eligibility, need, provision, and cost** : A collaborative project with Powys County Council has been implemented to review the collective increases in costs. This is an open book exercise with care settings where the fee levels are greater than the agreed social care rates. Development of a shared dashboard with PCC to support further collaboration and understanding.

### **EMI Focus**

In the last year there has been a 31% increase in placements for EMI with each new patient having a time-sensitive review and case management requirement. Although the Health Board does not deliver care, the accountability remains and requires continuous management.

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The report analysis indicates that the distribution of package costs has changed notably for Elderly Mentally Ill Nursing Home. The more recent distribution has a bulge of packages at a higher level than previous – starting at a cost of around £2400 per week (blue section in table above). The change in distribution has been driven by the addition of new higher cost packages in recent years. It is not possible from the analysis to disentangle the extent to which these increases in cost relate to care provided or wider market changes.

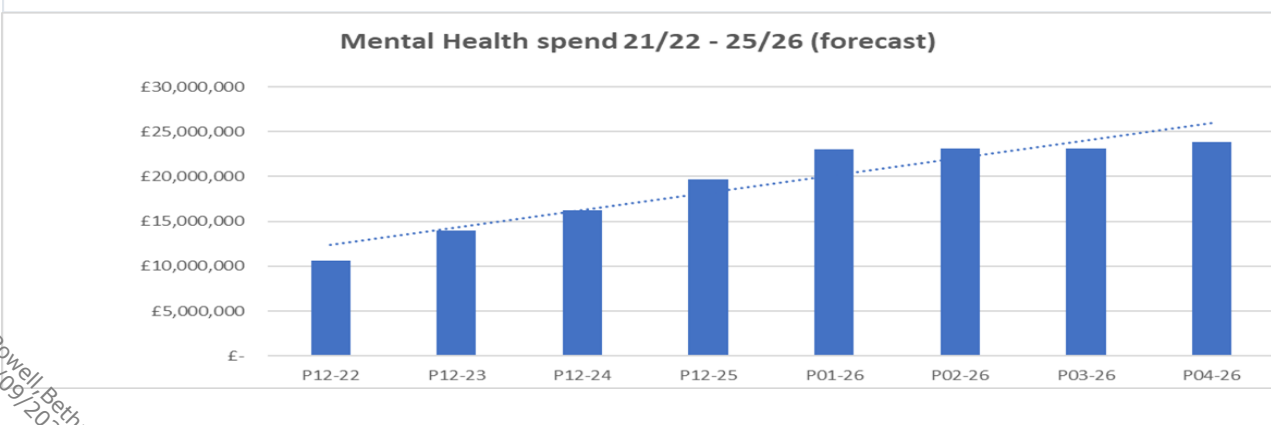
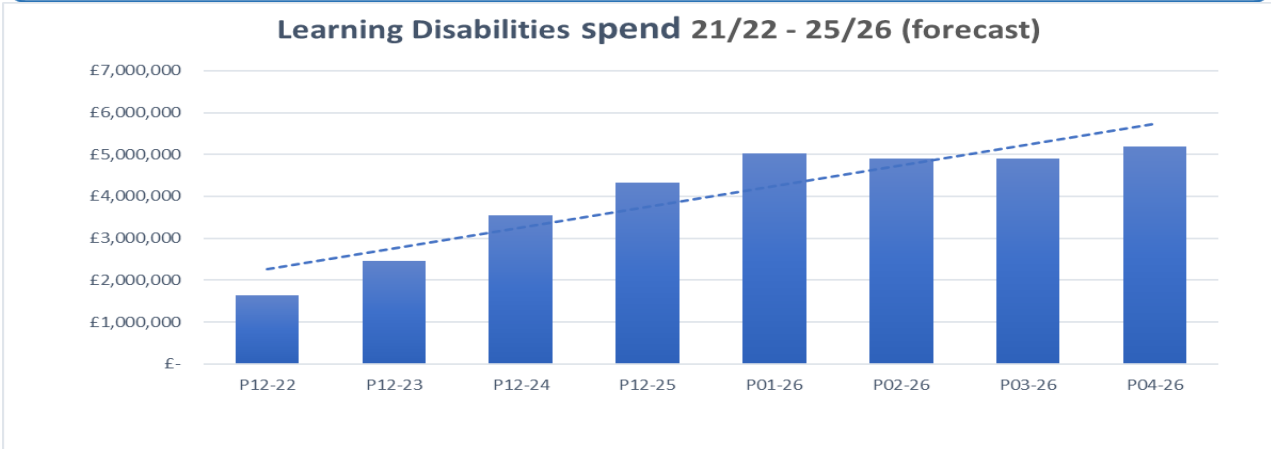
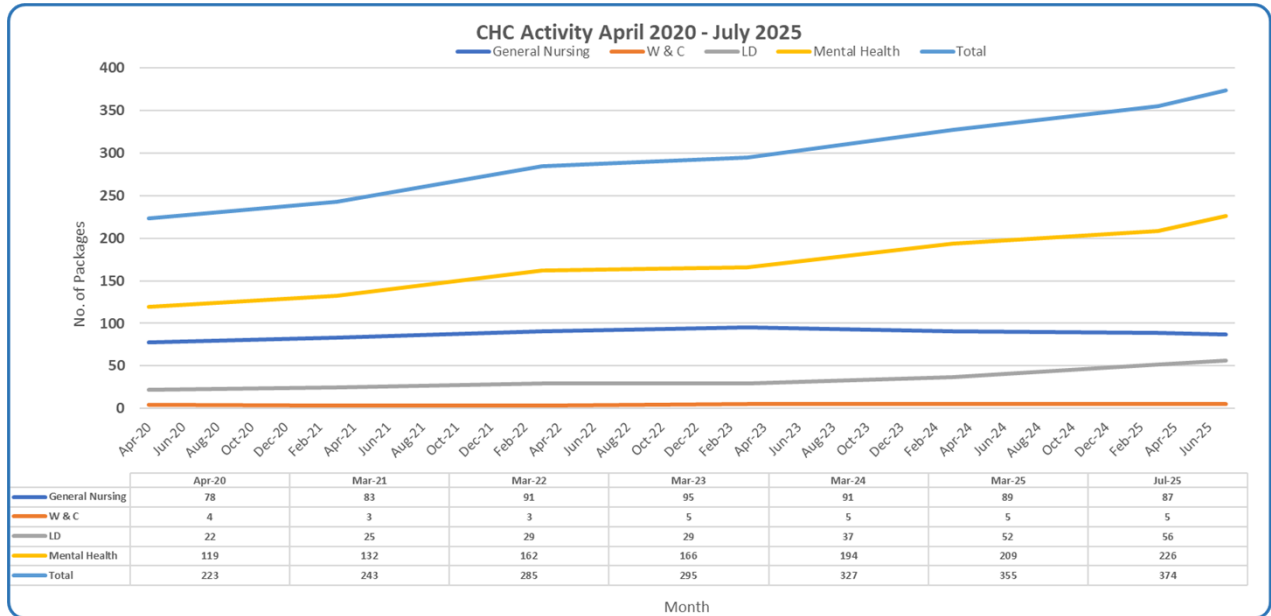
There remains a growing older population for Powys and it is reasonable to expect a continued growth for care for this population cohort.

**FINANCIAL POSITION**

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Over the last 8 years there has been a considerable growth in CHC spend and number of placements with the largest contributors being EMI and LD. For the first 4 months for 2025-26 the spend has been more stable.

General Nursing and Women and Children placements have remained reasonably consistent.



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There are currently 344 funded packages of which 141 (41%) are jointly funded by PCC.

Month 04 Forecasts	MH	LD	Total
<b>2025/2026</b>			
PACKAGES (current)	226	5	231
£'s	£23,851,207	£826,679	£24,677,885
Days	89,705	2,158	91,863
Avg cost per day	266	383	£649
<b>2024/2025 Month 12</b>			
PACKAGES (current)	209	5	214
£'s	£19,713,819	£622,501	£20,336,321
Days	78,305	1,686	79,991
Avg cost per day	£252	£369	£621
<b>Forecast Change</b>			
<b>PACKAGES (current)</b>	17	0	17
<b>£s</b>	£4,137,388	£204,177	£4,341,565
<b>Days</b>	11,400	472	11,872
<b>Avg cost per day</b>	£14	£14	£28
<b>Impact Breakdown</b>			
Increase in Days (@24/25£)	2,870,028	174,271	3,044,299
Increase in Daily Fee	1,267,360	29,907	1,297,266
<b>Total Increase/(Decrease)</b>	<b>4,137,388</b>	<b>204,177</b>	<b>4,341,565</b>

The CHC Budget is based on the 2024-25 Outturn including an inflationary uplift that has been added for 2025-26.

The Current position for CHC is an overspent by £148K VTD and forecast overspent variance of £381K. The position is based on the data from the NCCD system excluding Children services.

The CHC position is subject to change depending on demand/packages and fee changes. The client numbers have seen a movement from 364 to 374 in month.

### Savings Target

Of the Directorate's £500K savings target, £500K schemes are rated Green at Month 4. Performance to date is £167K (100%) against the £167K YTD Plan for identified savings schemes.

### VALUE & SUSTAINABILITY BOARD

There were previously 7 key actions progressed by the national Value and Sustainability Board however, due to national financial pressures there has been a significant reduction of the programme.

1. **All Wales IT System** : This remains a national priority however progress has stalled. PTHB is addressing locally with the development of a digital dashboard for Complex Care.
2. **All Wales support for NHS nurse assessors and reviewers training and competency** : Nationally, Blake Morgan Solicitors had been involved in setting out delivery of the legal context training and some independent Nurse Assessor training. This has paused and focus has shifted to the implementation of Direct Payments. Training is in place in Powys in full partnership with Powys County Council.
3. **A continuation of the High-Cost Mental Health & Learning Disabilities Placements Reviews** : Not yet progressed and the changes within the JCC will impact on their capacity.

The following Recommendations are not currently being progressed :

- A process to identify opportunities to ensure value through consistent pricing
- Further enhance CHC Health and Social Care Co-operation.
- Strategic Commissioned Care Planning.
- Improving governance and oversight national and local CHC work

Within Powys we have an established Improvement Program with monthly review meetings. Initially the focus was on 5 key priorities:

- Private providers for adult Mental Health – massive step up in activity and costs in 24/25
  - This is not CHC commissioned care and is part of the pathway for acute and complex presentation for our population.
  - Separate paper provides greater detail.
- Do we have the data, metrics & information we require for our reporting and assurance: Maintaining over 85% for on time reviews, focusing on Mental Health, and, Retrospective claims, process and no breeches
  - Digital transformation is progressing locally with development of a new dashboard which should be in place by October 2025.
  - Development of a proposal to deliver on the national program is underway.
  - Reviews across CHC remain within the 85% on-time target and savings plans are also on target.
- Increased in number and cost of packages for Learning Disabilities
  - New weekly review panel has been established with PCC
  - Reporting and governance in place
  - Moved to Business As Usual (BAU) in August 2025

- Increased number and cost of cases for Elderly Mentally Infirm
  - Initial review of cases undertaken
  - Identification of challenges within MH team for CHC compared to other HBs and the growth in demand – business case developed and for consideration
  - Development of a new enhanced care home in the north which offers a saving of approximately £1400 per week, per patient.
- 7 recommendations for value & sustainability
  - Focus on Direct Payments (DP) to be established – new priority August 2025

## **NATIONAL SERVICE CHANGE**

There are two new risks pending for the Complex Care service based on national change: the introduction of Direct payments and a reduction in the functions of the Commissioning Care Assurance and Performance System (CCAPS) Framework.

### **Commissioning Care Assurance and Performance System Framework**

The National Collaborative Framework for Care Homes in Wales (NCCU) is now lead by the NHS Wales Joint Commissioning Committee (JCC). It affects Adults of Working Age with mental health needs and/or learning disabilities and will renew CCAPS for a new eight year term commencing 1st April 2026. Part of this process includes additional work on quality assessment and monitoring which will be transferred from the JCC to the Health Board. The first stage covers care homes only with hospital placements to follow.

The impact on procurement and pricing for placements includes;

- Competitive tender process under Provider Selection Regime (PSR) Wales. Currently no Health Board is compliant with the new procurement law.
- Providers must meet selection criteria and submit a core weekly price and an hourly rate for additional services.
- Annual pricing refresh with an inflation cap annually of 6.5%. This offers some positivity in that the current arrangements are varied and unknown until well into the financial year. A fixed cap offers some predictability for financial planning arrangements.

The changes being made by the JCC will have an impact on the Health Board :

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- Health Boards will be required to manage all quality assurance processes (both placement and patient reviews will be required). This introduces new work for the teams and will require a review of the resource needed.
- Potential financial impacts around joint Local Authority/Health Board packages as the new arrangements will not include local authority lead commissioning. The Health Board must always be the majority holder and this is a new function.
- Increased commissioning requirements around contract issuing and management that will require expertise and dedicated resources.
- Positive impact on uplifts as the revised framework allows for an annual year-on-year agreed rate as opposed to current variances and delays in price refresh.

PTHB has given feedback to the JCC and to date, it is not expected that any resource to support the management function transfer will be forthcoming.

### **Direct Payments**

Direct Payments are due to be introduced for healthcare in Wales in Spring 2026, supported by secondary legislation and guidance. A three-year transitional period will involve the development of a national CHC DP Hub model and local partnerships with health boards. The aim is to promote greater voice, choice, and control for individuals, alongside equality with social care direct payments.

The implementation poses significant challenges that need early consideration and planning by Health Boards as Welsh Government guidance is not expected until after implementation, giving no time capacity to identify specific challenges. £150K has been identified to support the initial development of the national hub. To support this process the following has commenced:

- Establish a Local Implementation Group (LIG) within the Health Board to coordinate planning, engage with Welsh Government and other LHBs, to prepare operational models. The LIG commenced on August 15<sup>th</sup>.
- Map existing capacity and gaps across CHC teams, finance, training, and governance functions.
- Engage early with stakeholders, including service users, PCC, 3rd sector, and workforce reps, to test assumptions and design local arrangements.

- Pilot elements of the DP pathway ahead of 2026 to test financial flows, delegated tasks, and support models with Independent Living Partners.
- Develop clear financial governance protocols, including account approval, audit checks, and regular reporting.
- Prioritise workforce development with a focus on training, delegation protocols, and care planning competencies.
- Ensure consistent communications, including easy-read materials and updated FAQs for professionals and families.
- Contribute to and align with National Hub work, ensuring local intelligence and concerns are fed into guidance development.

Currently, the identified risks for the Health Board are:

- **Governance & Financial Accountability** – plans will seek to reduce the risks of misused funds, errors in care planning, and delays due to fragmented systems. There is a need for clear processes for audit, account approval, and financial monitoring.
- **Operational Structure** – plans will manage the effective integration of the Hub-Spoke model across health board and with external partners. This will include the definition of roles.
- **Workforce & Delegation** - delegation of clinical tasks to personal assistants (PAs) and consistency in competency sign-off, clinical governance, and training delivery.
- **Systems & Data** – there is an importance of standardised documentation and care/support planning tools with a need for robust IT systems for managing care plans, monitoring payments, and submitting national data.
- **Capacity & Readiness** – plans will need to clarify the current lack of internal capacity, particularly new knowledge and skill requirements. There is also limited access to data on individuals likely to take up direct payments to support planning.
- **Stakeholder Engagement** - Communication with patients, families, providers, and care coordinators must be timely and inclusive. Learning from England shows the need for early engagement to build trust and understanding.

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- **Clinical Risk & Insurance** - Determining suitable training and support for care staff (e.g., PAs). Health task delegation must align with safe practice and indemnity and liaison with Welsh Risk Pool essential.

There is an ongoing concern relating to financial pressure and service demand. Benchmarking has been undertaken with other Health Boards which identifies that PTHB is significantly less resourced in terms of team capacity to manage the existing workload and the changes.

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**Subject:**

Deep Dive - Private Providers – Mental Health provision

**Approved and Presented by:**

Executive Director of Primary Care, Community & Mental Health

**Prepared by:**

Assistant Director Mental Health and Learning Disabilities

**Purpose:**

To provide current position, progress against the recovery response plan and assessment of projection/forecast for the private provider usage for Mental Health (MH) and Learning Disabilities (LD) patients.

**Recommendations:**

The Committee is asked to:  
• **Take ASSURANCE** from the report and plan

**Executive Summary:**

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 M4, it is forecast that without action the costs will increase to £6.8m (£6.1m MH and £0.7m LD). The number of open packages is 20 at the end of July.  
LD costs have reduced this month, whilst MH continues to increased, which is primarily driven by high cost PICU placements and Additional Needs (1-2-1 care)  
Action has been taken to strengthen governance and operational decision making and the monitoring of commissioned packages. An Investments and Benefits Group (IBG) case is due to go to panel to enhance complex emotional needs support in reach to out of county and local wards to increase Dialectic Behavioural Therapy (DBT) and opportunity for earlier discharge which has a conservative estimate of impact. Capital funding has been secured to develop and enhanced care area aligned to Felindre Ward and impact assessment work has commenced including cost savings work to identify optimum model to impact. More work is still needed to improve projections, but the service is now clinically estimating discharge times. All Wales conversations regarding opportunities to block book Psychiatric Intensive Care Unit (PICU) at reduced costs are occurring and will be supported by the National Strategic Programme Board.

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- Significant increased need for provision of external acute care beds in 2024/25
  - Improved quality and safety governance and decision making
  - Growing demand and complexity requiring safe and appropriate care response – includes Learning Disability (LD) patients, 0 in 2023/24, 6 in 2024/5
  - Infection Prevention Control measures reduced acute adult beds for significant period of times
  - Serious Incident impacting on environment, staffing and patient management
  - Significant estates works
- There is a weekly variance

## Position as at 07/08/2025

Provider type	No.
Psychiatric Intensive Care Unit (PICU)	7
Acute	12
LD	4

## Position as at 14/08/2025

Provider type	No.
Psychiatric Intensive Care Unit (PICU)	7
Acute	8
LD	4

- Commissioned provider usage
  - 1 discharge from Redwoods
  - 1 current admission to Ward F

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Powys has the highest proportionate use of out of area beds and is the only Health Board (HB) without its own PICU

Correspondence received from other Health Boards noting –

*“We are experiencing high levels of demand for our Adult Acute and PICU inpatient beds at present and have had to commission a significant amount of beds in the private sector in the recent months on a case by case basis, which has not been the case historically”*

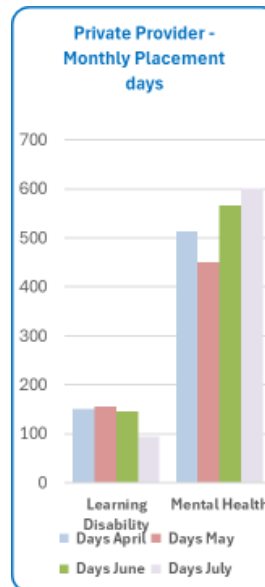
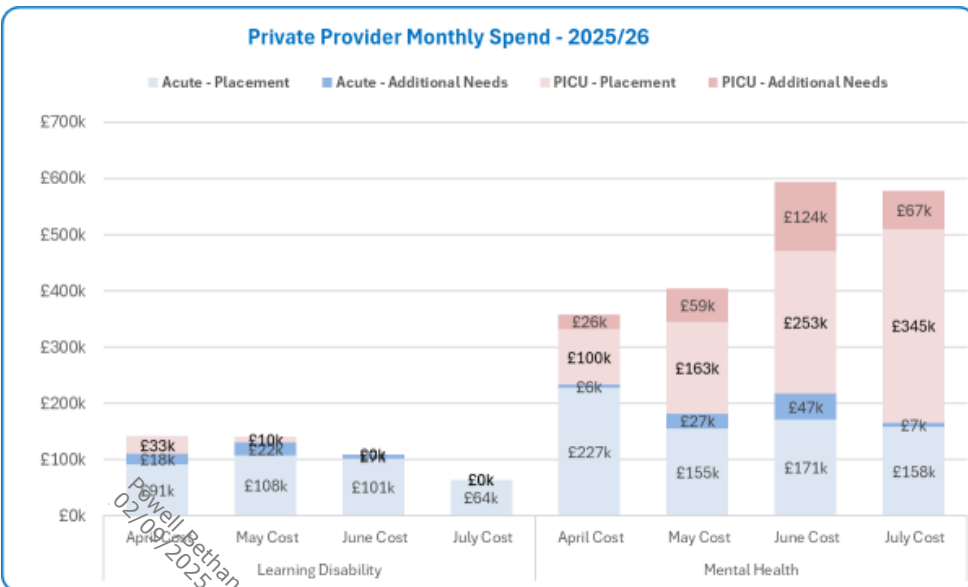
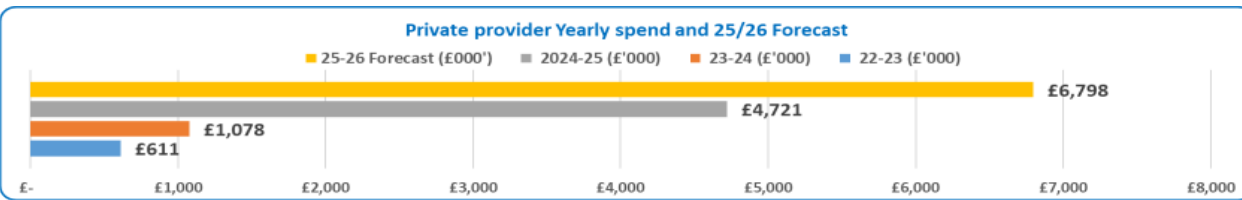
*(Service Group Director, Swansea Bay UHB)*

Currently discussing potential of block booking arrangement.

As of 18/6/25	AB	BCU	CAV	CTM	HD	Powys	SBU
Population by HB	595,412	691,991	518,269	446,514	388,139	134,439	389,640
OOA PICU	10	0	7	-	7	9	6
OOA Acute	7	6	0	-	0	7	20
OOA OPMH	-	11	-	-	-	-	-
Total	17	17	7	-	7	16	26

## 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.



## Projected variation example

By September, 3 high cost placements will have ended reducing forecast by £472,330

## 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 M4, it is forecast that without action the costs will increase to £6.8m (£6.1m MH and £0.7m LD). The number of open packages is 20 at the end of July.

LD costs have reduced this month, whilst MH continues to increase, which is primarily driven by high cost PICU placements and Additional Needs (1-2-1 care)

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages.

## 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.

## Governance:

- Greater governance including enhanced reporting and clarity of process
- Weekly Private Provider and Funding Panel
- Daily Repatriation review
- Training for staff across the service group including introduction of Commissioning Care Assurance and Performance System (CCAPS) – a national framework and online tool. Now fully implemented.
- Financial forecasting – still some discussions to hold

## Service Change:

- Change of crisis to admission bed in adult acute setting
- Complex Emotional Needs Service (CENS) IBG Case - increase complex emotional needs therapies into acute setting and provision of DBT in private providers
- Review of commissioned pathways

## Opportunities / Action

- All Wales discussions block book arrangement for PICU, medium and low secure
- Greater capacity for focussed / accelerated mitigation and improvement work at leadership and management level
- Sickness levels have improved on the adult acute ward and more discharges to Felindre expected in August and September.

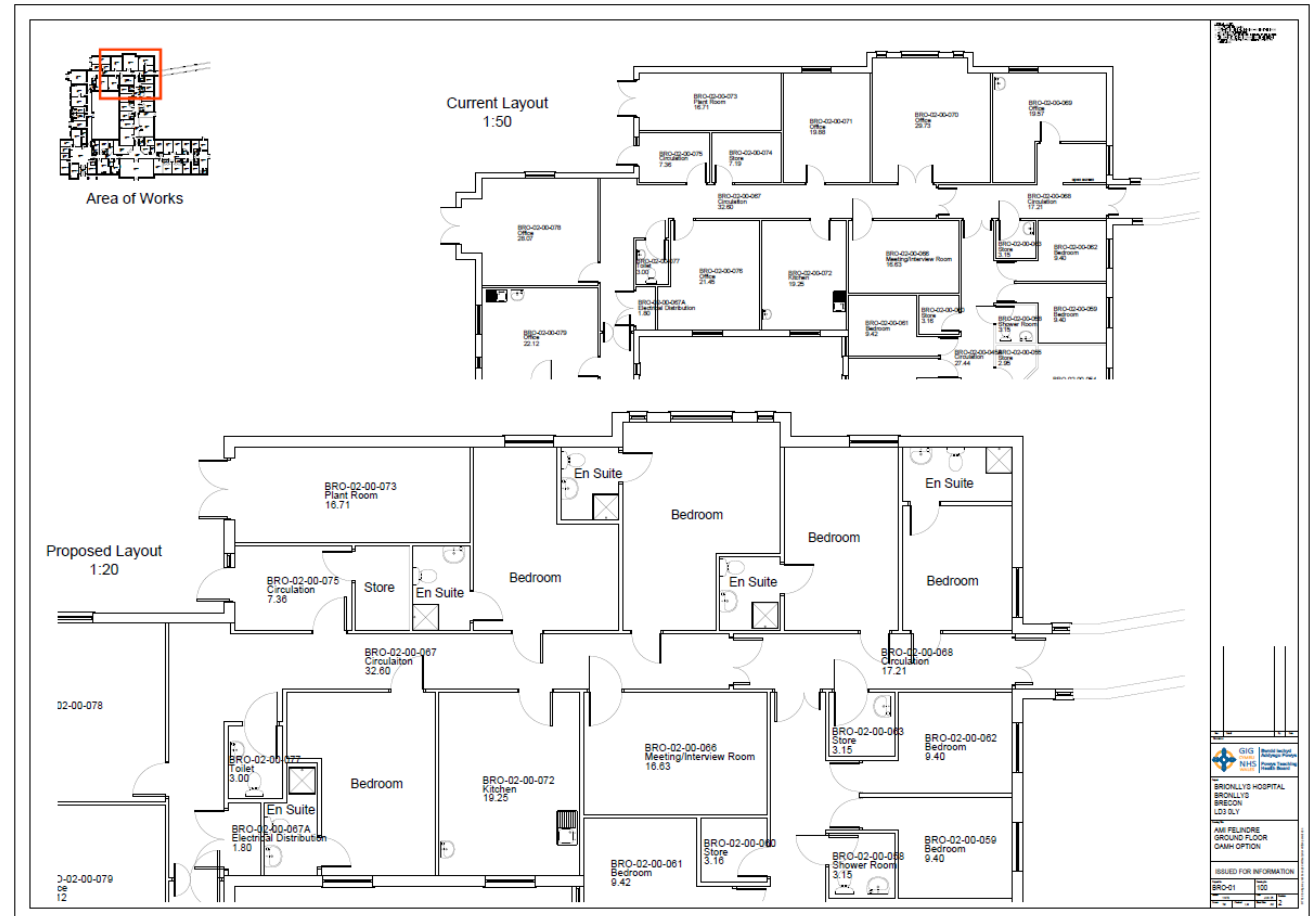
- Enhanced Care area to create flexibility and reduce observations level in acute settings

Capital funding approved to convert Defynnog Ward back to anti-ligature rooms.

Option 1. Bridging - Older Adult functional patients. Would require temporary service change.

Option 2. Repatriation of Out of County Acute patients. Would require additional staffing.

Timescale estimate, works initiated December 2025 for completion by February 2026.



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.6**

**Finance and Performance Committee** **Date: 02 September 2025**

<b>Subject:</b>	Variable Pay – Deep Dive
<b>Approved and presented by:</b>	Executive Director of Finance, Capital and Support Services
<b>Prepared by:</b>	Assistant Director of Finance
<b>Other Committees and meetings considered at:</b>	Informal Executive Committee on 27 August 2025

**PURPOSE:**

Variable pay has increased significantly in recent years and is one of the drivers for the HB’s underlying deficit. This paper gives an overview of current trends, and actions that are being progressed to reduce this expenditure.

**RECOMMENDATION(S):**

The Finance and Performance Committee is asked to NOTE the paper and TAKE ASSURANCE of the action and focus being taken to improve the position.

Approve/Take Assurance	Discuss	Note
<b>x</b>	✓	✓

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

1. Focus on Wellbeing	✓
2. Provide Early Help and Support	✓
3. Tackle the Big Four	✓
4. Enable Joined up Care	✓
5. Develop Workforce Futures	✓
6. Promote Innovative Environments	✓
7. Put Digital First	✓
8. Transforming in Partnership	✓

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## BACKGROUND

The Health Board (HB) variable pay expenditure (Agency and Locum), has increased significantly over recent years. At £10.8m last year it represents 9.2% of total pay expenditure. This is significantly higher than the Wales average of 2.7%.

Welsh Government (WG) have set targets in 25/26 to:

- 1) reduce total agency and locum expenditure by 30% in 25/26 and ensuring no off-contract expenditure.
- 2) reduce to zero agency spend from 30<sup>th</sup> September for HCSW, A&C, and Estates and Ancillary.

In addition to this the HB as part of its 2025/26 Annual Plan has set a challenging £3.4m savings targets on Variable pay, which, when taken against the investment required in substantive staff would require the HB to reduce agency/locum spend by 50% (circa £5m) in 2025/26.

Through the work of the Variable Pay oversight group and the Operational group, actions have progressed, and milestones set to reduce significantly the variable pay expenditure.

- From 30<sup>th</sup> June – NO off-contract HCSW shifts unless exceptional escalation criteria are met.
- From 14<sup>th</sup> July – NO off-contract RNs (physical health only) unless exceptional escalation criteria are met.
- From 28<sup>th</sup> July – NO off-contract RMNs (mental health only) unless exceptional escalation criteria are met.
- From 25<sup>th</sup> August – NO off or on contract HCSW unless exceptional escalation criteria are met.

Whilst satisfactory progress is being made, current trends indicate that the Healthboard needs to take further action to achieve the WG targets.

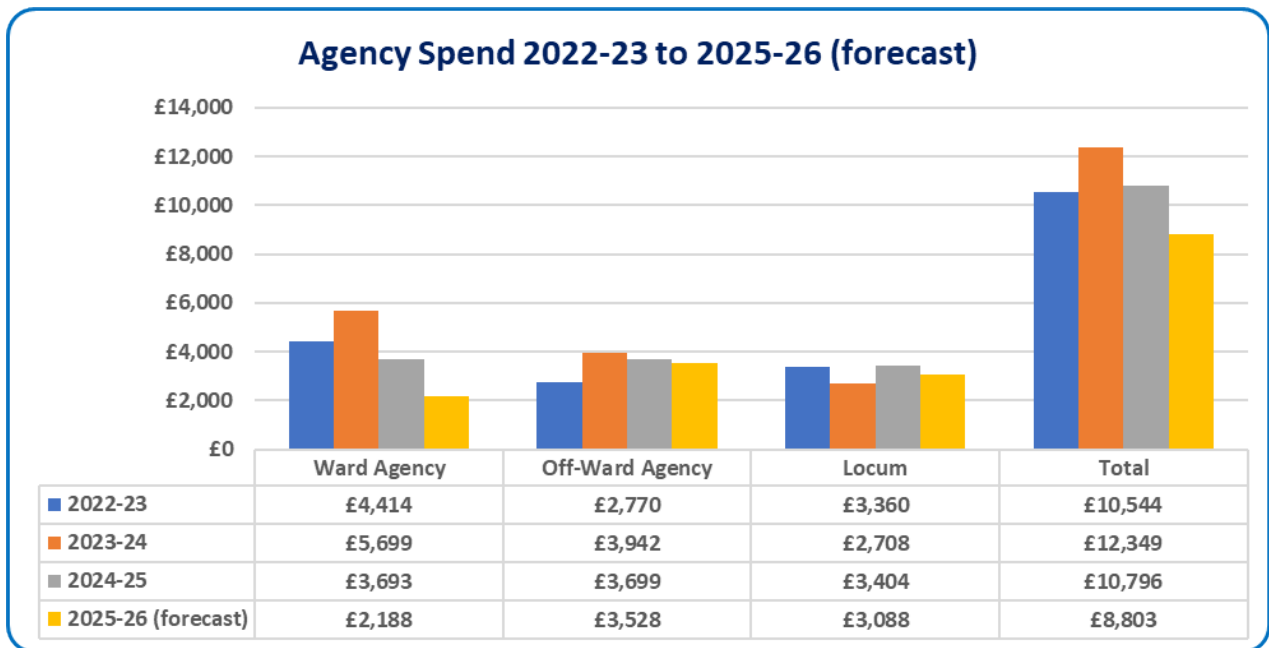
Target	Progress	Confidence
Reduce total agency and locum expenditure by 30% in 25/26	Expenditure has reduced in 25/26 compared to £10.8m in 24/25. Current forecast of £8.8m is a 20% reduction.  Key areas of focus relate to locums, MH and agency use by off ward teams.	Medium
and ensuring no off-contract expenditure	Use of off-contract agency suppliers has reduced, but will remain challenging, especially for MH	Medium

Reduce to zero agency spend from 30 <sup>th</sup> September for:		
<ul style="list-style-type: none"> <li>HCSW</li> </ul>	Reduction being achieved, but not yet to the extent where use will be eliminated.  Key area of focus is recruitment to MH wards.	Medium
<ul style="list-style-type: none"> <li>A&amp;C</li> </ul>	No expenditure	High
<ul style="list-style-type: none"> <li>Estates and Ancillary</li> </ul>	No expenditure	High

Whilst we are making every effort to comply with the enabling actions set out by the Cabinet Secretary of 30% reduction on agency spend, together with no off contract agency, we are anticipating that Mental Health services will present our greatest challenge and may well result in our breaching the nationally set requirements/expectations.

### 1. AGENCY AND LOCUM SPEND

The HB's variable pay can be split into three discrete areas:

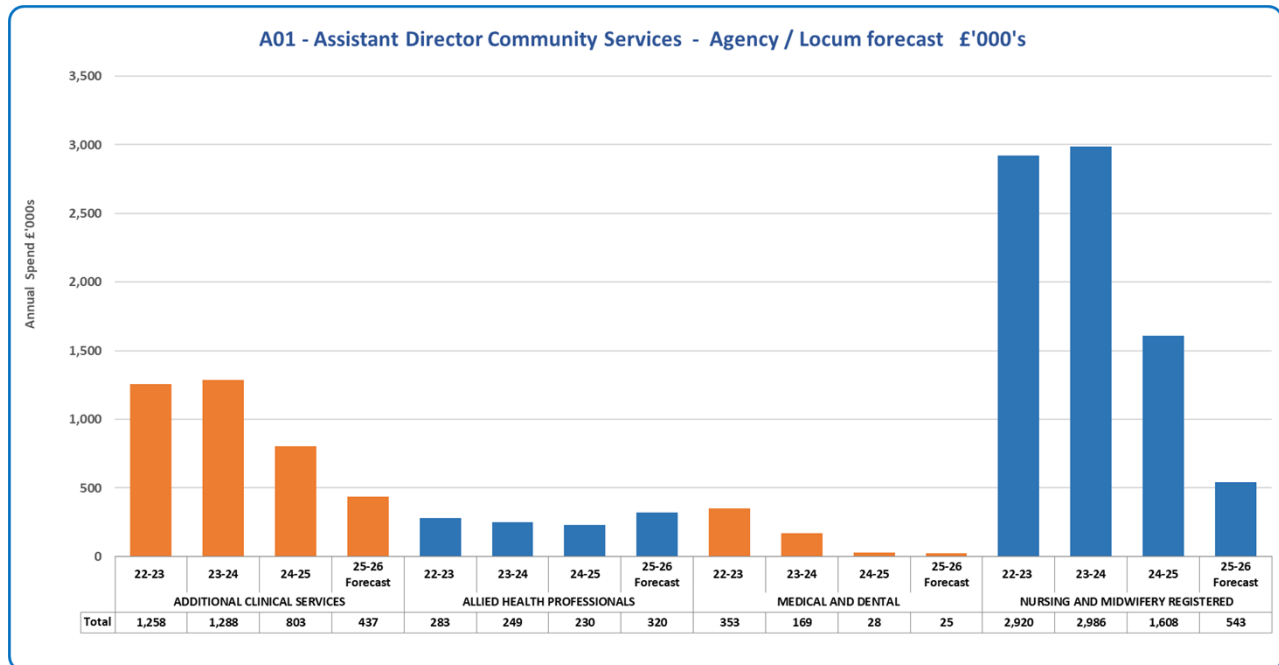


Ward Agency, Off Ward Agency and Locum, each accounting for approximately a third of spend last year. Trends have reduced significantly on Ward agency over the last 18 months, whilst Off Ward agency and Locum spend is relatively constant, and in excess of Ward agency in 25/26.

The drivers of spend in each of these areas, are different, and multifaceted, however common themes will be vacancies, service demand and complex patients.

The following charts show the recent year's out-turn, this year's straight-line forecast, and recent months activity trends by the principal areas.

### 1.1 Community Services: Annual spend and 25/26 forecast by Staff Type

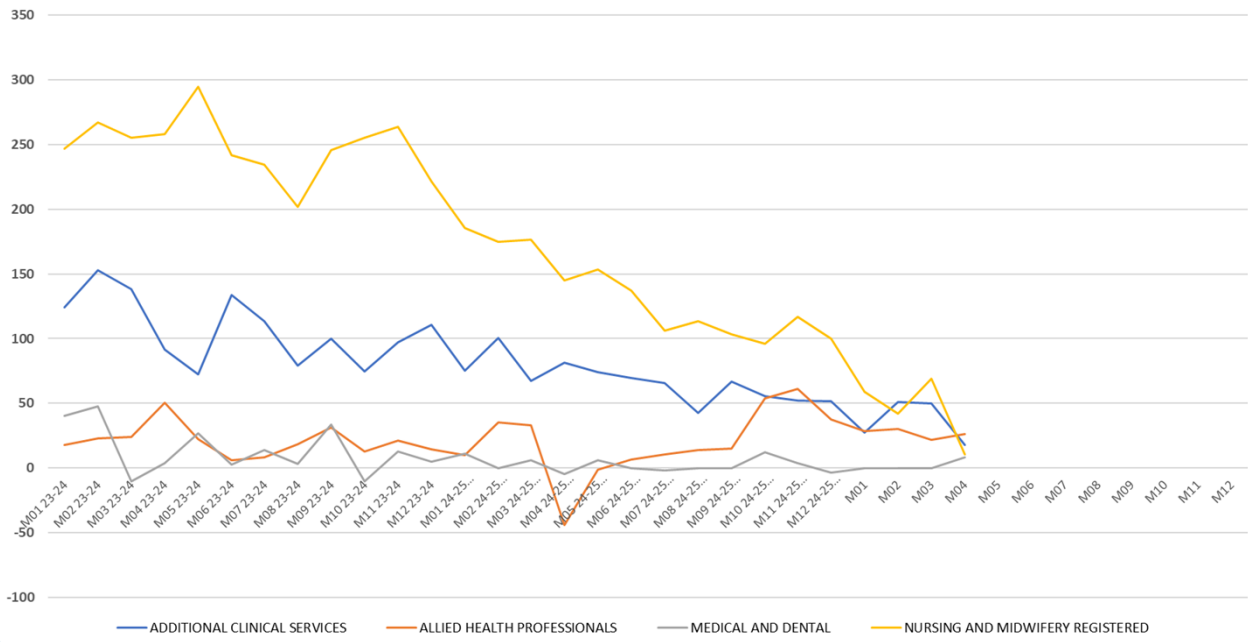


Significant agency reduction has been seen on both ACS (HCSW's), RN's and Medical staff over the last 18 months. AHP's are forecast to increase spend this year.

### 1.2 Community Services: Monthly spend by Staff Type

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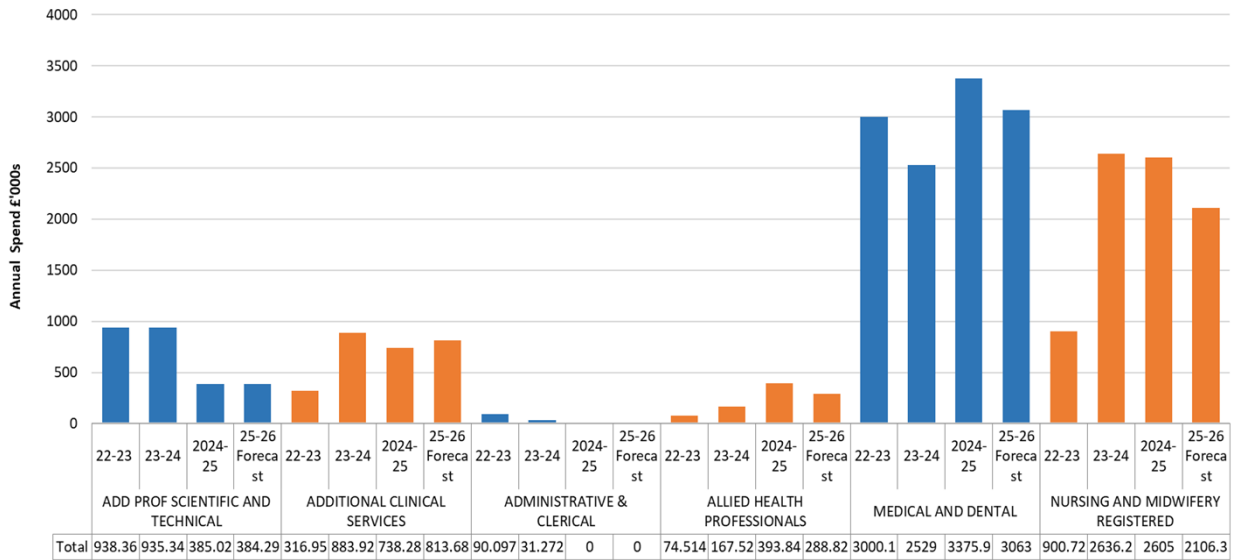
**A01 - Assistant Director Community Services - Agency / Locum Monthly Spend. March 2022 to date  
£'000**



Consistent reductions have been seen on spend since Feb/March 2024

### 1.3 MH: Annual spend and 25/26 forecast by Staff Type

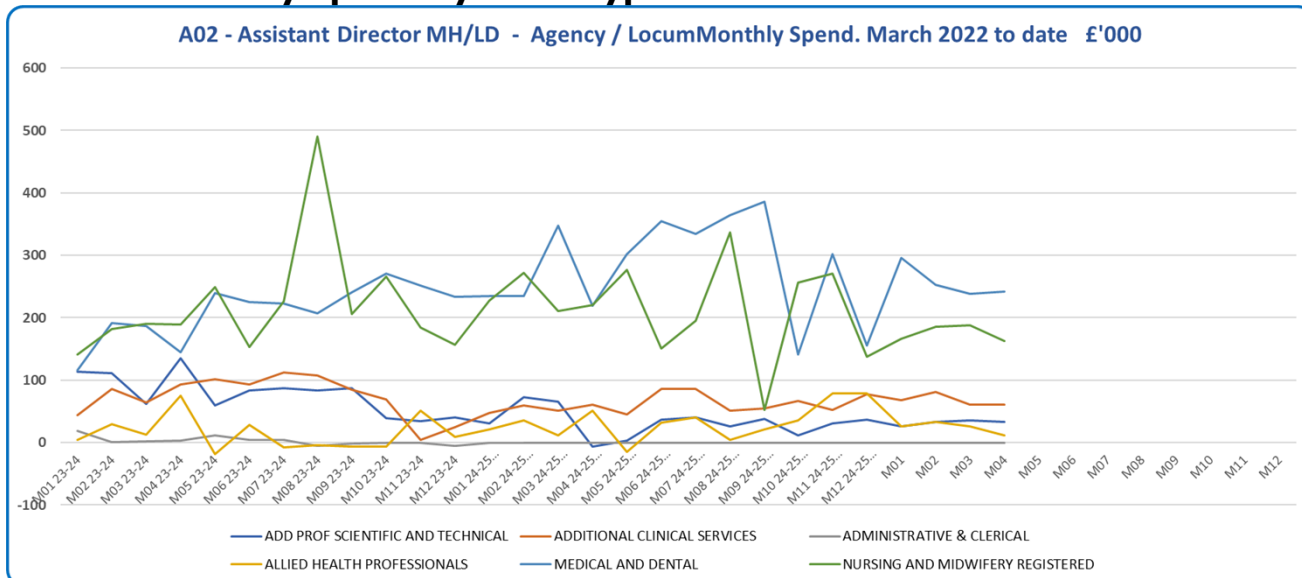
**A02 - Assistant Director MH/LD - Agency / Locum forecast £'000's**



Medical, ACS (HCSWs), and AHP spend has remained relatively constant over the last couple of years. Reductions have been seen in APS&T and RNs over the last 18 months, with the latter remaining relatively high.

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## 1.4 MH: Monthly spend by Staff Type



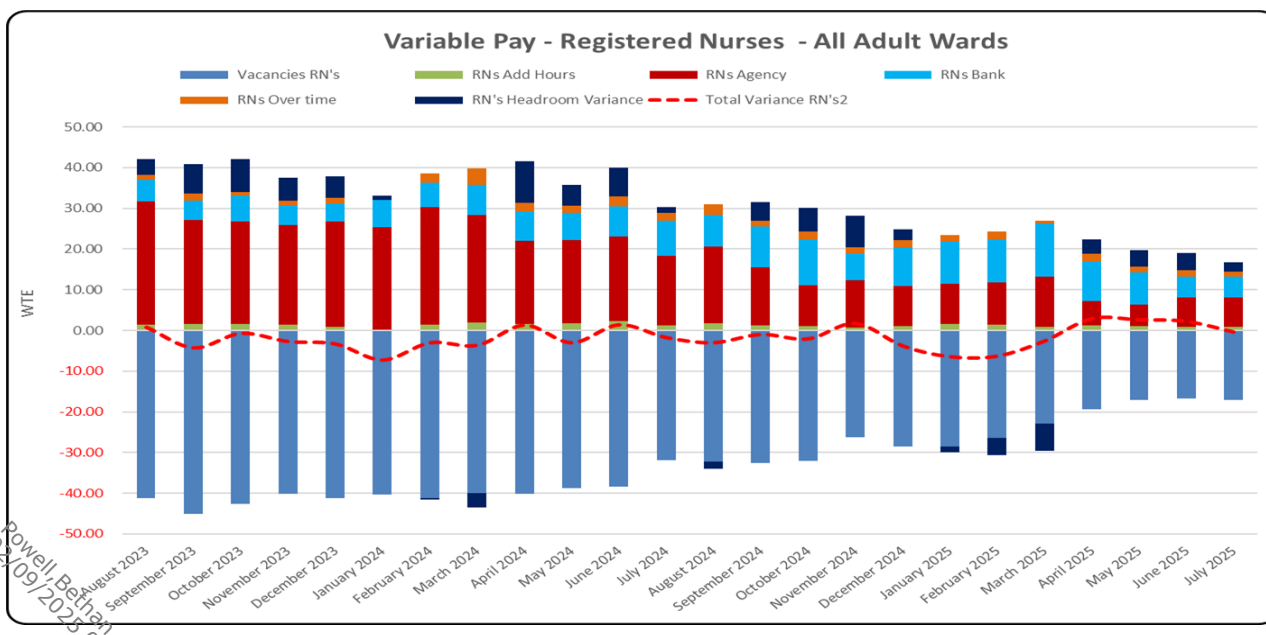
Spend remains relatively flat in 25/26 with slightly less volatility than in previous years.

The drivers of variable pay are predominantly due to vacancies (and other staff absences), service demand and patient complexity.

## 2.1 Ward Staffing

The following charts and tables show below the axis the loss of wards staff for various reasons (prominently Vacancies) and how those losses have been mitigated through additional staff (above the axis) in order to maintain safe staffing levels, with the red dotted line being the net of the two.

### 2.1.1 Registered Nurses on All Adult community wards



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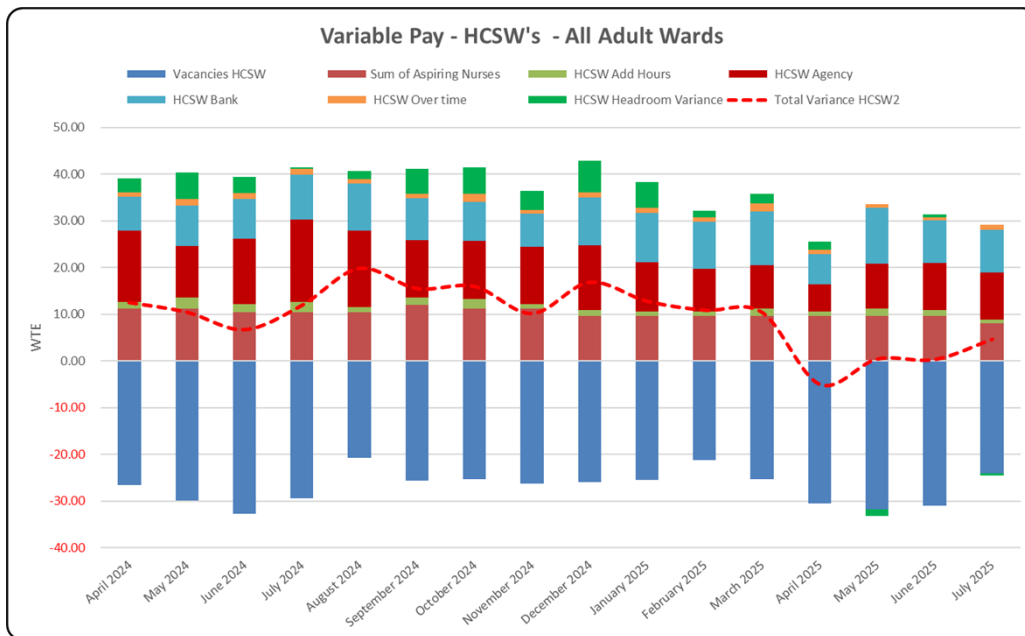
The red dotted line indicates safe nursing staffing levels have overall been maintained, through the use of agency and bank staff.

Vacancies have reduced from circa 40 WTE to about 17 WTE in July, with a corresponding reduction in agency.

Actions that have supported this, include:

- Overseas recruitment
- Active and ongoing recruitment of vacant posts.
- Standardising shift patterns and handover (overlap) from July will improve the position and reduce the total staffing requirement by 13.3WTE (further reducing the vacancies). These changes are not yet reflected in the above chart pending final implantation of the changes.

### 2.1.2 HCSWs on All Adult community wards



The red dotted line indicates HCSW staffing levels have overall been above the baseline safe staffing levels. This will predominantly be due to the need to increase staffing to support more complex patients. This has reduced in recent months.

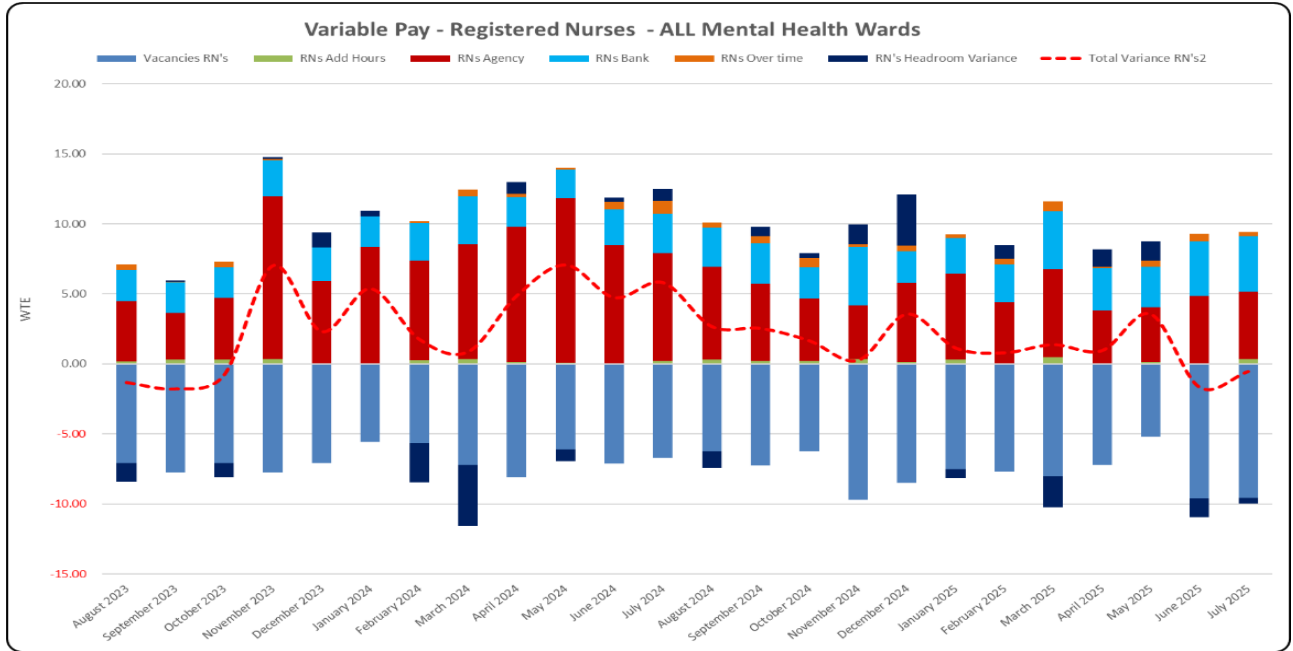
Vacancies have reduced from circa 30 WTE to about 25 WTE in July. Actions that have supported this include:

- The Aspiring nurse programme.
- Active and ongoing recruitment of vacant posts.
- Standardising the handover and shift overlap.

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Consideration is being given to appointing more substantive HCSWs to support additional requirements for complex patients and, thereby, reduce the use of agency expenditure.

### 2.1.3 Registered Nurses on All Mental Health Wards

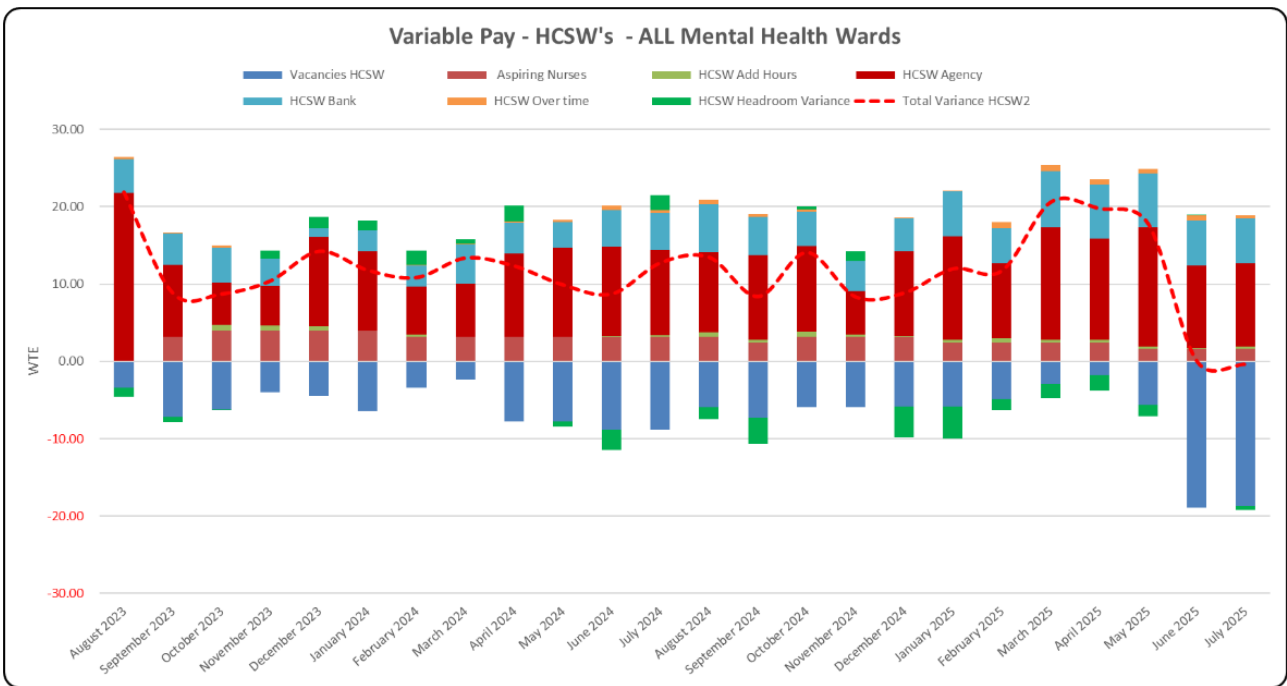


The Mental Health budgets and staffing levels are currently being reviewed to ensure that they are appropriate for patient numbers and complexity of care required, establishments and budgets have been adjusted from June, and this helps to give a clearer picture on Registered Nursing use across the Mental Health wards. Vacancies being that largest factor in the use of variable pay.

The new reduced shift handovers which are in place in CSG are being finalised, ready for staff consultation within MH&LD service group.

### 2.1.4 HCSWs on Mental Health wards

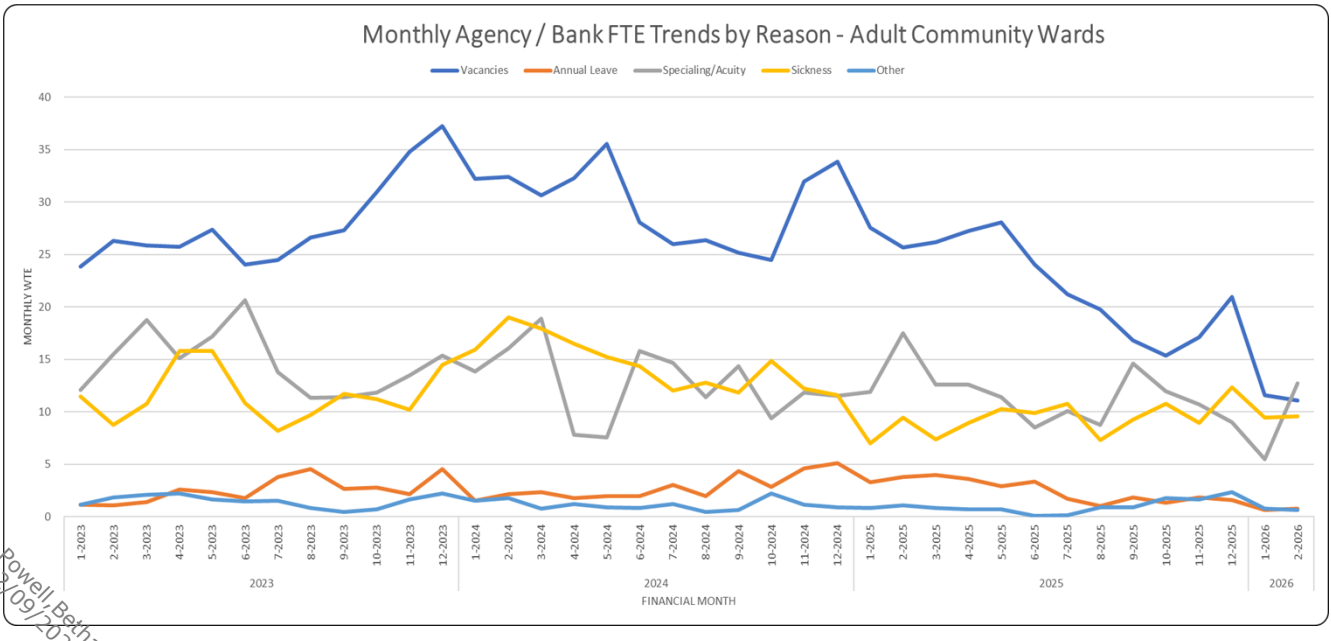
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The situation for HCSW is identical to RN, with vacancies being the larger drive of variable pay. Vacancies have increased in June and July reflected in the review of staffing requirements, which has identified a need for more HCSW. These vacancies are now being actively recruited.

The E-roster system now captures all the agency shifts and can also be used to identify the reason for agency:

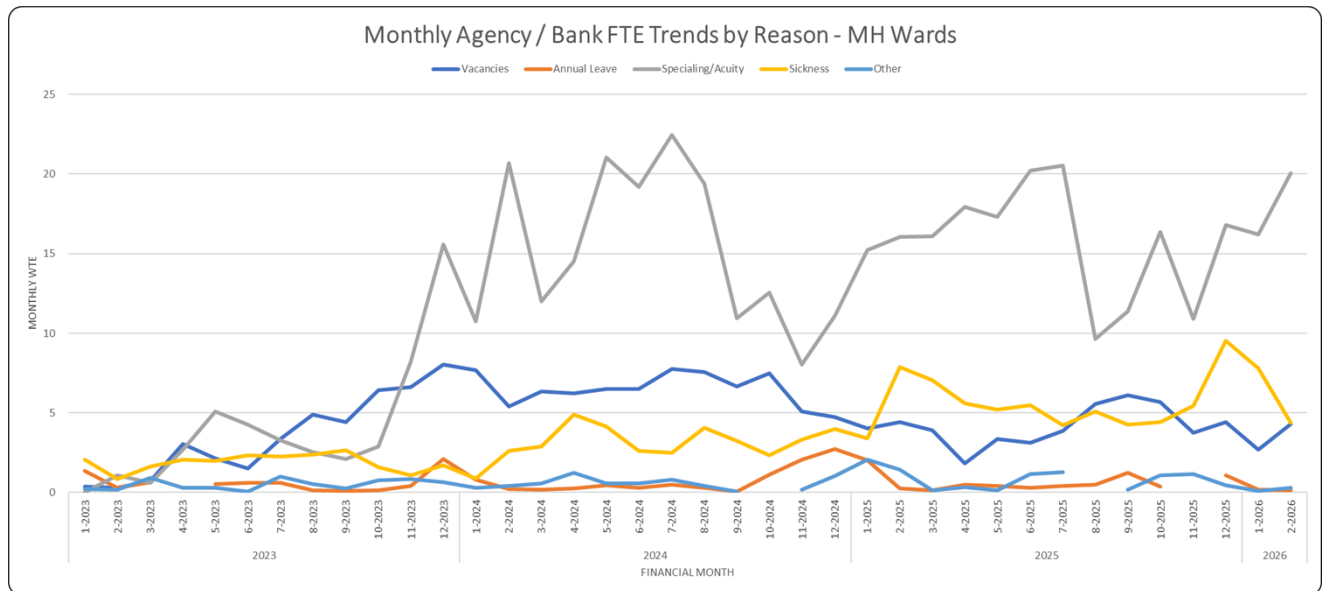
**2.1.5 Health Roster: All Adult Community Wards**



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Vacancies have been the largest contributing factor, with Sickness and specialising at similar levels. Annual leave also appears to be a contributing factor.

### 2.1.6 Health Roster: All Mental Health Wards



Specialising and acuity appears to be the largest factor on MH wards. However, the current budget and establishment is under review to ensure they meet the current roster requirement, and the result will mean that vacancies are another key reason for the use of agency and variable pay.

There are still a number of mental Health Wards that are not using the SafeCare Acuity system. In line with adult community wards, it is recommended all wards should use the SafeCare system which will allow the HB to better access acuity needs, correlate that with additional variable staffing requirements, support benchmarking and future establishment reviews.

*Note – As previously highlighted, the timely recording of the use of variable pay cover in the Health Roster data is essential for accurate and timely. Actions need to be put in place to ensure all services add their agency shift to the roster, either in advance of the shift (best practice) or at the time of the shift.*

## 2.2 Non-Ward Staffing

### 2.2.1 Community Services Group

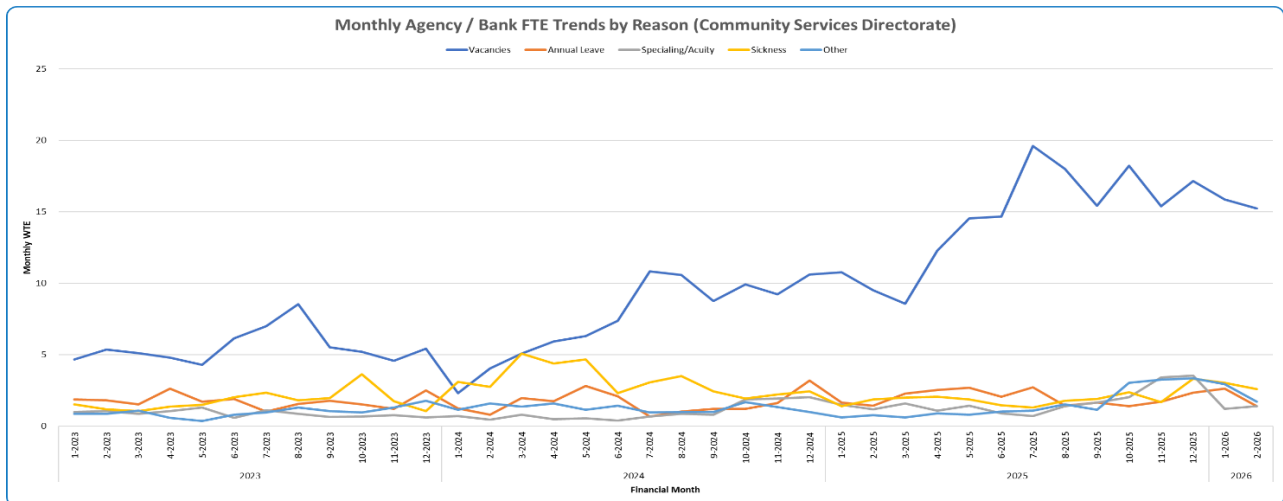
The Table below shows the last two years spend and forecast this year for off-Ward staffing.

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Indexed Directorate	Delegated Budget Holder	Agency L	Actual to Date £000	Forecast Spend	2024-25 M12 OUTTURN (£'000)	2023-24 M12 OUTTURN (£'000)
A01 - Assistant Director Community S	Head of Audiology	Agency	18	53	53	67
	Head of Dietetics	Agency	15	45	20	41
	Head of Paeds Physio & OT	Agency	0	0	0	0
	Head of Podiatry	Agency	34	102	60	0
	Head of Powys Living Well	Agency	0	0	0	2
	Head of Radiography	Agency	16	48	44	29
	Head of Respiratory	Agency	9	28	45	0
	Head of SaLT	Agency	20	61	17	79
	Head of Therapies	Agency	0	0	0	0
	Mid – Community Services Manager	Agency	6	19	3	0
	North -Community Services Manager	Agency	0	0	0	0
	Outpatients Nurse Manager	Agency	0	0	0	0
	Professional Head of Physio	Agency	102	305	172	182
	Senior Lead for CMATS/FCP	Agency	0	0	0	0
	Senior Therapist	Agency	149	447	357	313
	South - Admin and Patient Services Manager	Agency	0	0	0	0
	South - Community Service Manager	Agency	1	2	3	18
	Theatre Manager	Agency	21	62	206	317
	Unscheduled Care Manager	Agency	0	0	0	11
<b>A01 - Assistant Director Community Services Total</b>			<b>391</b>	<b>1,173</b>	<b>979</b>	<b>1,059</b>

Total expenditure has been circa £1m each year rising slightly this year. Podiatry and physio are the largest areas of spend and growth. With AHPs sometimes agency is used to cover vacancies or in respect of services funded by fixed term grants, which is within budget and does not cause an overspend.

### 2.2.2 Community services directorate – Reason for agency



The above chart from the health roster system, indicate the majority of the need for this agency use is to cover vacancies.

### 2.2.3 Mental Health Group

The Table below shows the last two years spend and forecast this year for off-Ward agency usage.

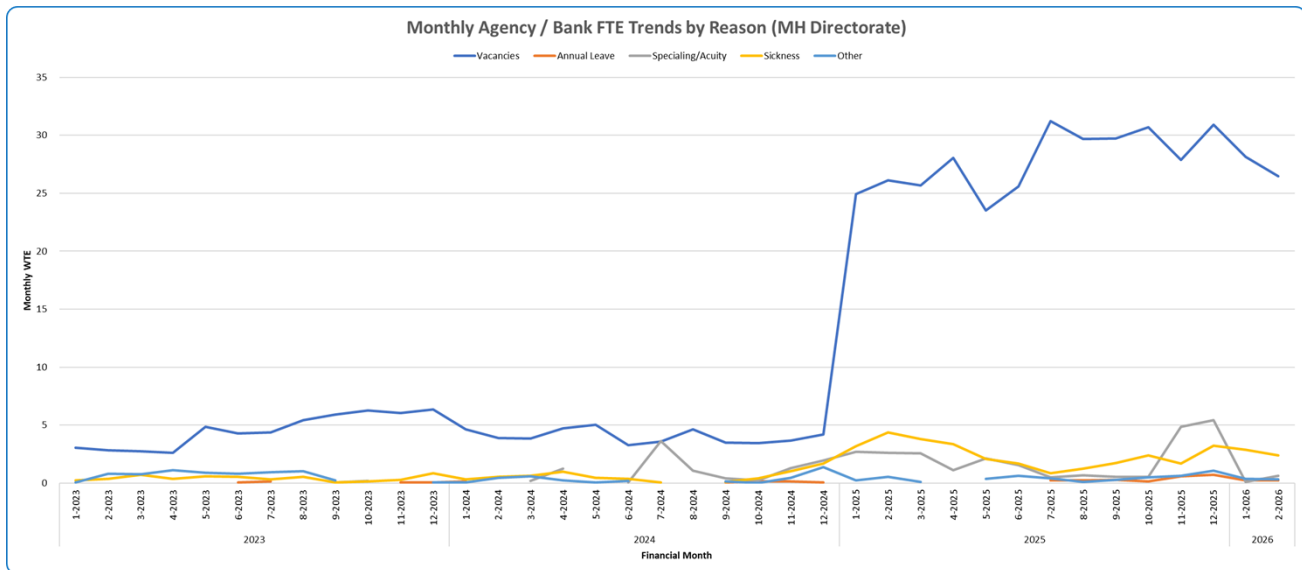
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Indexed Directorate	Delegated Budget Holder	Agency L	Actual to Date £000	Forecast Spend	2024-25 M12 OUTTURN (£'000)	2023-24 M12 OUTTURN (£'000)
A02 - Assistant Director MH/LD	Assistant Director MH/LD	Agency	0	0	40	437
	Head of LD	Agency	0	0	0	0
	Integrated Autism Service Manager	Agency	0	0	0	0
	MH Adult Persons South and North	Agency	44	132	184	24
	MH Adult Persons Community	Agency	442	1,325	1,252	1,106
	MH Clinical Director	Agency	0	0	0	0
	MH Head of CAMHS	Agency	0	0	92	172
	MH Head of Psychology	Agency	128	384	393	537
	MH Older Person South and North	Agency	0	0	0	0
	MH Older Persons Community	Agency	171	513	668	608
	MH Partnership Support Manager	Agency	0	0	0	0
	Suicide Prevention & Harm Reduction Improvement	Agency	0	0	0	0
<b>A02 - Assistant Director MH/LD Total</b>			<b>785</b>	<b>2,355</b>	<b>2,629</b>	<b>2,883</b>

Psychology and Community are the primary areas of expenditure here. CAMHS has now stopped, and Older Persons Community and Psychology have reduced over last 18 month. Adult Persons Community continues to increase and accounts for over half of the total expenditure.

Additional WG funding for improvement initiatives including ND Single Point of access (£400k), Silvercloud and 111 Pres, have necessitated the initial use of agency to support service initiation, before substantive roles can be filled.

### 2.2.4 Mental Health directorate – Reason for agency



The above chart from the health roster system, indicate most of the need for this agency is vacancies. Prior to 2024/25, agency shifts were not routinely captured in the roster system, and thus the reason for agency use is under reported until then.

### 2.3 Locums

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## 2.3.1 Mental Health Locums - Spend

The Table below shows the last two years expenditure and forecast this year for medical locum costs.

Indexed Directorate	Delegated Budget Holder	Agency L	Actual to Date £000	Forecast Spend	2024-25 M12 OUTTURN (£'000)	2023-24 M12 OUTTURN (£'000)
A02 - Assistant Director MH/LD	Head of LD	Locum	17	50	329	318
	MH Adult Persons Community	Locum	0	0	0	0
	MH Clinical Director	Locum	1,012	3,013	3,043	2,045
	MH Head of CAMHS	Locum	0	0	4	165
	MH Head of Psychology	Locum	0	0	0	0
	MH Older Persons Community	Locum	0	0	0	0
A02 - Assistant Director MH/LD Total			1,029	3,063	3,376	2,529
Grand Total			1,029	3,063	3,376	2,529

Expenditure increased last year by £0.8m on the previous year. Learning Disability Locums have reduced significantly this year; whilst others look to be in line with the previous year.

Actions taken to mitigate this include.

- 1) Overseas recruitment
- 2) Substantive requirement exercises
- 3) Caseload audit

These actions have not yet to have a material impact on expenditure run rates.

## 3.ACTIONS OF THE VARIABLE PAY GROUP AND SAVINGS

### 3.1 Variable Pay group

The variable pay group is an action focused group that monitors the output from the operational groups.

The key actions taken to date include:

- Rota realignment to reflect changes in bed numbers.
- Standardised rotas in relation to shift overlap for RTGH Units
- Stop all agency for handover periods.
- Saffer Staffing review to ensure establishments are correct to meet demand - Reports being finalised.
- Mental Health Triage and Assessment model being implemented.
- Additional HCSW recruitment to reduce the use of agency.
- Improved reporting and use of roster data (as included) to support improved decision making.

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### 3.2 Savings

Given the actions target different drivers of the variable pay expenditure, and these drivers can change from one month to the next in each area, it is difficult to precisely quantify the impact of them on spend in total.

This quantification has been grouped in the themes in the HB's savings tracker against the savings targets set in its Annual Plan.

#### 3.2.1 Summary of the Savings Tracker

In-year 2025/26									
Targeted Area	Business Unit	Values		No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)
		Recurrent (R) / Non Recurrent (NR)	2025/26 Target						
Premium A01 - Assistant Director Commun		NR		2	400	0	400	400	0
		R	1,019	10	1,041	0	1,042	23	0
	<b>A01 - Assistant Director Community Service</b>		<b>1,019</b>	<b>12</b>	<b>1,441</b>	<b>0</b>	<b>1,442</b>	<b>422</b>	<b>0</b>
	A02 - Assistant Director MH/LD	R	2,380	5	929	50	979	-1,401	1,391
	<b>A02 - Assistant Director MH/LD Total</b>		<b>2,380</b>	<b>5</b>	<b>929</b>	<b>50</b>	<b>979</b>	<b>-1,401</b>	<b>1,391</b>
<b>Premium pay expenditure Total</b>			<b>3,400</b>	<b>17</b>	<b>2,370</b>	<b>50</b>	<b>2,421</b>	<b>-979</b>	<b>1,391</b>

Presently the HB is forecasting a £1m shortfall on variable pay savings mainly in the MH directorate.

#### 3.2.2 Savings Tracker detail

Busine ss Unit	Scheme / Opportunity Title	Recurrent (R) / Non Recurrent (NR)	2025/26 Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)
Dii A01	Target - Premium pay expenditure	R	1,019	0	0	0	0	-1,019	0
	International Nurses Cohort 4 - Llanidloes - 4 nurses	R		1	47	0	47	47	0
	International Nurses Cohort 5 - Mach - 4 nurses	R		1	140	0	140	140	0
	International Nurses Cohort 6 - Brecon - 4 nurses (OSCE taken March 25)	R		1	117	0	117	117	0
	International Nurses Cohort 7 - Brecon - 2 nurses (OSCE taken March 25)	R		1	58	0	58	58	0
	Recruit to HCSW	R		1	0	0	0	0	0
	Remove HCSW Off Contract shifts	R		1	112	0	112	112	0
	6 / 12 hour standardised shifts	R		1	0	0	0	0	0
	International Nurses Cohort 8 - Welshpool - 6 nurses (month 07-12))	R		1	105	0	105	105	0
	Sickness reduction (staff being managed by to work quicker) 1% of Agency cost	R		1	19	0	19	19	0
	CSG Therapies - reduced Agency costs (Dependent of Waiting time performance requiremer	R		0	0	0	0	0	0
	Ready to go home Unit - Bronllys (temp at present) Substantive band 2	NR		1	197	0	197	197	0
	Ready to go home Unit - Llanidloes (Temp at present) Substantive band 2	NR		1	203	0	203	203	0
	New Rosters (Reduced Handover time (*PH))	R		1	443	0	443	443	0
	Therapies - Pay schemes	R		0	0	0	0	0	0
	<b>A01 - Assistant Director Community Services Total</b>		<b>1,019</b>	<b>12</b>	<b>1,441</b>	<b>0</b>	<b>1,442</b>	<b>422</b>	<b>0</b>
	A02 Target - Premium pay expenditure - Target	R	2,380	0	0	0	0	-2,380	0
	Premium Pay Expenditure - Single Point of Access	R		1	257	0	257	257	0
	Premium Pay Expenditure - Safer Staffing (Specialling)	R		0	0	0	0	0	547
	Premium Pay Expenditure - Community	R		0	0	0	0	0	844
	Premium Pay Expenditure -Medical Structure Caseload Audit	R		1	180	0	180	180	0
	Premium Pay Expenditure -Medical Structure- Overseas Doctors	R		1	225	0	225	225	0
	Premium Pay Expenditure -Medical Structure- Substantive Recruitment	R		1	267	0	267	267	0
	Premium Pay Expenditure - Management Structure - Transformation & Recovery Focused M	R		1	0	50	50	50	0
	Premium Pay Expenditure - Inpatient Setting Oversea Nurses	R		0	0	0	0	0	0
	<b>A02 - Assistant Director MH/LD Total</b>		<b>2,380</b>	<b>5</b>	<b>929</b>	<b>50</b>	<b>979</b>	<b>-1,401</b>	<b>1,391</b>
	<b>Director of Primary Care; Community &amp; MH Total</b>		<b>3,400</b>	<b>17</b>	<b>2,370</b>	<b>50</b>	<b>2,421</b>	<b>-979</b>	<b>1,391</b>
	<b>Expenditure Total</b>		<b>3,400</b>	<b>17</b>	<b>2,370</b>	<b>50</b>	<b>2,421</b>	<b>-979</b>	<b>1,391</b>

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The categorisation of savings schemes is as per WG guidance, where schemes are not of sufficient level of detail, or timescales yet unknown, the schemes cannot be RAG rated Green or Amber and do not form part of the HB's forecast.

The HB currently has a £3.8m gap against its overall saving programme, and therefore it is important that actions and timescales are firmed up in relation to the 2 red variable pay schemes to give confidence to change their status to either Green or Amber in relation to the variable pay gap of £1.4m.

#### **NEXT STEPS:**

- 1) The Variable Pay Oversight group will continue to monitor the key actions being taken to deliver against the plans and actions as detailed.
- 2) Operational group and all areas to ensure that actions are taken to deliver the savings as targeted.
- 3) Operational group and all areas to ensure that rosters are updated with agency and bank shifts on a timely basis.
- 4) Mental Health wards to use the SafeCare system to support better information and decision making.
- 5) As we progress further with this programme of work, we will need to triangulate patient safety incidents and concerns with dates/times when we will have absorbed short term absences within staffing.



**Agenda item: 5.7**

**Finance and Performance Committee** **Date: 02 September 2025**

<b>Subject:</b>	<b>Unified Contract Assurance Framework (UCAF) Primary Care, General Medical Services 2024-25</b>
<b>Approved and presented by:</b>	Elaine Lorton, Executive Director of Primary Care, Community & Mental Health
<b>Prepared by:</b>	Assistant Director of Primary Care
<b>Other Committees and meetings considered at:</b>	Executive Committee - 20 August 2025

**PURPOSE:**  
 The purpose of this paper is to provide assurance to the Finance and Performance (F&P) Committee regarding the General Medical Services Contract Assurance Framework process applied to the 2024/2025 contract year.

**RECOMMENDATION(S):**  
 The Committee is requested to:

- **RECEIVE** the update provided.
- **Take ASSURANCE** that the General Medical Services Contract Assurance Framework monitoring process is an effective mechanism for providing oversight of general practice contract management.

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

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

Objective	Alignment	Notes
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 strategic priorities. This can include reference to the Board Assurance Framework.
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	N	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

**EXECUTIVE SUMMARY:**

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Following the implementation of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 and the new GMS Unified Contract, Powys Teaching Health Board (PTHB) transitioned from using the local Contract Assurance Framework (CAF) to adopting the national Unified Contract Assurance Framework (UCAF) from 1 October 2023.

For the current reporting period, 1 April 2024 to 31 March 2025, all assurance activity is fully aligned with the National GMS Unified Contract model, enabling a consistent and standardised approach to monitoring and reporting across the full financial year.

An Internal Audit, conducted between January and March 2025, was commissioned as part of the 2024/25 Internal Audit Plan for Powys Teaching Health Board (PTHB), focusing on the Primary Care – GMS Unified Contract Assurance Framework. The report provided a rating of Substantial Assurance.

Assurance of GMS delivery remains summative and is maintained throughout the year via continuous data review and regular engagement with contractors, as required. Where issues are identified, the Primary Care Department (PCD) and/or the General Medical Services Contract Management Group (CMG) are clear on the necessary actions and consequences. National processes established through unified contract review now support consistent contract monitoring across Wales, providing PTHB with a clear framework for appropriate follow-up steps.

Monitoring and Assurance Outcomes (as at the time of reporting):

- Procurement process on Rhayader Medical Practice completed – Intended Contract Start Date 01.10.25.
- A breach notice was issued to two practices during 2024–25, regarding non compliance with opening hours. Both practices now compliant. No further action required.
- Two Performer List Concerns, currently being managed through ongoing processes.
- Annual Contract Return - 100% of practices completed the GMS Annual Contract Return.
- Supplementary Service Audits - 100% completion, where applicable.
- Quality Improvement Projects – 100% of practices completed their projects.
- Cluster Development and Collaboration - Full engagement was achieved
- Escalation Framework Participation - All practices participated.

Areas for Improvement and Ongoing Support (as at the time of reporting):

- Clinical Areas Requiring Improvement:
  - ❖ Childhood Immunisations
  - ❖ Flu Vaccination Targets
  - ❖ Prescribing Indicators

- The Health Board is currently financially supporting one practice with sustainability challenges, and this practice is currently having a Diagnostic Review, Financial Analysis, and Quality Improvement Plan progressed by the Royal College of General Practitioners. The outcome report is due by the end of September 2025.
- Three Practice sustainability applications are progress, at various stages of the process.
- General practice workforce sustainability remains a concern, particularly due to the age profile of both GPs and members of the wider multidisciplinary team.
- Through Additional Capacity Funding opportunities enabled practices to deliver over 9,552 additional clinical and non-clinical sessions, resulting in more than 17,215 additional appointments across the year.
- Patient Access and Activity Monitoring continues to be closely monitored. During 2024/25, Powys recorded a total of 939,993 patient contacts, averaging approximately 78,320 contacts per month across practices.
- All practices participated and achieved full compliance with all Access Standards

As part of an evolving approach to monitor access a new dashboard is in development to support more effective analysis and improvement across practices. Although still in its early stages, the team has already identified outliers in several categories—some positive, others requiring further investigation. This information will be presented at the quarterly PTHB Access Forum meetings for monitoring and discussion, enabling benchmarking to support Practices.

#### **BACKGROUND OF GMS UNIFIED CONTRACT ASSURANCE FRAMEWORK (UCAF)**

General Medical Service contracts between health boards and general medical service providers are delivered within the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023. The new "Unified Contract" implemented on 1st October 2023, replaced the previous GMS contract and introduced new components both mandatory and optional.

The General Medical Services (GMS) Unified Contract Assurance Framework (UCAF) provides a structured, ongoing process to monitor and assure the delivery of general medical services. Data and information are reviewed continuously throughout the year, culminating in a comprehensive annual summary that captures key monitoring and assurance outcomes.

The UCAF is applied across NHS Wales, it enables benchmarking and ranking across Wales for several Primary Care measures. The development of the UCAF

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is in its infancy and is being further developed and refined each contractual year as part of tripartite negotiations.

The UCAF is a governance process for the evaluation of services delivered through the Unified Contract, in the context of the Duty of Quality legislation. It has three main national components:

- ❖ An agreed data set for quality, safety, governance, and contract management. This comprises of a national set of indicators, a practice assurance return, Clinical Governance Self-Assessment and Information Governance toolkits.
- ❖ Assessing a contractors' compliance against contractual requirements.
- ❖ An escalation ladder for managing concerns, including an appeals procedure.

The key purpose of the nationally agreed data set is to standardise the information that all Health Board Primary Care Management Teams consider through the Assurance Framework.

To ensure assurance processes are proportionate and formative, Health Boards prioritise the practices which are to receive a governance review and consider what depth of review is necessary for assurance. A standard set of measures using existing data is consistently applied across Wales. There are three possible outcomes of assessments for a practice – a desktop review, focussed visit or a full assurance visit.

A nationally agreed escalation ladder for managing concerns has also been provided, including an appeals procedure. The Escalation Ladder is intended for use in scenarios where a breach or remedial notice may ultimately be issued by the Health Board. It does not apply in more serious scenarios where the Health Board may need to take other action under the contractor's contract.

#### **2024–2025 GMS UNIFIED CONTRACT ASSURANCE FRAMEWORK (UCAF)**

Dashboards are in place for all GP Practices across Powys. These dashboards are informed by a wide range of data from multiple systems and reports.

Tolerance levels are applied where appropriate to guide the assurance process, supported by an overarching framework that ensures consistency and transparency. Any exceptions identified through the agreed UCAF RAG rating system are actioned appropriately. The Primary Care Department regularly review areas of concern and where necessary, escalate issues to Executive level or de-escalate them accordingly.

The UCAF process encompasses both contractual and non-contractual requirements related to GMS delivery. Contractual levers, aligned with national regulations, enable formal contract sanctions when necessary. In contrast, non-

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contractual measures offer broader assurance on service delivery, that fall outside the scope of regulatory enforcement.

The following data sources are being used to support the UCAF process during 2024–25:

- Self-Declarations via the Primary Care Information Portal (PCIP)
- Practice-level data for Assurance Indicators, accessed through the PCIP
- Clinical Governance Practice Self-Assessment Toolkit responses (CGPSAT)
- Submission of the Information Governance Toolkit (IG Toolkit)
- Annual Contract Assurance Return
- Additional data sources, including:
  - ❖ Datix RL
  - ❖ Post Payment Verification (PPV) reports
  - ❖ Supplementary Service reports and audits
  - ❖ Prescribing data
  - ❖ Vaccination data
  - ❖ Referral and diagnostic rates
  - ❖ Admissions and out-of-hours activity
  - ❖ Patient Contact Activity

While many of these elements have been reviewed in previous years as part of the PTHB Commissioning Assurance Framework, the 2024–25 cycle marks a transition to a consistent, all-Wales approach under the UCAF.

#### **Key Dates and Milestones – UCAF Cycle 2024–25:**

At the time of writing this report the 2024-25 assurance cycle is not complete, noting that many of the components informing the assurance cycle have been completed by GP Practices.

##### *PCIP Submissions:*

- ❖ Annual Return: Final Position Confirmed 30.05.25
- ❖ Access Standards: Final Submission Available on PCIP 06.06.25
- ❖ Declaration Statement: Final Position Confirmed 07.07.25

##### *Review and Decision-Making:*

- ❖ Collation of Desktop Review Information: July–August 2025 (currently ongoing)
- ❖ GMS Contract Management Group Decision on Action Plans/Visits relating to 2024-25, meeting arranged for 11.09.25

The GMS Contract Management Group will determine if a practice only has a desktop review, or a follow-up focussed visit, or a full assurance visit. The Group will also use the meeting to review progress against actions identified during the previous 2023-24 cycle.

For 2024–25, the results have been published for clinical and self-declaration indicators, showing the number of points (where a higher score indicates greater concern), along with its Health Board and National rankings. These rankings are for internal Health Board use only and are not for public dissemination.

To support transparency and reassurance in the process, in January 2025, the Primary Care Department was reviewed by an internal audit to assess progress with the first iteration of the Unified Contractual Assurance Framework (UCAF) process. The outcome of the audit was Substantial Assurance, confirming that the framework is being implemented effectively, with only minor areas for improvement identified.

Noting that the 2024-25 assurance cycle is not complete, a high-level summary of assurance at the time of writing is as follows:

**Contractual Compliance:**

- ❖ 2 Breaches issued, one to Llanfyllin Group Practice and one to Haygarth Medical Centre, both relating to compliance with core opening hours.
- ❖ 100% of practices participated in Unified Services (cervical screening, contraceptive services, vaccination and immunisations, childhood vaccination and immunisations; child health surveillance, maternity services and minor surgery (basic) procedures.
- ❖ One instance of Performer List non-compliance in accordance with the NHS (Performer Lists) (Wales) Regulations 2004:  
GP suspended on 10/01/24 following imposed bail conditions - PTHB mirrored the GMC suspension. In May 2025 and in line with GMC changes, a PTHB Reference Panel was held that revoked the current suspension of the GP and imposed a Contingent Removal. This is currently still in place.
- ❖ Annual Return - In 2024/25, 100% of practices successfully completed the GMS Annual Contract Return via the Primary Care Information Portal (PCIP). This is the second consecutive year of full participation through the Portal. The Annual Return comprised 163 questions, providing a detailed overview of each practice's compliance with the UCAF. The 2024/25 cycle demonstrated a significant reduction in the number of triggers identified across practices. 2024/25 identified 17 triggers compared to 2023/24 74 triggers. This reduction reflects significant improvement of compliance with contractual requirements giving assurance of effective follow-up actions from the previous year's assurance process. It is important to note that not all triggers will require action, as they are not necessarily linked to contractual requirements. It is anticipated that triggers will continue to occur unless the data is refined to reflect only those elements that are contractually enforceable.

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- ❖ 100% completed (where appropriate) Supplementary Service Audits of Management of Lithium, Care Homes and a reflective audit on Community Resource Teams. These audits are currently being reviewed and will form part of the Desktop review under UCAF.
- ❖ 100% completed the National Diabetes Audit.
- ❖ 100% Practices enter their escalation submission in the General Practice Escalation Tool monthly (though breaches of report timings and days will be addressed as part of the Desktop reviews)
- ❖ Compliance with Wales National Workforce Reporting System (currently transitioning to new system PCWIS).
- ❖ 100% engaged in Cluster Development and collaboration.

**Non-Contractual Compliance:**

- ❖ 100% participation in Quality Improvement Projects.
- ❖ 100% participated in the Access Standards and achieved 100% compliance (noting that some Access Standards now form part of Unified Services).

**Childhood Immunisations**

Under Unified Services, childhood immunisations are now a mandatory requirement for practices to provide, though there are no contractual or regulatory compliance targets linked to uptake. In Powys, small numbers of unvaccinated children in each age cohort can significantly affect RAG assessments and percentage targets achieved

Denominators include children whose parents have declined vaccination, allowing Public Health Wales to assess potential outbreak risks based on immunisation coverage. GP uptake rates would appear higher if declines were excluded, reflecting only those who consented and were vaccinated.

Health Visitors and the PTHB Immunisation Co-ordinator play a key role in working with general practice and families to promote uptake. A summary of vaccinated children is as follows:

1 Year:

- ❖ 6 in 1 Primary *PTHB* uptake ranged from 100% - 88.6% with an average across Powys of 94.3%. Wales - 94.1%
- ❖ Men B (2 doses) *PTHB* uptake ranged from 100% - 87.5% with an average across Powys of 93.8%. Wales 93.8%.
- ❖ PCV Primary *PTHB* uptake ranged from 100% - 89.8% with an average across Powys of 94.9%. Wales - 95.7%
- ❖ Rotovirus (2 doses) *PTHB* uptake ranged from 100% -86.4% with an average across Powys of 92.2%. Wales 92%

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## 2 years

- ❖ MMR 1 dose *PTHB* uptake ranged from 100% - 89.3% with an average across Powys of 93%. Wales – 93%
- ❖ PCV Final *PTHB* uptake ranged from 100% - 90.2% with an average across Powys of 93%. Wales – 92.7%
- ❖ Hib/Men C Booster *PTHB* uptake ranged from 100% - 90.2% with an average across Powys of 93.2%. Wales – 92.5%
- ❖ Men B Complete Course *PTHB* uptake ranged from 100% - 90.3% with an average across Powys of 92.8%. Wales 92.3%

## 5 years

- ❖ MMR 2 doses *PTHB* uptake ranged from 98.3% - 85.2% with an average across Powys of 92.4%. Wales - 89.5%.
- ❖ 4-in-1 pre-school booster *PTHB* uptake ranged from 98.3% - 85.2% with an average across Powys of 91.9%. Wales – 89.3%

**Public Health Wales Vaccine Preventable Disease Programme. Vaccine uptake in children in Wales; COVER Annual report 2025, June 2025. Cardiff: Public Health Wales**

The reporting period can affect immunisation data. When reviewed by the PTHB Public Health Team, children who miss target timescales are often vaccinated shortly after—typically due to illness or appointment availability. However, these delays are not reflected in target compliance figures.

### **Flu programme**

Flu targets, previously an optional service within the 2004 GMS contract have transferred into mandatory unified services, therefore national targets are the only measure now in place for flu vaccination achievement. Flu targets are monitored by PTHB Public Health Team (PHT), supported by the Primary Care Department due to the contractual requirement.

100% of practices participate in the national flu vaccination programme however there is no mandated contractual/regulatory compliance linked to national target achievement.

The PTHB PHT and the PTHB Immunisation Co-ordinator have a pivotal role in engaging with general practice to improve on vaccine uptake, especially those with a lower uptake. In brief flu immunisation uptake (as at 23 April 2025):

- ❖ *65 years and over, target 75%: PTHB* uptake ranged from 75.9% - 60.7% with an average across Powys of 69.27%. All Wales uptake: 70.3%
- ❖ *Clinical risk Groups <65 years, target 75%: PTHB* uptake ranged from 47.6% - 29.8%, with an average across Powys of 41.04%. All Wales uptake: 36.8%
- ❖ *2-3-year-olds – no official target but 75% used for reporting purposes, PTHB* uptake ranged from 70.8% - 38.8%, with an average across Powys: 54.55%. All Wales uptake: 43.6%

**National Influenza Immunisation Summary - Update 24 2024-25 (27 Mar 2025)**

The 2025/26 is the first year of the centralised national flu procurement approach and direct practice vaccine ordering has not been undertaken. Delivery of flu vaccines have been centrally co-ordinated by the PTHB Vaccination and Immunisation team, with practice deliveries commencing in August. All Practices have indicated that they will be participating in the Flu campaign for 2025/26.

**National Prescribing Indicators**

National Prescribing Indicators are monitored by the Medicines Management (MM) Team and Prescribing Review meetings are held annually with all Practices on an individual basis. Review of 2024/25 Prescribing Indicators is informing the Desktop review. MM have created a [Prescribing Indicators Dashboard](#) which helps Health Board teams and Primary Care colleagues to identify variance in prescribing and highlights areas for improvement.

MM offer to undertake proactive audits with practices to identify areas for improvement. The majority of practices engage in this offer.

**PRACTICE SUSTAINABILITY, ESCALATION, WORKFORCE & ADDITIONAL CAPACITY:**

**Practice Sustainability**

Nationally, General Practice continues to experience significant workload challenges to meet patient demand. General practice sustainability and ongoing resilience continues to be a concern.

- ❖ Llanfyllin – Sustainability support package in place. This practice is currently having a Diagnostic Review, Financial Analysis, and Quality Improvement Plan progressed by the Royal College of General Practitioners. The outcome report is due by the end of September 2025.
- ❖ Knighton – Sustainability application received and moved to Stage 2. Practice has changed to a single-handed practice since 01.04.25.
- ❖ Welshpool – Sustainability application received
- ❖ Arwystli – Sustainability application received and moved to Stage 2

**Practice Escalation**

Practices are contractually obliged to ensure that they update the Escalation Framework on the last working day of each month and if there is a significant change in practice circumstances.

As of 31<sup>st</sup> March 2025 (and at date of this report), 4 practices (25%) Llanfyllin, Brecon, Caereinion and Haygarth were reporting Level 4 escalation. This primarily relates to practices being unable to manage patient demand which can be impacted further with practice staff absence. Vacancies and sickness are an ongoing challenge for practices. Across some disciplines, Powys Practice absences are consistently higher than the all-Wales average.

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As can be seen from the table below, Level 4 in Powys is significantly above Wales average (25% vs 7.38%)

<b>31.03.25</b>	<b>Level 1 (%)</b>	<b>Level 2 (%)</b>	<b>Level 3 (%)</b>	<b>Level 4 (%)</b>	<b>Level 5 (%)</b>
<b>ABUHB</b>	48.53	38.24	10.29	2.94	0
<b>BCUHB</b>	33.33	47.92	14.58	4.17	0
<b>C&amp;VUHB</b>	16.36	49.09	23.64	10.91	0
<b>CTMUHB</b>	31.82	38.64	29.55	0	0
<b>HDUHB</b>	12.77	29.79	40.43	17.02	0
<b>PTHB</b>	25	31.25	18.75	25	0
<b>SBUHB</b>	25	38.64	31.82	4.55	0
<b>Wales</b>	29.46	41.08	22.43	7.03	0

Primary Care Information Portal (PCIP)

Ongoing common themes for escalation include:

- ❖ On the day demand, triage and face to face appointments
- ❖ MDT sickness (currently linked to covid, Acute Respiratory Infections and other areas such as stress and exhaustion)
- ❖ Continued increase in challenging and abusive behaviour from patients, impacting negatively on support teams and team morale.
- ❖ Practices having to work longer hours, over and above core hours, to meet patient need/demand.

### Primary Care Workforce

Ongoing sustainability of the general practice workforce remains a key risk for the Health Board. Following a procurement process for workforce reporting systems, the Welsh National Workforce Reporting System (WNWRS) is being replaced by the Primary Care Workforce Intelligence System (PCWIS). This new system is being rolled out incrementally to GMS contractors during July 2025, with full Health Board access anticipated in August 2025. All workforce data previously recorded in WNWRS will be transferred into PCWIS. As a result, current workforce data is not yet accessible to the Health Board during the transition period.

- ❖ 14% (26) of the GP workforce are aged 55 and above
- ❖ 5% (10) are aged 60 and above
- ❖ 3% (5) are 65 and above
- ❖ It is noted that there are 82 GPs currently unmatched to an age profile. This is currently being picked up by the WNWRS team and therefore until this profiling is complete the accuracy of the above statistics need to be confirmed.
- ❖ Many GPs from the 55 + bracket choose to retire and return due to having maximised their pension contributions.

### GP Nurse workforce age profile October 2024

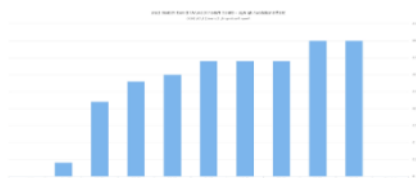
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Welsh National Workforce Reporting System (WNWRS)

- ❖ 34% (30) of the nursing workforce are aged 55 and above
- ❖ 30% (26) are aged 60 and above
- ❖ 3% (3) are 65 and above

**MDT workforce age profile October 2024**

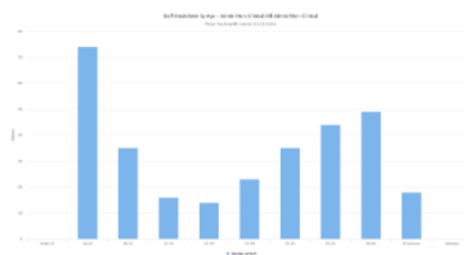


Welsh National Workforce Reporting System (WNWRS)

This includes all clinical MDT members, for example Pharmacists, Physician Associates, HCAs etc (excluding GPs and Nurses as reported separately)

- ❖ 20% (27) of the MDT workforce are aged 55 and above
- ❖ 9% (12) are aged 60 and above
- ❖ 1% (1) are 65 and above

**GP Administrator/Managers workforce age profile October 2024**



Welsh National Workforce Reporting System (WNWRS)

This includes all the non-clinical workforce working in general practice.

- ❖ 36% (111) of the admin/management workforce are 55 and above
- ❖ 22% (67) are aged 60 and above
- ❖ 6% (18) are 65 and above

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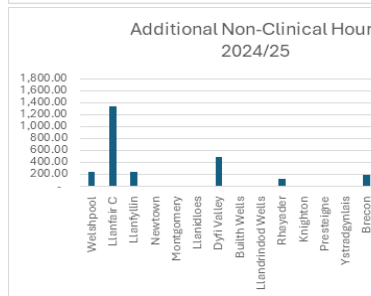
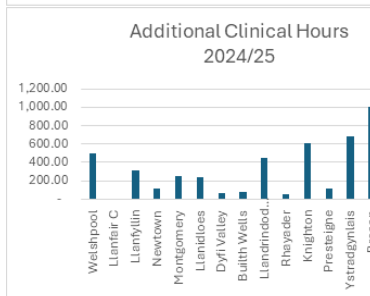
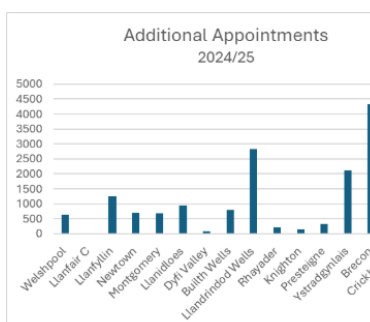
**Additional Capacity 2024-25**

From 1st April 2022, three-year recurrent national funding on a 50% match funding basis was made available to enable GP Practices to take on additional clinical and administrative resource (paid on evidence of additional hours worked). Following tripartite negotiations, the funding was extended for 2025-26.

During 2024/25 across Powys this enabled practices to provide in excess of 9,552 additional hours (clinical and non-clinical), which provided over 17,215 additional appointments.

Most practices used the funding to increase clinical sessions utilising a variety of MDT team members, depending on the clinical need to support patient demand, however the funding could also be used for administrative hours to support patient services (as opposed to appointment offers).

Roles used for the increasing capacity had a direct link to the employment costs and the hours they equated to, for example a GP session would be more expensive than an HCA session.



**PATIENT ACCESS, EXPERIENCE & CONTACT ACTIVITY**

**Patient Access (The Access Standards)**

- ❖ Core hours are defined as the period beginning at 8:00am and ending at 6:30pm on a working day.
- ❖ Practices must be open and physically accessible to patients between 8:30am and 6:00pm on each working day, ensuring access to services throughout the core hours.

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- ❖ Many practices commission Shropdoc to provide cover during the margins at the beginning and the end of the day i.e. the time between 8:00am–8:30am and 6:00pm–6:30pm
- ❖ As of 1st October 2023, the Unified Contract introduced Access Standards (formerly known as *Phase 1*), The contractor must self-declare quarterly that the requirements above have been met and if requested be prepared to provide the evidence to the Local Health Board as required. This requires practices to submit quarterly declarations confirming compliance
- ❖ The core contract access requirements as stated in the (The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023, Schedule 3 Para 4 state that the contractor must:
  - Have a telephone system with a recording function for incoming and outgoing lines, that stacks calls and allows for the analysis of call data.
  - Have a telephone introduction message recorded bilingually in Welsh and English that in total lasts no longer than 2 minutes.
  - Ensure that patients and care homes can order repeatable prescriptions digitally.
  - For the duration of core hours, ensure that patients can digitally request a non-urgent appointment or a call back, and that the necessary governance arrangements are in place for this process.
  - Publicise information via the practice’s online resource on:
    - The access requirements and
    - How patients can:
      - Access the contractor’s services, and
      - Request an urgent, routine and advanced consultation.
  - Offer a same day consultation for:
    - Children under 16 with acute presentations, and
    - Patients clinically triaged as requiring an urgent assessment.
  - Offer pre-bookable appointments to take place during core hours.
  - Actively signpost patients to appropriate services:
    - Available from the members of the contractor’s cluster,
    - Provided or commissioned by the Local Health Board, or
    - Available locally or nationally.

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In addition to these mandatory standards, optional Access Standards are also available for practices wishing to demonstrate enhanced access commitments. Participation in these optional standards requires completion of:

- A national patient experience survey
- An Equality Impact Assessment (EIA)
- A reflective report detailing alignment with the six access standards ensuring reflection and discussion on Patient Engagement, the National Patient Experience Survey, Digital requests and care navigation and Telephone System Intelligence
- A corresponding action plan

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During the 2024-25 period, 100% of practices engaged with the Access Standards, achieving full (100%) compliance across the board.

<b>Standard 1:</b>	All existing and new patient facing staff to undertake the national care navigation training package provided by HEIW as well as all new patient facing staff completing this training within 3 months beginning with their start date.
<b>Standard 2:</b>	All telephone calls are received by a standard recorded message and calls are answered with appointments made available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day without the need for the patients to contact the practice again. Where clinically appropriate, patients may be signposted to another appropriate service.
<b>Standard 3:</b>	Maintaining a planned and forward-looking approach to consultations, and undertaking a regular assessment of their appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable. Scheduling of appointments throughout the day - no longer acceptable for all appointments for that day to be released at 8.00am.
<b>Standard 4:</b>	Quarterly maintain an automated and standardised public facing dashboard via a range of communication methods to meet the needs of their patients. (An Infographic is available via the PCIP for practices to use).
<b>Standard 5:</b>	Undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients
<b>Standard 6:</b>	Practices are required to undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.

### 2024-25 Practice Compliance Table

Practice Name	Access Standards Core Contract Compliant	Access Standards 2024-2025 Achieved
Montgomery Medical Practice	Yes	Yes
Ystradgynlais Group Practice	Yes	Yes
Brecon Medical Group Practice	Yes	Yes
Wylcwm Street Surgery	Yes	Yes
Arwystli Medical Practice	Yes	Yes
Rhayader Surgery	Yes	Yes
Builth Wells Medical Practice	Yes	Yes
Caereinion Medical Practice	Yes	Yes
Welshpool Medical Centre	Yes	Yes
Dyfi Valley Medical Practice	Yes	Yes
Llanfyllin Group Practice	Yes	Yes
Llandrindod Wells Medical Centre	Yes	Yes
Newtown Medical Practice	Yes	Yes
Crickhowell Group Practice	Yes	Yes
Haygarth Doctors	Yes	Yes

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### **2025-26 Access Standards Updates**

From 2025-26, additional reporting requirements will be introduced, including the submission of a mid-year reflective report at the end of Quarter 2. This new requirement aims to support continuous improvement and greater transparency in practice access and performance.

### **Patient Experience**

The Primary Care Department contributes regularly to the PTHB Patient Experience Steering Group, drawing on data submitted, in part, from the Access Standards submissions for 2024–25. The GMS National Patient Experience Survey reported an overall satisfaction rating of 8.2 out of 10 for 6 out of 16 practices. However, reporting formats vary as some practices provided percentages for scores, whilst others submitted narrative feedback without numerical ratings. Due to these inconsistencies, it has been challenging to calculate a precise overall satisfaction score. However, after reviewing all quantitative and qualitative data, an estimated overall satisfaction rating of 8/10 was considered reasonable—comparable to the 2023/24 rating of 7.9. Common themes of dissatisfaction include (some of which are out outside of GMS control) include:

- waiting times for secondary care (following referral)
- routine GP appointments and ambulance wait times
- continuity with the same GP for follow up appointments
- more face-to-face appointments wanted
- waiting times for phone calls to be answered

For 2025-26 the Primary Care Department are progressing with Practices obtaining the raw data from the Practice patient experience surveys undertaken. Dyfed Powys LMC has agreed it is reasonable for PTHB to request this information.

### **Civica information**

Since January 2025, a process has been in place for the Primary Care Senior Nurse Practitioner to review and discuss Civica patient feedback responses with identified GP practices. However, the Civica feedback for Primary Care has a very small number of respondents. In addition, there is limited detail provided in the feedback, which makes it very difficult for follow-up.

### **Patient Experience & External Bodies**

In addition to patient surveys, the Primary Care Department works closely with external stakeholder such as Llais, which provides independent advice and reports

based on community engagement programmes. These insights offer valuable qualitative data that complement internal monitoring.

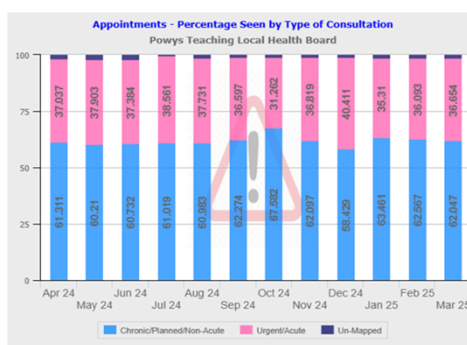
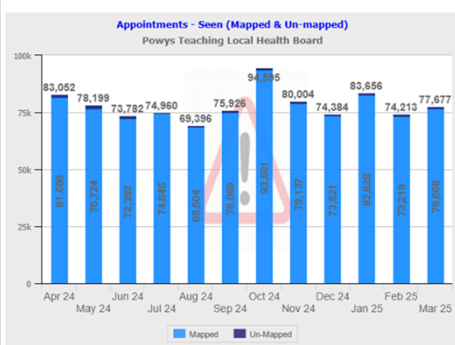
Healthcare Inspectorate Wales (HIW) also conduct inspections, most recently at Brecon Medical Practice in September 2024. Feedback from this inspection, along with reports from Llais, are reviewed with individual practices as well as informing monitoring processes, including UCAF desk-top reviews and the PTHB Access Forum, ensuring that external feedback is considered in both planning and improvements.

Together, these internal and external mechanisms allow an understanding of patient experience across Powys. While challenges remain—particularly in terms of sourcing actionable data, the Primary Care department continues to refine its approach to ensure that patient voices inform service development and quality improvement.

### Contact Activity

Practices are required to update their appointment and contact data on a monthly basis and also make it available to patients. There are caveats to the data that need to be considered; however, the data below confirms the high demand and patient contact being undertaken in general practice. During 2024/25 Powys total patient contacts was 939,993, this averages to circa 78,320 practice contacts per month.

Welsh Government has confirmed that the Powys average contacts is above all Wales average. Factors influencing this include population demographics and the large number of Local Supplementary Services that PTHB offers.



### Monthly Monitoring – Practice Activity Data

As part of the evolving approach to access monitoring, the Primary Care Department and Medicines Management Team has begun developing a new dashboard to support more effective analysis and improvement across practices.

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Although still in its early stages, the team has already identified outliers in several categories—some positive, others requiring further investigation. This information will be presented at the quarterly Access Forum meetings for monitoring and discussion, enabling benchmarking to support Practices.

Metrics such as calls answered within two minutes and calls abandoned have revealed both successes and areas of concern. These indicators suggest that while some practices are performing well, others may possibly need targeted support.

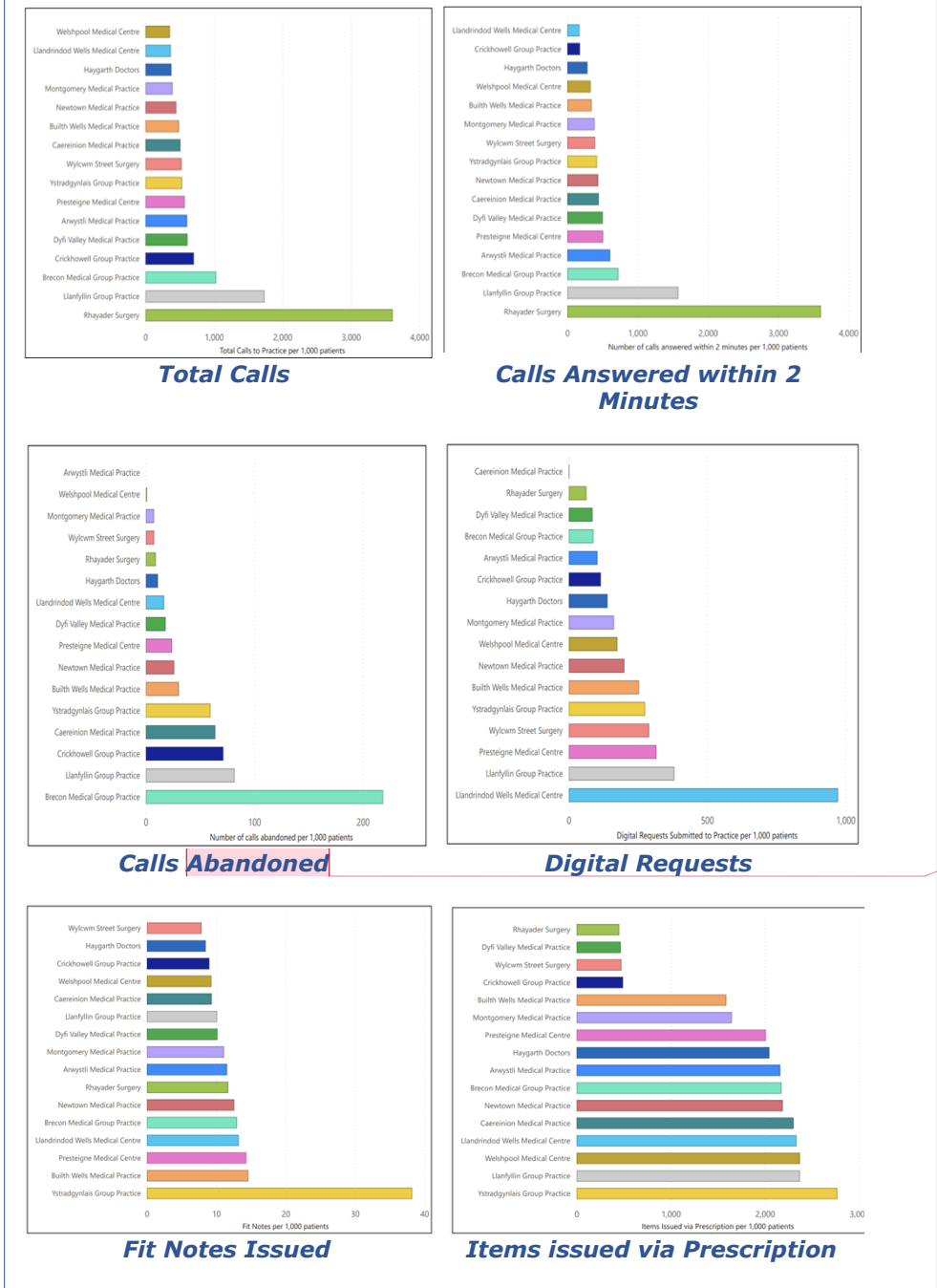
Additionally, an issue has been identified with digital requests. Several practices reported figures that were unusually low, suggesting discrepancies in data recording, understanding or processes. This type of issue will be brought to the PTHB quarterly Access Forum to ensure a consistent and clear approach is adopted across all practices.

Other areas for review are the issuance of Fit Notes and the Escalation reporting. With Fit notes, one practice has recorded a significantly higher volume than others. While this may be influenced by factors such as deprivation and disease prevalence, further understanding is required. In respect of reporting on Escalation Status, there appears to be areas of non-compliance, due to timing, possibly due to PCIP instruction

The dashboard currently includes the following indicators:

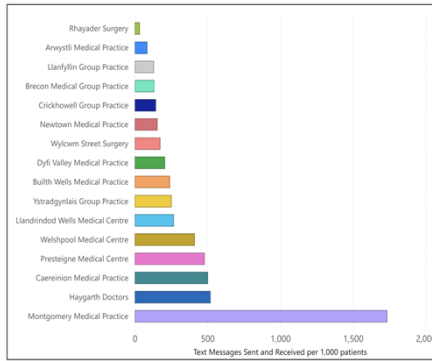
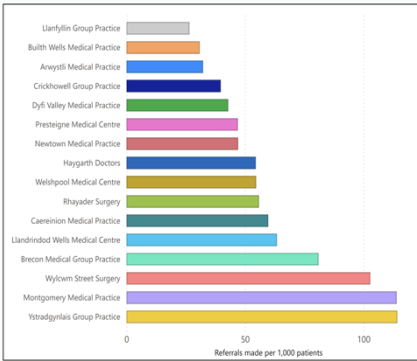
- ❖ Total Calls
- ❖ Calls Answered Within Two Minutes
- ❖ Calls Abandoned
- ❖ Digital Requests
- ❖ Fit Notes
- ❖ Items Issued via Prescription
- ❖ Referrals
- ❖ Text Messaging
- ❖ Administrative Communications

Although still under development, the department is confident in the potential of these tools and datasets to enhance monitoring and provide meaningful support to practices. The dashboard will play a key role in identifying trends, highlighting areas for improvement, and ensuring equitable and effective access to services across Powys. A snapshot from the dashboard is detailed below:



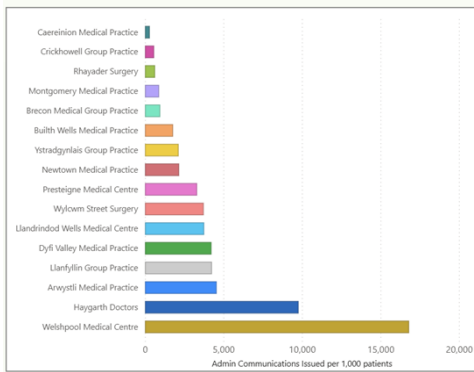
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**Referrals**

**Text Messaging**



**Administrative Communications**

**NEXT STEPS**

- To finalise the 2024-25 Unified Contract Assurance Framework process and follow up with practices the actions as agreed with the GMS Contract Monitoring Group
- Continue to develop the Access Dashboard and use to progress discussions with Practices
- Obtain the raw patient survey data from the Practice patient experience surveys undertaken, to enable further analysis of patient experience.

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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.8**

<b>Finance and Performance Committee</b>	<b>Date: 02 September 2025</b>
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<b>Subject:</b>	<b>CAPITAL AND ESTATES STRATEGY MONITORING</b>
<b>Approved and presented by:</b>	Pete Hopgood, Executive Director of Finance, Capital and Support Services
<b>Prepared by:</b>	Associate Director Capital, Estates and Facilities
<b>Other Committees and meetings considered at:</b>	Executive Committee 6 August and 20 August 2025

**PURPOSE:**  
The purpose of this item is to provide an update on the current status of key areas of activity in regard to Capital and Estates.

**RECOMMENDATION(S):**  
The Finance and Performance Committee is asked to:

- RECEIVE** and **DISCUSS** the update provided; and
- Take **ASSURANCE** that progress has been made against the Capital and Estate Strategy’s key areas of activity since the last report.

Approve/Take Assurance	Discuss	Note
N	N	Y

<b>ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing	N	Use this space to provide a brief narrative explanation of alignment with the health board’s wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
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	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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## EXECUTIVE SUMMARY:

The paper sets out an updated position in respect of the following:

- Capital funding and programme
- Regional Partnership Board Capital update
- Estates and Facilities update
- Better Together / Site Review status

## NEXT STEPS:

### Capital funding and programme update:

Discretionary Capital: from 2025/26 the allocation of Welsh Government (WG) Discretionary Capital funding has been uplifted from £1.431M to £2.7M.

Re:fit: Welsh Government is supporting public sector bodies in Wales to make their buildings and assets more energy efficient. Re:fit Cymru enables the Welsh public sector to secure guaranteed savings and reduce carbon impacts. £3.6M was invested in 2024/25 to undertake energy saving measures across the estate, with a further £0.64M of works to be undertaken in 2025/26

Targeted Estates Funding (TEF): Welsh government have announced £40M of ringfenced funding per annum in 2025/26 and 2026/27 to address estates related risks across 6 compliance areas: 16 of the 17 bids submitted have been approved with a combined value of £3.525M.

All Wales Capital Funding (AWCF): The Welsh Government Capital Prioritisation Process was introduced in early 2024 in recognition of the pressure on NHS Capital. WG have now indicated that they can support the continuation of business case progression for two of the PTHB hospitals from core NHS Capital / Health and Social Care Integrated and Rebalancing Capital Fund (IRCF).

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF): An application has been approved for circa £0.971M to develop a combined SOC/OBC for the Integrated Health, Care and Wellbeing campus in Newtown (total project value £30M).

The anticipated funding position for 2025/26 – 2026/27 is summarised below:

Capital / Revenue Category	2025/26 £M	2026/27 £M	Comments
Discretionary	2.7	2.7	Increase from £1.431M to 2.7M
TEF (Discretionary PTHB Contribution)	(0.584)	(0.454)	30% contribution of overall TEF to be made from Discretionary Capital. Total value of bids £3.525M
TEF Funding (WG contribution)	1.17	0.91	16 schemes approved across the 6 compliance areas.

Llanfair Caereinion health hub	0.5	5.5	Anticipated programme subject to business case approval
Llandrindod Phase 2	2.0	5.0	Overall Programme Business Case endorsement for £11-14M over 3+ years
North Powys Integrated Health, Care & Wellbeing Hub	1.25	15.52	IRCF bid submitted and subject to business case approval
Re:fit (Revenue)	0.643	0	Energy and Decarbonisation: Invest to Save
Capital Slippage	TBC	TBC	Indicatively, £1.028 M in 2024/25
<b>TOTAL (indicative)</b>	<b>7.577</b>	<b>28.854</b>	

Capital funding is a key enabler for transformational change to the Health Board estate in support of 'Better Together' as the outputs of this work emerge. The backdrop to this is the current condition of the aging estate with an Internal Audit 'Finding' presented to Audit, Risk and Assurance Committee in 2024 for Estates Condition with a Limited Assurance finding indicating the disparity between capital availability across NHS Wales and the investment required to address backlog maintenance and meet the strategic need for change for the built environment.

Capital Monitoring: NWSSP Audit and Assurance audit on Llandrindod Wells Hospital Phase 2 project for work undertaken in 2024/25 has delivered a Reasonable outcome.

The Audit Plan for 2025/26 in respect of capital includes:

- Systems – Discretionary Capital. To obtain assurance that appropriate controls are applied, and capital systems operate effectively in the allocation and delivery of the allocated discretionary capital funds.
- North Powys Integrated Wellbeing Hub. To evaluate the processes and procedures put in place by to support the management and control arrangements applied to deliver the project through to the Submission of the FBC. A Welsh Government Gateway review/assessment of the project is also likely to be commissioned in Q3 to support the SOC/OBC submission.

### Regional Partnership Board Capital update

The RPB Innovative Environments Capital Group includes key representation from Powys County Council, Third Sector and Health. Part of the work is focused on 'Housing with Care Fund' which is largely around Extra Care facilities and local authority led. The Capital Group is chaired by Associate Director Capital, Estates and Facilities and is tasked with the development of a robust capital programme for IRCF funding which has a central Welsh Government capital

allocation of £70M per annum for each of the next two years (which will hopefully be extended).



The group is required to submit a Strategic Capital Plan to WG every year which sets out the ambition and outline for the programme – the plan is approved via the RPB Executive and Board.

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF), capital programme: the campus at North Powys / Newtown forms the main strategic imperative for the group – the Strategic Outline Case / Outline Business Case submission is due for the end of 2025 to be followed by a Full Business Case submission by mid-2026. If approved this phase of the campus development should have achieved project completion on site by the end of 2028.

Works is also underway to complete the development of a multi-agency hub based at Spa Road in Llandrindod Wells and a new build development at Llanfair Caereinion Health Hub (there is some debate in WG and this may be funded from core Health funding).

RPB Capital Group has also commissioned an series of important baseline exercised to map and record details of the built estate for Council, Third Sector and Health across Powys and this has been followed up by the circulation of a recent draft report which investigates what a strategic blueprint distribution of Integrated Hubs could look like pan Powys, This is based on 'what we have now' in terms of buildings and services and what the population needs would be across the county. The area reviews would then identify gaps and how these could best be addressed with one of the key factors being travel time to receive the support needed. This links in well and helps inform the concurrent Sustainable Powys and Better Together activity.

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## Estates and Facilities update

Estates and Facilities now form part of the same directorate; Finance, Capital and Support Services. The Head of Facilities role is currently vacant but is going through a recruitment process and once appointed, further work will be undertaken to identify synergies between the two functions which could potentially improve efficiency and reduce costs.

Estates and Facilities Monitoring; in 2024/25 the NWSSP audits for Energy Management and Cleaning Standards received Reasonable outcomes

The Audit Plan for 2025/26 in respect of Estates and Facilities includes:

Estates Assurance – Asbestos Management. To evaluate the controls and practices in place to ensure that the key asbestos regulatory requirements are adequately addressed, and appropriate management arrangements were embedded within the organisation.

Site Co-ordination Assurance, review of the updated arrangements in place, following on from the advisory audit completed in 21/22.

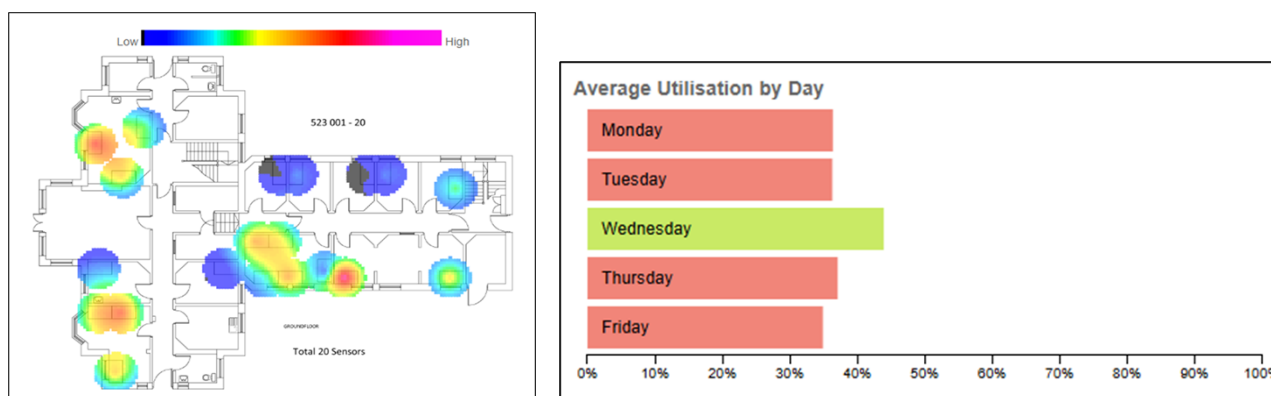
Catering Services Review of processes and controls in place to ensure compliance with Environmental Health Office Standards / hygiene ratings.

## Better Together / Site Review status

The Capital and Estates team have been undertaking a Site Review process in support of the Better Together activity – this has largely been in the form of collating data on the existing estate condition, utilisation, functional suitability, statutory compliance and associated costs. This will enable and inform a wider consultation and decision-making process around the future of the healthcare service in Powys. The built environment will always be subservient to the clinical

needs and service strategy but as this work becomes clearer, the estates strategy work will be able to be more clearly articulated. The work on the Integrated Hubs and the wider public sector estate in Powys will also be an important part of this work.

Working with NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP-SES) an OccupEye software system has been used to monitor space utilisation on a limited basis at Bronllys site and this is showing a general under-utilisation of the estate for both office and clinical/operational space. Further work is needed which, ultimately, will involve incorporating space monitoring technology into the Health Board building fabric as business as usual, and this will help inform the potential for future estates rationalisation.



**NEXT STEPS:**

- Deliver the Capital Programme of activity in a compliant manner and seek to secure funding to support the needs and ambition of the organisation within capacity constraints.
- Maintain close links with the RPB Partners to maximise the cooperation and benefits potential of the IRCF programme
- Review potential synergies and efficiencies within the combined Estates and Facilities function.
- Support Better Together activity in respect of the Site Review workstream and ensure both the North Powys and Llandrindod Phase 2 projects are fully aligned with organisational objectives.
- Contribute to the organisation’s financial savings plan.



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.9**

<b>Finance and Performance Committee</b>	<b>Date: 02 September 2025</b>
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<b>Subject:</b>	<b>Committee Risk Register</b>
<b>Approved and presented by:</b>	Stella Gwynne, Deputy Board Secretary
<b>Prepared by:</b>	Deputy Board Secretary
<b>Other Committees and meetings considered at:</b>	Board Development – 8 May 2025 Executive Committee – 14 May 2025 Board – 30 July 2025
<b>Appendices:</b>	Appendix A – Committee Risk Register

**PURPOSE:**

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the newly developed Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the Health Board's strategic objectives.

This copy of the Committee Risk Register is based upon the newly developed SRR considered by the Board on 30 July 2025.

**RECOMMENDATION(S):**

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	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	

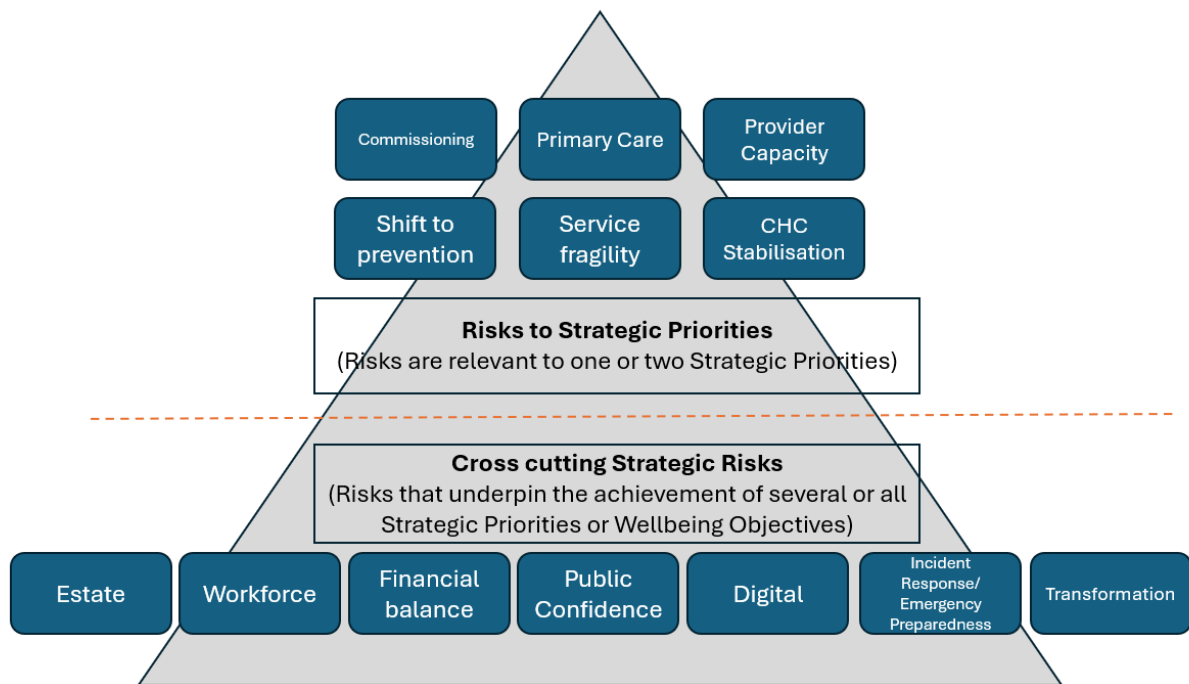
**REVISED COMMITTEE RISK REGISTER**

The Committee has routinely received a Committee Risk Register which draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to the Health Board’s within the Committee’s remit.

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 (SRR), owned by the Board and an Organisational Risk Register (ORR), focused on significant and cross-organisation operational risk, owned by the Executive Committee.

In the weeks following on from the 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, and the Board received the fully developed SRR on 30 July 2025.

The Committee Risk Register is attached at **Appendix A**.

**NEXT STEPS:**

The Committee will continue to seek assurance on the ongoing development and management of risks as set out above.



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Powys Teaching  
Health Board

# Committee Risk Register

Finance and Performance Committee – 2 September 2025

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**STRATEGIC RISK DASHBOARD – JULY 2025 DATA**

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)
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
EDPCC MH	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
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)

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**KEY:**


<b>Executive Lead</b>	
<i>EDoFC&amp;E</i>	Executive Director of Finance, Capital and Estates
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>DCG</i>	Director of Corporate Governance/Board Secretary
<b>Trend</b>	
<b>*</b>	<b>New risk</b>
<b>→</b>	<b>Risk score unchanged since last report</b>
<b>↓</b>	<b>Risk score decreased since last report</b>
<b>↑</b>	<b>Risk score increased since last report</b>

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### RISK HEAT MAP – JULY 2025 DATA

<b>Almost certain</b> 5					
<b>Likely</b> 4				<b>SRR 007 – Estate</b> <b>SRR 009 – CHC</b>	<b>SRR 001 – Financial</b> <b>Balance</b>
<b>Possible</b> 3					<b>SRR 012 – Public</b> <b>Confidence</b>
<b>Unlikely</b> 2					
<b>Rare</b> 1					
<b>LIKELIHOOD</b> <b>X</b> <b>IMPACT</b>	<b>Insignificant</b> 1	<b>Minor</b> 2	<b>Moderate</b> 3	<b>Major</b> 4	<b>Catastrophic</b> 5

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<b>SRR 001</b>	<b>There is a risk that:</b> The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).																	
<b>Current Risk Score:</b>  <b>20</b>	<b>Risk rating detail:</b> (likelihood x impact)  Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	<b>Risk Category:</b> Financial Sustainability																
<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services		<b>Boards Risk Appetite:</b> <b>Cautious</b>																
<b>Latest review date:</b> July 2025  <b>Added to register:</b>  June 2024  <b>Link to Strategic Priorities and Wellbeing Objectives:</b>  Cross-cutting risk relevant to all SPs and WBOs	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Nov-24</td> <td>8</td> <td>20</td> </tr> <tr> <td>Jan-25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Nov-24	8	20	Jan-25	8	20	Feb 25	8	20	Mar 25	8	20	<b>Cause/source of risk:</b>  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  <b>Risk materialising would result in:</b>  Failure to achieve the statutory duty to breakeven	
Month	Target Score	Risk Score																
Nov-24	8	20																
Jan-25	8	20																
Feb 25	8	20																
Mar 25	8	20																
<b>Controls (What has been implemented to manage the risk?)</b>	<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>															

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
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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.

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<p><b>SRR 007</b></p>	<p><b>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.</b></p>																																								
<p><b>Current Risk Score:</b></p> <p><b>16</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: L4 x I4 = 16          Inherent: L4 x I4 = 16          Target: L2 x I4 = 8</p>	<p><b>Risk Category:</b> Quality</p> <hr/> <p><b>Boards Risk Appetite:</b> <b>Minimal</b></p>																																							
<p><b>Executive Lead:</b> Executive Director of Finance, Capital, and Support Services</p>	<p><b>Assuring Committee:</b> Finance and Performance Committee</p>																																								
<p><b>Latest review date:</b> July 2025</p> <p><b>Added to register:</b> January 2017</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b></p> <p>SP 9 and WBOs 1 and 4</p> <p><small>powell, Bethan 02/09/2025 07:49:38</small></p>	<p><b>Risk Score Trajectory</b></p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>8</td><td>16</td></tr> <tr><td>Dec-22</td><td>8</td><td>16</td></tr> <tr><td>Feb-23</td><td>12</td><td>20</td></tr> <tr><td>Apr-23</td><td>12</td><td>20</td></tr> <tr><td>Aug-23</td><td>12</td><td>20</td></tr> <tr><td>Dec-23</td><td>12</td><td>20</td></tr> <tr><td>Feb-24</td><td>12</td><td>16</td></tr> <tr><td>July-24</td><td>9</td><td>16</td></tr> <tr><td>Nov-24</td><td>9</td><td>16</td></tr> <tr><td>Jan-25</td><td>9</td><td>16</td></tr> <tr><td>Feb 25</td><td>9</td><td>16</td></tr> <tr><td>Mar 25</td><td>9</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Nov-22	8	16	Dec-22	8	16	Feb-23	12	20	Apr-23	12	20	Aug-23	12	20	Dec-23	12	20	Feb-24	12	16	July-24	9	16	Nov-24	9	16	Jan-25	9	16	Feb 25	9	16	Mar 25	9	16	<p><b>Drivers/causes of risk:</b></p> <p><b>Estates Compliance:</b> (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands)</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.).</li> <li>• Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets.</li> <li>• Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation.</li> <li>• Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the</li> </ul>
Month	Target Score	Risk Score																																							
Nov-22	8	16																																							
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Jan-25	9	16																																							
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Mar 25	9	16																																							

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.

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		<p><b>Risk materialising would result in:</b></p> <ul style="list-style-type: none"> <li>• Inability to sustain high quality services</li> <li>• Adverse impact on achievement of WBO 1 &amp; 4</li> <li>• Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services.</li> <li>• Escalating backlog costs may also lead to reputational damage and regulatory scrutiny.</li> <li>• Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs.</li> <li>• Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability.</li> <li>• 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.</li> </ul>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
	<b>ESTATES</b>			
9.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
9.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group

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9.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
9.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
9.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	<ul style="list-style-type: none"> <li>Minutes and papers from meetings</li> <li>Audits undertaken by NWSSP</li> </ul>	Reasonable	Estates Compliance Group, Health & Safety Committee
9.6	Capital Programme developed for Compliance and approved capital programme	<ul style="list-style-type: none"> <li>Paper to Executive level meeting</li> </ul>	Substantial	Delivery & Performance
9.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	<ul style="list-style-type: none"> <li>Annual Plan</li> </ul>	Substantial	Board
9.8	Address (on an ongoing basis) maintenance and compliance issues	<ul style="list-style-type: none"> <li>Compliance Highlight Reports, Audit plans, notes and papers from meetings</li> </ul>	Reasonable	Delivery & Performance Group
9.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	<ul style="list-style-type: none"> <li>Compliance Highlight Reports, Audit plans, notes and papers from meetings</li> </ul>	Reasonable	Delivery & Performance Group
9.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	<ul style="list-style-type: none"> <li>Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime</li> </ul>	Reasonable	Estates Compliance Group
	<b>CAPITAL</b>			

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9.11	Capital Procedures for project activity	<ul style="list-style-type: none"> <li>Capital Procedures CP/D/1.00 document</li> <li>Annual Capital Systems Audit reports from NWSSP</li> </ul>	Reasonable	Innovative Environments Group
9.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Annual Procurement Report</li> </ul>	Substantial	Innovative Environments Group / Finance & Performance
9.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Designated Director role</li> </ul>	Substantial	Innovative Environments Group
9.14	Audit reviews by NWSSP Audit and Assurance	<ul style="list-style-type: none"> <li>Audit reports and Action Plans</li> </ul>	Reasonable	Audit and Assurance Group
9.15	Close liaison with Welsh Government, Capital Function	<ul style="list-style-type: none"> <li>Regular Capital Review Meetings. Notes and papers from meetings</li> </ul>	Substantial	Innovative Environments Group
9.16	Reporting routinely to Finance & Performance Committee	<ul style="list-style-type: none"> <li>Notes and papers from meetings</li> </ul>	Reasonable	Finance & Performance Committee
9.17	Capital Programme developed and approved	<ul style="list-style-type: none"> <li>Paper to Executive level meeting</li> </ul>	Substantial	Delivery & Performance / Board
9.18	Detailed Strategic, Outline and Full Business Cases defining risk	<ul style="list-style-type: none"> <li>BJC, SOC, OBC, FBC documents / governance</li> </ul>	Substantial	Executive Committee / Board
9.19	Capital and Estates set as a specific Organisational Priority	<ul style="list-style-type: none"> <li>Annual Plan</li> </ul>	Substantial	Board

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9.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets • SBARs	Substantial	Capital Control Group /Innovative Environments Group
	<b><u>ENVIRONMENT</u></b>			
9.21	ISO 14001 accreditation	SGS external body certification	Substantial	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
<b>Additional information:</b>				

**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.

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<b>SRR 009</b>	<b>There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care</b>			
<b>Current Risk Score: 16</b>	<b>Risk rating detail:</b> (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	<b>Risk Category:</b> Performance and Sustainability		
		<b>Boards Risk Appetite:</b> Open		
<b>Executive Lead:</b> Executive Director of Primary, Community Care and Mental Health		<b>Assuring Committee:</b> Finance and Performance Committee		
<b>Latest review date:</b>  <b>Added to register:</b> July 2025  <b>Link to Strategic Priorities and Wellbeing Objectives:</b> SP 6 and WBO 4		<b>Cause of risk and rational for current score:</b> <ul style="list-style-type: none"> <li>Demand is greater than available resource</li> </ul> <b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>The service is unable to remain within allocated budget</li> <li>Failure to meet needs of vulnerable patients who are eligible for health services</li> </ul>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>

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

<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>

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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: <ul style="list-style-type: none"> <li>• Implementation of Digital systems</li> <li>• Specific review high cost placements</li> <li>• Alternative arrangements with</li> </ul>	Completed June 2025	On track

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		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	<p>There is no clear timeline for when a national system will be agreed.</p> <p>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.</p> <p>Health Boards will need to plan financially for future costs.</p>	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):**

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- Organisational Risk Register under development Q2 2025/26.

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<p><b>SRR 012</b></p>	<p><b>There is a risk that:</b> The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.</p>	
<p><b>Current Risk Score:</b></p> <p><b>15</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: 3 x 5 = 15          Inherent: 4 x 5 = 20          Target: 2 x 4 = 8</p>	<p><b>Risk Category:</b> Reputation and Public Confidence</p> <p><b>Boards Risk Appetite:</b> Open</p>
<p><b>Executive Lead:</b> Director of Corporate Governance / Board Secretary</p>		<p><b>Assuring Committee:</b> Finance and Performance Committee</p>
<p><b>Latest review date:</b> July 2025</p> <p><b>Added to register:</b> July 2025</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b> Cross-cutting risk relevant to all SPs and WBOs</p> <p><small>Bethan 02/09/2025 07:49:38</small></p>	<p><b>Cause of risk and rationale for current score:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	

		<b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>		
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

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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
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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.

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# Contract Management

## Final Advisory Report

2024/25

Powys Teaching Health Board

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### Review Reference

PTHB-2425-05

### Fieldwork

February 2025 – May 2025

### Executive Sign Off

June 2025

### Audit Committee

July 2025

### Executive Lead

Pete Hopgood, Executive Director of Finance,  
Capital and Support Services

### Audit Team

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit

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Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



# Executive Summary

## Purpose

The review assessed whether appropriate contract management arrangements were in place within Powys Teaching Health Board (the "Health Board"). This review was undertaken further to the advisory review of Contract and Procurement at Betsi Cadwaladr University Health Board (BCUHB), completed at the request of Welsh Government in 2023/24, which identified several areas of concern and non-compliance with the organisation's Standing Financial Instructions. Through inclusion within NHS Wales Organisations 2024/25 Internal Audit plans, this review has compared and contrasted the appropriateness of contract management arrangements across eight more organisations, with common issues and challenges noted.

An assurance rating has not been applied to this review, recognising the consistency of approach with the BCUHB review, and that actions raised will need to be taken forward in partnership with other NHS Wales organisations, including NHS Wales Shared Service Partnership (NWSSP) Procurement Services. These actions, alongside those specific to the Health Board, are aimed at improving and/or enhancing expected controls in contract management arrangements.

## Overview

Noting the absence of a Health Board contract register, for the purposes of this audit, sample testing was based on the Electronic Contract Management module of the Bravo e-tendering system held by NWSSP. Contract selection was undertaken to ensure consistency with similar reviews undertaken at a number of NHS Wales organisations. All Wales Contracts were excluded from our sample; in addition to Capital and Estates contracts noting that separate Capital Systems reviews have been undertaken by our Specialist Services Unit (SSU) at a number of NHS organisations as part of the 2024/25 Internal Audit Plan – the coverage of which has also included contract management.

The following opportunities have been identified for management attention across all reviews completed:

- The need for consistent contract management procedures to support the requirements of the Standing Financial Instructions, this could be through engagement with NWSSP Procurement Services to adopt their Contract Management Procedure;
- The need to introduce comprehensive contract registers;
- The introduction of a mechanism to determine the capacity and support needed to meet existing and future contract monitoring requirements, with appropriate training provision;
- The need to retain full and accurate records to support contract ownership, contract documentation, and monitoring of contract performance;
- The need to remove variations in the formality of contract management, performance reporting, and documentation, which indicates a level of inherent risk, and which could be addressed by increasing the robustness of the control environment; and
- The minimum internal reporting, accountability and escalation requirements should be considered and defined at the outset of contracts.

The Health Board should ensure appropriate arrangements are in place to engage with wider NHS Wales Organisations and NWSSP Procurement Services in developing a coordinated and agreed action plan via the Directors of Finance forum (or other appropriate forum), to address the common themes and issues identified within this and corresponding reports.

Full details of matters arising are detailed within the Findings & Agreed Actions.

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## Scope & Actions Summary

### Objectives

### Related Actions

1	There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.	1
2	Contract registers are used as the basis for effective contract management and procurement planning.	2
3	Contract managers have access to relevant training and development.	3, 4
4	Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.	5
5	Contract performance and risk is reported and managed within the Health Board's governance structure.	6

### Management Actions

6

### Themes



### Risk Types

Public Perception & Reputational Risk  
 Financial Loss  
 Quality or Safety Issues  
 Legal & Regulatory Non-Compliance

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# Findings & Agreed Actions

## **Objective 1: There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.**

The Heath Board's Standing Financial Instructions (SFIs) includes a section on contract management. Section 11.16.1 outlines that the relevant budget holder is responsible for overseeing and managing each contract on behalf of the Health Board to ensure that implicit obligations are met. This includes:

- *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.*

In addition to the above, there is an All-Wales Procurement e-manual, which contains high-level contract management guidance, available on NWSSP's website. In discussion with the sampled contract leads within the Health Board, this document was only known by the Digital team. Furthermore, the Health Board's Digital team have drafted a digital contract and supplier management Standard Operating Procedure (SOP) which is in the process of an internal review but yet to be approved.

Review of other NHS organisations indicated that the majority did not have local contract management guidance in place, an exception was noted for Aneurin Bevan University Health Board (ABUHB), where in conjunction with local NWSSP Procurement, there has been the development of a Contract Management Financial Control Procedure (FCP). The ABUHB FCP outlines roles and responsibilities for contract management, requiring designated contract managers to complete standardised 'Contract Management Plans' for contracts over £100,000 in value. Wider dissemination of the content from the FCP was discussed at the NWSSP Heads of Procurement meeting in February 2025, and there was support for its further roll out across other NHS Wales organisations.

The above could inform the basis for a Health Board wide guidance document, with consideration of enhancements identified from good practice elsewhere through supportive template documentation, expected monitoring (especially where the contract is informal in nature), expected reporting and escalation arrangements, and integration with the Health Board's risk management framework to provide robustness for wider use across the organisation. (see **Opportunity 1**).

### **Opportunity 1: Contract Management Procedures**

Recognising that some established good practice is now available from within the wider NHS, the Health Board may wish to engage with NWSSP Procurement Services in relation to implementation of the NWSSP Contract Management Procedure.

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## Objective 2: Contract registers are used as the basis for effective contract management and procurement planning.

A contract register is important as it provides:

- **Contract Tracking:** to track important dates, such as start and end dates, renewal periods, and milestones associated with each contract.
- **Compliance and Risk Management:** to ensure that the organisation stays compliant with contract terms and legal requirements, and to help identify any potential risks by keeping a record of contract clauses, obligations, and renewal terms.
- **Audit Trail:** provided for each contract, including amendments and performance evaluations. This makes it easier to track changes and decisions related to a contract.
- **Centralised Repository:** allowing easier access for teams like legal, procurement, and finance when they need to refer to specific terms, obligations, or other contract details.
- **Improved Communication:** enhances communication across departments, as everyone involved can refer to the register to ensure that they are aware of their obligations and responsibilities under various contracts.
- **Budget and Financial Tracking:** for financial management to track contract values, payment terms and other financial aspects to ensure proper budgeting and forecasting.

The Social Partnership and Public Procurement (Wales) Act 2023 includes that a contracting authority must create, maintain, and publish a contract register.

Within our sampled contracts (see *objective 4*), some of the records were held in a listed format for instance there was one in the form of a digital SharePoint page (IT Service Management System (ITSM)) and for the Electrical and Biomedical Engineering (EBME) contract an asset management system was maintained detailing what servicing was required. In addition, one of the sample (Maintenance Contract Pentax Scopes) also maintained a list to enable them to monitor contract expiry dates. However, there is no organisation-wide contract register in place. (see **Opportunity 2**).

### Opportunity 2: Contracts register

The Health Board should establish and retain a formal, comprehensive organisation-wide contract register to systematically record and manage all contract records and associated information (potentially utilising existing available information such as ECM).

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### Objective 3: Contract managers have access to relevant training and development.

This review and similar reviews at other NHS Wales Organisations, observed that contract management was undertaken by a combination of:

- Dedicated contract managers;
- To fulfil an existing element of a job description / role; and
- As an unspecified additional responsibility.

The demands on staff were dependent on the specific performance monitoring requirements of the contract and varied significantly.

For the sampled contracts, there was no evidence of an assessment of the capacity / capability requirements to fulfil the role and / or the identification of any training requirements to address any gaps (see **Opportunity 3**). Similarly, no specific contract monitoring training had been provided. However, we evidenced for one of the sample reviewed (Medical Device & Point of Care Testing) that the Deputy Director of Allied Health Professions and Health Science was requested to investigate training for some of the operational/clinical teams less familiar with the concept of contract management. Evidence showed they have been exploring training opportunities for Medical Device & Point of Care Testing.

The Health Board's SFIs include within Section 11.16.3 that 'Advice on best practice on Contract Management is available from NWSSP Procurement Services.' As per objective one, two of the contract leads contacted during our fieldwork were aware of the NWSSP Procurement e-Manual, which contains contract management guidance (see **Opportunity 4**).

#### Opportunity 3: Training Needs Analysis

A mechanism should be established to ensure senior managers identify any specific training requirements to support operational contract management – reflecting the capacity / capability of individuals and the requirements of the specific contracts.

#### Opportunity 4: Training provision

The Health Board should engage with other NHS Wales organisations to develop contract management training, to ensure staff are equipped with the tools and skills to manage the key stages and lifespan of contracts.

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## Objective 4: Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.

Standing Financial Instructions (11.6.1) require that *"The relevant budget holder, shall oversee and manage each contract on behalf of the Health Board so as to ensure that these implicit obligations are met."*

A sample of five contracts were selected from the contract management module of the Bravo e-tendering system, and this was undertaken in conjunction with reviews taking place at other NHS Wales organisations to provide consistency of service/contract type where possible. Common themes across these reviews have been identified which will need a consistent approach to be addressed on an All-Wales basis, in conjunction with NWSSP's Procurement Services. Evidence from Health Board's contract managers demonstrated ongoing contract management and operational understanding of the requirements of such, where exceptions have been identified these were accompanied by mitigations. Through discussion with contract managers and review of documentation we identified the following:

Designated responsible officer/contract ownership - Whilst the review was directed to certain individuals for the sampled contracts, not all of those individuals had been formally assigned responsibility for contract monitoring. Two of the sample had their contract lead within the Digital team, however, one of the services was utilised on a Health Board wide basis while the other was used by the Mental Health team. The contract lead had prior involvement with the tendering process which helped in understanding the expectations of the role.

Within our sample of contract managers, we did not identify any individual who performed a dedicated contract management role.

Contract documentation - Final signed contracts were not available for two of our sampled contracts - Maintenance of Endoscopes and Electromed Equipment, and Cisco Webex calling support (see **Opportunity 5**). However, we were provided with a specification for one of the contracts and a system cover document for the other contract.

Contract deliverables/performance measures - Review of contract documentation established that agreed and defined service deliverables were in place for all the contracts tested. Contracts and specifications included detailed criteria for services or goods to be provided alongside associated key performance indicators and ongoing contract management arrangements.

Contract management/monitoring - The formality of monitoring arrangements within our sample reflected the differences in their value and business criticality, and this varied with weekly, monthly, and annual arrangements noted. We found that the monitoring reporting was broadly in line with that specified within contracts, with the exception of the contract for maintenance of Endoscopes and Electromed Equipment where only partial monitoring was in place, and the contract for Cisco Webex calling support where there was no monitoring. (see **Opportunity 5**).

### Opportunity 5: Contract Ownership, Documentation and Management

Noting that some contract managers are aware of their responsibilities as required by the SFIs, the need to retain full and accurate records in support of contract ownership, contract documentation, and monitoring of contract performance should be reiterated.

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## Objective 5: Contract performance and risk is reported and managed within the Health Board's governance structure.

The SFIs relating to contract management (section 11.6) do not provide information on the expected minimum reporting, accountability and escalation arrangements in relation to contracts.

Our review observed varying approaches to monitoring arrangements, with individuals with responsibility for contract monitoring outlining that escalation reporting was exception based. Evidence on adequate steps taken was noted for one of the sampled contracts reviewed that required escalation. Varying reporting routes for escalation were provided for three of the contracts within our sample in the event that they would require escalation. However, one of the sample could only provide information for future plans on escalation routes as there was no monitoring undertaken at the time. (see **Opportunity 6**).

### Opportunity 6: Reporting, Escalation and Risk Management Arrangements

Expected internal monitoring / reporting arrangements should be defined at the outset of the contract – cognisant of the risk, value, complexity and strategic importance of the contract.

Minimum requirements could be defined within the contract management procedure (see **Opportunity 1**), with any divergence subject to appropriate approval.

Discussion with contract managers confirmed that they were aware of operational risks related to non-delivery of contracts, they were also able to demonstrate with examples of risk registers where contract's risk can be recorded and monitored. We identified in one sample that the formal risk management practices relating to contract risk were being updated as required.

In-line with the organisation's Standing Orders, all single tender waiver and extension of contracts are reported to the Audit Risk and Assurance Committee. This report does not extend to the ongoing management of contracts. Developing a Health Board's contract register, will give the ability to provide regular assurance that contracts are managed appropriately, with exceptions identified and proportionate actions undertaken where required.

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# Appendix A: Assurance Opinion & Prioritisation of Findings

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



**Finance and Performance Committee 2025-26**

Theme	Item Title	May 01/05/2025	June 26/06/2025	September 02/09/2025	October 21/10/2025	December 04/12/2025	February 26/02/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	✓					
Governance	Work Programme (updated through year)		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓					
Governance	Committee Governance Action Plan		✓				✓
Governance	Committee Annual Report (including IC elements)	✓					
Governance	Review of Terms of Reference	✓					
Performance	Integrated Quality and Performance Report	✓	✓	✓	✓	✓	✓ Mnth 9
Performance	Ministerial Enabling Actions		✓	✓		✓	
Performance	Annual Delivery Progress Report	✓ Q4		✓ Q1	✓ Q2		✓ Q3
Finance	Finance Report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Health Care costs)			✓			✓
Finance	Variable Pay			✓			
Annual Reporting	Draft Performance Report (of Annual Report) - to be circulated via email due to timescales						
Innovative Environments	Capital Programme Delivery					✓	
Innovative Environments	Capital and Estates Compliance Report						✓
Innovative Environments	Capital and Estates Strategy Monitoring		✓	✓			
Innovative Environments	Capital Pipeline Overview					✓	
Innovative Environments	Powys PSB Climate Working Group Update				✓		
Primary Care	GMS (to include access)			✓			
Primary Care	GDS				✓		
Primary Care	Out of Hours		✓	✓	✓		
Primary Care	Community Pharmacy Annual Report					✓	
Primary Care	Mental Health Services						
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A
Communications	Comms and Engagement Report					✓	
Innovative Environments	Six monthly report on catering services				✓		✓
Performance	Organisational Escalation Status Presentation Finance and Performance Monitoring	✓	✓	✓	✓	✓	✓
Finance	Deep Dive - CHC savings track growth on case numbers.		✓				
Performance	Endoscopy Update to include JAG accreditation			✓		✓	
Health and Safety	Health and Safety Annual Report	✓					
Health and Safety	Health & Safety (Fire and Patient Safety) 6 monthly report					✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix - Second look needed at joint PPPH and D&P meeting March 2026						
Actions	Deep Dive - from Performance report (Action at Feb meeting) Ambulance Response (May)		✓				✓
Actions	Review the effectiveness of clusters in achieving their purpose on an Annual basis (consent agenda)	✓					
Actions	Deep Dive - from Performance report (Action at Feb meeting) Cancer Performance & Diagnostics			✓	✓		
Actions	Community Hospital Delays & Flow		✓				
Actions	Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais.			✓			
Actions	Private Providers- Mental Health		✓	✓			
Key							
Date to be confirmed							
Item to be confirmed							
Item deferred							
Item brought forward							
Going to Board							
Find Exec Cttee date							
Added to draft agenda							
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Powys Teaching  
Health Board

## Powys Teaching Health Board Glossary (Last updated august 25)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
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ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
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BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
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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

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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

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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

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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
OOB	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
RJA	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board

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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

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