

Finance and Performance Committee

Thu 04 December 2025, 10:00 - 13:30

Agenda

10:00 - 10:00 **1. PRELIMINARY MATTERS**

0 min


 F&P_Agenda_ 04 December 2025.pdf (3 pages)

1.1. Welcome and Apologies

Attached *Chair*

1.2. Declarations of interest. Board Members Register of Interests 2025/26

Verbal/Attached *All*

 F&P_1.2_Board Members Declarations of Interest 2025.pdf (3 pages)

10:00 - 10:00 **2. CONSENT AGENDA BUSINESS**

0 min

Verbal *Chair*


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

10:00 - 10:00 **3. ITEMS FOR APPROVAL/DECISION/RATIFICATION**

0 min

3.1. Minutes of the previous meeting held on 21 October 2025

Attached *Chair*

 F&P_3.1_Minutes_F&P_21October2025.pdf (11 pages)

3.2. Committee Action Log

Attached *Chair*

 F&P_3.2_Action log_2025.pdf (1 pages)

10:00 - 10:00 **4. Organisational Status (NHS Wales escalation framework) Level 4 - Monitoring Report**

0 min


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

10:00 - 10:00 **5. ITEMS FOR ASSURANCE**

0 min

5.1. Finance Performance Report Month 07

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

 F&P_5.1_Financial Performance Report Mth 07.pdf (20 pages)

5.2. Integrated Quality and Performance Report Month 06 (including Ministerial Enabling Actions)

Powell Bethan
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Attached *Executive Director of Planning, Performance and Commissioning*

- 📎 F&P_5.2_IQPR_Month_6_Summary.pdf (11 pages)
- 📎 F&P_5.2a_IPR_25-26_Month_6_FullSlides.pdf (75 pages)

5.3. Public Sector Prompt Payment (PSPP) Performance

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

- 📎 F&P_5.3_PSPP_Review_Dec 25.pdf (7 pages)

5.4. Out of Hours (OOH) Performance Report

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

- 📎 F&P_5.4_OOH_Mid-Year_Report_2025-26.pdf (11 pages)

5.5. Community Pharmacy Annual Report

Attached *Executive Medical Director*

- 📎 F&P_5.5_Community_Pharmacy_Performance_Report_November_2025.pdf (22 pages)

5.6. Endoscopy Update to include JAG accreditation

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

5.7. Health and Safety 6 monthly report

Attached *Deputy Chief Executive/Executive Director of Finance, Capital and Support Services , Executive Director of People and Culture and Director of Nursing, Quality and Family Health*

- 📎 F&P_5.7_Six-Monthly_Fire_Safety_Update.pdf (10 pages)

5.8. Capital Programme Delivery and Decarbonisation Programme

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

- 📎 F&P_5.8_Update_on_Climate_Response – Decarbonisation and Adaptation.pdf (21 pages)

5.9. Capital Pipeline Overview

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

- 📎 F&P_5.9_Capital_Pipeline_Programme_Update_Nov_2025.pdf (12 pages)

5.10. Committee Risk Register

Attached *Director of Corporate Governance*

- 📎 F&P_5.10_Committee_Risk_Register_Dec25.pdf (2 pages)
- 📎 F&P_5.10a_Appendix_A - Committee Risk Register.pdf (25 pages)

10:00 - 10:00 6. ITEMS FOR DISCUSSION

0 min

There are no items for inclusion within this section

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Committee Work Programme 2025/2026

Attached *Director of Corporate Governance*

- 📎 F&P_7.1_F&P_Work_Programme_2025-2026.pdf (1 pages)

7.2. Mid Wales Joint Committee (MWJC) Highlight Report

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10:00 - 10:00
0 min

8. OTHER MATTERS

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

FINANCE AND PERFORMANCE COMMITTEE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

04 DECEMBER 2025

09:30 – 13:00

VIA MICROSOFT TEAMS

CHAIR: RONNIE ALEXANDER

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
09:30	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"> Board Members Register of interests 2025/26 	Verbal	All
	2	CONSENT AGENDA BUSINESS		
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.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of the previous meeting held on 21 October 2025	Attached	Chair
	3.2	Committee action log	Attached	Chair
	4	ESCALATED ITEMS*		
09:40 15	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
	5	ITEMS FOR ASSURANCE		
09:55 20	5.1	Finance Performance Report Month 07	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
10:15 20	5.2	Integrated Quality and Performance Report Month 06 (including Ministerial Enabling Actions)	Attached	Executive Director of Planning, Performance and Commissioning
10:35 15	5.3	Public Sector Prompt Payment (PSPP) Performance'	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
10:50 10	10 min COMFORT BREAK			
11:00 20	5.4	Out of Hours (OOH) Performance Report	Attached	Executive Director of Primary, Community Care and Mental Health Services

11:20 15	5.5	Community Pharmacy Annual Report	Attached	Executive Medical Director
11:35 15	5.6	Endoscopy Update to include JAG accreditation	Verbal	Executive Director of Primary, Community Care and Mental Health Services
11:50 15	5.7	Health and Safety 6 monthly report	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services/ Executive Director of Nursing, Quality and Family Health/ Executive Director of People & Culture
12:05 5	5 mins COMFORT BREAK			
12:10 15	5.8	Capital Programme Delivery & Decarbonisation Programme	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
12:25 10	5.9	Capital Pipeline Overview	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
12:35 5	5.10	Committee Risk Register	Attached	Director of Corporate Governance
	6	ITEMS FOR DISCUSSION		
		<i>There are no items for inclusion within this section.</i>		
	7	CONSENT AGENDA		
	7.1	Committee Work Programme 2025/2026 (For Information)	Attached	Director of Corporate Governance
	7.2	Mid Wales Joint Committee (MWJC) Highlight Report	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
13:05	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: 26 February 2026 via Microsoft Teams		

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 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.

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26 **Updated: November 2025**

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned
INDEPENDENT MEMBERS								
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Vale 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. Left the Health Board on 30 September 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)	Rhobert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL	30/05/2025
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL	01/05/2025
Independent Member (finance)	Steve Elliot	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current	Partner-Director of RA and CJ Consulting Limited	Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	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-Various Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	

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		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	Christopher Walsh	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and 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	
		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	
Independent Member (Capital)	Michael Giannai	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	Ian Thomas	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	Pete Hoggood	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025 Left the Health Board on 10 October 2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
Executive Medical Director	Kate Wright	Non-Financial professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025

Executive Director of People and Culture	Debra Wood Lawson	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated	29/05/2025
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL	
Executive Director of Public Health	Mererid Bowley	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 of role. (Transferring recording of	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-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	Oct-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	
Director of Strategic Improvement and Transformation	Lucie Cornish	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
Executive Director of Planning, Performance & Commissioning	Nicola Johnson	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton	Financial Interests	Outside Employment	Apr-24	Current	Independent Member - ateb - housing Association	Remunerated	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil	
Executive Director of Nursing, Quality, Women and Family Health	Paul Hooton	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	Nil	25/10/2025 Started with PTHB October 2025

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FINANCE & PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 21 OCTOBER 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Cathie Poynton	CP	Independent Member (Trade Union)
Simon Wright	SW	Independent Member
Carl Cooper	CC	PTHB Chair
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Kate Wright	KW	Executive Medical Director
Debra Wood-Lawson	AW	Executive Director of People and Culture
Chris Moss	CMO	Assistant Director of Performance
Jayne Lawrence	JL	Assistant Director of Primary Care
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Paul Hooten	PHO	Executive Director of Nursing, Quality, Womens and Family Health
Wayne Tannahill	WT	Associate Director of Capital, Estates & Property
Hywel Pullen	HP	Deputy Director of Finance
Samantha Ruthven-Hill	SR-H	Assistant Director of Planning
Katie Blackburn	KB	Llais
Stella Gwynne	SG	Deputy Board Secretary
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Hayley Thomas	HT	Chief Executive Officer
Rhobert Lewis	RL	Independent Member (General)
Steve Elliot	SE	Independent Member (Finance)
Helen Bushell	HB	Director of Corporate Governance/Board Secretary

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/068)
The Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above. The Chair formally welcomed Simon, who had joined the Finance and Performance Committee in the interim, following the departure of the Vice Chair on 30th September. In the absence of a Vice Chair, SW had assumed responsibility for chairing PEQs for the foreseeable future. This arrangement would remain in place while the recruitment process for a new Independent Member was underway.

The meeting was delayed due to the absence of a third independent member, which was required to meet quorum. Carl Cooper, Chair of Powys Teaching Health Board (PTHB), temporarily supported the quorum by acting as an independent member. This enabled the meeting to proceed until the third independent member was able to join.

1.2 DECLARATIONS OF INTERESTS (F&P/25/069)

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

2. CONSENT AGENDA BUSINESS (F&P/25/070)

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

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING (F&P/25/071)

The minutes of the meeting held on 02 September 2025 were **CONFIRMED** as an accurate record.

Matters Arising

Could an update be provided following the meeting that was due take place to discuss expectations of being in escalation with Shrewsbury and Telford Hospital (SATH)?

A Chief Executive to Chief Executive meeting had taken place, however, they were unable to reach an agreement. It was agreed that the situation would be escalated to Welsh Government and the Cabinet Secretary.

Could an update be provided against the direct payment guidance from Welsh Government?

No further update had been received to date. It was noted that all health boards had raised concerns given the lack of guidance received.

3.2 COMMITTEE ACTION LOG (F&P/25/072)

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

D&P/25/009- Resolution on Colonoscopy reporting from Public Health Wales (PHW).

A timescale was yet to be confirmed for improvement across Colonoscopy reporting. A report was in development with a recommendation for potential escalation, this was due to be reported to the Executive Committee.

F&P/25/031: Savings proposal of the Joint Commissioning Committee (JCC)

The Joint Commissioning Committee (JCC) had amended its financial forecast for the year. The revision was made following the Committee's inability to achieve its full savings target. As a result, the change had a direct impact on the organisation's overall financial position.

F&P/25/032: Evaluation of the new ambulance framework

The evaluation was yet to take place and would be shared with committee members for their information once finalised.

F&P/25/054 - Digital Cross Border Delays

Stakeholder workshops would be held for project evaluation and lessons learned in the coming weeks, and a closure and evaluation report would be presented at the Executive Committee in December, after which the project would conclude, and benefits

monitoring would commence. SATH was not included within the scope due to capacity constraints.

F&P/25/051: Timescales of completion for the work undertaken by Grant Thornton

Diagnostic analysis work had been completed, with initial reports scheduled for finalisation by the end of October. Planned engagement sessions with the Board were arranged to discuss the outcomes and findings of the reports. Following the sessions, relevant actions and a proposed way forward were to be developed based on the report findings, with a target completion date by the end of November. Further detail would be shared during the Board and development engagement sessions.

There had been frequent engagement between the finance department and Grant Thornton, an agreed approach was to identify and act upon any immediate actions that could positively impact the in-year financial position. To date, no actions had been identified, although grip and controls measures were being explored.

(09:49 KW joined the 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/25/073)

An update was provided against the Organisational status, where the Health Board had been placed into level 4 escalation (finance, strategy & planning) in November 2024. The following summary was provided:

- Grant Thornton providing external support resulting in an independent report.
- No significant emerging findings identified that would impact the 2025–26 position.
- Full report due in December.
- Roles and responsibilities remained clear, with a Senior Responsible Officer (SRO) in place and work aligned to the Level 4 action plan.
- Strong engagement between the finance team and NHS Wales Performance and Improvement Team regarding the Level 4 plan.
- Regular updates and de-escalation criteria continue to be shared.

Members requested further insight into Grant Thornton's current focus and anticipated advice and whether they had identified any actions that could help address in-year financial challenges.

It was confirmed that there was ongoing engagement with Grant Thornton, who were working to the agreed work plan and timetable.

- All diagnostics and forensic analysis were scheduled for completion by the end of October, forming initial findings on improvement areas.
- No immediate significant financial improvements had been identified, but improvement themes were expected to emerge.
- Reports were due at the end of the month, after which the next phase of work would begin in November.

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The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board.

(09:56 PHO and CP joined the meeting)

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 07 (F&P/25/074)

HP presented the year end finance report and highlighted that performance was being tracked against current forecast position 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;
- 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. Monthly monitoring returns to Welsh Government had been completed with reference to the £28.3m deficit;
- At month 06, there was a £17.7956m overspend against the forecast deficit of £14.157m, giving the Health Board an operational overspend of £3.638m;
- Significant pressures continue across Commissioning, Agency and Mental Health Private Providers;
- Commissioning had overspent by £3.980m, with unfunded cost pressure arising from price increase non-elective tariffs in the English system;
- Private and voluntary sector was overspent by £1.722m due to an increased number of acute mental health and learning disability placements with private providers;
- Agency expenditure of £0.330m was lower than the previous month and continues to improve with underspends across Primary Care and Continuing Health Care.

It was noted that the key additional cost pressure outside of the plan related to the NHS England tariff. Initially, it had been assumed this would be funded, however confirmation was received that it would not, resulting in the identification of a risk. The cost pressure was originally assessed at £5.4m but had reduced to £3.8m. The need for clarity and certainty around the actual impact and mitigation actions was emphasized.

It was agreed that identifying further actions would be a Board responsibility. Current actions were being implemented, and it was confirmed that no further actions had been identified by Grant Thornton.

Members asked the following questions:

Were we comfortable with the parameters that were being used for NHS modelling?

The estimates were informed by modelling undertaken by an English commissioning support unit. The model applied 2024–25 activity through the 2025–26 English payments model to calculate the difference, which was considered a sound methodology. Uncertainties remained regarding activity levels, as current-year activity may differ from last year.

Would the inflationary uplift apply to individual Continuing Health Care (CHC) packages continue throughout the second half of the year, leading to increased costs compared to the original plan, or would the current cost reductions remain?

An assessment was made to ensure CHC package administration accurately reflects the prices being charged. There was typically a time lag at the start of the year while prices were updated.

What was the current position to increase capacity to reduce private provider reliance and reduce cost pressures?

By March, costs for private provider services had continued to grow, creating an emerging cost pressure in the last quarter. The plan was adjusted to recognize increased costs and expand the savings target to £13m by reducing private provider expenditure.

Was there confidence that the gap of £5.3m would be closed and what action was being taken to mitigate the increased cost pressures?

Full confidence in closing the savings gap was not expressed; it was noted the gap would likely not be closed entirely. £3m of operational underspend at month 06 was helping offset the gap and was forecasted to continue for the rest of the financial year. However, there was insufficient underspend to mitigate additional pressures outside the plan. Lessons learned and further actions would align with previous Board discussions, and the Finance department's action list would be revisited.

What were the reasons for the £3.2m forecast of pressure in relation to Pathways of Care delays?

Delays were discussed, with two main causes identified:

- Time required for full assessment due to workforce capacity gaps and factors such as family attendance and representation.
- Health-related delays where individuals need community health input, such as nursing home placement or home care arrangements;

It was suggested that more detailed information on Pathways of Care delays to be circulated to the committee.

Action: Director of Primary, Community Care and Mental Health

The Committee discussed the additional actions that were being considered to bridge the gap between the savings plan and forecast. The Executive Committee had tightened recruitment controls, only posts avoiding agency costs could proceed without extra approval. Recruitment of clinical fellows was approved to replace two locums. Further reductions in agency and locum costs would depend on service model changes linked to options appraisal and Better Together.

The Committee acknowledged the significant success, particularly in reducing agency spend and prescribing costs. The savings achieved at £17m was considered a substantial amount, however recognised further progress was still required. Appreciation was expressed to the teams involved for their efforts in delivering these savings.

The Committee:

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

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 05 (F&P/25/075)

(10:44 KB joined the meeting)

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

- Diagnostic waiting times continued to be a challenge, particularly across echocardiograms.
- Referral to treatment time compliant from 52 and 104 weeks.
- Continued challenges across in-reach capacity
- Therapy breaches continued to increase and workforce remained fragile
- Paediatric audiology challenges – reliance on single clinician service. Further detail on progress against the recovery plan would be considered at Executive Committee as per the escalation level against the performance measure.
- Continued improvement across Adult Mental Health services, workforce remains a challenge;
- Neurodevelopmental service challenges – several pathways did not start in powys and inherited previous waiting times when they came into Powys. An update on progress would be reported to the Patient Experience, Quality and Safety Committee.
- Emergency Care- No Commissioned services met the required national 4- or 12-hour targets for A&E departments.
- Follow up outpatient appointments delayed by 100%, further detail was provided within progress report.
- NHS Wales quality and outcomes framework, powys would now be required to ensure measures were included within board reporting from October. This would be inclusive with future reporting.

Was there a risk of the vacancy freeze ending up being counterproductive across Mental Health services?

It was anticipated that key vacancies would not be frozen and would continue to be supported. The Mental Health teams were small which results in fragility with unexpected additional absences over recent months having impacted the service.

What timeframe was anticipated for Echocardiogram breaches to reduce?

A recovery plan was in place and actively being implemented. Challenges remain due to team fragility and in-reach fragility. The aim was to achieve full recovery by year-end, with significant improvement expected by end of February. Progress was being closely monitored with providers to ensure turnaround.

Could assurance be provided on the single paediatric pathway for audiology?

A referral increase occurred during summer school closures; measures were implemented to prevent recurrence. Additional referrals from out-of-county residents contributed to demand. Acceptance rates had reduced through stronger Multidisciplinary Team (MDT) working and collaboration with system partners. Mechanisms appeared effective and likely to deliver sustained improvement.

Confidence in these changes was much higher, though need for further improvement was recognised.

The Committee discussed Neurodevelopmental Services and noted the recent internal escalation with good progress made; however, performance remained low. Members raised concern about potential backsliding; reassurance was provided that improvements would be maintained. Further detailed discussion was expected at the Patient Experience, Quality and Safety (PEQS) Committee.

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.

(11:20 CP left the meeting)

5.3 ANNUAL DELIVERY PROGRESS REPORT Q2 (F&P/25/076)

An update was provided on the quarterly delivery against the Health Boards Annual delivery plan which subsequently be submitted to the Board in November and to Welsh Government as a formal report of the progress again the plan for Q2.

The report included components from the Ministerial Advisory Group on performance and productivity in NHS Wales, aligned with Powys' own plan. The Q2 progress summary included:

- Achievements noted across multiple areas:
 - Population health: breastfeeding accreditation, smoking cessation successes, vaccination improvements.
 - Primary care: increased dental provision, community optometry.
 - Planned care: developments in musculoskeletal and orthopaedics.
 - Enablers: workforce, digital, partnership, governance, and assurance.
- Challenges:
 - Higher proportion of items at risk or behind schedule (18% vs 12% last quarter).
 - Executive Committee agreed to review these in detail and take actions to improve delivery confidence.

Had the rapid study of longest delays to inform investment by Welsh Government progressed?

No specific feedback had been received to date; a discussion was due to take place at a Building Community Capacity meeting with Welsh Government and the Local Authority.

Had there been improvement to the allocation of social worker time from Powys County Council (PCC)?

£1.3 million had been allocated to PCC and was expected to support assessment and community-based capacity.

What was the outcome of the Out of Hours position with Swansea Bay University Health Board (SBUHB)?

A meeting was scheduled at the end of October. Further delays or challenges would be addressed directly with SBUHB.

Was there further scope for further savings across Theatre Utilisation?

Issues had been recognised and opportunities identified which required specialty clinical oversight, which current SLAs did not provide. Positive discussions had led to decisions for additional endoscopy and ophthalmology support as an initial step. The next phase involves pathway-level analysis to identify further improvement opportunities. Work was underway to develop this further.

What was the anticipated completion timeframe of the critical actions?

62 items were at risk or behind schedule, including 13 critical actions. A discussion was held at the Executive Committee due to an increase in items deteriorating delivery of confidence. Items were further appraised to assess recovery potential by year-end.

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

(11:40 JL joined the meeting)

5.4 GENERAL DENTAL SERVICES (GDS) (F&P/25/077)

An overview was provided of the General Dental Services (GDS) Commissioning Assurance Framework. In 2023/24, the PTHB uptake of Contract Reform was 77% (13) with 23% (4) of practices choosing to continue working under the Units of Dental Activity (UDA) contract. It was noted that contract performance usually picks up in later six months of the financial year and would be built into financial forecasting.

The Committee discussed the availability of qualified dental professionals, initiatives to support dental practices in adopting a multidisciplinary team model, including developing and supporting dental therapists. However, recruiting and retaining dentists in the independent contractor sector remains a significant challenge. Members acknowledged positive steps like mobile units for urgent access but highlighted ongoing concerns about routine access and plans to improve overall dental service capacity.

It was noted that Health boards play a key role in implementing the new NHS dental contract, supported by national engagement events. Balancing NHS and private dentistry remained a challenge, as private work can be more lucrative. The new contract aims to make NHS dentistry more financially appealing to encourage continued commitment to NHS services.

(11:52 SM joined the meeting; JL left the meeting)

The Committee **RECEIVED** the update and took **ASSURANCE** that the General Dental Services Commissioning Assurance Framework was in place and the monitoring process provides relevant assurance in relation to dental contract management.

5.5 DEEP DIVE – CANCER PERFORMAMNCE AND DIAGNOSTICS (F&P/25/078)

The Committee received a comprehensive presentation on Cancer pathways and Diagnostics for the Powys population. An overview was provided in greater context which supported the Integrated, Quality and Performance report (IQPR) updates. This focused on Powys patients in Welsh Health Care with information sourced from other providers.

It was noted that the quality of Welsh Cancer data remained under development and investigation both locally and nationally. Reporting robust data would be improved, with longer time periods utilised to negate low number challenges where possible. Diagnostics were noted to also to be a significant challenge for Powys.

When would more consistent and reliable data be available and was there an expected timeline for improving data quality?

Recent challenges with data reporting in the South had led to work with senior cancer analysts to establish a more robust data flow for waiting time pathways, expected within a month. Cross-border reporting remains difficult due to system limitations in England, requiring workarounds. Improvements in data quality were anticipated by Q3, though specialist provider data was only captured after admissions. National efforts were underway to enhance Welsh data, supported locally by digital teams conducting end-to-end pathway checks to ensure accuracy and prevent patient disadvantage during provider transitions.

What were the reasons that skin cancer data exclude Basal Cell Carcinoma (BCC)?
Basal cell carcinoma (BCC) was excluded from skin cancer data because it was considered a lower-risk cancer and was typically managed through standard dermatology pathways rather than specialist cancer services.

The Committee **RECEIVED** and **DISCUSSED** the Cancer Performance and Diagnostics report and **NOTED** the areas of challenge.

5.6 SIX MONTHLY REPORT ON CATERING SERVICES (F&P/25/079)

The Committee received the report and NOTED the following:

- Powys had maintained top food hygiene ratings through a strengthened Food Safety Management System, proactive auditing, and improved staff training.
- New assurance system and upcoming Catering Management Information System would enhance compliance and allergen control.
- Minor allergen issues were addressed with targeted actions. Allergen awareness and workforce resilience remain but were managed. Overall, food safety assurance was robust and embedded at all levels.

The Committee took **ASSURANCE** from the current position of sustained compliance and governance maturity and **APPROVED** the cessation of further standalone assurance reporting on this matter.

5.7 POWYS PUBLIC SERVICE BOARD (PSB) CLIMATE WORKING GROUP UPDATE (F&P/25/080)

The Committee received the report which highlighted the development of a two-phase programme. Phase one concluded in December 2024, and phase two was underway supported by Shared Prosperity Fund funding through February 2026. Key achievements included:

- Completion of a county-wide carbon footprint assessment, revealing a total footprint of 3.5 million tonnes CO₂e in 2022, with agriculture and land use as the largest contributors.
- Development of a science-based decarbonisation trajectory and carbon sequestration opportunity mapping.
- Initial climate risk assessments aligned with national frameworks (CCRA3 and CCRA4).

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- Drafting of a Climate Action Plan outlining nine transformational shifts, including energy transition, sustainable travel, restored nature, and joined-up public sector leadership.
- Establishment of a Climate Engagement Hub and Stakeholder Panel to support community-led action.

The programme had strengthened organisational capability, improved data capture, and enhanced public engagement. A third phase was under development to deepen data granularity and expand community-level action. Powys remained a core member, ensuring health-related impacts were considered in future planning.

Concerns were raised regarding the availability of funding and the need to review priorities. It was recognised that a key focus should be on climate adaptation within health services. Members noted that elements from the Public Services Board (PSB) could provide valuable input to inform health-related activities.

The Committee **RECEIVED** the report and took **ASSURANCE** the partnership work contributes effectively to PTHB plans and requirements.

5.8 COMMITTEE RISK REGISTER (F&P/25/081)

Members received the revised Committee Risk Register comprised of risks allocated to the Committee for oversight within the newly developed Strategic Risk Register (SRR) as adopted by the Board on 30 July 2025.

The Committee reviewed Risk 001 concerning the Health Board's inability to achieve financial breakeven and maintain sustainability. Members suggested that likelihood of this risk occurring was now almost certain. They questioned whether the risk score should be updated to reflect this increased likelihood. Further discussion with the Finance team will occur outside the meeting, and any changes deemed necessary would be included in the next risk update cycle.

Action: Deputy Chief Executive and Executive Director of Finance, Capital and Support Services

The Committee **RECEIVED** the strategic risks within the Committee's remit and took **ASSURANCE** that risks were being managed in line with Risk Management Framework.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 COMMITTEE WORK PROGRAMME (F&P/25/082)

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

7.2 TACKLING the PLANNED CARE CHALLENGES (F&P/25/083)

The Committee **RECEIVED** the Tackling the Planned Care Challenges Report.

7.3 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (F&P/25/084)

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

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (F&P/25/085)

No urgent business was raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/086)

There were none.

8.3. COMMITTEE REFLECTIONS (F&P/25/087)

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

- Chaired very well;
- Finance clarity over matters within control needed, recognised the good, sustained progress, welcome clarity versus matters outside of the Health Boards control.
- Recognised the good work to enable to make a difference;

8.4 DATE OF THE NEXT MEETING (F&P/25/088)

The date of the next meeting is scheduled on 04 December 2025 at 09:30 via Microsoft Teams.

Meeting Closed at 12:54

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



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
OPEN ACTIONS FOR REVIEW - (04 DECEMBER 2025)								
01/05/2025	D&P/25/009	AD of Performance	IQPR	To confirm a timeframe for a resolution on Colonoscopy reporting from PHW	<p>26.06.25 update - 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.</p> <p>26.08.2025 update: A verbal update would be provided to committee in September.</p> <p>02.09.2025 update: To confirm a timeframe of further improvement at the next meeting in October 2025.</p> <p>21.10.2025 update: consideration being given to enacting an Escalation Oversight Group mechanism under the IQPF to address. Timeframe unable to be confirmed at this stage.</p>	Jun-25	Oct-25	At risk
21/10/2025	F&P/25/081	DoFC&SS	Risk Register	Risk 001: Financial breakeven: to consider increasing the risk score rating to reflect the likelihood of not meeting the financial target. This would be incorporated into the next cycle of risk updates.	04.12.2025: A verbal update at the December meeting			At risk
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (04 DECEMBER 2025)								
05-Dec-24	D&P/24/086	DPCCMH	In-reach Fragility	It was agreed to bring an update report back to Committee in December 2025 to review the position.	<p>06.02.25 update - 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.</p> <p>01.05.2025 update - A verbal update to be provided at the May 2025 Committee. (assurance report scheduled for Dec 2025)</p> <p>10.11.2025 Update- Item proposed to be deferred to Feb 2026 due to work pressures.</p>	Dec-25	Feb-26	On track
02/09/2025	F&P/25/049	DPCCMH	MIUS	To provide the committee with a report on the MIU position and the feasibility of changes.	21.10.2025 update: A paper has been scheduled to committee in February 2026.		Feb-26	On track
ACTIONS RECOMMENDED FOR CLOSURE (04 DECEMBER 2025)								
26/06/2025	F&P/25/031	CEO/DoFCSS	Finance Report	To confirm timescales to address the savings proposal of the JCC	<p>19.08.2025 Update: A verbal update would be provided on the latest position at the September meeting.</p> <p>02.09.2025 update: A meeting is scheduled to take place in mid-September to finalise plans prior to reporting to the Board in November.</p>	Sep-25		Completed
26/06/2025	F&P/25/032	DPP&C	IQPR	To provide an update following the evaluation of the new ambulance framework	<p>19.08.2025 Update: A verbal update would be provided on the latest position at the September meeting.</p> <p>02.09.2025 update: The evaluation was yet to take place, however anticipated this would be prior to the Christmas period. Confirmation of the evaluation taking place would be shared with committee members.</p> <p>17.11.2025 Update: An update was shared with members on 18.11.2025</p>	Sep-25		Completed
02/09/2025	F&P/25/051	DoFCSS	LEVEL 4 Monitoring Report	To provide an update on the timescales of the Grant Thornton work to improve financial sustainability, commissioning contracting and CHC.	21.10.2025 update: A verbal update to be provided. Diagnostic analysis work had been completed, with initial reports scheduled for finalisation by the end of October. To date, no actions had been identified, although grip and controls measures were being explored.	Oct-25		Completed
21/10/2025	F&P/25/074	DPCCMH	Finncce Report	It was suggested that more detailed information on Pathways of Care delays be circulated to the committee.	11.11.2025 - Further detail was circulated to members on 11.11.2025			Completed

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Powys THB Finance Department Financial Performance Report Board

**Period 07 (October 2025)
FY 2025/26**

Date Meeting: 26 November 2025

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 07 OF FY 2025/26
Approved & Presented by:	Pete Hopgood, Executive Director of Finance
Prepared by:	Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee and then PTHB Board 27 Nov 2025

PURPOSE:

This paper provides an update on the October 2025 (Month 07) Financial Position, including progress with savings delivery.

RECOMMENDATION:

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.

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓

Health and Care Standards:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-2,360	-1,663	↓
Reported Year To Date financial position – (deficit)/surplus	-16,517	-19,458	↑
Year end – (deficit)/surplus	-28,312	-28,312	→

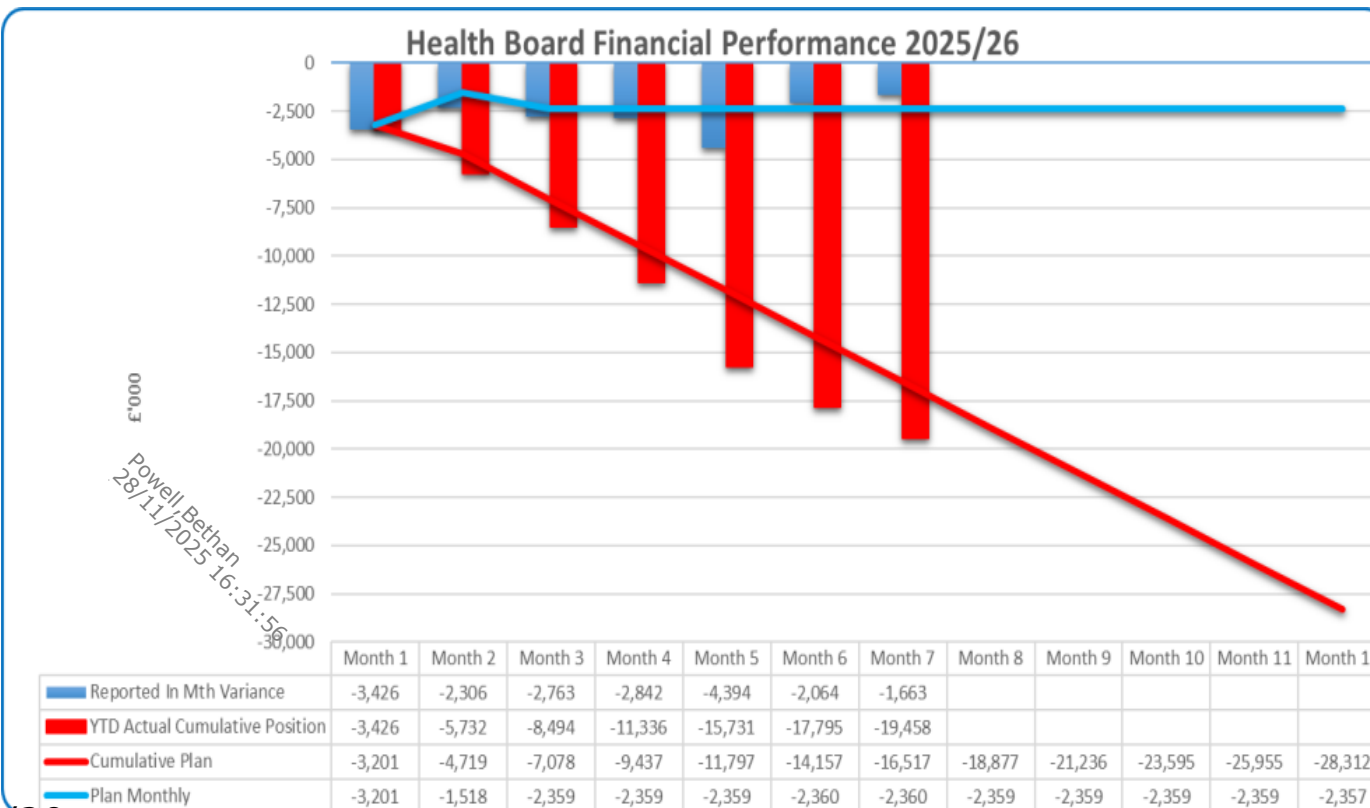
Capital		
	Value £'000	Trend
Capital Resource Limit	6,534	→
Reported Year to Date expenditure	1,974	↑
Reported year end – (deficit)/surplus – Forecast	6,534	→

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

The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board’s forecast to a £28.3m deficit. This report and the monthly monitoring returns to Welsh Government have been completed with reference to the £28.3m deficit.

At month 7, there is a £19.458m overspend. Compared to a planned deficit of £16.517m, (which is 7/12ths of a forecast £28.312m deficit), this equates to the Health Board having an overspend of £2.942m.

The capital resource limit for 2025/26 is £6.534m, the forecast outturn is £6.534m; with a YTD spend of £1.974m.



Year to Date overspend of £2.9m compared to Plan

The YTD overspend is predominantly due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £2.2m
- JCC delivery - £0.5m
- Employers NI contribution - £0.6m

The balance of (£0.4m) underspend is an operational variance connected with savings and private providers overspend off-set by underspends elsewhere.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(261,012)	(261,012)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(4,885)	(5,871)	(986)
Total Income	(265,973)	(266,960)	(986)
05 - Primary Care - (excluding Drugs)	28,407	27,999	(408)
06 - Primary care - Drugs & Appliances	20,645	20,645	(0)
07 - Provided services -Pay	71,846	72,020	174
08 - Provided Services - Non Pay	13,316	12,200	(1,116)
09 - Secondary care - Drugs	813	803	(10)
10 - Healthcare Services - Other NHS Bodies	110,270	114,766	4,497
12 - Continuing Care and FNC	23,703	23,116	(587)
13 - Other Private & Voluntary Sector	3,739	5,121	1,382
14 - Joint Financing & Other	5,976	5,974	(2)
15 - DEL Depreciation etc	3,373	3,373	0
16 - AME Depreciation etc	402	402	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	282,490	286,418	3,928
Reported Position	16,517	19,458	2,942

At Month 07, there is a £19.458m overspend against the forecast deficit of £16.517m giving the Health Board an overspend of £2.942m compared to Plan. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £4.497m overspent at M7. There is an unfunded cost pressure arising from price increase on non-elective tariffs in the English system, savings target shortfall, overspend with JCC and underspend with Welsh providers.
- Other private and voluntary sector is overspent YTD by £1.382m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.356m in the month, compared to M07 2024/25 it is £0.271m lower.
- CHC and FNC is underspent by £0.587m YTD. There are 376 packages of care, a net increase of 21 since Month 12 2024/25.
- There are underspends in primary care within dental and general medical services and in provider services – non-pay.

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	(4,885)	(5,871)	(£986)
07 - Provided services -Pay	2,394	2,151	(243)	2,114	71,846	72,020	£174
08 - Provided Services - Non Pay	0	0	0	0	13,316	12,200	(£1,116)
Grand Total	2,394	2,151	(243)	2,114	£80,278	£78,348	(£1,929)
Directorate View							
Assistant Director Community Services	1,025	936	(88)	912	28,906	27,512	(£1,394)
Assistant Director MH/LD	541	425	(116)	419	14,435	18,544	£4,109
Assistant Director Women and Children	159	158	(1)	160	4,425	4,710	£285
Estates and Support Services	198	207	9	205	9,562	9,595	£33
Corporate and other Services	471	425	(46)	418	22,950	17,987	(£4,963)
Grand Total	2,394	2,151	(243)	2,114	£80,278	£78,348	(£1,929)

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.

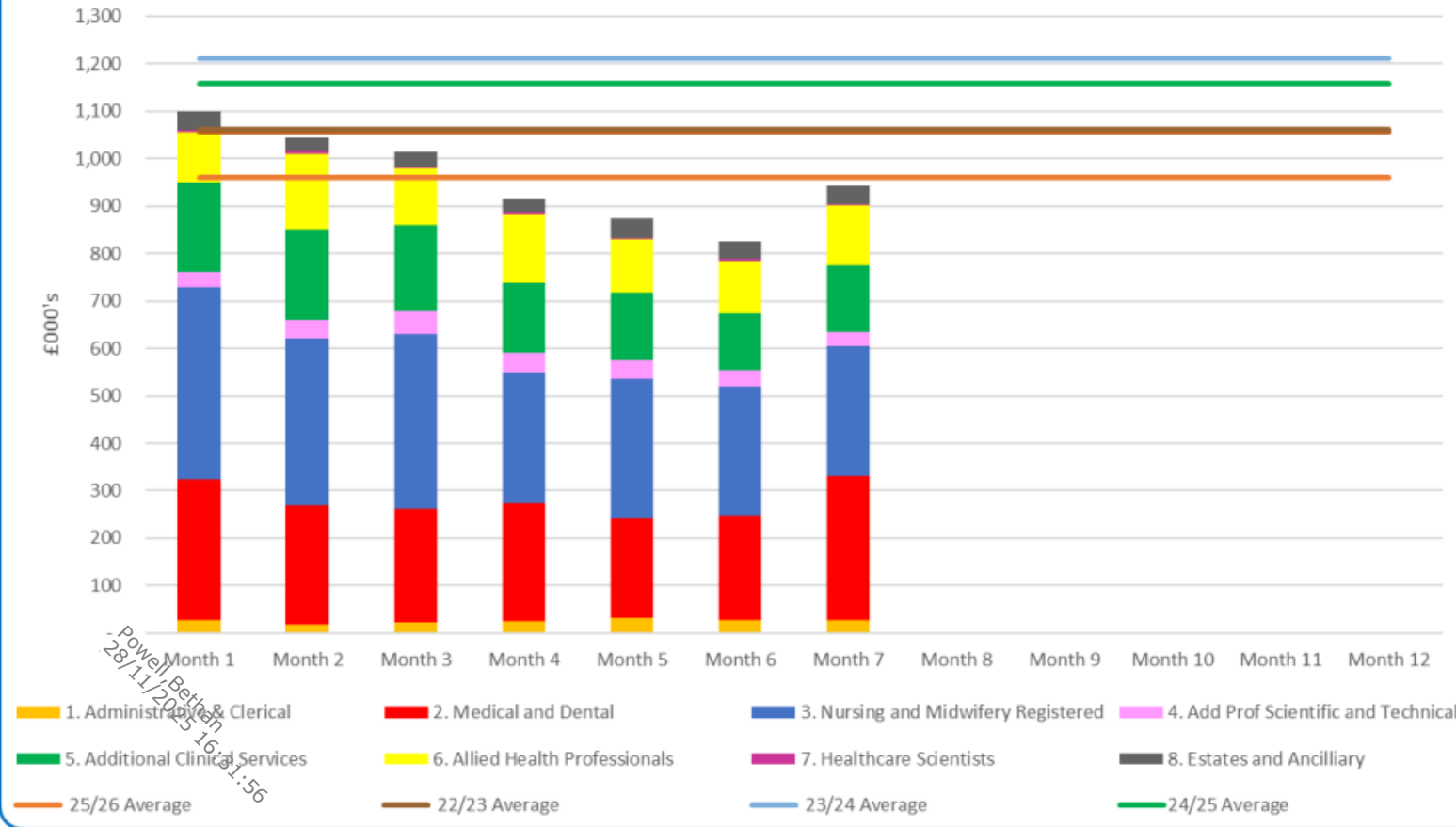
Explanation of Performance

- The Month 7 position is showing an underspend of £1.929m 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 21% (116 WTE) for MH&LD Services and 9% (88 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).

Total Actual Variable (Locum + Bank + Agency) Pay 2025/26 vs Previous Years



Performance and Actions

- The chart opposite demonstrates in October variable pay is higher than the 3 prior months. It is £263k less than in month 7 last year. It is broken down by staff type.
- However, Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 5.5% of total forecasted pay in Month 6, against the Wales average of 1.8%.
- 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. This has been delayed and escalated to Welsh Government on 10/09/25.

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	29,523	28,368	(1,155)
English Providers	43,936	48,554	4,618
JCC	33,374	34,490	1,117
Other NHS Providers	2,894	2,863	(31)
Mental Health (LTAs Only)	544	491	(52)
Total	110,270	114,766	4,497

Risks

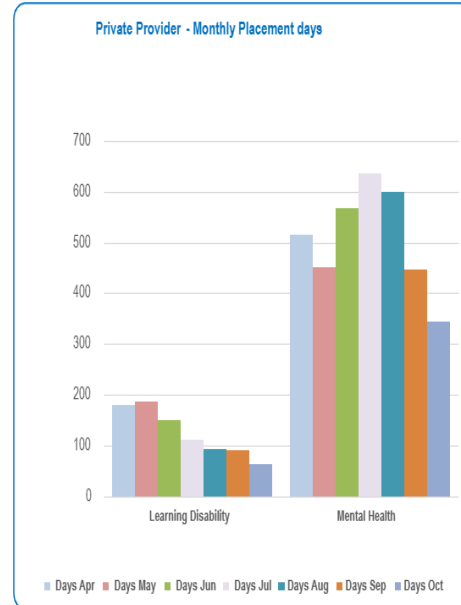
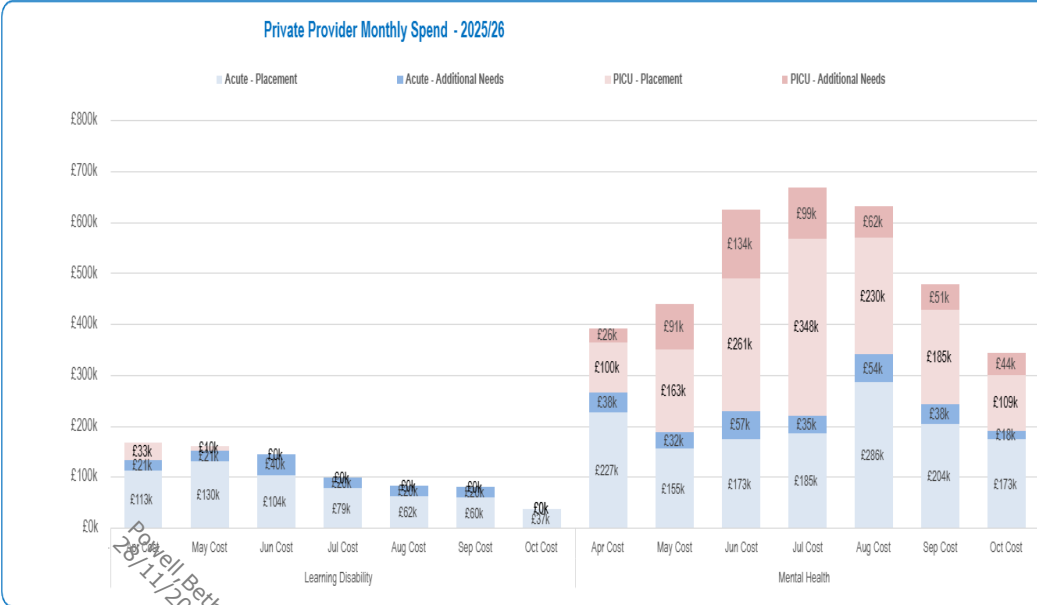
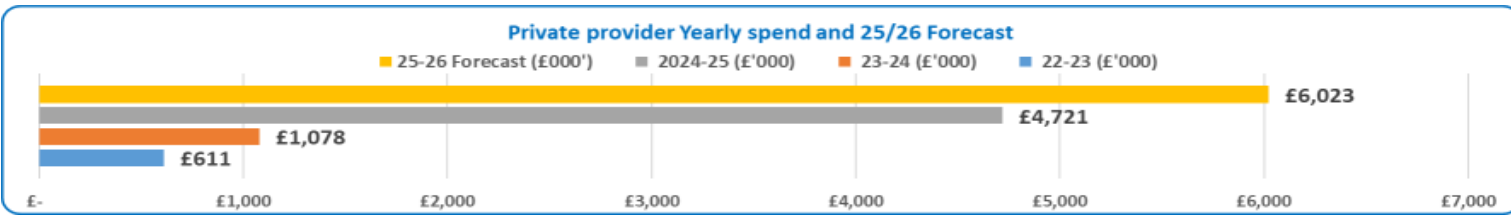
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

Performance

- *Welsh Providers* – there is an underspend due to reduced activity.
- *English providers*
 - There is an unfunded cost pressure arising from price increases in the English system for maternity and non-elective tariffs of circa an average 13%. This is estimate as £3.8m for the year, which is £2.2m pf the YTD variance.
 - The other contributing factor is that the savings target is not currently forecast to be fully achieved (see later slide). This is £1.9m of the YTD variance.
 - Due to coding difficulties and delays with SaTH and WVT there may be cost pressures in respect of activity, which are not fully reflected in the position yet.
- *Joint Commissioning Committee* – the JCC overspend reflects two issues:
 - Powys share of JCC forecast overspend £0.9m
 - 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.

We are focused on this because:

Commissioning of private providers for acute mental health and LD patients is an area of significant expenditure growth (number of packages and price inflation). Maintaining strong and transparent governance over private providers processes is crucial for financial sustainability and relationships with our partners.



Performance and Action

The 2025/26 financial plan had provision for private provider expenditure for acute mental health patients to match equivalent expenditure in 2024/25, reduced by an expectation that actions could be taken for costs to be £2m lower on a recurrent basis.

As at M7, it is forecast that without successful mitigating action the costs will increase to £6.0m (£5.2m MH and £0.8m LD). This is a reduction of £0.7m compared to M06. The number of open packages is 15 at the end of October, a reduction of 5 in month.

LD and MH costs have stayed consistent, 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. The Health Board is exploring the option of increasing its own capacity and block booking of placements.

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 delay in discharges from community and district general hospitals due to capacity and performance challenges within Adult Social Care services is causing an increasing pressure on the Health Board.

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
 - 4,153 days within Powys community hospitals related to Health processes, 8,888 days to Social Care and 1,474 days to joint processes. Associated costs to date of £1.9m, £4.1m and £0.7m, respectively.
 - 4,604 days within district general hospitals (DGHs) and English community hospitals related to Health processes; 3,265 days to Social Care and 563 to joint processes. Associated costs to date of £1.2m, £1.0m and £0.1m, respectively.

Please note the days are costed at £456 in Powys, on average of £396 for a community hospital in England and £343 for an excess bed day in a DGH in England.

2025-26	Health			Joint			Social Care			
	YTD		Forecast	YTD		Forecast	YTD		Forecast	
	Days	£m	£m	Days	£m	£m	Days	£m	£m	
PTHB Provider Delays	1,279	£0.60	£1.00				3,843	£1.80	£3.00	
PTHB Provider Assessment Delays	2,874	£1.30	£2.20	1,474	£0.70	£1.20	5,045	£2.30	£3.90	
Subtotal PTHB Provider	4,153	£1.90	£3.20	1,474	£0.70	£1.20	8,888	£4.10	£6.90	
Shropshire Community Bed Delays	145	£0.00	£0.10				29	£0.00	£0.00	
WVT Community Bed Delays	247	£0.10	£0.20				256	£0.10	£0.20	
DGH Bed Delays - England	3,126	£1.10	£1.80	339	£0.10	£0.20	2,446	£0.80	£1.40	
DGH Bed Delays - Wales	1,086	£0.00	£0.00	224	£0.00	£0.00	534	£0.00	£0.00	
Subtotal English & Welsh Providers	4,604	£1.20	£2.10	563	£0.10	£0.20	3,265	£1.00	£1.70	
Total Opportunity Cost (at full cost)	8,757	£3.10	£5.40	2,037	£0.80	£1.40	12,153	£5.00	£8.60	
							Total All	22,947	£8.90	£15.30

Performance and action:

This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Health Board works in partnership with the Council to address the underlying issues.

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 5 months of FY25-26.

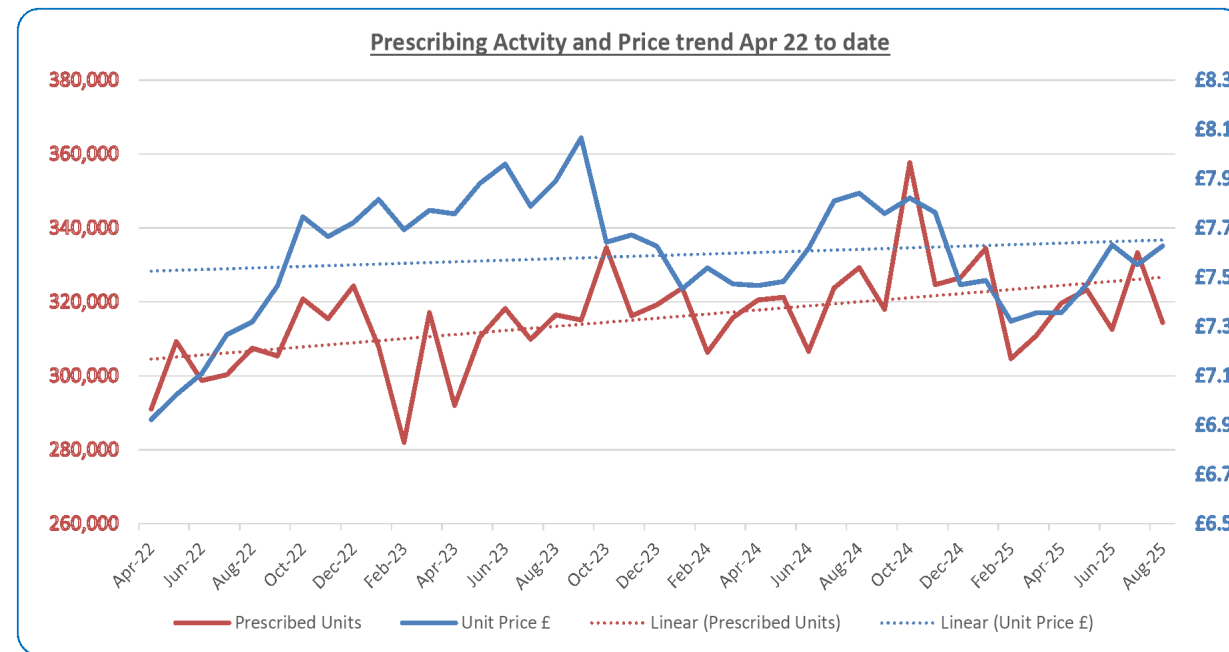
Status Update

Forecasting a breakeven position against a budget of £29.1m (incl £1.5m saving target). Prescribing costs are reported 2 months in arrears.

YTD costs, M1-5, are in line with Q4 FY24-25 and M1-5 of FY24-25.

- Unit price decrease year on year of **-1.0%**
- Reducing £% in FY25-26, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate further into FY25-26 as the full year effect of the Rivaroxaban and diabetes drug cost reduction are realised.
- Prescribing activity year on year increase of 0.1%

Prescribing cost increases	F'cast				
	FY21-22	FY22-23	FY23-24	FY24-25	FY25-26
	£k	£k	£k	£k	£k
Prescribing Budget	23,182	24,694	28,959	31,161	29,420
Prescribing Annual costs/f'cast	25,610	27,469	29,195	29,488	29,420
Yr on Yr % increase/decrease	-1.3%	7.3%	6.3%	1.0%	-0.2%
Yr on Yr increase £ Total	-344	1,859	1,727	292	-68
Yr on Yr increase £ Growth	475	655	747	1,029	33
Yr on Yr increase £ Inflation	-819	1,204	980	-736	-100



Medicines Management savings performance and actions

- Schemes forecasting 1.8m 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.

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.

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	£783	£89	£161	25.8%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,402	£459	£1,081	25.0%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,058	(£533)	£2,344	11.9%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,500	(£158)	£199	8.6%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,530	(£1,017)	(£396)	(10.1%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£2,129	£192	£460	27.5%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	(100.0%)
Grand Total	£19,790	£23,917	£28,296	£32,803	£37,371	£36,403	(£968)	£3,600	11.0%
Number of active clients	285	295	327	355	379	376		21	5.9%
D2RA		£696	£201	£7	£9	£0	(£9)	(£7)	(100.0%)
FNC	£1,960	£2,131	£2,279	£2,782	£3,254	£3,054	(£200)	£271	9.8%
Total	£21,750	£26,744	£30,777	£35,592	£40,633	£39,456	(£1,177)	£3,864	(79.3%)

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 7, there is an underspend of £0.587m on the budget of £20.317m against Continuing Care and FNC. The number of CHC packages has increased by 21 to 376, since the 2024/25 outturn.

The table shows that a £0.968m CHC underspend is currently forecast based upon the number of packages at the current time, which is below the 379 assumed in the Plan.

What the table tells us

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

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2025/26 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

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	42	3,217	0	3,217	-183	845	3,400	3,012	-388
Medicine Management	1,500	6	1,795	0	1,795	295	0	1,500	1,795	295
MV and HP Programmes	1,000	1	732	0	732	-268	0	0	0	0
2% Recurrent	1,000	32	1,523	0	1,523	523	109	1,000	1,254	254
1% Non-recurrent	500	18	1,561	0	1,561	1,061	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	1,131	0	1,131	-1,949	0	1,420	1,131	-289
Commissioning (NHSE to Wales Targets)	7,100	14	6,600	0	6,600	-500	0	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	0	0	0	0
Commissioning (POCD)	1,500	2	673	0	673	-827	657	0	673	673
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	126	18,232	0	18,232	-4,848	3,689	9,320	9,065	-255

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
Total	23,080

Performance and Actions

- As shown in the table, green schemes with £18.232m savings are currently forecast, against the £23.080m target, giving a gap of £4.848m to be closed.
- The recurrent impact of saving schemes is £9.065m, 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
Prescribing	(600)	Low
Joint Commissioning Committee Performance	(136)	Medium
Commissioning - Emergency activity NHS England	(2,000)	Medium
Commissioning - Elective savings NHS England - contracts not yet signed	(1,000)	Medium
Commissioning - High Cost Drugs	(400)	Medium
Commissioning - NSE parity of funding (WVT) 2024/25	(5,000)	Low
Commissioning - NSE parity of funding (WVT) 2025/26	(8,100)	Low
Welsh Risk Pool - increase in risk	(874)	High
Band 2 to 3 HCSW employment dispute	(2,123)	Medium
Unplanned Spend Reduction yet to be realised	(3,999)	Medium
Non Delivery of Unplanned additional required Mitigations yet to be finalised - Maternity & Non-Elective English 13% Average Additional Price Increase	(3,802)	High
Non Delivery of Unplanned additional required Mitigations yet to be finalised - ENIC	(1,110)	High
Non Delivery of Unplanned additional required Mitigations Yet To Be Finalised - JCC Risk Share	(914)	High
Total	(30,058)	
Opportunity	£ '000	Likelihood
Red Saving Schemes	2,500	Medium
Total	2,500	

Risks

- There is a potential risk of circa £3.400m for the THB relating to the level of activity undertaken by our providers and increase in the high-cost drugs.
- Wye Valley Trust raised an invoice for £5m in 2024/25 related to its view regarding parity of funding from PtHB equivalent to NHS England commissioners. The equivalent figure for 2025/26 is £8.1m. Both amounts are shown as risks.
- The NWSSP has alerted organisations that contributions to the Welsh Risk Pool could be greater than planned for.
- Resolution of the employment dispute regarding the banding of some healthcare support workers could have a £2.1m financial implication in 2025/26.
- Unplanned spend reductions yet to be realised of £3.999m.
- Non delivery of mitigations to offset the estimated unforeseen cost pressures:
 - of £3.8m in relation to Maternity and Non Elective English 13% average additional price increases
 - a £1.1m funding shortfall in relation to ENIC. The additional Welsh Government funding does not cover the increase in employer's NI costs fully
 - JCC overspend due to non-delivery of savings £0.9m.

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 7, PTHB is reporting a £19.458m deficit. This comprises the evenly profiled forecast deficit £16.517m, with an overspend of £2.942m.
 - The overspend is due to unforeseen cost pressures amounting to £3.3m YTD, which have not been mitigated.
 - The £23.080m savings target is profiled into the position. Actions are progressing to deliver the savings.
 - There are a series of operational pressures needing to be addressed, including the provision of acute mental health and learning disability services (private providers).
2. The revenue forecast for 2025/26 is £28.312m. There are several underlying assumptions and a series of significant risks and limited opportunities surrounding this forecast from unforeseen cost pressures outside of our Plan.
3. The Health Board's planned underlying deficit is £42.071m.
4. Other financial matters:
 - The Health Board has a £6.534m capital allocation, which it plans to spend fully.
 - 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.

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 CHC invoices and agency. By number, the Q2 performance is 91.5%. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

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28/11/2025 16:56

Powys THB Finance Department Financial Performance Report – Appendices

Powell Bethan
28/11/2025 16:31:56



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th November 2025.

MMR Narrative



WG Narrative

MMR Tables



MMR Tables

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2025
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.066	2.066	0.914
Decarbonisation Programme	0.643	0.643	0.370
TEF - Fire	0.415	0.415	0.029
TEF - Infrastructure	1.290	1.290	0.041
TEF - Decarbonisation	0.100	0.100	0.005
TEF - Mental Health	0.080	0.080	0.008
TEF - Infection Prevention Control	0.230	0.230	0.011
Mental Health Quality and Safety Schemes	0.435	0.435	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 - Ff	0.971	0.971	0.595
DPIF - RISP	0.077	0.077	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	6.534	6.534	1.974

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	629	674	336	1,352	1,022	2,260	2,922	3,659	3,600	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	43,657	43,273	40,376	38,798	37,295	39,722	2,413
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	901	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	500	1,381	823	1,855
Income from other Welsh NHS Organisations	771	499	737	586	798	941	941	681	425	887	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	560	567	700	671	703	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	46,365	45,525	41,531	40,277	41,053	42,223	7,681
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,220	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	767	0	900	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	3,043	0	2,900	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	441	450	450	450	450	450
Non Cash Limited Payments	134	145	155	141	144	135	135	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,394	10,400	10,400	10,400	10,400	10,400
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	26,450	26,729	25,120	24,000	24,000	21,297
Capital Payment	5,433	380	600	310	308	260	338	1,061	657	853	823	1,296
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	39,534	42,437	42,735	45,703	44,788	41,590	43,377	41,053	42,223	36,493
NET CASH FLOW IN MONTH	45	(338)	1,016	(330)	1,238	662	737	(59)	(3,100)	0	0	(28,812)
Balance c/f	674	336	1,352	1,022	2,260	2,922	3,659	3,600	500	500	500	(28,312)

Due to the £28.3m forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.

	Opening Balance Beginning of Apr-25	Closing Balance End of Sep-25	Forecast Closing Balance End of Mar-26
	£'000	£'000	£'000
Non-Current Assets			
Property, plant and equipment	110,704	112,823	112,823
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	111,054	113,173	113,173
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	10,134	10,134
Other financial assets	0	0	0
Cash and cash equivalents	629	3,659	(28,312)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	11,817	13,991	(17,980)
TOTAL ASSETS	122,871	127,164	95,193
Current Liabilities			
Trade and other payables	50,135	43,190	41,833
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,374	3,374
Current Liabilities sub total	53,938	46,564	45,207
NET ASSETS LESS CURRENT LIABILITIES	68,933	80,600	49,986
Non-Current Liabilities			
Trade and other payables	720	720	720
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	803	803	803
Non-Current Liabilities sub total	1,523	1,523	1,523
TOTAL ASSETS EMPLOYED	67,410	79,077	48,463
FINANCED BY:			
Taxpayers' Equity			
General Fund	16,781	28,446	(2,168)
Revaluation Reserve	50,629	50,631	50,631
PDC (Trust only)	0	0	0
Retained earnings (Trust Only)	0	0	0
Other reserve	0	0	0
Total Taxpayers' Equity	67,410	79,077	48,463

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Core Financial Plan Year 1 2025/26

Financial Plan	(£m)
Underlying Deficit	30.6
Cost pressures in secondary care	13.4
Other cost pressures	11.4
Net effects of allocation adjustments	-6.0
Mitigating Actions	-11.0
Additional Mitigating Actions	-10.1
TOTAL DEFICIT	28.3

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.

Underlying deficit

The underlying deficit associated with the 2025/26 Financial Plan is £42.1m. This reconciles to the £28.3m deficit plan above by adding back the £10.1m of Additional Mitigating Actions, which are non-recurrent, and £3.7m of the Mitigating Actions, which relates to the 1% non-recurrent savings target.

The cost drivers causing the underlying deficit are commissioning of specialist and secondary healthcare, continuing healthcare (CHC), pay and use of private providers.



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Powys Teaching
Health Board

Agenda item: 5.2

Finance and Performance Committee **Date: 04 December 2025**

Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – Month 6 (September) 2025/26.
Presented by:	Nicola Johnson, Executive Director of Planning, Performance, and Commissioning
Approved by:	Deputy Director of Performance and Commissioning
Prepared by:	Head of Performance. Performance Management Support Officer.
Other Committees and meetings considered at:	Executive Committee- 19 November 2025 – who supported the paper to the Board PTHB Board – 26 November 2025.

PURPOSE:

This Integrated Quality & Performance Report (IQPR) summary 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 September 2025 (month 6).

RECOMMENDATION(S):

- The Committee is asked to:
- **DISCUSS** the content of this report; and
 - **TAKE ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Y	
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	

5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

SUMMARY:

This report provides the Committee with the latest performance information in the full IQPR format up until the end of month 6 (September) and contains individual slides for all NHS Performance measures to highlight performance compliance and challenge.

Summary for Month 6

PTHB Provider Services

Planned care:

- Diagnostic waits – In September there was a further reduction in echocardiogram breaches of the 8-week target from 95 (Aug-25) to 54. Recovery remains ahead of trajectory for echocardiograms with the aim of no breaches by March 2026. Extra capacity continues to be sought for echoes via clinical staff working in bank roles for the provider. A single breach for a complex pathway was reported in Diagnostic Endoscopy which remains a fragile service.

Non-Obstetric Ultrasound has seen a significant increase in breaches in September increasing from 28 in August to 77. The service is fragile due to its limited scale and unplanned absence has impacted performance significantly, however the service expects to significantly improve in October with 4 breaches provisionally reported.

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the national targets of 52 or 104 weeks for outpatients and treatments respectively.

Challenges remain with in-reach capacity fragility, with significant shortfalls of in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology reported. The number of long waiting patients is increasing as capacity is being utilised to manage the outpatient target position, and overdue follow ups (FUPs) which is particularly challenging in Ophthalmology. Another area of concern is the in-reach ENT service fragility in North Powys with BCUHB & SATH impacting waiting times.

Key actions for the provider in month included the 'go-live' of MSK referral management from the 24th of September, the Orthopaedics consultant speciality lead starting and working with National Planned Care Clinical Directors on speciality level support to PTHB.

- Therapies pathway breaches have reduced in September to 47 (56 in Aug-25). Forty-four breaches are in Occupational Therapy (OT), 2 in Physiotherapy and a further 1 in Podiatry. These breaches are linked to staffing fragility with services challenged by unplanned absences of a very small workforce with single points of challenge e.g., 1-clinician pan Powys in OT Hand Therapy. Key actions are; Physiotherapy has new recruits in place with expected improvement in Q3, and OT Hand Therapy has increased capacity and is expected to recover by December (Month 9).
- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in September. It should be noted that following a local reporting review, reported figures have been revised back to April 2025 (further detail included on slide 39), this has not impacted the nationally reported performance.

Adult breaches increased to 37 in September against the 14 week target whilst Paediatric breaches increased slightly to 3 against their respective 6 week target. The key challenge for adult audiology is a reported 75hrs of vacancies pan Powys in band 4/5 admin and professional Head of Service roles. All clinical posts are advertised, and replacement administration staff are due to start in November 2025 as well as active liaison with Swansea Bay UHB regarding professional support for service. The Paediatric service has a specific single clinician pan Powys challenge so annual leave or sickness directly impact service waiting times.

- The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing. August performance is reported as 6.3% against the 95% target. This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in PTHB and across other Wales acute providers.
- Provider cancer pathways reported 40 new pathways in September and positively reported 86.4% of 22 downgraded pathways closed within the 28 day NICE guidance of best practice target in the same month.

Mental Health:

- Under-18s: Compliance improved in September including assessments (100%), interventions (90.0%), and care and treatment plans (96.8%).
- For Adults: Compliance has been achieved as profiled for assessments (82.4%) and interventions (89.6%). Whilst performance is significantly improved since the beginning of the financial year, recent challenges in delays recruiting to some vacant roles as well as high demand, short terms sickness and annual leave in August created a temporary back log. Mitigations have been successful and whilst demand remains high there is

further improvement in performance anticipated for the next reporting period.

- Psychological therapy waiting times reported 88.6% compliance against the 80% target in September.
- Adult Care and Treatment Plan (CTP) compliance: Performance does not meet the 90% target with 80.4% compliance reported in September. Key challenges include the increased complexity of patients and the additional demand on the PTHB team linked to the shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) was 19.5% in September, down from August's reported position of 21.8%. Performance as predicted against the < 26-week cohort is falling (19.5%). From January 2025 revised referral criteria have increased referral other than treatment (ROTT) to average 44% from a rate of 9% in the previous nine month. This challenges the percentage compliance with less pathways entering the service numerator (new referrals)/denominator (existing pathways). This is due to the service transformation which has reduced the numerator (additions to list).

The service reported 3 pathways waiting over 104 weeks for the same period which is a reduction from August, and the service will have no active pathways over 104 weeks by the end of October.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 6 minutes for triage and 6 minutes for senior clinician assessment.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 353 breaches in August to 296 in September. Swansea Bay UHB & Hywel Dda UHB are compliant with the targets and have no Powys residents waiting over 52 weeks for a new outpatient appointment and no patient reported waiting over 104 weeks. All providers except Cwm Taf Morgannwg UHB show improvement for this snapshot.
- Waits over 104 weeks during August for RTT continue to increase with 59 pathways breaching the target. Ninety-three percent of the 59 breaching pathways are in Aneurin Bevan UHB, Betsi Cadwaladr UHB, and Cardiff and Vale UHB.

Planned care (RTT) England:

- Powys residents accessing services in England have consistently waited less time for treatment except for at Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH) as explained below.
- Wye Valley NHS Trust (WVT) still reports the best performance of all Powys commissioned providers with 68% of pathways waiting under 26 weeks for treatment and the cohort over 52 weeks has started to increase following the adherence to PTHB's commissioning intentions.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of September, SATH has not adhered to the commissioning intention to deliver services to NHS Wales waiting times targets.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of over 104 week waiters and with all key wait bands reporting special cause concern. An agreement has been reached and implemented by RJAH for PTHB commissioning intentions around treatment waiting times.

RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. They are currently predicting 63 pathways waiting over 104 weeks at year end, but in August breaches over 104 weeks increased further again to 90. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

- As at 13th November the health board has received 46 concerns regarding the Commissioning Intentions in NHSE, with no related Serious Reportable Incidents.

Cancer Pathways:

Welsh Providers

- At the end of September, the provisional position reported a total of 271 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 224 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment.
- The reported performance was 53% for September against the Single Cancer Pathway target of 80% with 22 of the 47 pathways breaching 62 days.

Ongoing retrospective review of very long waiting pathways (146+ days) continues with all Welsh commissioned providers.

English Providers

- The SATH data challenge has been resolved from October 2025 with further work to be undertaken to improve the detail available for Powys pathways.
- SATH reported 65.3% compliance against the 62 days urgent suspected cancer pathway in August. Cancer performance has continued to steadily improve from the same period in 2024/25. Of the 36 pathways starting treatment, 13 breached and of these 6 were over 104 days (it should be noted NHSE CWT reports shared breaches). SATH is currently ahead of recovery trajectory for 28-day FDS & 62-day USC in August and August was their highest reported performance in the last 18 months.
- Wye Valley NHS Trust (WVT) performance reported in August that 70.0% of 20 Powys residents started treatment within 62 days. Most breaches reported were in Urological (Prostate), and Breast, and a single breach in Lung.

Commissioned Emergency Care:

- The median target for Purple Arrest (Cardiac or respiratory arrest) was not achieved for Powys patients. In September performance was a significant outlier and the worst in Wales at 14 minutes 15 seconds (all-Wales performance was 7 minutes 15 seconds).
- The median emergency response time for the Red target for Powys patients was the worst reported performance in September of all health boards with a median time of 11 minutes and 28 seconds. This is significantly higher than All Wales performance which reported 8 minutes and 37 seconds.
- Median wait times for Powys residents who attend an emergency department was reported at 17 minutes average (across Welsh units only) to be triaged by a clinician and the wait was 67 minutes on average to assessment by a senior clinical decision maker in September. This performance is within expected values at an aggregate level for Welsh Emergency care units.
- No commissioned service met the required national 4 or 12hr targets in September 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 6 measures by escalation level.

There is a total of 50 reportable measures currently in the 2025/26 financial year.

Of the reported metrics 3 are reported at level 3 as follows:

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

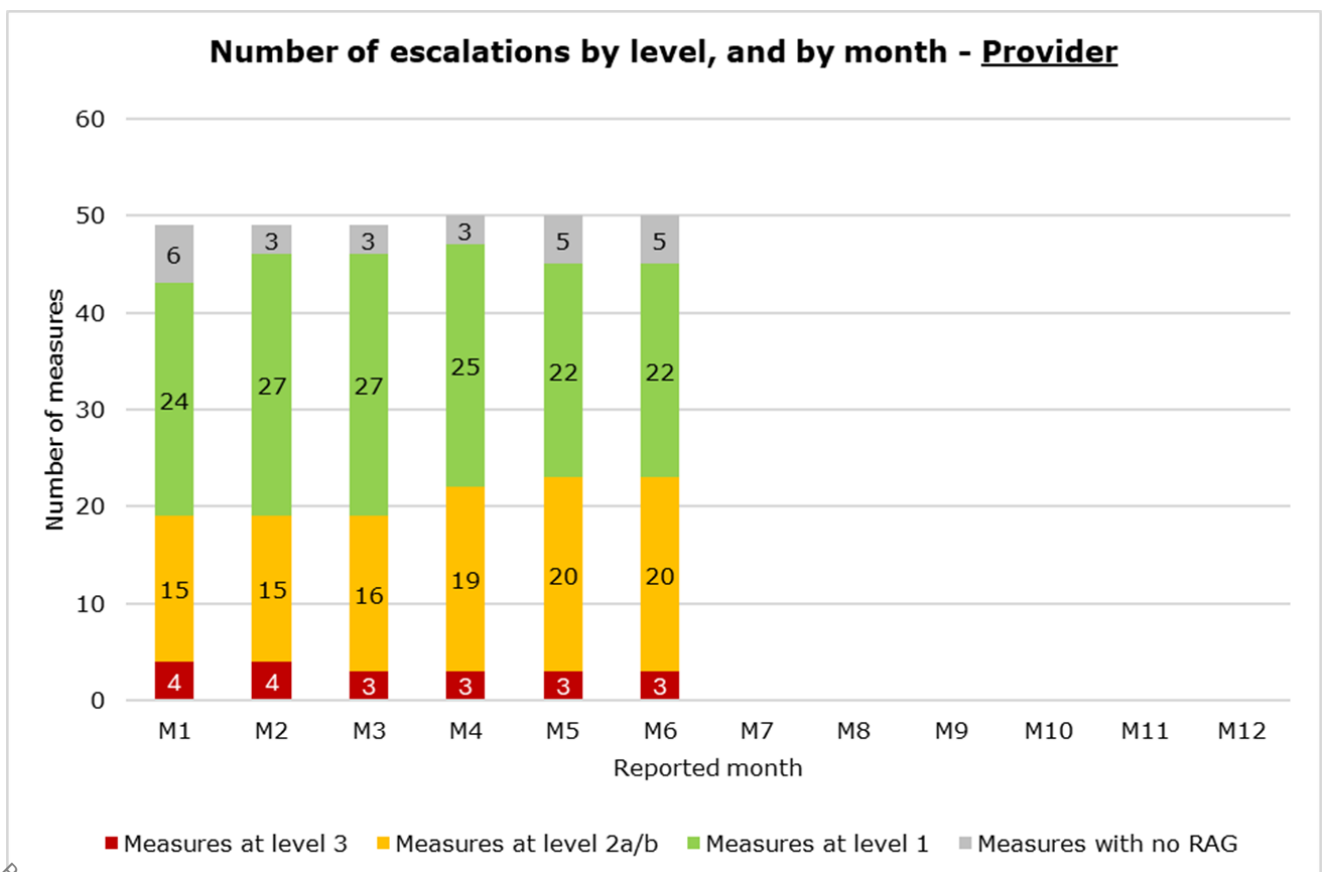
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues.

A further 20 measures are rated at level 2a, and 22 are achieving level 1 compliance e.g., no issues reported.

5 measures remain without a RAG rating:

- Smoking measures 1 and 2 have an annual compliance target, these as confirmed with the Director of Public Health will not be RAG rated until a full year's data is available. It should be noted that from 2026/27 the NHS Performance Framework will have quarterly uptake targets set by Welsh Government.
- 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.



Enabling Actions

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The Welsh Government has set out a number of enabling actions to support Health Boards deliver against the expectations of the NHS Wales Planning Framework 2025-28. A summary of progress against the enabling actions is provided below. There are no actions rated as not being on-track for achievement in-year.

Thematic area	Objective	RAG rating
Operational effectiveness – urgent and emergency care (6 actions)	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation.	4 - Amber 1 - Green 1 - PTHB not have ED or Acute services
Operational effectiveness – planned care (9 actions)	Improving timely access to care, reducing unwarranted variation in clinical productivity.	3 - Amber 1 - Green 4 - Light green 1 - Not currently applicable to PTHB
Workforce productivity (5 actions)	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	2 - Amber 1 - Light green 2 - Green
Maximising value for money (4 actions)	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness.	2 - Amber 2 - Light green
Improving value, optimising outcomes, minimising variation (11 actions)	Support improvements in outcomes, effectiveness and value through optimising how resources are utilised, and focus on improving outcomes.	6 - Amber 2 - Light green 1 - Green 1 – No tumour site services delivered in PTHB 1 – No joint services delivered in PTHB.

Key to RAG rating:
 Green: complete
 Light green: on track
 Amber: delayed but will be achieved in year
 Red: will not be achieved in year

Quality Outcomes Framework

NHS Wales Performance and Improvement has led the development of the National Quality Outcomes Framework (QOF) over the past year, as commissioned by the Chief Nursing Officer. A collaborative approach has been undertaken with a wide range of stakeholders across NHS Wales and Welsh Government to co-design the first phase.

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The development of the QOF has been informed by research and learning from high-performing healthcare systems both nationally and internationally. It is designed to provide a clear and consistent picture, both locally and nationally, to support the identification, monitoring, and learning of quality and safety improvement priorities, as part of a Quality Management System (QMS) approach.

The health board is required to ensure measures are included in Board level reporting from October 2025 to support assurance of service quality and help identify areas for strategic improvement. The Performance team are now including this report which is sourced directly from the NHS Performance and Improvement dashboard monthly.

It should be noted that PTHB as a unique provider requires further data quality checks and methodology work for example:

- Crude Mortality - Provider care pathways result in a very high percentage of crude mortality when compared to All Wales/Acute providers (PTHB provides end of life inpatient care, and the denominator as a community provider is significantly lower than an acute provider).
- RAMI – linked to the above and requires further validation.
- Agency spend – The figure does not match the IQPR data flow received directly from Finance.
- NHS Performance and Improvement have asked for further engagement on key measures used in the QOF during Q3 especially around mortality which is sourced from CHKS benchmarking which is not used by the health board.

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Quality Standard	Measure	Latest period	Latest figure	Change	Previous figure	Last 12 months	Outlier
Safe	Antibacterial items per 1,000 STAR-PUs	Jun-25	214.52				
Safe	Crude mortality rate (%)	Sep-25	6.64%	▼ -7.4%	7.17%		
Safe	Never Events reported to NHS P&I	Oct-25	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Sep-25	1.49%		0.00%		
Safe	Percentage of discharges on D2RA Pathway 1	Sep-25	53.73%	▲ 11.2%	48.33%		
Safe	Percentage of discharges on D2RA Pathway 2	Sep-25	13.43%	▼ -10.4%	15.00%		
Safe	Percentage of discharges on D2RA Pathway 3	Sep-25	10.45%	▼ -47.8%	20.00%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Sep-25	20.90%	▲ 25.4%	16.67%		
Safe	RAMI (Risk adjusted mortality index) 2023	Sep-25	109.57	▼ -29.4%	155.26		
Safe	Safeguarding Adults - Lv1 training	Aug-25	91.95%	▼ -0.1%	92.04%		
Safe	Violence and Aggression (Wales)	Aug-25	94.47%	▲ 1.3%	93.25%		Outlier high
Timely	Ophthalmology R1 appointments attended within target date* (%)	Sep-25	61.33%	▼ -17.8%	74.59%		
Timely	Patients starting first definitive cancer treatment* (%)	Aug-25					
Effective	Diabetes patients completing all eight care processes* (%)	Oct-25	49.60%	▼ -2.4%	50.81%		
Efficient	Agency spend for all staff groups as % of total pay bill	Aug-25	5.20%	▼ -24.0%	6.85%		

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NEXT STEPS:

- Quality Outcome Framework – Further development working with NHS Performance & Improvement Beacons dashboard to source, report and challenge methodology against all required measures to high quality reporting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 6 (September) - 2025/26

Updated on 20/11/2025

Finance and Performance Committee

04 December 2025

Agenda Item: 5.2a

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

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

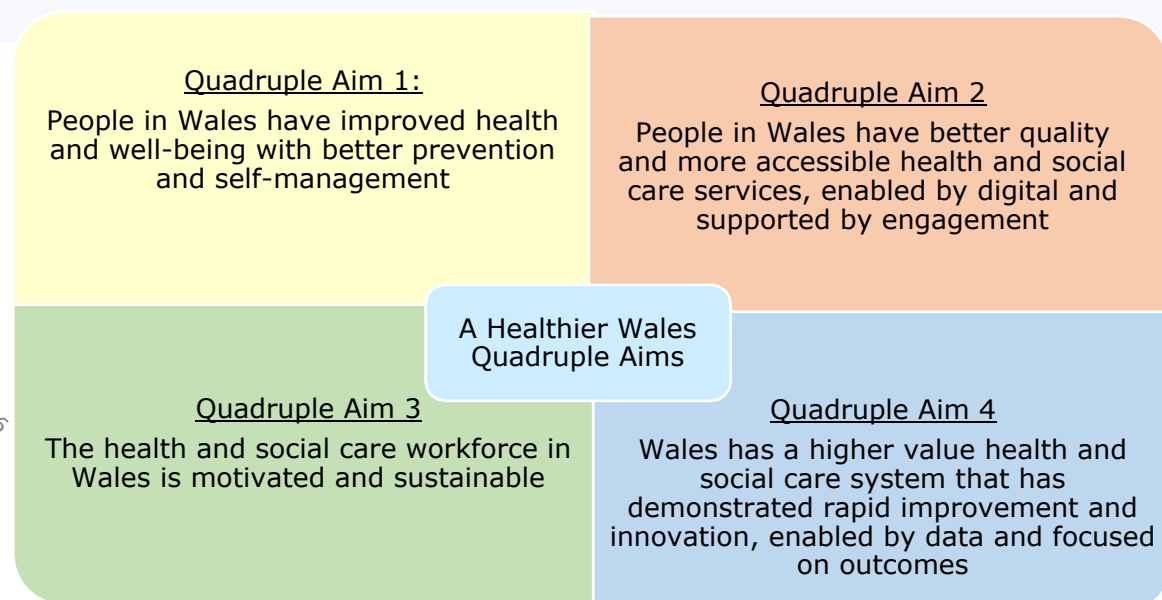
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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

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

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

[Link to escalation descriptor slide](#)

Summary of Performance Provider – Month 6

Planned care

- Diagnostic waits – September reports a further reduction in echocardiogram breaches of the 8-week target from 95 (Aug-25) to 54. Recovery remains ahead of trajectory for echo cardiograms with the aim of no breaches by March 2026. Extra capacity continues to be sought for echocardiograms via clinical staff working in bank roles for the provider. A single breach for a complex pathway was reported in Diagnostic Endoscopy which remains a fragile service. Non-Obstetric Ultrasound has seen a significant increase in breaches in September increasing from 28 in August to 77. The service is fragile due to its limited scale and unplanned absence has impacted performance significantly, however the service expects to significantly improve in October with 4 breaches provisionally reported.
- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the National targets of 52 weeks and 104 weeks for outpatients and treatments, respectively. Challenges remain with in-reach capacity fragility with significant shortfalls of in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology reported. The number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue follow ups (FUP's) which is particularly challenging in Ophthalmology. Another area of concern is the in-reach ENT service fragility in North Powys with BCUHB & SATH impacting waiting times. Key actions for the provider in month include MSK referral management live in PTHB from the 24th of September, Orthopaedics consultant speciality lead in post Sept 2025, working with National Planned Care Clinical Directors on speciality level support to PTHB.
- Therapies pathway breaches have reduced in September to 47 (56 in Aug-25). 44 breaches are in Occupational Therapy (OT), 2 in Physiotherapy and a further 1 in Podiatry. These breaches are linked to staffing fragility with services challenged by unplanned absences of a very small workforce with single points of challenge e.g., 1 clinician pan Powys service in OT Hand Therapy. As key actions Physiotherapy has new recruits in place with expected improvement in Q3 and OT Hand Therapy with increased capacity is expected to recover by December (Month 9).
- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in September. It should be noted that following a local reporting review, reported figures have been revised back to April 2025 (further detail included on slide 39), this has not impacted the nationally reported performance. Adult breaches increased to 37 in September against the 14-week target whilst Paediatric breaches increased slightly to 3 against their respective 6-week target. The key challenge for adult audiology is a reported 75hrs of vacancies pan Powys in band 4/5 admin and Professional Head of Service roles. All clinical posts are advertised, and replacement admin are due to start in November 2025. Active liaison with Swansea Bay UHB regarding professional support for service. The Paediatric service has a specific single clinician pan Powys challenge where annual leave or sickness directly impact service waiting times.
- Screening - The percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment remains escalated to level 3 whilst investigations are ongoing with August performance reported as 6.3% against the 95% target. This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in both the provider and across Wales acute providers.
- Provider cancer pathways reported 40 new pathways in September and positively reported 86.4% of 22 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health:

- Under-18s: Compliance improved in September including assessments (100%), interventions (90.0%), and care and treatment plans (96.8%).
- For Adults: Compliance has been achieved as profiled for assessments (82.4%) and interventions (89.6%). Whilst performance is significantly improved since the beginning of the financial year, recent challenges in delays recruiting to some vacant roles as well as high demand, short terms sickness and annual leave in August created a temporary back log. Mitigations have been successful and whilst demand remains high there is further improvement in performance anticipated for the next reporting period.
- Psychological therapy waiting times reported 88.6% compliance against the 80% target in September.
- Adult Care and Treatment Plan (CTP) compliance: Performance does not meet the 90% target with 80.4% compliance reported in September. Key challenges include the increased complexity of patients and the additional demand on the PTHB team linked to the shortfall of local authority capacity.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported was 19.5% in September down from August's reported position of 21.8%. The service reported 3 pathways waiting over 104 weeks for the same period. Performance as predicted against the < 26-week cohort is falling (19.5%). From January 2025 revised referral criteria have increased referral other than treatment (ROTT) to average 44% from a rate of 9% in the previous nine months. This challenges the percentage compliance with less pathways entering the service numerator (new referrals)/denominator (existing pathways). Actions include a focus on the longest waiting pathways via a multi-disciplinary approach with consistency following the new Pan Powys model for waiting times which has stopped geographical variance improved scheduling.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 6 minutes for triage and 6 minutes for senior clinician assessment.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 353 breaches in August to 296 in September. Swansea Bay UHB & Hywel Dda UHB are compliant with no Powys residents waiting over 52 weeks for a new outpatient appointment and no patient reported waiting over 104 weeks. All providers except Cwm Taf Morgannwg UHB show improvement for this snapshot.
- Waits over 104 weeks during August for RTT continue to increase with 59 pathways breaching the target. Swansea Bay UHB reports that no Powys resident pathway waited over 2 years for treatment and 93% of the 59 breaching pathways are in Aneurin Bevan UHB, Betsi Cadwaladr UHB, and Cardiff & Vale UHB.

Planned care (RTT) England:

- Powys residents accessing services in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH).
- Wye Valley NHS Trust (WVT) still reports the best performance of all Powys commissioned providers with 68.0% of pathways waiting under 26 weeks for treatment, over 52 weeks have started to increase following the adherence to PTHB's commissioning intentions. This will increase the number of patients waiting resulting in decreased performance but still within Welsh Government targets for 2025/26 and build an increased waiting list into 2026/27. This action has attributed to an increased number of concerns being logged with the health board from both MS/MPs/Patients.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports an improved position with special cause improvement across all key wait bands. It should be noted at the end of September; SATH has not adhered to the commissioning intention to deliver services to NHS Wales waiting times targets.
- 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. An agreement has been reached and implemented by RJAH for PTHB commissioning intentions around treatment waiting times. RJAH continue to face challenges with regards to their capacity and ability to see all patients within the Welsh Government targets. They are currently predicting circa 60 pathways waiting over 104 weeks at year end, but in August breaches over 104 weeks increased further again to 90. The breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

Cancer Pathways:

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- At the end of September, the provisional position reported a total of 271 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 224 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment.
- Reported performance of 53% for September against the Single Cancer Pathway target of improvement trend to 80% with 22 of the 47 pathways breaching 62 days.
- Ongoing retrospective review of very long waiting pathways (146+ days) continues with all Welsh commissioned providers.

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- The SATH data challenge has been resolved from the 28/10/2025 with further work to be undertaken to improve the detail available for Powys pathways.
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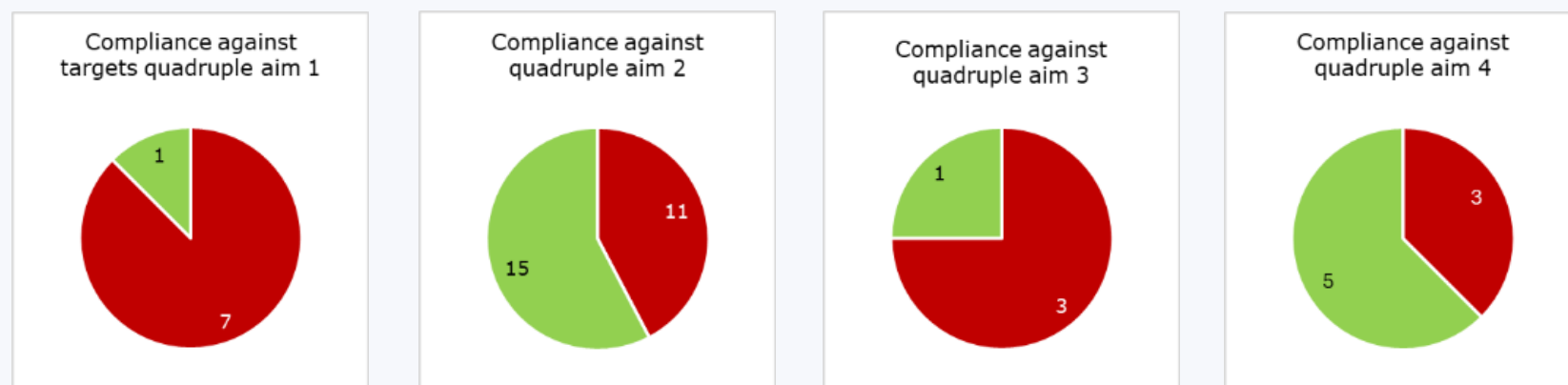
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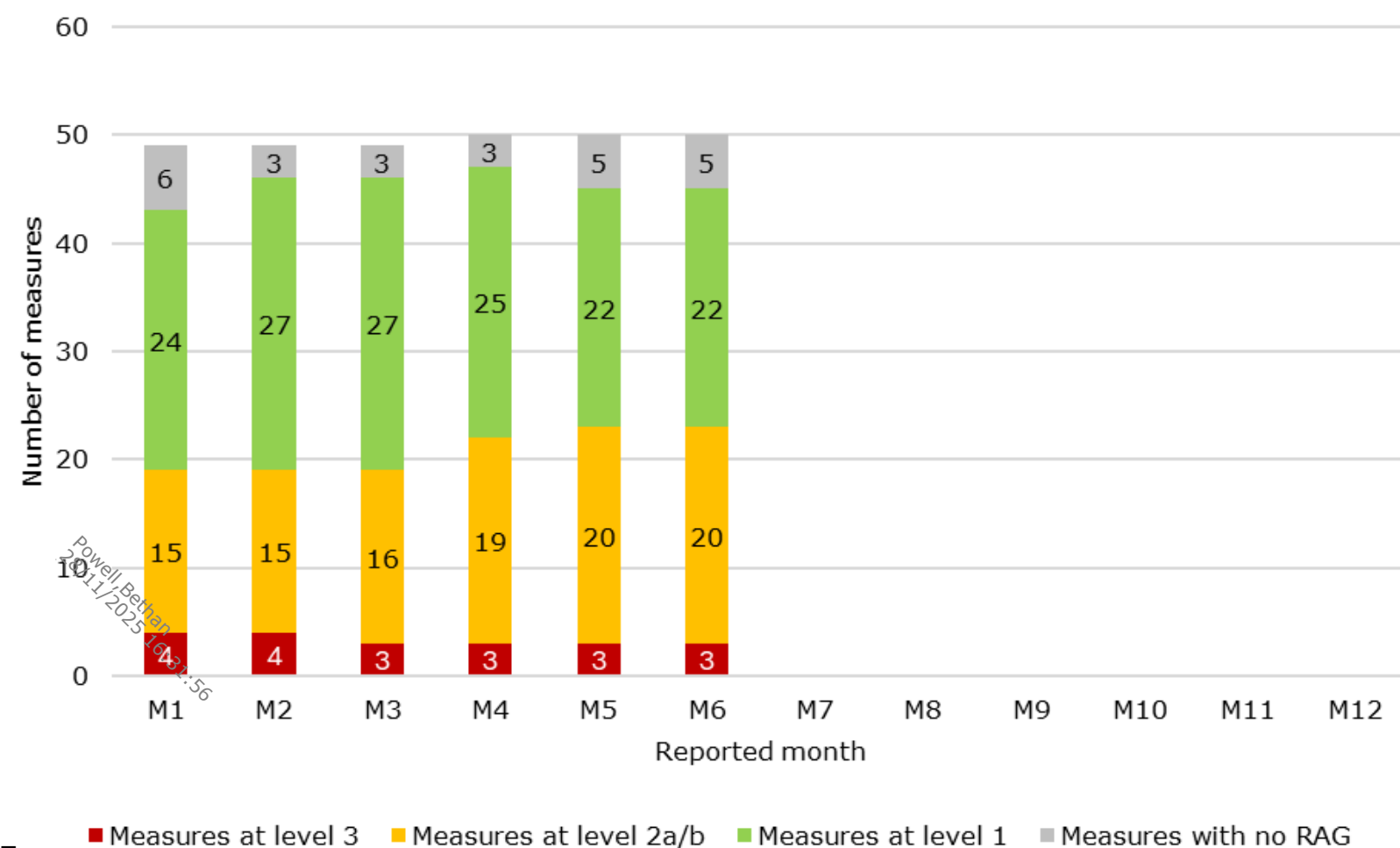
Visual summary of performance at month 6 (September 2025)

Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.
No commissioned metrics are included within graphs below.
No non-RAG rated measures are included.

Compliance against NHS Performance Framework 2025/26 measures at month 6 by quadruple aim area.






Number of escalations by level, and by month - Provider




- For Powys Teaching Health Board currently *50 quantitative measures are reportable of the *54 total in the NHS Performance Framework in 2025/26.
 - This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
 - It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
 - Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.
- * From July 2025 the Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has been retired and replaced with median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). This has increased reportable measures to 50 with the red median directly replacing the now retired 8-minute response (no measure numbers have yet been allocated by Welsh Government).

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




No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment								This measure remains in escalation due to poor target compliance. Although target compliance is very poor nationally this still triggers level 3 escalation internally following the Integrated Quality and Performance Framework rules with extra checks and engagement being carried out between the health board and Public Health Wales screening.	<ul style="list-style-type: none"> 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. 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. 	<ul style="list-style-type: none"> 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 Q3 2025/26 linked to key . 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.
	Period	Aug-25	Target	90%	Actual	6.3%	SPC icon				
26	Number of patients waiting more than 8 weeks for a specified diagnostic								This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	<ul style="list-style-type: none"> Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. National shortage of Endoscopists particularly colorectal. National increase in urgent suspected cancer referrals with resultant diagnostic demand increase. All health care providers in Wales are utilising insource to help negate increased demand challenges. Non-obstetric ultrasound challenges include deterioration due to unplanned absence, fragility of service due to limited scale. 	<ul style="list-style-type: none"> PTHB is achieving the recovery trajectory for echocardiograms for September. Health board has tried to recruit extra echocardiogram capacity via bank but has not been successful. Locum support remains in place. Demand and Capacity workstream to assess system efficiency and implement improvements. Continuous monitoring of waiting list. Ultrasound - recruited a development post with a view to complete preceptorship 2025/26 Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS). Explore repatriation opportunities to increase scale of service Implementation of new booking process through the Therapies Hub.
	Period	Sep-25	Target	0	Actual	132	SPC icon				
32	Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%								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 will remain escalated until suitably resolved with Executive signoff.	<ul style="list-style-type: none"> Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways. Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways. Increased number of over 100% delays reported requiring further investigation. De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26. De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review. Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported. 	<ul style="list-style-type: none"> PTHB standardised service operating procedure for validation, and submission under development. Significantly improved pathway management and validation for consultant led specialties. Limited issues reported linked to system challenges (under assessment). 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.
	Period	Sep-25	Target	< same month pre. year	Actual	1227	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
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)								Measure not meeting target *please note that from August 2025 national methodology has changed for this measure.	<ul style="list-style-type: none"> Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time. South Powys Dual Diagnosis worker role remains vacant. Lack of full time Clinical Lead role for Area Planning Board (APB). 	<ul style="list-style-type: none"> Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups. PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider. Recruitment campaign for remaining vacant Dual Diagnosis post.
	Period	Q1 2025/26	Target	4 Quarter Improvement Trend	Actual	79.6%	SPC icon	N/A			
4	Percentage of children who are up to date with the scheduled vaccinations by age 5								Measure not meeting target	<ul style="list-style-type: none"> Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health. 	<ul style="list-style-type: none"> Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
	Period	Q1 2025/26	Target	95%	Actual	91.4%	SPC icon	N/A			
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15								Measure not meeting target	<ul style="list-style-type: none"> Obtaining signed parental consent forms can be challenging. There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPriS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school. 	<ul style="list-style-type: none"> Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools. Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate. HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
	Period	Q1 2025/26	Target	90%	Actual	77.9%	SPC icon	N/A			
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over								Measure not meeting target <ul style="list-style-type: none"> Data reported as at season end (March 2025), first reported in Month 2 IQPR, no further data to report. 	<ul style="list-style-type: none"> Autumn/Winter 2024/25: Adult flu vaccine is offered through GP Practices, all community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data which does not automatically include vaccinations given by pharmacy and therefore reliant on the timely input into the GP data system. 	<ul style="list-style-type: none"> Autumn/Winter 2024/25: GP led clinics organised across Powys for eligible residents by GP Practices. Pharmacy flu clinics also available in many communities across Powys. Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
	Period	Mar-25	Target	75%	Actual	69.2%	SPC icon	N/A			
7	Percentage uptake of the COVID-19 vaccination for those eligible								Measure not meeting target. <ul style="list-style-type: none"> To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period. The next period will start from September (Month 6). 	<ul style="list-style-type: none"> Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates. Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore cannot be included for a vaccination Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme 	<ul style="list-style-type: none"> Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. Data currently being collected by the vaccination service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.
	Period	Jun-25	Target	75%	Actual	55.7%	SPC icon	N/A			
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life								Measure not meeting target	<ul style="list-style-type: none"> The data is for babies that live in Powys but might have care elsewhere e.g. special care in an external hospital, whereby we have no control over the test timings. With relatively small numbers of birth the % figures fluctuate more noticeably. 	<ul style="list-style-type: none"> Continue to utilise the courier service to enhance timely collection and deliveries to laboratory. Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency. Collection days have been amended to improve transport to the laboratory.
	Period	Sep-25	Target	95%	Actual	93.0%	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
NA	Median target for purple arrest: Cardiac or respiratory arrest								Measure not meeting target	<ul style="list-style-type: none"> This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays. 	<ul style="list-style-type: none"> Meeting being arranged between PTHB, NHS Wales Joint Commissioning Committee and WAST colleagues to discuss performance, patient experience and outcomes; and identified improvement actions including enhancement of current in county pathways. Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services. PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.
	Period	Sep-25	Target	6-8 minutes median response time	Actual	00:14:15	SPC icon	N/A			
NA	Median emergency ambulance response times to red (emergency category calls)								Measure not meeting target		
	Period	Sep-25	Target	6-8 minutes median response time	Actual	00:11:28	SPC icon	N/A			
20	Median emergency response time to amber calls								Measure not meeting target	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway. All Wales urgent care system escalation calls being held daily (often more than once per day).
	Period	Sep-25	Target	12-month reduction target	Actual	01:08:25	SPC icon				
27	Percentage of children <18 waiting 14 weeks or less for a specified AHP								Measure not meeting target	<ul style="list-style-type: none"> Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT). The key challenges for SLT: <ul style="list-style-type: none"> Staffing vacancies and maternity leave. Previously unrecognised backlog of long waiting patients. High caseload demand. Key challenges for OT: <ul style="list-style-type: none"> Forecast 50% staff vacancy (September 2025). 	<ul style="list-style-type: none"> Remedial action plan undertaken by services for escalation as required. New standard operating procedure in place (SOP) to improve service processes for SLT. Demand and capacity work is being undertaken to improve flow for SLT and OT. Recruitment plans underway for SLT and OT., staff to commence October 2025
	Period	Sep-25	Target	12-month reduction target	Actual	99.7%	SPC icon				
28	Number of therapy breaches 14+ weeks (all ages)								Measure not meeting target.	<ul style="list-style-type: none"> Physiotherapy (MSK) sickness trajectory to recover by Month 8 (November) Podiatry remains significantly fragile with one clinician pan-Powys potential breaches in Month 8. Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service). 	<ul style="list-style-type: none"> MSK Physio – agency use and new recruits in place, therefore a reduction in breaches from Month 8. Podiatry – continue to recruit and agency in place but remains fragile. OT Hand Therapy – on track for recovery Month 9 (December). Second service therapist going to vacancy panel.
	Period	Sep-25	Target	0	Actual	47	SPC icon				
29	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)								Measure not meeting target.	<ul style="list-style-type: none"> Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service. 	<ul style="list-style-type: none"> All clinical posts advertised. Admin post due to start w/c 17.11.25. Bank and agency staff in place supporting waiting list. The service is challenged to recruit agency staff. Liaising with Swansea Bay HB regards professional support for the service. Head of Physiotherapy currently operationally managing the service.
	Period	Sep-25	Target	Month on Month reduction	Actual	37	SPC icon	N/A			

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
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)								Measure not meeting target.	<ul style="list-style-type: none"> Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service. 	<ul style="list-style-type: none"> Reviewing demand and any efficiencies where appropriate. Recruitment and temporary staffing continues to be pursued as needed across all audiology services.
	Period	Sep-25	Target	Month on Month reduction	Actual	3	SPC icon	N/A			
34	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment								Measure is not meeting target.	<ul style="list-style-type: none"> 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. This was not achieved for month 4 due to multiple cancelled appointments by patients or Was Not Brought. However, appointments have been re-scheduled for these families within 8 weeks. Position improved at Month 6 and anticipated nil waits over 104 weeks at month 7. 	<ul style="list-style-type: none"> 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. Year 2 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 25. Transformation plan being implemented.
	Period	Sep-25	Target	80%	Actual	19.5%	SPC icon				
36	Percentage of sickness absence rate of staff								Measure is not meeting target.	<ul style="list-style-type: none"> Rolling sickness absence saw a steady upward trajectory since September 2024. Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems. 	<ul style="list-style-type: none"> The People and Culture Business Partners team (P&C BP) are monitoring absence 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.
	Period	Sep-25	Target	80%	Actual	5.48%	SPC icon				
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales								Measure is not meeting target.	<ul style="list-style-type: none"> 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". 	<ul style="list-style-type: none"> 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.
	Period	Jul-25	Target	Rolling 12-month reduction against a baseline of 2024/25	Actual	8.85%	SPC icon				
39	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)								Measure is not meeting target.	<ul style="list-style-type: none"> Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, compliance has seen a slight downward trend in the last 6 months. 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. 	<ul style="list-style-type: none"> 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 discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. Targeted work will continue in directorates with lower compliance.
	Period	Sep-25	Target	85%	Actual	81.0%	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
42	Number of Pathways of Care delayed discharges								Measure not meeting target.	<ul style="list-style-type: none"> Some apparent impacts from out of county surge in discharge. Evidence of higher dependency in recent inpatient admissions. Seasonal inpatient care setting fluctuations adding pressures. High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging. Complex patients including court of protection. 	<ul style="list-style-type: none"> Weekly Multi Disciplinary Team deep dive into longest lengths of stay. Reducing ambulance conveyance to Emergency Departments (ED) including delivering a seven-day single point of access and a seven-day community-based falls response.
	Period	Sep-25	Target	12 month reduction trend	Actual	77	SPC icon				
44	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over								Measure not meeting target.	<ul style="list-style-type: none"> 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. Competing priorities and complexity of patients presenting at present has put additional pressure on teams. 	<ul style="list-style-type: none"> Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership. Team to define future operating model. Continue to advertise vacant positions. An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency. Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection. The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
	Period	Sep-25	Target	90%	Actual	80.4%	SPC icon				
50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)								Measure not meeting target.	<ul style="list-style-type: none"> Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions. 	<ul style="list-style-type: none"> On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov 25 On-going escalation of contracted position via Commissioning CQPRM meetings with WVT All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs - DNA rate is less than 3% Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation is under consideration Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology
	Period	Sep-25	Target	12 month improvement trend towards national target of 95%	Actual	61.3%	SPC icon				

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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
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Jul-25	90%	91.2%	
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	Sep-25	Improvement compared to the same month in the previous year	50.8%	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Sep-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	37.3%	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Aug-25	Increase compared to the same month in the previous year	557	
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>	Sep-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>	Sep-25	80%	90.0%	
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>	Sep-25	80%	82.4%	
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>	Sep-25	80%	89.6%	
21	Median time from arrival at an emergency department to triage by a clinician	Sep-25	15 minutes or less	6	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Sep-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	Sep-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	Sep-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
31	Number of patients waiting more than 52 weeks for a new outpatient appointment	Sep-25	0	0	

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
33	Number of patients waiting more than 104 weeks for referral to treatment	Sep-25	0	0	
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-25	80%	88.6%	
38	Agency spend as a percentage of the total pay bill	Sep-25	12-month reduction	5.1%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jul-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	Aug-25	90%	100%	
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	Sep-25	90%	96.8%	
45	Number of patient experience surveys completed and recorded on CIVICA	Aug-25	Month on month improvement	491	
53	Number of patient safety incidents that remain open 90 days or more	Sep-25	12-month reduction trend	7	

Non-RAG rated measures (new measures or measures with no national target applicable for PTHB)

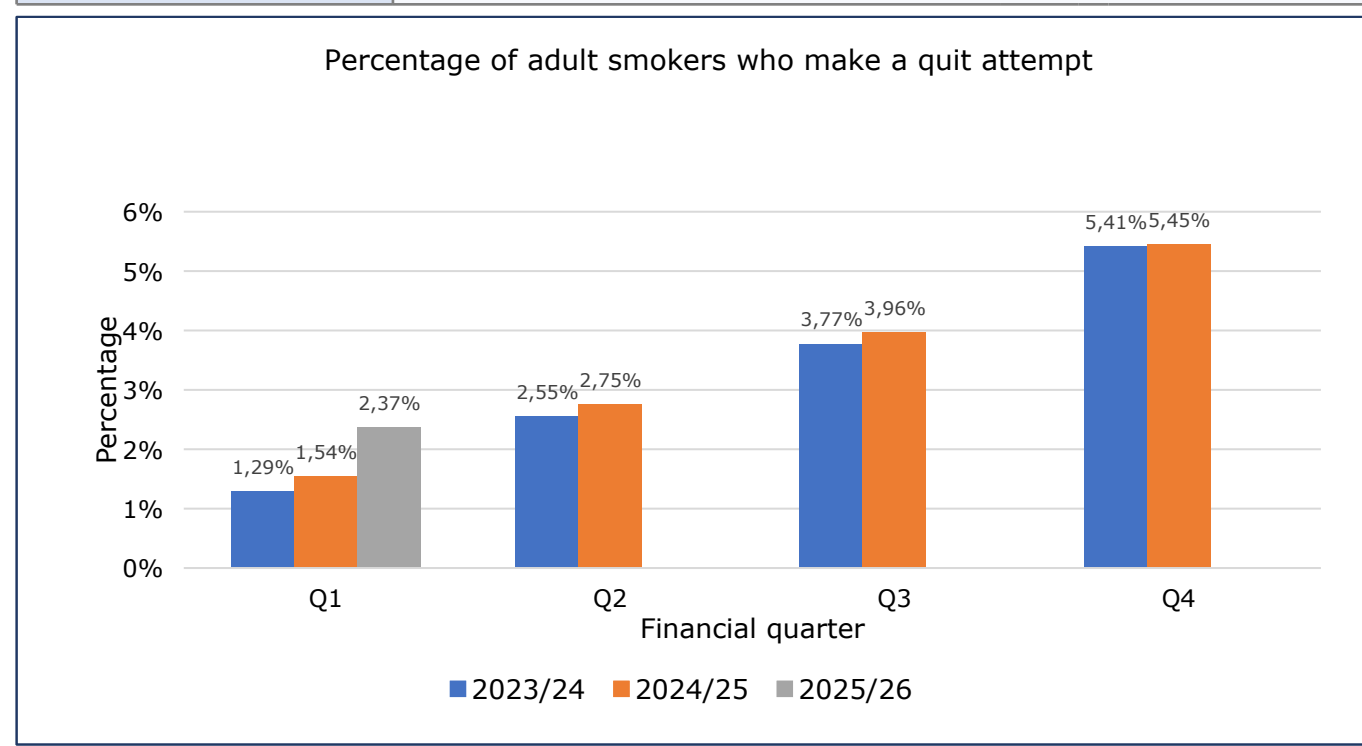
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1 2025/26	5% cumulative annual target	2.37%	N/A
2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Q1 2025/26	40% Annual Target	11.05%	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Sep-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)	Sep-25		2.48	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Sep-25		19.29	

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner
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Latest available	Q1 2025/26	Status of measure	N/A
Reported performance	2.37%	Benchmark position (Wales)	2 nd (1.58%)
Target	5% annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	Not applicable		

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



Actions & Mitigations

- Improving access and client focus:**
- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices and adapt service delivery accordingly. In addition to individual face-to-face and telephone support offered across Powys, group support option is currently available in Brecon and Welshpool.
 - Smoking Cessation Lead continues to engage with PTHB community teams and outpatient clinics across Powys to promote the Smoking Cessation Service, and to encourage referral of smokers in Powys for Nicotine Replacement Therapy and behavioral support.
 - Referral rates and CO monitoring of pregnant smokers in Powys have both improved. An action plan is in place working in partnership with midwifery team to try to increase the CO monitoring and referral rates further.

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

- The GP Text message project targets registered smokers with offers of specialist support to quit. It is focused in areas of deprivation across Powys, currently running in 6 GP practices, including 2 new practices.
- Nicotine Replacement Therapy (NRT) protocol for inpatients and the smoke free hospital policy continues to be promoted to PTHB staff.
- The Stop Smoking Team use a range of methods to widely promote the service including Powys Smoke Free Newsletter 4th edition; supporting community events with promotional materials; developing successful quit case stories; recruiting Smoking Cessation Champions within workplaces and in the community.

What the data tells us

- Performance for Q1 2025/26 is 2.37%, which is higher than the same period last year (1.54%) and on track to exceed the 5% by year end.
- As a cumulative measure the smoking KPI will not be RAG rated until the completion of the 2025/26 financial year.

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner
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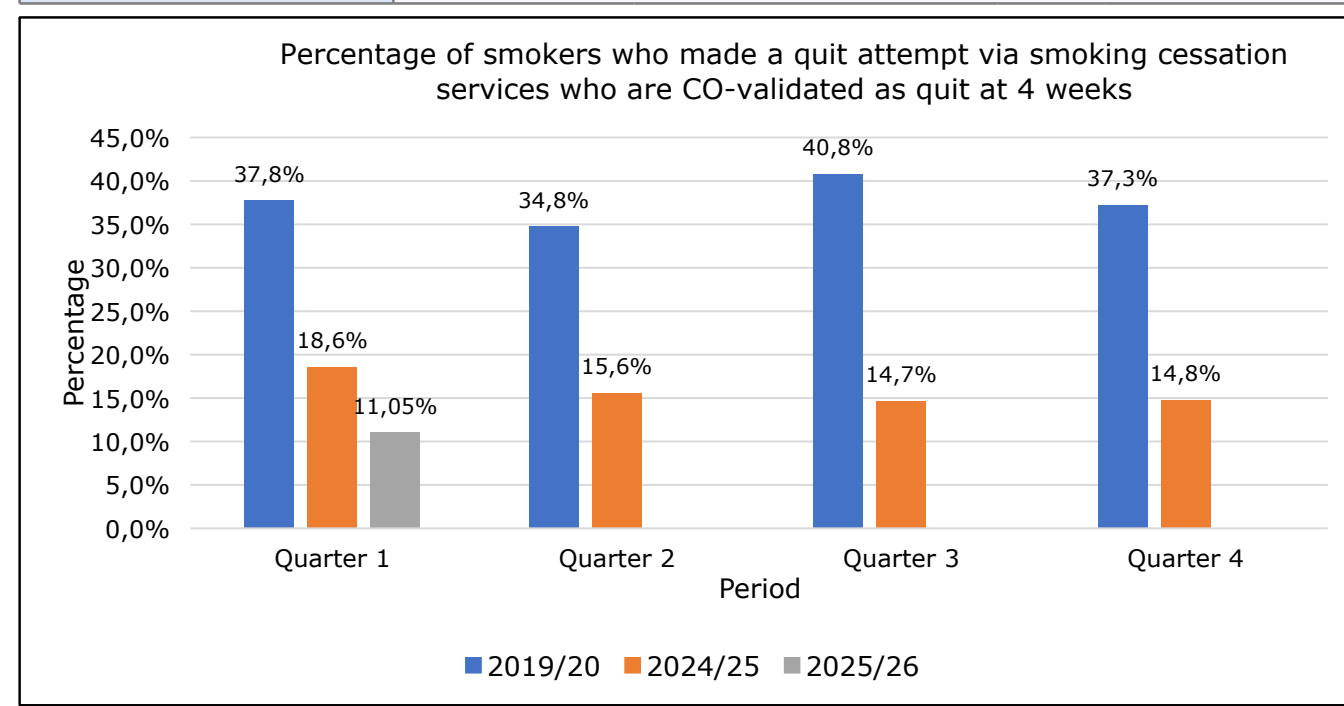
Latest available	Q1 2025/26	Status of measure	N/A
Reported performance	11.05%	Benchmark position (Wales)	7 th (23.3%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			

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.

Actions & Mitigations

- A number of actions are in place to try to increase the number of CO validated successful quits in Powys including face-to-face clinics across Powys for clients to CO validate if receiving telephone support both in GP Practices and community clinics; working in partnership with key pharmacies in Newtown to offer CO validation to community clients; providing personal CO monitors to pregnant smokers and clients with barriers to access due to mobility or rurality issues.



What the data tells us

- In Q1 2025/26 11.05% of treated smokers were reported as Carbon monoxide (CO) validated as quit at 4 weeks.
- In addition, 43% self-reported as having quit at 4 weeks making the total of treated smokers quit at 4 weeks as 54%.
- As a cumulative measure the smoking KPI will not be RAG rated until the completion of the 2025/26 financial year.

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

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

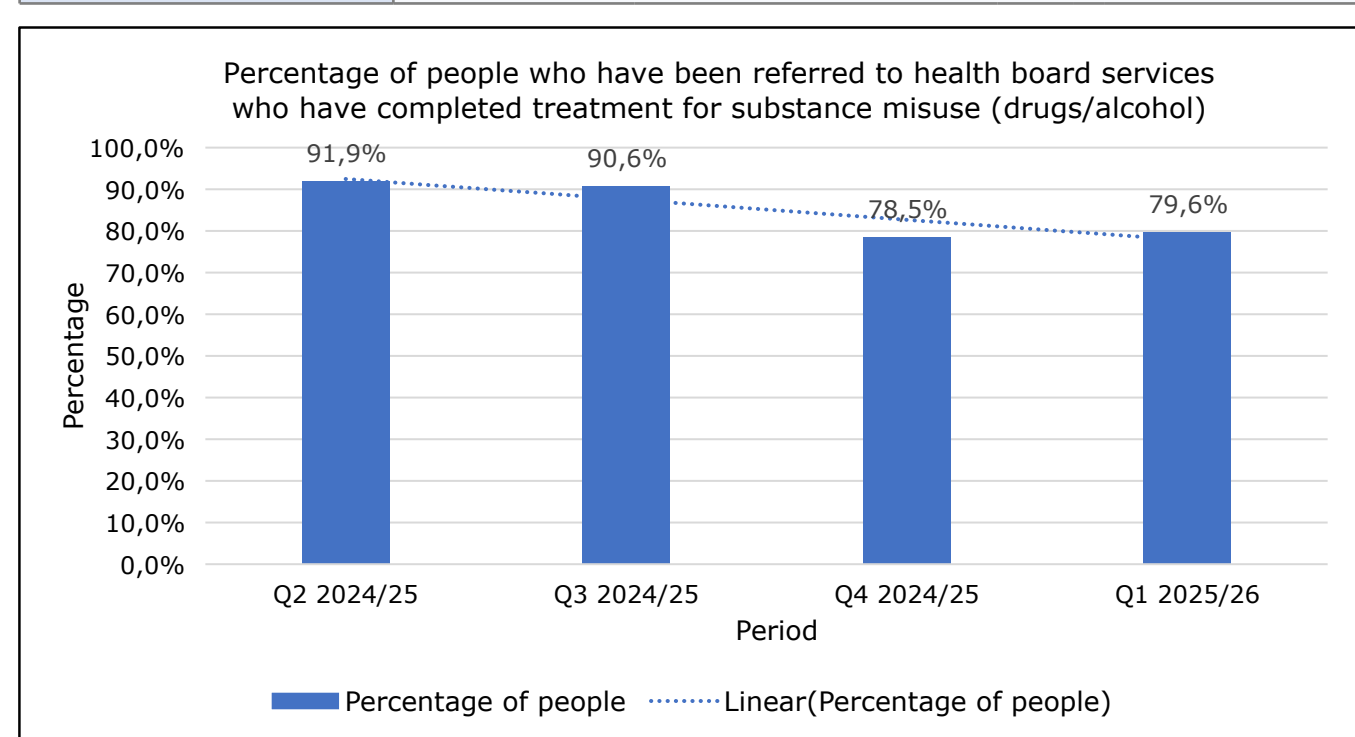
Assistant Director of Mental Health
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Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	79.6%	Benchmark position (Wales)	5 th (86.5%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

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

Actions & Mitigations

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups.
- PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
- The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.
- Regular commissioning monitoring meetings with provider in place to monitor community demand.
- Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.
- Recruitment campaign for remaining vacant Dual Diagnosis post.
- Agreed that PTHB will utilise ringfenced substance misuse funding to establish a Clinical Lead Post that will oversee Harm Reduction and Dual Diagnosis and will enhance clinical governance arrangements.
- Substance Harm reduction plan is established in line with area need.
- An APB co-production Planner is in place for 2025-26.
- A full clinical audit has been completed of the kaleidoscope services.
- An analysis of Needle exchange provision has been completed.
- A series of Stigma videos' have been completed.
- Since the last reporting period an interim clinical lead role within PTHB has been established and is reviewing performance with APB colleagues with a view to revising and strengthening joint working including referral pathways. This work is now moving forward at pace and more collaborative practice with partner agencies such as housing and social care, PTHB and kaleidoscope is evident. The Dual diagnosis practitioner for North Powys has also returned from LTS.
- The downward trend in performance is more likely associated with changed recording practice, but this is being tested at present.



What the data tells us

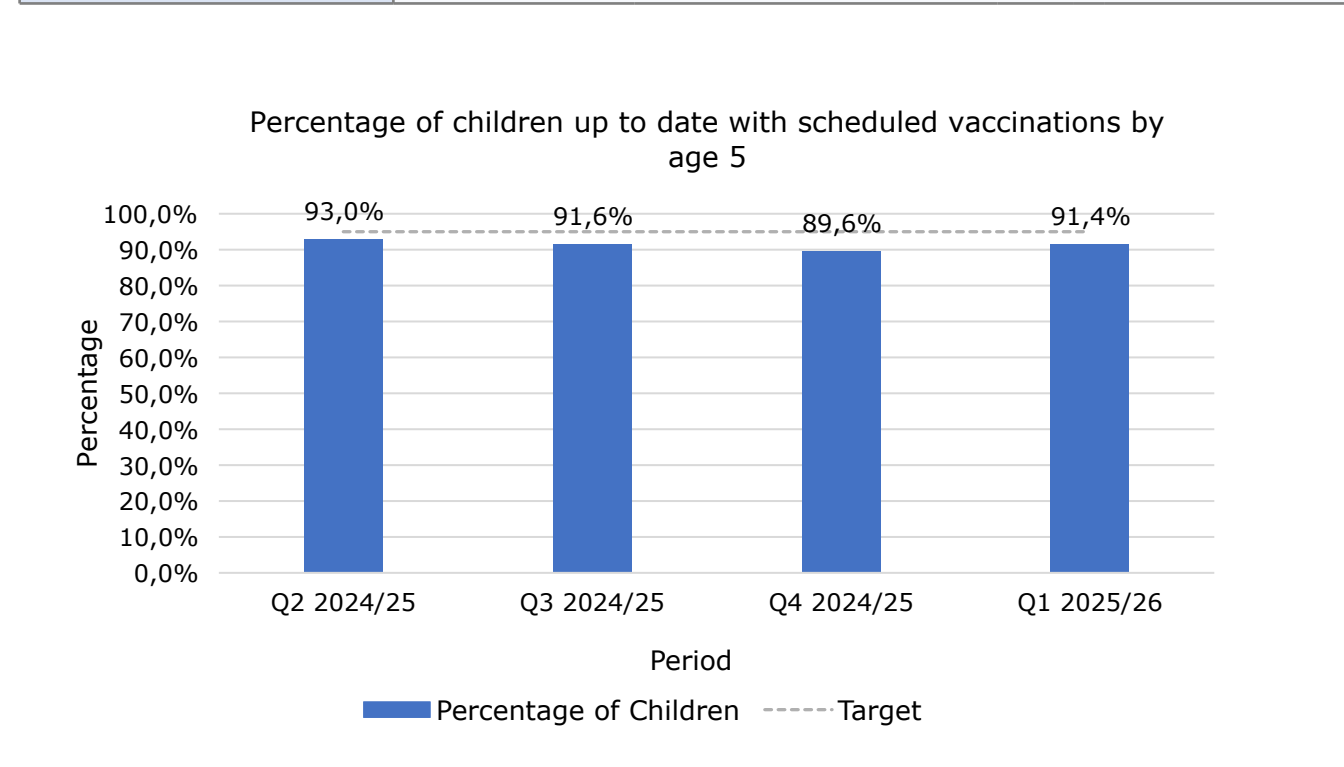
- Performance has decreased over the last 12 months with 79.6% in Q1 2025/26 and 86.0% reported in Q1 2024/25.
- The health board benchmarked 5th in Wales with an All-Wales position of 86.5% for Q1 2025/26.
- **Note: The methodology for this measure has changed from August 2025 and all historic data has been revised for at least the last 12 months. This data now excludes neutral closures, such as; referred elsewhere, moved on, moved to GP prescribing and prison, as it is deemed that these individuals will continue their treatment elsewhere.**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services
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Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	91.4%	Benchmark position (Wales)	1 st (87.7%)
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 2025/26		

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



Actions & Mitigations
<ul style="list-style-type: none"> Enhanced COVER surveillance continues which includes: <ul style="list-style-type: none"> Data cleansing. Enhanced monitoring of practice queues lists. Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR). Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use. Immunisation coordinator working with GP practices to improve pre-school uptake. Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists/understand waits and cover equity. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System and prevent delays with returning forms to Child Health. MMR Catch-up completed and the Health Board achieved the WHC target of reaching over 90% for 2 MMR vaccines in both primary and secondary schools (July 2024). There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK. National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPrIS (the child health record database). The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated. This has not been finalised yet – awaiting publication VPDP have provided a letter and visual guide to primary care clinicians to support with the childhood vaccination schedule changes. New complete routine immunisation schedule for Wales published from 1st July 2025 – to reflect childhood changes VPDP have provided Q&A sessions for Primary Care since the changes on 01/07/25.

What the data tells us

- Reported uptake performance for Powys in Q1 (91.4%) remains below target (95%) but is the highest in Wales with the All-Wales benchmark reported as 87.7%.

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

Executive lead	Executive Director of Public Health	Officer lead	Assistant Head of Public Health Nursing
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Latest available	Q1 2025/26	Status of measure	Level 2a
Reported performance	77.9%	Benchmark position (Wales)	3 rd (74.1%)
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		

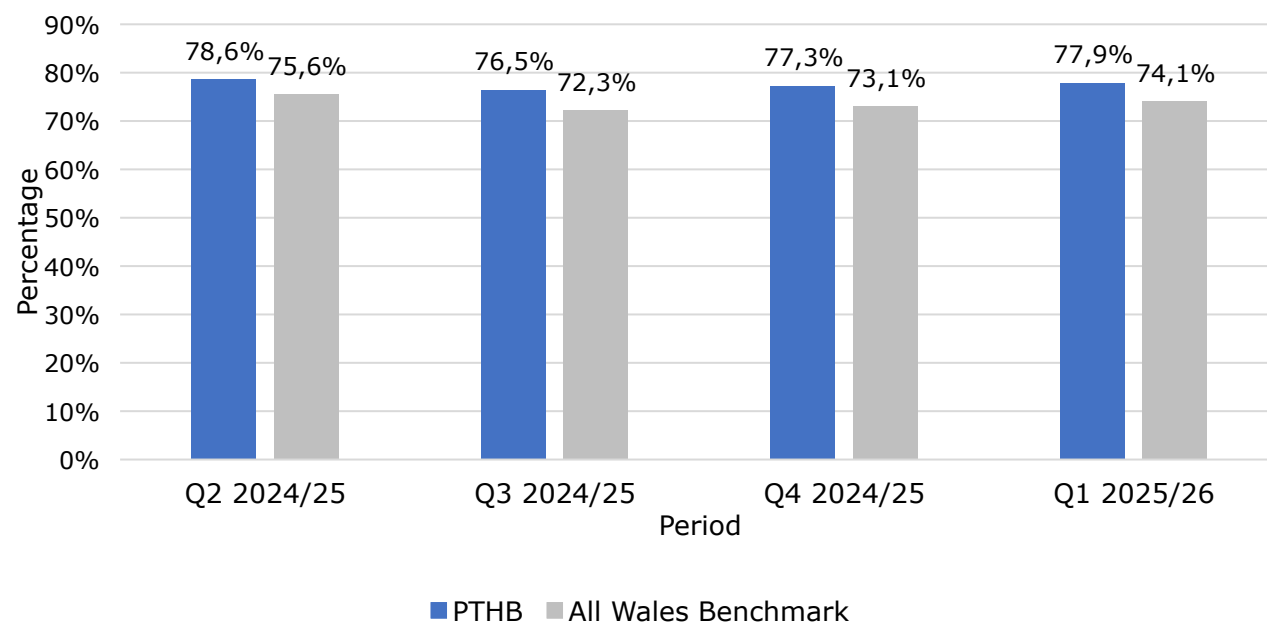
Challenges

- Obtaining signed parental consent forms can be challenging.
- There are discrepancies in data being captured by different systems, and inaccuracies with data held on CYPrIS. It is challenging therefore to ensure immunisation status for Powys residents is accurate and that those eligible are being immunised, particularly when not a pupil of a Powys school.

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine programme delivery in schools commenced beginning of May 2025. Programme to continue until 17 July with mop-ups following initial school visits, so each school attended twice.
- E-consent has been rolled out in Powys in 2025 with the aim of increasing the return rate of consent. Further evaluation of this approach to be undertaken.
- Work being undertaken by the School Nursing service and Child Health in relation to data cleansing to improve accuracy of data and uptake rates.
- Letters were sent in August 2025 to parents of children in school years 8-13 with a missing HPV, DTP, MenACWY or MMR record on CYPrIS inviting parents to contact PTHB with updated records or to attend drop-in vaccination clinics. Over 80 queries were made to the Immunisation Coordinator to either update records, make enquiries or to provide updated personal information.
- Drop-in clinics by the Vaccination Centres were undertaken between 18 August and 05 September 2025 with over 100 vaccinations administered including 83 HPV, 22 DTP, 25 MenACWY, 3 MMR.
- Data cleansing and vaccination administration increased current HPV uptake by 5% (figures unverified)

Percentage of children receiving the HPV vaccination by age 15



What the data tells us

- Reported uptake improved slightly in Q1 2025/26 reporting 77.9% compared to 77.3% in Q4 2024/25
- Bethan
28/11/2025 16:31:56*

Access & Activity NHS Performance Measure – 6

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services
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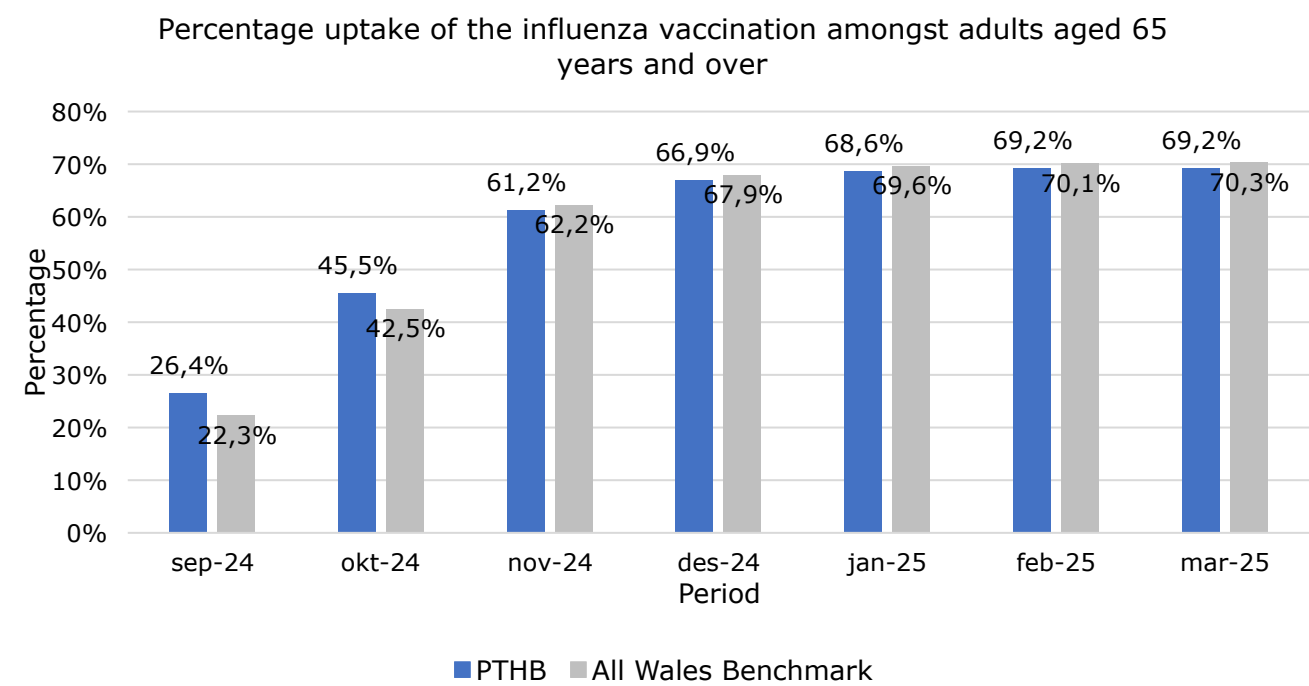
Latest available	Mar-25	Status of measure	Level 2a
Reported performance	69.2%	Benchmark position (Wales)	5 th (70.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 24/25 season of vaccination has finished		

Challenges

- Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels.
- There has been a change to a central procurement model for flu vaccines in September 2025.
- The introduction of WIS as the primary vaccination recording system for flu has presented some challenges for GPs and Pharmacies.

Actions & Mitigations

- Flu Vaccination Programme for over 65s started on 01 October 2025.
- Adult flu vaccine is offered through GP Practices for eligible patients, and in community pharmacies in many communities across Powys.
- Opportunistic vaccination of eligible population through vaccination centres.
- Public Health Wales led communication campaign, supported by local communications through health board channels, amplified through local networks.
- The introduction of WIS as the primary vaccination recording system aims to improve the accuracy and accessibility of uptake data. Challenges in primary care with the new processes have been addressed with the support of the Vaccination Service.
- Continued monitoring of uptake data to direct additional action.
- The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign with the aim of making flu vaccine more readily available for GPs and Pharmacies. Early logistical challenges have been addressed by the Vaccination Service.



What the data tells us

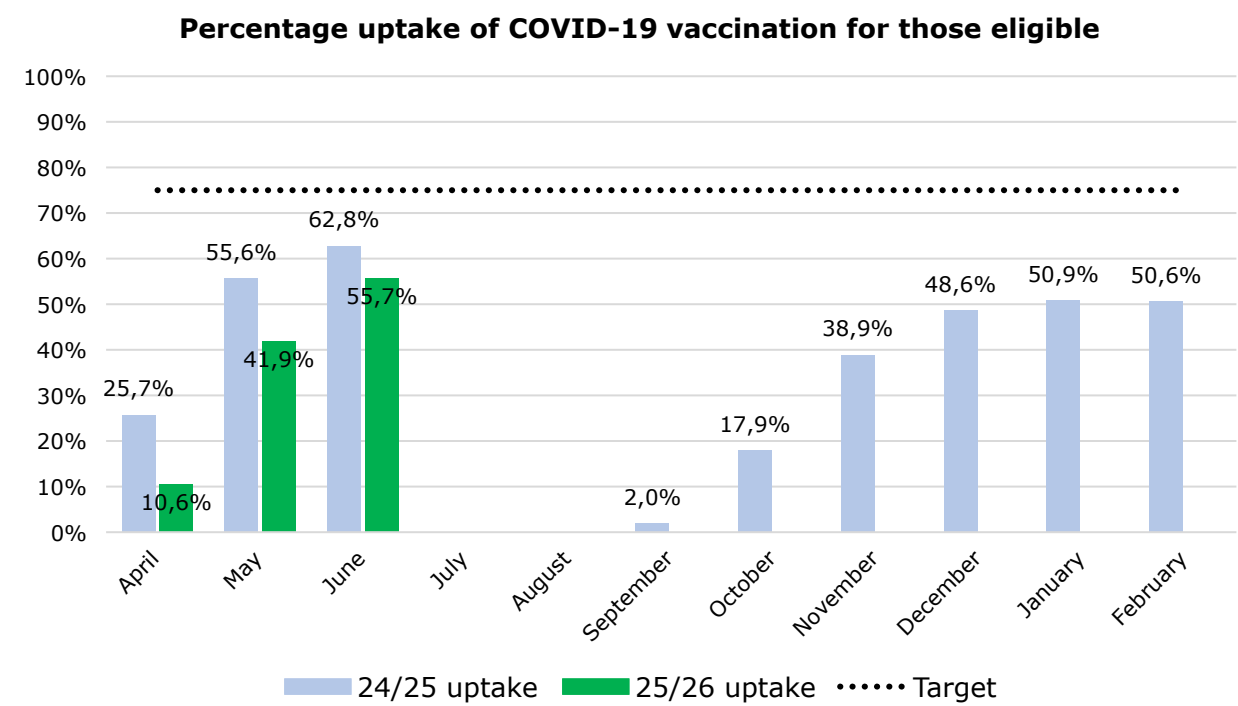
- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- Autumn/Winter 2025/26 vaccinations commenced 1st October, data yet to be published.

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services
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Latest available	Jun-25	Status of measure	Level 2a
Reported performance	55.7%	Benchmark position (Wales)	2 nd (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"> Vaccine fatigue anecdotally reported across Wales in previous seasons, requires continued work to maintain uptake levels. Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment. Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited. Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination. Staffing challenges within the clinical team have led to a slower roll out of the Spring Covid-19 Vaccination programme, with ongoing challenges as we head into winter, mitigated by bank staff support.



Actions & Mitigations
<ul style="list-style-type: none"> Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes. The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for. Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible. Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. 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. Recent paediatric immunosuppressed pilot undertaken offering vaccination counselling to parents to optimise vaccination uptake and offer equitable vaccination at one of our 11 clinic locations across PTHB.

What the data tells us
<ul style="list-style-type: none"> To note this is a cumulative measure and will only be updated during active COVID-19 vaccination period. The Autumn/Winter 2025/26 programme started 1st October 2025 (Month 7), data yet to be published. Trend data shows a decrease in uptake rates of COVID-19 vaccination, with vaccine fatigue being anecdotally reported across Wales.

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services
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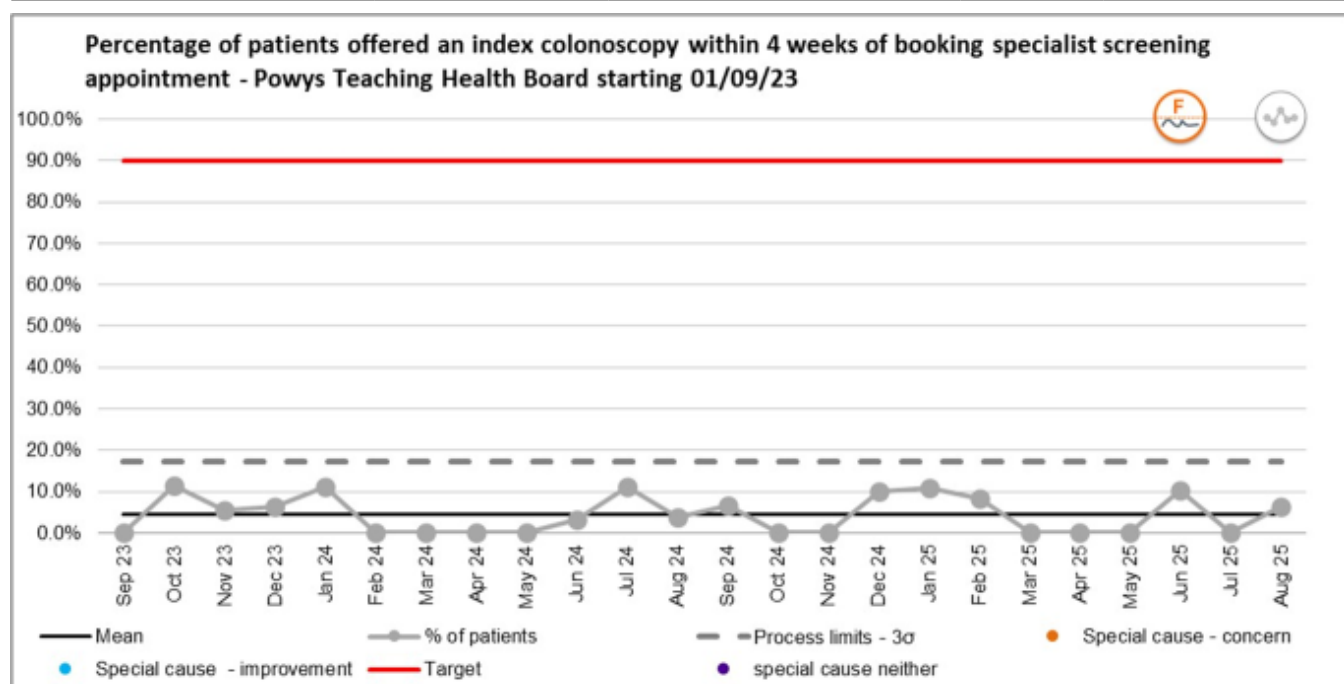
Latest available	Aug-25	Status of measure	Level 3
Reported performance	6.3%	Benchmark position (Wales)	7 th (8.8%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		

Challenges

- 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.
- 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.
- 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's.

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 Q3 2025/26 linked to key .
- 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.



What the data tells us

- Powys performance against this measure is challenged reporting 6.3% in August 2025, All Wales performance is also challenged against this measure reporting 8.8% compliance for the August.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- Methodology of measure remains under scrutiny with Public Health Wales; data quality however was updated to average quality following positive checks on provided metric information.

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Director for Midwifery, Women and Family Health
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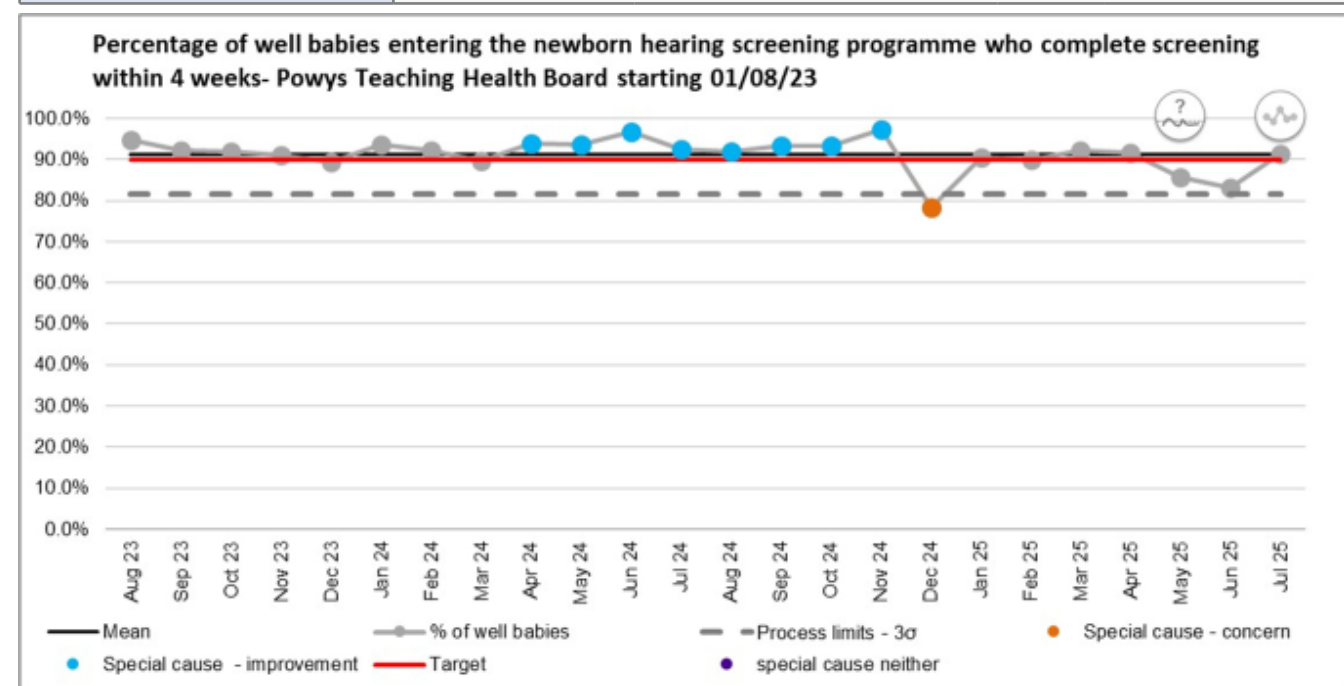
Latest available	Jul-25	Status of measure	Level 1
Reported performance	91.2%	Benchmark position (Wales)	7 th (97.9%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

- No challenges reported.

Actions & Mitigations

- No actions reported.



What the data tells us

- Powys performance reported 91.2% compliance in July 2025 against the 90% target (ranked 7th in Wales).
- All Wales performance for July is 97.9%.

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

Access & Activity

NHS Performance Measure – 10

Frequency - Monthly

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Director for Midwifery, Women and Family Health
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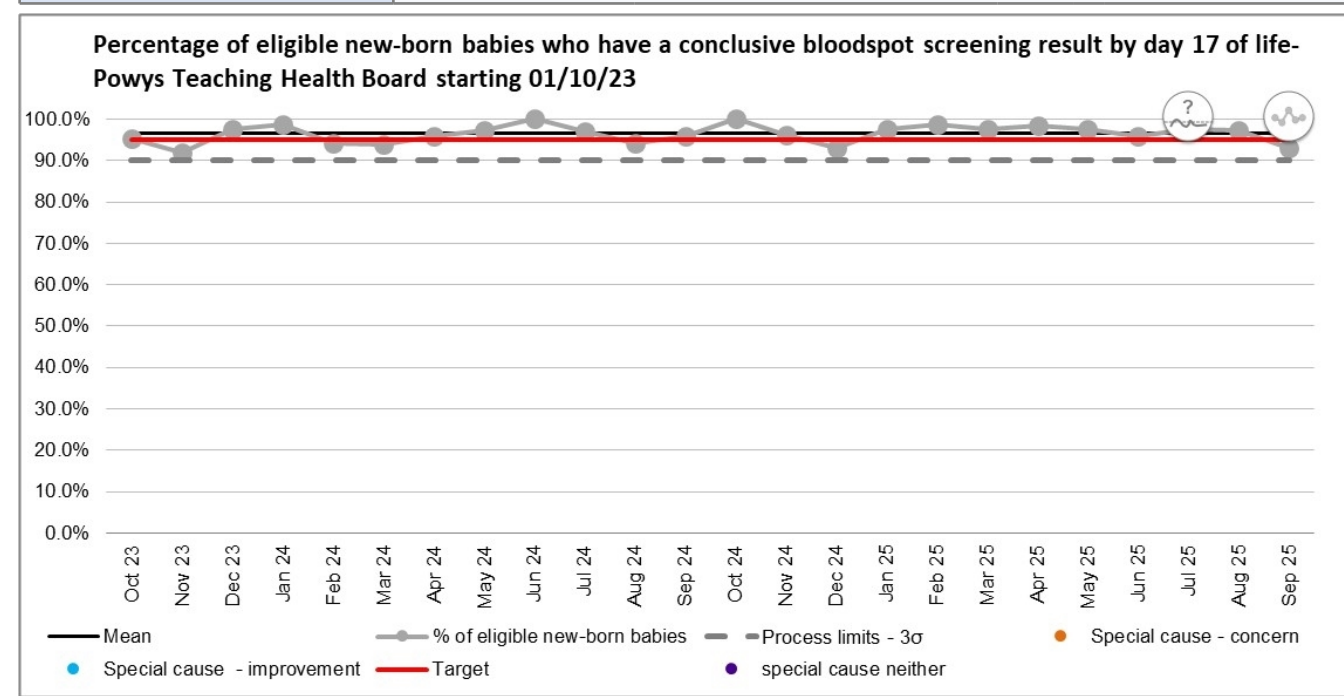
Latest available	Sep-25	Status of measure	Level 2a
Reported performance	93.0%	Benchmark position (Wales)	5 th (96.6%)*
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		

Challenges

- This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.
- The data is for babies that live in Powys but might have care elsewhere e.g. special care in an external hospital, whereby we have no control over the test timings. With relatively small numbers of birth the % figures fluctuate more noticeably.

Actions & Mitigations

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



What the data tells us

- Powys Performance reported 93.0% in September against the national target of 95%. The health board ranks 5th in Wales against an All-Wales position of 96.6% in August 2025

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

Access & Activity **NHS Performance Measure – 11** **Frequency - Annual**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Primary Care
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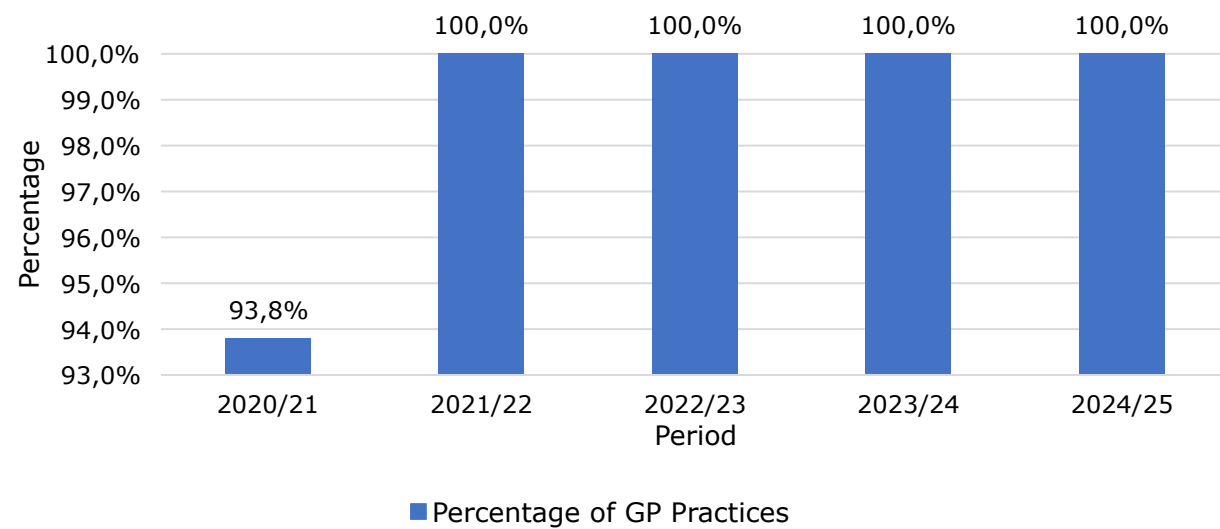
Latest available	2024/25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 st (96.8%)
Target	100%		
SPC assurance rating	Not applicable for this measure		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		

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

Actions & Mitigations

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

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



What the data tells us

- National Access Standards achievement for 2024/25 confirms 100% compliance against all targets.
- Well Bethan
28/11/2025 16:31:56*

Access & Activity

NHS Performance Measure – 12

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

Executive lead

Executive Director of Primary Care, Community and Mental Health

Officer lead

TBC

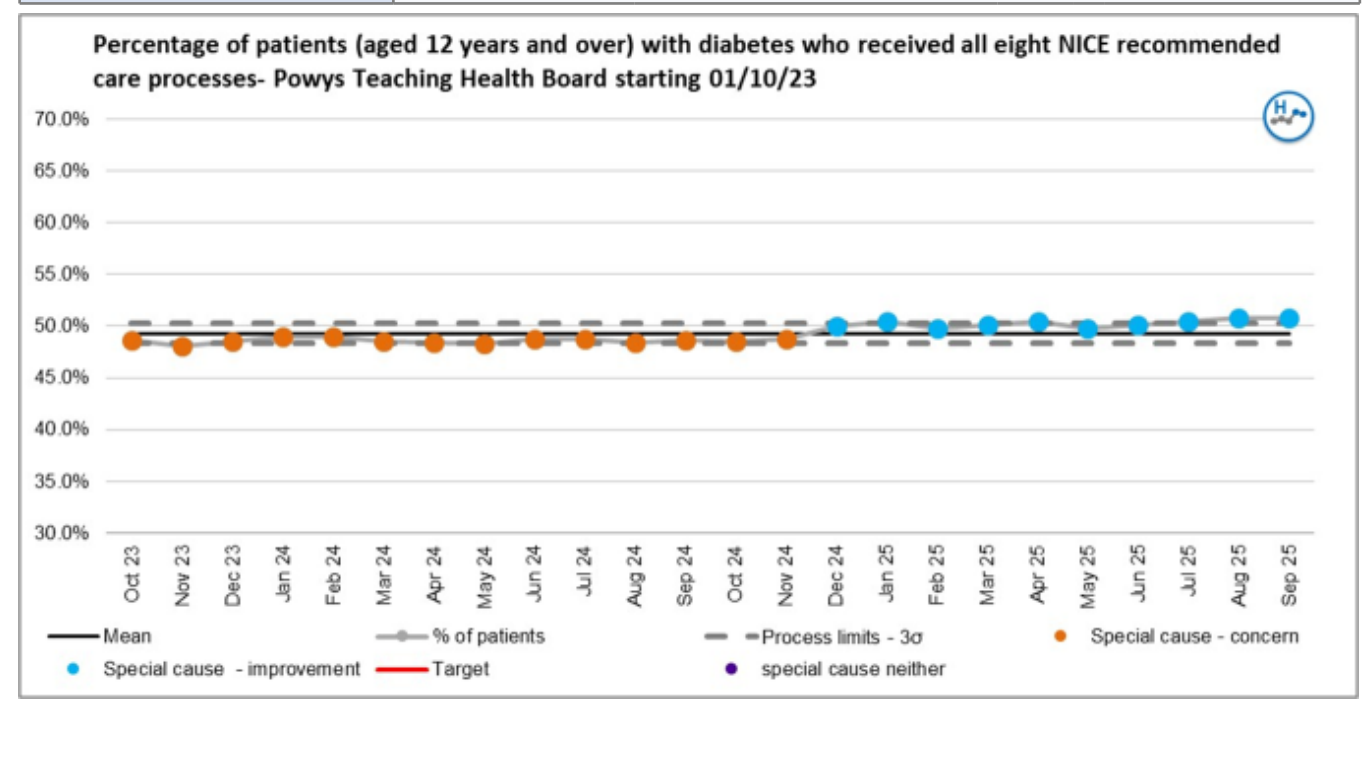
Latest available	Sep-25	Status of measure	Level 1
Reported performance	50.8%	Benchmark position (Wales)	1 st (44.5%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

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

Actions & Mitigations

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



What the data tells us

- Performance against the measure is compliant with the target for September 2025 reporting 50.8% and is higher than August 2024 (48.7%).
- PTHB ranks 1st in Wales with the All-Wales average of 44.5%

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

Access & Activity **NHS Performance Measure – 13** **Frequency - Monthly**

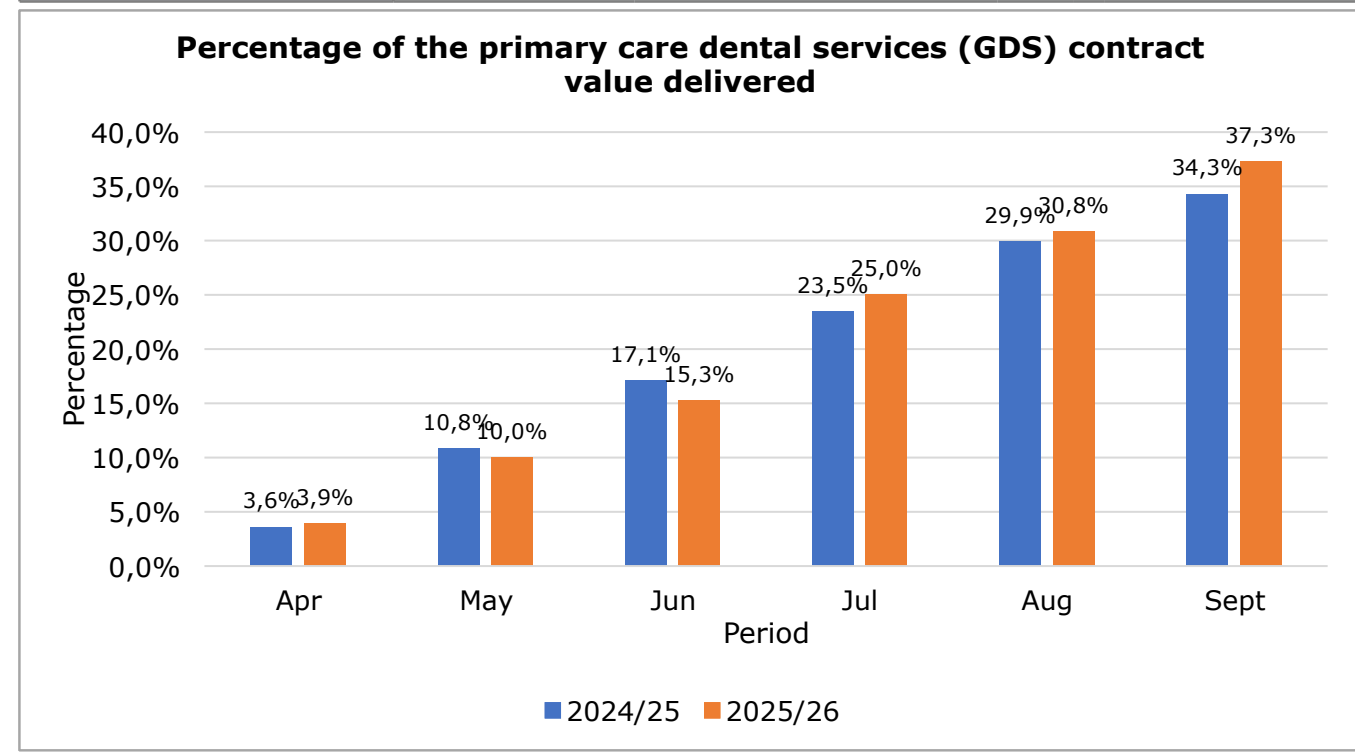
Primary Care - Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Primary Care
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Latest available	Sep-25	Status of measure	Level 1
Reported performance	37.3%	Benchmark position (Wales)	5 th (39.9%)
Target	Deliver 30% contract value by Sep-25 and 100% by Mar-26		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	NHSBSA		
Recover by?			

Challenges
<ul style="list-style-type: none"> Regulatory limitations impacts on the health board's ability to action recurrent contract reductions; therefore the release of cash to improve access in other areas of Powys is limited. Contractors are reluctant to commit to permanent contract reductions. This metric applies to Contract Reform practices only. 23% of practices are still working to the UDA model contract; therefore this data is not capturing this cohort to represent a true access position.

Actions & Mitigations
<ul style="list-style-type: none"> Mid-year contract review meetings completed with all eligible UDA practices and 100% of Contract Reform Practices. Non recurrent adjustments being implemented for underperforming practices through mutual agreement (if agreed). Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group. Year-end forecasting in place and reviewed/updated monthly.



What the data tells us

- Data provided by the NHS Business Services Authority (NHSBSA) only reports against Units of Dental Activity (UDA) and does not include a significant element of contracts under "contract reform" e.g., not a complete picture of compliance for dental practices in PTHB.
- Performance for September reports 37.3% and is slightly higher than September 2024 (34.3%)

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Access & Activity

NHS Performance Measure – 14

Frequency - Monthly

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

Executive lead	Executive Medical Director	Officer lead	Chief Pharmacist
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Latest available	Aug-25	Status of measure	Level 1
Reported performance	557	Benchmark position (Wales)	7 th (15,399)
Target	Increase compared to the same month in the previous year.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

- The main challenge faced by pharmacists who wish to train as independent prescribers continues to be the ability to secure a Designated Prescribing Practitioner (DPP) to provide supervision, support and practical experience in a clinical area during training. There is currently a limited pot of money to reimburse DPPs for their time although this funding is not guaranteed beyond 2025/26.
- This is one of several services in which pharmacy contractors are being encouraged to increase consultation activity; pharmacists often have only one consultation room and limited members of staff who can perform these services.
- Please note that data validation has retrospectively change December 2023 previously number of consultations recorded from 548 to 532.
- Please note that data validation has retrospectively changed August 2024 previous number of consultations recorded from 423 to 440

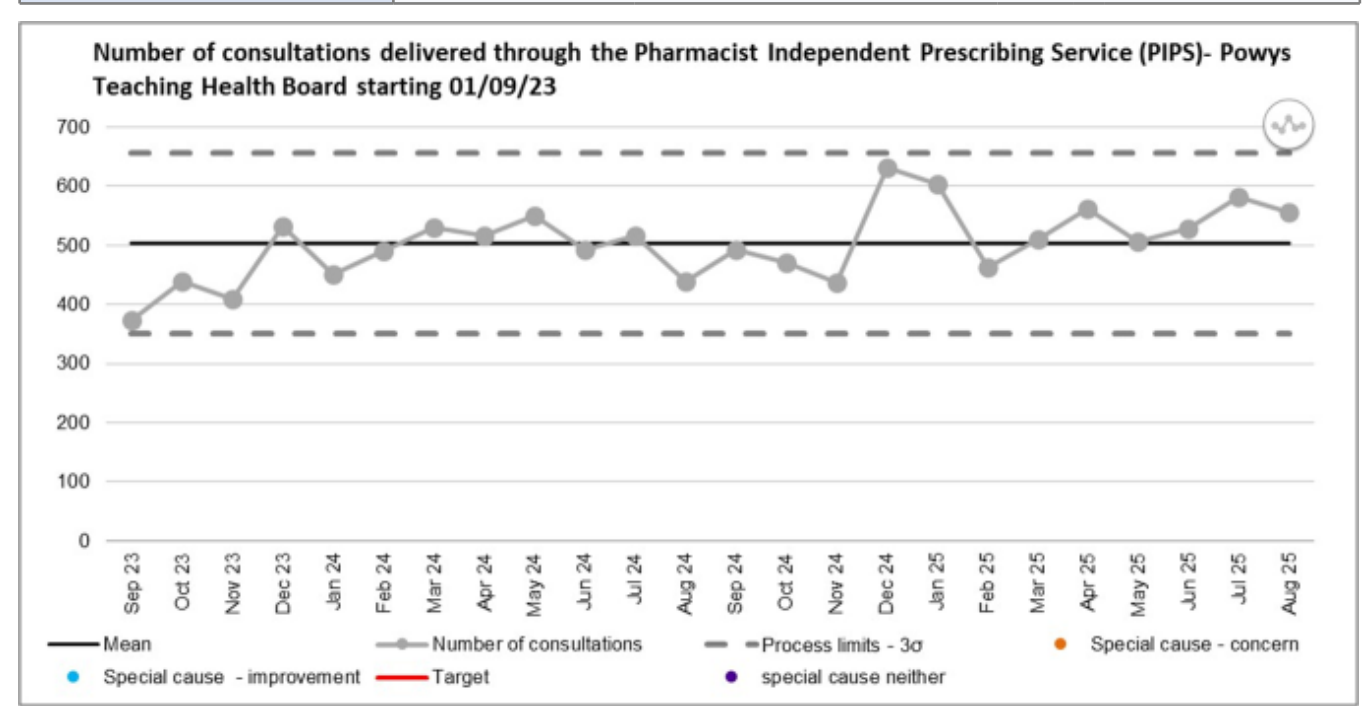
Actions & Mitigations

There are now nine community pharmacy sites actively prescribing for patients in Powys:

- Llanidloes Pharmacy
- Davies Chemist, Lower Cwmtwrch
- RM Jones, Hay on Wye
- Primrose Pharmacy, Talgarth
- JG and RJ Davies, Ystradgynlais
- Llanwrtyd Pharmacy
- Well Pharmacy, Brecon
- Boots, Builth Wells
- Rowlands, Rhayader

It is anticipated that three further pharmacies will be commissioned to provide PIPS during 2025/26, in Llandrindod Wells, Presteigne and Machynlleth.

The health board is continuing to work with contractors to promote the service and colleagues are involved in shaping the community pharmacy contractual framework.



What the data tells us

- Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 557 consultations were delivered in August 2025 compared to 440 consultations in August 2024.
- Although the data is reported as "Number of consultations", this reflects the number of consultations claimed for, not necessarily delivered. In efforts to move community pharmacy to reimbursing for having a prescribing service available, much like GMS, a mechanism was introduced into the 24/25 contract to allow for pharmacists to claim for the average number of consultations delivered whilst on annual leave or a short period of sickness.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	517	551	492	517	440	492	471	438	632	604	462	511
2025/26	563	507	528	582	557							

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Access & Activity NHS Performance Measure – 15 Frequency - Monthly

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

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

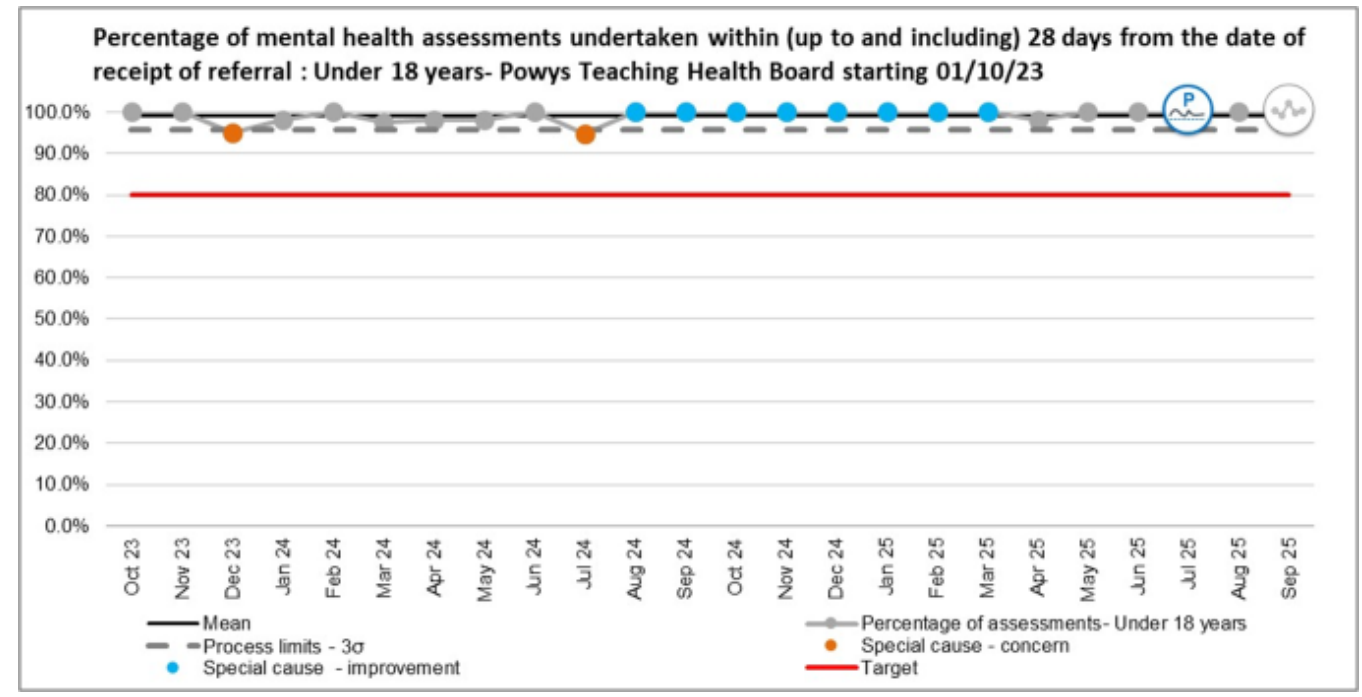
Latest available	Sep-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 st (89.5%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			

Challenges

- Whilst improvement noted and no issues to report, important to note sustained increase in demand, complexity and acuity.

Actions & Mitigations

- Increased demand is being monitored along with increased admissions to tier 4 inpatients units.
- Demand and capacity work to be undertaken



What the data tells us

- LPMHSS assessment carried out for young people (under 18 years of age) is reporting 100% compliance in September 2025, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 89.5% All Wales position in August 2025

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Access & Activity

NHS Performance Measure – 16

Frequency - Monthly

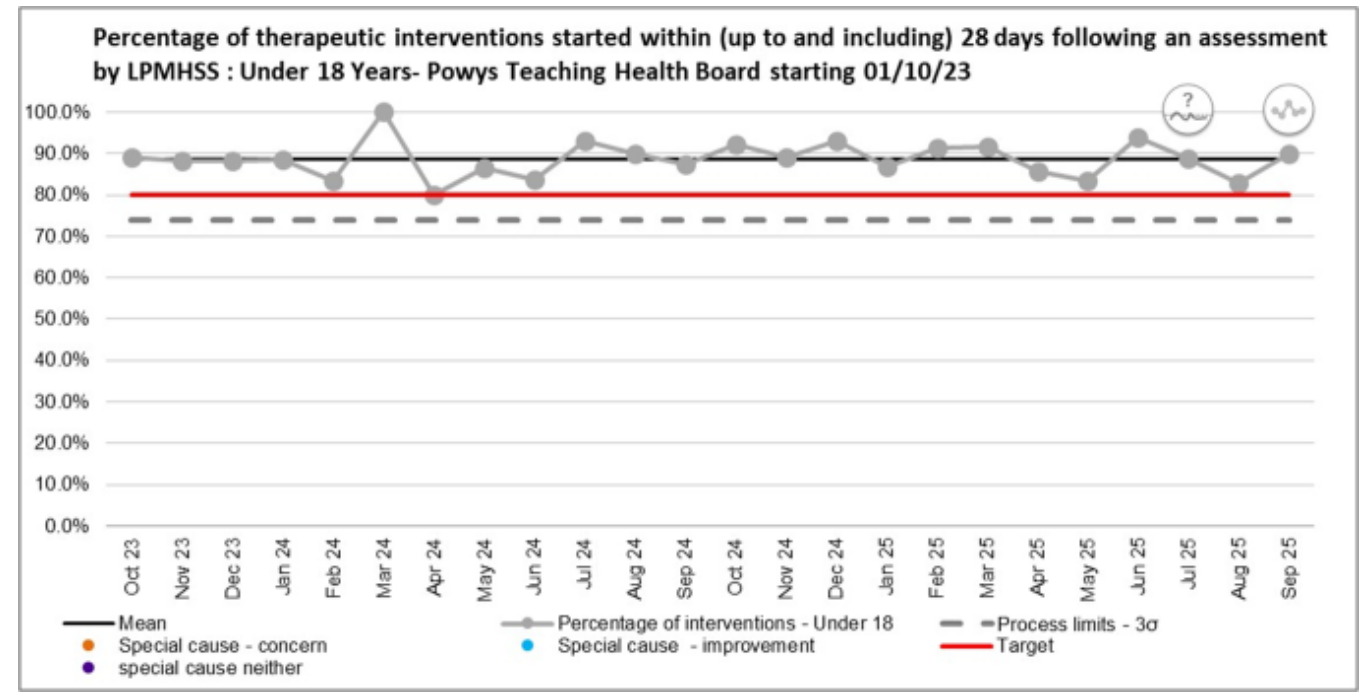
Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged **under 18 years**

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

Latest available	Sep-25	Status of measure	Level 1
Reported performance	90.0%	Benchmark position (Wales)	5 th (76.1%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		

Challenges

- Whilst improvement noted and no issues to report, important to note sustained increase in demand, complexity and acuity.



Actions & Mitigations

- Increased demand is being monitored along with increased admissions to tier 4 inpatients units.

What the data tells us

- Performance for under 18's interventions reports 90.0% in September against the 80.0% target with common cause variation.
- PTHB ranked 5th in Wales against an All-Wales position of 76.1% in August 2025

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Data updated

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Access & Activity

NHS Performance Measure – 17

Frequency - Monthly

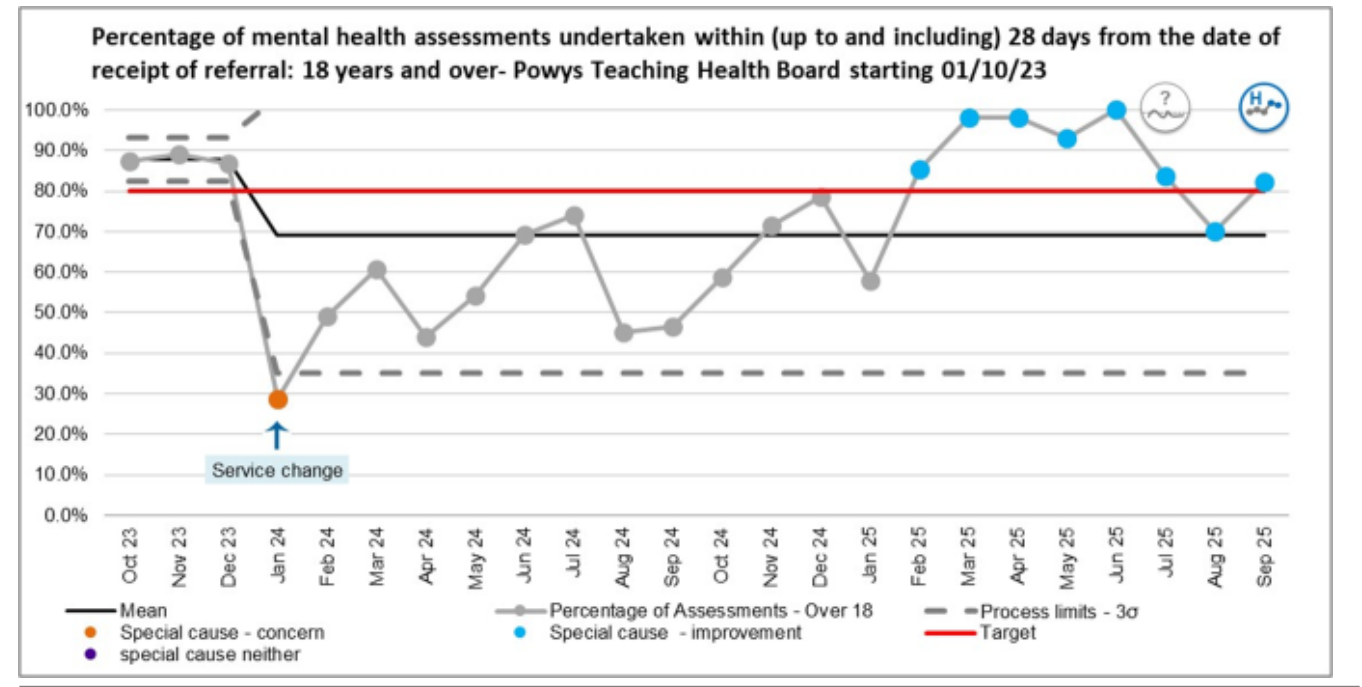
Mental Health - Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged **18 years and over**

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental health
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Latest available	Sep-25	Status of measure	Level 1
Reported performance	82.4%	Benchmark position (Wales)	7 th (88.6%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			

Challenges

- Whilst performance is significantly improved since the beginning of the financial year, recent challenges in delays recruiting to some vacant roles as well as high demand, short terms sickness and annual leave in August created a temporary back log. Mitigations have been successful and whilst demand remains high there is further improvement in performance anticipated for the next reporting period.



Actions & Mitigations

- Service capacity reprioritised in September with a focus on recovering Part 1A.
- Improved service capacity due to Mental Health Practitioner returning from unplanned leave.
- Centralised pan-Powys allocation process improving service resilience.
- 1A Target recovered in September 2025 although underlying fragility remains due to recruitment freeze.

What the data tells us

- Performance in September has improved from 70.1% to 82.4%, PTHB ranks 7th and performs below the All-Wales average of 88.6% in August 2025

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Access & Activity

NHS Performance Measure – 18

Frequency - Monthly

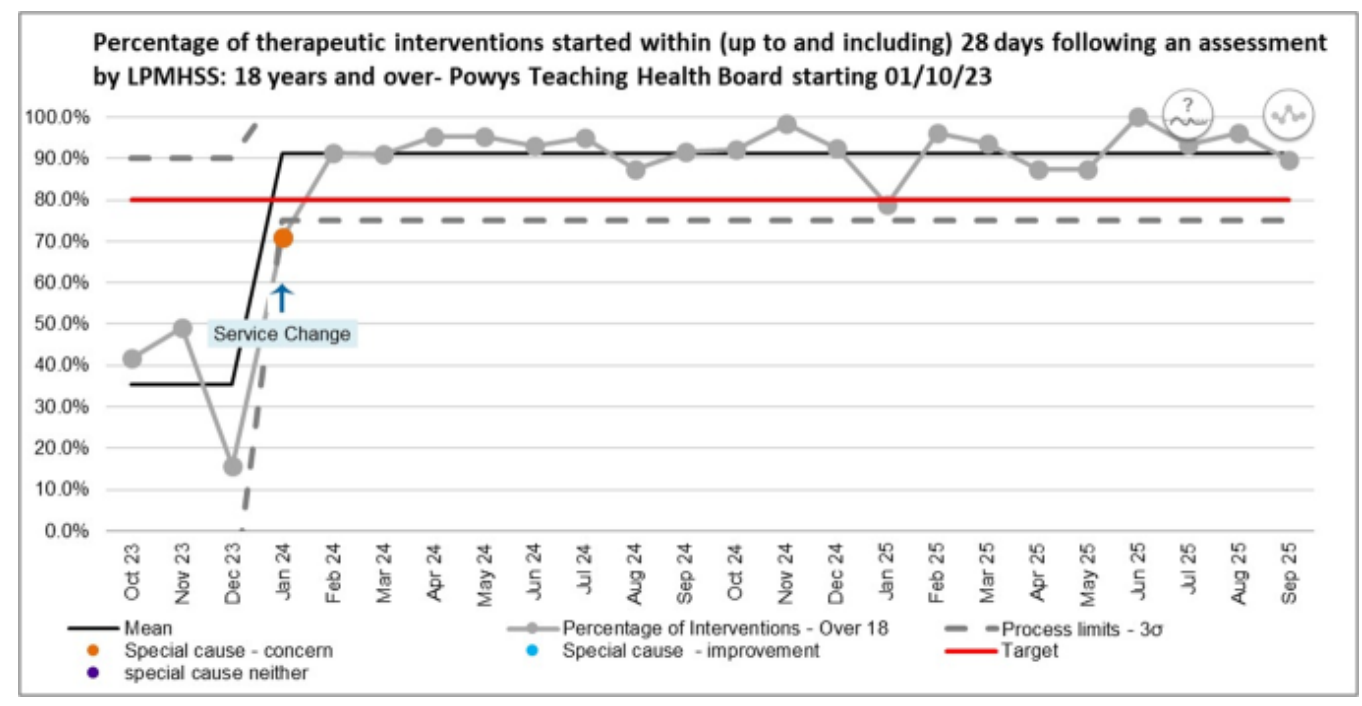
Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged **18 years and over**

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

Latest available	Sep-25	Status of measure	Level 1
Reported performance	89.6%	Benchmark position (Wales)	4 th (92.71%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		

Challenges

- Staffing capacity impacted by leave and sickness has resulted in part 1 b performance in January.
- In recovery of Part 1a, more assessments have been undertaken than ever before in PTHB LPMHSS. Clearly this impacts on capacity for interventions, however, the Service have worked hard to improve the position in both Part 1a and Part 1b with variation occurring as a result of annual leave or sickness only.



Actions & Mitigations

- Increased demand for assessments has impacted on capacity for interventions

What the data tells us

- Health board performance for adult interventions has declined in September 2025 to 89.6% from 96.1% in August 2025.
- PTHB ranks 4th against the All-Wales position of 92.71% for August 2025

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Access & Activity **NHS Performance Measure – 21 & 22** **Frequency - Monthly**

Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician
Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead Executive Director of Planning, Performance and Commissioning **Officer lead** **Senior Manager Unscheduled Care**

Latest available	Sep-25	Status of measure	Level 1
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Provider	Quality of measure data	Average
Data source of measure	DHCW EDDS		

	Apr	May	Jun	Jul	Aug	Sep
Median wait to triage	4	4	5	7	6	6
Median wait to senior clinical decision	4	5	6	7	7	6

What the data tells us

- Both median wait to triage and senior clinical decision performance better than target within Powys Minor Injury Units.

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Challenges

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

Actions & Mitigations

- No new actions from a provider perspective.

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Access & Activity **NHS Performance Measure – 23** **Frequency - Monthly**

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Senior Manager Unscheduled Care
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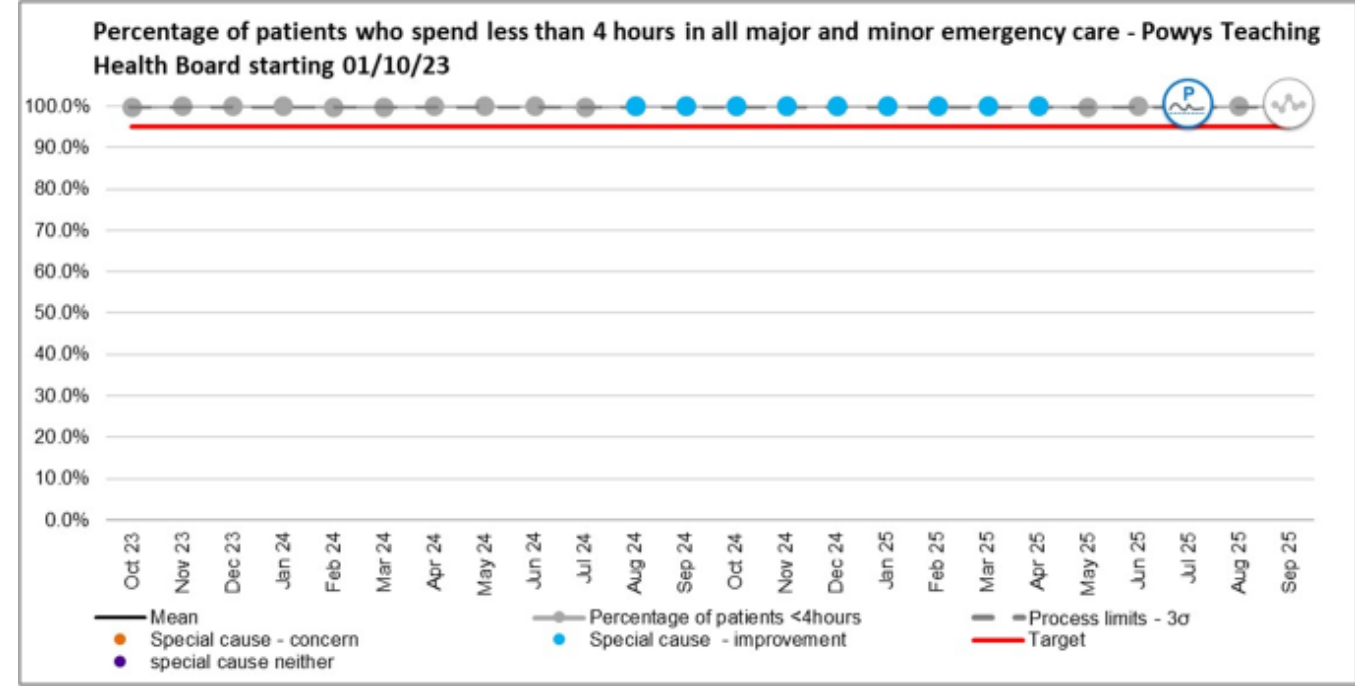
Latest available	Sep-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 st (65.5%)
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			

Challenges

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

Actions & Mitigations

- No new actions from a provider perspective.



What the data tells us

Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation.

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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 Primary Care, Community and Mental Health	Officer lead	Senior Manager Unscheduled Care
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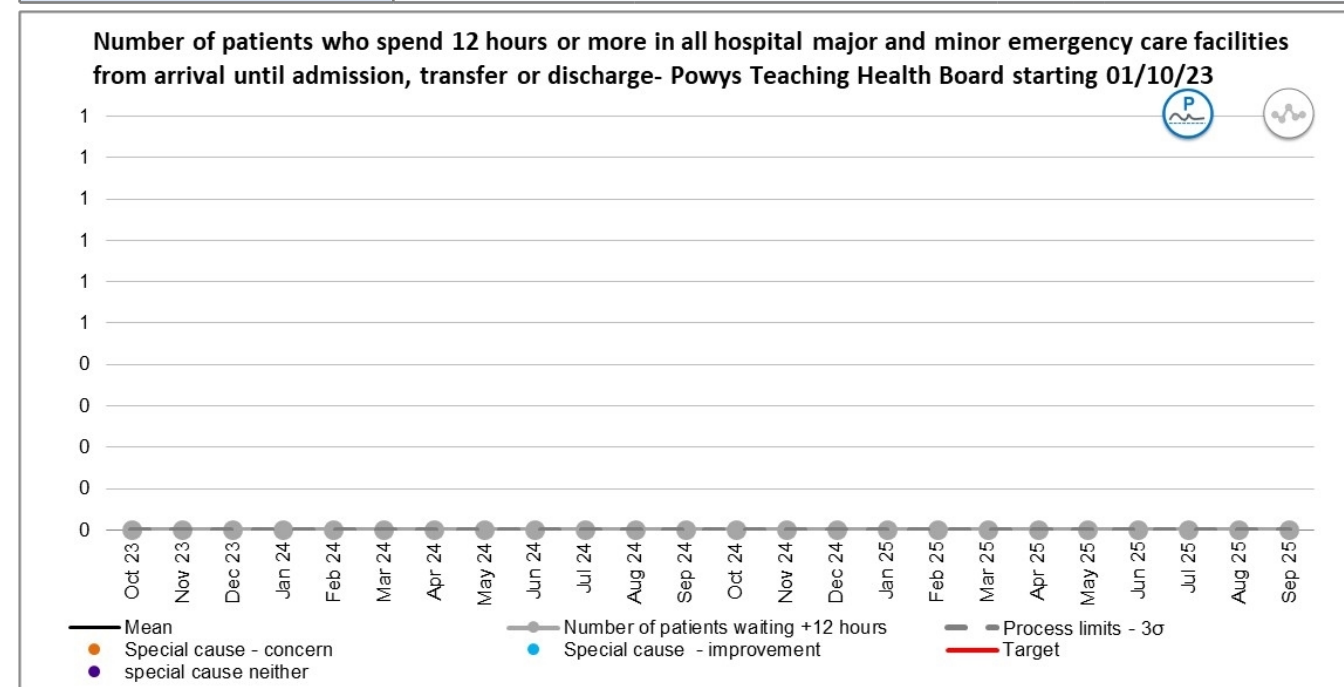
Latest available	Sep-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1 st (10,208)
Target	Reduction compared to the same month in the previous year, towards the national target of zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			

Challenges

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

Actions & Mitigations

- No new actions from a provider perspective.



What the data tells us

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

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Access & Activity

NHS Performance Measure – 26

Frequency - Monthly

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

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

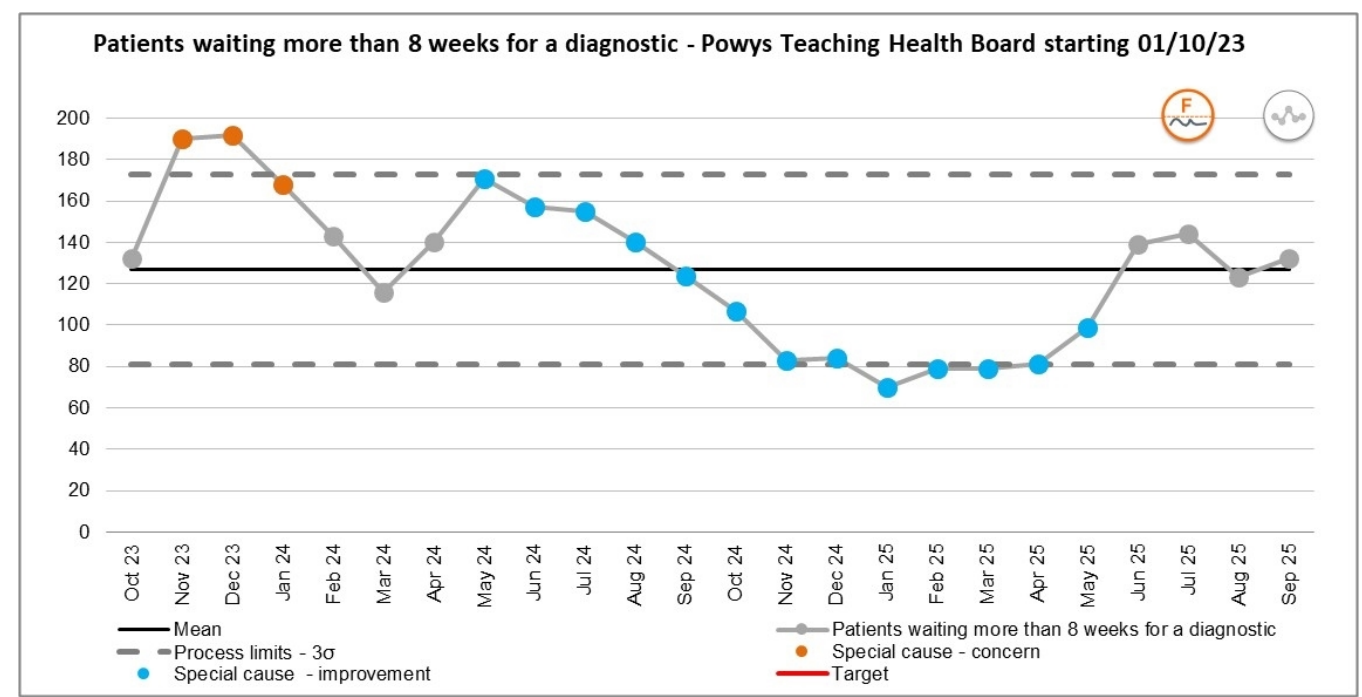
Officer lead

Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 3
Reported performance	132	Benchmark position (Wales)	1 st (46,678)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	93	54	58%
Diagnostic Endoscopy	Colonoscopy	11	0	0%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	4	0	0%
Diagnostic Endoscopy	Gastroscopy	13	1	8%
Radiology – Consultant Referral	Non-Obstetric Ultrasound	50	6	12%
Radiology – GP Referral	Non-Obstetric Ultrasound	671	71	11%



What the data tells us

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

- The health board has reported 132 breaches in September 2025, 54 breaches are for Cardiology (Echo Cardiograms), 1 breaches reported within Endoscopy and 77 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.
- With Echo Cardiogram breaches reduced to 54 the sub-service remains ahead of trajectory for zero breaches by March 2026.

Key data quality challenges/changes

1. Heart Rhythm Test Pathways
 A review of diagnostic submissions in September found that a small number of heart rhythm test pathways had not been included in previous data submissions. Although these account for only around 2% of total diagnostic pathways, they do include cases that exceeded the 8-week target. These pathways have been managed appropriately in line with national Referral to Treatment (RTT) guidance and best practice but were unintentionally omitted from the data submitted to DHCW and Welsh Government. This issue has been escalated to the Powys Teaching Health Board (PTHB) Executive Team and the Welsh Government's Head of Planned Care. Following agreement, these pathways will be included in the submission from the end of October (Month 7).

2. Non-Obstetric Ultrasound Reporting
 As part of the rollout of the Radiology Information System Programme (RISP) in Powys — which modernises the digital systems used in Radiology and strengthens data sharing across borders — there has been an increase in the number of pathways reported. Modernisation work at Llandrindod Wells Hospital, using the Wye Valley NHS Trust digital system, has improved reporting accuracy and completeness. As a result, total reportable pathways have increased, leading to better data quality and more comprehensive reporting for pathways managed by Powys Teaching Health Board.

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

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Access & Activity	NHS Performance Measure – 26	Frequency - Monthly
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Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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Cardiology - Challenges	No. of breaches	54	Diagnostic Endoscopy - Challenges	No. of breaches	1	Non-Obstetric Ultrasound - Challenges	No. of breaches	77
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- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University Health Board consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.

- Ongoing challenge of small numbers of breaches linked to service fragility and a single complex case.
- 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 preliminary discussion with JAG has advised further time is required to embed the clinical leadership model – advise that the health board apply for JAG accreditation Q1 2026/27.
- 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.

- Deterioration due to unplanned absence
- Fragility of service due to limited scale.
- Reporting challenges following the RISP rollout.

Cardiology - Actions & Mitigations	Diagnostic Endoscopy - Actions & Mitigations	Non-Obstetric Ultrasound - Actions & Mitigations
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- Echocardiograms performance has improved ahead of the improvement trajectory following increased capacity provision by ABUHB, and utilisation of locum capacity.
- Additional capacity currently being sought via bank staff for cardiology specific physiologist clinician to undertake echo cardiograms. (second attempt at recruitment).
- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA). DNA Rate less than 3%.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- New echo cardiogram scanner purchased and installed via charitable funds for Brecon War Memorial Hospital.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal however delayed with extension to current insource provider until Q4.

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- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- 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.

- RISP rollout has positively improved the data quality for Powys responsible pathways with significantly improved digital connectivity cross border.
- Use of agency and bank for breaching patients.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.
- Recruited a development post with a view to complete preceptorship 2025/26.
- Currently the team are supporting the midwifery service so there is agency in place to support the Non-Obstetric Ultrasound (NOUS).
- Explore repatriation opportunities to increase scale of service.

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Access & Activity

NHS Performance Measure – 27

Frequency - Monthly

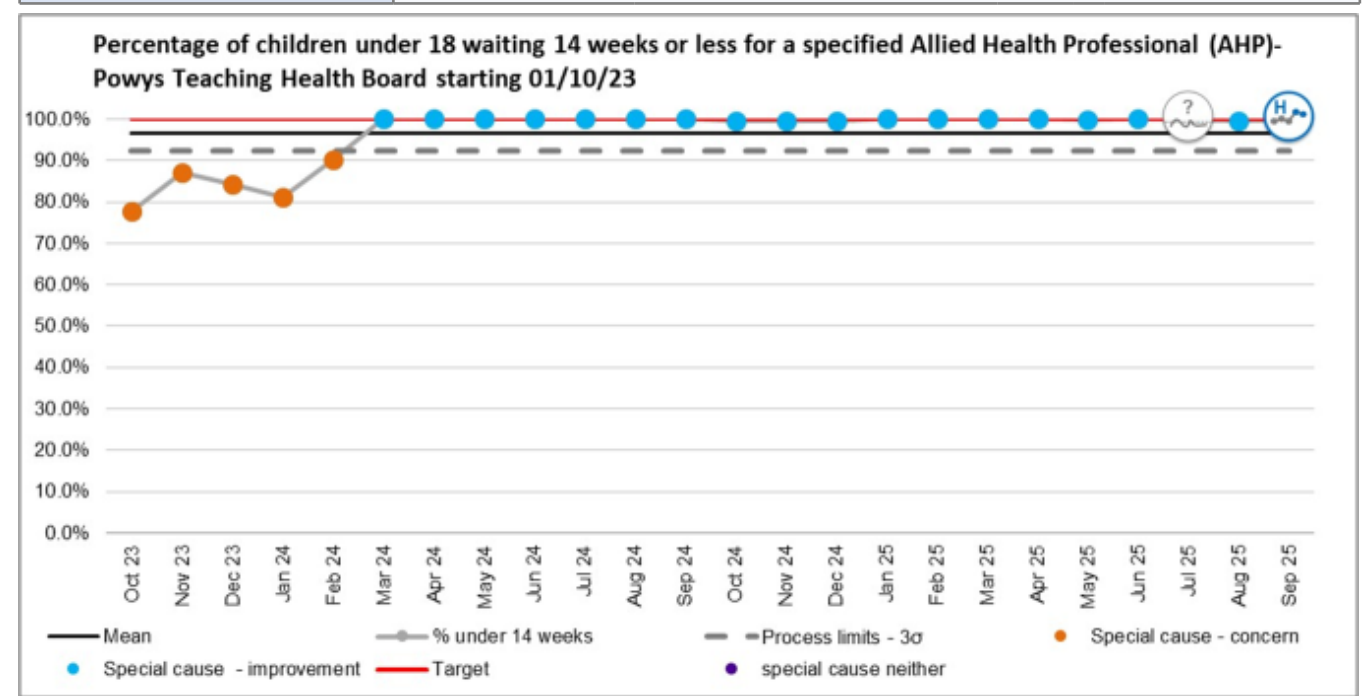
Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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Latest available	Sep-25	Status of measure	Level 2a
Reported performance	99.7%	Benchmark position (Wales)	2 nd (83.9%)*
Target	100%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

- ### Challenges
- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
 - The key challenges for SLT:
 - Staffing vacancies and maternity leave.
 - Previously unrecognised backlog of long waiting patients.
 - High caseload demand.
 - Key challenges for OT:
 - Forecast 50% staff vacancy (September 2025).

- ### Actions & Mitigations
- Remedial action plan undertaken by services for escalation as required.
 - New standard operating procedure in place (SOP) to improve service processes for SLT.
 - Demand and capacity work is being undertaken to improve flow for SLT and OT.
 - Recruitment plans underway for SLT and OT., staff to commence October 2025
 - Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
 - Service Manager reviewing the caseload and waiting list.
 - SLT scoping to introduce clinic based rather than community to improve efficiencies.



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) does not meet the target with 99.7% compliance in September

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Access & Activity

NHS Performance Measure – 28

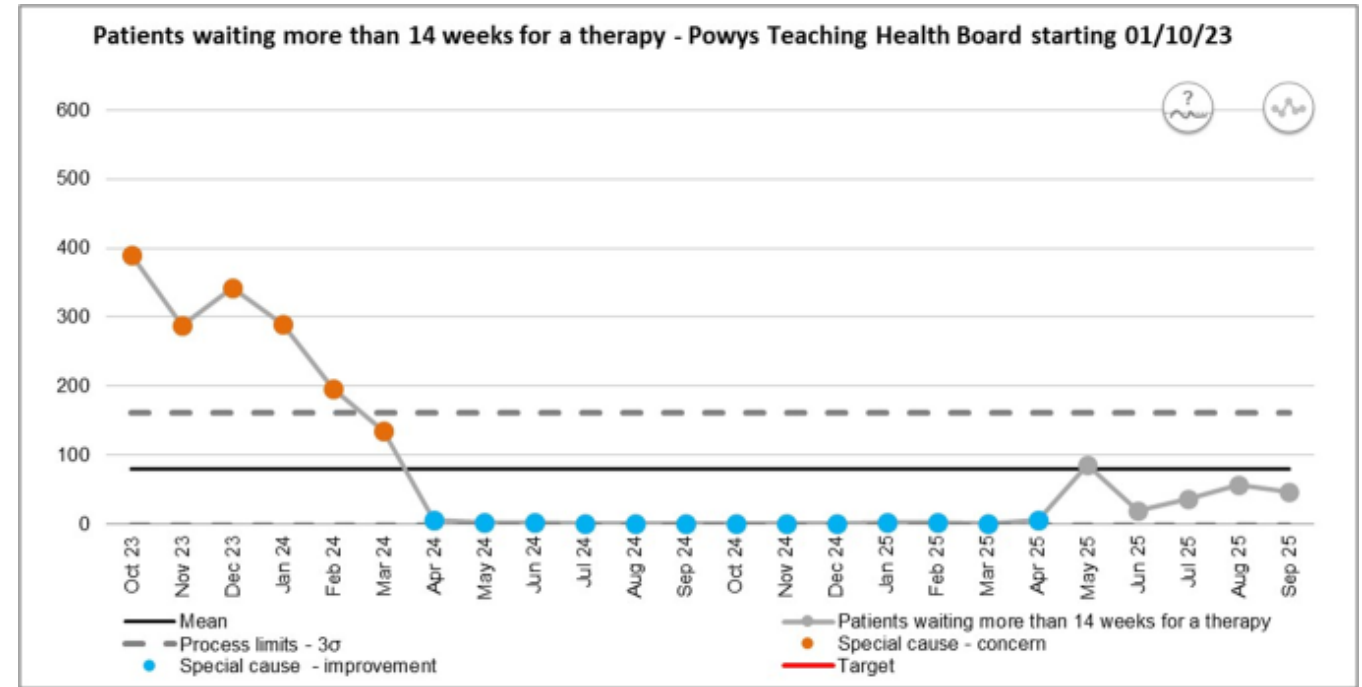
Frequency - Monthly

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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Latest available	Sep-25	Status of measure	Level 2a
Reported performance	47	Benchmark position (Wales)	3 rd (4837)*
Target	Zero		
SPC assurance rating	Common cause variation		
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	251	0	0%
Dietetics	Paediatrics	71	0	0%
Occupational Therapy	Adults	84	43	51%
Occupational Therapy	Learning Disabilities	8	0	0%
Occupational Therapy	Paediatrics	14	1	7%
Physiotherapy	Adults	2110	2	0%
Physiotherapy	Paediatrics	95	0	0%
Podiatry	Routine	599	1	0%
Podiatry	Urgent	4	0	0%
Speech Language	Adults	74	0	0%
Speech Language	Paediatrics	55	0	0%



Challenges

- Physiotherapy (MSK) sickness trajectory to recover by Month 8 (November)
- Podiatry remains significantly fragile with one clinician pan-Powys potential breaches in Month 8.
- Occupational Therapy (OT) Hand Therapy – Clinician is a single point of failure (1 clinician service).

Actions & Mitigations

- MSK Physio – agency use and new recruits in place, therefore a reduction in breaches from Month 8.
- Podiatry – continue to recruit and agency in place but remains fragile.
- OT Hand Therapy – on track for recovery Month 9 (December). Second service therapist going to vacancy panel.

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)
- September 2025 47 pathways breached the 14-week target.
- 24-month SPC assurance is common cause variation

* It should be noted that nationally 57 breaches are reported for Therapies in August 2025, however a single incorrect pathway for Physiotherapy has since been removed and the records have been updated and re-submitted – this will be visible from the December update.

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Access & Activity

NHS Performance Measure – 29

Frequency - Monthly

Planned Care & Cancer – Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

Executive lead

Executive Director of Primary Care, Community and Mental Health

Officer lead

Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 2a
Reported performance	37	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

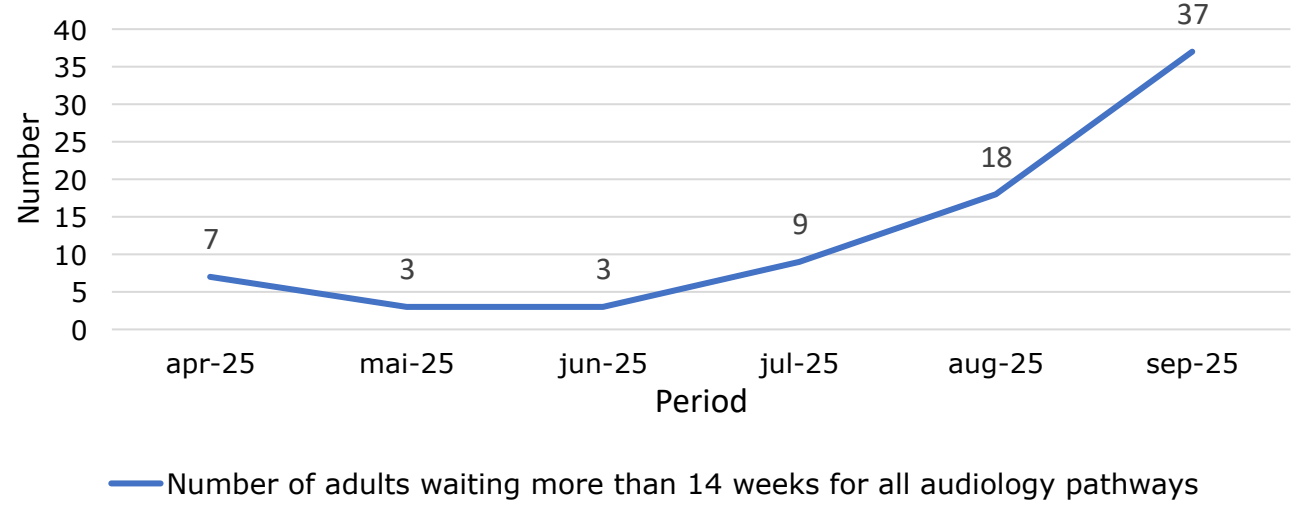
Challenges

- Vacancies – 75hrs Band 4 & 5 roles, maternity leave, admin and Professional Head of Service.

Actions & Mitigations

- All clinical posts advertised.
- Admin post due to start w/c 17.11.25.
- Bank and agency staff in place supporting waiting list. The service is challenged to recruit agency staff.
- Liaising with Swansea Bay HB regards professional support for the service.
- Head of Physiotherapy currently operationally managing the service.

Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)



What the data tells us

- The measure is non-compliant in September against the month-on-month reduction target with 37 adults waiting in September compared to 18 in August 2025.

*A data challenge was identified in November that the reported values locally were incorrect based on the health boards validation report. This error did not affect the National reported position by Welsh Government who source their Performance report from the DHCW. The table below reflects the corrected position.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Original	6	3	0	5	10	33
Revised	7	3	3	9	18	37

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



Access & Activity

NHS Performance Measure – 30

Frequency - Monthly

Planned Care & Cancer – Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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Latest available	Sep-25	Status of measure	Level 2a
Reported performance	3	Benchmark position (Wales)	N/A
Target	Month on Month Reduction		
SPC assurance rating	N/A		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

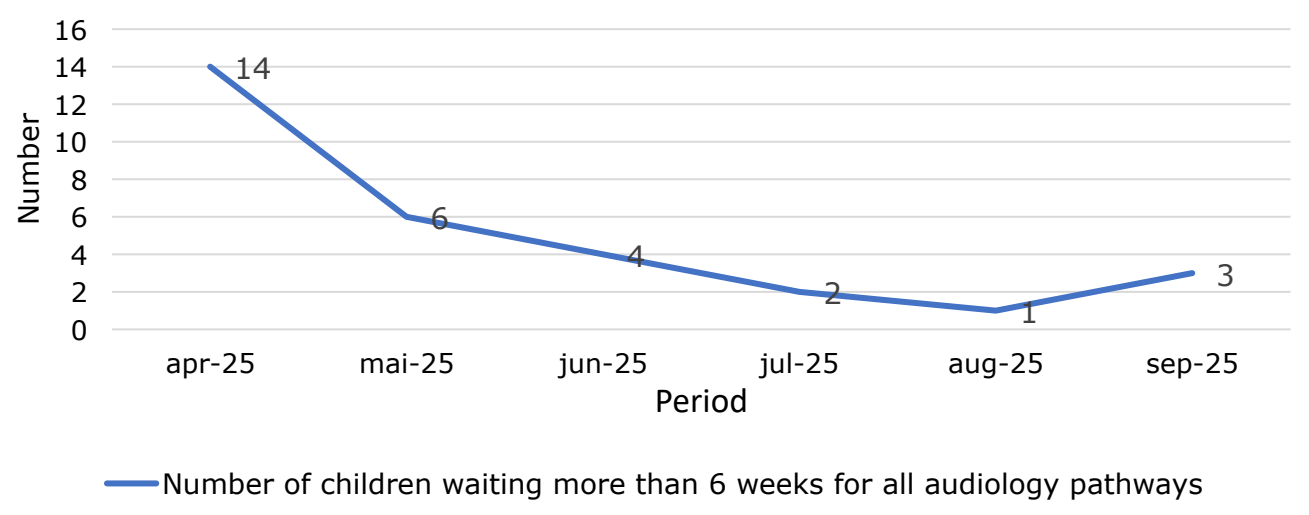
Challenges

- Single practitioner delivering the service in South Powys places risk on service delivery against target with annual leave or potential sickness impacting the service.

Actions & Mitigations

- Reviewing demand and any efficiencies where appropriate.
- Recruitment and temporary staffing continues to be pursued as needed across all audiology services.

Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)



What the data tells us

- The measure is non-compliant in September against the month-on-month reduction target with 3 patients waiting.
- Very limited breaches because of small fragile service with single practitioner.

*A data challenge was identified in November that the reported values locally were incorrect based on the health boards validation report. This error did not affect the National reported position by Welsh Government who source their Performance report from the DHCW. The table below reflects the corrected position.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Original	9	4	1	1	1	1
Revised	14	6	4	2	1	3

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



Access & Activity

NHS Performance Measure – 31

Frequency - Monthly

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

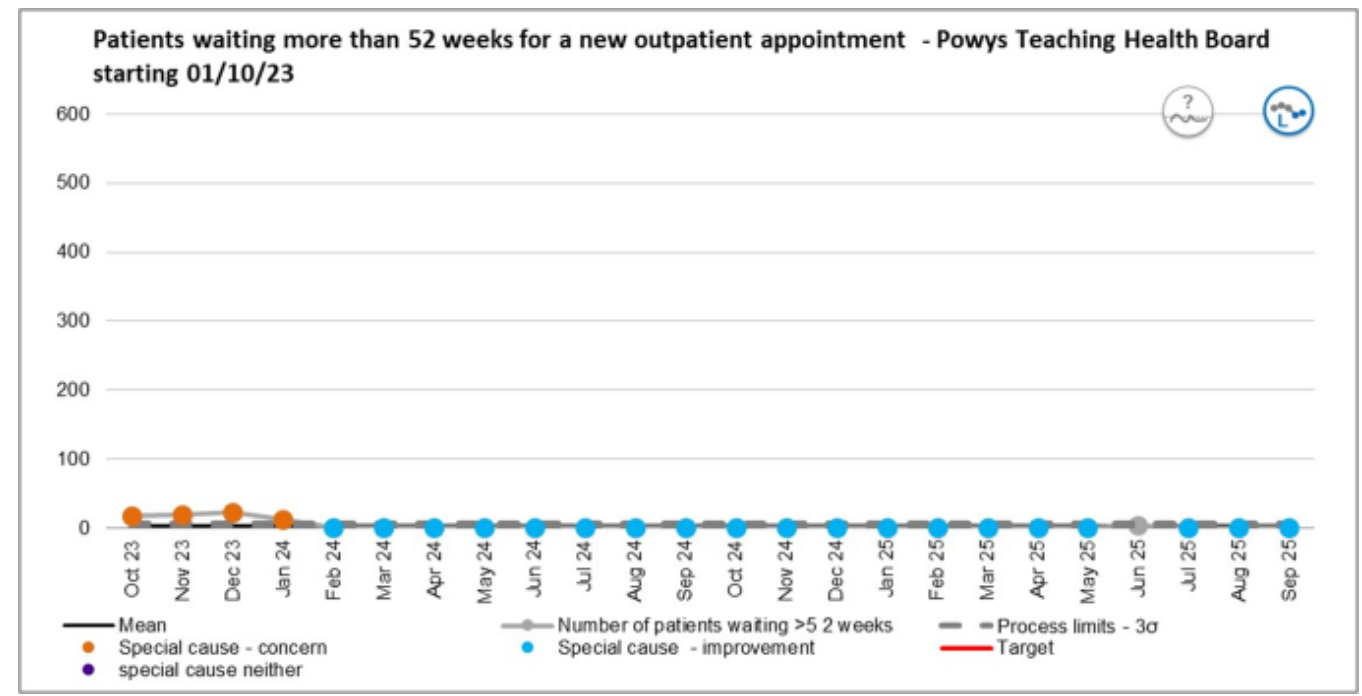
Officer lead

Assistant Director of Community Service Group

Latest available	Sep-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1 st (71,709)*
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

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology.
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in Ophthalmology.



Actions & Mitigations

- MSK referral management live in PTHB from 24th September, orthopaedics consultant speciality lead in post Sept 25, working with National Planned Care Clinical Directors on speciality level support to PTHB.
- Outpatient additional capacity via Healthcare Business Solutions UK (HBSUK) as part of National Planned Care Programme - implementation plans developed to commence from Nov 25.

What the data tells us

- 0 pathways wait over 52 weeks for a new outpatient appointment in September
- 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.

Prepared by 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



Access & Activity

NHS Performance Measure – 32

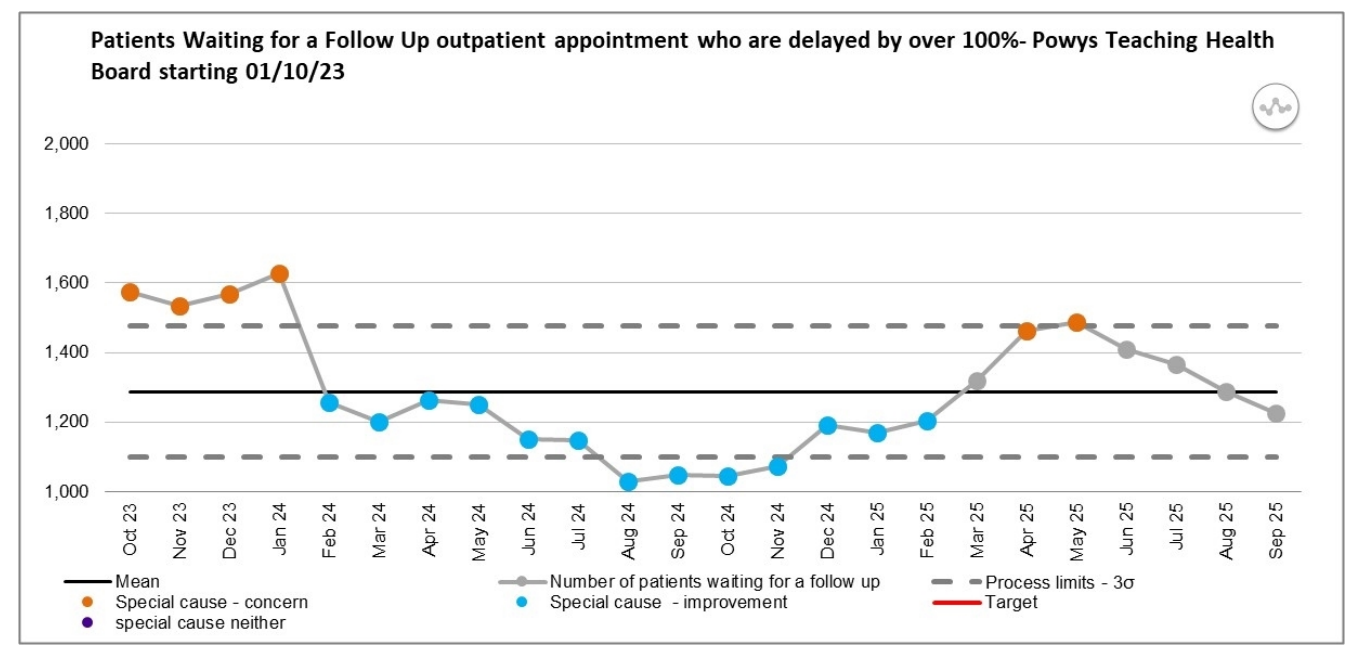
Frequency - Monthly

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group/MH/Women & Children
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Latest available	Sep-25	Status of measure	Level 3
Reported performance	1227	Benchmark position (Wales)	1 st (258,665)*
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
<ul style="list-style-type: none"> Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways. Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways. Increased number of over 100% delays reported requiring further investigation. De-escalation has not been achieved within schedule e.g., by end of Q1 2025/26. De-escalation delayed by un-scoped workstream linked to non consultant led services and reportable specialty status review. Challenge with clinical staff capacity for validation especially in single clinician services who are not administratively supported.



What the data tells us

- In September 1227 FUP's were reported as overdue by 100% or over this is more than the equivalent period in September 2024 (1049).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

Actions & Mitigations
<ul style="list-style-type: none"> PTHB standardised service operating procedure for validation, and submission under development. New Power BI report initial version released September 2025, this report will now have a further consultation window with services. Proactive action on validation with services has confirmed; <ul style="list-style-type: none"> 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.

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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 – 33

Frequency - Monthly

Planned Care & Cancer – Patients waiting more than 104 weeks for an appointment

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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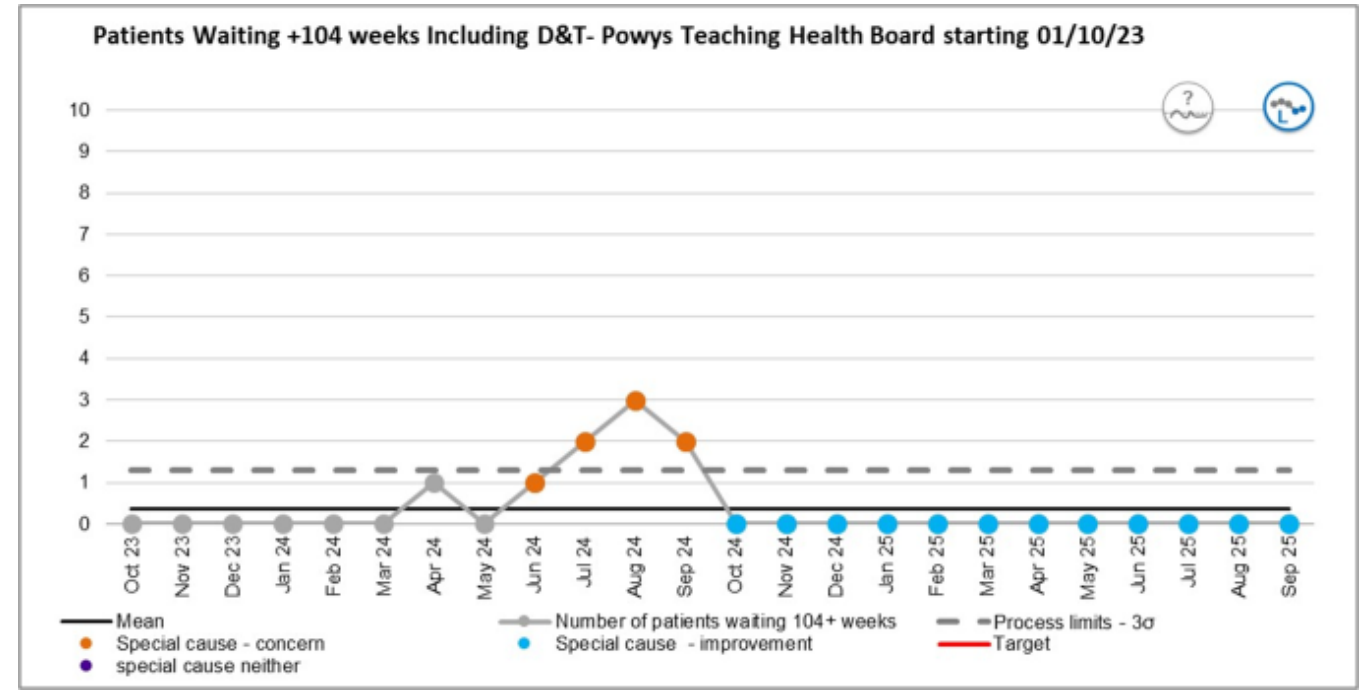
Latest available	Sep-25	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1 st (8,703)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Challenges

- Performance reliant on fragile in-reach provision from Welsh and English acute care providers.
- Significant shortfalls with in-reach provision from Wye Valley NHS Trust for Ophthalmology and Rheumatology.
- General Surgery in-reach model fragility in South Powys provided by CTMUHB continues to be a long-standing challenge.
- ENT fragility in North Powys with BCUHB & SATH impacting waiting times.
- Number of long waiting patients is increasing as capacity is being utilised to manage outpatient target position, and overdue FUP's particularly challenging in Ophthalmology.
- Key challenges with District General Hospital diagnostic waits especially for Nerve Conduction, CT, MRI, and Pathology/Histology reporting.

Actions & Mitigations

- MSK referral management live in PTHB from 24 Sept, orthopaedics consultant speciality lead in post Sept 25, working with National Planned Care Clinical Directors on speciality level support to PTHB.
- Outpatient additional capacity via HBSUK as part of National Planned Care Programme - implementation plans developed to commence from Nov 25.



What the data tells us

- 0 pathways wait over 104 weeks for an appointment in September
- The organisation benchmarks 1st and the All-Wales performance position is 8,703 for August 2025

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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

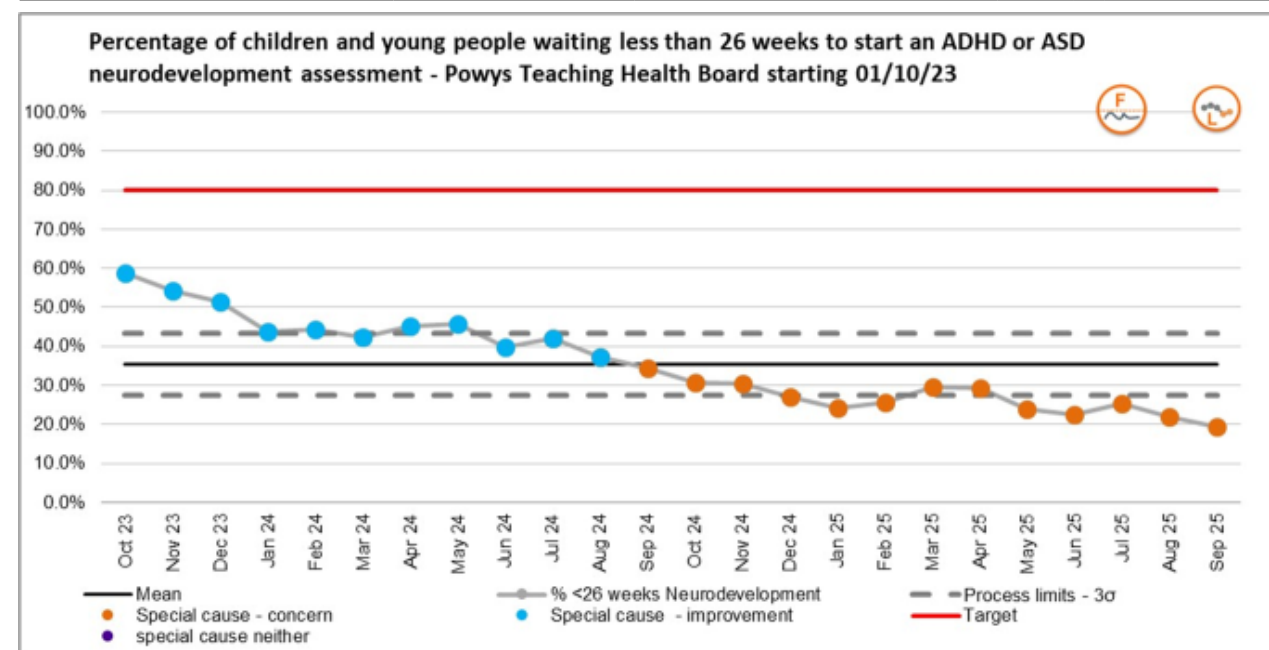
NHS Performance Measure – 34

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	Director for Midwifery, Women and Family Health
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Latest available	Sep-25	Status of measure	Level 2a
Reported performance	19.5%	Benchmark position (Wales)	5 th (23.2%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

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

- ND is now de-escalated to level 2a following rigorous escalation oversight and Executive agreement that key recovery plans are in place and effective.
- Of the 931 pathways reported in September's snapshot 19.5% wait less than 26 weeks for their first assessment.
- Performance as predicted against the < 26-week cohort is falling (19.5%). From January 2025 revised referral criteria have increased referral other than treatment (ROTT) to avg. 44% from a rate of 9% in the previous nine month. This challenges the percentage compliance with less pathways entering the service e.g., under 26 weeks.
- 3 pathways were confirmed over 104+ weeks at the end of September.

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. This was not achieved for month 4 due to multiple cancelled appointments by patients or DNA/Was Not Brought. However, appointments have been re-scheduled for these families within 8 weeks. x3 patients waited over 104 weeks on the referral to assessment list at the end of Sept 2025. A further improved position is anticipated in month 7.

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. Open pathways being managed ongoing via ND MDT panel.
- 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 2026 to be confirmed via business case and MDT model as RIF monies not secured beyond this date.

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

Access & Activity

NHS Performance Measure – 35

Frequency - Monthly

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health
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Latest available	Sep-25	Status of measure	Level 1
Reported performance	88.6%	Benchmark position (Wales)	1 st (55.6%)*
Target	80%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

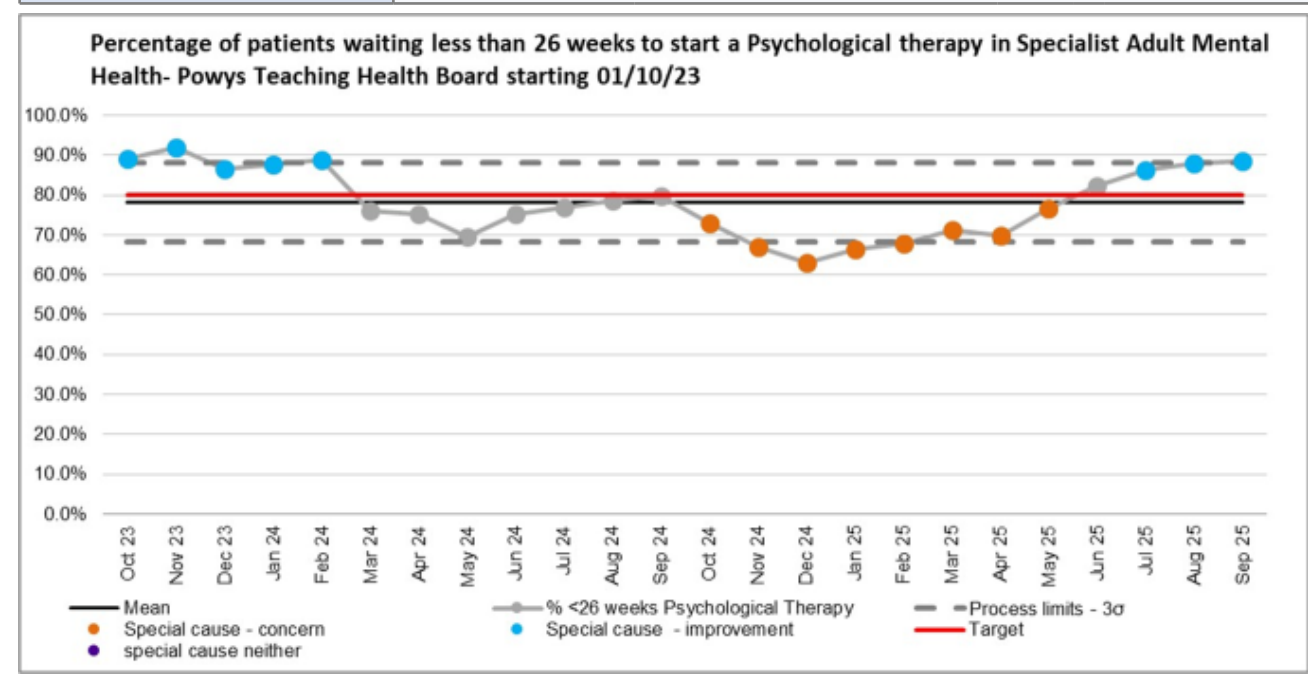
Challenges

The recent dip in performance has been principally attributed to:

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

Actions & Mitigations

- In addition to the Welsh Government supported waiting lists initiative which is ongoing with an additional Band 7 and Band 6 (plus administrative support added to the) above establishment, through some focused work and extension of a locum on a temporary basis (within establishment, funded by vacancies and unrelated to recruitment pause) we anticipate the position to gradually improve (Feb-26 performance in projected to be 70%).
- The unfreeze of psychology posts has occurred which means that recruitment is underway and if successful will support longer term and sustainable recovery.



What the data tells us

- Performance continues to improve and the measure report special cause improvement reporting 88.6% in September.
- PTHB benchmarked positively in August and ranked 1st with the All-Wales position of 55.6% for the same period.

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Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture
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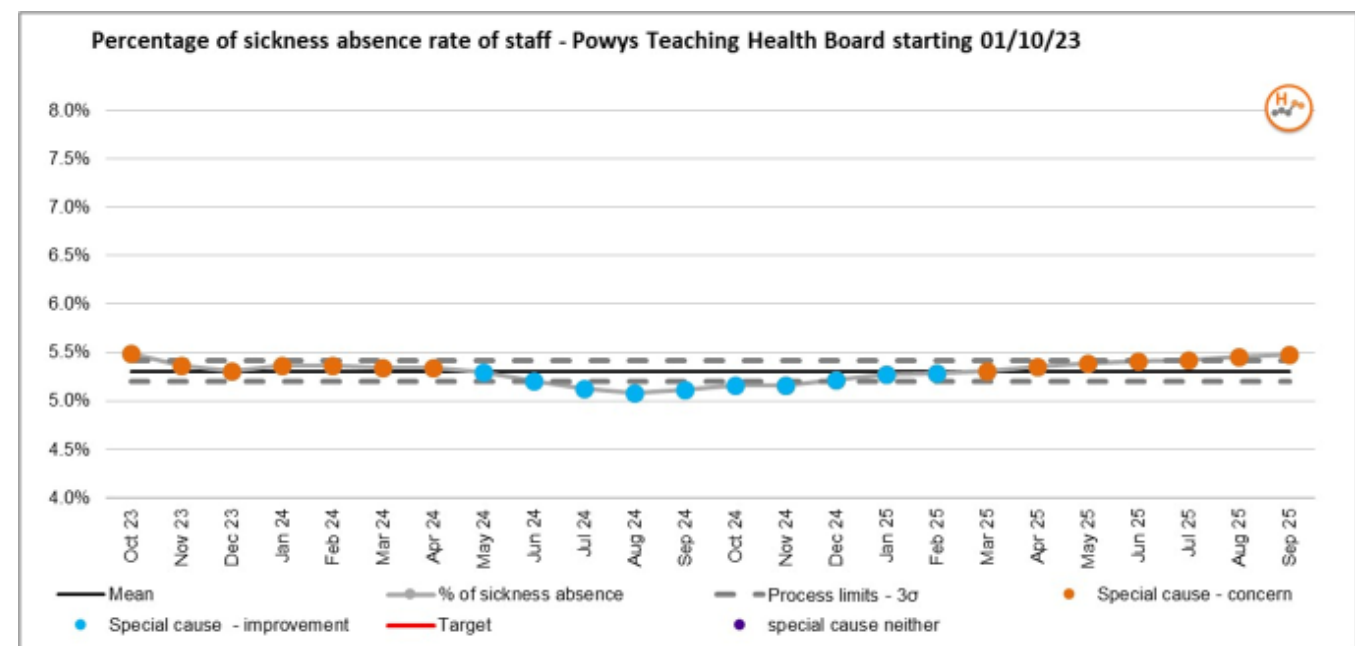
Latest available	Sep-25	Status of measure	Level 2a
Reported performance	5.48%	Benchmark position (Wales)	6 th (6.22%) (Jul-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			

Challenges

- Rolling sickness absence saw a steady upward trajectory since September 2024
 - Anxiety, Stress & Depression continue to be the main reason for absence, followed by other musculoskeletal problems.
- Rolling sickness absence rates are highest in the following staffing groups:
- Additional Clinical Services – 6.78%
 - Nursing & Midwifery – 6.49%
 - Estates & Ancillary – 6.02%

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.
- 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 taking place and being 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 5.48% for September 2025
 - The organisation benchmarks 6th and the All-Wales performance position is 6.22% for July 2025.
 - Special cause improvement
- Powerpath
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Turnover rate for nurse and midwifery registered staff leaving NHS Wales

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture
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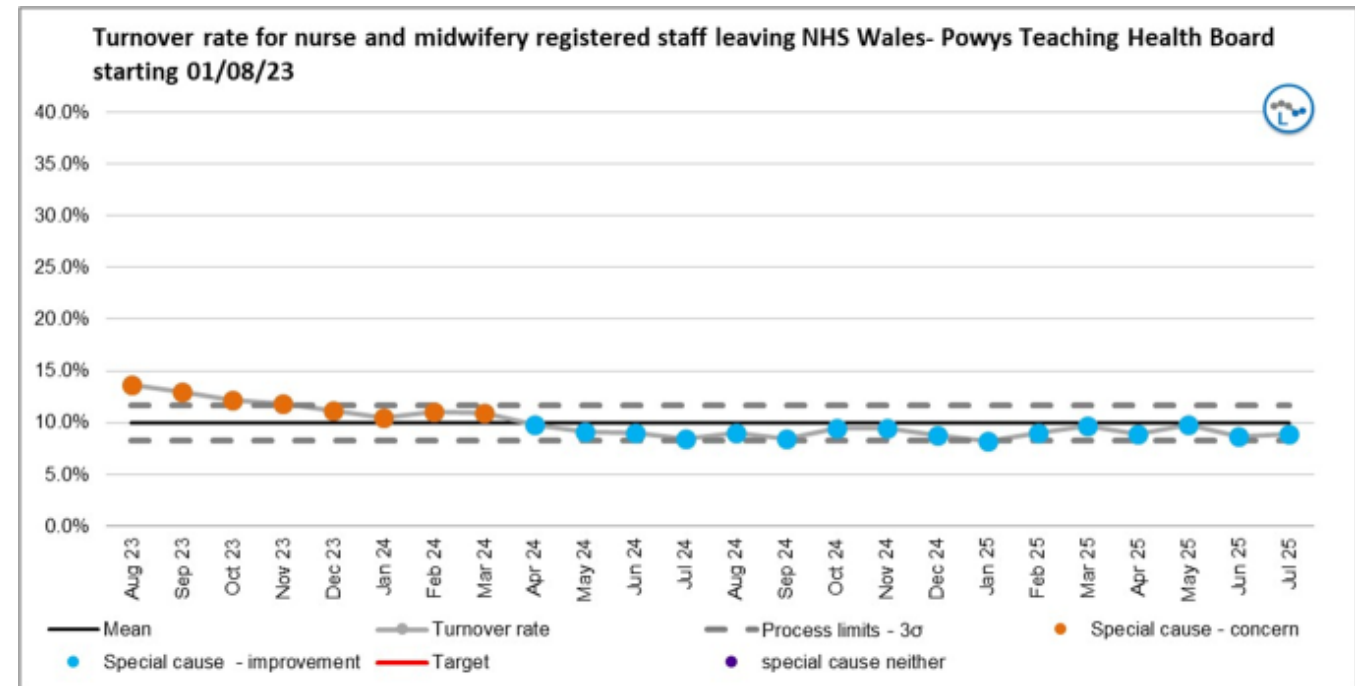
Latest available	Jul-25	Status of measure	Level 2a
Reported performance	8.85%	Benchmark position (Wales)	10th (5.85%)
Target	Rolling 12-month reduction against a baseline of 2024-25		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	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.



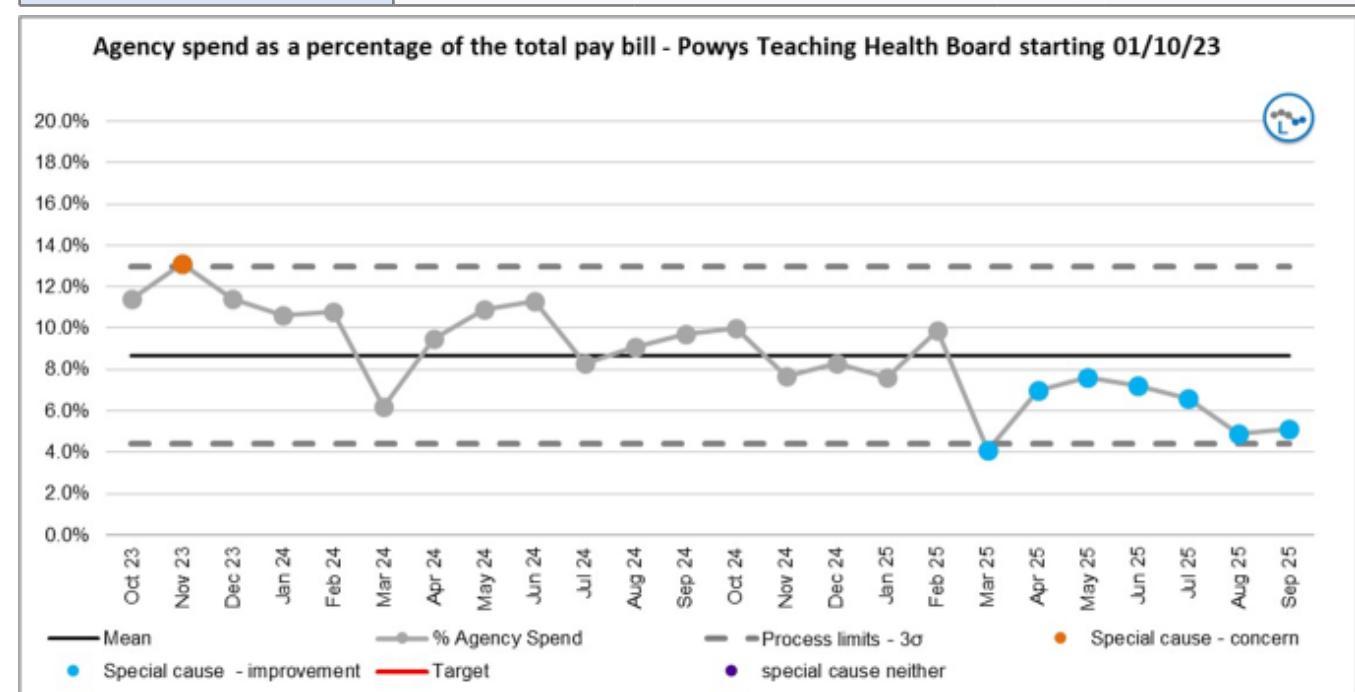
What the data tells us

- PTHB is non-compliant against the target as reported in July with turnover rate 8.85%.
- PTHB benchmarks 10th with All Wales performance at 5.85%

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Agency spend as a percentage of the total pay bill

Executive lead	Multi Executive leadership		
Latest available	Sep-25	Status of measure	Level 1
Reported performance	5.1%	Benchmark position (Wales)	12 th (2.5%) (Jul-25)
Target	12-month reduction		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Finance		
Recover by?			



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction has been achieved and performance for September is 5.1%.
- Variation is Special cause improvement.

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

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

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

Workforce

NHS Performance Measure – 39

Frequency - Monthly

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

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture
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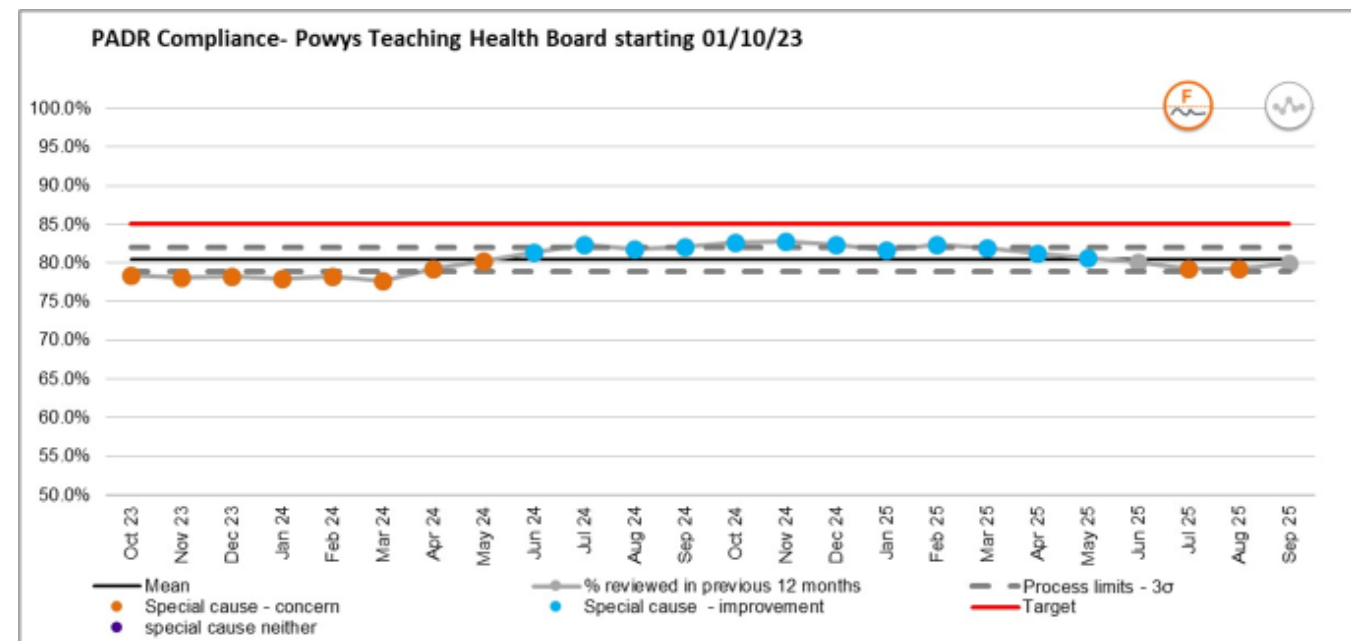
Latest available	Sep-25	Status of measure	Level 2a
Reported performance	81.0%	Benchmark position (Wales)	6th (77.8%) (Jul-25)
Target	85%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?			

Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, compliance has seen a slight downward trend in the last 6 months. 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 discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work will continue in directorates with lower compliance.



What the data tells us

- PTHB PADR compliance is reported at 80.0% for September 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in June showed PTHB benchmarking 6th out of 13 organisations

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

Quality, safety, effectiveness, and experience

NHS Performance Measure – 40

Frequency - Monthly

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

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Officer lead	Assistant Director of Digital Technology & Data Operations
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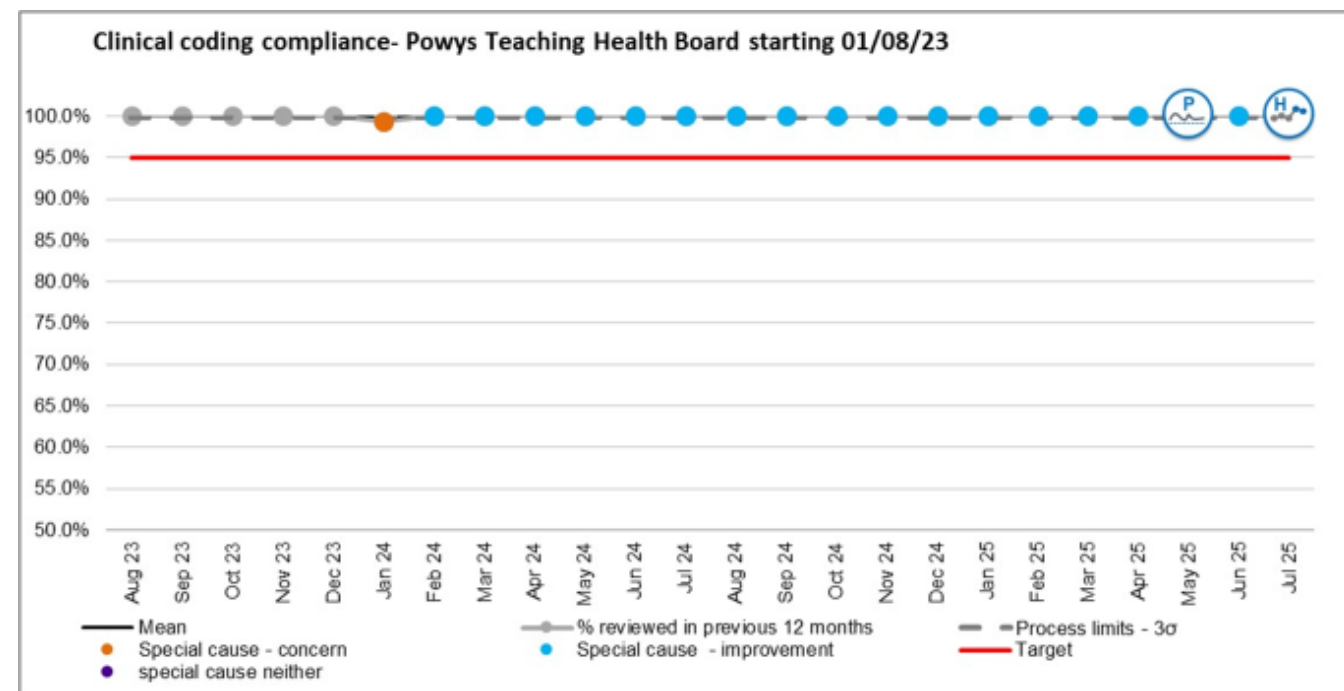
Latest available	Jul-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (79.4%)
Target	Maintain the 95% target or demonstrate a 12-month improvement trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

- No current challenges reported.

Actions & Mitigations

- No outstanding actions or mitigations to report



What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.

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

Quality, safety, effectiveness, and experience

NHS Performance Measure – 41

Frequency - Monthly

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

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Officer lead	Assistant Director of Digital Technology & Data Operations
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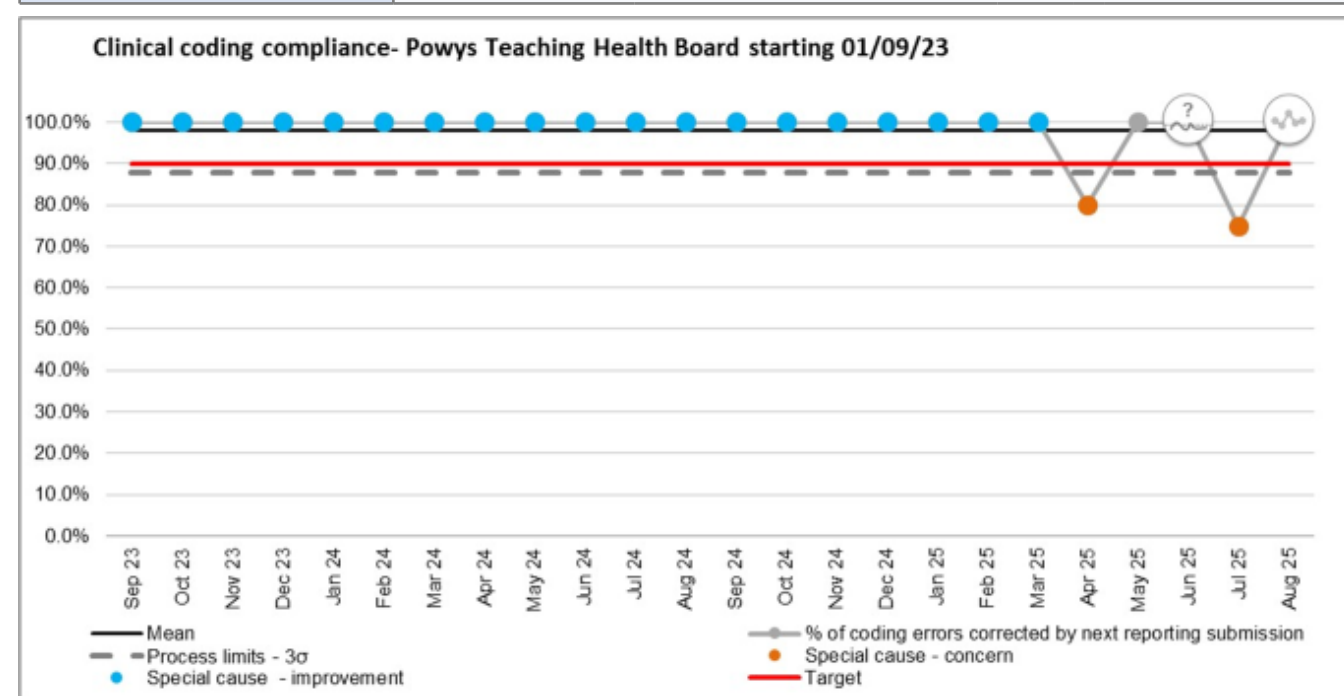
Latest available	Aug-25	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1 st (62.2%)
Target	90%		
SPC assurance rating	Common cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

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

Actions & Mitigations

- Initial instance of drop in performance was due to a late submission by PTHB.
- Second instance of drop in compliance was due to DHCW Processing delays.



What the data tells us

- This measure reports 75.0% compliance in August 2025
- Rationale** - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

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

Access & Activity

NHS Performance Measure – 42

Frequency - Monthly

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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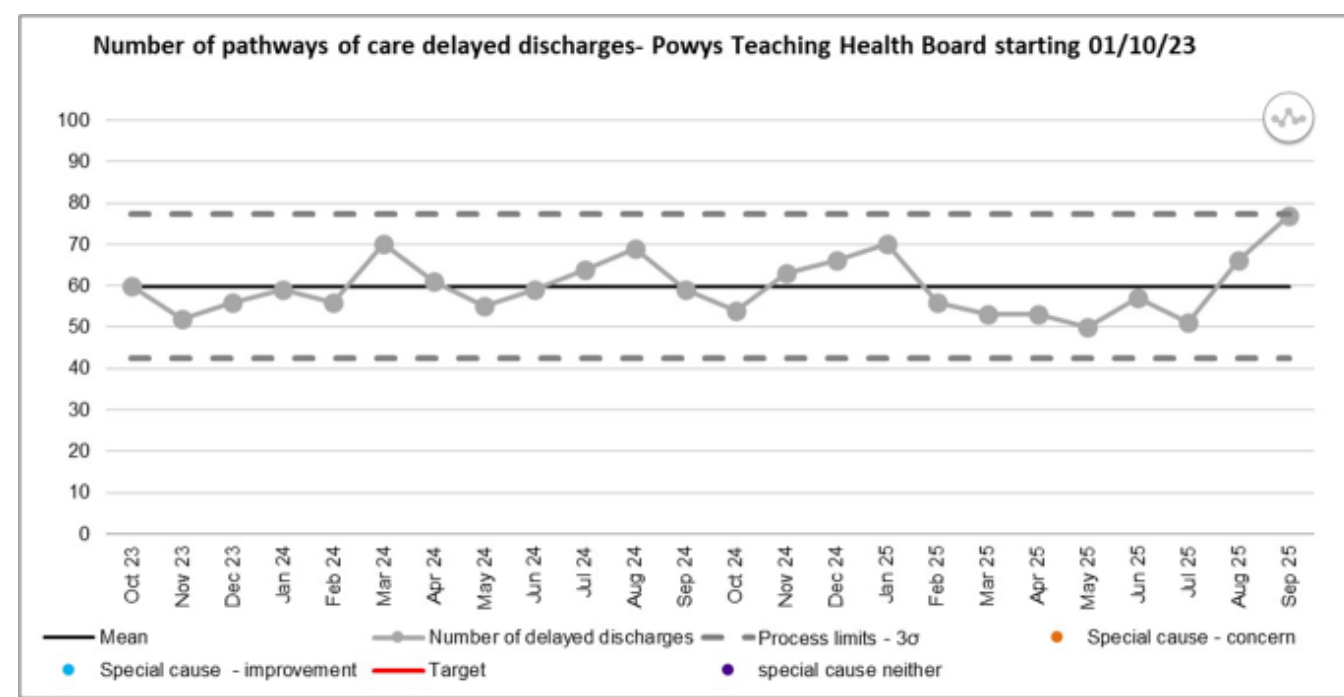
Latest available	Sep-25	Status of measure	Level 2a
Reported performance	77	Benchmark position (Wales)	2 nd (1,374)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

- Some apparent impacts from out of county surge in discharge.
- Evidence of higher dependency in recent inpatient admissions.
- Seasonal inpatient care setting fluctuations adding pressures.
- High-cost placements (in particular, Dementia Nursing Care Home beds) continue to be challenging.
- Complex patients including court of protection.

Actions & Mitigations

- Our Average Days Delayed has reduced by 4 days.
- Our Average Length of Stay has reduced by 9 days.
- Awaiting Social Worker Allocation delays have reduced significantly.
- Weekly Multi Disciplinary Team deep dive into longest lengths of stay.
- Reducing ambulance conveyance to Emergency Departments (ED) including delivering a seven-day single point of access and a seven-day community-based falls response.
- Testing Therapy turnaround at front-door in two ED's.
- Optimal hospital flow framework (OHFF) and Powys DigiFLO expansion into Mental Health wards underway.
- Staff engagement in OHFF Champion training and national project.
- Revised board round process in development, aligned with OHFF training approach.



What the data tells us

- PTHB is non-compliant at the end of September with 77 delayed discharges compared to 66 in August 2025 against the 12-month reduction target.
- Pathways of Care delayed discharges (POCD) continues to report common cause variation.

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 – 43

Frequency - Monthly

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health
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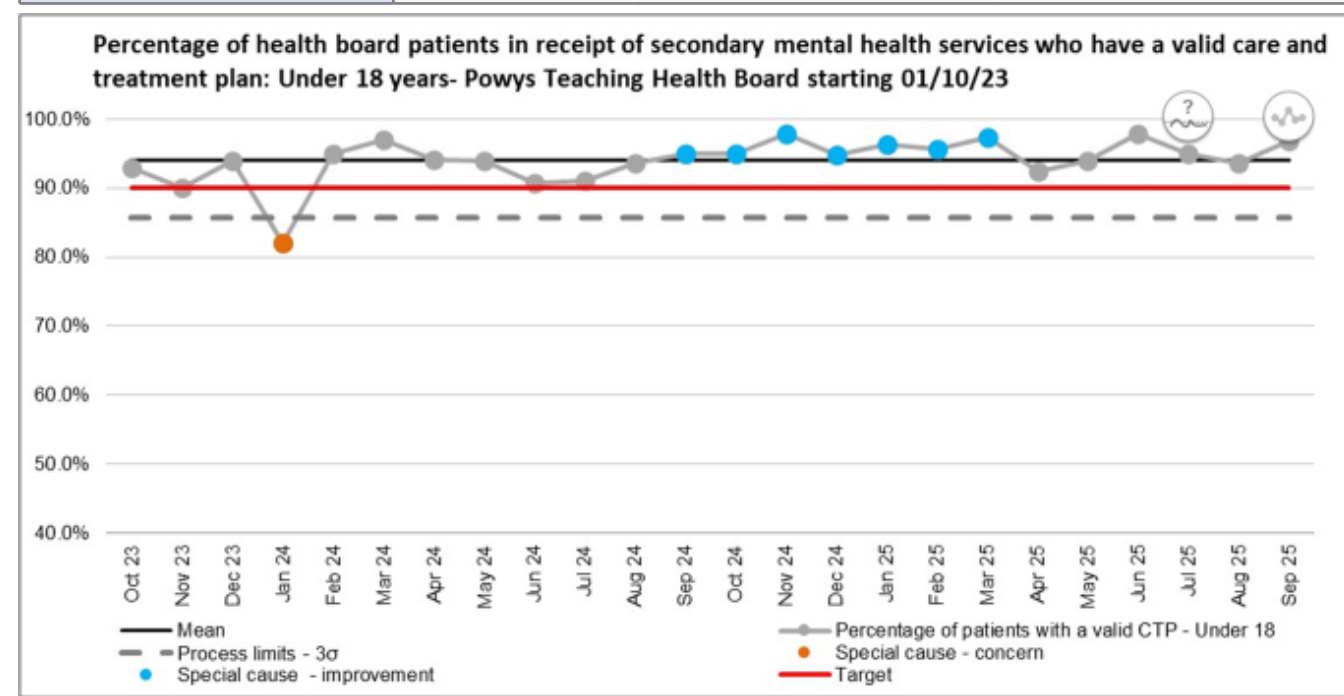
Latest available	Sep-25	Status of measure	Level 1
Reported performance	96.8%	Benchmark position (Wales)	5 th (96.3%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?			

Challenges

- The >90% target has consistently been met or exceeded since March 2024. Some of the variation has been between 90%-100% has been attributed to the minor impact on service delivery (small numbers can denote variance even due to the sickness of one practitioner).

Actions & Mitigations

- No actions or mitigations reported for this period.



What the data tells us

- The health board ranked 5th against the All-Wales position of 93.6% in August
- Variation remains common cause.
- Data challenges about CTP submission validation are currently being investigated by the Digital, Performance, and Mental Health team.

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

Quality, safety, effectiveness, and experience

NHS Performance Measure – 44

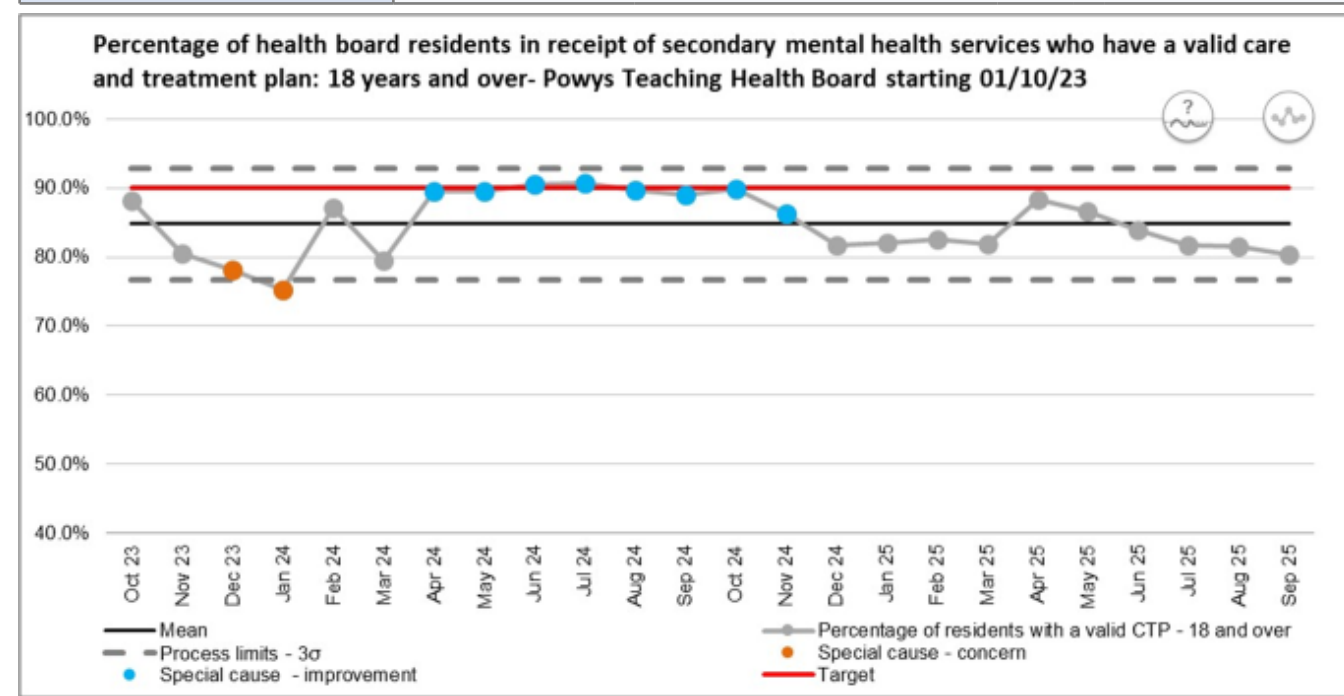
Frequency - Monthly

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health
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Latest available	Sep-25	Status of measure	Level 2a
Reported performance	80.4%	Benchmark position (Wales)	6 th (81.4%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		

Challenges
<ul style="list-style-type: none"> 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. Competing priorities and complexity of patients presenting at present has put additional pressure on teams. Maintaining the level of compliance even though below target has been challenging and it is positive that we remain consistent with plan in place to improve.



Actions & Mitigations
<ul style="list-style-type: none"> Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model. Continue to advertise vacant positions. An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency. Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection. The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning. Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place. Focussed work is being undertaken striving for improvement for next reporting period as follows. <ul style="list-style-type: none"> Outpatient's Clinics have been revised to accommodate CTP reviews. Compliance data and out of date reviews have been added as standard MDT agenda item. Teams are reviewing medics clinics to streamline processes and provide greater capacity for CTP reviews within their job plans. Targeted work to improve (e.g. Ystradgynlais now showing 100% compliance from 66.3% in November last year) Next prioritised area for intervention and support is Brecon currently performing at 65.4% - will drastically increase overall position once interventions compete. Nort Powys performing at 88.6%. Need to improve quality has been a focus. 2025/26 seen significant audit and training work undertaken Roll out of phase two duty SPOA - currently recruiting to assessment team that will reduce capacity challenges in CMHTs by freeing up time for CTP work undertaken. Success in application to be a demonstrator project for National Strategic Programme Board for Mental Health focussing on this next phase of transformation will support roll out. Expected improvement in early 2026.

What the data tells us

- Adult and older CTP compliance has measured at 80.4% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 81.4% in August.
- Data challenge around retrospective updates in CTP performance.

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

Quality, safety, effectiveness, and experience

NHS Performance Measure – 45

Frequency - Monthly

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director Quality & Safety
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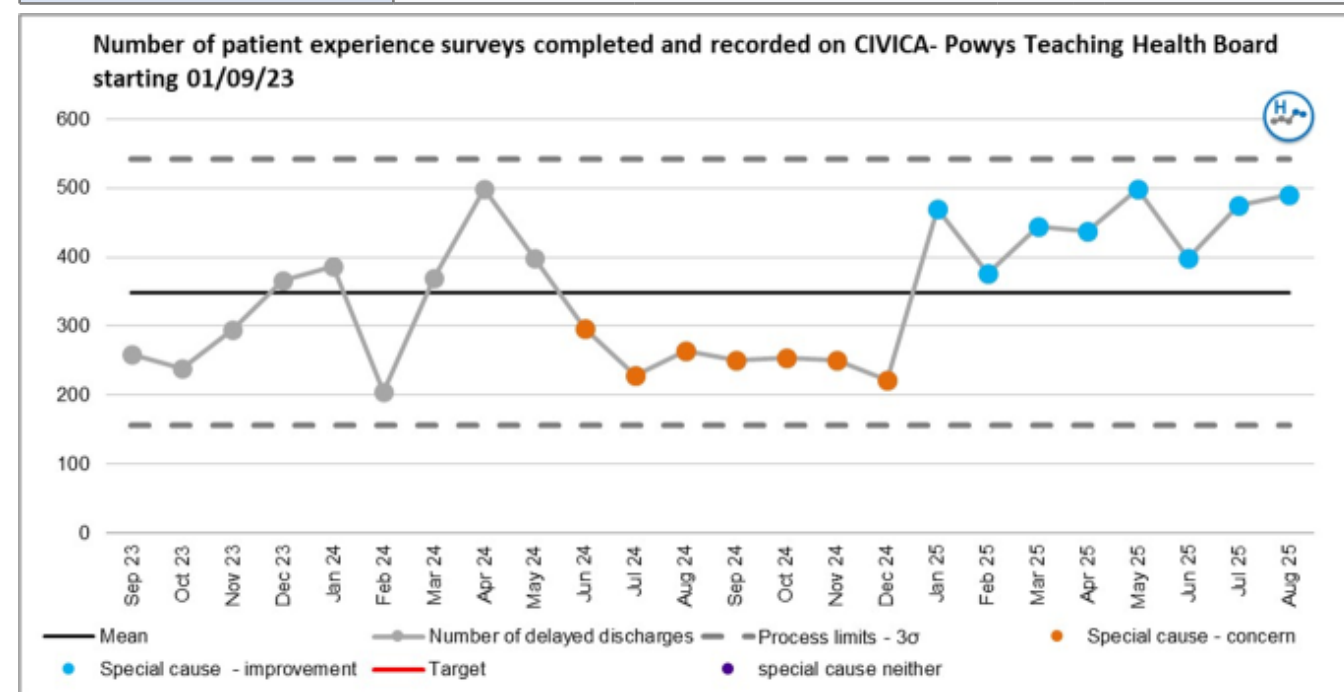
Latest available	Aug-25	Status of measure	Level 1
Reported performance	491	Benchmark position (Wales)	9 th (27,254)
Target	Month on month improvement		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			

Challenges

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.

Actions & Mitigations

- 2358 responses received during Q2 of which 1123 were received via SMS.
- 81 Surveys available in the CIVICA system.
- The People's Experience Framework Stakeholder group has been established.
- Those in receipt of commissioned care receive SMS notification to complete experience questionnaire, the findings are shared with commissioned providers along with reporting against quality reporting in relation to commissioned services.



What the data tells us

- Reported experience surveys have increased in August 2025 with 491 surveys completed and recorded on CIVICA compared to 475 in July 2025

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Access & Activity

NHS Performance Measure – 50

Frequency - Monthly

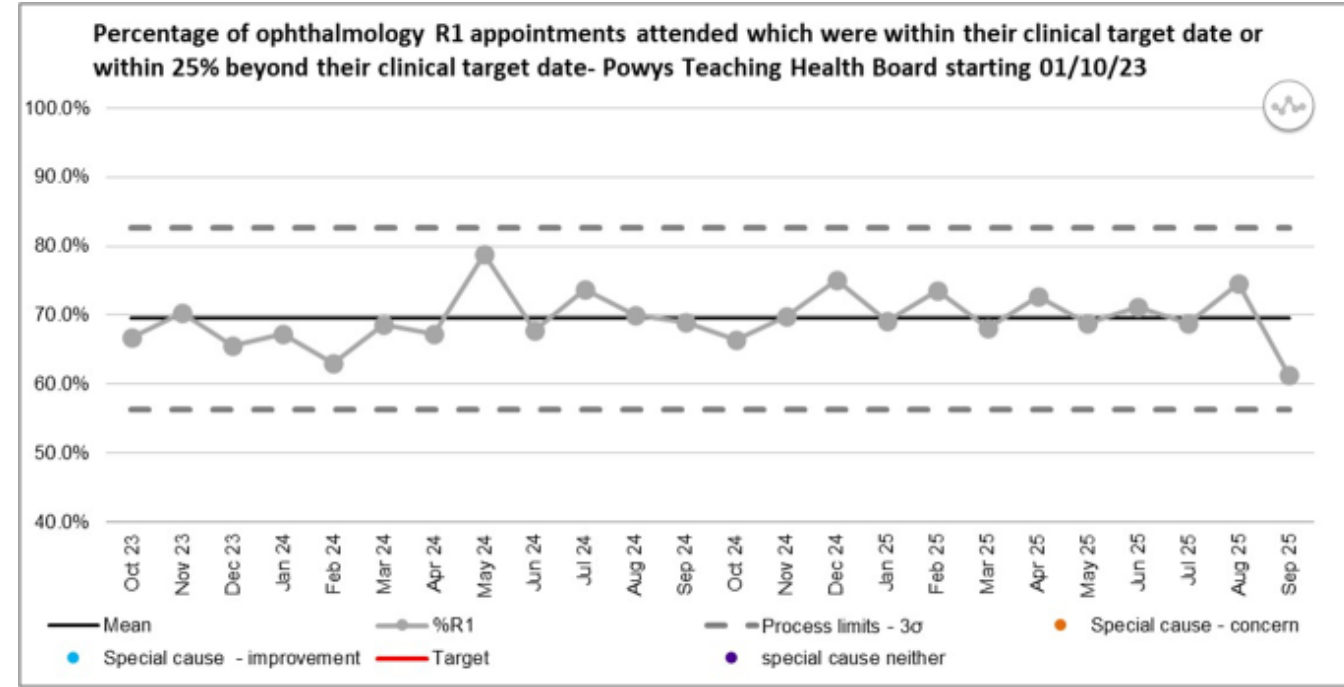
Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group
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Latest available	Sep-25	Status of measure	Level 2a
Reported performance	61.3%	Benchmark position (Wales)	1 st (63.4%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Plan to be developed 2024/25		

Challenges

- Ongoing challenge from fragility of in-reach service model especially Ophthalmology (WVT). Impact of NHSE Waiting Times making backfill of lost sessions extremely difficult with significant underperformance against contracted in-reach sessions.



Actions & Mitigations

- On-going development of Multi Disciplinary Team (MDT) in eyecare further extension of wet AMD capacity in Powys to support service sustainability and repatriation of patients
- Development and implementation of WGOS4 community optometry triaging with appointment of community optometrist in Planned Care commencing Nov 25
- On-going escalation of contracted position via Commissioning CQPRM meetings with WVT
- All patients receive a clinical call prior to appointment to provide advice support and ensure scarce OP resources are maximised limiting DNAs – DNA rate is less than 3%
- Business proposal to PTHB Planned Care Board for Speciality Lead Ophthalmology Consultant sessions as per GIRFT recommendations to support further MDT service transformation is under consideration
- Project Team currently being established to progress implementation of Open Eyes Electronic Patient Record and Electronic Referrals for Community Optometry to support further service efficiencies
- Additional insourcing capacity from HBSUK planned as part of National Commissioning Programme awaiting confirmation from provider regarding start date for ophthalmology

What the data tells us

- The health boards performance for the measure in September is 61.3% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All-Wales benchmark (63.4%) and ranks 1st in August 2025.

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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 – 53 Frequency - Monthly

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Deputy Director of Nursing
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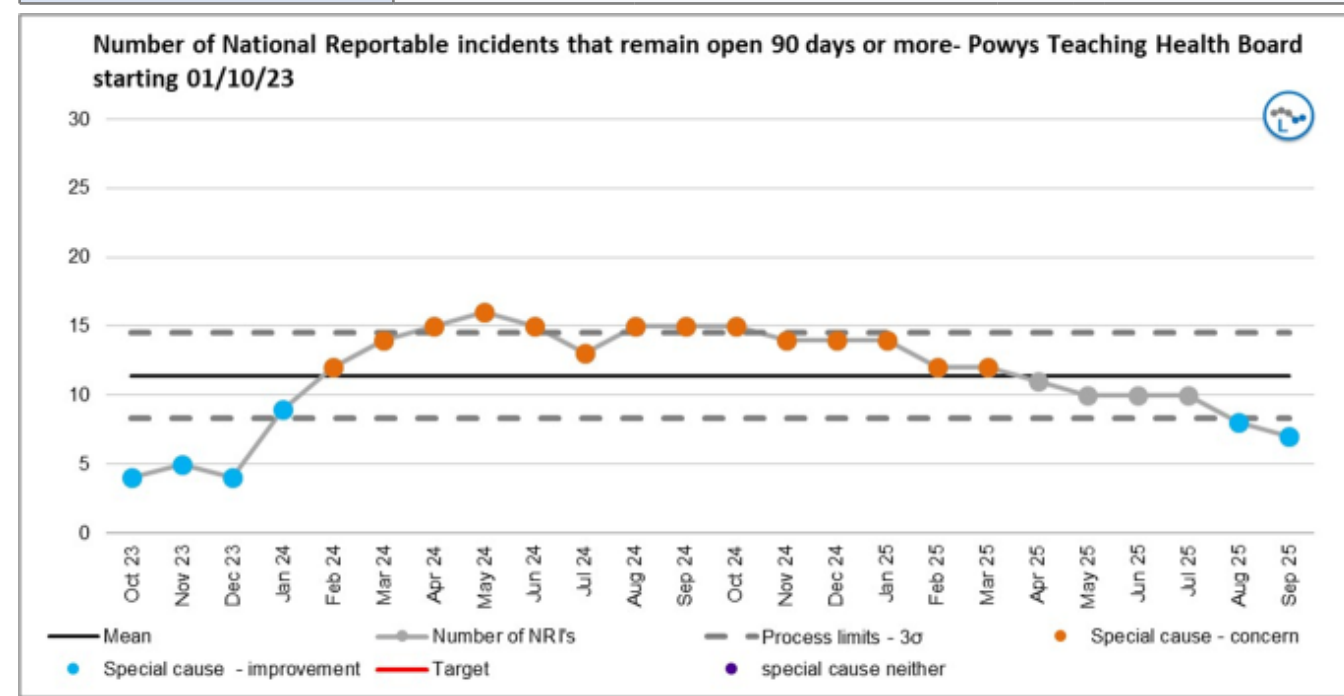
Latest available	Sep-25	Status of measure	Level 1
Reported performance	7	Benchmark position (Wales)	6 th (72)
Target	12-month reduction trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

Challenges

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

Actions & Mitigations

- Continued high level of support to services from the Head of Quality & Safety.
- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.
- Regular and ongoing communication with NHS Executive to ensure data is accurate.
- Currently review of the Incident Management Framework is being undertaken following a year of implementation; Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs.
- Discussion to be held with informal executive committee during November to agree revised and refreshed process going forwards.



What the data tells us

- Powys has 7 nationally reportable incidents (NRI) that remained open over 90 days in September 2025

*Well Bethan
28/11/2025 16:31:56*

Provider Service Assurance

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

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



Access & Activity

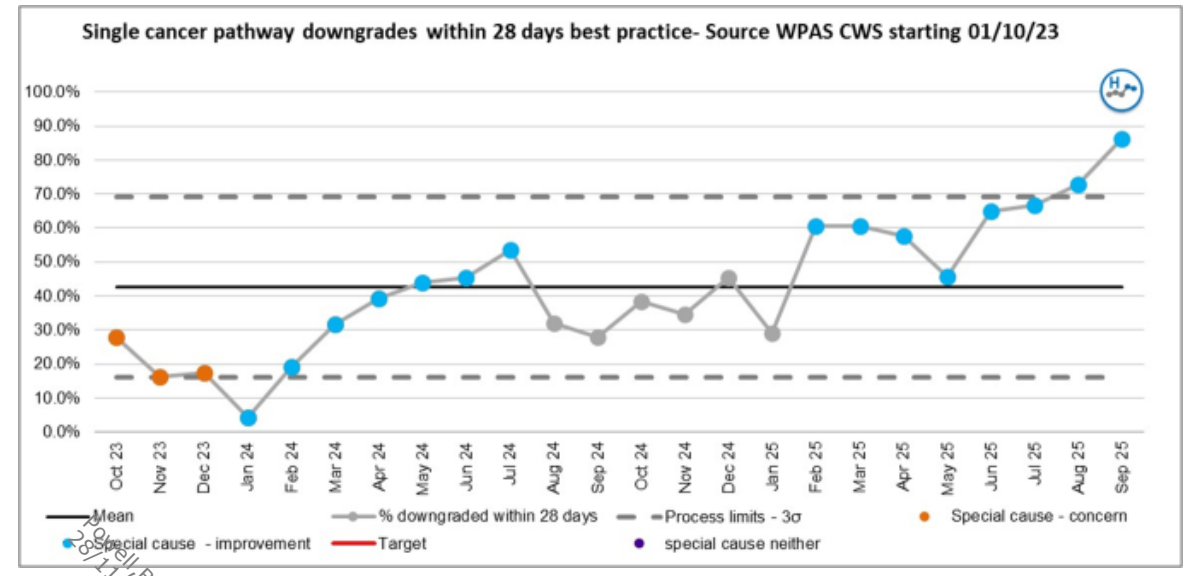
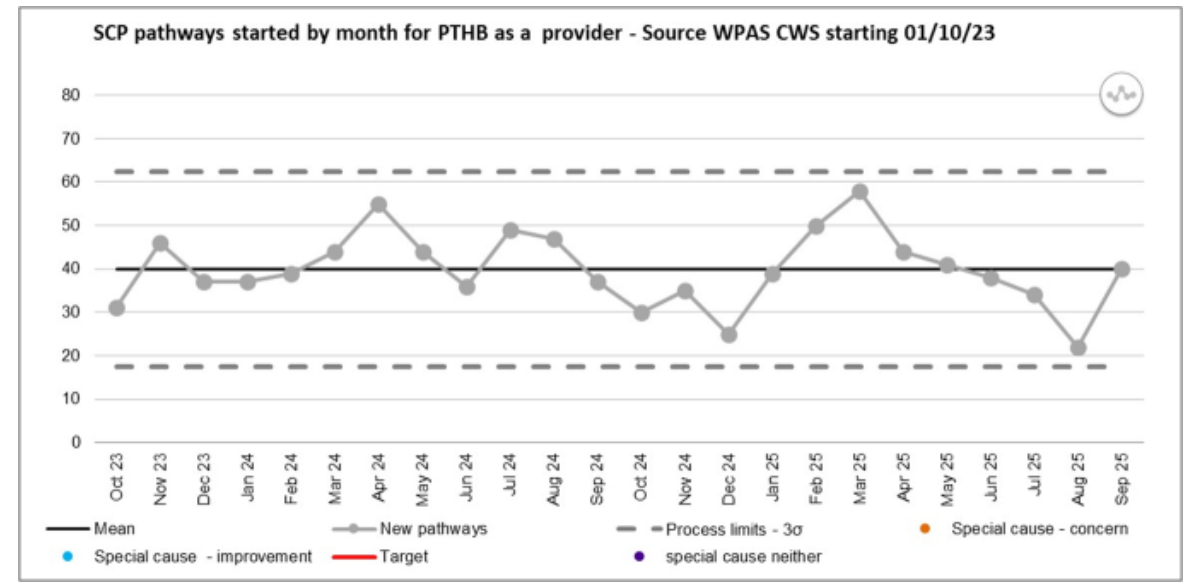
Local Measure

Frequency - Monthly

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

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



What the data tells us

Powys Teaching Health Board (PTHB) does not provide cancer treatment but supports limited diagnostics and outpatient engagement predominately for upper and lower gastrointestinal suspicions. These pathways in 2025/26 remain highly dependant on the General Surgery in-reach and private insource to achieve high quality timely care. It should be noted that many Powys residents will be referred directly into acute commissioned care especially within North and Mid Powys.

- Powys has reported 40 new pathways in September 2025 with 33 via primary care referral.
- The health board has reported a very positive compliance of 86.4% for downgrades within 28 days of the 22 closed pathways in September.
- PTHB meets the straight to diagnostic test 12-month improvement trend in September with 33.3% compliance. However, compliance is volatile because of small numbers sent straight to diagnostics in Powys.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

Key challenges within PTHB align to the national issues:

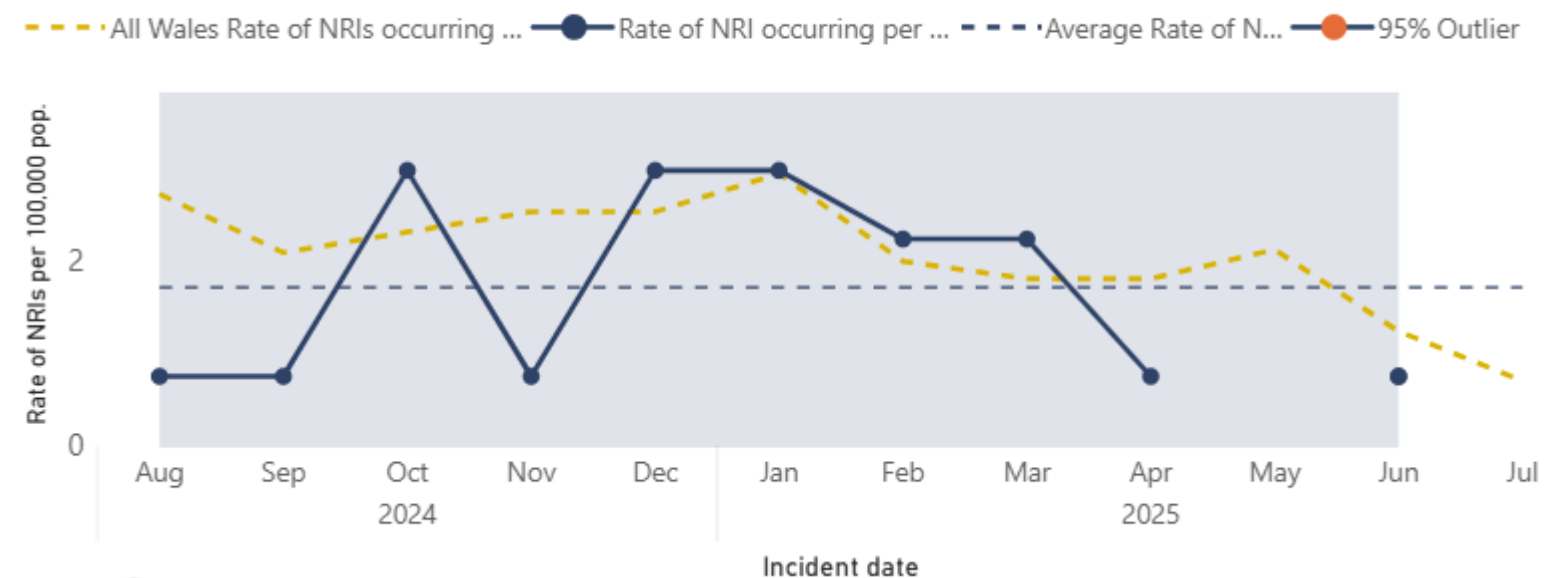
- Shortages of Endoscopists particularly colorectal.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bid to Welsh Government Cancer Transformation fund declined in round 2.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
-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

Actions & Mitigations

- Internal Cancer Audit undertaken Q1 2025/26 with reasonable assurance rating.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- DHCW data resource review with PTHB Digital team and Operational services to strengthen pathway tracking for patients referred to treatment. This review has provided key improvement recommendations in Q1 25/26 which where locally driven have been implemented, but further work requires DHCW led changes to central data set, a timeline for this has been requested.
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Appointed colorectal specialty lead on a locum basis.

Source National SCP dataset	Target	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
% of patients who are sent straight to test	12 month improvement trend	23.1%	26.3%	33.3%	45.5%	58.3%	73.3%	60.0%	40.0%	33.3%	66.7%	33.3%	33.3%

PT HB rate of NRIs occurring (by incident date) per 100,000 population as of 18/08/2025



Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	Sep-25	100%
National reportable incident rate per 100k pop	Jun-25	1.53 per 100k
% Complaints settled within 30 days (month received)	Jun-25	73.7%
Reported never events	06/10/2025	Zero
Mortality Rate Rolling Annual	Aug-25	6.0%

What the data tells us

- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.
- Powys reported 6.0% rolling annual mortality rate for August 2025

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28/11/2025 16:31:56

Challenges

- Historic NRI investigations requiring joint review have prevented closure within timeframe.
- Team capacity to complete investigations in a timely manner is a challenge.
- Quality of final report and sign off process is an area of focus for improvement.

Actions & Mitigations

- Review of incident investigation training being undertaken.
- Review Incident Management framework Policy and associated SOP.

Milestone - Launch of 14 QOF measures in Beacon (phase 1) by October for a consolidated view of quality standards. These standards are to be reported monthly to The Board.

Quality Standard	Measure	Latest period	Latest figure	Previous figure	Last 12 months	Outlier	
Safe	Antibacterial items per 1,000 STAR-PU's	Jun-25	214.52				
Safe	Crude mortality rate (%)	Sep-25	6.64%	7.17%	▼ -7.4%		
Safe	Never Events reported to NHS P&I	Oct-25	0	0			
Safe	Percentage of discharges on D2RA Pathway 0	Sep-25	1.49%	0.00%			
Safe	Percentage of discharges on D2RA Pathway 1	Sep-25	53.73%	48.33%	▲ 11.2%		
Safe	Percentage of discharges on D2RA Pathway 2	Sep-25	13.43%	15.00%	▼ -10.4%		
Safe	Percentage of discharges on D2RA Pathway 3	Sep-25	10.45%	20.00%	▼ -47.8%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Sep-25	20.90%	16.67%	▲ 25.4%		
Safe	RAMI (Risk adjusted mortality index) 2023	Sep-25	109.57	155.26	▼ -29.4%		
Safe	Safeguarding Adults - Lv1 training	Aug-25	91.95%	92.04%	▼ -0.1%		
Safe	Violence and Aggression (Wales)	Aug-25	94.47%	93.25%	▲ 1.3%	Outlier high	
Timely	Ophthalmology R1 appointments attended within target date* (%)	Sep-25	61.33%	74.59%	▼ -17.8%		
Timely	Patients starting first definitive cancer treatment*	Aug-25	Not applicable to PTHB provider.				
Effective	Diabetes patients completing all eight care processes* (%)	Oct-25	49.60%	50.81%	▼ -2.4%		
Efficient	Agency spend for all staff groups as % of total pay bill	Aug-25	5.20%	6.85%	▼ -24.0%		

Quality Outcome Framework (QOF) measures continue to be developed with ongoing data source and quality discussion. All these current measures are also picked up either within the wider NHS Performance Framework e.g., measures 12, 25, 38 and 50 are duplicated in the QOF or within the health board PEQS report which covers key elements of Quality and Safety.

Commissioned Service Assurance

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

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

Access & Activity

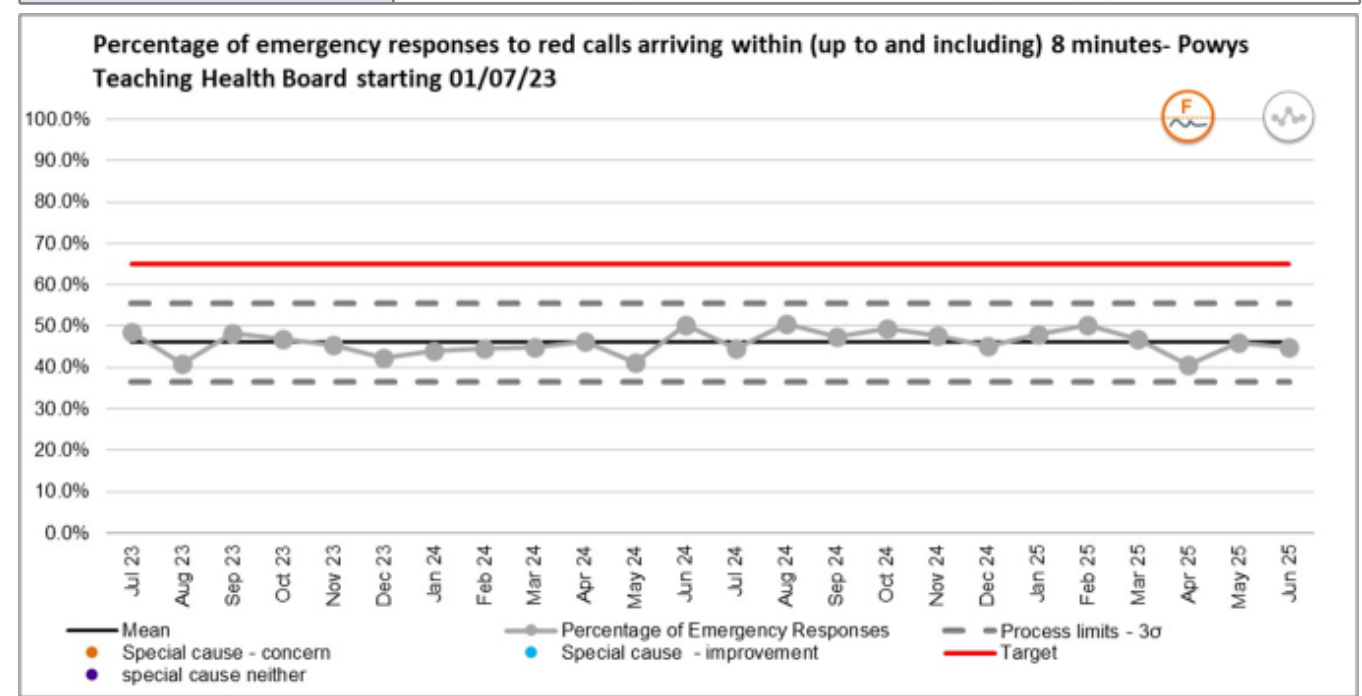
NHS Performance Measure – 19

Frequency – Retired measure

Urgent & Emergency Care - Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes within Powys

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning
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Latest available	Jun-25	Status of measure	Level 2a
Reported performance	44.8%	Benchmark position (Wales)	7th (50.7%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Retired		
Recover by?			



What the data tells us

- Please note that this measure has been retired, June is the last month reported against the Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. Reporting will recommence in August against the revised categories as described on the Welsh Ambulance Services website [how our service is changing - Welsh Ambulance Services University NHS Trust](#).

Urgent & Emergency Care –

- Median emergency ambulance response time to purple: arrest category calls.
- Median emergency ambulance response time to red: emergency category calls

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning
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Median emergency ambulance response time to purple: arrest category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Sep-25	00:07:15	00:06:30	00:07:23	00:07:17	00:08:55	00:07:48	00:14:15	00:06:41

Median emergency ambulance response time to red: emergency category calls

Report Month	All Wales	Aneurin Bevan University Health Board	Betsi Cadwaladr University Local Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board
Sep-25	00:08:37	00:07:39	00:09:40	00:08:18	00:08:43	00:10:02	00:11:28	00:07:54

Challenges

- WAST continue to experience challenges with large number of ED attendances and conveyances, large number of lost hours per month and handover delays.

Actions & Mitigations

- Meeting being arranged between PtHB, NHS Wales Joint Commissioning Committee and WAST colleagues to discuss performance, patient experience and outcomes; and identified improvement actions including enhancement of current in county pathways.
- Continued engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.

What the data tells us

Welsh Ambulance Services University Health Trust (WAST) have provided a guide to how the service is changing here - [how our service is changing - Welsh Ambulance Services University NHS Trust](#).

Data is sourced from the Welsh Government Performance team.

- The data above contains information on the performance of the respective Welsh health board areas and will contain non-Powys responsible response times.
- Core target for both measures is Median response (6-8 minutes) e.g., any median time of 00:08:01 or higher is classed a missing target.
- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), in September performance was a significant outlier and worst in Wales at 14 minutes 15 seconds (All Wales performance was 7 minutes 15 seconds).
- Powys median emergency response time to red was the worst reported performance in September of all health boards with a median time of 11 minutes and 28 seconds significantly higher than All Wales performance which reported 8 minutes and 37 seconds.

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

Access & Activity

NHS Performance Measure – 20

Frequency - Monthly

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

Executive lead Executive Director of Planning, Performance and Commissioning

Officer lead Deputy Director of Performance and Commissioning

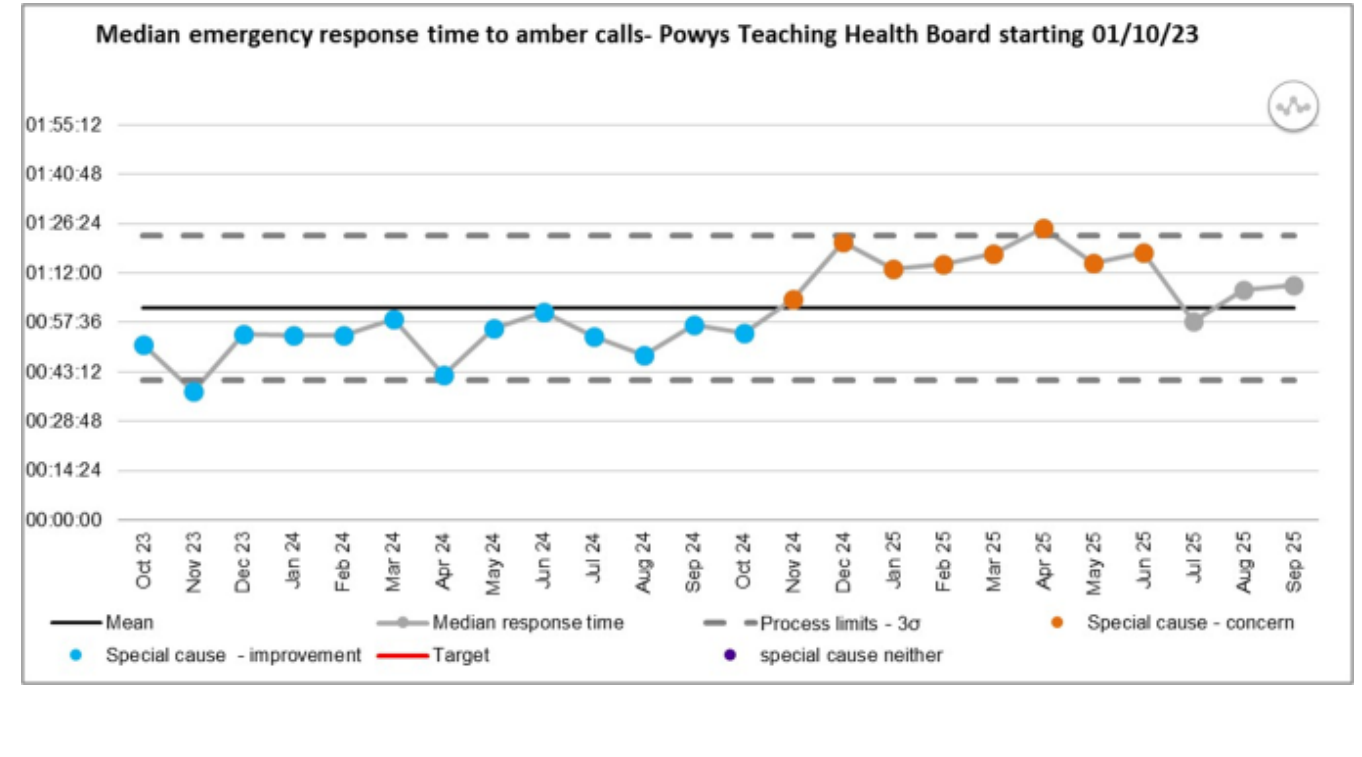
Latest available	Sep-25	Status of measure	Level 2a
Reported performance	01:08:25	Benchmark position (Wales)	1 st (01:23:25)
Target	12-month reduction target		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		

Challenges

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

Actions & Mitigations

- Ministerial Advisory Group recommendations – Health Boards should ensure that no ambulance handover should exceed 45 minutes (absolute maximum handover time of 45 minutes to be introduced by October 2025), with focus on achieving 15-minute handover target where possible. National ambulance patient handover improvement delivery group underway.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Health Board working with JCC to establish series of regular meetings to discuss performance, patient experience and quality outcomes.
- PTHB will continue to be active member of the Ambulance Services and 111 Collaborative Commissioning Integration Group, represented by the Deputy Director of Performance and Commissioning.



What the data tells us

- Median amber response times have reported a decrease in performance in September 2025 with response times increasing to 01:08:25
- PTHB ranks 1st in Wales with the All-Wales average at 01:23:25

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



Access & Activity NHS Performance 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	Sep-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

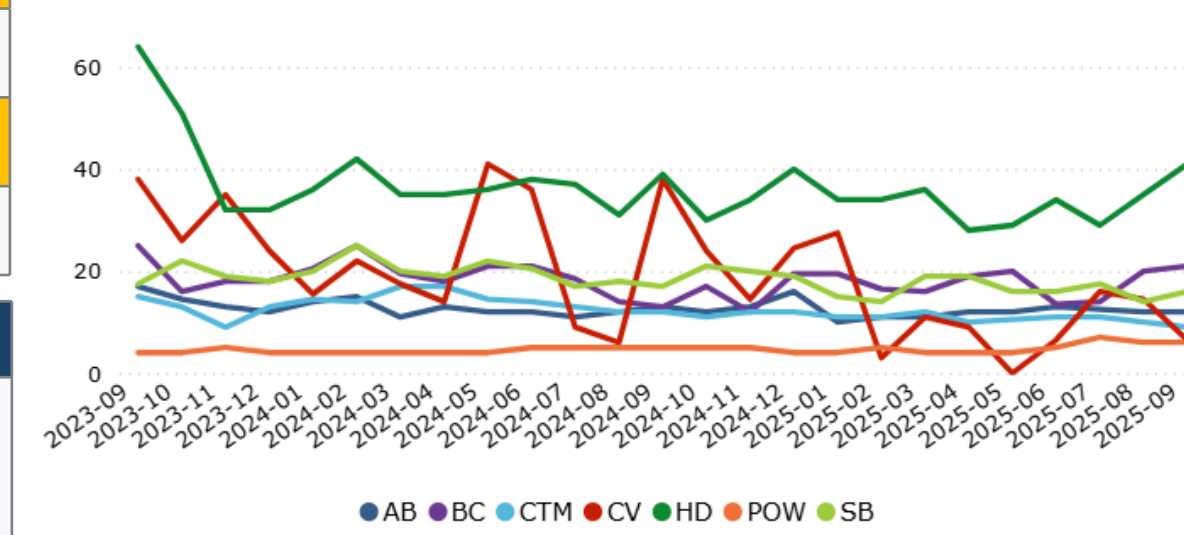
- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- In Wales the aggregated median wait time for triage is 17 minutes, and the aggregated median wait time for assessment by a clinical decision maker is 67 minutes.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.
- Hywel Dda University Health Board continues to report the highest median times to triage and clinical decision of the Welsh emergency flow services.

Actions & Mitigations

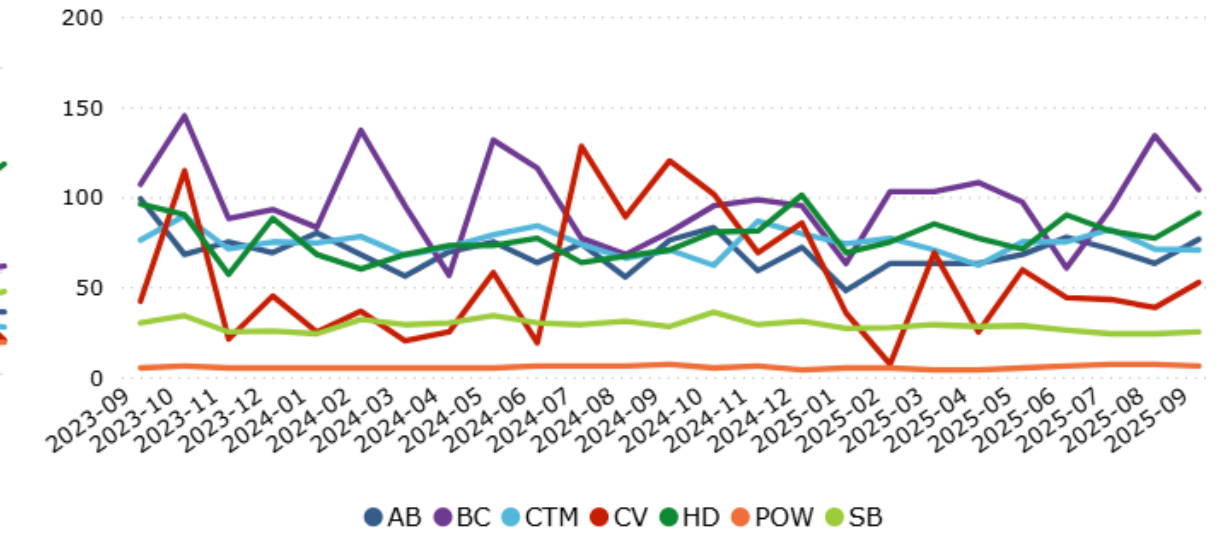
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.

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Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



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

Sep-25 -Source Welsh Government monthly scorecard.				
Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	15	77	139
BCUHB	21	20	104	131
CTMUHB	9	11	71	69
C&VUHB	7	5	53	73
HDUHB	41	28	91	73
SBUHB	16	19	25	19

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 - 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	Sep-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.

What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight improvement in September to 61.2% from 60.9% in August for those waiting under 4 hrs in Welsh units.
- Patients waiting over 12 hrs decreases slightly to 128 but remains within expected variation.

English Emergency Access (A&E) providers

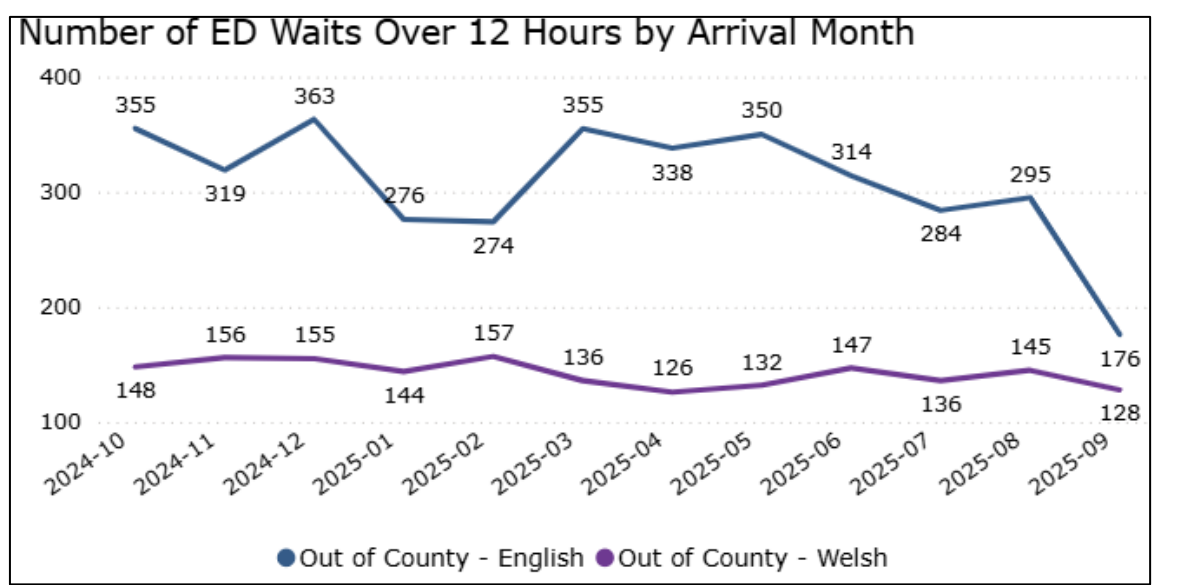
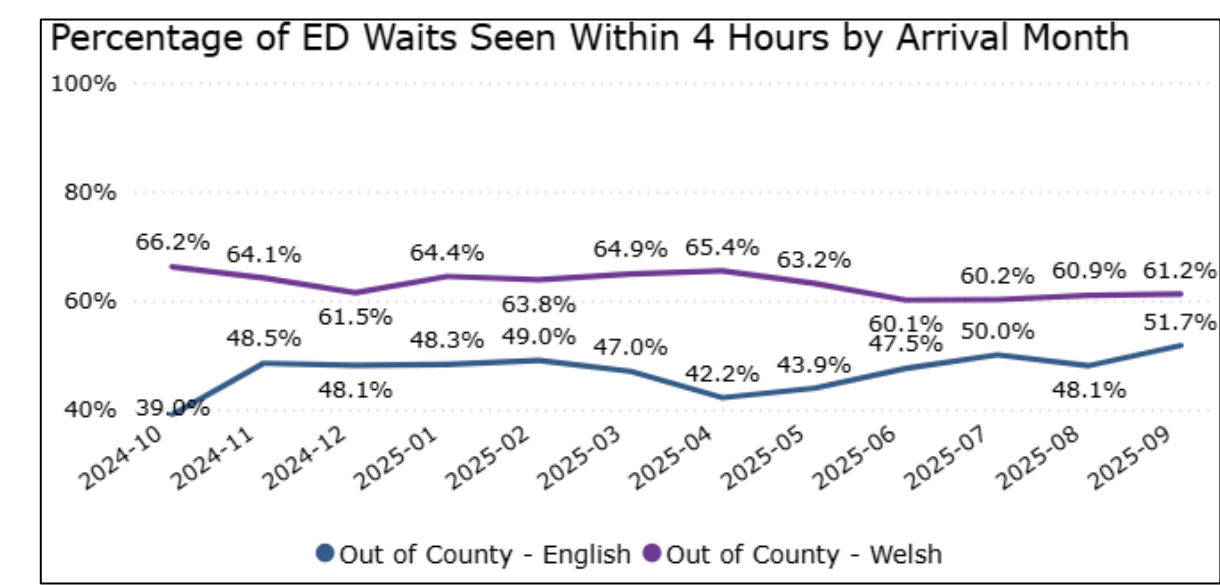
- PTHB residents attending English emergency units see the longest wait with poor but improved compliance to the 4-hour target. 51.7% were reported in September as waiting less than 4hrs in their units.
- In September provisional data shows 176 Powys responsible patients waiting over 12 hrs in emergency units before admission, transfer, or discharge. It should be noted that the reported performance is a significant drop and could indicate incomplete data from SATH.

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
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Latest available	Sep-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

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

HealthBoard	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Aneurin Bevan UHB												
Pathways With Treatment	9	13	16	15	15	16	9	16	14	23	14	15
Treated Within 62 Days	8	7	9	11	9	11	5	10	7	18	10	9
Breaching 62 Day Target	1	6	7	4	6	5	4	6	7	5	4	6
% Treated Within Target	89%	54%	56%	73%	60%	69%	56%	63%	50%	78%	71%	60%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	3	2		1		3	2		3	1	4
Treated Within 62 Days	1	3	2				2	1		1		
Breaching 62 Day Target					1		1	1		2	1	4
% Treated Within Target	100%	100%	100%		0%		67%	50%		33%	0%	0%
Cardiff And Vale UHB												
Pathways With Treatment			1	1						1		
Treated Within 62 Days				1						1		
Breaching 62 Day Target			1									
% Treated Within Target			0%	100%						100%		
Cwm Taf Morgannwg UHB												
Pathways With Treatment	5	3	9	4	3	5	3	2	5	7	3	8
Treated Within 62 Days	4		4	1	1	1			4	2	1	5
Breaching 62 Day Target	1	3	5	3	2	4	3	2	1	5	2	3
% Treated Within Target	80%	0%	44%	25%	33%	20%	0%	0%	80%	29%	33%	63%
Hywel Dda UHB												
Pathways With Treatment	5	7	7	9	6	6	10	9	11	8	7	7
Treated Within 62 Days	2	6	2	6	4	3	5	3	6	5	3	2
Breaching 62 Day Target	3	1	5	3	2	3	5	6	5	3	4	5
% Treated Within Target	40%	86%	29%	67%	67%	50%	50%	33%	55%	63%	43%	29%
Swansea Bay UHB												
Pathways With Treatment	11	9	11	11	5	7	7	6	5	5	1	13
Treated Within 62 Days	7	5	8	6	1	5	1	4	3	4		9
Breaching 62 Day Target	4	4	3	5	4	2	6	2	2	1	1	4
% Treated Within Target	64%	56%	73%	55%	20%	71%	14%	67%	60%	80%	0%	69%
Pathways With Treatment	31	35	46	40	30	34	32	35	35	47	26	47
Treated Within 62 Days	22	21	25	25	15	20	13	18	20	31	14	25
Breaching 62 Day Target	9	14	21	15	15	14	19	17	15	16	12	22
% Treated Within Target	71%	60%	54%	63%	50%	59%	41%	51%	57%	66%	54%	53%

What the data tells us

- At the end of September, the provisional position reported a total of 271 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 224 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 22 patients breached the 62 days target with the longest wait reported as 245 days in Hywel Dda UHB for a lung pathway.
- Performance against the SCP for Powys residents in Wales has seen very little overall change with 53% compliance in September.
- The number of pathways going straight to test has fallen below the 12-month average (64%) reporting 63%.
- Data quality for reporting - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity including, but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Primary tumour site breaches in September include Urological (6), Breast (5), Lower GI (5), Skin (2) (excluding Basal Cell Carcinoma), Lung (2), Upper GI (1), and Sarcoma (1).
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed, Q2 review is currently underway.
- Open pathway influence remains challenging; the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathway.

Actions & Mitigations

- Breaches of greater than 146 days continue to be monitored with breach reports/pathway reports provided on a quarterly basis and reviewed.
- 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.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.
- Cancer deep dive for Welsh providers recently presented at Finance & Performance Committee.

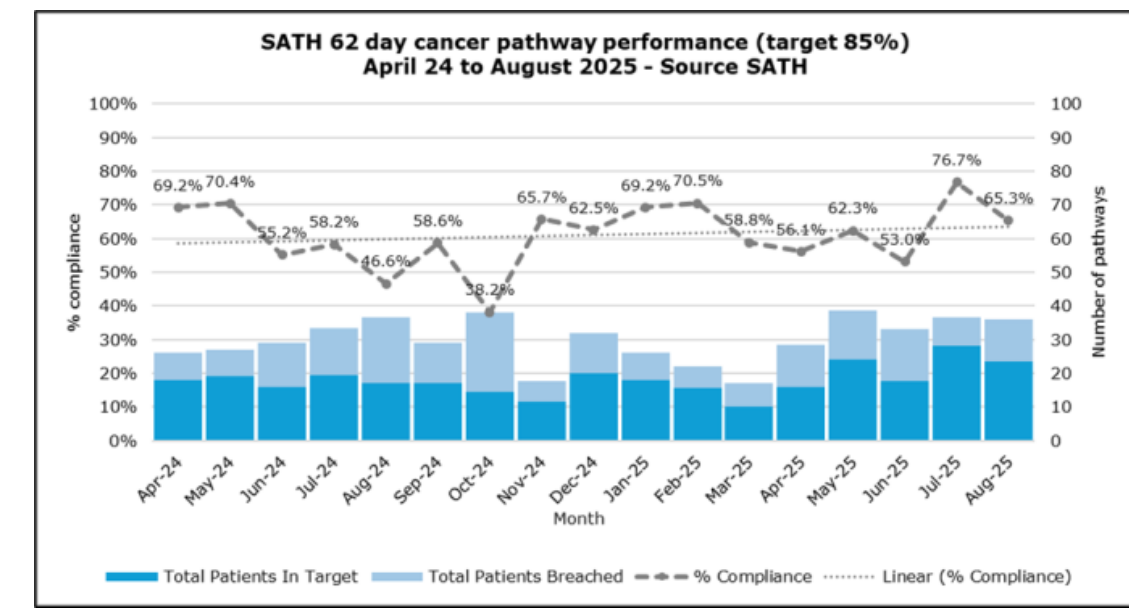
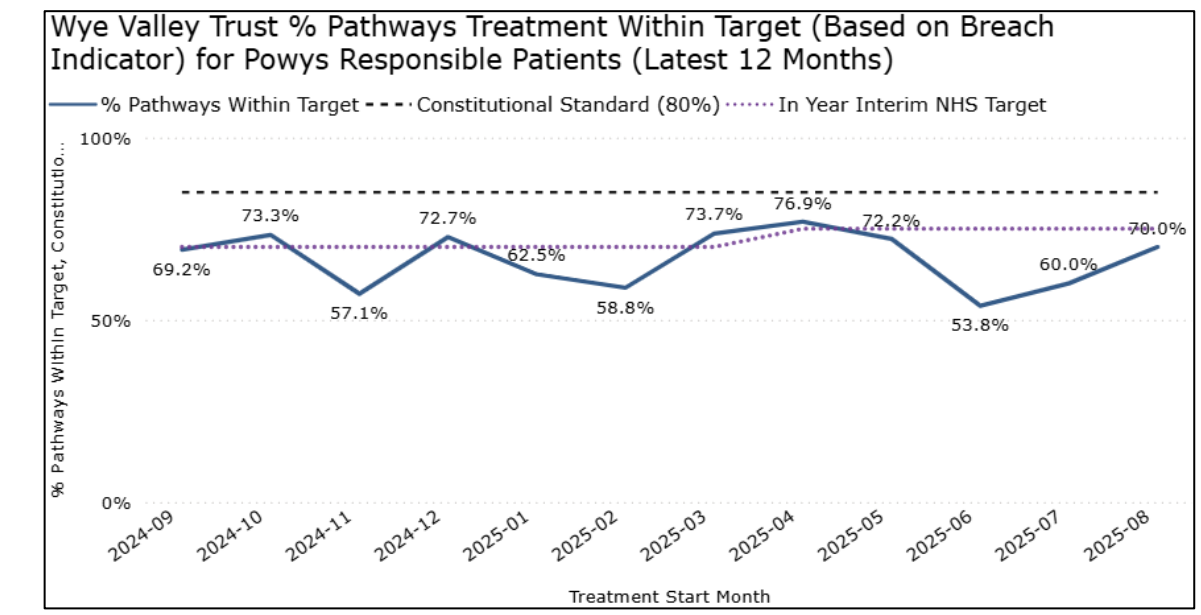
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning
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Latest available	Aug-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

NHS England Cancer Measures, and target

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



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

Aug-25	SATH	WVT	All English Providers	Target
28-day FDS	75.9%	81.6%	74.6%	75%
31-day DTT	91.6%	85.0%	91.6%	96%
62-day USC	68.8%	72.4%	69.1%	85%

[Statistics > Cancer Waiting Times \(england.nhs.uk\)](#)

What the data tells us

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

- The reporting quality issue has been resolved with The Shrewsbury and Telford NHS Trust (SATH), reporting restarted for Powys responsible pathways from 28/10/2025. Data available has been improved and is now available against all key pathways in England by tumour subsite. Over 104 breach details are also now available again.
- Shrewsbury and Telford NHS Trust (SATH) reported 65.3% compliance against the 62 days urgent suspected cancer pathway in August. Cancer performance has continued to steadily improve from the same period in 2024/25. Of the 36 pathways starting treatment 6 were over 104 days. SATH is currently ahead of recovery trajectory for 28-day FDS & 62-day USC in August and August was their highest reported performance in the last 18 months.
- Wye Valley NHS Trust (WVT) performance reported in August that 70.0% of 20 Powys residents started treatment within 62 days. Most breaches reported were in Urological – Prostate, and Breast, and a single breach in lung.
- It should be noted that low numbers of Powys pathways can distort compliance.

Challenges

- Key narrative below is sourced from the respective Integrated Performance Reports in October.
- SATH remains in Tier 3 monitoring for Elective admissions.
- SATH clinical and operational workforce constraints most notably in Oncology and Max Fax pathways. Mitigations are in place, including partnership working with a neighbouring Trust and insourcing additional capacity.
- WVT whole service e.g., all patients not just Powys responsible has seen a 23% increase in referrals vs 3 years ago for the same period.
- WVT Breast and Urology are key challenged tumour pathways, although extra sessions have been planned.
- Urology Prostate challenged by turnaround times for MRI diagnostics and Radical Retropubic Prostatectomy procedures.

Actions & Mitigations

- Requesting new information flow from SATH to resolve data quality challenge.
- SCP performance reviewed and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SATH has been de-escalated to Tier 2 for Diagnostics & Cancer with improved waiting times and compliance.
- 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).
- WVT – To address the shortfall in Breast services, additional workforce capacity has been planned, including extra clinical sessions.
- WVT - A robotics training console is scheduled to arrive in October, which will support improvement in 62-day performance through the training of three clinicians. The community diagnostic centre opening at the end of September will have a positive impact for all cancer performance targets, especially the MRI prostate which requires a 48-hour turnaround.

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

Access & Activity NHS Performance Measures – 31 and 33 Frequency - Monthly

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

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

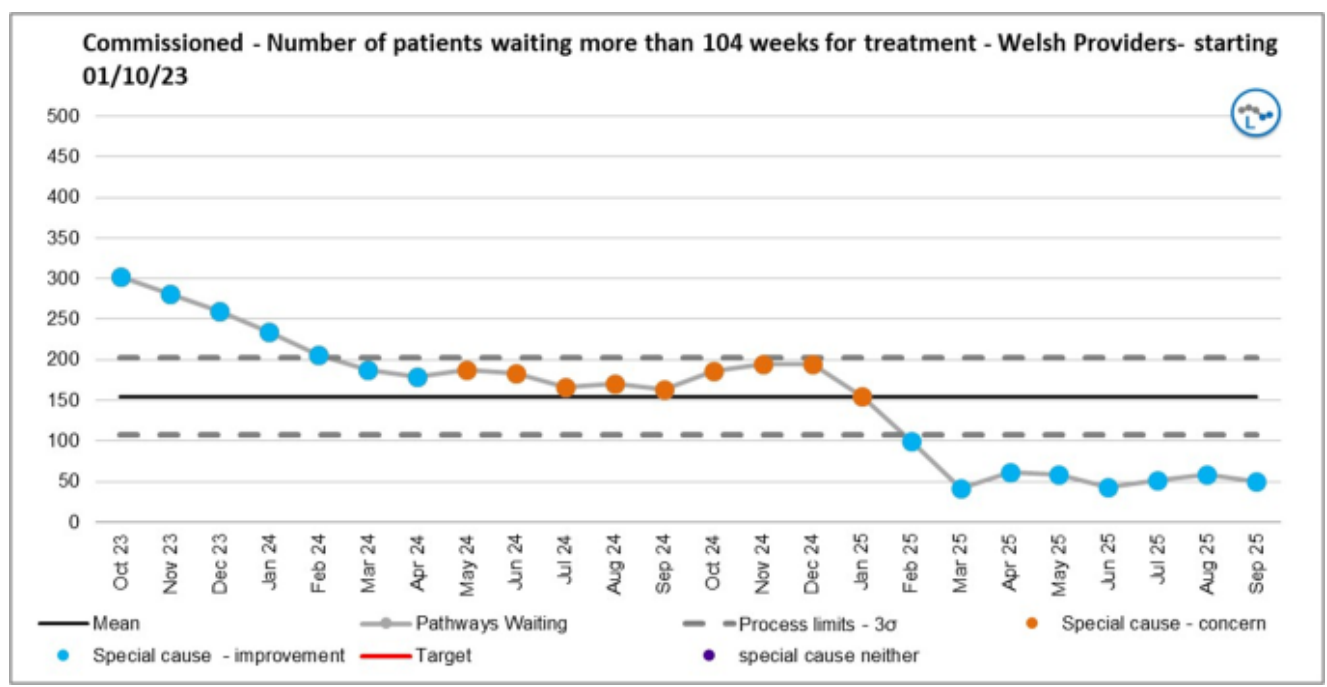
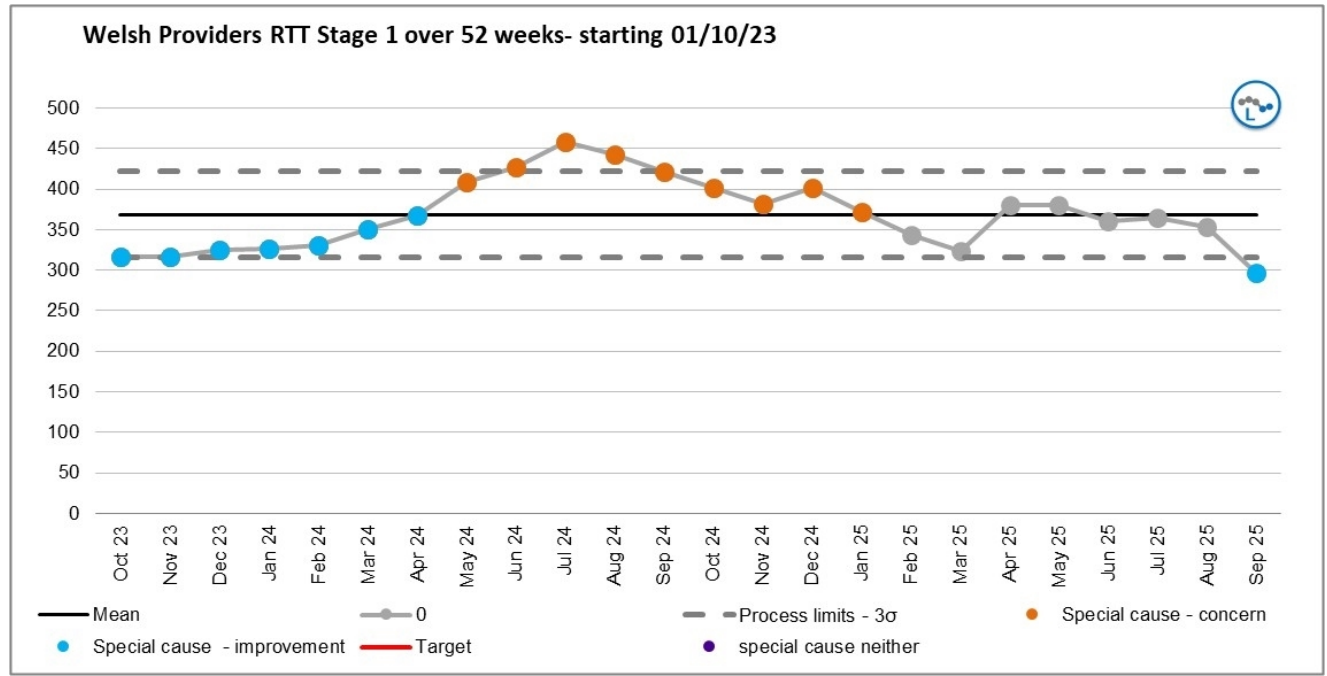
What the data tells us

Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

- Swansea Bay UHB and Hywel Dda UHB continue to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents in September. All Health Boards maintained or showed improvement bar CTM (increasing challenge for those patients waiting under 52 weeks for a new outpatient appointment).
- The total number of patients waiting over 52 weeks in Wales for a new outpatient appointment has decreased from 353 in August.

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

- Swansea Bay UHB and Hywel Dda UHB reporting no Powys resident waiting over 104 weeks. It should be noted however that all providers continue to show statistical improvement.



Welsh Providers	Sep-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting	Stage 1 pathways over 52 weeks	
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.	All pathways waiting over 104 weeks.	All pathways waiting over 104 weeks.	All pathways waiting over 104 weeks.		All pathways waiting over 104 weeks.	All pathways waiting over 104 weeks.
Aneurin Bevan University Health Board	61.0%	697	349	11	2630	121				
Betsi Cadwaladr University Local Health Board	46.7%	307	168	27	756	79				
Cardiff & Vale University Health Board	53.9%	128	95	10	388	25				
Cwm Taf Morgannwg University Health Board	56.2%	272	162	2	882	71				
Hywel Dda University Health Board	58.3%	436	254	0	1463	0				
Swansea Bay University Health Board	61.9%	533	284	0	1974	0				
Total	58.5%	2373	1312	50	8093	296				

Challenges and actions narrative link (slide 48)

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

Access & Activity NHS Performance Measures – 31 and 33 Frequency - Monthly

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

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

[Challenges and actions narrative link \(slide 48\)](#)

What the data tells us

- Powys residents in England have consistently waited less time for treatment with the exception of Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH).
- **Wye Valley NHS Trust (WVT)** reports for August the best performance of all Powys commissioned main providers with 68.0% of pathways waiting under 26 weeks for treatment, however waits have increased for those over 52 weeks to 161 waiting. WVT performance will be challenge as the adherence to Welsh treatment targets started from July 2025.
- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** who are not adhering to Welsh targets continue to see performance improve with 67.2% of Powys responsible pathways waiting under 26 weeks, and special cause improvement showing in those waiting over 36 and 52 weeks.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits showing a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in August breaches over 104 weeks increased further again to 90 pathways, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care.

	Aug-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
		All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Providers	% of Powys residents < 26 weeks for treatment							
English Other	76.0%	27		6		0		242
The Robert Jones and Agnes Hunt Orthopaedic Hospital	49.1%	1518		919		90		1518
The Shrewsbury and Telford Hospital NHS Trust	67.2%	809		261		0		4242
Wye Valley NHS Trust	68.0%	684		161		0		3713
Total	61.6%	3038		1347		90		9715

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

Commissioned RTT for Welsh providers challenges and actions

Commissioned RTT for English providers challenges and actions

Challenges

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 – BCUHB remains particularly challenged with long waiting lists and on-going demand – particular fragility with Oral Surgery and Pain Management.
- 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.

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- RJAH reports the highest number of over 104-week pathways for Powys residents in both England & Wales, these very long waits are not limited to specialist spinal (the historical challenge).
- Wye Valley NHS Trust continues to provide excellent access as reported in April driving down waiting times. The Health Board remains in discussions with all NHSE commissioned service providers with commissioning intentions for 2025/26 for all routine patient pathways for Powys responsible adults to be booked to NHS Wales waiting times targets.
- NHS England 2025/26 priorities remain as:
 - 65% of patients to wait 18 weeks or less from referral to treatment by March 2026 (with each trust required to improve by at least 5%).
 - Every trust must also ensure 72% of patients wait ≤18 weeks for their first appointment.
 - Reduce the share of patients waiting over 52 weeks to under 1% of the entire waiting list by March 2026.
 - These are interim milestones toward the constitutional standard of 92% for 18-week waits, now expected by March 2029.
- Increase in NHSE tariffs (A&E, Maternity, Non-Elective) of up to 17% in some instances plus 2.85% uplift.
- Patients in June have already reported to PTHB concerns on the impact for their pathways for procedures initially planned from Q2 2024/25 in Wye Valley NHS Trust and RJAH.

Actions & Mitigations

Actions and Mitigations

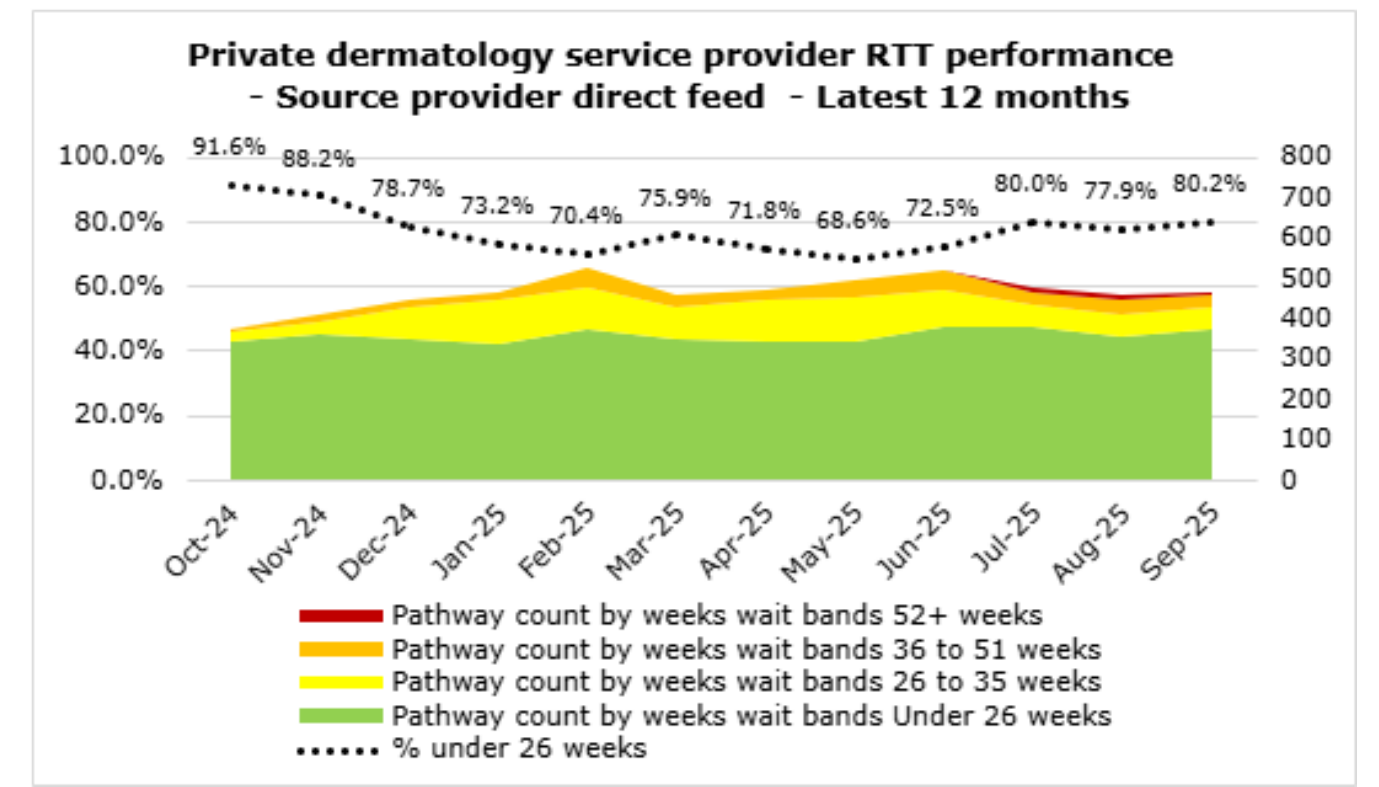
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns to support the best possible care for Powys responsible patients including focus on:
 - Long waiters TCI (booked) over 52 or 104 weeks – next actions,
 - Fragile Services,
 - Demand/Activity/Financial Position
 - Elective Recovery Actions – including update on National Recovery activity
- BCUHB outsourcing and insourcing programme for most specialties underway, assess potential for PTHB living well service support (pain management)
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- 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.

- 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.
- Implementation of PTHB MSK triage/Single Point Of Access (SPOA) enabling all GP referrals to be triaged by CMATS to decide most appropriate treatment pathway expectation that will reduce onward Orthopaedic referrals by circa 40%
- Funding allocated by WG to support 2x mega clinics for 40x stage 1 longest waiters on RJAH spinal pathway to clinically review the patients F2F by Consultant/Advanced Practitioner to assess suitability for alternate pathway – aim to hold this clinic at the start of Q4.
- SATH data system challenges – commenced conversations to continue 24/25 block arrangements into Q2 25/26
- Discussions continued and position agreed with WVT, RJAH around working to WG performance framework targets – still outstanding with SaTH.
- CSU undertaken work to assess impact of increase in NHSE tariffs, WG notified of increase in costs for PTHB.
- Communications around deferral of waiting times in WVT/RJAH shared with providers, stock response in place for initial response, individual responses provided where appropriate/required.

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



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Oct-24	91.6%	339	25	6	0	370
Nov-24	88.2%	359	33	15	0	407
Dec-24	78.7%	348	76	18	0	442
Jan-25	73.2%	338	109	15	0	462
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460
Apr-25	71.8%	339	104	29	0	472
May-25	68.6%	339	109	44	2	494
Jun-25	72.5%	377	94	44	5	520
Jul-25	80.0%	380	51	34	10	475
Aug-25	77.9%	356	55	36	10	457
Sep-25	80.2%	373	55	29	8	465

What the data tells us

- Under 26-week performance is 80.2% in September 2025, this is a slight increase on August 2025 position (77.9%). Patients waiting over 36 weeks has reduced to 37 in September from 46 in August, over 52 week waits also decrease to 8 in September from 10 in August.

Powell Bethan
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Challenges

- Limited number of patients continue to wait over 52 weeks.

Actions & Mitigations

- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

Please note that this framework replaces the 23/24 business reporting rules as used within the Integrated Performance Framework and report.

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	<ul style="list-style-type: none"> Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. No exceptions or quality concerns. Sound governance arrangements in place. Performance within expected targets either national or local 	<ul style="list-style-type: none"> No escalation action. Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG. 	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	<ul style="list-style-type: none"> Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. Sustained deterioration on 1 or more domain. <p>This can include:</p> <ul style="list-style-type: none"> Failure to deliver on an NHS Performance Framework target or local target trajectory. A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. Failure of quality standard. Where SPC methodology notes variance of concern. 	<ul style="list-style-type: none"> Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. Recovery plan to be developed that address issues to be recovered/improved. Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. Reported through to Executive Committee. Monthly reporting where appropriate via IQPR as an exception to performance. 	<p>Options include:</p> <ul style="list-style-type: none"> IQPG engagement monthly with Executive Internal support as required (QI/vbhc/planning – issue dependent). Consideration of compliance with Professional clinical codes and standards and proportionate response. Consideration of compliance with managerial code of practice. Internal peer review. Executive support (directly or from other teams). Consider need for bespoke response. Minimum monthly updates to Executive Committee.
Level 2b (Exception)	<p>Specially for finance:</p> <ul style="list-style-type: none"> Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast. 	Identified through monthly financial reporting	<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>Agreed action plan established:</p> <ul style="list-style-type: none"> Monitored through financial reporting arrangements. Review period established if plan failing.
Level 3 (Escalation)	<ul style="list-style-type: none"> Serious concerns on quality and governance. Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. Clear articulation of reasons for escalation and criteria for escalation. <p>This can include:</p> <ul style="list-style-type: none"> Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. Performance recovery is failing to improve or maintain performance. Any significant failure of quality standard. Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern. 	<ul style="list-style-type: none"> Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. Improvement/recovery plan required to address issues identified. Reported through to executive and relevant committee. Escalated frequency of IQPG meetings and resultant remedial action plan completion. Challenge review on appropriate shift to the Escalations Oversight Group (EOG). Monthly reporting where appropriate via IQPR as an exception to performance. 	<p>Actions could include:</p> <ul style="list-style-type: none"> Escalation Oversight Group (EOG) Independent review of service/corporate department effectiveness. Deployment of appropriate HR policies e.g. Capability policy. Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). Consideration of compliance with Professional clinical codes and standards and proportionate response. Consideration of compliance with managerial code of practice. Suspension or revision of service provision. <p>De-escalation: The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.</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	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.



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Agenda item: 5.3

Finance and Performance Committee	Date: 04 December 2025
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Subject:	Public Sector Prompt Payment (PSPP) Performance
Approved and presented by:	Pete Hopgood, Director of Finance, Capital and Support Services/Deputy Chief Executive
Prepared by:	Assistant Director of Finance (Accounting and Services)
Other Committees and meetings considered at:	Executive Committee (3 December 2025) – feedback will be provided during the F&P Committee.

PURPOSE:

To receive the results of a review of the PSPP performance for April to September 2025 to highlight areas of non-conformance and an action plan to address the current failure to meet the target.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- RECEIVE** the review and take **ASSURANCE** that actions are planned to progress to achieving the 95% PSPP target, **NOTING** it is not envisaged the target will be met for 2025/26.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Y/N	Notes
1. Focus on Wellbeing	Y	Public Sector Prompt Payment (PSPP) is a key financial performance target, which all public sector organisations are expected to achieve.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

PTHB, as part of its monthly Welsh Government reporting and Annual Accounts, is required to provide its performance against the Public Sector Prompt Payment (PSPP) Performance target which is to pay 95% of non-NHS invoices (by number not value) within 30 days. As of September 2025, the reported cumulative performance for the first 6 months of 2025/26 is 91.53%.

DETAILED BACKGROUND AND ASSESSMENT:

WHC (2003) 39 formalised the CBI Prompt Payment Code 95% performance payment target for valid invoices to be paid within 30 days of receipt as a financial duty of all NHS bodies from 2003-04 onwards.

Welsh Government Manual for Accounts extract on Public Sector Prompt Payment is as follows:

Calculation of Public Sector Payment Target

7. Target: Payment of at least 95% of non –NHS invoices paid within 30 calendar days of receipt of goods or a valid invoice (whichever is later), unless other payment terms have been agreed.
8. Compliance: To ensure that creditors receive payment by Bank Automated Credit System (BACS) within 30 calendar days (or date and issue cheque within that period) or within agreed timescale. To meet the target NHS bodies must pay 95% of the total number of non- NHS payments within 30 calendar days or within agreed timescale.

Calculation methodology:

9. It is essential that Trusts and LHBs demonstrate good practice in their payment systems and can show the actions they have undertaken to resolve disputes in a timely manner and within the principles outlined in the CBI code. This is also an intrinsic value of the supporting processes and principles outlined above.
10. The essential requirements of calculation methodology are as follows:
 - An accurate 'start' date should be logged. This will be the date the invoice is received by the NHS body (or the date the goods are received if later); it is NOT the date the invoice is received by the accounts payable department.
 - If the goods or services have not been received when the invoice arrives, the 'start' date is the date the goods/services are physically received.
 - If the goods are received are damaged or deficient in some way, then the 'start date' is the date the correct goods are received.
 - The clock starts at the 'start' date; however, it will stop at the point that an invoice is put into dispute and restart again when taken out of dispute. The following are cases where the clock will need to stop and restart:
 - If a supplier sends the invoice with incorrect/insufficient details then the clock should stop when the issue is identified and restart when correct/sufficient details are provided (e.g., order number not recognised, values differ). However, where problems with invoices arise from NHS body / shared services error rather than supplier error, then the start date remains as the date the original invoice was received or the date the goods were received.

Definition of the financial target for NHS bodies: Payment of at least 95% of non-NHS invoices within 30 calendar days from the receipt of goods or a valid invoice (whichever is later), unless other payment terms have been agreed.

The performance reported for the 6 months to September 2025 is as follows:

Non-NHS	Monthly Figures			
	Month	Total Invoices paid	Invoices paid within 30 days	% Number
	Apr-25	4180	3863	92.42%
	May-25	3963	3595	90.71%
	Jun-25	3931	3596	91.48%
	Jul-25	4362	4004	91.79%
	Aug-25	3501	3197	91.32%
	Sep-25	3530	3228	91.44%
Cumulative Total				91.53%

A monthly analysis of the invoices that did not meet the target was undertaken and suppliers with more than 10 invoices within a month were reviewed and categorised to understand any operational issues or trends that factored into the failure of the invoice to meet the target payment period. The categorisation defined the following numbers and areas:

Type of Invoice	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Agency	26	109	29	27	5	6
Local Authority	33	31	12	43	74	73
Orthodontic Provider	3	6	42	33	9	10
Other General Supplies, M&SE, Surgical Instruments	86	21	0	1	9	4
Other Various individual suppliers no trend identified	52	26	78	91	62	52
Private Provider and Continuing Health Care	117	175	174	163	145	157
Total invoices paid after 30 days	317	368	335	358	304	302
5% Tolerance by number of invoices processed in month	209	198	197	218	175	177
Total invoices in month above 5% tolerance	108	170	138	140	129	126

Agency Invoices

Significant work has been undertaken with respect to modernising the Agency invoice process and this is seeing improvement in performance against the target in comparison to previous years. Therefore, this focus is to be continued to ensure the invoices that exceed 30 days remain minimal. Please note the increased breaches in May 2025 was because one supplier had sent in a batch of 67 invoices that the THB had no record of receiving. The missing batch of invoices were identified by the Finance team during a statement review exercise and dealt with promptly.

Local Authority Invoices

It should be noted that most of the Local Authority invoices relate to Continuing Health Care packages of care that are jointly funded by Powys County Council (PCC) and the THB. Please see the Private Provider and Continuing Health Care section below in relation to action taken in this regard.

The Deputy Director of Finance and Assistant Director of Finance (Accounting and Services) meet monthly with PCC finance colleagues to discuss a range of topics including aged debts. It is acknowledged that the general performance in this area has improved and recognised by the Local Authority in an extract of its most recent Q2 treasury report to its Governance and Audit Committee below.

'Aged debt from Powys Teaching Health Board (PtHB) has decreased by £1.17 million compared to the previous quarter. Working closely with PtHB with regular meetings in place to help manage aged debt and minimise the outstanding balance.

They have been proactive in reviewing the older debt and working with the council to resolve outstanding queries. A new process of documenting the approval of jointly funded contracts is now being used. However, fluctuations can still occur quarterly due to timing issues with invoicing.'

The latter months increase in breaches reported in the table above is because of this joint working to identify and resolve issues which were preventing the payment of aged invoices which will continue.

Orthodontic Provider

The THB has one supplier that is a sole trader and insists on delivering their invoices to a local dental department. A meeting took place with the dental team, and it was identified that when these invoices were hand delivered, they had already in many cases exceeded the invoice date by more than 30 days. As a result of this finding, it has been agreed that the dental department will date stamp the date received on the invoices and this will be the date used for PSPP calculation purposes. It has been indicated that this supplier is due to withdraw services shortly due to retirement, therefore, this is only an interim solution, and it will be ensured that the next supplier of these products adhere to the THB electronic receipt of invoices etc.

Other General Supplies, M&SE, Surgical Instruments

The increased numbers in the first two months of the year related to an administrative backlog that had been encountered within the medicines management team who are responsible for processing of invoices for vaccines. This was a one-off occurrence and continued monitoring in this area will take place to ensure such episodes are not repeated.

Continuing Healthcare and Private providers

As per the table above, this is the operational area where most breaches of the PSPP target occur, averaging 47% of all failed invoices per month in the 6 months to date. A paper has previously been provided to the Audit Risk and Assurance Committee at its September meeting outlining capacity issues experienced to date and process improvements being implemented for Continuing Health Care. The key strands of this work are extracted below:

- Streamlined package approval and invoice payment process introduced, which is in its infancy.
- Requirement to ensure timely/recorded responses to valid dispute as part of the payment process will be introduced to flag valid disputes with suppliers (eg missing information, challenge on charges made) which have delayed payment. This will remove the invoice from the breach figures as the dispute has led to the delay in payment. Currently no assessment for dispute is being undertaken against Continuing Health Care invoices.
Note: an administrative delay in review/processing of invoices will not be accepted as a valid reason for dispute.
- New Funds Flow Form: A new funds flow form proposed by Powys County Council for new cases, aiming to improve communication and agreement on care package costs was presented and would be pursued jointly to implementation.
- Recent additional work has been undertaken by allowing additional bank shifts and cross cover between CHC teams to update the National Complex Care Database (NCCD) and includes recording of new packages and passing invoices for processing and payment. This has led to a number of older invoices being paid which have exceeded the 30-day timeframe due to the backlog that had built up. The need to ensure no single points of failure has been identified and additional administration support is being recruited to the CHC team.
- Any findings from the recent Grant Thornton review will be considered and implemented in respect to improving the prompt payment of invoices in this area.

It is anticipated all the above steps will improve performance in this area for the future, but PTHB must expect further breaches in the short term whilst this capacity issue is addressed and older invoices are paid.

Other Various individual suppliers no trend identified

On analysis of the monthly information there are a number of one-off invoice failures relating to various suppliers with no recurring theme or trend identified. It is accepted that there will be individual breaches that occur which is why there is a 5% tolerance. Consequently, no detailed work has been undertaken in this area, but all future months will be examined to identify any emerging trends, which will be addressed immediately as they appear.

Conclusion

In conclusion, the PTHB finance team will be working and monitoring all the areas highlighted above to increase the monthly performance, so it improves to meet the 95% target on a monthly basis by the end of the year. It must be noted, however, due to the performance experienced in the year to date PTHB is unlikely to meet the cumulative target of 95% for the 2025/26 financial year.

NEXT STEPS:

A further update will be provided to the Committee following Quarter 3 and again as part of the year end reporting cycle.

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IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

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



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Agenda item: 5.4

Finance and Performance Committee	Date: 04 December 2025
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Subject:	Out of Hours General Medical Services Mid-Year Performance 2025/26
Approved and presented by:	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Prepared by:	Assistant Director of Primary Care
Other Committees and meetings considered at:	PTHB Executive Committee - 19 November 2025 who supported the paper to the Committee.

PURPOSE:

This paper provides ongoing assurance around the Out of Hours (OOH) General Medical Services (GMS) provision for Powys patients for Q1 and Q2 2025/26. This is an in year interim report to support the end of year process.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the report and take **ASSURANCE** that the OOH Commissioning Assurance Framework monitoring process is providing an appropriate framework to support OOH contract management.
- **NOTE** plans to progress procurement of continued GMS OOH service provision from 01 July 2026 onwards.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y
2. Provide Early Help and Support	Y
3. Tackle the Big Four	N
4. Enable Joined up Care	Y
5. Develop Workforce Futures	N
6. Promote Innovative Environments	N
7. Put Digital First	N
8. Transforming in Partnership	Y

EXECUTIVE SUMMARY:

PTHB continues to contract with two providers to deliver its OOH services, Shropdoc Co-operative Ltd and Swansea Bay University Health Board (SBUHB). The OOH pathway is front loaded by the national 111 service.

This paper summarises the performance of the service provided Quarters 1 and 2 of 2025/26. Quarters 3 and 4 will be included in the year-end report.

The Revised Standards and Quality Indicators for 111 and Out of Hours Services in Wales (October 2020) are the national metric used to quality measure 111 and OOH services across Wales. These standards set ambitious expectations for access timeframes, which present particular challenges in rural settings such as Powys.

The PTHB OOH Performance Management Group meets quarterly to oversee the performance of OOH services delivered by Shropdoc and SBUHB. Commissioning and performance management of the NHS 111 service is undertaken by the NHS Wales Joint Commissioning Committee and reported through the NHS 111 Quality and Delivery Assurance (Commissioning) Framework. For PTHB, the NHS 111 service includes call handling and first-line clinical triage only.

PTHB holds a contract with Shropdoc for the provision of OOH GMS and OOH medical cover at PTHB community hospitals, excluding Ystradgynlais. Shropdoc submits monthly reports detailing contract achievement against the All-Wales OOH standards. This data, along with other monitoring information, is included in the OOH Commissioning Assurance Framework (CAF) dashboard for Shropdoc. The annual CAF is presented to the Finance and Performance Committee as part of year end reporting.

All Shropdoc General Practitioners delivering Out of Hours services for PTHB are listed on the Powys Medical Performers List, ensuring compliance with regulatory and clinical governance standards.

Shropdoc's rota shift fill provision during Q1 and Q2 of 2025/26 remained consistently strong, with monthly shift fill rates not falling below 96%. This represents an improvement on the minimum monthly shift fill rate of 94% during 2024/25. Any unfilled shifts are logged on the PTHB Datix system for governance and assurance purposes.

As of the 1st October 2025, Shropdoc have lost the Shropshire Telford and Wrekin OOH contract; therefore the number of GPs available to cover the PTHB rota will reduce, however Shropdoc has provided assurance during the Q2 Performance Review meeting that going forward they have adequate GPs to cover the Powys rotas.

A summary of disposition/patient contact outcomes managed by Shropdoc during Quarters 1 and 2 is as follows:

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- 82.84% of patient contacts were concluded through Shropdoc assessment and advice, consistent with previous years (81.02% in full year 2024/25).
- 1.82% were referred onward to 999 emergency services.
- 2.26% were advised to attend Emergency Department (ED) or Minor Injuries Unit (MIU).
- 3.43% were referred to a GP for handover of care.
- 4.90% were referred to secondary care services.

An ongoing challenge for Shropdoc is meeting the standard for completing home visits within 1 hour and 2 hours. Due to the geography and rural nature of Powys the achievement of both these standards will always prove to be challenging. Shropdoc review all breaches to assess any potential impact on patient care. This process ensures any delays are appropriately scrutinised to support continuous service improvement.

The contract awarded to Shropdoc from 1st April 2025 to 30th June 2025 was extended from 1st July 2025 to 31st March 2026 (9 months). It is planned to extend for a further 3 months to 30th June 2026.

A GMS Out of Hours Review and Future Model Group has appraised the current OOH service delivery model and recommended options for future commissioning. The September Board of PTHB agreed the Group's recommendations to:

- Progress Direct Award of an APMS contract to Shropdoc for 15 months (1st July 2026 to 30th September 2027)
- Continue appraisal of current service delivery model, consider relevant outcomes from the Better Together programme and develop a specification for procurement of the service from 1st October 2027.

This approach supports continuity of service provision while enabling further planning for the longer-term commissioning of OOH services. Work is ongoing with Procurement Services to confirm the open market tender timeline for implementation of a new service from 1st October 2027.

PTHB also commissions an annual contract with SBUHB for the continuation of the OOH service for patients registered with Ystradgynlais Medical Practice, including the community hospital. Ystradgynlais patients are seen at SBUHB OOH Centres. SBUHB are unable to offer weekend OOH base cover at Ystradgynlais Community Hospital for OOH GMS access.

SBUHB reporting on the relevant standard measures for the Powys element of the service is limited due to the inability of extracting Powys specific data; therefore, no data is available regarding meeting the Standards and Quality Indicators for 111 and Out of Hours Services in Wales. SBUHB have confirmed that Powys patients enter the OOH pathway in the same way as SBUHB patients, and SBUHB have agreed to share the SBUHB data regarding compliance with the national Standards and Quality Indicators. This is a positive step forward and the detail will be included in the 2025/2026 CAF year end dashboard.

The overall SBUHB shift fill rate is good, remaining at Level 1 (90% to 100%) during this reporting period.

The 20525/25 SLA has not been signed by SBUHB and discussions continue regarding ongoing unresolved issues. This has been escalated to Director of Primary Care level with both organisations. It is the intention to sign the 2025/26 SLA, with the outstanding areas to be agreed for 2026/27, which will be resolved at the earliest opportunity.

The SBUHB OOH service will be considered as part of the overall Powys OOH pathway and specification post 1st October 2027

Historically from a Powys perspective there has been an expectation that the weekend out of hours cover included a GP to be based at Ystradgynlais Community Hospital for a morning session on both a Saturday and Sunday, however this service has not been provided for a number of years. Weekend base cover at YCH has not been achieved since the pandemic and the weekend patient pathway follows the weekday OOH pathway, whereby patients registered with Ystradgynlais practice attend a SBUHB base, mainly at Morriston Hospital. Llais are aware of the situation. This is currently being discussed with SBUHB as part of the contract discussions. Community hospital cover is in place and attendance at Ystradgynlais Community Hospital during the OOH period is being discussed as part of the 2026/27 SLA agreement.

During this period (Q1 and Q2 2025/26) PTHB received no concerns relating to commissioned GMS OOH services.

BACKGROUND:

Health Boards are responsible for the provision of out of hours general medical services as per the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Out of Hours is defined as:

- 6.30pm to 8.00 am Monday to Thursday
- 6.30pm Friday to 8.00am Monday, and
- all day on public/bank holidays.

PTHB contracts with two providers to deliver its OOH services:

- Shropdoc
- Swansea Bay University Health Board (SBUHB)

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In addition, the OOH pathway is frontloaded by the national NHS Wales 111 service and is the first point of contact to access PTHB GMS OOH services. The 111 offer to PTHB includes call handling and first line triage only. Patients requiring further clinical triage are passed either to the Shropdoc service, or for Ystradgynlais patients to the SBUHB Clinical Assessment Team and then onto SBUHB OOH service if appropriate.

111 performance management is reported through the NHS Wales Joint Commissioning Committee (JCC) via the NHS 111 Quality and Delivery Assurance (Commissioning) Framework. The Framework ensures NHS 111 Wales provides assurance on the quality of service provided, through the achievement of evidence-based, national delivery standards.

SHROPDOC

PTHB holds a contract with Shropdoc for the provision of Powys Out of Hours General Medical Services (excluding Ystradgynlais patients), Minor Injury Unit cover at Welshpool, Llandrindod Wells and Brecon Community Hospital; and OOH medical cover at PTHB community hospitals (excluding Ystradgynlais Community Hospital).

In addition to this, as part of the contract agreement, Shropdoc also provides PTHB with a service for the Care Coordination Centre, Alternative Treatment Scheme, Protected Learning Time cover, Palliative Care phone line, Professional phone line, co-ordination of the 111 dental pathway and co-ordination of the '111 press 2' mental health pathway. This paper solely refers to the performance management of the Shropdoc GMS OOH service and not the other services commissioned from Shropdoc.

The current Alternative Provider Medical Services (APMS) contract with Shropdoc was awarded via Direct Award from 1st April 2025 to 30th June 2025 (3 months) and extended from 1st July 2025 to 31st March 2026 (9 months). It is intended to extend the existing contract for an additional three months, bringing the total contract term to 15 months, ending on 30th June 2026.

SWANSEA BAY UNIVERSITY HEALTH BOARD (SBUHB)

PTHB have an annual contract with SBUHB to provide OOH GMS services to Ystradgynlais patients registered with the Ystradgynlais Group Practice and also for OOH medical cover at Ystradgynlais Community Hospital (YCH).

The 2024/2025 SLA was agreed noting that there were outstanding areas to be resolved for 2025/2026. The areas to be resolved include:

- Community Nursing provision
- Palliative Care Patients and OOH Pharmaceutical Service
- Verification of Death
- Ystradgynlais Community Hospital OOH Base (see below)

It is intended for both parties to sign the 2025/26 SLA, with these areas outstanding. Resolution of these will be progressed as a priority for the 2026/27 agreement.

Historically, from a Powys perspective there has been an expectation that the weekend out of hours cover included a GP to be based at YCH for a morning session on both a Saturday and Sunday, however this has not been explicit in the contract for a number of years and has become an assumed aspiration by PTHB for SBUHB to cover. It is noted that patient activity does not justify a doctor to be based at YCH and would not demonstrate value for money. Weekend base cover at YCH has not been achieved since the pandemic. Previously, the base presence was linked to when an OOH GP was required to undertake a ward round over the weekend period – this is no longer required, and an alternative pathway is in place for weekend medical cover. Attendance at Ystradgynlais Community Hospital during the OOH period is being discussed as part of the 2026/27 SLA agreement.

From an OOH GMS perspective, default weekend patient pathway is the same as during the weekday OOH period whereby patients registered with Ystradgynlais practice attend a SBUHB base, mainly at Morrison Hospital. Llais are aware of the situation. There have been no patient concerns regarding the weekend OOH access pathway. This is currently being discussed with SBUHB as part of the contract negotiations.

PERFORMANCE AGAINST OOH STANDARDS

The Revised Standards and Quality Indicators for 111 and Out of Hours Services in Wales (October 2020) are the national metrics used to quality measure OOH services across Wales. The Standards expect a significantly high achievement regarding access timeframes, which are exceptionally difficult to achieve, especially in a rural area. Assurance is obtained from breach incident reviews to confirm no patient harm and also patient concerns are used to inform assurance on service delivery.

The standards are split into two separate areas: National Measures (Part A) and Local Measures (Part B). National Measures are public facing and reported to Welsh Government on a monthly basis. The Local Measures are for local reporting purposes only.

The PTHB OOH Performance Management Group, chaired by the Assistant Director of Primary Care, monitors the performance management of OOH services across Powys.

An OOH Commissioning Assurance Framework (CAF) has been in place for a number of years to support the monitoring of OOH services and used as a mechanism to provide assurance to the Board.

- **Shropdoc**

Shropdoc rota shift fill provision was consistently very good with monthly shift fill rates not falling below 96% during Q1 and Q2, and improvement on the minimum monthly shift fill rate of 94% during 2024/25. Any unfilled shifts are recorded on the PTHB Datix system. All Shropdoc GPs working PTHB shifts are included on the Powys Medical Performers List.

Shropdoc provide PTHB with monthly reports detailing contract achievement against the All-Wales OOH standards (Local and National Measures) and also a quarterly view is analysed by the OOH Performance Management Group.

An ongoing challenge for Shropdoc is meeting the home visiting requirement. Due to the geography of Powys and the OOH resources at the defined bases the achievement of both these standards will always prove to be challenging.

Shropdoc provide assurance through analysis of breaches against the standards. All breaches resulting in an incident are investigated and learning from events are shared with clinicians for reflection and action learning. The investigative process concludes with recommendations for either a change in process; updated communication and education; and quality improvement.

Shropdoc patient outcome/disposition Q1 and Q2 2025/26:

Advised to attend ED/MIU	156	2.26%
Assessment and advice	5729	82.84%
Death	97	1.40%
Failed contact	56	0.81%
Referred to 999	126	1.82%
Referred to a General Practitioner (handover of care)	237	3.43%
Referred to another Health Professional	29	0.42%
Referred to Secondary Care	339	4.90%
No outcome recorded	147	2.13%

Additional Shropdoc assurance includes:

- Clinical governance assurance framework in place
- Adherence to alert letters – confirming that alert letter are appropriately actioned
- Clinical risk – risk register and risk management processes in place with clear accountability
- Incidents – 100% of reporting serious incidents is within agreed timescales. All incidents are reviewed, investigated and used as 'learning events'.
- 111 Health Profession Feedback – good communication channels are in place between Shropdoc and 111 to resolve issues.
- Safeguarding – in conjunction with PTHB Safeguarding team and General Practice, at-risk patients are notified to Shropdoc

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- Clinical Audit undertaken against the RCGP OOHs toolkit criteria to review 1% of cases on a monthly basis.
- Prescribing formulary in place
- Patient surveys are undertaken, and evidence of service user experience is used to drive improvement.

Concerns and Compliments received by Shropdoc (Q1 and Q2 2025/26):

- Compliments – 1 received
- Concerns – 0 received

Shift Fill:

Triage and base shift cover rate for Shropdoc continues to be very good and achieved 94% to 100% of Level 1 cover (90% - 100% shift fill) for Q1 an Q2.

Month	% Filled shifts
April	100
May	99
June	99
July	99
August	97
September	97

Base shifts not filled are cross covered from the neighbouring base. Additional triage hours are often put on at the Shropdoc triage hub to further support base activity.

Shropdoc notify PTHB every Friday, the cover for the forthcoming weekend, and continue to source cover up until a shift commences. In addition to this they provide regular in week rota cover updates which aids further assurance of immediate rota gaps. Shift cover is presented at the twice weekly PTHB Delivery Co-ordination Group (DCG). Shropdoc utilise resources from other areas when necessary to support the Powys service. Weekend rota fill is shared with the PTHB GOLD Executive on call rota

Unfilled shifts are recorded on the PTHB Datix system.

All Shropdoc GPs working PTHB shifts are included on the Powys Medical Performers List. As of 30th September 2025, there were 117 Shropdoc GPs, 70 contributed to the rota in Powys during Q2.

As of the 1st October 2025, Shropdoc have lost the Shropshire Telford and Wrekin OOH contract; therefore the number of GPs available to cover the PTHB rota will reduce, however Shropdoc have provided assurance during the Q2 Performance

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Review meeting that they have adequate GPs to cover the Powys rotas, confirming that there are 56 GPs covering the Powys rota between now and the 31st January 2026. The following numbers are not mutually exclusive but illustrate the sustainability at each duty station

- 20 GPs covering Welshpool
- 19 GPs covering Newtown
- 17 GPs covering Brecon
- 11 GPs covering Llandrindod Wells
- 17 GPs covering Triage – majority at Longbow

• **Swansea Bay University Health Board**

Reporting on the relevant standard measures for the Powys element of the service is limited due to the inability of SBUHB being able to extract Powys specific data; therefore, monitoring the service against the standards is currently not achievable. SBUHB have been able to quantify the number of Ystradgynlais patients accessing the service and the patient outcomes/management, as shown below.

Patients of Ystradgynlais Group Practice Patient Outcome/Management Q1 and Q2 2025/26						
Month	Contact First	Doctor Advice	Home Visit	Prescription Pickup	Treatment Centre	Total
April	10	76	4	7	39	136
May	9	62	9	11	48	139
June	2	46	4	7	38	97
July	13	64	5	6	30	118
August	7	56	7	2	37	109
September	4	56	5	2	28	95
Total	45	360	34	35	220	694

No SBUHB data has been made available regarding meeting the All Wales Standards and Quality Indicators for 111 and Out of Hours Services in Wales. SBUHB have confirmed that Powys patients enter the OOH pathway in the same way as SBUHB patients, and SBUHB have agreed to share the SBUHB data regarding compliance with the national Standards and Quality Indicators. This detail will be included in the year end 2025/2026 CAF dashboard.

Shift fill:

Patients access SBUHB Primary Care Centres, mainly at Morryston Hospital, noting the comment above regarding YCH base sessions.

SBUHB keep PTHB up to date on shift fill throughout the week and in particular on a Friday for the weekend and continue to source cover up until a shift commences. The majority of SBUHB shift cover during the period has been at level 1 (90% to 100%), noting this does not include base cover at YCH (as per comment above). Unfilled shifts are recorded on the PTHB Datix system.

During this reporting period no patient concerns have been raised regarding access.

PTHB OOH Concerns

During this reporting period, PTHB received no concerns relating to GMS OOH services provided by Shropdoc and SBUHB.

FUTURE OOH COMMISSIONING INTENTIONS

The focus of this report is to provide assurance regarding the current OOH model and the services being delivered to Powys patients. In addition, it provides an update on the ongoing review of these services and plans for future procurement.

A GMS Out of Hours Review and Future Model Group was set up to appraise the current service delivery model and consider options regarding the future commissioning of OOH services for Powys Patients. The Group's recommendations were approved by the September meeting of the PTHB Board:

- Progress Direct Award of an APMS contract to Shropdoc for 15 months (1st July 2026 to 30th September 2027)
- Continue appraisal of current service delivery model, consider relevant outcomes from the Better Together programme and develop a specification for procurement of the service from 1st October 2027.
- Progress agreement of the 2025/26 OOH contract and beyond with SBUHB for the Ystradgynlais area up to 1st October 2027.

This approach supports continuity of service provision, ensures stability in OOH delivery, will provide the necessary time to explore future service models and procurement options, and enables alignment with national and local priorities including the outcomes of the Better Together programme.

NEXT STEPS:

- 1) Continue to monitor the OOH contracts through the OOH CAF for future reporting on OOH Performance.
- 2) Agree OOH SLA with SBUHB for Ystradgynlais area for 2025/26 and resolve outstanding areas for 2026/27 SLA.
- 3) Progress plans for future commissioning of OOH services as approved by September Board of PTHB.

IMPACT ASSESSMENT

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

QUALITY:

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

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

EQUALITY:

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

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

RISK ASSESSMENT:

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

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

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WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.5

Finance and Performance Committee **Date: 04 December 2025**

Subject:	Community Pharmacy Performance Report 2025/26
Approved and presented by:	Kate Wright, Executive Medical Director
Prepared by:	Head of Primary Care Medicines Management
Other Committees and meetings considered at:	Executive Committee – 19 November 2025 who supported the paper to the Committee.

PURPOSE:

The Community Pharmacy Performance Report provides an account of Powys' community pharmacy activities undertaken during 2025/26. It is intended to update the Delivery and Performance Committee on the community pharmacy contractual framework and the health board's involvement with contract monitoring. The report outlines progress to date, areas of concern and plans for the next 12 months.

RECOMMENDATION(S):

The Finance and Performance Committee is requested to:

- RECEIVE** the Community Pharmacy Performance Report taking **ASSURANCE** on progress to date, **NOTING** areas of concern and plans for the next 12 months.

Approve/Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y
2. Provide Early Help and Support	Y
3. Tackle the Big Four	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y
6. Promote Innovative Environments	Y
7. Put Digital First	Y
8. Transforming in Partnership	Y

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓/x
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓/x
	6. Promote Innovative Environments	✓/x
	7. Put Digital First	✓/x
	8. Transforming in Partnership	✓/x
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓/x
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Powys Teaching Health Board holds contracts with 23 community pharmacies across the county, providing access to essential and clinical pharmaceutical services. The contract is overseen by the Chief Pharmacist and managed operationally by the Head of Primary Care Medicines Management and the Senior Medicines Management Pharmacy Technician (Community Pharmacy).

Over the past year, Powys has seen continued progress in developing community pharmacies as clinical hubs, in line with the national direction set out in Pharmacy: Delivering a Healthier Wales. All pharmacies now provide the Clinical Community Pharmacy Service (CCPS), which includes the mandatory Common Ailments Service, Emergency Medicines Supply and Contraception elements. Uptake continues to rise, with over 7,000 Common Ailments consultations recorded in the first four months of 2025/26 – an impressive increase on the previous year. Independent prescribing activity has also increased, with nine pharmacies now providing prescribing services, and further sites planned for 2025/26.

Contract monitoring, assurance and performance oversight have been strengthened through the, ensuring compliance and identifying areas for improvement. Routine visits and quarterly engagement with contractors have supported quality improvement, collaboration and learning across Powys.

Despite this progress, the sector faces significant financial and workforce pressures, consistent with national trends. Pharmacies across Wales continue to serve notice on supplementary and rota hours, particularly affecting

weekend and bank holiday service provision. Access during these periods remains fragile and increasingly difficult to secure.

Implementation of 56-day prescribing—a national recommendation designed to release pharmacy time for clinical services—remains limited in dispensing practices. The Health Board continues to work with Welsh Government to address the unique operational challenges this presents in rural Powys.

Work is also underway to update the Pharmaceutical Needs Assessment (PNA), due for publication in 2026. The Health Board recently issued a supplementary statement identifying a gap in service provision in Llanfyllin following notice of contract termination, triggering the process to secure a replacement provider and minimise disruption for patients.

The Medicines Management Team continues to represent Powys at national forums, contributing to policy development, PGD creation, digital system improvement and contract negotiations. Locally, support for pharmacy technician-led service delivery under new PGD regulations, and continued promotion of independent prescribing, remain priorities.

Over the next year, the team will focus on:

- Delivering the next Pharmaceutical Needs Assessment (2026).
- Supporting workforce development and independent prescribers.
- Ensuring resilient access to pharmacy services across Powys through ongoing monitoring and collaboration.

DETAILED BACKGROUND AND ASSESSMENT:

Community Pharmacy Contractual Funding

The total community pharmacy contract allocation to the Health Board for 2024/25 was just short of £6 million; this overall budget is calculated primarily on the basis of numbers of prescriptions dispensed within the health board area.

Contract negotiations have not been finalised for 2025-26. The Pharmacy allocation for 2025/26 has been issued on the same basis as the recurrent 2024-25 allocation.

Although the Health Board is responsible for managing the totality of this budget and making the best use of all available resources, specific restrictions apply to elements of community pharmacy funding, as outlined in the table below.

Annex A – Revised Health Board Allocations 2024/25

	Revised Total contract funding 2024/25	Clinical service funding ¹ (£m)	Pharmacist Independent Prescribing Service (PIPS) set up costs (£m)	Community Pharmacy Collaborative Leads (cluster leads) (£m)	Quality & Safety, Collaborative Working and Continuity schemes (£m)	Workforce Incentive (£m)	EPS Transition payments (£m)
Aneurin Bevan University Health Board	32.259	5.273	0.04	0.058	1.417	0.844	0.0
Betsi Cadwaladr University Health Board	37.749	6.068	0.04	0.074	1.608	0.958	0.1
Cardiff and Vale University Health Board	25.609	3.695	0.03	0.048	1.124	0.670	0.0
Cwm Taf Morgannwg University Health Board	27.642	4.545	0.04	0.042	1.225	0.731	0.0
Hywel Dda University Health Board	23.601	3.528	0.02	0.037	1.079	0.643	0.0
Powys teaching Health Board	5.902	1.067	0.01	0.016	0.259	0.154	0.0
Swansea Bay University Health Board	21.872	3.528	0.02	0.042	1.023	0.610	0.0
Digital Health and Care Wales ³	0.400						
Wales (revised)	175.034	27.704	0.200	0.317	7.735	4.610	0.5

Each column represents a distinct allocation within the overall budget, with certain elements ring-fenced either nationally or locally. This ensures that funds are secured for community pharmacy contractors, meaning that there are no opportunities for the Health Board to realise savings from these allocations.

The Health Board's focus is therefore on ensuring that funding is used appropriately and delivers the best possible outcomes for residents of Powys.

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Distribution

Powys health board currently has 23 community pharmacies, distributed as follows:

North Cluster – 8 pharmacies

- Danby's – Llanfyllin
- Boots - Welshpool
- Rowlands - Welshpool
- Rowlands – Machynlleth
- Morrisons - Newtown
- Boots - Newtown
- Lloyds - Newtown
- Llanidloes Pharmacy

Mid Cluster – 7 pharmacies

- Boots – Knighton
- Rowlands – Rhayader
- Lakeside Pharmacy
- Boots – Llandrindod Wells
- Presteigne Pharmacy
- Boots – Builth Wells
- Llanwrtyd Pharmacy

South Cluster – 8 pharmacies

- RM Jones - Hay
- Primrose Pharmacy – Talgarth
- Well - Brecon
- Boots - Brecon
- Boots - Crickhowell
- RJ Davies - Lower Cwmtwrch
- EW Richards - Ystradgynlais
- JG & RJ Davies - Ystradgynlais

● Pharmacy

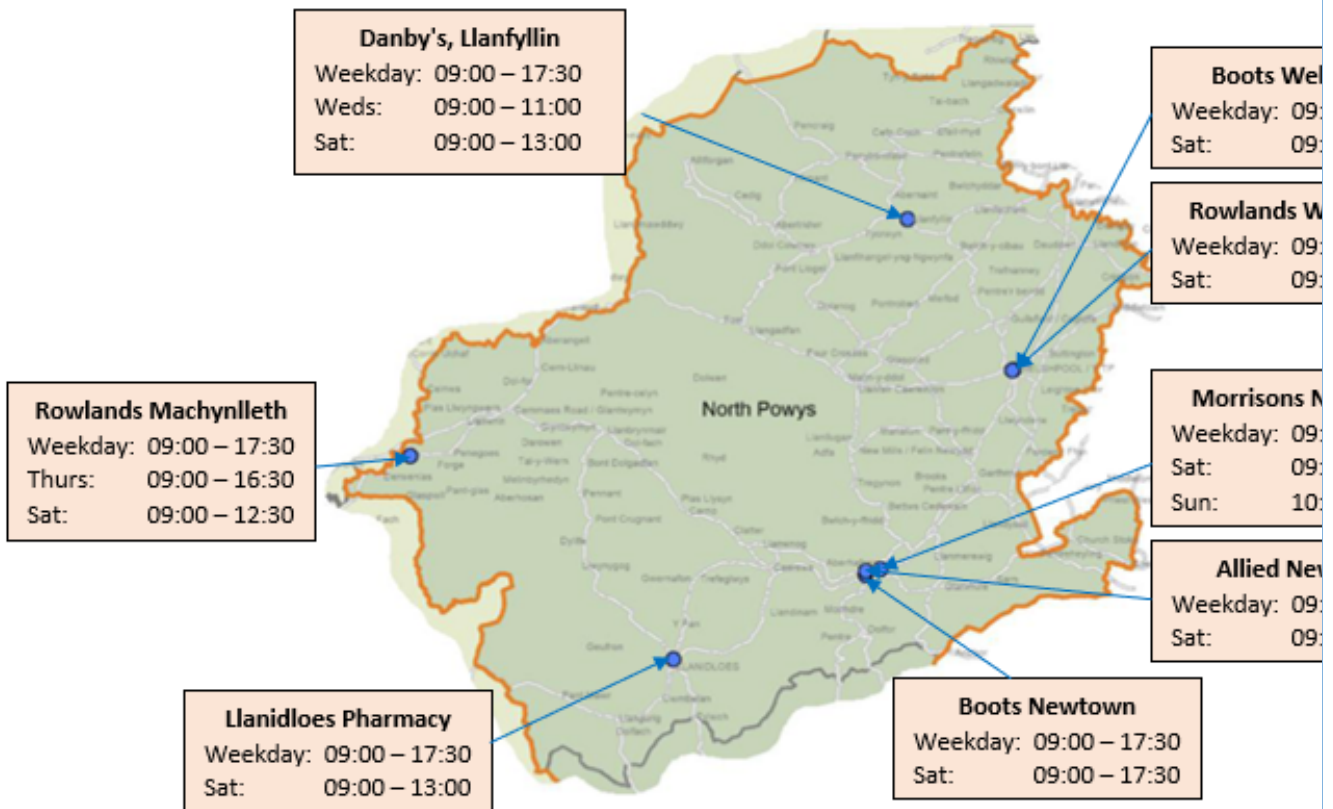
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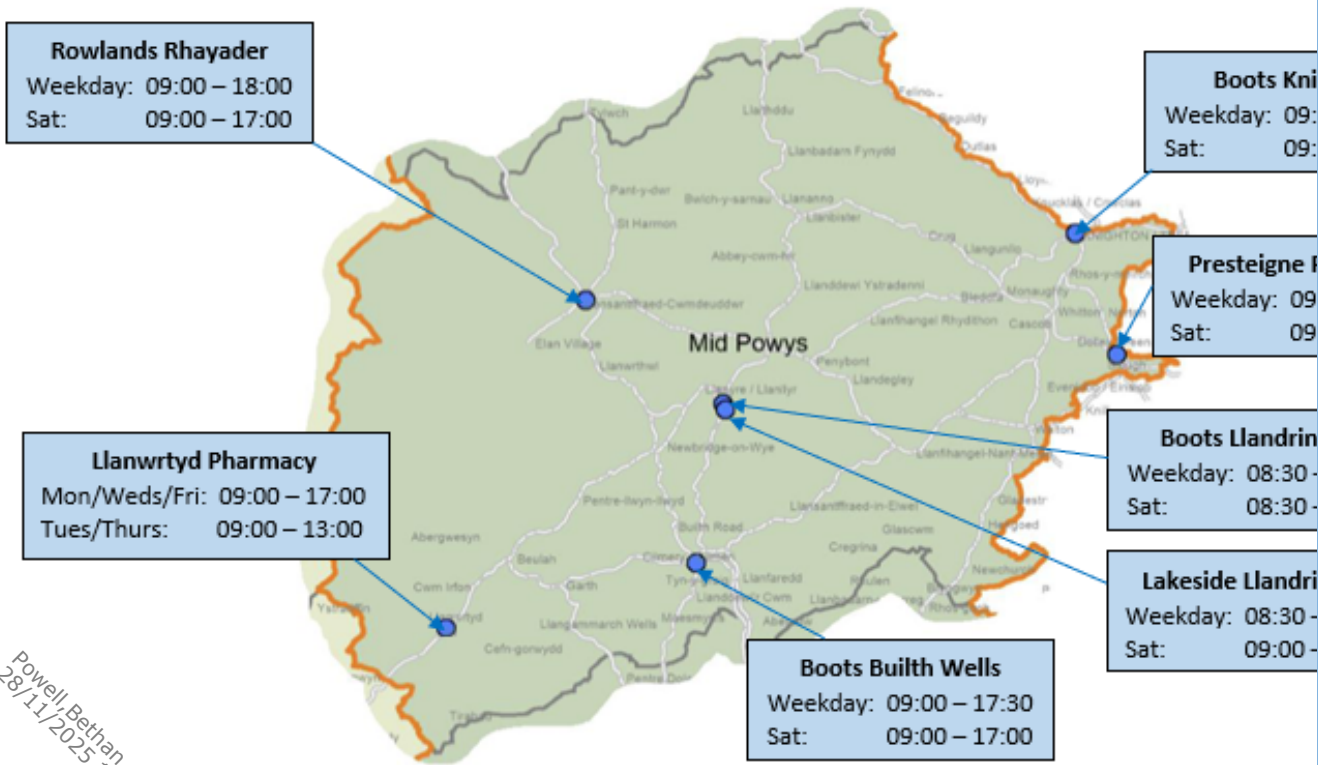
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North Cluster Pharmacy Opening Times



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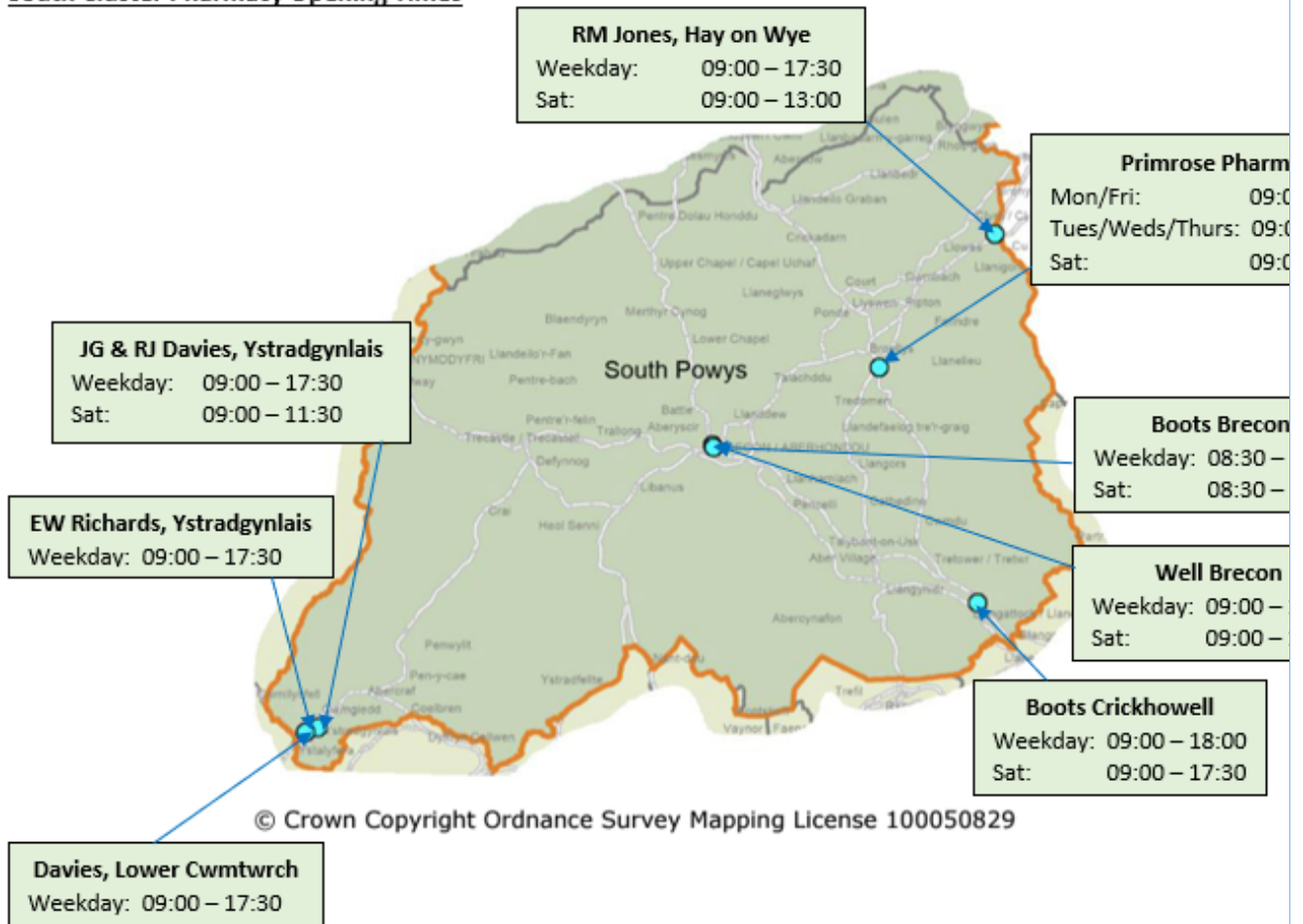
Mid Cluster Pharmacy Opening Times



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South Cluster Pharmacy Opening Times



Opening Times

The community pharmacy contract mandates that, unless otherwise agreed with the health board, pharmacy contractors must provide pharmaceutical services for a minimum of 40 hours per week (core hours). Pharmacy contractors may choose to notify the health board of opening hours above and beyond the core hours (supplementary hours).

Any change in core hours requires health board approval, whereas contractors can simply serve notice to amend their supplementary hours.

With the exception of the pharmacy in Llanwrtyd Wells (which has reduced opening hours), pharmacies typically open from 09:00 to 17:30, Monday – Friday.

Saturdays

21 of our 23 pharmacies open on Saturdays (20 have core hours stipulated in their contracts), 11 of these pharmacies cover the hours of 09:00 to 17:00.

Boots in Crickhowell does not have any core hours on a Saturday, meaning that they could serve notice to reduce or discontinue Saturday opening in the future.

Saturday services are not provided by the pharmacy in Llanwrtyd Wells nor by two of the pharmacies in the Ystradgynlais area.

Sundays

Morrisons (Newtown) opens from 10:00 to 16:00. These are supplementary rather than core contracted hours.

Commissioned Rota Services

In addition to core and supplementary opening hours, the health board commissions a number of pharmacies to extend their opening hours on weekday evenings and to open on Sundays. See Table 1 below.

Table 1: Regularly Commissioned Rota Agreements

Pharmacy Details	Rota Commissioned		Comments
& RJ Davies Chemists, Ystradgynlais Davies Chemist Ltd, Ystradgynlais Davies Chemist Ltd, Ystradgynlais Davies Chemist Ltd, Ystalyfera*	11:30 - 12:30	Sunday	Rota is commissioned where each pharmacy opens every four weeks on Sunday. *Davies Chemist Ltd, Ystalyfera is not a PTHB contractor.
Davies Chemist Ltd, Ystradgynlais	17:30 - 18:00	Mon - Fri	Every week.
Tom Jones Chemist, Ystradgynlais	17:30 - 18:00	Mon/ Wed/ Fri	Every week.
Thomson Pharmacy, Ystradgynlais	17:00 - 17:30	Thurs	Every week.
Wells Pharmacy, Ystradgynlais Wells Pharmacy, Ystradgynlais	17:30 - 18:30	Mon - Fri	Rota is commissioned where each pharmacy covers the additional hours on alternate weeks.
Wells Pharmacy, Ystradgynlais	17:30 - 18:30	Mon - Fri	Every week.
Wells Pharmacy, Ystradgynlais	17:30 - 18:00	Mon - Fri	Every week.
Wells Pharmacy	17:45 - 18:00	Mon - Fri	Every week.
Wells Pharmacy	17:30 - 18:00	Mon - Fri	Every week.
Wells Pharmacy, Ystradgynlais	17:30 - 18:00	Mon - Fri	Every week.

nby's Pharmacy, nfyllin	17:30 – 18:15	Mon - Fri	Every week.
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In addition to the regular commissioned rota services detailed in Table 1, the health board commissions pharmacy contractors to open on bank holidays.

As a minimum, the Medicines Management Team aims to have provision in the Newtown, Llandrindod Wells, Brecon and Ystradgynlais areas. Expressions of interest are sent out at least three months before each bank holiday and responses are collated before commissioning is agreed.

Community pharmacy rota services, including commissioned rota on bank holidays, are funded from the Clinical Service Funding ringfenced allocation from within the Community Pharmacy Contractual Framework budget and total approximately £127,000 per annum.

We have seen increasing fragility with pharmacies serving notice on supplementary opening hours and pulling out of rota service provision. Bank holiday pharmacy service provision is increasingly difficult to secure, meaning that our residents are having to travel further to access services.

Cover was very difficult to secure for the Christmas period in 2024 in the Brecon area; workforce challenges and inadequate rota payments are cited as the reasons by contractors. Medicines Management are increasingly having to offer longer periods of rota to make opening on bank holidays more attractive to pharmacy contractors.

Essential Small Pharmacy Scheme (ESPS)

The Essential Small Pharmacy Scheme (ESPS) is a component of the NHS Wales community pharmacy contractual framework designed to support the financial sustainability of small pharmacies that are essential to providing access to pharmaceutical services in rural or sparsely populated areas.

Under the scheme, eligible pharmacies receive additional financial support recognising that their dispensing volumes are insufficient to make the business viable under standard contractual funding alone.

In order to qualify for this top up payment, pharmacies must dispense fewer than 35,160 prescriptions annually and must also be located more than 1 kilometre from the next nearest pharmacy.

The ESPS helps to ensure that patients in remote communities continue to have reasonable access to essential pharmacy services, supporting equity of provision across Wales.

During 2024/25 the pharmacy in Llanwrtyd Wells qualified for the ESPS payment for the first time and continues to claim this top-up payment. The reduced

prescription volume is a consequence of the national recommendation to move from 28-day to 56-day prescribing to release pharmacy professional time to focus on clinical services.

The threshold for claiming this top up payment has not altered for many years and Health Boards have asked Welsh Government to review the scheme as part of contract negotiations.

ESPS payments are ringfenced within the Community Pharmacy Contractual Framework budget so do not create an additional cost pressure for the health board.

Temporary Closures

Community pharmacy contractors have a contractual obligation to notify the health board, at the earliest opportunity, when they are unable to open for their full contracted hours, providing details of the reason for closure and assurance that mitigation is in place.

Between October 2024 and September 2025, the health board received 28 closure notices from 9 contractors. 15 closure notices were received during the same period in the previous 12 months. The majority of closures reported were due to pharmacist availability and last minute locum pharmacist cancellations.

Type of Closure	No. Closure Notices Received (Oct 23 – Sept 24)	No. Closure Notices Received (Oct 24 – Sept 25)
Pharmacy closed for 2 hours or less	8	13
Pharmacy closed for more than 2 hours	5	11
Pharmacy unable to provide any services for the whole day	2	4
TOTAL	15	28

Accelerated Cluster Development (ACD) and Community Pharmacy Collaborative Leads (CPCLs)

A CPCL is a nominated pharmacist or pharmacy technician who leads a community pharmacy collaborative within a cluster. Roles are appointed following a nomination and voting process undertaken by the pharmacies within each cluster. The CPCL plays a critical role in shaping engagement and providing leadership and representation for pharmacies within the primary care cluster.

Collaborative working meetings should consider a wide range of areas such as the following:

- Implementing the Electronic Prescription Service (EPS).
- Optimising use of the NHS Wales App to support repeat prescription ordering.
- Implementing the Periods of Treatment review.
- Delivery of community pharmacy advanced and additional clinical services.
- A cluster identified priority for 2025-26.

We have been successful at filling vacancies and now have CPCLs represented at all Powys cluster meetings.

Escalation Status

Community pharmacy contractors are encouraged (but not mandated) to update their escalation status whenever their status changes. The Medicines Management Team is automatically notified when a status is updated, allowing work to be undertaken to understand the rationale for escalation and to support contractors to mitigate the impact on patients and members of the public.

Although not unique to Powys, some local community pharmacy contractors have recently used the Escalation Status Tool to express concern regarding delays to the 2025/26 contract negotiations and the associated funding agreements.

Contractors have reported that rising operating costs, declining dispensary profitability, and recent increases in National Insurance contributions are creating significant financial pressures, with some indicating that their businesses are at risk of becoming unsustainable.

Table 3 summarises the status categories and the current statuses of our community pharmacies.

Table 2: Pharmacy Escalation Status

Escalation Status	No. Pharmacies (23/10/25)	Summary
5	0	Closed in normal business hours
5	5	Business continuity issues (interruption to utilities / adverse weather) Reduced staffing levels or increased demand is having a <u>significant</u> impact on the provision of services.

3	0	Business continuity issues (interruption to utilities / adverse weather) Reduced staffing levels or increased demand is having an impact on the provision of services
2	3	Open as usual and either reduced staffing levels or increased demand on services. Sufficient capacity to meet demand.
1	12	Open and delivering services as usual
0	3	Status has not been updated

Clinical Community Pharmacy Service (CCPS)

Under the current contract, pharmacies are able to sign up to provide the nationally directed Clinical Community Pharmacy Service (CCPS); all pharmacies in Powys have committed to provide this service.

The CCPS is comprised of three *mandatory* component services:

Mandatory Components

- Common Ailments Service, including:
 - Treatment of Sore Throat
 - Treatment of Urinary Tract Infection
- Contraception Services
- Emergency Medicines Supply

In June 2025, the Sore Throat Test and Treat service became a mandatory component of the CCPS; the Urinary Tract Infection Service was added in October 2025.

To encourage contractors to provide CCPS, changes were made to community pharmacy contract funding mechanisms. All three of the mandatory components must be provided to qualify for full payment.

The Medicines Management Team works closely with contractors to provide assurance around the quality of service provision and also analyses service claims data to ensure that the services are appropriately offered across Powys in line with the commitment.

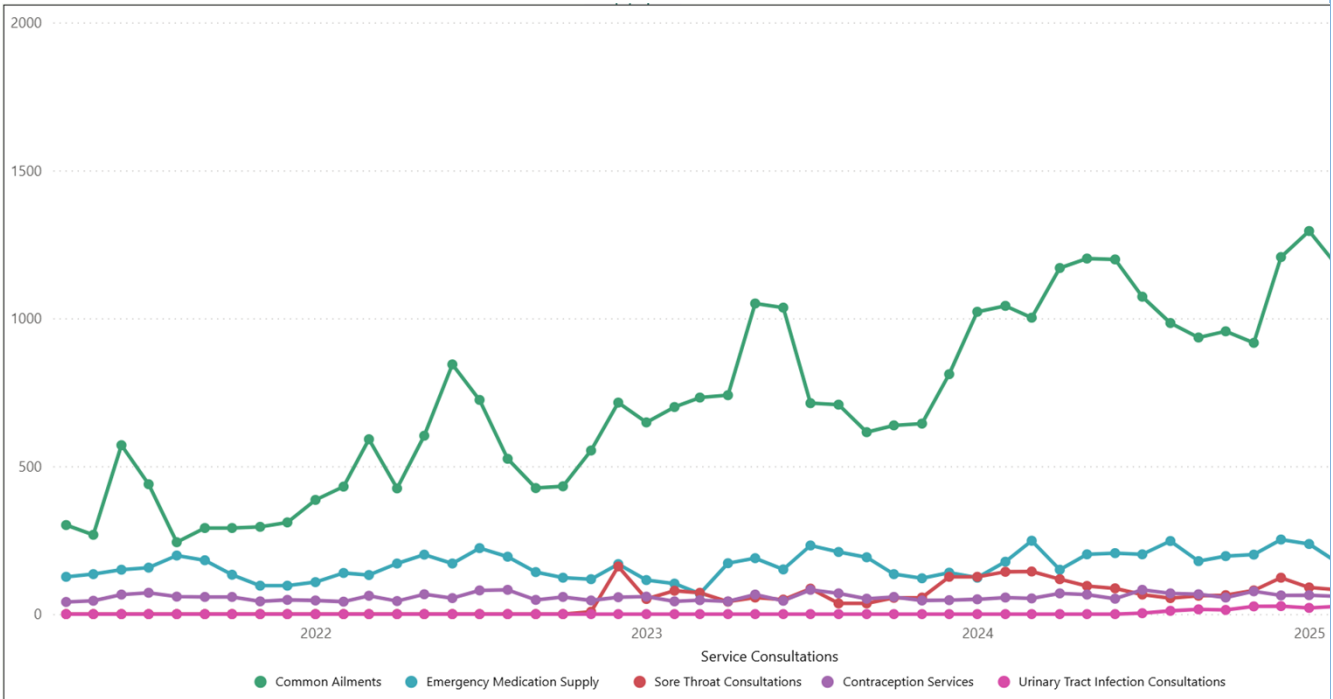
Robust monitoring of all community pharmacy commissioned services is in place, allowing evaluation of service provision and identification of areas for improvement, investment and disinvestment such as:

- Pharmacies providing emergency supplies of medicines to patients during GP surgery opening hours

- Pharmacies commissioned, but not actively providing services

Monitoring tools have been created to identify changes in service provision over time and highlight contractors who are consistently offering valuable services to Powys residents, as well as identifying those who may be experiencing challenges.

The graph below has been extracted from the community pharmacy dashboard and shows that Powys community pharmacies have been able to increase service provision for the services included in the CCPS.



Additional Clinical Services

Pharmacies are also commissioned to provide some *additional pharmacy services* including:

- Smoking cessation support
- Supervised administration of medicines
- Needle and syringe exchange / naloxone supply
- Blood borne virus (BBV) testing
- Access to palliative care medicines
- Return of patient sharps
- Medicines administration record (MAR) provision
- Waste reduction scheme

Details of which pharmacies provide these services can be accessed via the health board's [website](#).

Most of these services are already commissioned widely in Powys, recognising the rurality of the county, however work is being ongoing to review the service

specifications and widen commissioning, where possible, in order to provide a more consistent service offer across Powys.

Pharmacist Independent Prescribing Service

There is a national drive to increase the number of community pharmacists that are trained and working as independent prescribers. To support this, the national directed service: Pharmacist Independent Prescribing Service (PIPS) was included in the contract in April 2022. Under this service, pharmacist prescribers are limited to prescribing in the following areas:

- Common Ailments
- Contraception

Health Boards are also able to extend the scope of this service, in response to a local need.

There are now nine community pharmacy sites actively prescribing for patients in Powys:

- Llanidloes Pharmacy
- Davies Chemist, Lower Cwmtwrch
- RM Jones, Hay on Wye
- Primrose Pharmacy, Talgarth
- JG and RJ Davies, Ystradgynlais
- Llanwrtyd Pharmacy
- Well Pharmacy, Brecon
- Boots, Builth Wells
- Rowlands, Rhayader

It is anticipated that three further pharmacies will be commissioned to provide PIPS during 2025/26.

The main challenge faced by pharmacists who wish to train as independent prescribers continues to be the ability to secure a Designated Prescribing Practitioner (DPP) to provide supervision, support and practical experience in a clinical area during training. There is currently a limited pot of money to reimburse DPPs for their time although this funding is not guaranteed beyond 2025/26.

Overview of Service Consultations

Service	No. of Consultations 2023/24	No. of Consultations 2024/25	No. of Consultations April – July
Common Ailments Service	10021	13510	7140
Management of Sore Throat	955	1036	408
Urinary Tract Infections	n/a	170	197
Emergency Medicines Supply	2090	2491	1191

Contraception Services	668	768	264
Seasonal Influenza Vaccination	4432	3867	n/a
Just In Case Packs	164	186	61
Independent Prescribing	5148	6127	2123
Discharge Medication Reviews	195	213	63
Smoking Cessation (Level 2)	460	464	122
Smoking Cessation (Level 3)	180	177	87
Supervised Administration	426	286	114

The table above shows the number of consultations delivered by community pharmacies across Powys for a range of clinical services. The data compares activity from 2023/24, 2024/25, and April to July 2025.

There has been a clear increase in service uptake, particularly in the Common Ailments Service, which has already reached over 7,000 consultations in just the first four months of 2025/26—more than half of the previous year’s total.

Independent Prescribing consultations are also increasing, with nine pharmacies now actively offering this service and more expected to come on board in 2025/26.

In addition to these growing services, pharmacies continue to expand their clinical offer with new services like Urinary Tract Infection (UTI) management, which has already surpassed last year’s total in just a few months. This growth is happening alongside a continued rise in the number of items dispensed, highlighting the increasing role of community pharmacies in supporting patient access to care and reducing pressure on other parts of the health system.

The Use of Patient Group Directions (PGDs) by Pharmacy Technicians

Amendments to The Human Medicines Regulations (HMR) came into effect in June 2024, enabling registered pharmacy technicians to supply and administer medicines under PGDs.

This amendment supports the ambitions of [Presgripsiwn Newydd/A New Prescription](#) to maximise the use of the skill mix within pharmacy teams, enabling them to meet more of the health needs of their local populations.

Pharmacy technicians are now able to provide the following community pharmacy services using PGDs:

- Seasonal Influenza Vaccination Service – from October 2024
- Contraception Services – from February 2025

The Medicines Management team will continue to contribute to the national programme, work with contractors and CPW to support registered pharmacy technicians in delivering services to our patients.

Monitoring the Community Pharmacy Contract

The Head of Primary Care Medicines Management chairs quarterly forum meetings which invite Community Pharmacy Wales (CPW), independent contractors and representatives from the Community Chemists Association (CCA) to discuss the ongoing implementation of the community pharmacy contract in Powys.

The Medicines Management Team has developed a Community Pharmacy Contract Assurance Framework (CAF), it is updated quarterly and supports the Medicines Management Team to monitor compliance with the contract. Themes covered in the CAF include:

- Contract Monitoring
- Temporary closures
- Concerns, complaints and incident reporting
- Stakeholder identification
- Service delivery and compliance with service specifications
- Waste management

Community pharmacy contractors are asked to complete three toolkits annually which are used to declare adherence to specific elements of the community pharmacy contract. They also inform priority of contract monitoring visits:

- Clinical Governance Toolkit
- Information and Security Management System (ISMS) Toolkit
- Controlled Drugs Checklist

Contract adherence is assessed during contract monitoring visits. These visits also provide an opportunity for collaboration and to consider broader aspects of pharmacy services e.g. commissioned services.

Contractors are provided with an agreed list of actions and defined timescales for their completion following visits; learning is regularly shared and engagement with our pharmacy contractors continues to improve.

The Medicines Management Team visit at least 50% of pharmacy contractors each financial year.

Contribution to the National Programme

Although Powys represents a relatively small number of pharmacy contractors, the Medicines Management Team maintains an equal voice at national forums and working groups; ensuring that local perspective is fully considered in national discussions.

Through active participation, the team has contributed to the development of national Patient Group Directions (PGDs) and service specifications, the enhancement of digital systems used in community pharmacy, the revision of national policy, and ongoing community pharmacy contract negotiations.

Information for the Public and Contractors

The Medicines Management Team is committed to making information easily accessible to both healthcare professionals and members of the public. The Medicines Management pages of the PTHB website include a section on community pharmacy. These pages are routinely updated and contain information on:

- Community pharmacy contact details
- Services provided by each community pharmacy
- Bank holiday rota arrangements
- Pharmaceutical Needs Assessment

Pharmacy contractors can also access the Community Pharmacy Repository via the same area of the website. The page hosts information, service level agreements, PGDs and other forms for all services currently provided by pharmacies in Powys.

Challenges/Opportunities for Improvement

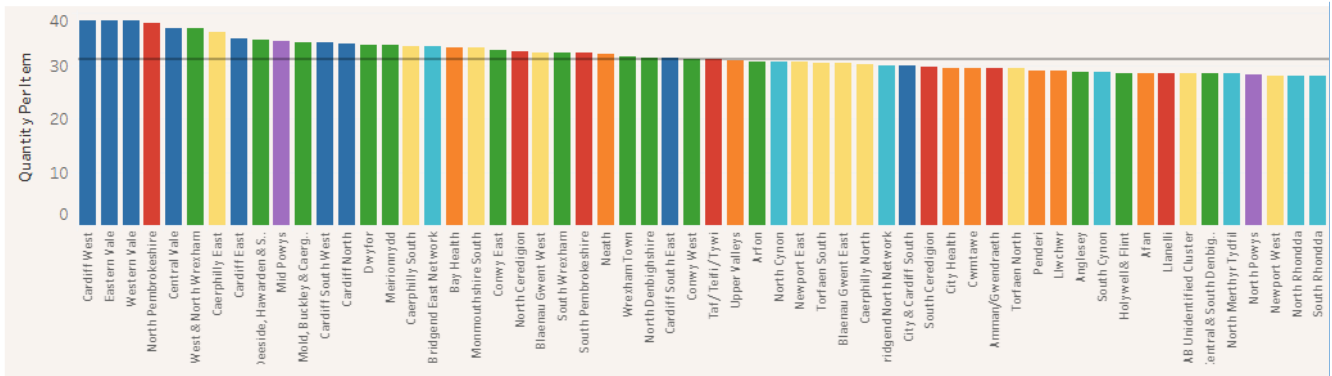
56-Day Prescribing

Reimbursement under the community pharmacy contract has been transitioning to support the delivery of more clinical services. Dispensing fees have reduced and funds have been transferred into budgets ringfenced for the provision of clinical services.

Both [Presgripsiwn Newydd / A New Prescription](#) (Dec 2021) and the [Review of Dispensing Volumes in Community Pharmacies](#) (Jan 2022) recommended the move from 28 to 56-day prescribing. This move would bring Wales in line with other UK nations and offers benefits to patients, the environment, GP practices and community pharmacy.

The image below shows progress to date (data to July 2025) with this initiative; Powys clusters are shown in purple.

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The unique challenges in implementing 56-day prescribing in Powys have been well described previously. The Medicines Management Team has directly supported practices in Mid Powys to implement 56-day prescribing, however there has been no progress with implementation in dispensing practices. This puts pressure on our community pharmacy contractors as it reduces their ability to deliver their contract and overall profitability.

The Medicines Management Team is working with Welsh Government, who have commissioned an external provider to undertake a review of the reasons behind poor national implementation of this initiative. A solution to the specific challenges faced with dispensing practices is not part of this review.

Datix Cymru / Once for Wales Concerns Management System

Community pharmacy contractors are required to have an incident reporting system in place, along with arrangements to investigate and respond to critical incidents.

Datix Cymru is the nationally recognised incident reporting system and was established to provide the ability for contractors, Health Boards and NHS Wales to analyse incident trends and share learnings.

Contractors are encouraged to report:

- All incidents involving controlled drugs (CDs).
- Dispensing incidents that have been fully investigated and reported internally.
- Incidents involving violence and aggression towards community pharmacy teams.

Since its launch in April 2022, 322 Datix incidents have been reported by community pharmacies.

Table 5: DATIX Incidents Reported by Powys Community Pharmacies

	2022/2023	2023/2024	2024/2025	Apr > Sept 2025 (6 months)

Incidents Reported	60	101	121	37
Unique Contractors Reporting	11	21	19	12

The introduction of Datix reporting to community pharmacy has had a significant impact on the Health Board's workload, as responsibility for reviewing and completing Datix reports currently rests with the Medicines Management Team. While incident reporting offers clear benefits in terms of patient safety and quality improvement, all Health Boards in Wales have reported that the additional administrative burden associated with the process is unsustainable.

The Medicines Management Team continues to work closely with community pharmacy contractors to promote engagement with the system and improve the quality and completeness of reports, with the aim of reducing the level of intervention required by the Health Board.

Recently, there has been a decline in the number of incidents reported through Datix. It remains a concern that meaningful incident analysis is not readily accessible to users without considerable administrative effort. As a result, it has not yet been possible to identify national trends or facilitate shared learning from reported incidents.

Pharmaceutical Needs Assessment (PNA)

Powys Teaching Health Board published its first [Pharmaceutical Needs Assessment](#) (PNA) in October 2021. The document was produced in collaboration with an external agency with expertise in producing PNAs.

A PNA is a statutory assessment undertaken by Health Boards to evaluate whether the population has appropriate access to community pharmacy services. It analyses local demographic and health data alongside existing service provision to identify any gaps or opportunities for improvement. The PNA informs strategic planning and commissioning decisions, including considerations around the location and scope of pharmacy services.

All Health Boards in Wales were mandated to produce and publish their first PNAs in 2021. The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 require that a subsequent PNA must be published no later than 5 years after its previous publication. The Health Board must therefore publish the next PNA by 1st October 2026.

Work has started to establish a local delivery group to oversee the development and publication of the next PNA which will be produced in house. This group will need to include representation from Medicines Management, Public Health, Communications and Primary Care colleagues as a minimum.

Pharmacy Closure

In August, the Health Board received notification from Danby's Pharmacy, Llanfyllin of their intention to withdraw from the NHS Pharmaceutical Services Contract with effect from 31st December 2025.

In response to this, a [supplementary statement](#) to the current PNA was published in September detailing that the Health Board considers that closure of this pharmacy would create a gap in the availability of pharmaceutical services which could be addressed by the establishment of a new pharmacy contract in the Llanfyllin area.

By identifying a gap in the availability of pharmaceutical services, this has enabled potential pharmacy contractors to apply to provide services to meet that identified need.

The process for approval for inclusion in the Health Board's pharmaceutical list takes a minimum of 10 weeks and it is therefore inevitable that there will be some disruption to patients come the new year.

The Medicines Management Team is working collaboratively with NHS Wales Shared Services Partnership and prospective contractors to establish a new community pharmacy contract in Llanfyllin as efficiently as possible.

Meanwhile, conversations with Llanfyllin Group Practice, who currently dispense to the vast majority of their patients, are ongoing in order to find ways to mitigate against any disruption to patients.

Risk Of Future Pharmacy Closures / Reduction in Opening Hours

The risk of community pharmacy closures, reductions in opening hours, and the consequent impact on access to pharmaceutical services—particularly outside normal hours—is an increasing concern for Health Boards across Wales.

Nationally, there has been a rise in pharmacies serving notice on their supplementary opening hours, leading to reduced availability of pharmacy services during evenings and weekends. Workforce shortages, rising operating costs, and the lasting effects of the COVID-19 pandemic are among the most frequently cited reasons.

All pharmacies in Wales are contractually mandated to provide a minimum of 40 core opening hours per week. In Powys, six pharmacies currently have core opening hours exceeding 40 hours per week, and a further sixteen pharmacies provide services during supplementary hours (four of which also operate extended core hours). Requests to align core hours with minimum contractual requirements

or to reduce supplementary hours would have a significant effect on access to pharmaceutical services across the county.

While the community pharmacy contract enables Health Boards to mandate opening hours, discussions with Community Pharmacy Wales (CPW) have indicated that such action would likely be subject to challenge on funding grounds; Health Boards can only direct pharmacies to open for additional hours where it is satisfied that the NHS pharmacist will receive reasonable remuneration in respect of the additional hours. Moreover, even where opening hours are directed, there remains no guarantee that contractors would be able to secure the necessary workforce to deliver services safely and consistently.

NEXT STEPS:

Over the next 12 months, the Medicines Management Team will build on the progress achieved to date while prioritising the development of the next Pharmaceutical Needs Assessment (PNA) to ensure publication by 1 October 2026.

While PNA work will require significant time and resource, the team will continue to maintain oversight of community pharmacy services and prioritise key areas of delivery, including:

- Ongoing support and engagement with pharmacy contractors.
- Selective contract monitoring visits in the latter half of 2025/26, following completion of the PNA.
- Continued monitoring of service provision to ensure consistency and equitable access across Powys.
- Collaboration with Welsh Government to address Powys-specific challenges such as implementation of 56-day prescribing.
- Ongoing contribution to the national programme, ensuring Powys is represented in policy and contract development.
- Supporting pharmacist independent prescribers and pharmacy technicians in expanding clinical service delivery.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
This report is intended as an update on progress made and does not require approval, ratification or decision.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			
This report is intended as an update on progress made and does not require approval, ratification or decision.				

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.7

Finance and Performance Committee		Date: 04 December 2025
Subject:	Six-Monthly Fire Safety Update Report	
Approved and presented by:	Pete Hopgood, Deputy Chief Executive/Executive Director of Finance, Capital and Support Services	
Prepared by:	Associate Director of Capital, Estates and Facilities Head of Technical Services	
Other Committees and meetings considered at:	Component parts received by the Fire Safety Group and Health & Safety Sub Group.	
PURPOSE:		
The paper has been written for the Finance and Performance Committee to receive a six-monthly update on fire safety performance.		
RECOMMENDATION(S):		
The Finance and Performance Committee is asked to:		
<ul style="list-style-type: none"> RECEIVE the report and take ASSURANCE appropriate monitoring and reporting mechanisms are in place through the Fire Safety Group. 		
Approve/Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The fire safety programme directly supports the Health Board's Wellbeing Objectives by ensuring safe, compliant environments that protect patients, staff, and visitors. This proactive approach contributes to creating sustainable, resilient healthcare facilities, reducing risk, and promoting confidence in the quality and safety of our estate.
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	N	
8. Transforming in Partnership	N	

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EXECUTIVE SUMMARY:

Fire safety across the Health Board continues to be managed through a structured and risk-based programme that aligns with statutory obligations under the Regulatory Reform (Fire Safety) Order 2005 and Welsh Health Technical Memoranda (WHTM) Firecode suite. Over the past six months, the Health Board has strengthened its fire safety position through targeted investment, improved governance, and enhanced behavioural controls. Compliance currently stands at 79%, based on Estates and Facilities Performance Management System (EFPMS) data, reflecting sustained progress in risk assessment completion, infrastructure upgrades, and action plan closure. While this represents an improvement on previous years (72%), further work is required to reach the NHS Wales average (83%).

Significant capital expenditure programmes have been delivered, including compartmentation works at Brecon and Bro Ddyfi, fire alarm upgrades at Spa Road and Bronllys, and the Welsh Government-funded proactive detector replacement programme, which has materially reduced unwanted fire signals. Out-of-hours activations have fallen from over thirty incidents in 2024 to just one in 2025, and this success is being developed into a formal case study with NHS Wales Shared Services Partnership (NWSSP)-Fire to evidence correlation between investment and improved safety performance.

Behavioural risks remain under close scrutiny, particularly the unauthorised use of domestic appliances (tea points) outside designated fire-protected areas and the safe disposal of batteries. Corrective actions, including staff briefings, toolbox talks, and enhanced monitoring, have been implemented. The Health Board has also completed the refurbishment of Westdene, Llandrindod Wells, into its first House in Multiple Occupation (HMO), supporting the Overseas Nursing Programme cohort and meeting stringent fire safety standards for residential accommodation.

Looking ahead, the Fire Team will publish the Annual Fire Assurance Report, requested for review by the new Health and Safety Committee in January. This report will provide comprehensive assurance on fire safety performance, statutory compliance, and continuous improvement measures. The Health Board remains committed to maintaining robust governance, delivering risk-based investment, and embedding best practice to ensure the safety of patients, staff, and visitors.

BACKGROUND AND DETAIL:

Fire safety is a critical component of the Health Board's statutory obligations and operational resilience. The Regulatory Reform (Fire Safety) Order 2005 places a legal duty on the organisation to ensure that all premises are safe for patients, staff, and visitors. For Powys Teaching Health Board (PTHB), this responsibility is heightened by the complexity of healthcare environments and the vulnerability of patients who may not be able to self-evacuate in an emergency.

The Health Board's fire safety programme has evolved significantly in recent years, driven by lessons learned from national inquiries, legislative changes, and internal performance reviews. It is aligned with Welsh Health Technical Memoranda (WHTM) Firecode guidance, ensuring that our approach reflects best practice across the sector.

The programme is underpinned by a structured governance framework, including a Fire Safety Group chaired by the Health Board's Deputy Chief Executive, supported by specialist advisors, staff-side representation and operational managers. This ensures that fire safety is embedded in strategic planning and day-to-day operations.

Compliance

The Health Board's current compliance position stands at seventynine per cent, a figure derived from the Estates and Facilities Performance Management System (EFPMS) reporting tool administered by NWSSP–Specialist Estates Services. This percentage represents the proportion of our estate assessed as meeting a reasonable standard or higher under Estatecode categories B/F or above, which is the **benchmark for fire safety compliance** across NHS Wales. Compliance is not a single metric but a composite measure informed by multiple inputs. These include the completion of fire risk assessments across all inpatient sites and selected community premises, the closure of action plans generated from those assessments, and the physical condition of passive and active fire protection measures such as compartmentation, fire doors, alarm systems, emergency lighting and escape route integrity. It also reflects the robustness of maintenance and testing regimes for detection systems and extinguishers, the level of statutory training compliance, and the results of annual audits submitted via the NWSSP online system. The Health Board's reduction of open actions from more than 2,000 in 2018 to below 700 today demonstrates sustained progress in addressing identified deficiencies.

Capital programmes have materially improved infrastructure, while enhanced governance and reporting tools have strengthened oversight. Although 79% shows an improvement on previous years' performance (72%), it remains below the NHS Wales average (83%), reinforcing the need for continued investment and vigilance. The trajectory is positive and expected to improve further following completion of compartmentation schemes at Brecon and Bro Ddyfi hospitals and the planned Llanidloes Hospital improvement programme.

The Fire Safety Group maintains a standing agenda item to review fire drill compliance across the estate. Each premise is subject to a risk-based assessment that determines the required drill interval, with all hospitals mandated to complete two drills annually - one during daytime hours and one out of hours to reflect the full staffing profile. Recent reports to the Group have highlighted a decline in adherence to this schedule, with periods where up to half of the estate was due or overdue a drill. This concern has been formally escalated by the Fire Safety Manager through to the Site Coordination Forum, ensuring that each Site

Coordinator is aware of their responsibilities and the urgency of corrective action. Site Coordinators have been supported to schedule and document drills accordingly, and monitoring will continue through the Fire Safety Group. While improvements have been observed following this intervention, further work is required to reinforce the importance of fire drills and restore full compliance. The Fire Safety Group continues to monitor progress closely and will maintain oversight until sustained compliance is achieved.

Training

Fire Awareness training compliance remains consistent at 82%, supported by the return to face-to-face delivery for Fire Incident Coordinators and Fire Wardens. Fire drill reporting has improved dramatically, moving from 10% compliance in 2023 to current full submission of reports from drills. This progress must be maintained, and drills must reflect real occupancy patterns, including out-of-hours scenarios at sites operating twenty-four hours.

Investment Programme

Capital investment has focused on risk-based priorities and is yielding tangible results. At Bronllys Hospital, a proactive detector head replacement programme has addressed end-of-life components and environmentally sensitive locations, complemented by reinstatement of heating in former ward areas where environmental triggers contributed to unwanted fire signals. At Spa Road, Llandrindod Wells, a new fire alarm system has been commissioned as part of phase two capital refurbishment and creation of the Richardson Mental Health and Wellbeing Centre, improving detection reliability and audibility in complex layouts. Fire compartmentation works at Breconshire War Memorial and Bro Ddyfi Community Hospital have improved passive fire resistance across key zones and will be extended in the next phase to address residual vulnerabilities. Further improvements to replace the outdated fire alarm system at Brecon have been funded through the Targeted Estates Fund from NWSSP in addition to the two-year funded fire compartmentation programme for Llanidloes Hospital.

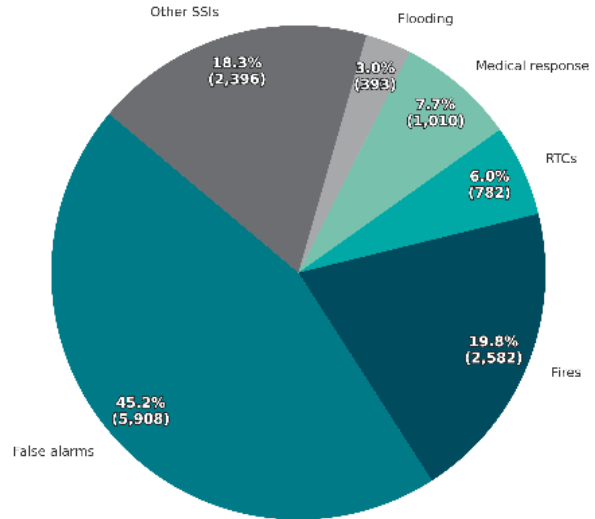
Arson risk reduction has been delivered through compliant bin storage schemes at Llanidloes Hospital and Spa Road, reducing ignition sources adjacent to buildings and protecting escape routes.

Improvement Initiative

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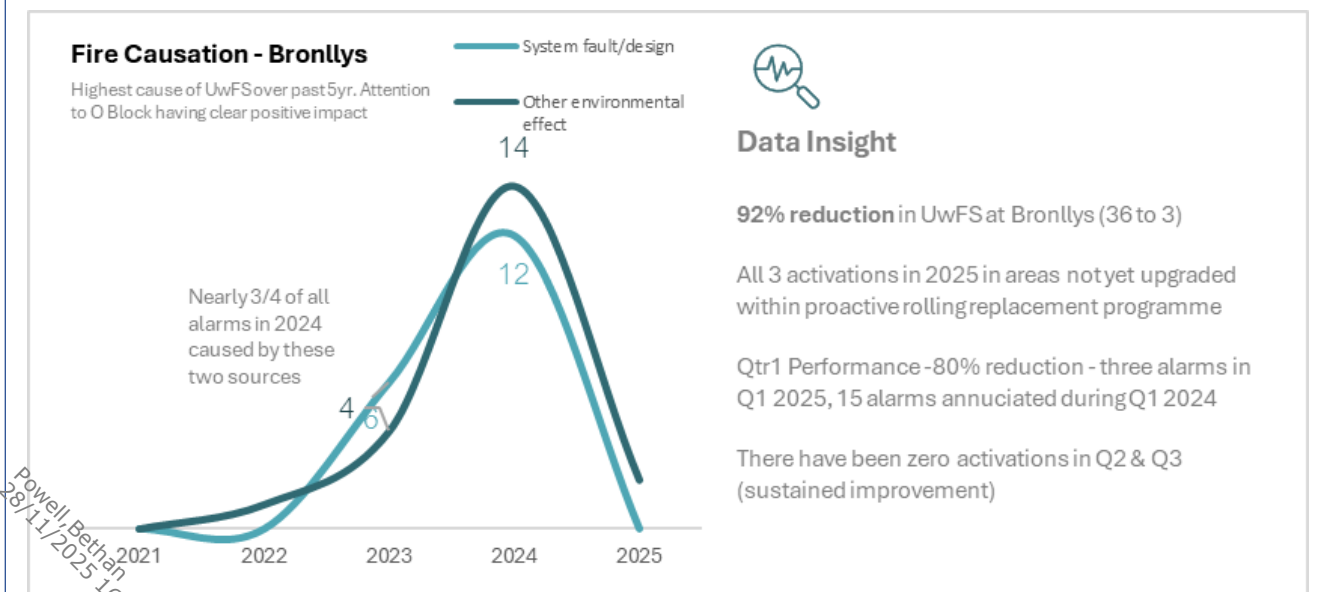
Unwanted Fire Signals (UwFS) are false alarms generated by automatic fire detection systems, transmitted to the Fire and Rescue Service as emergency calls. They do not relate to genuine fires or scheduled tests. False alarms now account for the largest single category of incidents attended by Mid and West Wales Fire and Rescue Service (MAWWFRS), consuming resources that could otherwise be deployed to genuine emergencies. The increase correlates with ageing detection infrastructure in healthcare and other high-risk premises, as well as environmental factors such as steam and dust triggering legacy systems. The data underscores the urgency for targeted interventions, including proactive system upgrades and enhanced maintenance regimes, to reverse this trajectory and reduce the burden on both Fire and Rescue Services and healthcare providers.

MAWWFRS - Incident Composition (2023/24)



Sources: MAWWFRS Performance & Improvement Progress Report, Q4 2023/24 – Appendix 1 (provisional), MAWWFRS Annual F

An important programme area has been the reduction of Unwanted Fire Signals. In 2024, the Health Board recorded 73 UwFS incidents compared with 53 in 2023, with Bronllys Hospital contributing a disproportionate share influenced by legacy detectors and environmental conditions. This has operational consequences, including disruption to clinical activity, diversion of staff to evacuation readiness, and potential confusion where repeated alarms occur without confirmed fire.



In response, the Fire Team undertook a data-driven analysis to pinpoint activation hotspots, interrogated root causes, and prioritised technical interventions. A Welsh Government-funded proactive fire detector replacement programme has now been completed and demonstrates clear and sustained improvements to the process. Out-of-hours activations, which previously exceeded thirty incidents between 18:00 and 08:00 in 2024, have fallen to just one incident in 2025, substantially reducing disruption during periods of lowest staffing and resource availability, creating significant interruption to clinical teams and patient care. Each activation required staff to halt clinical duties, initiate evacuation protocols, and liaise with emergency responders - diverting attention from critical care tasks and increasing stress on already stretched teams. This success is under development as a formal case study with NWSSP Fire, correlating programme delivery with improved fire safety statistics across the estate. The case study will provide evidence of the effectiveness of targeted investment and data-driven decision-making, reinforcing the Health Board's leadership role in shaping best practice for unwanted fire signal reduction across NHS Wales.

Concern Observation

Behavioural risk remains a priority. It has been highlighted to the Fire Safety Group the proliferation of unauthorised domestic appliances such as kettles, microwaves, coffee machines, fridges and freezers outside designated, fire-protected kitchen spaces across all parts of the estate. This practice is explicitly prohibited by Health Board policy and contravenes the guidance embedded within WHTM Firecode and from MAWWFRS. National data indicate that between 20-25% of non-clinical hospital fires involve electrical appliances, which underscores the significance of this risk.

In response, a Fire Briefing Note has been drafted for circulation to all staff to highlight the concern and prohibited use of such devices outside of designated, fire-protected rooms. This will be reiterated through the Site Coordination Forum and fire intranet pages. Adherence to this corrective notice will be made through the annual fire risk assessment programme and ad-hoc premise visits by the Fire Safety Advisors.

Incidents, Accidents & Near Misses

The incident profile over the period is reassuringly low but instructive. One recorded fire incident occurred during the first half of the year, involving a flashover within a battery recycling receptacle at Bronllys Hospital. The event was caused by a coin-type battery making contact with the terminals of a nine-volt battery, resulting in a flashover. Although no injuries were sustained, the incident highlighted the need for preventive measures.

In response, a Fire Briefing Note was issued to all staff, detailing the circumstances to the incident and introducing a simple but effective control: insulating nine-volt battery terminals prior to disposal. Toolbox talks have been delivered to portering and transport teams. These actions complement ongoing surveillance of lithium-ion battery fire trends and internal guidance requiring

suspect cells to be stored in noncombustible containers pending hazardous waste collection.

Two near misses were reported to the Fire Safety Group relating to inappropriate storage and charging of mobility scooters at Bronllys and Newtown hospitals. Fires involving lithiumionpowered devices remain a major concern for Fire and Rescue Services, with the London Fire Brigade identifying them as one of the fastestgrowing fire risks. On average, a fire involving an ebike or escooter battery occurs every two days in London, most often indoors while charging. These fires are described as ferocious, spreading within seconds and producing toxic smoke and explosive jets, making them extremely difficult to extinguish. Guidance from MAWWFRS and NWSSP is unequivocal: charging should only occur in fireprotected areas, away from escape routes and communal spaces. The Fire Team will continue to monitor this risk and report developments to the Fire Safety Group.

Emerging Risks & Management

The Health Board's residential portfolio has advanced with the completion of the Westdene, Llandrindod Wells capital refurbishment, converting the former derelict premise into the Health Board's first House in Multiple Occupation (HMO). This scheme has been designed and delivered to meet applicable housing and fire safety standards for multioccupancy dwellings, ensuring safe compartmentation, sprinkler system, appropriately rated and selfclosing fire doors, compliant detection and alarm coverage, emergency lighting, and clearly signed escape routes.

Westdene is now supporting our latest Overseas Nursing Programme cohort, providing highquality accommodation proximate to clinical placements and training provision within the Spa Road Academy. Fire safety management at Westdene includes resident induction on evacuation procedures, local fire action notices, routine testing of alarms, maintenance of extinguishers where appropriate, and oversight by a named coordinator.

The HMO setting introduces distinct management duties, particularly around common parts and the interplay of individual units with shared escape routes, which we have collated within the comprehensible Residential Fire Safety Information handout provided for residents. In anticipation of the Building Safety (Wales) Bill, the Fire Team have reviewed the alignment of Westdene and other residential units such as The Orchards at Bronllys with emerging requirements for multioccupied residential buildings. The refurbishment reinforces our strategic intent to deliver safe, compliant accommodation for international recruits while maintaining a robust fire safety envelope that supports sleeping risk, protects means of escape, and integrates with Health Board response protocols.

Legislation

Within the broader legislative and strategic context, the Fire Team have continued to act on learning from the Grenfell Tower Inquiry (GTI). A gap analysis against

the Phase 2 GTI Report Executive Summary recommendations has led to enhancements in our Personal Emergency Evacuation Plans (PEEPs), including bespoke provisions for bariatric patients, and extended work with Civil Contingencies on mass evacuation and onward patient safety. Progress of the new Building Safety (Wales) Bill through the Senedd will be monitored, with a return to the Committee with any material implications for governance, competence frameworks, resident engagement, and building safety case documentation affecting our residential assets. Meanwhile, there have been no WHTM-Firecode changes in the period, but alignment work is ongoing across NHS Wales to mirror recent updates in English HTMs, where appropriate.

Fire & Rescue Service

The automatic fire alarm response model adopted by MAWWFRS since July 2024, requiring confirmation of fire prior to attendance for most commercial premises, has been well communicated across our sites. Although healthcare settings with sleeping risk remain an exception, the practical reality is that our teams must be adept at investigating alarms swiftly, determining signs of fire, and liaising effectively with emergency call handlers. Early confusion among some Fire Incident Coordinators has subsided following targeted briefings, and our monitoring indicates consistent adherence to protocol. We will continue to review this arrangement, recognising that assurance ultimately depends upon performance in genuine emergencies, and maintain dialogue with MAWWFRS and peer Health Boards to share practice and outcomes.



Although healthcare settings with sleeping risk remain an exception, the practical reality is that our teams must be adept at investigating alarms swiftly, determining signs of fire, and liaising effectively with emergency call handlers. Early confusion among some Fire Incident Coordinators has subsided following targeted briefings, and our monitoring indicates consistent adherence to protocol. We will continue to review this arrangement, recognising that assurance ultimately depends upon performance in genuine emergencies, and maintain dialogue with MAWWFRS and peer Health Boards to share practice and outcomes.

Summary

In conclusion, the Health Board's position is one of continued improvement and proactive risk management. Compliance is rising, unwanted fire signals are being materially reduced through data led intervention, capital programmes are augmenting both passive and active protection, and behavioural risks are being challenged and corrected. The commissioning of Westdene as our first HMO demonstrates that Health Board teams can deliver safe, compliant residential accommodation that supports the workforce while meeting the exacting standards required for sleeping risk environments. The extant fire safety programme provides assurance to the Committee that statutory duties are being met and that we are pursuing a coherent, evidence-based path to further strengthen fire safety across the estate.

NEXT STEPS:

The Fire Team will work towards completion and publication of the Annual Fire Assurance Report, which will provide a comprehensive review of fire safety performance across the entire reporting calendar year. This report will include detailed analysis of compliance metrics, incident trends, capital investment outcomes, and behavioural risk management, alongside assurance on statutory obligations and alignment with WHTM-Firecode standards. It will also incorporate

the correlation work currently being developed with NWSSP-Fire on the proactive detector replacement programme and its impact on unwanted fire signal reduction. The Annual Fire Assurance Report has been requested for review by the newly constituted Health and Safety Committee in January and will serve as a key assurance document for the Fire Safety Group and the wider governance structure. Its publication will reinforce transparency, demonstrate continuous improvement, and provide the Committee with confidence that fire safety remains a strategic priority for the Health Board.

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IMPACT ASSESSMENT

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

QUALITY:

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

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

EQUALITY:

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

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

RISK ASSESSMENT:

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

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.8

Finance and Performance Committee **Date: 04 December 2025**

Subject:	Update on Climate Response – Decarbonisation and Adaptation
Approved and presented by:	Pete Hopgood, Deputy CEO and Director of Finance, Capital and Support Services
Prepared by:	Associate Director of Capital, Estates and Facilities Head of Technical Services
Other Committees and meetings considered at:	Executive Committee – 19 November 2025 who supported the paper to the Committee.

PURPOSE:

This paper provides a consolidated update on progress with decarbonisation and climate adaptation across Powys Teaching Health Board. It sets out the current position, outlines governance arrangements for future management, and seeks endorsement of the proposed approach for oversight and reporting. The intention is to ensure that the Health Board remains aligned with Welsh Government strategic guidance and is prepared for the imminent publication of the refreshed Decarbonisation Strategic Delivery Plan (DSDP).

RECOMMENDATION(S):

The Committee is asked to:

- **NOTE** the changes to Decarbonisation targets from Welsh Government.
- **NOTE** the extant plan and update on Climate Adaptation.
- **NOTE** that the Executive Committee approved the response model proposed for leadership, management, tracking and reporting of climate response on behalf of PTHB, returning for Board/Committee update on Climate Resilience, Decarbonisation and Climate Adaptation Plans, once developed.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	Strategic Priority 21: Environmental Management and Decarbonisation
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	

4. Enable Joined up Care	N	Reduction in Carbon emissions and ambition for public sector Net Zero by 2030
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	Improved energy efficiency and carbon reduction
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Powys Teaching Health Board remains committed to Welsh Government's ambition for a Net Zero public sector by 2030 and to embedding climate resilience across all operations. The Health Board has submitted its 2024/25 carbon emissions return, which shows a significant increase compared to the 2018/19 baseline. This rise is primarily due to changes in reporting methodology, expanded service delivery, and updated emission factors rather than a reversal of operational progress. Scope 1 and 2 emissions remain comparatively stable despite estate growth and workforce expansion, which is a more reliable indicator of decarbonisation progress.

The imminent publication of the refreshed Decarbonisation Strategic Delivery Plan (DSDP) will provide updated strategic guidance for NHS Wales. It is recommended that PTHB adopts a structured governance model to manage delivery and oversight through existing task groups, with reporting through the Environment & Sustainability Group to the Innovative Environments Group, and annual reporting to the Board and Welsh Government. This approach ensures accountability and alignment with statutory duties under the Well-being of Future Generations (Wales) Act.

Two distinct but interconnected workflows will underpin a Climate Response Plan: **Climate Mitigation (Decarbonisation)**: Focused on reducing emissions across estates, procurement, and clinical services, supported by improved supply-chain reporting through the transition from Tier 1 spend-based estimates to Tier 2 supplier-intensity data via NWSSP.

Climate Adaptation: Delivered through organisational-wide workshops using the Local Partnerships Health & Social Care Adaptation Toolkit, identifying vulnerabilities, prioritising actions, and embedding resilience into operational planning.

Climate Preparedness Leads (Anthony Fenn, Head of Technical Services & Steven Bromley, Environment & Sustainability Manager) have been nominated leads who will report to Welsh Government on the programme plan creation and delivery.

There is an expectation from Welsh Government that all health boards will complete climate risk assessments for the organisation and services, with a formal plan to complete available from December 2025. High-level health board risk

assessments are currently being undertaken by the Environment Team, who will maintain and update as climate adaptation progresses, including respective reporting to Welsh Government.

Financially, full estate decarbonisation is estimated at ~£38 million, requiring phased delivery and external funding (e.g., Salix, Invest2Save). Adaptation planning will be delivered in-house, but implementation of resilience measures may require future investment yet to be offered through existing funding routes. Risks include affordability, reputational challenges from rising reported emissions, and operational disruption from climate hazards such as heatwaves and flooding. These will be mitigated through phased investment, transparent reporting, and proactive adaptation measures aligned to Powys Public Services Board (PSB) frameworks.

This integrated approach provides a clear line of sight from Welsh Government strategy to PTHB delivery, ensuring that progress on both mitigation and adaptation is visible, measurable, and embedded in governance at every level.

BACKGROUND AND DETAILED ASSESSMENT:

Climate change represents one of the most significant and enduring challenges facing health systems globally. For Powys Teaching Health Board (PTHB), the dual responsibility of reducing greenhouse gas emissions and preparing for the unavoidable impacts of a changing climate is now embedded within statutory and policy frameworks. Welsh Government has declared a climate emergency and have set an ambitious target for the public sector to achieve Net Zero carbon emissions by 2030. Alongside this, the Climate Adaptation Strategy for Wales (2024) requires health and social care organisations to develop, publish and implement Climate Response Plans that address both mitigation and adaptation, with progress monitored at Board level.



This paper brings together two previously separate strands of work, decarbonisation and climate adaptation, into a single, integrated update for the Executive Committee and Independent Members. It outlines current performance, explains the drivers behind reported emissions trends, sets out the approach to organisational climate resilience, and proposes a governance model aligned to Welsh Government's refreshed Decarbonisation Strategic Delivery Plan (DSDP), which is expected imminently. The paper also seeks endorsement of the reporting structure and assurance framework that will enable PTHB to demonstrate leadership and compliance in this critical area.

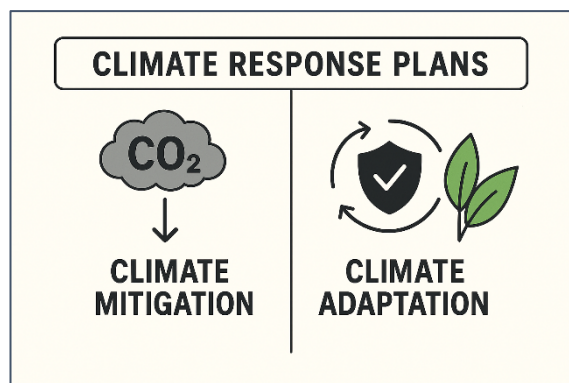
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The statutory and policy context for this work is clear. Under the Environment (Wales) Act 2016 and the Well-being of Future Generations (Wales) Act, public bodies must act to reduce emissions and safeguard future generations. Welsh Government's Net Zero Public Sector by 2030 commitment sets a trajectory requiring a 34% reduction in emissions by 2030, with interim milestones of 16% by 2025 against a 2018–19 baseline. For NHS Wales, this ambition has been operationalised through the Decarbonisation Strategic Delivery Plan (DSDP), which identified 46 initiatives across estates, transport, procurement and clinical services. These include transitioning away from fossil fuels, improving energy efficiency, reducing reliance on high-carbon medical gases, and embedding sustainability in procurement. However, the Net Zero Wales Plan (NZWP) was officially launched by the Welsh Government in September 2025 as a five-year action plan to guide Wales toward achieving net zero by 2050. It responds to advice from the Climate Change Committee and focuses on creating a greener, stronger, fairer Wales.

Since March 2025, Welsh Government Energy Services (WGES) has been refreshing the original DSDP, with publication expected imminently. PTHB decarbonisation leads have inputted into the design and content of the refreshed plan and have been acknowledged by WGES for positivity and drive to effect change. A fundamental change included within the refreshed DSDP will be a move away from 34% emissions reduction target by 2030 with KPIs for delivery on change across the sections of the plan. KPIs will allow organisations to focus on areas they can influence most, are easier to monitor incremental progress and matches Welsh Government's broader Net Zero Wales framework and carbon budgets.

In parallel, the Climate Adaptation Strategy for Wales recognises that even with aggressive mitigation, significant climate impacts are unavoidable. Health boards are expected to assess organisational vulnerabilities, prioritise adaptation actions, and embed resilience into decision-making and infrastructure planning. This includes preparing for extreme heat, flooding, storms and supply chain disruption, while ensuring continuity of care for vulnerable populations. Welsh Government has provided a Health and Social Care Adaptation Toolkit, developed by Local Partnerships, to guide this process through a structured five-step approach.

Welsh Government’s Climate Adaptation Strategy for Wales requires Health & Social Care organisations to develop, publish and implement **Climate Response Plans** covering both **emissions reduction** and **adaptation**, with **Board-level** oversight and routine monitoring. The strategy sets a whole-system approach (health, transport, buildings, supply chains) and emphasises climate justice, emergency preparedness and cross-sector collaboration via Public Services Boards.



For PTHB, this strategy provides the overarching policy framework for a combined response that integrates decarbonisation with adaptation. Departments will play a pivotal role in delivering this agenda, from reducing operational emissions through energy efficiency and renewable generation to ensuring that buildings and services are designed and maintained to withstand future climate conditions.

The **implications for governance are significant**. Climate response must be treated as a **core strategic priority**, with **clear accountability** at executive level and **robust reporting mechanisms** that demonstrate progress against both mitigation and adaptation objectives. Financial planning will need to anticipate investment in low-carbon technologies alongside measures to enhance service resilience, such as flood protection and heat mitigation. Failure to act decisively risks service disruption, reputational damage, and potential non-compliance with statutory obligations, whereas proactive engagement offers opportunities to modernise infrastructure, reduce long-term costs, and safeguard patient care in an increasingly volatile climate.

Decarbonisation: Current position and trajectory

In March 2019, the Welsh Government published 'Prosperity for All: A Low Carbon Wales', which sets out how Wales aims to meet its carbon targets. The Carbon Trust & NHS Wales Shared Services Partnership, backed by the Welsh Government, published a Decarbonisation Strategic Delivery Plan (DSDP) committing the NHS in Wales to cut its carbon emissions by 34% by 2030, with an interim target of carbon reduction of 16% by 2025.

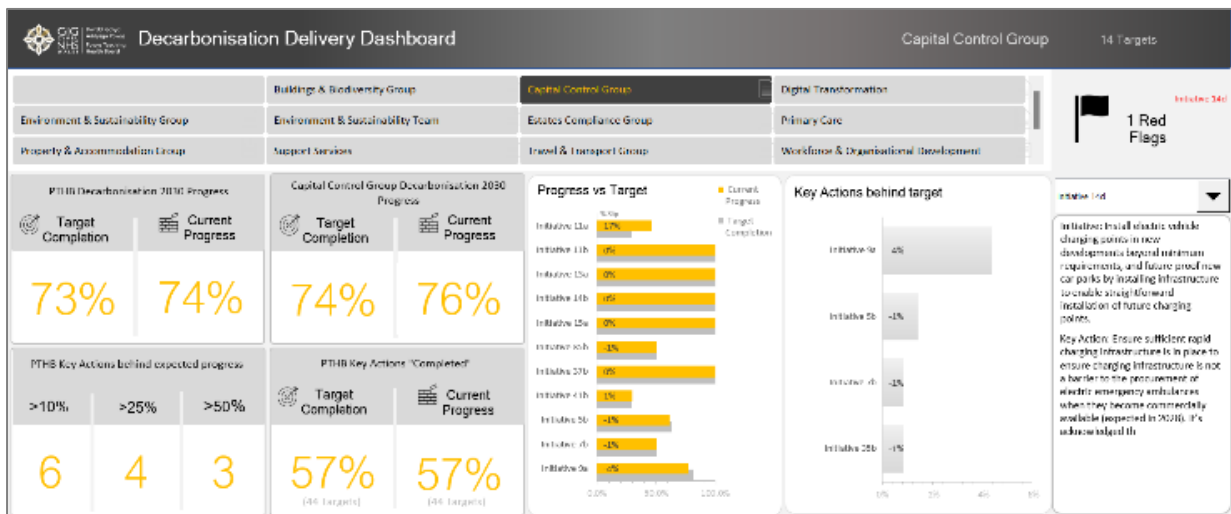
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The DSDP presents 46 initiatives to enable NHS Wales to facilitate the necessary reduction in the 1 million tonnes of CO₂e produced when the carbon footprint baseline figures were measured and recorded in 2018/19.



Due to continued growth in service provision, increased demand for healthcare, and socio-economic factors, NHS Wales' emissions are expected to increase by 4.3 percent. Therefore, if we continue along current energy usage and carbon production, we will, by 2030, be contributing an estimated 1,044,478 tCO₂e annually.

In response, PTHB's Environment & Sustainability Team developed a plan which identified the actions required by the health board to meet the requirements of the DSDP and created a dashboard, providing a set of tools to collect, record, track and monitor progress against quarterly and annual targets. This has been successful to condense the very large quantity and spread of data to a structure from which respective Groups have kept progress on the health board's decarbonisation commitments. All governance, arrangements and processes are in line with the Health Board's Environment Management System and was noted as exemplary in 2024's ISO 14001 re-certification.



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Emissions Reporting

Emissions are categorised into three scopes:



SCOPE 1

Direct emissions from owned or controlled sources (e.g., fuel use in fleet vehicles).



SCOPE 2

Indirect emissions from purchased energy (e.g., electricity for buildings)



SCOPE 3

All other indirect emissions, primarily from the supply chain.

For PTHB, Scope 3 emissions represent **over 90% of the total footprint**, driven by procurement of goods and services. Welsh Government requires organisations to report these emissions annually using the Net Zero Reporting Template.

PTHB's **emissions are increasing**. Although many carbon reduction initiatives and investments have been made, reportable carbon emissions continue to rise in opposition to the reduction mandated by Welsh Government's Net Zero targets. From the Baseline period in 2018/19, total emissions have increased from 20,028tCO₂e to 42,616tCO₂e in 2024/25 – a 113% rise.

This year's submission, which is subject to review and amendments by Welsh Government, are presenting the health board's emission spread as:

Scope 1: 2,751 tCO₂e

Scope 2: 728 tCO₂e

Scope 3: 39,137 tCO₂e

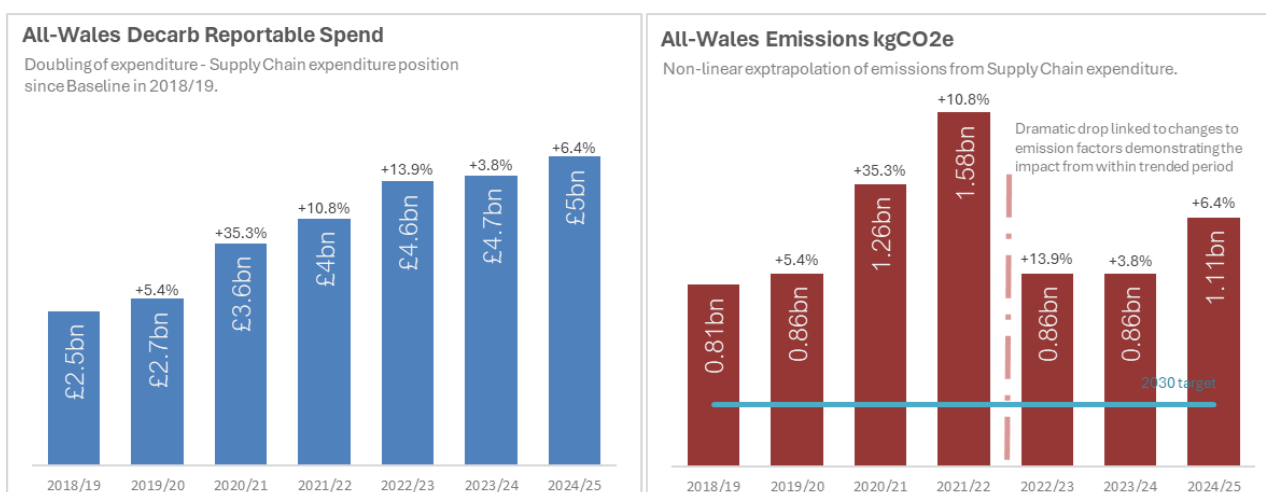
While PTHB's reported emissions have increased since the 2018/19 baseline, this trend is consistent with patterns observed across all Welsh Health Boards. The rise does not necessarily indicate a lack of progress in decarbonisation; rather, it reflects:

- **Expanded Service Delivery:** Increased clinical activity and estate growth to meet the Health and Care Strategy.

- **Improved Reporting Accuracy:** Enhanced data capture and the inclusion of additional emission sources over time.
- **Methodological Changes:** Annual updates to Welsh Government emission factors and the transition from Tier 1 to higher-tier reporting methods, which can increase reported figures even when actual emissions remain stable or decline.
- **Changing datasets:** Primary Care emissions now reportable annually and included within total health board emission figures.

This alignment with the All-Wales position demonstrates that PTHB’s performance is in line with sector-wide trends and reporting requirements. It also underscores the importance of focusing on **Scope 1 and 2 emissions**, which remain stable despite significant service expansion, as a more reliable indicator of decarbonisation progress.

All-Wales decarbonisation reportable spend has doubled since the Baseline period, from £2.5B in 2018/19 to over £5.0B in 2024/25. However, the trend in reported carbon emissions does not directly reflect actual consumption or expenditure. This is because reported figures are influenced not only by activity levels but also by changes in the emission factors applied to those activities.



Emission factors are standardised values that convert an activity (such as spend on goods and services, fuel use, or energy consumption) into an estimated amount of greenhouse gas emissions. For example, a spend-based emission factor links £1 of expenditure in a specific sector to an average carbon footprint for that sector. These factors allow organisations to estimate emissions when direct measurement is not possible.

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NHS Wales Shared Services Partnership (NWSSP) Procurement Team’s Tier-1 approach to supply chain carbon calculation uses spend-based and sectoral emission factors to quantify emissions but carries great uncertainty. Year-to-year updates to factors, scope boundary changes (e.g., medical gases), double counting of Powys County Council-related expenditure and PTHB’s expanded service delivery and estate can increase reported totals even when operational efficiency improves. Welsh Government’s annual update to the reporting guide reiterates uncertainty management and encourages continuous improvement in data quality and methods.

NWSSP is progressing supplier-specific intensity factors derived from Carbon Reduction Plans (CRPs)—an approach catalysed by UK PPN 006/06-21 and the Welsh variant WPPN 06/21, which require CRPs in major public contracts and increasingly across NHS frameworks. Moving to Tier-2 will better reflect real decarbonisation in the market; Tier-3 will be used selectively where high-material suppliers can provide robust product-level data and provide most accurate means to extrapolate carbon emissions from supply chain spending.

Climate Adaptation: Current position and trajectory

The climate crisis is already having profound impacts worldwide, with extreme weather events, rising sea levels, and shifting ecological patterns disrupting communities and economies. Global food security is under increasing threat, as climate breakdown exacerbates crop failures, supply chain disruptions, and resource scarcity. Powys is not immune to these challenges. As a predominantly rural county, its people and economy are directly tied to the land, making the region particularly vulnerable to climate-related impacts on travel and transport, food, land, and supply chains. Recent evidence confirm that human-induced climate change has played a significant role in the increasing frequency and intensity of extreme weather events. Notable examples include the unprecedented 40°C heatwave in July 2022 and the severe winter storms of 2020, 2022, and 2024, which caused widespread damage to UK infrastructure and agriculture.

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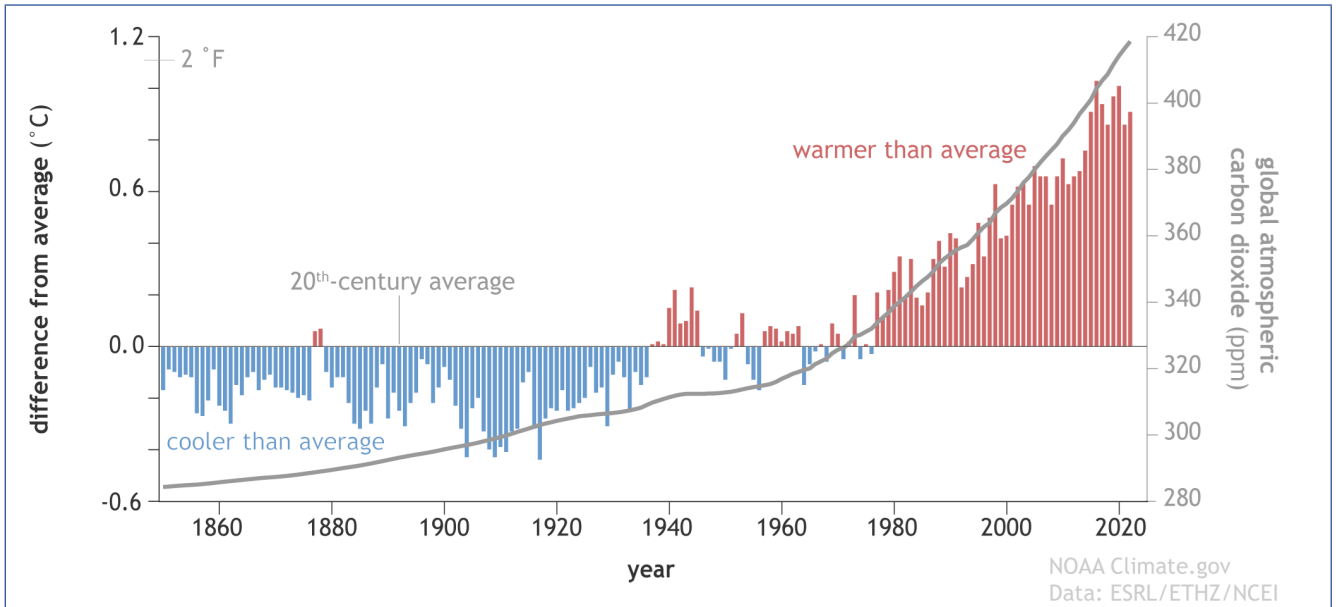


Figure 1 NOAA climate predictions based on pledges and current policies

Action to address climate change has gone beyond critical and it is now no longer possible to avoid significant impacts of climate change. The world is set to breach its legally binding target of keeping global temperature rise below 1.5°C, before the end of the century, as agreed at COP21 in Paris. Current projections indicate a 2°C rise between 2034 and 2052.

The UK Climate Change Committee advises public bodies to **plan for a 2°C rise and risk-assess for 4°C scenarios**. In response, Welsh Government commissioned Local Partnerships to develop a Climate Adaptation Toolkit for Health and Social Care, published in October 2024. All NHS organisations in Wales are required to complete risk assessments by December 2025 and finalise draft Adaptation Plans by March 2026.



Whilst the organisation’s preparedness for major weather-related events and impacts is covered by its civil contingency plans, proactive adaptation measures are not. Additionally, our carbon reduction plans in some instances cross over into adaptation, though in the main do not consider organisational climate related risks, for example:

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Intervention	Risk	Mitigation/adaptation	Explanation
Solar PV installation	Carbon emissions contributing to climate change	Climate mitigation	Installing solar PVs will reduce organisational CO ₂ e but will not help manage the impacts of climate change
Roof insulation	Carbon emissions contributing to climate change. Impacts on staff and patients	Cross over climate mitigation and adaptation	Well insulated buildings reduce the need for heating and subsequent burning of fossil fuels but also insulate buildings and their occupants from increased summer temperatures
Provision of sandbags on site in preparation for local flooding	Disruption to services impacting staff and patients. Financial implications	Adaptation	Ensuring a stock of sandbags on site is good preparedness for predicted increases in heavy and prolonged winter rainfall, but will not reduce our CO ₂ e emissions

Recognising estates-specific climate related impacts, the Environment team developed an Estates Adaptation Plan, which has given a good foundation to build upon to form an organisational Adaptation Plan. In addition to this, the Public Service Board (PSB) has also been undertaking county-wide climate footprinting and Climate Adaptation assessments and plans. The PSB work will be critical to the Health Board's plans as their work includes all public sector organisation and has a broader scope of work. The PSB is developing a risk assessment framework, which for ease of reporting the Health Board may follow.

Given the progress made by Powys PSB and the wider programmes across NHS Wales health boards, PTHB will need to focus on assessing climate risks and developing robust organisational adaptation plans. This work should be undertaken with full awareness of the broader county, national, and regional initiatives to ensure alignment and maximise impact.

Focusing solely on site-specific climate risks can overlook wider systemic vulnerabilities. For example, the Estates Adaptation Plan initially concentrated on flooding risks at hospital sites using NRW mapping data. However, when viewed through a broader landscape lens, the most significant disruption during a flood event would likely be to transport routes. This could impede staff commuting, restrict patient access to hospitals and specialist services outside the county, and interrupt supply chains for critical goods such as medication and medical consumables.

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Climate adaptation is not solely an estates issue; it is an organisational challenge that can affect teams and service delivery in unexpected ways. For example, insights from Swansea Bay University Health Board's 2024 adaptation workshops highlighted that hotter weather could reduce the use of compression socks due to discomfort or swelling, potentially leading to increased GP appointments and hospital admissions. This illustrates how climate impacts can cascade into clinical practice and patient outcomes, requiring a whole-system approach.

PSB Climate Working Group Update

The Powys PSB Climate Working Group was formed by the Powys Public Service Board (PSB) in October 2023. It brings together statutory partners and invited organisations, including Powys Teaching Health Board (PTHB), Powys County Council (PCC), Natural Resources Wales (NRW), Mid and West Wales Fire and Rescue Service (MAWWFRS), Dyfed-Powys Police (DPP), and Powys Association of Voluntary Organisations (PAVO).

The group was established to lead and coordinate Powys' response to the climate emergency in line with the 2023–2028 Powys Well-being Plan, which identifies 'Responding to the Climate Emergency' as one of its three strategic steps. Its purpose is to develop and deliver a five-year programme that supports a just transition to net zero by 2050, builds climate resilience, and ensures public services work together to manage risks and adaptation needs across the county.

The Powys PSB Climate Working Group is driving a coordinated county-wide response to the climate emergency, aligned with the 2023–2028 Well-being Plan. Its overarching ambition is to achieve a just transition to net zero by 2050 while strengthening climate resilience across Powys. This work has become increasingly urgent following the UK's hottest summer on record in 2023, which saw Powys experience above-average temperatures and reduced rainfall - conditions that highlight the vulnerability of rural communities and land-based economies.

The programme began in 2023 and is now in its second phase, funded through the Shared Prosperity Fund until February 2026. Phase one delivered a comprehensive carbon footprint assessment, revealing that Powys emitted 3.5 million tonnes of CO₂e in 2022, with agriculture and land use accounting for the largest share. Per capita emissions stand at 13.9 tonnes, significantly higher than the UK average, reflecting the county's reliance on livestock farming and rural transport patterns. Alongside this, a science-based decarbonisation pathway and carbon sequestration mapping have been developed, projecting Powys as a potential net carbon sink by 2050.

The Climate Working Group has also undertaken initial climate risk assessments aligned with national frameworks (CCRA3 and CCRA4) and produced a draft Climate Action Plan. This plan sets out nine transformational shifts, ranging from energy transition and sustainable travel to restored nature and joined-up public

sector leadership. Engagement has been a priority, with the creation of a Climate Engagement Hub and Stakeholder Panel to foster community-led action. Current efforts focus on deepening risk ownership, embedding stakeholder engagement in decision-making, and developing monitoring and evaluation frameworks to support long-term impact. A third phase is being scoped to expand community-level action and improve data granularity. Powys Teaching Health Board remains a core member of the Working Group, ensuring health-related impacts are integrated into future planning and that adaptation measures align with the Health Board's own climate strategy.

Climate Adaptation Process

To develop a robust organisation-wide Climate Adaptation Plan, PTHB must take a structured and inclusive approach to understanding climate risks. This begins with active engagement across all departments. Each department will work closely with climate adaptation leads from Estates to review historical climate-related incidents and analyse how future scenarios could impact operations. These discussions will explore potential risks, interdependencies between services, and practical options for mitigation and adaptation. The insights gathered will be critical for integrating climate considerations into departmental risk registers, ensuring that oversight is maintained and that reporting aligns with the frameworks established by the Public Service Board (PSB). This alignment is essential for consistency with county-wide risk assessments and for meeting Welsh Government expectations.

Climate Adaptation Process

Conduct Workshops

Online Teams-based sessions with key managers and staff to inform on climate adaptation and assist with risk assessments



Engage Departments

Collaborate with adaptation leads to review past incidents, scenario risks and options



Produce Reports

Summarise findings, risks and measures for departmental planning



Integrate into Risk Registers

Embed climate adaptation for visibility and track corrective actions

The Environment Team will lead the delivery of this process through a series of structured workshops. Each session, lasting between one and one-and-a-half hours and will be conducted online via Microsoft Teams to maximise accessibility and participation. These workshops will be designed to facilitate meaningful dialogue, enabling senior managers and key staff to share operational knowledge and identify vulnerabilities specific to their areas of responsibility. The aim is not only to capture risks but also to develop practical and actionable strategies that strengthen resilience across the organisation.

Following each workshop, the Environment Team will produce a detailed outcomes report summarising key findings, identified risks, and proposed adaptation measures. These reports will be presented back to the respective departments to support further planning and decision-making. To embed climate resilience into organisational governance, it is proposed that climate adaptation becomes a standing item on every departmental risk register. This will ensure that climate-

related risks remain visible, monitored, and actively managed over time, rather than being treated as a one-off exercise.

Progress tracking will be overseen by the Climate Adaptation Leads, supported by the Environment & Sustainability Group, using a structured monitoring framework aligned with Welsh Government's expectations. Each department will maintain a local risk register and action log, which will feed into a consolidated organisational dashboard. This dashboard will map progress against agreed milestones, highlight emerging risks, and track completion of adaptation measures alongside decarbonisation KPIs. Quarterly updates will be reviewed by the Environment & Sustainability Group and escalated to the Innovative Environments Group for oversight. Formal annual reporting will provide the Board with a comprehensive summary of achievements, outstanding actions, and risks by exception, ensuring transparency and compliance with Welsh Government requirements. This report will also serve as the basis for the Health Board's statutory submission to Welsh Government, demonstrating visible system leadership and continuous improvement.

Climate adaptation is no longer optional - it is a strategic necessity. By embedding resilience planning across all functions and integrating it into core risk management processes, PTHB can safeguard service continuity, protect critical infrastructure, and uphold its commitment to the health and wellbeing of the communities it serves. This proactive approach will position the organisation to respond effectively to the challenges of a changing climate while maintaining compliance with national guidance and local partnership frameworks.

Capital and finance

In 2024/25 PTHB invested >£10m across the estate, including a £4.2m Re:fit programme. Full estate decarbonisation is estimated at ~£38m, requiring phasing and external funding. Routes to funding have matured since DSDP publication in 2021 and have seen both ring-fenced and slippage funds available for decarbonisation projects.

Welsh Government have made clear that no funding has been set aside specifically for climate adaptation expenditure. This was the similar position for decarbonisation in 2021 until health boards developed costed plans to demonstrate the scale of requirements to reach net zero targets. It is possible that a similar process will evolve for climate adaptation or included within a central climate action expenditure programme.

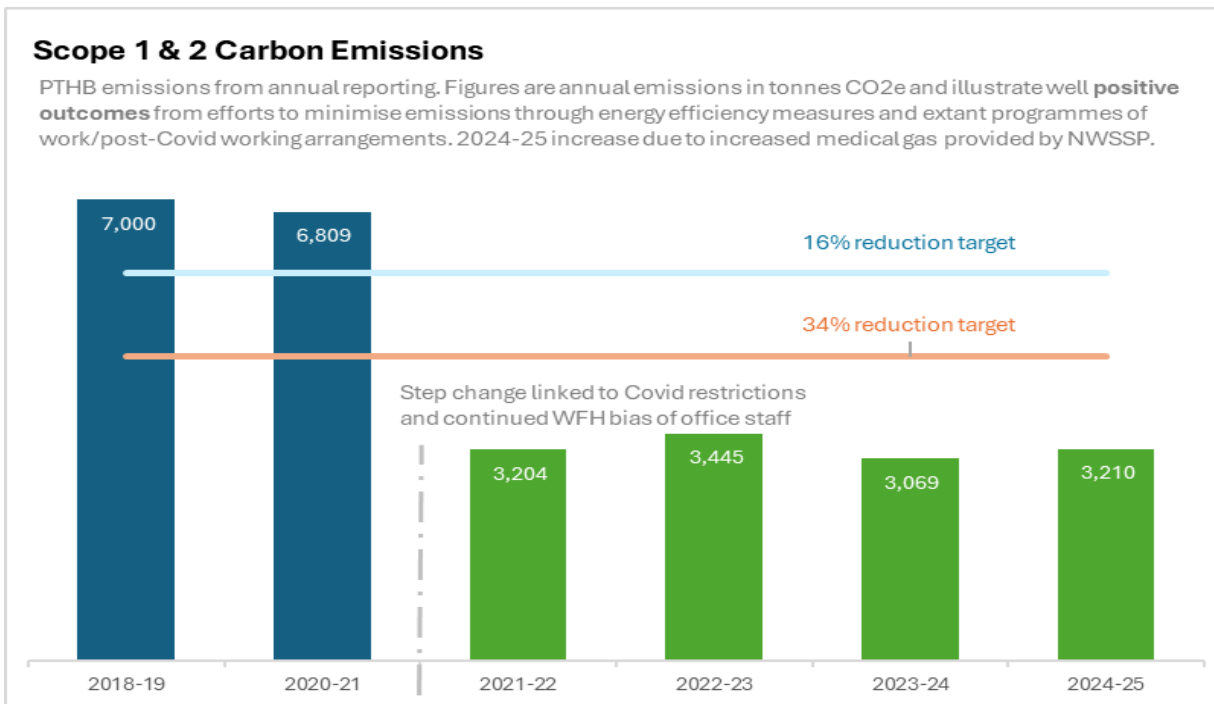
For PTHB, these requirements coincide with a period of service expansion and estate investment to deliver the Health and Care Strategy. While these developments support improved patient care, they also increase the complexity of achieving Net Zero and maintaining resilience. The health board has already invested significant funding in decarbonisation measures during 2024–25, including a £4.2 million Re:fit programme, window replacement at Llandrindod Hospital and roof-mounter solar PV expansion.

However, reported emissions have risen under NWSSP’s Tier 1 spend-based methodology, reflecting expanded activity and methodological changes rather than a reversal of operational progress. This underscores the need for improved data quality, robust governance, and clear communication to maintain confidence and demonstrate genuine progress. While embodied carbon from capital projects may transiently increase Scope 3, these emissions are front-loaded relative to lifetime operational savings. National funding opportunities will be pursued, but competition and cost-of-carbon thresholds require early, high-quality applications and robust improvement measurement plans. The Capital, Estates & Facilities department shall continue to work closely with programme leads within Welsh Government to use decarbonisation and climate adaptation as leverage for funding opportunities across the estate.

Summary

The continued increase in reported carbon emissions is indicative of increased investment into the Health Board and wider measurement and reporting changes affecting all public sector bodies. The continued change in reporting metrics and inherent problems from use of inflationary-linked supply chain expenditure paint a picture not accurately reflecting the measures already taken by the Health Board in reducing emissions. It is, therefore, recommended that the Executive Committee **take assurance** from the more dependable Scope 1 & 2 figures as a means of measuring and tracking the Health Board’s efforts in carbon reduction, which indicate a steadier picture of emissions and will see a step change following the completion of the Re:fit programme.

The reported increase in emissions does not reflect PTHB’s actual decarbonisation progress. Scope 1 and 2 emissions remain stable despite service expansion



necessitating increased occupied estate by **13%**, and workforce growth of over **19%** since **2018**.

NWSSP recognises the rise in reported supply chain emissions across organisations and at an All-Wales level. This trend is driven by several factors:

- **Investment in Decarbonisation:** Efforts to reduce Scope 1 and 2 emissions often increase Scope 3 emissions through additional supply chain activity.
- **Improved Data Visibility:** Enhanced reporting and a more complete view of emissions sources have increased reported totals.
- **Supplier Capability:** Variations in resources, technology, and automation affect suppliers’ ability to measure and manage their carbon footprint.
- **Methodological Changes:** Transitioning from Tier 1 (spend-based) to more accurate Tier 2 and Tier 3 reporting introduces complexity and impacts reported figures.

As the Health Board continues to meet its Health and Care Strategy for repatriating services and providing Care Closer to Home, one must be mindful of an expected further growth in emissions from the increased clinical and staff activities in support of the wider and more comprehensive care services. Ongoing property rationalisation and broader adoption of agile working practices will help

sustain progress toward the Health and Care Strategy, enabling delivery from existing or more suitable premises.

Powys Teaching Health Board has made significant progress in advancing its climate response agenda. On decarbonisation, the Health Board has submitted its 2024/25 carbon emissions return to Welsh Government and invested circa £10M in energy efficiency and carbon reduction measures, including the £4.2M Re:fit programme. While reported emissions have risen under the current Tier 1 methodology, this reflects changes in reporting and expanded service delivery rather than operational setbacks. The imminent publication of the refreshed DSDP will provide updated guidance and targets. It is recommended that leadership and management of this work continue through the Health Board's designated Decarbonisation Leads (Head of Technical Services & Environment & Sustainability Manager) with an updated reporting dashboard tool developed to track progress against the new DSDP initiatives and provide clear assurance to the Board and Welsh Government.

On climate adaptation, PTHB has begun implementing the Welsh Government's Climate Adaptation Strategy through innovative pilot workshops using the Local Partnerships toolkit. This work will expand across all service departments during 2025/26 and will be led by the Environment & Sustainability Team. Adaptation planning will be an iterative process, informed by intelligence gathered from organisational risk assessments, lessons learned, and emerging best practice. Collaboration will be critical: PTHB will align its approach with the Powys Public Services Board (PSB) and participate in all-Wales working groups alongside other Health Boards to share data, tools and experience. This will ensure that adaptation actions are evidence-based, address priority risks such as heat, flooding and supply chain disruption, and actively reduce inequalities in the communities we serve.

Adaptation must be holistic, not siloed. Estates-specific plans (e.g., Estates Adaptation Plan) provide a foundation, but broader organisational risks - such as transport disruption during floods - must be considered. For example, flooding impacts not only hospital sites but also staff commuting, patient access, and supply chains for critical goods. Adaptation also extends beyond infrastructure and service delivery models may need to evolve.

Together, these programmes will deliver a comprehensive Climate Response Plan that integrates mitigation and adaptation, embeds climate considerations into decision-making, and demonstrates visible system leadership in line with Welsh Government expectations.

This integrated model provides a clear line of sight from **WG strategic guidance** to **PTHB delivery**, with practical, **board level assurance** built on credible metrics, better data quality over time (Procurement Tier2 expenditure), and concrete adaptation actions that protect services and patients as the climate changes.

NEXT STEPS:

- Continue delivery of current climate mitigation programmes in line with the existing Decarbonisation Strategic Delivery Plan (DSDP) while preparing for the refreshed plan from Welsh Government.
- Develop an enhanced data collection and reporting dashboard to monitor decarbonisation progress, aligned to new DSDP targets and Welsh Government reporting requirements.
- Expand online climate adaptation workshops across all service areas to raise awareness, identify service-level risks, and embed resilience planning into operational decision-making.
- Produce and publish a formal Climate Response Plan integrating decarbonisation and adaptation actions, approved at Board level and monitored through established governance structures.
- Include Climate Adaptation as a Strategic Priority within Integrated Plan.

APPENDIX 1: Key Sources

Climate Adaptation Strategy for Wales (2024)

<https://www.gov.wales/climate-adaptation-strategy-wales-2024>

Direct PDF: [Climate Adaptation Strategy for Wales 2024 \(PDF\)](#)

NHS Wales Decarbonisation Strategic Delivery Plan (2021–2030)

<https://www.gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan>

Direct PDF: [NHS Wales Decarbonisation Strategic Delivery Plan \(PDF\)](#)

Welsh Public Sector Net Zero Reporting Guide (Updated June 2025)

<https://www.gov.wales/public-sector-net-zero-reporting-guide>

Direct PDF: [Net Zero Carbon Reporting Guide \(PDF\)](#)

Local Partnerships Health & Social Care Adaptation Toolkit

<https://localpartnerships.org.uk>

Well-being of Future Generations (Wales) Act – Statutory Guidance

<https://www.gov.wales/well-being-future-generations-statutory-guidance>

Essentials: <https://www.gov.wales/well-being-future-generations-act-essentials-html>

Welsh Procurement Policy Note WPPN 06/21 – Carbon Reduction Plans

<https://www.gov.wales/wppn-06-21-decarbonisation-through-procurement-taking-account-of-carbon-reduction-plans>

Salix Finance – Public Sector Decarbonisation Scheme (Phase 4 Guidance)

<https://www.salixfinance.co.uk/schemes/phase-4-public-sector-decarbonisation-scheme>

Direct PDF: [Phase 4 PSDS Guidance Notes](#)

Met Office – Summer 2025 Warmest on Record

<https://www.metoffice.gov.uk/about-us/news-and-media/media-centre/weather-and-climate-news/2025/summer-2025-is-the-warmest-on-record-for-the-uk>

Welsh Government Climate Adaptation Toolkit for Health and Social Care

[Health and Social Care Climate Adaptation Toolkit – GOV.WALES \[gov.wales\]](#)

Local Partnerships Adaptation Accelerator Project

[Local Partnerships – Climate Response \[localpartn...ips.gov.uk\]](#)

UK Climate Change Committee (CCC) Guidance

[Independent Assessment of UK Climate Risk – CCC \[theccc.org.uk\]](#)

Paris Agreement and 1.5°C Breach Projections

[Ahead of COP30, UN report warns 1.5°C breach \[nationofchange.org\]](#)

Extreme Weather Events in the UK

[Extreme Weather in the UK 2022 Heatwave Case Study](#)

[World Weather Attribution – UK Heatwave Analysis \[internetge...graphy.net\]](#)

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IMPACT ASSESSMENT

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

QUALITY:

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

None identified from assessment

EQUALITY:

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

No adverse impact from assessment

RISK ASSESSMENT:

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

Financial risk from continued support of Decarbonisation Strategic Delivery Plan and now Climate Adaptation.
Reputational risk from increasing emission reporting in opposition to required reduction to meet Net Zero targets set by WG.

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Agenda item: 5.9

Finance and Performance Committee	Date: 04 December 2025
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Subject:	DISCRETIONARY CAPITAL PIPELINE PROGRAMME UPDATE 2025/26
Approved and presented by:	Pete Hopgood, Deputy CEO, Director of Finance, Capital and Support Services
Prepared by:	Associate Director Capital, Estates and Facilities Head of Capital
Other Committees and meetings considered at:	N/A; routine discussion at Capital Control Group Executive Committee – 19 November 2025 who support the paper to the Committee.

PURPOSE:

To provide an update on progress of the Capital Programme 2025-26 and general Capital funding status report including risks and opportunities.

The position on Capital Funding and its impact on the project programme of activity is provided for information/discussion along with a general update on the funding activity and associated capital delivery risks for the Health Board.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- **RECEIVE** the update report and take **ASSURANCE** an appropriate monitoring mechanism is in place for the Capital programme for 2025-26.
- **NOTE** the risks and opportunities identified within the paper.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	The Capital Programme is complex and supports a wide range of activity, which underpins core activity and future ambition, including Better Together.
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	

EXECUTIVE SUMMARY:

Range of funding secured is summarised below:

DISCRETIONARY CAPITAL: The capital pipeline 2025-27 has been developed by the Capital Control Group to reflect the current and projected allocation of Welsh Government (WG) Discretionary Capital funding - from 2025/26 this 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. The £4.2M investment was completed earlier this year.

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 by PTHB were successful with a combined value of £3.55M.

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 with a business case submitted and waiting approval for Llandrindod (£2M)

Mental Health Quality and Safety Schemes: £435k has recently been awarded to support improvements at Bronllys. The scheme will create an enhanced care area by converting an area which was previously part of the acute ward (Defynnog), currently used as office space, back in to use. This scheme will provide an additional 5, ensuite ligature-minimised bedrooms.

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF): Following a successful application process, PTHB was awarded £971K IN 2025/6 to develop a SOC/OBC in support of the North Powys Integrated Health, Care and Well-being Hub. The business case is due for submission in December 2025.

In addition, works are underway to develop a multi-agency hub based at Spa Road in Llandrindod Wells and Llanfair Caereinion Health Hub.

Capital Slippage: Health Boards were requested to submit bids by 30 September 2025 for capital schemes which could be delivered this financial year. PTHB submitted 6 prioritised bids with a combined value of circa £600k

The Current funding position for 2025-27 is summarised below:

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Capital / Revenue Category	2025/26 £,000	2026/27 £,000	Comments
Discretionary	2.700	2.700	Increased from £1.431m
TEF (Discretionary PTHB Contribution)	(0.634)	(0.430)	30% contribution of overall TEF to be made from Discretionary Capital
TEF Funding (WG contribution)	2.115	1.435	Confirmed
All Wales Capital Funding (AWCF) - Llandrindod	0.500	9.500	Subject to Business Case
AWCF - Mental Health Quality and Safety Schemes	0.435	2.000	
IRCF – North Powys	0.971	TBC	Confirmed fees to develop business case
Re:fit (Revenue)	0.643	0	Invest to Save
Capital Slippage	0.600	0.800	Unconfirmed – over £1m secured in 2024/25
Charitable funds	0.380	TBC	
TOTAL (Indicative) £M	7.70	16.00	

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.

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND:

PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some significant challenges in terms of maintaining building stock with £69M of Backlog Maintenance and many competing priorities for a limited amount of Discretionary Capital.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity

to deliver projects on the ground within financial year constraints. It is, therefore, essential that the pipeline remains agile with a number of reserve schemes ready to progress should the situation or funding availability change, with sufficient contingency maintained to address emerging issues and priorities.

The overall Capital Resource Limit (CRL) for 2025/26 is currently circa £7M and with 60 schemes potentially being delivered (including crossover schemes), representing the largest ever capital delivery programme. So far this year 17 schemes have been completed.

DISCRETIONARY CAPITAL PROGRAMME:

From 2025/26 onwards Welsh Government announced an increase to PTHB's Discretionary Capital allowance from £1.431M to £2.7M per annum. This provides the Health Board with more certainty on the 'base line' funding which is particularly beneficial for forward planning and resourcing the Capital Team which is funded through capital funds. This not only contributes to an increase in the number of discretionary capital schemes but also allows the Health Board to deal with larger issues which were previously not possible due to the low level of available discretionary funding.

The approved annual programme includes four generic elements, namely;

- General schemes: wider business needs identified by the organisation and considered and prioritised by the Capital Control Group which has representation from across the organisation. These schemes are prioritised from a ringfenced total of £1.89M.
- Estates Compliance: projects within a ringfenced value of £810K. These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.
- Equipment: this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation has been increased from £50K to £100K per annum.
- ICT: annual allocation has been increased from £50K to £100K per annum.

In addition, the following needs to be considered:

- Carry-over scheme commitments: the pipeline also includes programmes of work planned across several years or individual financial year 'cross over' schemes where project parameters do not coincide with a March completion.
- Contingency: it has been usual to retain a contingency for unforeseen, or priority works that emerge during a financial year as a prudent approach.
- Targeted Estates Funding (TEF) Contribution: 30% discretionary contribution needs to be made to support TEF projects, equalling £634.5K

The tables below show the Discretionary and Compliance projects currently on this years' pipeline and an update on progress. Items highlighted in Grey are

completed. Items highlighted in Pink have been deferred (either due to the scope not being fully developed or more urgent priorities have taken precedence).

Discretionary Capital	Projected spend 2025/26	Update (Project status)
Equipment	£100,000	
IT	£100,000	
Car Park Resurfacing, Ty Illyd	£80,000	Design
Adelina Patti - Ward Improvements, Ystradgynlais	£20,000	Complete
Twymyn Ward Improvements, Machynlleth	£40,000	Complete
Llandrindod Reconfiguration	£250,000	Complete
Nurse Call Improvement Programme (2 sites)	£100,000	Tender (price increased from £70,000)
Office and Group Room Improvements, Knighton	£30,000	Design
Outpatients Room Refurbishment, Llanidloes	£30,000	Scoping
Reception Upgrade, Brecon	£45,000	Pre-construction
Height & Weight Measurement Children's Centre, Brecon	£0	Cancelled
MCI Audiology Waiting Room, Newtown	£40,000	Scoping
Ward/Reception Desk at Bryn Heulog Ward, Newtown	£45,000	Scoping
Main Hospital Entrance Door, Knighton	£38,000	Design
Knighton Maternity Refurbishment, Knighton	£0	Deferred
St Davids Entrance Door Replacement, Brecon	£33,000	Design
Project activity to support Transformation	TBC	No project activity to date
Orchards Bungalow 2 Refurbishment, Bronllys	£40,000	
Upgrade to Disabled Facilities, Fan Gorau	£20,000	Awaiting project brief/scope
Extra Sockets, Y Bannau Ward, Brecon	£60,000	Tender
Upgrade of Archive Records Storage Facilities, Bronllys	£100,000	Construction due to complete December
Transformation of Surgical Pre-Operative Assessment Services, Brecon	£35,000	Complete
Welshpool Renal	£25,000	Surveys and design only 2025/26
Bronllys Chapel (Design only)	£5,000	
PROPOSED PROJECTS DISCRETIONARY SUB- TOTAL	£1,236,000	

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BALANCE OF FUNDING TO ALLOCATED	£654,000	
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Compliance Capital	Projected spend 2025/26	Update (Project status)
Fire - Compliance Programme Phase 1 (Welshpool/Knighton)	£15,000	Remedial works
Decarbonisation - PV Panels, Ystradgynlais,	£30,000	Complete
Fire - Compliance Programme Phase 2 (Brecon & Machynlleth)	£376,885	Complete
Decarbonisation - BMS Phase 2 (Ystradgynlais)	£50,000	Complete
Infrastructure - Bronllys Accessibility Improvements	£25,000	Erwood complete /next phase being designed
Water Tank (incl. water softeners), Brecon	£35,000	Complete
Water - watermain improvement, Bronllys	£80,000	Further works to be developed
Infrastructure - Sewage Treatment Works, Bronllys	£100,000	Design
Waste Compliance, Brecon	£3,000	Complete
EV Charge Programme (Llandrindod)	£40,000	Due to complete Dec 2025
Electrical - Plantroom/Generator Replacement Programme (Pan Powys)	£20,000	Install to be programmed
Water - Replacement Water Tanks, Llanidloes	£0	Deferred
Ventilation - Fire Damper Replacement (Pan Powys)	£25,000	Scoping
VIE Removal Works (Pan Powys)	£60,000	Scoping
Boiler Replacement, Welshpool	£40,000	Complete
Boiler Replacement, Park St, Newtown	£35,000	On-site
Y Bannau Ward Windows, Brecon	£10,000	Complete
Water – TMVs (Pan Powys)	£0	Deferred
Infrastructure - Replacement Boilers Clywedog (Llandrindod)	£0	Deferred
External Heating Pipework (Bronllys)	£80,000	Scoping
Driveway Resurfacing, Welshpool	£0	Deferred
Clywedog Ward Building Repairs, Llandrindod	£0	Deferred
Gas Main Repairs, Ystradgynlais	£165,000	Tender
COMPLIANCE SUB-TOTAL	£1,184,885	
BALANCE OF FUNDING TO BE ALLOCATED	-£374,885	

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Capital Pipeline total	£2,420,885	
VAT Reclaim	£375,000	
TEF Contribution	£634,500	
Balance of funding to be allocated	£19,615	

Re:fit: A key decarbonisation programme to meet Welsh Government net zero targets and reduce the impact on the environment from the Health Board’s estate. The revenue funding supporting the work to improve energy efficiency and decarbonisation is held centrally by WG and allocated as part of an Invest to Save scheme. £3.6M investment was made in 2024/25 with a further £643K in 2025/26. All works are now complete and represent the following benefits for the Health Board:



WELSH GOVERNMENT FUNDING:

Targeted Estates Fund (TEF): The TEF programme (previously known as EFAB) is intended to focus investment on key estate risk issues for NHS organisations in Wales. A total of 16 of the 17 Bids submitted by the Health Board were approved over the next 2 years at a total value of £3.550M. This includes a 30% Health Board contribution which equates to £634.5K in 2025/26 and £430K in 2026/27

PTHB TEF projects 2025-27:

Category	Scheme Description	Value over 2 years	Update (Project status)
Infrastructure	Bronllys Sewage Treatment Works Remedials	£350K	Design
	Knighton Roof Replacement	£625K	Design

	Welshpool Lift Replacement	£275K	Pre-construction (completion Jan 26)
	Machynlleth Generator Replacement	£140K	Pre-construction (completion Jan 26)
	Windermere Bungalow Bronllys Refurbishment	£375K	Construction during 2026
Fire	Brecon Emergency Lighting and Detectors Replacement	£335K	Construction (completion March 2026)
	Llanidloes Fire Compartmentation	£400K	Construction during 2026
	Fire Detector Head Replacement Programme Pan Powys	£100K	Design
Mental Health	Ligature Improvement Plan Pan Powys	£200K	Construction during 2026
	Dementia Friendly Environments	£80K	Construction (completion Dec 25)
Decarbonisation	Thermostatic Radiator Valves, Spa Road Llandrindod	£45K	Design
	Heat Efficiency Measures – HydroMx Spa Road	£55K	Design
	Window Replacement Pain Management, Bronllys	£140K	Construction during 2026
Infection Prevention Control	Flooring Replacement, Epynt Ward, Brecon	£200K	Crossover scheme
	Ward Kitchen - Refurbishment Programme	£180K	Tender
Decontamination	Endoscopy Drying/Storage Cabinet Replacement	£50K	Complete
TOTAL		£3.55M	

This funding stream helps to alleviate pre-existing compliance related pressures on the discretionary pipeline as well as enabling PTHB to undertake larger elements of work, such as fire precautions improvements, which would otherwise not have been possible within the normal Discretionary Capital allowance.

Mental Health Quality and Safety Schemes: £435K has recently been awarded to support improvements at Bronllys.

The scheme will create an enhanced care area by converting office accommodation which was previously part of the acute ward (Defynnog) back to bedrooms with the addition of anti-ligature showers, toilets, doors, nurse call and alarms. This will allow for greater flexibility in managing patients within-county, improve their experience and reduce the reliance on private providers as far away as the south and north-east of England. This would provide an additional 5 fit for purpose bedrooms which would avoid a £400/day charge for private provision (£730K), balanced against costs for running the extension to the current unit (£360K) delivering a maximum potential £370K revenue saving per annum.

Capital Slippage: Health Boards were requested to submit bids for capital schemes which could be delivered this financial year by 30 September 2025. PTHB submitted the following prioritised bids with a combined value of circa £600K:

- Ystradgynlais Gas Main
- Machynlleth Ward extensions
- Bronllys accessibility
- Llanidloes Boilers
- Welshpool driveway

Additional bids were also submitted for medical and IT equipment.

All Wales Capital Funding (AWCF) Business Cases:

Llandrindod Phase 2: following the successful investment to upgrade services at the front of the hospital, a Programme Business Case (PBC) has been endorsed by Welsh Government for a second phase of works to improve and reconfigure the remainder of the hospital. £3M was awarded in 2024/25 to address the most essential infrastructure improvements on the site including replacement windows, roofs and external access providing a solid foundation for future developments. In September 2025 PTHB submitted a Business Justification Case (BJC) for £2.4M to support the next phase of development - the business case is currently being scrutinised with an expected response in November and up to £500k could be allocated in support of this scheme this financial year.

Health & Social Care Integrated and Rebalancing Capital Fund (IRCF)

Spa Road Multi-Agency Hub, Llandrindod: an IRCF bid was submitted for £90k to support the develop a Business Justification Case (BJC) to further develop Spa Road into an integrated hub. The development is estimated at £1.2M and will include the refurbishment of the lower ground floor to incorporate a PCC Integrated Family Centre. PTHB are currently appointing a multi-disciplinary design team to support the development. The anticipated date for BJC submission is Q4 2025/6.

Llanfair Caereinion Health Hub: following the withdrawal of the Third-Party Developer, PTHB Capital Team are now working with the Developer to acquire the land to proceed with the project – this has been discussed with NWSSP-SES and Welsh Government, who have been fully briefed. Overall costs are in the order of £6m and once the plans have been reviewed and Planning permission secured, the construction period will be circa 60 weeks.

North Powys Integrated Health, Care and Wellbeing Hub: IRCF funding has been approved for £971K to develop a SOC/OBC for the hub. The business case is currently under development and is due to be submitted to WG in December 2025. The anticipated cost of the scheme is £32M.

RISKS:

- **Project Prioritisation:** as funding is secured or priorities change rapidly due to emerging operational risks (boiler failures, roof leaks, etc.), or respond to the requirements of Transformation activity, the capital programme needs to continue to be flexible in terms of prioritisation and reassessment / re-prioritisation as need demands, whilst also maintaining a suitable governance approach. Currently, visibility is via the Innovative Environments Group.
- Capital carries a risk burden for any cost **overrun implications from major project activity** – this risk increases in proportion to the increasing value of AWCF based on business case submissions. In partial mitigation NWSSP-SES and WG acknowledge the risk and the uncertainty in relation to refurbishment style project activity on older buildings and, where possible, reflect this in the level of Contingency included in the approved bids.
- **Estates Compliance:** failure to undertake remedial actions for high level risks, carries a risk at organisational level. Backlog Maintenance levels in NHS Wales now exceed £1.3Bn and circa £69M in PTHB. This is acknowledged by Corporate Risk Register entry 009 related to a 'fit for purpose' estate – a risk-based approach has been adopted to address any high or immediate risks. Capital investment is critical in addressing the deficiencies across the estate.
- **IT funding:** the digital agenda is vitally important and whilst funding from the core discretionary capital is very limited, funding via 'capital slippage' at the end of the financial year cycle has been generous, with circa £1.3M made available in 2023/24. This, however, does not provide any certainty for forward planning and further work is needed to continue to develop an IT pipeline.
- **Medical Devices:** potential pressures on equipment including, for example, the decommissioning and replacement of automatic external defibrillators due to unavailability of replacement parts – cost circa £100K.

Opportunities: It is important to develop schemes in readiness to take advantage of any slippage/further funding opportunities as they arise. Capital

investments need to consider schemes which can contribute to revenue savings and agile working related initiatives in the non-clinical office space must be developed wherever possible to support estates rationalisation.

NEXT STEPS:

- Continue to deliver the Capital programme 2025/26 and provide regular progress updates to Innovative Environments Group or as appropriate
- Monitor and manage the discretionary contingency allowance to respond to emerging requirements for capital investment
- Maintain close communication with WG in relation to any changes and opportunities for further capital funding: develop 'on the shelf' projects in readiness to take advantage of any additional capital in latter part of the financial year.
- Maintain dialogue with transformation 'Better Together' activity to identify capital opportunities to enable change
- Monitor, review and update the Corporate Risk Register item 009 (capital and estates related)
- Maintain an agile approach to the capital programme in 2025 – 2027
- Continue to report on and escalate compliance and operational risks as they emerge.

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IMPACT ASSESSMENT

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

QUALITY:

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

The Capital Programme involves investment in a spread of projects/activity – each project will assess impact on quality as part of the approval process.

EQUALITY:

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

The Capital Programme involves investment in a spread of projects/activity – each project will assess impact on equality as part of the approval process.

RISK ASSESSMENT:

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

The Capital Programme involves investment in a spread of projects/activity – each project will assess impact on risk as part of the normal project governance activity.

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Agenda item: 5.10

Finance and Performance Committee	Date: 04 December 2025
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Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board – 26 November 2025
Appendices:	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 version of the Committee Risk Register is based upon the updated provided by Executive Leads in October 2025 and presented to the Board on 26 November 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	
8. Transforming in Partnership	Y	

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.

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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CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Committee Risk Register

Finance and Performance Committee – 4 December 2025

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STRATEGIC RISK DASHBOARD

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:
<i>EDoFC &E</i>	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)
<i>EDoFC &E</i>	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
<i>EDPCC MH</i>	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
<i>DCG</i>	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:


Executive Lead	
<i>EDoFC&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
Trend	
*	New risk
→	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

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RISK HEAT MAP

Almost certain 5					
Likely 4				SRR 007 – Estate SRR 009 – CHC	SRR 001 – Financial Balance
Possible 3					SRR 012 – Public Confidence
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

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<p>SRR 001</p>	<p>There is a risk that: The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).</p>																			
<p>Current Risk Score:</p> <p>20</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8</p>	<p>Risk Category: Financial Sustainability</p> <hr/> <p>Boards Risk Appetite: Cautious</p>																		
<p>Executive Lead: Executive Director of Finance, Capital and Support Services</p>	<p>Assuring Committee: Finance and Performance Committee</p>																			
<p>Latest review date: October 2025</p> <p>Added to register: June 2024</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	20	July 25	8	20	Nov 25	8	20	<p>Cause/source of risk:</p> <p>The Health Board reported a £15.8m deficit in 2024/25</p> <p>It is forecasting a £28.3m deficit in 2025/26</p> <p>Savings programme of £23.1m</p> <p>Underlying deficit of £42.1m</p> <p>Risk materialising would result in:</p> <p>Failure to achieve the statutory duty to breakeven</p>
Month	Target Score	Risk Score																		
July 24	8	16																		
Nov 24	8	16																		
Jan 25	8	20																		
July 25	8	20																		
Nov 25	8	20																		

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
1.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
1.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
1.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
1.4	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
1.5	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
1.6	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

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Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and F&P and to Exec Committee. Month 6 £17.7m savings forecast. 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
An external review has been commissioned, which is focusing on the financial position of the Health Board and its arrangements for commissioning secondary healthcare services and CHC.	DFC&SS	Grant Thornton has been appointed. Interim findings are due to be reported at the end of October. Final report at the end of November.	End of November	Ongoing
Additional information:				
<p>Rationale for current score:</p> <ul style="list-style-type: none"> • 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. 				

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<p>SRR 007</p>	<p>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.</p>																																											
<p>Current Risk Score:</p> <p>16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8</p>	<p>Risk Category: Quality</p> <hr/> <p>Boards Risk Appetite: Minimal</p>																																										
<p>Executive Lead: Executive Director of Finance, Capital, and Support Services</p>	<p>Assuring Committee: Finance and Performance Committee</p>																																											
<p>Latest review date: July October 2025</p> <p>Added to register: January 2017</p> <p>Link to Strategic Priorities and Wellbeing Objectives:</p> <p>SP 9 and WBOs 1 and 4</p> <p><small>Powered by Bethan 28/11/2025 16:31:56</small></p>	<p>Risk Score Trajectory</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>8</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>8</td><td>16</td></tr> <tr><td>Nov 24</td><td>8</td><td>16</td></tr> <tr><td>Jan 25</td><td>8</td><td>16</td></tr> <tr><td>Mar 25</td><td>8</td><td>16</td></tr> <tr><td>July 25</td><td>8</td><td>16</td></tr> <tr><td>Nov 25</td><td>8</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Nov 22	8	16	Dec 22	8	16	Feb 23	8	20	Apr 23	12	20	Aug 23	12	20	Dec 23	12	20	Feb 24	12	16	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	8	16	July 25	8	16	Nov 25	8	16	<p>Drivers/causes of risk:</p> <p>Estates Compliance: (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands)</p> <ul style="list-style-type: none"> • Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only 5% post-2005, leading to higher maintenance needs and outdated systems. • Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.). • Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets. • Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation. • Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the
Month	Target Score	Risk Score																																										
Nov 22	8	16																																										
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Nov 25	8	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>Risk materialising would result in:</p> <ul style="list-style-type: none"> • Inability to sustain high quality services • Adverse impact on achievement of WBO 1 & 4 • Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services. • Escalating backlog costs may also lead to reputational damage and regulatory scrutiny. • Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs. • Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability. • Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams. 		
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
	ESTATES			
7.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
7.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group

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7.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
7.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
7.5	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"> Minutes and papers from meetings Audits undertaken by NWSSP 	Reasonable	Estates Compliance Group, Health & Safety Committee
7.6	Capital Programme developed for Compliance and approved capital programme	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance
7.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	<ul style="list-style-type: none"> Compliance Highlight Reports, Audit plans, notes and papers from meetings 	Reasonable	Delivery & Performance Group
7.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	<ul style="list-style-type: none"> Compliance Highlight Reports, Audit plans, notes and papers from meetings 	Reasonable	Delivery & Performance Group
7.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	<ul style="list-style-type: none"> Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime 	Reasonable	Estates Compliance Group
	CAPITAL			

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7.11	Capital Procedures for project activity	<ul style="list-style-type: none"> Capital Procedures CP/D/1.00 document Annual Capital Systems Audit reports from NWSSP 	Reasonable	Innovative Environments Group
7.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> Notes from meetings Annual Procurement Report 	Substantial	Innovative Environments Group / Finance & Performance
7.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	<ul style="list-style-type: none"> Notes from meetings Designated Director role 	Substantial	Innovative Environments Group
7.14	Audit reviews by NWSSP Audit and Assurance	<ul style="list-style-type: none"> Audit reports and Action Plans 	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	<ul style="list-style-type: none"> Regular Capital Review Meetings. Notes and papers from meetings 	Substantial	Innovative Environments Group
7.16	Reporting routinely to Finance & Performance Committee	<ul style="list-style-type: none"> Notes and papers from meetings 	Reasonable	Finance & Performance Committee
7.17	Capital Programme developed and approved	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	<ul style="list-style-type: none"> BJC, SOC, OBC, FBC documents / governance 	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board

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7.20	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
	<u>ENVIRONMENT</u>			
7.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
7.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
7.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
7.24	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
7.25	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 complete in Q2	In line with Annual Plan for 2025-26	complete
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk
Additional information:				

Update including impact of actions to date on current risk score:


Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing.

Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.

Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.

Finance: significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

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<p>SRR 009</p>	<p>There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care</p>										
<p>Current Risk Score:</p> <p>16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9</p>	<p>Risk Category: Performance and Sustainability</p> <p>Boards Risk Appetite: Open</p>									
<p>Executive Lead: Executive Director of Primary, Community Care and Mental Health</p>		<p>Assuring Committee: Finance and Performance Committee</p>									
<p>Latest review date: October July 2025</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: SP 6 and WBO 4</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>9</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>9</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	9	16	Nov 25	9	16	<p>Cause of risk and rational for current score:</p> <ul style="list-style-type: none"> Demand is greater than available resource <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> The service is unable to remain within allocated budget Failure to meet needs of vulnerable patients who are eligible for health services
Month	Target Score	Risk Score									
July 25	9	16									
Nov 25	9	16									

Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board
9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target

Deep Dive Report on EMI numbers and costs	Assistant Director of Complex Care	Report submitted to Executive Director on time	June 2025	Complete
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	June 2025	Complete
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	June 2025	Complete
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. Monitoring continues regularly. Meeting last on 24/10/25. Slightly improved CHC position.	July October 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"> Implementation of Digital systems 	June 2025	Complete

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		<ul style="list-style-type: none"> • Specific review high cost placements • Alternative arrangements with 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	April 2025	Complete
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> <p>There is a national business case in pace. Team has engaged in several product demonstrations.</p>	September October 2025	Delayed

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Additional information:
Rationale for current score: It is early on in the financial year and full year demand is unknown, with continued work locally and nationally
Update including impact of actions to date on current risk score: Remains the same as no significant change in position since last review

SRR 012	There is a risk that: The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	
Current Risk Score: 15	Risk rating detail: (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	Risk Category: Reputation and Public Confidence
		Boards Risk Appetite: Open
Executive Lead: Director of Corporate Governance / Board Secretary		Assuring Committee: Finance and Performance Committee

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Latest review

date: July 2025

Added to register:

July 2025

Link to Strategic Priorities and Wellbeing

Objectives: Cross-cutting risk relevant to all SPs and WBOs



Cause of risk and rationale for current score:

- The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways.

Risk materialising would result in:

- Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
12.1	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
12.2	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 Director / Chief Executive
12.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair / whole Board
12.4	Quarterly Twice Yearly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	Quarterly Twice yearly E&C Team reports Directorate Review	Reasonable	PPPH Board Committees (x2 per annum)
12.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee
12.6	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
12.7	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
12.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee

12.9	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
12.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee
12.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
12.12	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
12.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Procurement of consultation assurance for Stage Three Better Together	DCG/DoP&C	Procurement process due to conclude by 08/25 following some delays outside the health board's control in SSP Oct 2025 – procurement complete	30/07/25	Delays by SSP have been escalated Complete
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way Oct 2025 – procurement complete, report due Dec 2025	08/25	On track

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Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation Oct 2025 – In final draft, will be complete end Nov 2025	08/25	On track Off track, rescheduled 30/11/25
Establishment of continuous engagement programme following strengthening of engagement team from 06/25	DCG	Schedule of events being developed for implementation following Oct 2025 – Engagement Officer recruitment completed and programme of continuous engagement in place	08/25	Complete
Develop consultation plan for Better Together	DoP&C / DCG / DPPC	Consultation plan being developed through Better Together programme arrangements Oct 2025 – consultation plan developed on schedule. Action now paused due to Programme changes. Update to be provided via overall Board report on Better Together to 25 Nov Board meeting.	08/25	Complete
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

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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	Complete
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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.

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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 (including within IQPR, not stand alone item)		✓	✓		✓	
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 & Decarbonisation programme					✓	
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 Performance review		✓	✓	✓	✓	
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 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), Cancer Services and MIU FEB		✓				✓
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.- Presented to Board in September. No longer required.			✓			
Actions	Private Providers- Mental Health		✓	✓			
Governance	Getting It Right First Time (as per IA, Tackling Planned Care) Schedule TBC					✓	✓
Governance	Public Sector Prompt Payment (PSPP) Performance'					✓	
Action	In reach Fragility					✓	✓
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 transferred to another committee							

**Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal /
Mid Wales Joint Committee for Health and Care**

Cadeirydd Arweiniol / Lead Chair	Dyfed Edwards, Chair, Betsi Cadwaladr University Health Board
Prif Weithredwr Arweiniol / Lead Chief Executive	Prof. Phil Kloer, Chief Executive, Hywel Dda University Health Board
Cyfarwyddwr y Rhaglen / Programme Director:	Keith Jones, Director of Operational Planning and Performance, Hywel Dda University Health Board
Dyddiad y Cyfarfod Diwethaf / Date of Last Meeting	13 th October 2025
Cyfnod Adrodd / Reporting Period:	April to October 2025

**Penderfyniadau allweddol a Materion a ystyriwyd gan y Cyd-bwyllgor /
Key Decisions and Matters considered by the Joint Committee**

Mid Wales Priorities and Delivery Plan 2025/26

The Mid Wales Planning and Delivery Executive Group (MWPDEG) leads on the development and implementation of the Mid Wales Priorities and Delivery Plan. The Mid Wales Joint Committee (MWJC) received the latest update report from the MWPDEG on the Mid Wales Priorities and Delivery Plan 2025/26 for the period 1st April to September 2025. For 2025/26 the Mid Wales priorities are as follows:

Mid Wales priorities 2025/26	
Priority	Strategic Objective
Urology	Complete the review of prostate cancer Prostate-Specific Antigen (PSA) and Trial Without Catheter (TWOC) pathways and flows for patients residing in Mid Wales, identify any current gaps in provision and opportunities for the future provision of services across Mid Wales.
Ophthalmology	Increase capacity and access to ophthalmology services across the Mid Wales area through the development of a regional and a whole system pathway (primary, community and secondary care) approach supported by the establishment of operational and service links between Health Boards.
Cancer	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.
Community Dental Services	Identify what improvements can be made to general NHS dental services provision across Mid Wales.
Strategic service change programmes	Identify the impact on the Mid Wales population of pathway changes proposed via strategic service change programmes being progressed by individual organisations.
Cross Border workforce arrangements	Develop solutions to cross organisational border health and social care workforce arrangements across Mid Wales.
Colorectal	Establish a sustainable colorectal services pathway for Mid Wales, which ensures a Mid Wales focus on service delivery and creates opportunities for the provision of outreach services across the Care Hubs in Mid Wales.
Dermatology	Identify opportunities for increasing provision and improving access to Dermatology services across Mid Wales.

The Joint Committee noted the summary overview of the progress and current status of the Mid Wales priorities and its workstreams (see below) and a plan on a page for each priority which detailed the actions undertaken to date and actions planned for October to December 2025.

MWJC Priorities – Progress / Status Overview					
Priority	Workstreams	Blue (Completed)	Red (Late)	Amber (Off Track)	Green (On Track)
Urology	2		1	1	
Ophthalmology	4				4
Cancer	2	1			1
Community Dental Services	2			2	
Strategic service change programmes	4				4
Cross Border Workforce arrangements	3	1			2
Colorectal	1			1	
Dermatology	1				1

For those workstreams whose status is currently Red (Late) and Amber (Off Track) the Joint Committee noted the summary exception report highlighting the issues which have impacted progress and the current actions being progressed to get the workstream status back on track.

Mid Wales Clinical Advisory Group (MWCAG)

The MWCAG has revised its terms of reference with the membership reduced to a core group and meetings focusing on a specific service area / pathway with relevant organisational representatives invited to attend in addition to the core group. This new approach will support the delivery of the Mid Wales Priorities and Delivery Plan with the MWCAG providing clinical support and advice either as identified by the group or as commissioned by the MWPDEG. This includes those organisational strategic service change programmes and proposals for service areas / pathways where there are potential implications for the Mid Wales population.

Stroke Services

In response to a request from MWPDEG to consider the proposed changes for stroke services across the region, the MWCAG established a Mid Wales Stroke Steering Group with its membership comprising relevant clinical and planning leads from across Mid Wales. The group's two main objectives are to:

- i) Respond to the service changes across the region and highlight the risks and challenges for the Mid Wales population.
- ii) Outline a robust stroke pathway for Mid Wales.

The MWCAG has asked the Mid Wales Stroke Steering Group to draft a summary appraising the work undertaken to date for sharing with MWCAG and the Hywel Dda University Health Board (HDdUHB) Clinical Service Plan (CSP) programme team. The MWCAG has also agreed that there is a need for a mechanism to ensure the Mid Wales Stroke Steering group be kept

informed of the public feedback received by HDdUHB from its CSP consultation on stroke services and the alternative ideas that these are generating.

Mid Wales Strategic Commissioning Group (MWStCG)

The MWStCG group has identified areas of work which would benefit a collaborative approach across Mid Wales, in addition to the Mid Wales priorities already agreed for the year. Dermatology and Colorectal services have now been incorporated within the Mid Wales Priorities and Delivery Plan.

The MWStCG was originally established for the three Mid Wales Health Boards (BCUHB, HDdUHB, PTHB) to fulfil their commissioning role collaboratively for the population of Mid Wales. The group is directly accountable to the three Health Boards, with reports on its work provided to the MWPDEG. Following consideration of its original terms of reference, members felt that the group was not fulfilling its core purpose and it was unclear as to whether the group is reflected within the governance structures of the respective Health Boards. A review of the role and purpose of the group and its current reporting arrangements is to be undertaken.

Mid Wales Social Care Group (MWSocG)

A review of the role and purpose of the MWSocG is currently being undertaken. The three Directors of Social Services are to meet jointly to consider the future of the group and how social care can be taken forward within the MWJC work programme. The Director of Social Services for Ceredigion County Council will provide feedback to the MWJC Programme Director on the outputs of the tripartite meeting for considering the next steps that need to be taken.

Mid Wales Strategic Intent

In 2018, the MWJC agreed the Mid Wales Strategic Intent for 2018 to 2021 which outlined the vision for health and care services provided to the population of Mid Wales and supported a joined up approach to the planning and delivery of health and care services across Mid Wales. Although the Strategic Intent covered the three year period up until 2021, the vision has continued to be relevant and appropriate for health and care services in Mid Wales.

The Mid Wales Health Boards are in the process of updating and refreshing their strategic plans and the opportunity will be taken to review the Mid Wales Strategic Intent in order to ensure that the strategic direction for Mid Wales continues to be aligned to and reflects the organisational strategies for health and care organisations for the region. The final revised Mid Wales Strategic Intent will be considered by the MWPDEG at its meeting on 30th March 2026 and subsequently by the MWJC at its Spring meeting in April 2026. The revised Mid Wales Strategic Intent, which will cover the 3 year period 2026/27 to 2029/2030, will support the future development of the MWJC programme of work.

MWJC Governance arrangements

The MWPDEG noted the proposed reviews of the role and purpose of the MWStCG and MWSocG, and that a number of other elements also needed consideration. As such the scope of work has been expanded to a review of the MWJC governance arrangements. The review will include consideration of the following:

- A number of priorities and their workstreams have been carried forward from previous years. In order to strengthen organisational support for the priorities and its workstreams, a Senior Responsible Officer (SRO) for each priority/workstream should be identified and agreed by MWPDEG.
- Outputs from the review of the Mid Wales Strategic Intent.

- Outputs of the reviews of the MWStCG and MWSocG.
- Formal governance structure for the Joint Committee between HDdUHB and Swansea Bay University Health Board and this links and works with the MWJC governance structure.

The Mid Wales Programme Director will lead on the review with the final Mid Wales Governance arrangements to be presented to the MWJC meeting in April 2026.

Process for setting Mid Wales priorities

The process for setting the Mid Wales priorities has been revised and will now commence earlier in the financial year in November, rather than January as in previous years. This will allow more time for the MWPDEG and its sub-groups to fully consider what priorities are appropriate for the upcoming year and for Mid Wales organisations to include and report the proposed priorities within their own individual plans for internal consideration by committees and Board prior to submission to the Welsh Government. The process will also consider those areas, identified by Mid Wales organisations during their individual planning exercises, which may benefit a joint approach across Mid Wales.

Rural Health and Care Wales (RHCW)

The Joint Committee received the latest update on the RHCW work programme for 2025/26 and the RHCW Stakeholder Group. The annual RHCW conference, for which the theme this year is “Innovation and Improvement – advances in the delivery of rural health, care and wellbeing services,” will be held on 11th and 12th November 2025 at the Royal Welsh Showground, Builth Wells.

Materion sydd angen eu cytuno new trafod ymhellach gan y Bwrdd / **Items to be referred to the Board for agreement or discussion**

The Board is asked to **NOTE** the work of the Mid Wales Joint Committee.

Dyddiad y Cyfarfod Nesaf / **Date of Next Meeting**

Time and date of next meeting to be confirmed for April 2026

Agenda, papers and minutes of the Mid Wales Joint Committee meeting are available on its website: English - <https://mwjc.nhs.wales>, Welsh - <https://cbbc.gig.cymru>

Acronyms / Glossary of Terms

BCUHB	Betsi Cadwaladr University Health Board
CSP	Clinical Services Plan
HDdUHB	Hywel Dda University Health Board
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWJSG	Mid Wales Joint Scrutiny Group
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWSocG	Mid Wales Social Care Group
MWStCG	Mid Wales Strategic Commissioning Group
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales

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