


Finance and Performance Committee

Tue 21 October 2025, 09:30 - 13:00

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 Agenda_F&P_21 October 2025 (1) (1).pdf (3 pages)

1.1. Welcome and Apologies

Verbal *Chair*

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

Verbal/Attached *All*

 F&P_1.2_OCTOBER 2025_Board Members Declaration Of Interests summary 2025-26.pdf (3 pages)

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

0 min

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

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

0 min

3.1. Minutes of the previous meeting held on 02 September 2025

Attached *Chair*

 F&P_3.1_Minutes_F&P_02Sept2025.pdf (12 pages)

3.2. Committee Action Log

Attached *Chair*

 Action Log 2025-26.pdf (1 pages)

09:30 - 09:30 4. ESCALATED ITEMS

0 min

4.1. Organisational Status (NHS Wales Escalation Framework) Level 4 monitoring report


Presentation *Executive Director of Planning, Performance and Commissioning*

09:30 - 09:30 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 / Executive Director of Planning, Performance and Commissioning*

 F&P_5.1_Financial Performance Report Mth 06 Full.pdf (20 pages)

5.2. Integrated Quality and Performance Report Month 05



Attached *Executive Director of Planning, Performance and Commissioning*

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-  F&P_5.2_IQPR_Month_5_Summary_Cover paper.pdf (11 pages)
-  F&P_5.2a_IPR_25-26_Month_5-Summary_Final_V2.pdf (13 pages)

5.3. Annual Delivery Progress Report Q2

Attached *Executive Director of Planning, Performance and Commissioning*

-  F&P_5.3_Q2 2025-26 Delivery Plan Cover Paper.pdf (19 pages)
-  F&P_5.3a_Q2 Progress against Plan 2025-26.pdf (107 pages)


5.4. General Dental Services

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

-  F&P_5.4_Primary Care Commissioning Assurance Framework GDS 2024-25 Year End Position FINAL.pdf (9 pages)


5.5. Deep Dive - Cancer Performance and Diagnostics

Attached *Executive Director of Planning, Performance and Commissioning*

-  F&P_5.5_DeepDive_Cancer_Performance & Diagnostics.pdf (19 pages)

5.6. Six Monthly Report on Catering Services

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

-  F&P_5.6_Catering Services_Food Safety Compliance Assurance Report update.pdf (5 pages)



5.7. Powys Public Service Board (PSB) Climate Working Group update

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

-  F&P_5.7_PSB Climate Working Group update.pdf (12 pages)

5.8. Committee Risk Register

Attached *Director of Corporate Governance*

-  F&P_5.8_Committee Risk Register.pdf (2 pages)
-  F&P_5.8a_Appendix A - Committee Risk Register.pdf (25 pages)

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

0 min

There are no items for inclusion within this section

09:30 - 09:30 7. CONSENT AGENDA

0 min

7.1. Work Programme

Attached *Director of Corporate Governance*

For Information

-  F&P_7.1_F&P_Work Programme_2025-26.pdf (1 pages)

7.2. Tackling the Planned Care Challenges

Attached *Executive Director of Planning, Performance and Commissioning*

-  F&P_7.2_Tackling the Planned Care Challenges Powys.pdf (48 pages)

7.3. PTHB Glossary

Attached *Director of Corporate Governance*

For Information

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09:30 - 09:30

8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Verbal

Chair

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

Verbal

Chair

8.3. Committee Reflections

Verbal

All

8.4. Date of the next meeting: 04 December 2025 at 10:00

FINANCE AND PERFORMANCE COMMITTEE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

21 OCTOBER 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/ Attached	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 02 September 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 05	Attached	Executive Director of Planning, Performance and Commissioning
10:35 15	5.3	Annual Delivery Progress Report Q2	Attached	Executive Director of Planning, Performance and Commissioning
10:50	COMFORT BREAK (10mins)			
11:00 20	5.4	General Dental Services (GDS)	Attached	Executive Director of Primary, Community Care and Mental Health

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11:20 30	5.5	Deep Dive – Cancer Performance and Diagnostics	Attached	Executive Director of Planning, Performance and Commissioning
11:50	COMFORT BREAK (10mins)			
12:00 15	5.6	Six monthly Report on Catering Services	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
12:15 15	5.7	Powys PSB Climate Working Group update	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
12:30 5min	5.8	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	Work programme (for information)	Attached	Director of Corporate Governance
	7.2	Tackling the Planned Care Challenges	Attached	Executive Director of Planning, Performance and Commissioning
	7.3	PTHB Glossary (for information)	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
12:55	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
13:00	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 04 December 2025 at 10:00 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: October 2025
Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned
INDEPENDENT MEMBERS								
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil	
Vice Chair	Kirsty Williams	Non 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-Variou Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	
		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 Hopgood	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		Left the Health Board on 10 October 2025
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	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	

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FINANCE & PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 02 SEPTEMBER 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Independent Member (Trade Union)
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Mark McIntyre	MM	Deputy Director of People and Culture
Amanda Walters	AW	Head of Primary Care
Louisa Kerr	LK	Assistant Director of Mental Health & Learning Difficulties
Stella Gwynne	SG	Deputy Board Secretary
Bethan Hopkins	BH	Audit Wales
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Hayley Thomas	HT	Chief Executive Officer
Claire Roche	CR	Executive Director of Nursing, Quality, Womens and Family Health
Kate Wright	KW	Executive Medical Director
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Helen Bushell	HB	Director of Corporate Governance/Board Secretary

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/045)
RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
1.2 DECLARATIONS OF INTERESTS (F&P/25/046)
There were no Declarations of interests received in addition to those already recorded on the register.

2. CONSENT AGENDA BUSINESS (F&P/25/047)

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/25/048)

The minutes of the meeting held on 26 June 2025 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/25/049)

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

D&P/24/205b-: Lessons learned from financial year – The committee recognised the importance of the item and for the opportunity to consider a further discussion at the next meeting in October. The committee AGREED to the revised Target date of October 2025.

D&P/25/009- Resolution on Colonoscopy reporting from Public Health Wales (PHW). NJ provided a verbal update and reported that Powys had met with PHW and Bowel Screening Wales, and confirmed work was underway to collate activity for the Powys population due to the issues with provider basis reporting. There had been an improvement across specialised practitioner assessments with plans in place to improve provision. A quality review of Bowel Screening services had been undertaken by PHW, positive feedback had been received. Endoscopy lists had been reviewed to streamline waiting times

When was it expected to see further improvement across Colonoscopy reporting?
NJ would confirm a timeframe at the next meeting in October 2025.

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

PH provided a verbal update and reported that a number of options had been discussed at a recent JCC workshop to improve the financial position. A meeting was scheduled to take place in mid-September to finalise plans prior to reporting to the Board in November.

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

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

D&P/24/101a: Cancer Performance

Due to a reduced September agenda, it was agreed to defer the report to the next meeting in October 2025.

D&P/24/103: Contract Negotiations, Data Source & Provision (GMS)

Due to a reduced September agenda, it was agreed to defer the report to the next meeting in October 2025.

Members raised the need to clarify expectations of the enhanced Minor Injuries Unit (MIU) and Illness service developed as part of the health boards 5-year plan. Members discussed the pressures across Primary Care and the MIU options to provide same day

emergency care. As part of the Better Together programme, consideration would be given to the extension of the role of MIUs into minor illnesses as part of the option appraisal workshop. It was agreed to provide the committee with a report on the MIU position and the feasibility of changes in 6 months.

Action: Director of Primary, Community Care and Mental Health

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

3.3 COMMITTEE CONTINUOUS DEVELOPMENT PLAN (F&P/25/050)

The report provided the Committee with a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness. The plan provided a number of actions which arose from all Committees and those actions specific to the Finance and Performance Committee.

The Corporate Governance Team continue to monitor implementation and a further update on progress would be provided to the Committee at its meeting on the 26 February 2026.

The Committee **RECEIVED** the Continuous Development Plan 2025-26 and **TOOK ASSURANCE** that the implementation of continuous development actions would be monitored throughout the year as a key principle of good practice.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/051)

NJ provided a verbal update against the Organisational status where the Board had been placed into level 4 escalation in November 2024. NJ acknowledged a support package had been agreed by Welsh Government to procure external support across a number of key areas to sustain the escalation and delivery of the plan to meet statutory financial duty. A RAG rating self-assessment exercise had been undertaken with a change to the de-escalation criteria to support the strategic vision for the organisation.

Better Together had progressed with clarity around phase one expected in March 2026. Positive feedback had been received from Welsh Government on the Planning Maturity Matrix in line with other health boards who remain in level 4 escalation. This is due to be refreshed in September prior to reporting to the Planning, Performance and Population Health Committee in October and subsequently to the Board in November. A Board Development session on 04 September would review and discuss the revised Annual Plan prior to its meeting with Welsh Government on 11 September 2025.

PH confirmed that an external support contract had been awarded to Grant Thornton providing support with partners, clarity consultant associates and UB Healthcare. The key work streams were to improve financial sustainability, commissioning contracting and Continuing Health Care (CHC) including mental health providers. Further updates and expected timelines would be provided to the Committee at its next meeting in October 2025.

Committee members sought assurance by asking the following questions:

What is the expected timeline for Grant Thornton to begin work before evidence of completion?

The original timeframe to review the progress of work was mid-November 2025, however it was anticipated that work would be developed and escalated throughout September.

Given the ratings had downgraded from green to amber, when is it anticipated to see an improvement?

NJ confirmed the change in rating was against the strategic vision. Discussion with Welsh Government had requested progress against Better Together and the clinical service plan which is due to be concluded in March 2026. NJ confirmed the initial lack of clarity against the strategic vision which conveys the downgraded rating. Following clarification work had developed and progressed. It was recognised the difficulty to demonstrate improvement against the Planning Maturity Matrix until the financial plan is balanced.

Members recognised the importance of the Better Together programme, outcomes and the organisations financial position. It was recognised that the Board needed to be sighted of the impact of plans as different models are worked through, the programme would consistently be reviewed.

Was the Board clear in understanding Better Together is one component of the sustainable position?

NJ explained the need to develop and outline the strategic commissioning intentions. The external consultancy programme would inform initial discussions following learning between the English and Welsh system drivers. Discussions are underway to develop the plan for the forthcoming year, recognised that commissioning and provider strategy is yet to be worked through.

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

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 04 (F&P/25/052)

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

- The Annual Plan was submitted to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit;
- At month 04, there was a £11.336m overspend against the forecast deficit of £9.437m, giving the Health Board an operational overspend of £1.898m;
- Significant pressures continue across Commissioning, Agency and Mental Health Private Providers;
- Commissioning had overspent by £1.714m, actions to defer expenditure had not yet taken effect;

- Agency expenditure of £0.432m in July was lower than the previous month and continues to improve.
- Continuing Health Care had overspent by £0.188, with a forecast outturn of £37.894m;
- Mental Health Private Providers was overspent. Forecast annual expenditure had further increased to £6.798m, this was subject to urgent focus.
- An overview of the savings programme was provided with £19.237m currently forecasted against the £23.080m target. A gap of £3.843m was to be closed.
- A number of risks were presented, noting the potential risk of circa £4.4m related to the activity undertaken by providers.

Committee members sought assurance by asking the following questions:

Was it anticipated that NHS England commissioning services would be seen as a benefit within this financial year?

An improvement was anticipated; however, it was recognised that the financial outturn is unclear. Actions which had been approved by the Board had been taken and as of month 04, elements of this was in development.

Would the upgrading of Health Care Support Workers (HCSW) be funded centrally?

PH reported this was yet to be confirmed.

Could clarification be provided of the term 'Strategic cash'?

Strategic cash was noted to be required if health boards forecast a deficit position which explains the organisation would overspend their funded allocation. This had been highlighted to Welsh Government and in previous years has been accepted and provided.

Could an update be provided on the position of the Wye Valley invoice from 2024/2025?

PH reported that no further update had been received from Welsh Government and the Health Board continued not to recognise the invoice as valid.

Given the financial position and the risks associated with high levels of staff vacancies, would a different process be considered?

EL noted this as a key operational concern and noted that a workforce safe staffing paper was due as well as an action plan regarding medical staffing. Financial meetings regarding Mental Health (MH) and Learning Disabilities (LD) had increased operational scrutiny regarding workforce and the use of private providers. Some challenges were faced consistently across Wales regarding MH acuity.

Where is the Safe Staffing update reported to?

This is produced by the Director of Nursing on an annual basis. An assessment was due to be undertaken of the impact of additional staffing utilised during higher levels of acuity. This would be reported to the Patient Experience, Quality and Safety Committee for monitoring.

The Committee:

- **RECEIVED** the financial report

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

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 03 (F&P/25/053)

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

- Planned Care Performance at 104 week wait target remains positive
- Improved Psychological Therapy waiting times
- Outpatient waiting times had seen a small number of breeches, current position remained positive;
- Diagnostic breeches continued to deteriorate
- Therapies Performance remained positive, workforce remained fragile
- Continued improvement across Adult Mental Health services
- Planned care services demonstrated improvement against escalation plan, operational and transformative improvement.
- Improvement across NHS Wales Commissioned service waiting times.
- A cohort of spinal patients were reported to have waited over 104 weeks at the end of the financial year. Welsh Government had been made aware ahead of the deployment of national planned care monies.
- Emergency care – target and metrics for ambulance services would change from July 2025, red calls would no longer have the same target.

Committee members sought assurance by asking the following questions:

Was it expected to correlate future measurements with historic data against the new WAST system?

The measures would run in shadow with the old measures which reflect operational change in terms of ambulances which are deployed to improve outcomes, an update would be reported throughout the shadowing period.

Would Powys patients be at a disadvantage given the breeches from Robert Jones and Agnus Hunt Hospital?

Spinal patients had received support from NHS England to seek solutions for treatment. Powys had not accessed funding for Planned Care monies and anticipated that 63 complex spinal patients would be waiting over 104 weeks at the end of the year.

Could clarity be given for Powys patients pathways at Shrewsbury and Telford Hospital (SATH)?

SATH had yet confirmed the commissioning intentions. Powys had refreshed legal advice and confirmed no change to commissioning pathways. A CEO meeting was due to take place to discuss expectations of being in escalation. A Board Development session was due to take place imminently to discuss the detail.

How would decision impact Powys' relationship with commissioned services, how were the risks being managed and does this form part of contingency planning?

The risks had factored into the Commissioning strategy and the importance of patient flows and historic partnership arrangements. Ongoing discussion between Chief Executives continued regarding escalation. A further briefing would be provided at Board Development imminently.

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

5.3 ANNUAL DELIVERY PROGRESS REPORT Q1 (INCLUDING ENABLING ACTIONS) (F&P/25/054)

An update was provided on the quarterly delivery against the Health Boards Annual delivery plan and subsequently to be submitted to the Board in September and to Welsh Government as a formal report of the progress against the plan for Q1.

Executive Directors had assessed and reviewed the actions with continued dialogue against the additional savings agreed by the Board which increased from 3% to 5%. Good assurance had been received from Welsh Government to date against the delivery of the existing actions.

The MAG requirements are delivered through existing mechanisms with the timeline of completion considered. Although differences were presented, a decision was made not to amend the timeline of the annual plan, to provide further integrity to deliver the actions. A risk was presented against the Delayed Transfer of Care mitigating action of the MAG requirement.

Committee members sought assurance by asking the following questions:

What was the position on Transfers of care and delayed assessments?

Following implementation of the Ready to go home pathway, there had been a reduction in delays and patients' length of stay. Further work was required to undertake assessments across the Complex Care Team. Pathways of care delays increased throughout August as expected across social care. This had been supported through an action plan implemented in September. This remained a significant concern.

How would members be kept informed regarding target implementation and success of the MAG plan?

This was in development. Further discussion was required at the Joint Leadership Team with the Local Authority in terms of how actions would be scrutinized and monitored.

Can an update be provided on the Out of hours contract with Swansea Bay University Health Board (SBUHB) for the Ystradgynlais area?

In 2024/25, a contract agreement had been successful with SBUHB. Discussion regarding operational challenges continued.

Could an update be provided on the Digital Cross border delays?

As the Executive lead was not present, an update would be provided at the next meeting.

Action Executive Director of Allied Health Professions, Health Sciences and Digital

What timeframe could members provide feedback to strengthen quarterly report?
It was confirmed that feedback was welcomed during the meeting, however it was welcomed to provide feedback through various mechanisms over the coming weeks as the quarter 2 report develops.

The Committee:

- **ENDORSED** the change requests that were submitted by leads as part of the Q1 process for approval to the Board;
- **CONSIDERED** and **DISCUSSED** how to strengthen the report and;
- took **ASSURANCE** that there was a process in place for monitoring progress against the plan.

5.4 SIX MONTHLY REPORT ON CHC COSTS (TRACK GROWTH ON CASE NUMBERS) (F&P/25/055)

A comprehensive overview was provided of the current operational pressures and financial performance in relation to Continuing Health Care and Complex Care. The following key messages were highlighted:

- There had been a significant increase over recent years in the number of Continuing Healthcare (CHC) placements which had doubled in numbers and costs, this had a significant budgetary and workforce impact.
- In the last year there had been a 31% increase in placements for EMI with each new patient having a time-sensitive review and case management requirement.
- Assessments undertaken across Mental Health and Learning Disabilities (MH & LD) by a small workforce are more complex packages. This was under review.
- Current position for CHC is an overspent by £148K and forecast overspent variance of £381K.
- IT system Gaps- Value and sustainability Board had stepped down priorities. Dashboards under development to provide further detail to undertake quality assurance reviews.

Committee members sought assurance by asking the following questions:

Had the Health Board reinforced the importance to receive direct payment guidance from Welsh Government given its implementation?

Yes, Powys is part of the All-Wales Direct Payment Group which links with the Joint Commissioning Committee. The need for guidance had been escalated and would continue to be monitored.

Had the Health Board investigated the importance of 'right sizing' across other localities?

Given the growing demand across Care Homes, the team were seeking to explore further opportunities to support additional capacity

Had the Health Board benchmarked against other Trusts who had better managed growth across CHC?

Powys had worked in partnership with Hywel Dda University Health Board (HDUHB) to understand how to better manage and respond to growth across CHC. A number of recommendations had been applied and would be reported through workforce planning.

Given the external work being undertaken to review CHC, was there capacity within the team to address the challenges?

Work remained ongoing to address capacity across Mental Health (MH) and Learning Disabilities (LD). The external work being undertaken by Grant Thornton is focused on CHC processes and Mental Health private providers.

Can assurance be provided on the actions taken to ensure fundamental change across CHC and the importance of individual care packages they receive?

Discussions remain ongoing with the workforce who are passionate to create robust and sustainable outcomes, providing greater ability to respond to individuals with presenting needs through CHC.

The Committee **DISCUSSED** the report and took **ASSURANCE** that plans are in place to effectively manage CHC and evolve the service based on expected national changes.

5.5 DEEP DIVE – PRIVATE PROVIDERS, MENTAL HEALTH PROVISION (F&P/25/056)

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

The presentation included:

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

Committee members sought assurance by asking the following questions:

Are the numbers within the Psychiatric Intensive Care Unit (PICU), static?

There is an inward and outward trend following the improved connectivity flow and engagement with care coordinators to support individual needs and implementation of multidisciplinary discussions.

What control processes are in place prior to placements being made?

Admission processes had improved following the implementation of Commissioning Care, Assurance and Performance System (CCAPS), a framework that supports decision-making around finances and clinical needs. Additionally, the enhanced care area for older adults offers greater flexibility, helping reduce observation levels and better manage care pathways.

Could assurance be provided that staff vacancy's across Mental Health Services are being addressed?

The Mental Health workforce vacancy rate provided a concern. A number of agency Health Care Support Workers (HCSW) had joined the PTHB Bank, supporting a substantive workforce and wider quality and governance delivery. There were concerns about the accuracy and transparency of vacancy data, with some reporting errors identified. Ensuring accurate data is essential for proper scrutiny. Efforts to improve the workforce position are ongoing.

Members welcomed the report and requested that further updates are received to the Committee to monitor progress against the mitigating actions.

The Committee took **ASSURANCE** from the report and the plan.

5.6 DEEP DIVE – VARIABLE PAY (F&P/25/057)

The report was presented which outlined variable pay had increased significantly in recent years and was recognised as one of the drivers for the Health Board's underlying deficit. An overview of current trends, and actions that were being progressed to reduce this expenditure was provided to the Committee including:

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

Committee members sought assurance by asking the following questions:

How could the process be improved to transition agency staff to the Bank?

It was recognised that a streamlined approach was required to improve the timeliness of recruitment. A fast-track process had been implemented for both substantive and agency staff and are individually tracked throughout the onboarding process. To date, this process has provided a positive impact across the workforce.

What was the position of Overseas Nurse recruitment?

Several newly qualified overseas nurses have completed Objective Structured Clinical Examination (OSCI) training and begun their roles, positively impacting agency reliance. The strengthened nursing workforce has improved the quality and delivery of patient care. Members acknowledged the progress made in enhancing the workforce.

The Committee **RECEIVED** the report and took **ASSURANCE** regarding the action and focus being taken to improve the position.

5.7 GENERAL MEDICAL SERVICES (GMS) (F&P/25/058)

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

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

Committee members sought assurance by asking the following questions:

What were the reasons for Powys Practice absences being higher than the All-Wales average?

The Health Board does not hold absence data for General Practices and there is no guidance to understand the recording of absences. This had been escalated nationally.

Does Powys spend more on GMS per resident than other Health Boards?

The Unified contract payments are nationally defined and can vary dependent on geography. Due to Powys rurality, a higher allocation is provided to Practices. WG assess how many supplementary services, level of spend are set nationally.

How does the Civica system work?

There were two systems to collate patient feedback via GMS available to the public. A patient feedback form is accessible via General Practice websites which is managed by the individual Practice and a Civica process which is a national programme where patient feedback is received directly into the Health Board.

Could the Board do anything to support Primary Care in addressing the challenging behaviour received from patients?

An alternative treatment scheme is available to those patients that have been removed from a practice register and specific criteria would need to be met for an individual to access a GP service through the Health Board. This is reviewed and monitored closely. A BeKind Campaign had been developed with GMS and rolled out across all Practices with further mechanisms in development.

How could Primary Care data inform Planning and Strategy and what action was being taken to address the concerns across areas within Powys with high levels of data concerns?

There was noted to be opportunity for cluster information to be further utilised to develop patient services and inform Health Board planning.

All Practices would receive a substantive or full desktop review based on data received to review their reporting mechanisms across the care standards. Due to the variation in new systems used, differences in reporting was a concern. Gaps across GMS would be analysed to ensure processes were standardised.

The Committee **RECEIVED** the report and took **ASSURANCE** that the GMS Contract Assurance Framework monitoring process was an effective mechanism for providing oversight of general practice contract management.

5.8 CAPITAL AND ESTATES STRATEGY MONITORING (F&P/25/059)

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

- Capital funding and programme
- Regional Partnership Board Capital update
- Estates and Facilities update
- Better Together / Site Review status

Committee members sought assurance by asking the following questions:

Could an update be provided on the Llanfair Caereinion project?

A recent meeting had taken place with Welsh Government to discuss the Capital Programme. A timeline would be confirmed in the coming weeks.

What action had been taken to translate Estate utilisation?

An online digital system called OCCUPY was being utilised to provide accurate data of utilisation across the Estate with short term opportunities providing financial savings. Longer term plans link in with the Better Together programme of work and remains under review.

The Committee **RECEIVED** the report and took **ASSURANCE** that progress had been made against the Capital and Estate Strategy's key areas of activity since the last report.

5.9 COMMITTEE RISK REGISTER (F&P/25/060)

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

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 INTERNAL AUDIT REPORTS (F&P/25/061)

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

- Contract Management

7.2 COMMITTEE WORK PROGRAMME (F&P/25/062)

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

7.3 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (F&P/25/063)

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

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (F&P/25/064)

No urgent business was raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/065)

There were none.

8.3. COMMITTEE REFLECTIONS (F&P/25/066)

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

- In depth scrutiny and challenge;
- Recognised the good work to enable to make a difference;
- Constructive challenge to drive the organisation forward;

8.4 DATE OF THE NEXT MEETING (F&P/25/067)

The date of the next meeting is scheduled on 21 October 2025 at 09:30 via Microsoft Teams.

Meeting Closed at 13:00

Powell Bethan
20/10/2025 12:43:43

Powys THB Finance Department Financial Performance Report Finance and Performance Committee

**Period 06 (September 2025)
FY 2025/26**

Date Meeting: 21 October 2025

Powell, Bethan
20/10/2025 12:43:43

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 06 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 – 15 October 2025

PURPOSE:
This paper provides an update on the September 2025 (Month 06) 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
2/20 ✓	✓	21/315

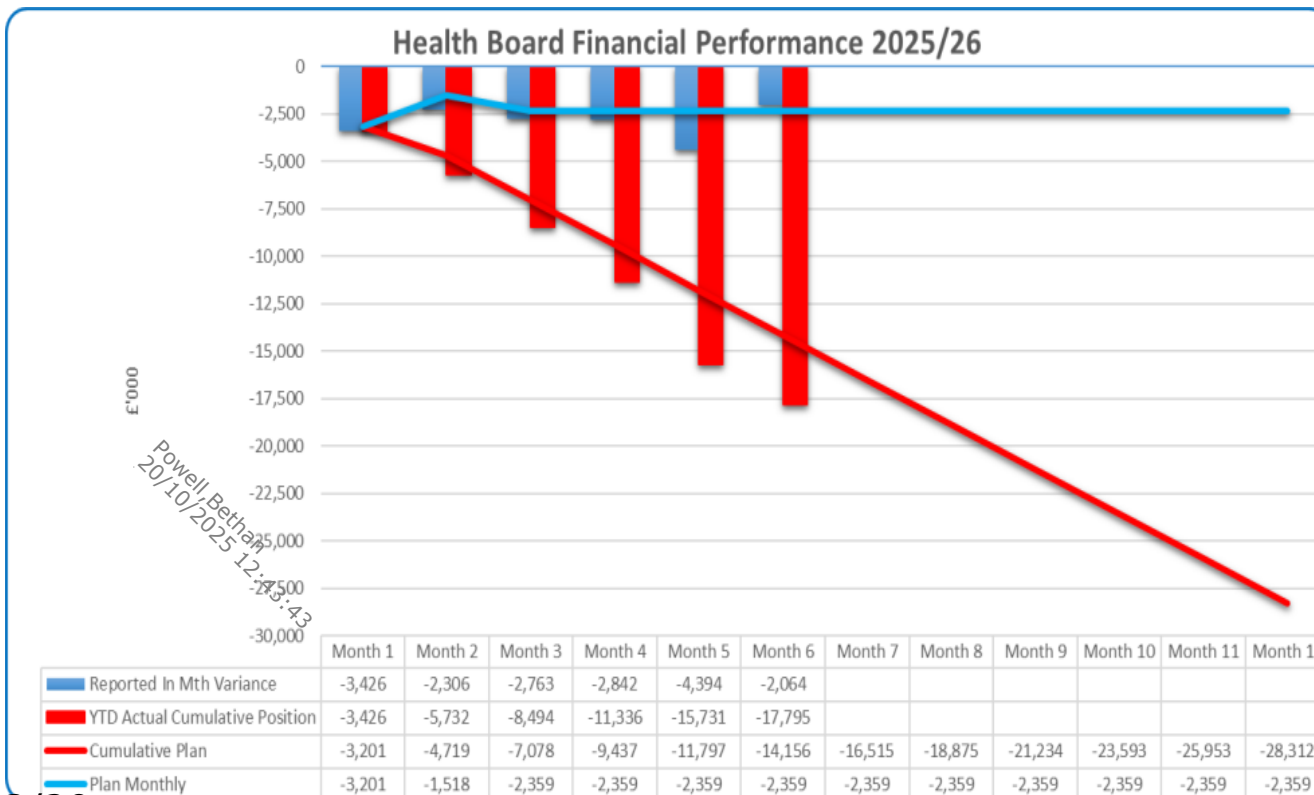
Revenue				Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend		Value £'000	Trend
Reported in-month financial position – (deficit)/surplus	-2,359	-2,064	↓	Capital Resource Limit	6,534	↑
Reported Year To Date financial position – (deficit)/surplus	-14,156	-17,795	↑	Reported Year to Date expenditure	1,636	→
Year end – (deficit)/surplus	-28,312	-28,312	↑	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 6, there is a £17.795m overspend. Compared to a planned deficit of £14.156m, (which is 6/12ths of a forecast £28.312m deficit), this equates to the Health Board having an overspend of £3.638m.

The capital resource limit for 2025/26 is £6.534m, the forecast outturn is £6.534m; with a YTD spend of £1.636m.



Year to Date overspend of £3.6m compared to Plan

The Health Board is broadly on track to achieve its Financial Plan of a £28.3m deficit. The YTD overspend is predominantly due to unforeseen cost pressures.

- NHS England unplanned care tariff increase - £1.9m
- JCC delivery - £0.5m
- Employers NI contribution - £0.5m

The balance of £0.7m is an operational variance connected with savings, private providers overspend off-set by underspends elsewhere.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(223,335)	(223,335)	0
02 - Capital Donations	(65)	(65)	0
03 - Other Income	(4,149)	(4,966)	(816)
Total Income	(227,549)	(228,365)	(816)
05 - Primary Care - (excluding Drugs)	24,277	23,903	(374)
06 - Primary care - Drugs & Appliances	17,696	17,696	(0)
07 - Provided services -Pay	61,656	61,670	14
08 - Provided Services - Non Pay	11,283	10,836	(447)
09 - Secondary care - Drugs	697	696	(2)
10 - Healthcare Services - Other NHS Bodies	94,423	98,403	3,980
12 - Continuing Care and FNC	20,317	19,878	(439)
13 - Other Private & Voluntary Sector	3,148	4,870	1,722
14 - Joint Financing & Other	5,103	5,103	0
15 - DEL Depreciation etc	2,822	2,822	0
16 - AME Depreciation etc	284	284	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	241,706	246,160	4,454
Reported Position	14,157	17,795	3,638

At Month 06, there is a £17.795m overspend against the forecast deficit of £14.157m giving the Health Board an overspend of £3.638m compared to Plan. The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £3.980m overspent at M6. 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 £1.722m. This is due to an increased number of acute mental health and LD placements with private providers.
- Agency expenditure of £0.330m in the month, which continues the downward trend; and compared to M06 2024/25 it is £0.239m lower.
- CHC is underspent by £0.439m YTD. The movement in month is due to inflationary uplifts now being on individual packages and no longer as per planning assumption. There are 382 packages of care, a net increase of 27 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	(4,149)	(4,966)	(£816)
07 - Provided services -Pay	2,390	2,141	(249)	2,107	61,656	61,670	£14
08 - Provided Services - Non Pay	0	0	0	0	11,283	10,836	(£447)
Grand Total	2,390	2,141	(249)	2,107	£68,790	£67,541	(£1,249)
Directorate View							
Assistant Director Community Services	1,025	935	(89)	908	24,775	23,597	(£1,178)
Assistant Director MH/LD	542	421	(121)	418	12,368	15,865	£3,498
Assistant Director Women and Children	159	155	(5)	160	3,787	4,033	£247
Estates and Support Services	198	208	10	204	8,196	8,189	(£7)
Corporate and other Services	467	422	(44)	416	19,665	15,857	(£3,808)
Grand Total	2,390	2,141	(249)	2,107	£68,790	£67,541	(£1,249)

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.

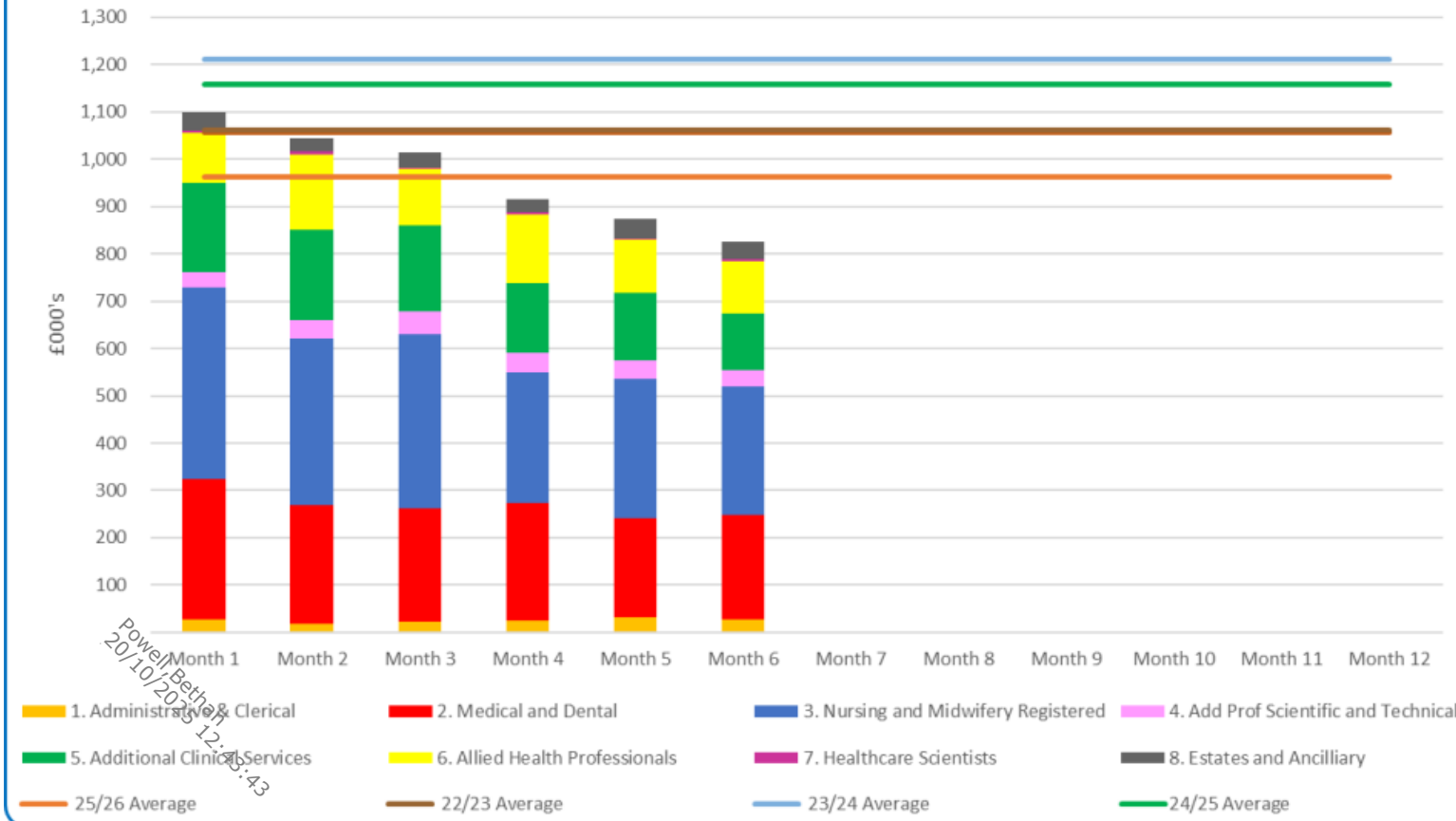
Explanation of Performance

- The Month 6 position is showing an underspend of £1.249m over these categories.
- The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Community Services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 22% (121 WTE) for MH&LD Services and 9% (89 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 September variable pay is lower than prior months and a downwards trend is continuing. It is broken down by staff type.
- However, Powys continues to be an outlier within NHS Wales as forecasted agency and locum spend was on average 5.6% of total forecasted pay in Month 5, against the Wales average of 1.9%.
- The HB’s Variable Pay Reduction group is implementing a detailed action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

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

We are focused on this because:

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

Status Update

Welsh LTAs for 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being negotiated. The Health Board is seeking to reduce expenditure in 2025/26 by reducing the quantity of elective activity commissioned. Particularly with SaTH, WVT and RJAH. 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	25,305	24,426	(879)
English Providers	37,659	41,609	3,950
JCC	28,512	29,441	929
Other NHS Providers	2,481	2,481	0
Mental Health (LTAs Only)	466	446	(20)
Total	94,423	98,403	3,980

Risks

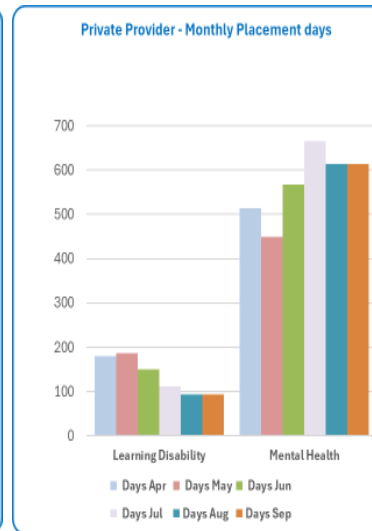
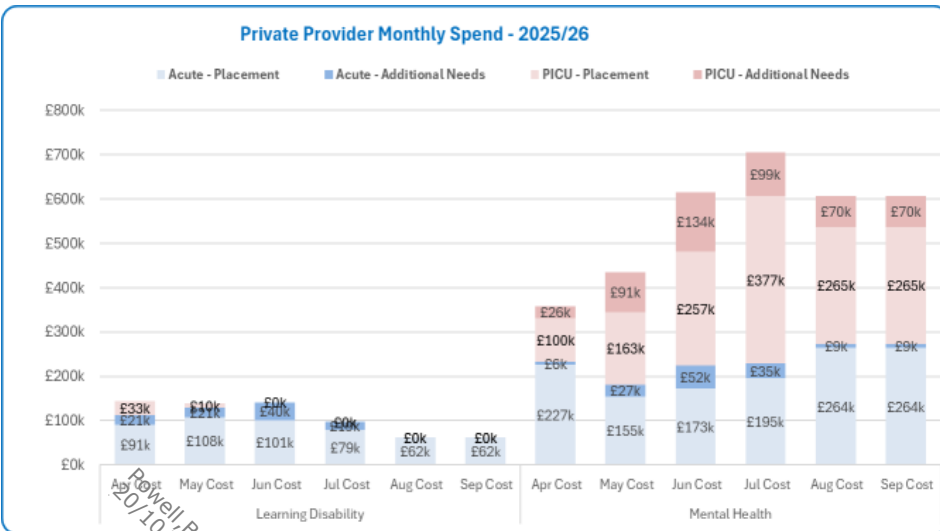
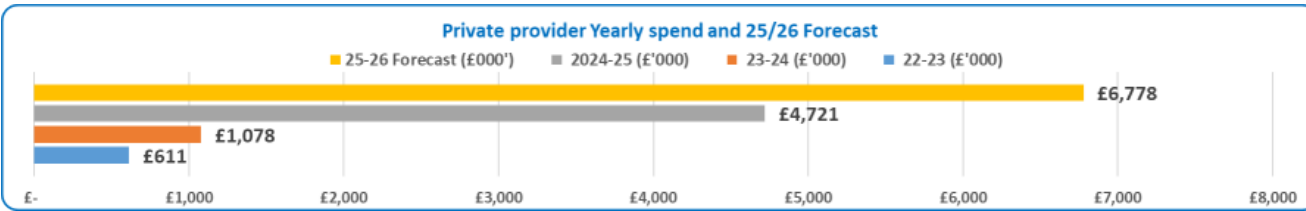
- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

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 £1.9m 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 £1.7m 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 M6, it is forecast that without successful mitigating action the costs will increase to £6.8m (£5.9m MH and £0.9m LD). The number of open packages is 20 at the end of September.

LD and MH costs have stayed consistent, which is primarily drive by high cost PICU placements and Additional Needs (1-2-1 care).

Action has been taken to strengthen operational decision making and the monitoring of commissioned packages. 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:
 - 3,460 days within Powys community hospitals related to Health processes, 7,557 days as a result of Social Care and 1,155 as a result of joint processes. Associated costs to date of £1.6m, £3.4m and £0.5m, respectively.
 - 3,685 days within English community and district general hospitals (DGHs) related to Health processes, 2,642 days as a result of Social Care and 401 as a result of joint processes. Associated costs to date of £1.0m, £0.8m 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 Gross Cost of Delays	Health			Joint			Social Care			
	YTD		Forecast	YTD		Forecast	YTD		Forecast	
	Days	£m	£m	Days	£m	£m	Days	£m	£m	
PTHB Provider Delays	1,038	£0.5	£0.9				3,237	£1.5	£3.0	
PTHB Provider Assessment Delays	2,422	£1.1	£2.2	1,155	£0.5	£1.1	4,320	£2.0	£3.9	
Subtotal PTHB Provider	3,460	£1.6	£3.2	1,155	£0.5	£1.1	7,557	£3.4	£6.9	
Shropshire Community Bed Delays	65	£0.0	£0.0				8	£0.0	£0.0	
WWT Community Bed Delays	185	£0.1	£0.2				222	£0.1	£0.2	
DGH Bed Delays - England	2,644	£0.9	£1.8	227	£0.1	£0.2	2,068	£0.7	£1.4	
DGH Bed Delays - Wales	791	£0.0	£0.0	174	£0.0	£0.0	344	£0.0	£0.0	
Subtotal English & Welsh Providers	3,685	£1.0	£2.0	401	£0.1	£0.2	2,642	£0.8	£1.6	
Total Opportunity Cost (at full cost)	7,145	£2.6	£5.2	1,556	£0.6	£1.2	10,199	£4.3	£8.5	
							Total All	18,900	£7.5	£14.9

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 FY25-26.

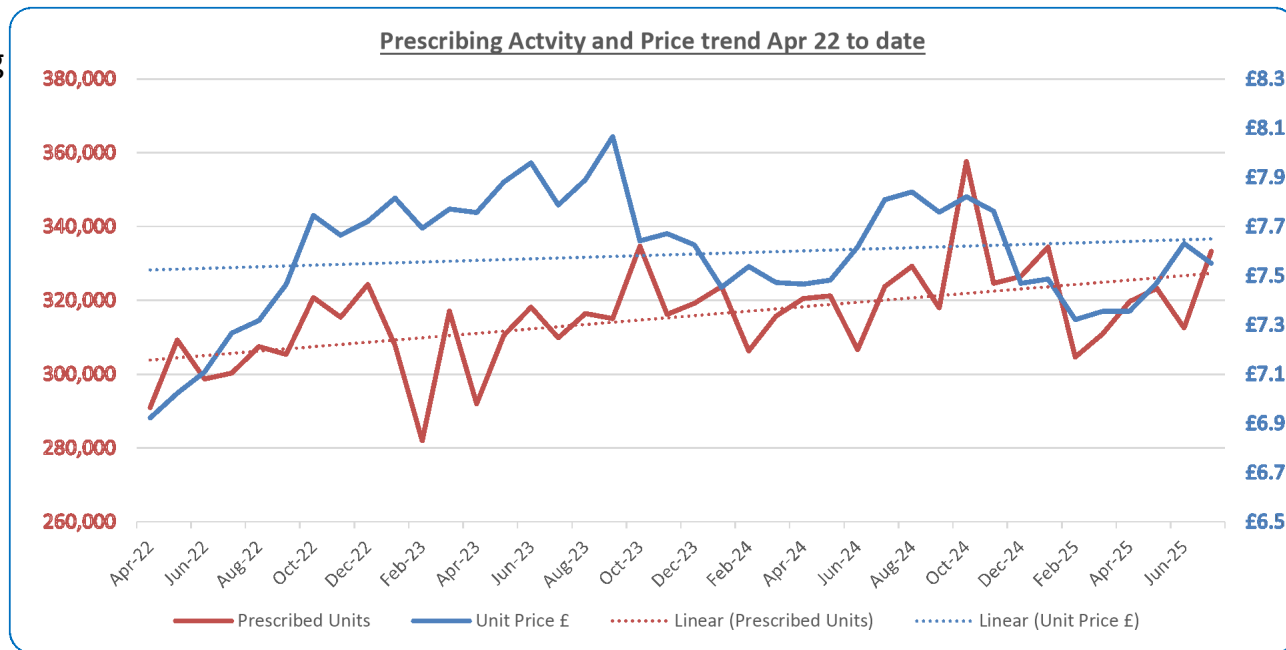
Status Update

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

YTD costs, M1-4, are in line with Q4 FY24-25 and M1-4 of FY24-25.

- Unit price decrease year on year of **-1.3%**
- 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 1.3%

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	990	384
Yr on Yr increase £ Inflation	-819	1,204	980	-698	-452



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.

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 6, there is an underspend of £0.439m on the budget of £20.317m against Continuing Care and FNC. The number of CHC packages has increased by 27 to 382, since the 2024/25 outturn.

The table shows that a £586k CHC underspend is currently forecast based upon the number of packages at the current time, which is above the 379 assumed in the Plan.

The movement in month is due to inflationary uplifts now being on individual packages and no longer held as per planning assumption.

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	£781	£87	£159	25.5%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£5,403	£459	£1,081	25.0%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£22,566	(£24)	£2,852	14.5%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,523	(£135)	£223	9.7%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,581	(£967)	(£346)	(8.8%)
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£1,931	(£6)	£261	15.6%
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	£36,785	(£586)	£3,982	12.1%
Number of active clients	285	295	327	355	379	382		27	7.6%
D2RA		£696	£201	£7	£9	£0	(£9)	(£7)	(100.0%)
FNC	£1,960	£2,131	£2,279	£2,782	£3,254	£3,104	(£150)	£321	11.6%
Total	£21,750	£26,744	£30,777	£35,592	£40,633	£39,889	(£745)	£4,296	(76.3%)

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.

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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	3,177	0	3,177	-222	845	3,400	2,973	-427
Medicine Management	1,500	6	1,795	0	1,795	295	0	1,500	1,795	295
MV and HP Programmes	1,000	1	699	0	699	-301	0	0	0	0
2% Recurrent	1,000	32	1,525	0	1,525	525	109	1,000	1,254	254
1% Non-recurrent	500	18	1,089	0	1,089	589	78	0	0	0
CHC / Private Providers	2,500	1	500	0	500	-2,000	2,000	2,000	0	-2,000
Commissioning	3,080	8	1,131	0	1,131	-1,949	0	1,420	1,131	-289
Commissioning (NHSE to Wales Targets)	7,100	14	6,600	0	6,600	-500	7,100	0	1,200	1,200
Commissioning (JCC)	1,000	0	0	0	0	-1,000	1,000	0	0	0
Commissioning (POCD)	1,500	2	673	0	673	-827	2,157	0	673	673
RTGH	500	2	500	0	500	0	0	0	0	0
Total	23,080	126	17,689	0	17,689	-5,391	13,289	9,320	9,026	-294

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 £17.689m savings are currently forecast, against the £23.080m target, giving a gap of £5.391m to be closed.
- The recurrent impact of saving schemes is £9.026m, 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	(311)	Medium
Commissioning - Emergency activity NHS England	(2,000)	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	(674)	High
Band 2 to 3 HCSW employment dispute	(1,289)	Medium
Savings Gap	(5,391)	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	(1,077)	High
Non Delivery of Unplanned additional required Mitigations Yet To Be Finalised - JCC Risk Share	(858)	High
Total	(29,502)	
Opportunity	£ '000	Likelihood
Red Saving Schemes	2,500	Medium
Total	2,500	

Risks

- There is a potential risk of circa £2.400m 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.
- 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 £1.3m financial implications in 2025/26.
- A current savings gap of £5.391m, which is currently being partially mitigated by operational underspends.
- 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 6, PTHB is reporting a £17.795m deficit. This comprises the evenly profiled forecast deficit £14.157m, with an overspend of £3.638m.
 - The Health Board is broadly on track to achieve its Plan (£0.7m adverse variance), as the overspend is largely due to unforeseen cost pressures amounting to £2.9m.
 - 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 unplanned 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 revised forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers.
 - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving CHC invoices and agency. The 2024/25 performance was 93.1%. Additional work is being undertaken to improve this, and we are seeing a monthly decrease in agency PSPP breaches.

Powys THB Finance Department Financial Performance Report – Appendices

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

MMR Narrative



Narrative M06

MMR Tables



MMR Tables M06

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th September 2025
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	2.066	2.066	0.782
Decarbonisation Programme	0.643	0.643	0.366
TEF - Fire	0.415	0.415	(0.003)
TEF - Infrastructure	1.290	1.290	0.022
TEF - Decarbonisation	0.100	0.100	0.000
TEF - Mental Health	0.080	0.080	0.006
TEF - Infection Prevention Control	0.230	0.230	0.001
Mental Health Quality and Safety Schemes	0.435	0.435	0.000
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 - F	0.971	0.971	0.462
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	1.636

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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	2,491	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	41,478	43,657	43,273	40,376	38,635	36,825	38,804	3,419
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(232)	(64)
WG Revenue Funding - Other (e.g. invoices)	1,909	50	5	47	3	18	1,000	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	0	1,664	0	0	1,604	709	689	1,557
Income from other Welsh NHS Organisations	771	499	737	586	798	510	403	681	425	887	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	539	546	1,844	235	860	567	700	671	703	1,108
Total Receipts	43,693	44,171	40,550	42,107	43,973	45,934	45,386	41,531	41,237	39,909	41,089	8,475
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,179	3,006	2,720	3,089	3,000	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	0	460	357	329	900	0	900	450	450	0
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	0	1,466	1,693	1,693	2,900	0	2,900	1,450	1,450	0
Primary Care Services : General Dental Services	407	420	365	491	507	441	450	450	450	450	450	450
Non Cash Limited Payments	134	145	155	141	144	135	150	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,879	9,866	10,442	10,844	10,800	10,800	10,800	10,800	10,800	10,800
Non Pay Expenditure	23,062	27,068	25,356	26,697	26,564	28,912	27,874	26,639	22,600	22,600	22,600	21,989
Capital Payment	5,433	380	600	310	308	260	1,303	692	637	709	689	998
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	47,377	41,531	41,237	39,909	41,089	37,287
NET CASH FLOW IN MONTH	45	(338)	1,016	(330)	1,238	231	(1,991)	0	0	0	0	(28,812)
Balance c/f	674	336	1,352	1,022	2,260	2,491	500	500	500	500	500	(28,312)

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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 £'000	Closing Balance End of Sep-25 £'000	Forecast Closing Balance End of Mar-26 £'000
Non-Current Assets			
Property, plant and equipment	110,704	112,498	112,498
Intangible assets	154	154	154
Trade and other receivables	196	196	196
Other financial assets	0	0	0
Non-Current Assets sub total	111,054	112,848	112,848
Current Assets			
Inventories	197	198	198
Trade and other receivables	10,991	10,624	10,624
Other financial assets	0	0	0
Cash and cash equivalents	629	2,491	(28,312)
Non-current assets classified as held for sale	0	0	0
Current Assets sub total	11,817	13,313	(17,490)
TOTAL ASSETS	122,871	126,161	95,358
Current Liabilities			
Trade and other payables	50,135	45,951	41,833
Borrowings (Trust Only)	0	0	0
Other financial liabilities	0	0	0
Provisions	3,803	3,392	3,392
Current Liabilities sub total	53,938	49,343	45,225
NET ASSETS LESS CURRENT LIABILITIES	68,933	76,818	50,133
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	75,295	48,610
FINANCED BY:			
Taxpayers' Equity			
General Fund	16,781	24,664	(2,021)
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	75,295	48,610

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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: 21 October 2025**

Subject:	Powys Teaching Health Board Integrated Quality & Performance Summary Report – Month 5 2025/26.
Presented by:	Nicola Johson, 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 - 15 October 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 August 2025 (month 5).

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	Alignment	Notes
1. Focus on Wellbeing	Y	The IQPR reflects all wellbeing objectives across the organisation.
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 a summary format to highlight performance compliance. This summary version provides dashboards to show performance where available over the last 12 months and is up until the end of August 2025 (month 5). The next IQPR for month 6 will be a full version including all measures and officer lead narrative.

Summary for Month 5

PTHB Provider Services

Planned care:

- Diagnostic waits – For August at total of 123 breaches were reported. Echocardiogram breaches of the 8-week target have seen reduction from 106 in July to 95 in August with the longest waiters reported reducing from 46 weeks max wait to 40 weeks respectively. Extra capacity continues to be sought for echocardiograms via clinical staff working in bank roles for the provider. No breaches were reported in Diagnostic Endoscopy which remains a fragile service. Non-Obstetric Ultrasound has also seen breaches reduce from 36 in July to 28 in August. Following an NHS Wales led initiative started in 2019 (The Radiology Informatics System Procurement [RISP] Programme), PTHB from the end of August 2025 benefits from a new end-to-end national radiology informatics system from Philips Electronics UK Ltd, this will drive quality and improve efficiency of patient care. The provider will see an increased number of reported pathways with significantly improved access to cross border data flows.

The month 6 IQPR will provide a further level of detail on progress against the recovery plan developed by the directorate.

- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the National targets, no breaches reported for new outpatient appointments over 52 weeks or very long waits e.g., over 104 weeks. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including ENT, Ophthalmology, Orthopaedics and Rheumatology this fragility risks breaches monthly and places services under significant pressure.

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- Therapies pathway breaches have continued to increase in August with 56 reported (37 July), all breaches are in Occupational Therapy. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff. One paediatric pathway waits beyond 14 weeks for Occupational Therapy (Hand Therapy), this specialty is particularly challenged with single clinician fragility pan Powys.

The month 6 IQPR will provide a further level of detail on progress against the recovery plan developed by the directorate.

- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in August but breaches are very limited although increased for adults with 10 pathways waiting over the 14-week target and 1 paediatric pathway waiting over the 6-week target. Pathway timeliness is challenged by significant vacancies in adult services whilst paediatric audiology is reliant on a single clinician service pan-Powys.
- 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 July performance reported as 0% against the 95% target (All Wales performance for the same period is 8.8%). This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in both the provider and across Wales acute providers.

The month 6 IQPR will provide a further level of detail on progress against the recovery plan developed by the directorate. A separate paper will be presented to the Executive Committee and will include a recommendation on the current escalation level against this performance measure.

- Provider cancer pathways reported a below average number of new pathways in August (22) and positively reported 72.7% of 11 downgraded pathways closed within the 28 day NICE guidance of best practice target in the same month.

Mental Health:

- Under-18s: Compliance achieved in August for all measures including assessments (100%), interventions (82.8%), and care and treatment plans (93.6%).
- For Adults: Compliance was not achieved in August for assessments (70.1%) and interventions (96.1%). Key challenges include vacancy freeze delaying recruitment, some short-term sickness and summer annual leave. The team are confident that performance will improve in September.

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The month 6 IQPR will provide a further level of detail on progress against the recovery plan developed by the directorate.

- Adult Care and Treatment Plan (CTP) compliance: Performance has fallen slightly to 81.6% from 81.7% in July (target 90%).

The month 6 IQPR will provide a further level of detail on progress against the recovery plan developed by the directorate.

- Psychological therapy waiting times have improved again in August from 86.3% to 87.8% against the 80% target.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported in August 21.8% down from 25.2% in July, performance trajectories had identified this reduction as long waits are prioritised.
- 22 patients waited over 104 weeks on the referral to assessment list at the end of August 2025, it should be noted that some of these pathways did not start in Powys, but the waiting time clock has been inherited following best practice.

An update will be presented to the Health Board Patient Experience, Quality and Safety Committee on the 23rd October 2025 on progress of the implementation plan against actions to address the triggers through the IQPF escalation process.

The month 6 IQPR will provide a further level of detail on progress against the recovery plan developed by the directorate and assured through the EOG [At end of September 2025: 931 CYP waiting for first appointment; 237 (26-51 weeks); 496 (52-103 weeks); 16 (>104 weeks)].

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 7 minutes for triage and 7 minutes for senior clinician assessment.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 365 breaches in July to 353 in August. Only Swansea Bay UHB is compliant for Powys residents although all providers except Cwm Taf Morgannwg UHB and Aneurin Bevan UHB show improvement for this snapshot.

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- Very long waits (over 104 weeks) during August for RTT continue 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 very long wait 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) reports the best performance of all Powys commissioned providers with 69.4% of pathways waiting under 26 weeks for treatment, 148 wait over 52 weeks in July. WVT is the only English provider that consistently reported special cause improvement for all key wait bands however from July PTHB has requested WVT to deliver to NHS Wales waiting times targets of 104 weeks for treatment (except for Paediatrics, Urgent and Cancer). This will as a result decreased waiting times performance and build a waiting list backlog into 2026/27 if fully implemented.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports a more challenged position although long waits over 52 weeks show slight improvement. No patients wait over 104 weeks in SATH in July and ongoing talks are underway between PTHB and SATH regarding the shift to Welsh waiting times access 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. Historically RJAH has always been challenged by complex spinal pathways but in July breaches over 104 weeks increased further again to 78, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

Cancer Pathways:

Welsh Providers

- At the end of July, the provisional position reported a total of 285 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 238 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target.

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- Reported performance for July has improved from 57% in the previous month to 66%. (31 of 47 pathways being treated within the 62-day target) this is compliant against the 12-month improvement target working toward 80% by March 2026.

English Providers

- Access to English main provider data in a timely manner remains challenging at the end of Month 5. There continues to be a reporting issue for pathways accessing Shrewsbury and Telford NHS Trust (SATH) e.g., No breach information has been received in their June and July data updates for Powys residents, this compounds on the identified missing information flagged on the 12/09/2025 where only those who waiting over 104 days were being reported prior to this. As of the 12/09/2025 the reporting position is under investigation. SATH analysts have confirmed that there is a challenge identifying Powys residents in the NHS England Cancer waits system from English responsible pathways and other Welsh non-Powys pathways. A workaround has been actioned with update due by mid-October. SATH's overall performance (all pathways not just Powys residents) for 62-day pathways reported an improved position of 66.6% in July against the English 85% target although below the All-English Provider performance which reported 69.2%.
- Wye Valley NHS Trust (WVT) performance updates for Q2 will not be available until mid-September. During September further validation and automation of this data feed has been undertaken. Following validation latest performance reported from June has been revised from 53.8% to 50% for 62 day compliance. The latest overall performance for Wye Valley NHS Trust (all pathways not just Powys residents) in July has improved to 69.7% above the 69.2% All English Provider performance.

Commissioned Emergency Care:

- Powys does not achieve the median target for Purple Arrest (Cardiac or respiratory arrest), August reported a median time of 09:07 minutes, only Hywel Dda Health Board reported a higher time of 09:46 minutes and the all-Wales position was reported as 07:15 minutes (achieving the 6–8-minute target).
- Powys median emergency response time to red was the worst reported performance in August of all health boards with a median time of 11:31 minutes significantly higher than All Wales performance which reported 09:15 minutes. Hywel Dda Health Board are also an outlier for median response times reporting 11:12 minutes for the same period.

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- Median wait times for Powys residents who attend an emergency department report 17 minutes average (across Welsh units only) to be triaged by a clinician and wait 59 minutes on average to assessment by a senior clinical decision maker in August. This performance is within expected values at an aggregate level for Welsh Emergency care units.
- Reported in August no commissioned service meets the required national 4 or 12hr targets for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Month 5 measures by escalation level.

There is a total of 50 reportable measures currently in the 2025/26 financial year. The retirement of Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls has now been replaced with the 2 new median emergency ambulance response time to purple (arrest category calls) and median emergency ambulance response times to red (emergency category calls). Although they are not allocated framework numbers they are now included in both quadruple aims compliance and escalation compliance.

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

- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Number of patients waiting more than 8 weeks for a specified diagnostic.

Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to data quality issues. The month 6 IQPR will provide a further level of detail on progress against the recovery plans developed by the directorates, with a separate update paper also to be presented to the Executive Committee.

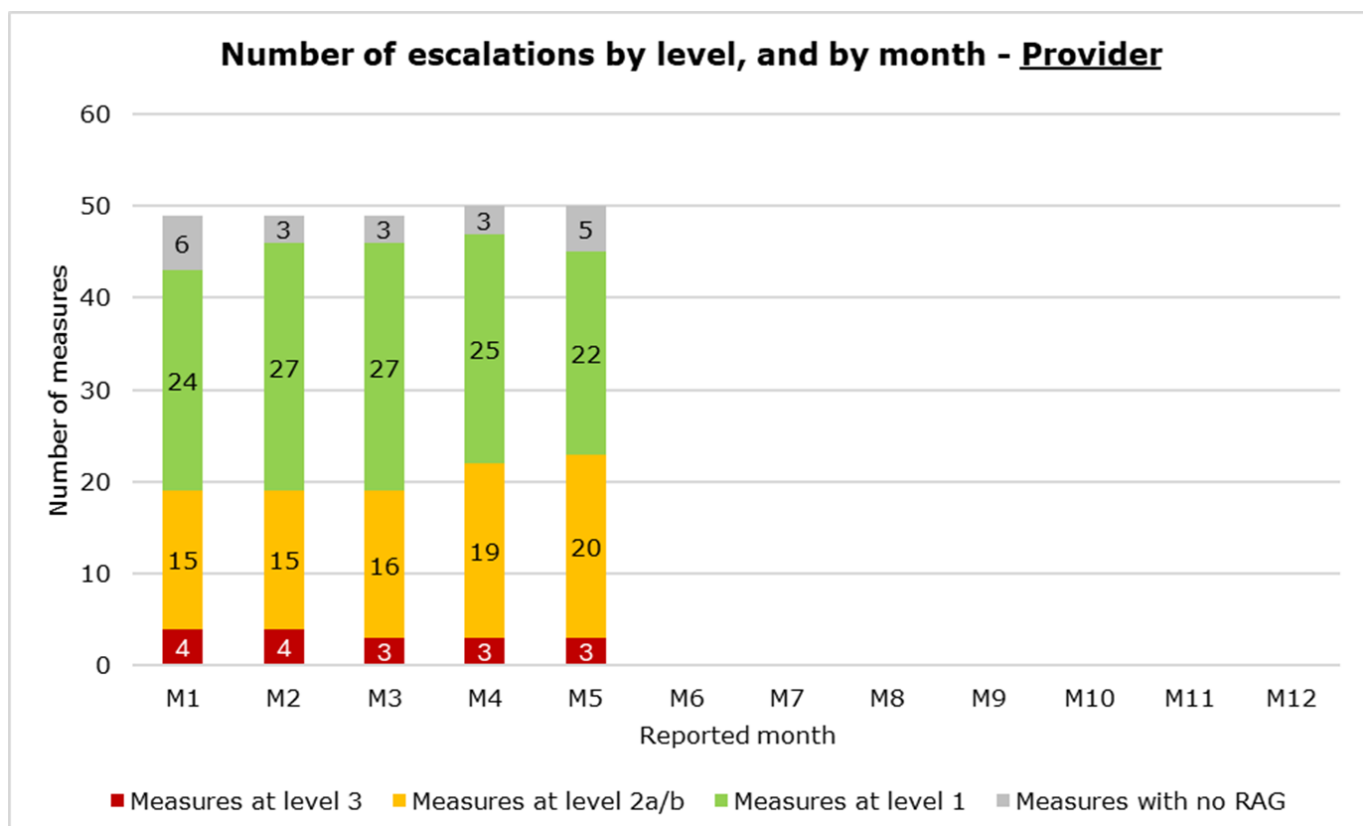
A further 20 measures are rated at level 2a, and 22 are achieving level 1 compliance e.g., no issues reported.

Five 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.



Quality Outcomes Framework

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

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

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 (requires further investigation).

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PT HB Phase 1 Quality Outcome Framework measures

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 (%)	Jul-25	6.62%	▲ 60.0%	4.14%		
Safe	Never Events reported to NHS P&I	Aug-25	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Aug-25	0.00%		0.00%		
Safe	Percentage of discharges on D2RA Pathway 1	Aug-25	48.00%	▼ -14.3%	56.00%		
Safe	Percentage of discharges on D2RA Pathway 2	Aug-25	15.00%	▲ 25.0%	12.00%		
Safe	Percentage of discharges on D2RA Pathway 3	Aug-25	20.00%	▲ 17.6%	17.00%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Aug-25	17.00%	▲ 13.3%	15.00%		
Safe	RAMI (Risk adjusted mortality index) 2023	Jul-25	176.50	▲ 55.1%	113.80		Outlier high
Safe	Safeguarding Adults - Lv1 training	May-25	90.58%	▲ 0.0%	90.56%		
Safe	Violence and Aggression (Wales)	May-25	92.86%	▼ -0.3%	93.11%		
Timely	Ophthalmology R1 appointments attended within target date* (%)	Aug-25	74.59%	▲ 8.3%	68.84%		
Timely	Patients starting first definitive cancer treatment* (%)	Jul-25					
Effective	Diabetes patients completing all eight care processes* (%)	Aug-25	50.15%	▼ -0.8%	50.56%		
Efficient	Agency spend for all staff groups as % of total pay bill	May-25	7.97%	▲ 8.6%	7.34%		

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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.
- NHS Performance & Improvement Enabling Actions dashboard has had its public release date postponed. Measures continue to have local data development, however release schedule to the IQPR has been delayed whilst methodology is further developed.
- Ongoing work with SATH to fix the cancer data flow challenge update to follow in month 6 IQPR.

IMPACT ASSESSMENT - NOT REQUIRED FOR THIS REPORT

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 5 – Summary - 2025/26
Updated on 10/10/2025

IQPR summary version – Month 5

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PTHB Provider Services

Planned care:

- Diagnostic waits – During August echocardiogram breaches of the 8-week target have seen reduction from 106 in July to 95 in August with the longest waiters reported reducing from 46 weeks max wait to 40 weeks, respectively. Extra capacity continues to be sought for echocardiograms via clinical staff working in bank roles for the provider. No breaches were reported in Diagnostic Endoscopy which remains a fragile service. Non-Obstetric Ultrasound has also seen breaches reduce from 36 in July to 28 in August. Following an NHS Wales led initiative started in 2019 (The Radiology Informatics System Procurement [RISP] Programme), PTHB from the end of August 2025 benefits from a new end-to-end national radiology informatics system from Philips Electronics UK Ltd, this will drive quality and improve efficiency of patient care. The provider will see an increased number of reported pathways with significantly improved access to cross border data flows.
- Referral to treatment (RTT) pathways in Powys as a provider are fully compliant with the National targets, no breaches reported for new outpatient appointments over 52 weeks or very long waits e.g., over 104 weeks. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including ENT, Ophthalmology, Orthopaedics and Rheumatology this fragility risks breaches monthly and places services under significant pressure.
- Therapies pathway breaches have continued to increase in August with 56 reported (37 July), all breaches are in Occupational Therapy. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff. One paediatric pathway waits beyond 14 weeks for Occupational Therapy (Hand Therapy), this specialty is particularly challenged with single clinician fragility pan Powys.
- Audiology measures for adults and paediatrics have not achieved the month-on-month reduction in August but breaches are very limited although increased for adults with 10 pathways waiting over the 14-week target and 1 paediatric pathway waiting over the 6-week target. Pathway timeliness is challenged by significant vacancies in adult services whilst paediatric audiology is reliant on a single clinician service pan-Powys.
- 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 July performance reported as 0% against the 95% target (All Wales performance for the same period is 8.8%). This metric is especially challenged by clinician capacity for endoscopy (colonoscopies) in both the provider and across Wales acute providers.
- Provider cancer pathways reported a below average number of new pathways in August (22) and positively reported 72.7% of 11 downgraded pathways closed within the 28-day NICE guidance of best practice target in the same month.

Mental Health:

- Under-18s: Compliance achieved in August for all measures including assessments (100%), interventions (82.8%), and care and treatment plans (93.6%).
- For Adults: Compliance was not achieved in August for assessments (70.1%) and interventions (96.1%). Key challenges include vacancy freeze delaying recruitment, some short-term sickness and summer annual leave. The team are confident that performance will improve in September.
- Adult Care and Treatment Plan (CTP) compliance: Performance has fallen slightly to 81.6% from 81.7% in July (target 90%).
- Psychological therapy waiting times have improved again in August from 86.3% to 87.8% against the 80% target.

Neurodevelopmental Services (Children and Young People):

- Performance against the nationally reported measure (26 week wait to assessment) reported in August 21.8% down from 25.2% in July, performance trajectories had identified this reduction as long waits are prioritised.
- 22 patients waited over 104 weeks on the referral to assessment list at the end of August 2025, it should be noted that some of these pathways did not start in Powys, but the waiting time clock has been inherited following best practice.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 7 minutes for triage and 7 minutes for senior clinician assessment.

Commissioned services

Planned care (RTT) Wales:

- The number of patients waiting over 52 weeks for a new outpatient appointment has reduced from 365 breaches in July to 353 in August. Only Swansea Bay UHB is compliant for Powys residents although all providers except Cwm Taf Morgannwg UHB and Aneurin Bevan UHB show improvement for this snapshot.
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- Powys residents accessing services in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH).
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- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits with a growing trend of very long waiters and with all key wait bands reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in July breaches over 104 weeks increased further again to 78, these breaches comprise of treatment waits for spinal, arthroplasty, knee and sports injuries and foot and ankle care. Very long waits exceed 200 weeks especially for complex spinal.

Welsh provider cancer pathways:

- At the end of July, the provisional position reported a total of 285 pathways closed for Powys residents across all Welsh providers including PTHB. Of these 238 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 47 pathways were closed with the commencement of definitive treatment. 16 patients breached the 62 days target.
- Reported performance for July has improved from to 57% in the previous month to 66%. (31 of 47 pathways being treated within the 62-day target) this is compliant against the 12-month improvement target working toward 80% by March 2026.

Main English provider cancer pathways:

- Access to English main provider data in a timely manner remains challenging at the end of Month 5. There continues to be a reporting issue for pathways accessing Shrewsbury and Telford NHS Trust (SATH) e.g., No breach information has been received in their June and July data updates for Powys residents, this compounds on the identified missing information flagged on the 12/09/2025 where only those who waiting over 104 days were being reported prior to this. As of the 12/09/2025 the reporting position is under investigation. SATH analysts have confirmed that there is a challenge identifying Powys residents in the NHS England Cancer waits system from English responsible pathways and other Welsh non-Powys pathways. A workaround has been actioned with update due by mid-October. SATH's overall performance (all pathways not just Powys residents) for 62-day pathways reported an improved position of 66.6% in July against the English 85% target although below the All-English Provider performance which reported 69.2%.
- Wye Valley NHS Trust (WVT) performance updates for Q2 will not be available until mid-September. During September further validation and automation of this data feed has been undertaken. Following validation latest performance reported from June has been revised from 53.8% to 50% for 62-day compliance. The latest overall performance for Wye Valley NHS Trust (all pathways not just Powys residents) in July has improved to 69.7% above the 69.2% All English Provider performance.

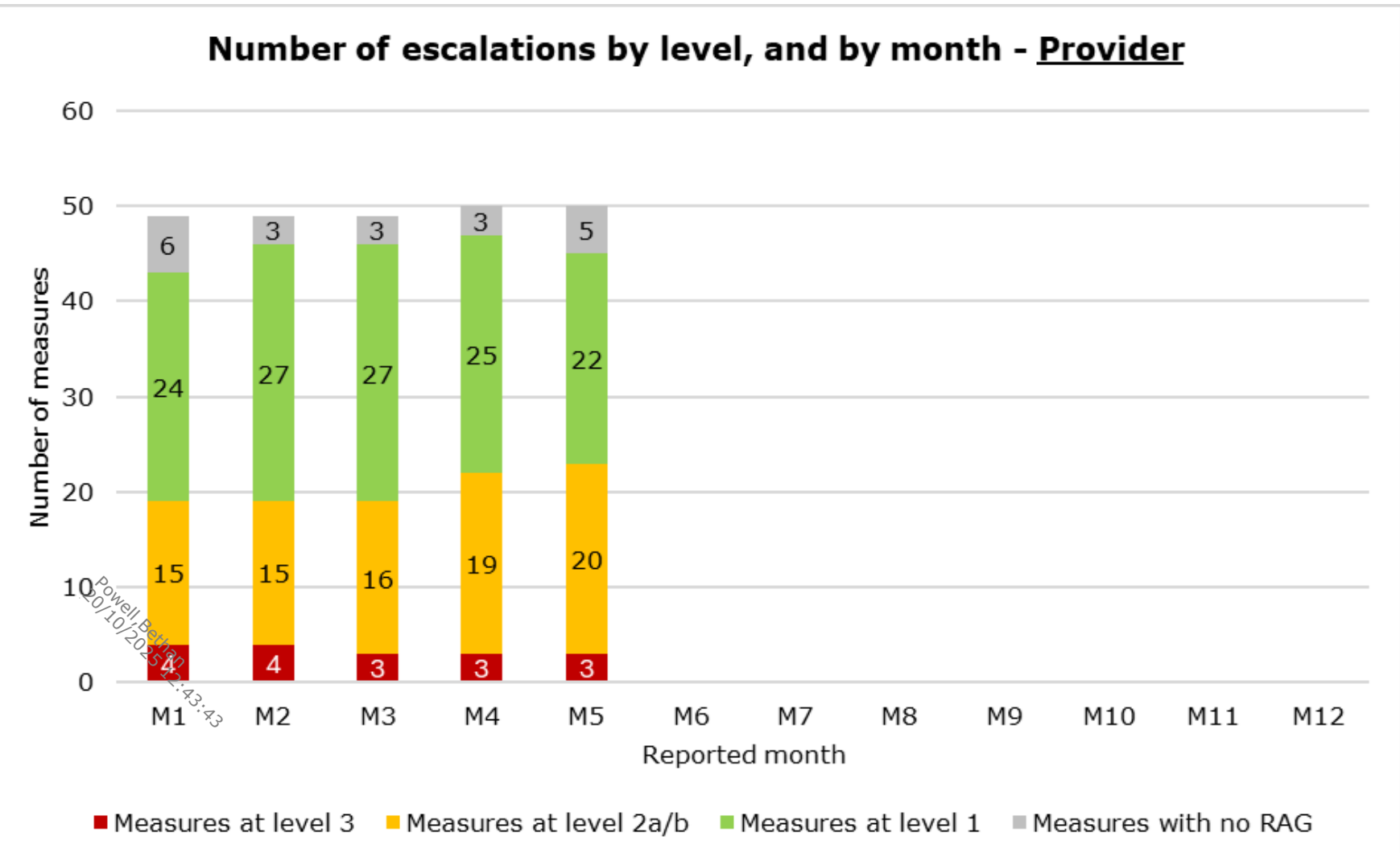
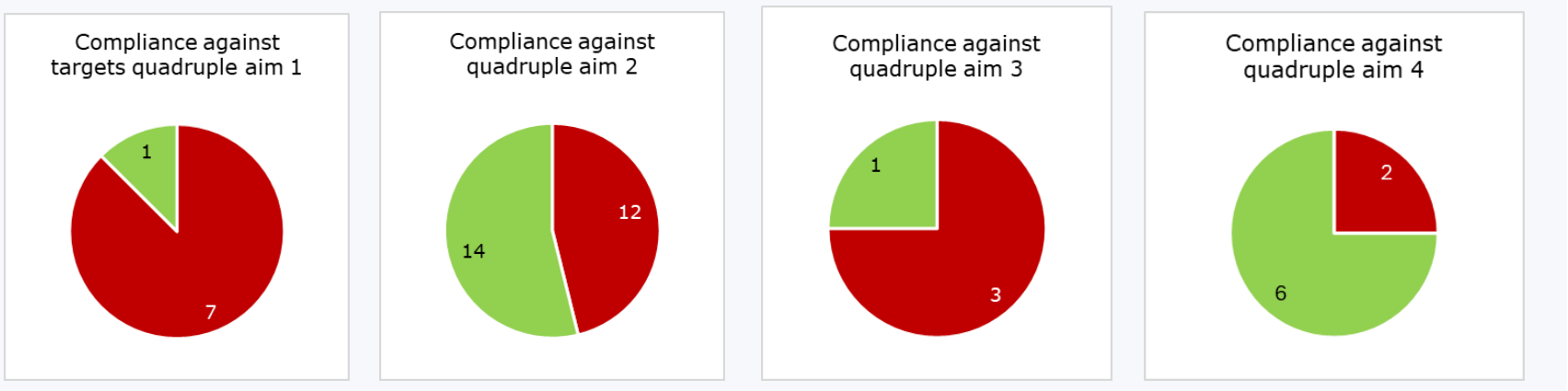
Commissioned Emergency Care:

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- Median wait times for Powys residents who attend an emergency department report 17 minutes average (across Welsh units only) to be triaged by a clinician and wait 59 minutes on average to assessment by a senior clinical decision maker in August. This performance is within expected values at an aggregate level for Welsh Emergency care units.
- Reported in August no commissioned service meets the required national 4 or 12hr targets for their A&E departments. However, Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers.

Visual summary of performance at month 5 (August 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 5 by quadruple aim area.



- 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 or the target is not RAG rated until the end of year e.g., 4 quarters data (smoking).
- * 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; <ul style="list-style-type: none"> Single handed consultant service impacting waiting times for screening. Ongoing insource requirement to support delivery which is further challenged by procurement processes. Histology challenges with CTMUHB were flagged in June around capacity to meet the 7-day compliance target. CTMUHB are now outsourcing to manage the demand and look for further sustainable options for the service. CTMUHB has recently had a service review with Bowel Screening Wales and although the 7-day threshold was low, overall median turn around time was acceptable. Escalated performance reporting concern linked to methodology of measures, ongoing engagement with BSW remains un-resolved. 	<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 Q2 2025/26.
	Period	Jul-25	Target	90%	Actual	0.0%	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. Please note from August 2025 additional pathways are available for Radiology with the rollout of the new RISP system. This rollout should improve data quality and consistency going forward for the remainder of the year.	<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. NHS Shared Services procurement challenges impacting on insourcing continuity. National shortage of Endoscopists particularly colorectal. National increase in urgent suspected cancer referrals with resultant diagnostic demand increase. All health care providers in Wales are utilising insource to help negate increased demand challenges. Non-Obstetric Ultrasound – Short term sickness challenge and fragility due to limited scale. 	<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	Aug-25	Target	0	Actual	123	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 with 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. New Power BI report initial version released September 2025, this report will now have a further consultation window with services. Proactive action on validation with services has confirmed; Significantly improved pathway management and validation for consultant led specialties. Limited issues reported linked to system challenges (under assessment). Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities. Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU. Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.
	Period	Aug-25	Target	< same month pre. year	Actual	1295	SPC icon				

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Monthly Performance Scorecard – Quadruple Aim 1

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

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	SPC Icon	Latest Ranking	All Wales	Level
Executive Director of Public Health	Prevention	1	% Attempted to quit smoking	5% annual target	3.96%			5.45%			1.70%				N/A	2nd	1.23%	Level 1	
Executive Director of Public Health	Prevention	2	% of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	14.7%			14.8%			11.05%				N/A	7th	23.3%	Level 1	
Executive Director of Primary Care, Community and Mental Health	Prevention	3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	4 quarter improvement trend	90.6%			78.5%			79.6%				N/A	5th	86.5%	Level 2a	
Executive Director of Public Health	Prevention	4	% of children up to date with scheduled vaccinations by age 5	95%	91.6%			89.6%			91.4%				N/A	1st	87.7%	Level 2a	
Executive Director of Public Health	Prevention	5	% of children receiving the HPV vaccination by the age of 15	90%	76.5%			77.3%			77.9%				N/A	3rd	74.1%	Level 2a	
	Prevention	6	Flu Vaccines - 65+	75%	45.5%	61.2%	66.9%	68.6%	69.2%	69.2%						N/A	5th	70.3%	Level 2a
	Prevention	7	% uptake of COVID-19 vaccination for those eligible (Spring and Autumn booster)	75%	17.9%	38.9%	48.6%	50.9%	50.6%		10.6%	41.9%	55.7%			N/A	2nd	52.3%	Level 2a
Executive Director of Primary Care, Community and Mental Health	Prevention	8	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	90%	0.0%	0.0%	10.0%	10.8%	8.3%	0.0%	0.0%	0.0%	10.3%	0.0%			2nd*	4.9%	Level 3
Executive Director of Nursing, Quality, Womens and Family Health	Prevention	9	% of well babies completing the hearing screening programme within 4 weeks	90%	93.4%	97.3%	78.2%	90.4%	89.8%	92.3%	91.5%	85.7%	83.1%				7th	97.0%	Level 2a
	Prevention	10	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17	95%	96.2%	93.0%	97.5%	98.8%	97.6%	98.4%	97.6%	95.9%	100.0%	97.5%	97.2%			4th*	96.7%

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

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	SPC Icon	Ranking	All Wales	Level
Executive Director of Primary Care, Community and Mental Health	Services Delivered Close to Home	11	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	100% (2024/25)											N/A	1st	96.8%	Level 1
	Services Delivered Close to Home	12	% of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Improvement compared to the same month in the previous year	48.4%	48.6%	48.5%	48.7%	50.0%	50.5%	50.5%	49.8%	50.1%	50.5%	50.8%		1st	44.5%	Level 1
	Services Delivered Close to Home	13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025	41.5%	48.6%	54.5%	61.7%	67.2%	75.0%	3.9%	10.0%	15.3%	25.0%	30.8%		5th	32.2%	Level 1
Executive Medical Director	Services Delivered Close to Home	14	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year	471	438	632	604	462	511	563	507	528	582		7th	17,589	Level 1	
Executive Director of Primary Care, Community and Mental Health	Services Delivered Close to Home	15	Assessments <28 days <18	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%		1st*	93.3%	Level 1
	Services Delivered Close to Home	16	Interventions <28 days <18	80%	92.1%	89.2%	92.9%	86.7%	91.2%	91.7%	85.7%	83.3%	93.8%	88.9%	82.8%		3rd*	72.7%	Level 1
	Services Delivered Close to Home	17	Assessments <28 days 18+	80%	58.7%	71.4%	78.7%	58.0%	85.5%	98.0%	98.0%	92.9%	100.0%	83.6%	70.1%		7th*	92.6%	Level 2a
	Services Delivered Close to Home	18	Interventions <28 days 18+	80%	92.3%	98.3%	95.6%	79.0%	96.2%	93.7%	87.5%	87.5%	100.0%	93.2%	96.1%		4th	90.1%	Level 1

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Monthly Performance Scorecard – Quadruple Aim 2

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

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	SPC Icon	Ranking	All Wales	Level	
Executive Director of Planning, Performance and Commissioning	Access Hospital Services Quickly	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	49.5%	47.6%	45.2%	47.9%	50.3%	47.0%	40.6%	46.0%	44.8%				7th	50.7%	Level 2a	
		TBC	Median target for Purple Arrest: Cardiac or respiratory arrest	6-8 minutes median response time											00:07:22	00:09:07	N/A	6th	00:07:15	Level 2a
			Median emergency ambulance response time to red: emergency category calls	6-8 minutes median response time											00:11:26	00:11:31	N/A	7th	00:09:15	Level 2a
	Access Hospital Services Quickly	20	Median emergency response time to amber calls	12 month reduction trend	00:54:35	01:04:27	01:21:06	01:13:20	01:14:30	01:17:33	01:25:11	01:14:57	01:18:06	00:58:03			1st	01:33:44	Level 2a	
Executive Director of Planning, Performance and Commissioning	Access Hospital Services Quickly	21	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	4	5	4	4	4	4	4	4	4	7		N/A	PTHB is not nationally benchmarked against this measure		Level 1	
	Access Hospital Services Quickly	22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less	5	5	4	5	5	4	4	5	6	7		N/A			Level 1	
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	23	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%		1st	65.4%	Level 1	
	Access Hospital Services Quickly	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	Reduction compared to the same month in the previous year, towards the national target of zero	0	0	0	0	0	0	0	0	0	0	0		1st	10,479	Level 1	
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	26	Number of diagnostic breaches 8+ weeks	0	107	83	84	70	79	79	81	99	139	144	123		1st*	42,215	Level 3	
	Access Hospital Services Quickly	27	% of children <18 waiting 14 weeks or less for a specified AHP	100%	99.6%	99.7%	99.6%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.7%	99.6%		2nd*	86.5%	Level 2a	
	Access Hospital Services Quickly	28	Number of therapy breaches 14+ weeks (all ages)	0	1	1	1	3	2	0	6	85	20	37	56		2nd*	4,355	Level 2a	
	Access Hospital Services Quickly	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)	Month on Month Reduction	New Measure 2025/26						6	3	0	5	10	N/A	N/A	N/A	Level 2a	
	Access Hospital Services Quickly	30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on Month Reduction	New Measure 2025/26						9	4	1	1	1	N/A	N/A	N/A	Level 2a	
	Access Hospital Services Quickly	31	Number of patients waiting >52 weeks for a new outpatient appointment	0	0	0	0	0	0	0	0	0	0	4	0	0		1st*	73,196	Level 1
	Access Hospital Services Quickly	32	Number of patient follow-up outpatient appointment delayed by over 100%	Reduction compared to the same month in the previous year	1046	1073	1192	1134	1203	1318	1436	1487	1410	1365	1295		1st*	253,909	Level 3	
	Access Hospital Services Quickly	33	RTT patients waiting more than 104 weeks	0	0	0	0	0	0	0	0	0	0	0	0		1st*	8,005	Level 1	
Executive Director of Nursing, Quality, Women and Family Health	Access Hospital Services Quickly	34	Children/Young People neurodevelopmental waits	80%	30.9%	30.5%	27.3%	24.4%	25.9%	29.9%	29.3%	24.1%	22.5%	25.2%	21.8%		5th*	24.5%	Level 2a	
Executive Director of Primary Care, Community and Mental Health	Access Hospital Services Quickly	35	Adult psychological therapy waiting < 26 weeks	80%	72.9%	67.0%	63.1%	66.4%	68.2%	71.3%	69.8%	76.7%	82.4%	86.3%	87.8%		1st*	54.4%	Level 1	

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









Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	SPC Icon	Ranking	All Wales	Level
Executive Director of People and Culture	Motivated and Sustainable Workforce	36	(R12) Sickness Absence	12 month reduction trend	5.15%	5.16%	5.22%	5.27%	5.28%	5.30%	5.34%	5.37%	5.39%	5.39%	5.41%		6th (Jun-25)	6.27%	Level 2a
	Motivated and Sustainable Workforce	37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2024/25	9.40%	9.50%	8.76%	8.18%	8.99%	9.65%	8.93%	9.74%	8.06%				10th	5.40%	Level 2a
Executive Director of Primary Care, Community and Mental Health	Motivated and Sustainable Workforce	38	Agency spend as a percentage of the total pay bill	12 month reduction trend	10.0%	7.7%	8.3%	7.6%	9.9%	4.1%	7.0%	7.6%	7.2%	6.6%	4.9%		12th (Jun-25)	2.3%	Level 1
Executive Director of People and Culture	Training and Development	39	Performance Appraisals (PADR)	85%	82.6%	82.8%	82.3%	81.7%	82.4%	82.0%	81.2%	80.7%	80.1%	79.3%	79.3%		5th (Jun-25)	77.8%	Level 2a

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

Executive Lead	Themes	No.	Abbreviated Measure Name	2025/26 target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	SPC Icon	Ranking	All Wales	Level
Executive Director of Allied Health Professions, Health Sciences and Digital	Effective Services	40	% of episodes clinically coded within one month post discharge end date	Maintain 95% target or demonstrate an improvement trend over 12 months	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%				1st	81.4%	Level 1
	Effective Services	41	% of all classifications' coding errors corrected by the next monthly reporting submission	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	75.0%			3rd	39.7%	Level 1
Executive Director of Primary Care, Community and Mental Health	Efficient Services	42	No of Pathways of Care delayed discharges	12 month reduction trend	54	63	66	70	56	53	53	50	57	51	66		2nd	1,367	Level 1
	People Centred Care	43	% residents with CTP <18	90%	94.9%	97.8%	94.8%	96.3%	95.7%	97.4%	92.4%	93.9%	97.9%	95.0%	93.6%		5th*	96.8%	Level 1
	People Centred Care	44	% residents with CTP 18+	90%	89.9%	86.3%	81.7%	82.1%	82.5%	81.9%	88.4%	86.7%	83.9%	81.7%	81.6%		6th*	79.8%	Level 2a
Executive Director of Nursing, Quality, Women and Family Health	People Centred Care	45	Number of service user feedback experience responses completed and recorded on CIVICA	Month on Month Improvement	251	250	221	469	376	444	438	499	398	475			9th	30,361	Level 2a
Executive Director of Nursing, Quality, Women and Family Health	Safe Services	46	HCAI - Klebsiella sp and Aeruginosa cumulative number	Health Board Specific Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	PTHB is not nationally benchmarked for infection rates			
	Safe Services	47	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000	Health Board Specific Target	1.27	2.24	1.98	8.79	3.26	2.98	9.05	4.45	2.98	2.23	2.77				
	Safe Services	48	HCAI - cumulative rate of C.Difficile cases per 100,000 population	Health Board Specific Target	20.38	21.23	19.83	19.60	17.96	15.68	9.05	8.90	14.92	17.80	14.20				
Executive Director of Primary Care, Community and Mental Health	Safe Services	50	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	12 month improvement trend towards national target of 95%	66.4%	69.7%	75.1%	69.1%	73.6%	68.2%	72.8%	68.8%	71.2%	68.8%	74.6%		1st	63.4%	Level 1
Executive Director of Nursing, Quality, Women and Family Health	Safe Services	53	No of patient safety incidents that remain open 90 days or more	12 month reduction trend	15	14	14	14	12	12	11	10	10	10	8		6th	76	Level 1

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Commissioned and Local Measures							Performance			SPC
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Icon
Planned Care & Cancer	Executive Director of Primary Care, Community and Mental Health	Assistant Director of Community Service Group	Local Measure	Powys provider cancer pathways additions and downgrade performance against 28-day NICE guidance of best practice - SCP Referrals into Powys Provider	N/A	Aug-25	47.0	34.0	22.0	
			Local Measure	Powys provider cancer pathways additions and downgrade performance against 28-day NICE guidance of best practice - SCP Downgrades within 28 days best practice	N/A	Aug-25	32.0%	66.7%	72.7%	
Urgent and Emergency Care	Executive Director of Planning, Performance and Commissioning	Assistant Director of Performance and Commissioning	21	Median time from arrival at an emergency department to triage by a clinician- Welsh Providers	15 minutes or less	Aug-25	18	17	17	N/A
			22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker - Welsh Providers	60 minutes or less	Aug-25	55	62	59	N/A
			23	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge - Welsh providers	Improvement compared to the same month in the previous year, towards the national target of 95%	Aug-25	66.3%	58.4%	59.0%	N/A
				% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge - English providers		Aug-25	44.6%	50.0%	48.1%	N/A
			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 - Welsh providers	Reduction compared to the same month in the previous year, towards the national target of zero	Aug-25	137	144	150	N/A
				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- English providers		Aug-25	276	284	295	N/A
Commissioned Services - RTT	Executive Director of Planning, Performance and Commissioning	Assistant Director of Performance and Commissioning	Local Measure	Welsh Commissioned RTT - Over 52 weeks - Stage 1	Individual Health Board recovery targets aligned to Ministerial priorities.	Aug-25	443	365	353	
			33	Welsh Commissioned RTT - Over 52 weeks		Aug-25	1498	1395	1391	
			32	Welsh Commissioned RTT - Over 104 weeks		Aug-25	171	51	59	
			Local Measure	English Commissioned RTT - Over 36 weeks	NHSE set targets for RTT	Jul-25	2992	3133	3035	
			33	English Commissioned RTT - Over 52 weeks		Jul-25	1173	1285	1312	
			32	English Commissioned RTT - Over 104 weeks		Jul-25	32	56	78	
			Local Measure	Private dermatology service provider RTT performance - Over 36 weeks	Service targets assurance aligned to NHS Wales targets & KPI's	Jul-25	10	49	44	N/A
			Local Measure	Private dermatology service provider RTT performance - Over 52 weeks		Jul-25	4	5	10	N/A

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)

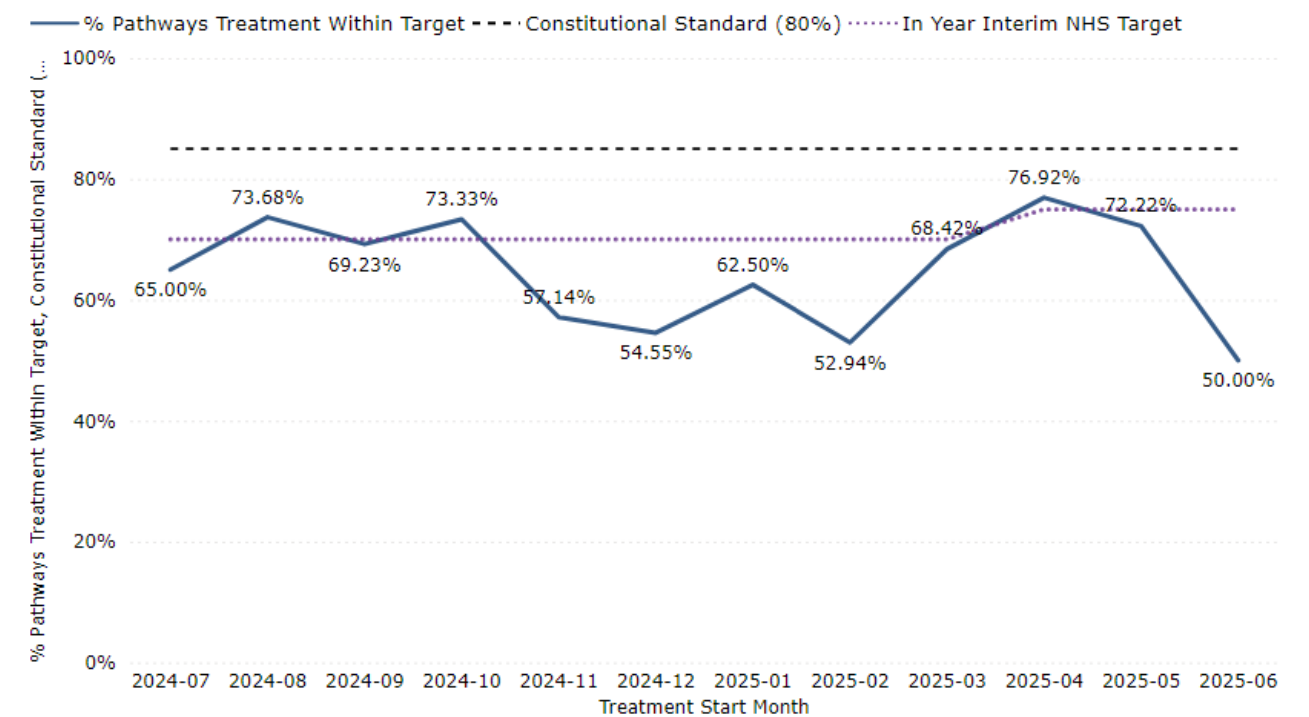
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Deputy Director of Performance and Commissioning
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Latest available	Jul-25	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Average/Poor
Data source of measure	DHCW		

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

HealthBoard	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07
Aneurin Bevan UHB												
Pathways With Treatment	16	11	9	13	16	15	15	16	8	16	14	23
Treated Within 62 Days	10	7	8	7	9	11	9	11	4	10	7	18
Breaching 62 Day Target	6	4	1	6	7	4	6	5	4	6	7	5
% Treated Within Target	63%	64%	89%	54%	56%	73%	60%	69%	50%	63%	50%	78%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	1	1	3	2		1		3	2		3
Treated Within 62 Days			1	3	2				2	1		1
Breaching 62 Day Target	1	1					1		1	1		2
% Treated Within Target	0%	0%	100%	100%	100%		0%		67%	50%		33%
Cardiff And Vale UHB												
Pathways With Treatment	1				1	1						1
Treated Within 62 Days	1					1						1
Breaching 62 Day Target					1							
% Treated Within Target	100%				0%	100%						100%
Cwm Taf Morgannwg UHB												
Pathways With Treatment	7	6	5	3	9	4	3	5	3	2	5	7
Treated Within 62 Days	4	2	4		4	1	1	1			4	2
Breaching 62 Day Target	3	4	1	3	5	3	2	4	3	2	1	5
% Treated Within Target	57%	33%	80%	0%	44%	25%	33%	20%	0%	0%	80%	29%
Hywel Dda UHB												
Pathways With Treatment	8	8	5	7	7	9	6	6	9	10	11	8
Treated Within 62 Days	6	5	2	6	2	6	4	3	4	3	6	5
Breaching 62 Day Target	2	3	3	1	5	3	2	3	5	7	5	3
% Treated Within Target	75%	63%	40%	86%	29%	67%	67%	50%	44%	30%	55%	63%
Swansea Bay UHB												
Pathways With Treatment	14	7	11	9	11	11	5	7	6	4	5	5
Treated Within 62 Days	8	5	7	5	8	6	1	5		2	3	4
Breaching 62 Day Target	6	2	4	4	3	5	4	2	6	2	2	1
% Treated Within Target	57%	71%	64%	56%	73%	55%	20%	71%	0%	50%	60%	80%
Pathways With Treatment	47	33	31	35	46	40	30	34	29	34	35	47
Treated Within 62 Days	29	19	22	21	25	25	15	20	10	16	20	31
Breaching 62 Day Target	18	14	9	14	21	15	15	14	19	18	15	16
% Treated Within Target	62%	58%	71%	60%	54%	63%	50%	59%	34%	47%	57%	66%

Wye Valley Trust % Pathways Treatment Within 62 Day Target for Powys Responsible Pa...



Wye Valley NHS Trust (WVT) performance updates for Q2 will not be available until mid-September. During September further validation and automation of this data feed has been undertaken. Following validation latest performance reported from June has been revised from 53.8% to 50% for 62-day compliance.

Quality Outcomes Framework – Phase 1 measures

Please note that this framework remains under national development – Source NHS Performance and Improvement Beacons Dashboard

Milestone - Launch of 15 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.

PT HB Phase 1 Quality Outcome Framework measures

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 (%)	Jul-25	6.62%	▲ 60.0%	4.14%		
Safe	Never Events reported to NHS P&I	Aug-25	0		0		
Safe	Percentage of discharges on D2RA Pathway 0	Aug-25	0.00%		0.00%		
Safe	Percentage of discharges on D2RA Pathway 1	Aug-25	48.00%	▼ -14.3%	56.00%		
Safe	Percentage of discharges on D2RA Pathway 2	Aug-25	15.00%	▲ 25.0%	12.00%		
Safe	Percentage of discharges on D2RA Pathway 3	Aug-25	20.00%	▲ 17.6%	17.00%		
Safe	Percentage of discharges with no D2RA Pathway Allocated	Aug-25	17.00%	▲ 13.3%	15.00%		
Safe	RAMI (Risk adjusted mortality index) 2023	Jul-25	176.50	▲ 55.1%	113.80		Outlier high
Safe	Safeguarding Adults - Lv1 training	May-25	90.58%	▲ 0.0%	90.56%		
Safe	Violence and Aggression (Wales)	May-25	92.86%	▼ -0.3%	93.11%		
Timely	Ophthalmology R1 appointments attended within target date* (%)	Aug-25	74.59%	▲ 8.3%	68.84%		
Timely	Patients starting first definitive cancer treatment*	Jul-25				Not applicable for PTHB	
Effective	Diabetes patients completing all eight care processes* (%)	Aug-25	50.15%	▼ -0.8%	50.56%		
Efficient	Agency spend for all staff groups as % of total pay bill	May-25	7.97%	▲ 8.6%	7.34%		

Please note that the Quality Outcome Framework duplicates measures 12, 25, 38 and 50 with the NHS Performance Framework.



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Health Board

Agenda item: 5.3

Finance & Performance Committee **Date: 21 October 2025**

Subject:	Progress Against the Annual Plan (Delivery Plan 2025-26) for the Quarter 2 period, July to September 2025
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee - 15 October 2025

PURPOSE:

This report provides the Finance and Performance Committee with an update of the progress made against the Annual Plan for the Quarter 2 period (July to September 2025).

The report has been considered at the Executive Committee where any change requests made by Executive Leads were collectively moderated, prior to submission to Finance and Performance Committee.

Following consideration at the Finance and Performance Committee, it will be presented to PTHB Board and subsequently submitted to Welsh Government, as a formal report of Progress against the Plan for Quarter 2.

RECOMMENDATION(S):

The Finance and Performance Committee are asked to:

- **CONSIDER** the report ahead of submission to PTHB Board and take **ASSURANCE** that there is a process in place for monitoring progress against plan.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

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

EXECUTIVE SUMMARY:

This report provides the Finance and Performance Committee with an update of the progress made in Quarter 2 (July to September 2025) against the 2025-26 Annual Plan.

This report has been considered, moderated and approved by the Executive Committee prior to submission to the Finance and Performance Committee and will subsequently report to PTHB Board and finally to Welsh Government as a formal report of Progress against Plan for Quarter 2 2025-26, in line with national reporting requirements.

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

BACKGROUND

This report provides the Finance and Performance Committee with an update of the progress made in Quarter 2 (July to September 2025) against the 2025-26 Annual Plan.

1) Development of Progress Report against Plan

Each of the 22 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 2.

An additional explanation including mitigating action is also included where any items are **BRAGG** rated as Red. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan. There has been an increased focus on the commentary in response to feedback from Committee and Board, to provide greater insight into the impacts that actions are having and the key achievements.

The Delivery Plan has also been mapped to the Ministerial Advisory Group (MAG) requirements which are now also reflected in the Welsh Government publication ‘Improving Performance Together’ which was issued in July 2025 as discussed below.

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

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

2)Progress Summary at Q2

The report shows the progress made with delivery of the actions and priorities in the Plan as reported for Q2.

Of the 348 key deliverables identified for completion in 2025/26, 181 items due for delivery in Q2, 118 are rated as on track and 63 rated as complete. This is compared with 125 on track and 21 complete actions in Q1.

In terms of more challenged areas of progress, 44 deliverables have been rated as at risk and 18 as behind schedule within Q2 representing 18% of the overall plan. This is compared to 38 and 5 respectively for Q1, 12% of the overall plan, a decreasing position of 6% quarter on quarter. As a result, the Executive team is also asked to collectively assure the Delivery Confidence of the AMBER-rated schemes by means of this report.

In Q2 there are 100 deliverables which are not due which are scheduled for action during Q3 and Q4.

Ministerial Advisory Group Recommendations

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

Further detailed tracking in line with the recently released Welsh Government ‘Improving Performance Together’ document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) is included in the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report) pending the national work on the development of metrics.

Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings.

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
5.6) Theatres: Development of key day case pathways Cross reference to MAG Report 2025 recommendations:	5.6.1) Development of theatre dashboard in line with national programme Q3	Not due yet	5.6.3) Business Case developed for speciality lead sessions to be presented to PTHB Planned Care Board September 2025 for

<ul style="list-style-type: none"> - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) <p>(further recommendation on accreditation of Surgical Hubs which WG propose they lead)</p>			<p>consideration of funding. Not agreed – needs further consideration in light of Health Board financial situation.</p> <p>5.6.4) Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.</p> <p>5.6.5) Orthopaedic Speciality lead commenced in post September 2025 will develop opportunities plan alongside support from Orthopaedic Clinical Implementation Network.</p>
	<p>5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4</p>	<p>Not due yet</p>	
	<p>5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2</p>	<p>At risk</p>	
	<p>5.6.4) Digitalisation – costed proposal for theatre management system Q1</p>	<p>At risk</p>	
	<p>5.6.5) Review of day case procedures to identify opportunities for repatriation Q2</p>	<p>At risk</p>	
<p>5.7) Outpatients: Develop a single management system and oversight</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways 	<p>5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4</p>	<p>On track</p>	<p>5.7.1) Further Faster discussions progressing with each in reach consultant to discuss opportunities for OP efficiencies, developing SOPs for implementation of OP procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of FUs with additional validation, Attend Anywhere Workshops are being held with reach consultants to increase digital offer. National Planned Care Programme Clinical Leads are working with PTHB Planned Care to develop additional speciality level support to service development/transformation.</p> <p>5.7.2) Digital Project Manager assigned working with operational team to scope</p>
	<p>5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4</p>	<p>On track</p>	

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			requirements, develop business cases, reviewing systems available in liaison with other HBs, supporting administrative resource will be required to manage the system this will be built into the bid which is required to be resource neutral.
7.2) Cancer Cross reference to MAG Report 2025 recommendations: No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	On track	7.2.1) Delivery against the plan is ongoing with annual review due in Q4. 7.2.2) Continue to monitor pathway performance and service provider actions to address areas for improvement via regular CQPRM meetings and link to ongoing work around
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	On track	Improving the Cancer Journey Programme. 7.2.3) Collaboration with the National Cancer Team and NHS Wales Performance and Improvement supports
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	On track	initiatives to improve earlier diagnosis and reduce waiting times. 7.2.4) The Improving the Cancer Journey
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	On track	Programme Phase 2 is working to meet the needs of people living with and affected by
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	On track	cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment for the Communication and Engagement role, the team is currently up to full complement. 7.2.5) Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.

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<p>10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input <p>Also note ambulance handovers included (see MAG for detail)</p>	<p>10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4</p>	<p>On track</p>	<p>10.2.1) Total numbers of Pathways of Care Delays have reduced. Number of POCDs within August represent a 4% reduction when compared to the Mar '25 baseline (51 [Aug '25]: 53 [Mar '25]) with recent 3-month data (Jun '25 – Aug '25) demonstrating a 23% reduction when compared with the same period in the previous year (157 [2025]: 203 [2024]).</p> <p>10.2.2) The number of super-stranded patients remains low. Number of super-stranded patients within August represent a 25% increase when compared with the Mar '25 baseline (5 [Aug '25]: 4 [Mar '25]). However, a 50% reduction was observed in both Jun'25 and Jul'25 (2 [Jun '25, Jul '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.</p> <p>10.2.3) Action Plan remains in place and up to date. A new escalation action plan and monthly escalation meeting have been established with the Powys County Council Hospital Social Worker Team Lead. Performance has improved, with the average time to Social Worker allocation reducing from 21 days [Jun '25] to 17.8 days [Aug '25].</p> <p>10.2.4) Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of days delayed within August represent</p>
	<p>10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	<p>On track</p>	
	<p>10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4</p>	<p>On track</p>	
	<p>10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4</p>	<p>On track</p>	

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			an 8% reduction when compared to the Mar '25 baseline (2078 [Aug '25]: 2265 [Mar '25]) and a 26% reduction when compared with the same period in the previous year (2078 [Aug '25]: 2812 [Aug '24]).
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green Cross reference to MAG Report 2025 recommendations: Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Behind Schedule	10.5.1) & 10.5.2) Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.
	10.5.2) Monitor and review data outputs and identify barriers Q2	Behind Schedule	
	10.5.3) Scope and assess means to address identified barriers Q3	Not due yet	
	10.5.4) Develop targeted action plan to address identified barriers Q4	Not due yet	
10.6) Further strengthening the approach to Trusted Assessment Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales) 	10.6.1) Pilot of Trusted Assessment approach Q1	Complete	10.6.2) A Trusted Assessor Audit was undertaken in July 2025, with recommendations received to improve documentation and agreements between the Health Board and Local Authority. An updated Memorandum of Understanding and Process Map has been shared with the Local Authority for comment and agreement. Bi-weekly meetings with Cottage View, the Health Board, and Local Authority continue to monitor progress, review outcomes, and identify
	10.6.2) Review outcomes of the pilot Q2	At risk	
	10.6.3) Scoping of next steps Q3	Not due yet	
	10.6.4) Implementation of Trusted Assessment Q4	Not due yet	

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			opportunities to streamline the patient journey from DGH to home. Formal review and pilot evaluation are scheduled to commence in January 2026. *Proposed amendment to timescale from <u>Q2</u> to <u>Q4</u> – see below.
<p>12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) <p>also note recommendation for HEIW in relation to Leadership programmes</p>	<p>12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4</p>	On track	<p>12.1.1) Transformation programme managers and the Workforce future team have undergone accredited change management training. Business process re-engineering training available through Neath Port Talbot College group or University of South Wales. 1:1 coaching offer available. Bespoke facilitation for Mental Health joint senior leadership teams. Workforce Futures team aligned to the Better Together programme and active members of the Tactical OD, Engagement and Communications weekly group. Working with HEIW on scalability of current clinical leadership immersive programme (CLIP).</p>

Progress of Critical Actions:

Additionally in this year’s Plan, due to the board’s escalation status, a set of ‘critical actions’ has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them. Of the 53 critical actions identified in the Plan:

- 14 are “not due yet”
- 13 are “complete”
- 13 are “on track”
- 8 are reported as “at risk”
- 5 are reported as “behind schedule” (for further details, see table below).

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

Wellbeing Objective	Key Areas of Delivery	Key Deliverables	RAG rating Commentary provided – Items at risk & Delivery Confidence Assessment (DCA) for Amber and Reds	
Focus on Wellbeing	3.1) Develop, design and implement a Children’s Neurodevelopment (ND) service that is family and child centred in line with national standards CRITICAL ACTION	3.1.1) Embed and sustain improvements in the Children’s ND Improvement Plan Q1	On track	
		3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence Q2	On track	
		3.1.3) Ensure a robust workforce model is in place Q2	On track	
Early Help and Support	4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams CRITICAL ACTION	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	Complete	
		4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	Behind Schedule - Change in scope, requested wording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation”. Timescale request change to Q4 DCA – Medium	
		4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1	Complete	
		4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1	Complete	
		4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2	Complete	
		4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	Complete
			4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3	Complete
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1		At risk - 2025/26 SLA is unsigned with outstanding areas to be resolved at Executive level meeting. Service delivery continues with no impact on patients. DCA - Medium	
	5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital CRITICAL ACTION Q1-Q3	On track	
	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	Behind Schedule - Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery	

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			<p>timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work. DCA - Medium</p>
		6.1.2) Outputs of appraisal used to inform further improvement plan Q2	<p>Behind Schedule - Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work. DCA - Medium</p>
Tackling the Big Four	7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	<p>At risk - This work is ongoing and is being overseen through the Diabetes and Integrated Plan 2025–26 workstream, where all relevant deliverables are systematically tracked and progressed in line with agreed priorities. Agreed actions are underway to progress towards implementing improvements to the pathways for diabetes. DCA – High</p>
		7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1	Complete
		7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2	On track
		7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2	<p>At risk - Progress continues on the “Further Faster” review of in-reach general medical endocrinology services. Consultant engagement regarding clinic capacity and commissioning support is underway but currently behind schedule. The Pan Powys Diabetes Referral Pathway is under review to support improved access and reduce unnecessary referrals. DCA – High</p>
		7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3	<p>At risk - This work is being progressed within the Diabetes and Integrated Plan Workstream, with regular reporting in place. Work and discussion are actively underway to enhance delivery of the 8 care process outcomes within clusters by Q3. DCA - Medium</p>
	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	<p>Behind Schedule - Change in scope, requested wording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation”. Timescale request change to Q4 DCA – Medium</p>
		8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4	On track
		8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2	On track
8.1.8) Rescope sanctuary model in above context, in North Powys Q2-Q3		<p>At risk - Alternative to admission, e.g. Sanctuary, has been included within mental health community model options for Better Together transformation. This</p>	

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			is likely to impact upon current Q3 delivery deadline. DCA - Medium
		8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4	On track
		Acute Inpatient Model of Care 8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1	Complete
		8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4	On track
		Older Adult Mental Health Services 8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1	At risk This deliverable is amber for Q1 delivery, however this work has been incorporated into '8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2', and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant. DCA - Medium
		8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	Behind Schedule Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26. DCA - High
Joined Up Care	9.1) Optimising inpatient care and bed utilisation CRITICAL ACTION	Colocation by clinical need 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	Complete
		9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4	On track
	10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow CRITICAL ACTION	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	Complete
		10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2	At risk - Scoping activity has been completed, with progress made across workforce, estates, and digital requirements. Job descriptions have been finalised and submitted for Job Evaluation, with outcomes expected following the rescheduled panel meeting on 19 th September 2025. Estates Panel discussions have taken place and indicated broad agreement with the accommodation request, subject to clarification on space requirements and engagement with Digital Infrastructure due to the multi-agency nature of the proposal. A new digital project has also been initiated to ensure the

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			infrastructure needed for implementation is secured. While resources are not yet fully in place, key steps have been taken to progress towards sustainable delivery. DCA - Medium
	11.1) Commissioning development Framework CRITICAL ACTION	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life Q1	Complete
Workforce Futures	12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) also note recommendation for HEIW in relation to Leadership programmes	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	On track
Digital First	16.1) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1 16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2	On track On track
	16.7) DSF Strategic Theme - Infrastructure and Security CRITICAL ACTION Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4	Complete
Transforming in Partnership	20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report CRITICAL ACTION	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2	Complete

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Achievements to date

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

Focus on wellbeing

- Breastfeeding Support: Over 320 premises accredited under the Breastfeeding Welcome Scheme.
- Smoking Cessation: 5.6% of smokers treated in the past year, exceeding the national 5% target.
- Vaccination Success:
 - COVID-19 Spring Campaign: 56.9% uptake (highest in Wales), with over 13,000 doses administered and 79% of care home residents vaccinated.
 - RSV Vaccination: 70% uptake among pregnant women (target achieved), 51.6% uptake in the routine cohort (highest in Wales), and 66.7% in the catch-up cohort (second highest).
 - Childhood Immunisations: 91.4% of children up to date with all scheduled vaccinations by age 5; just 10 more needed to achieve the 95% herd immunity target.

Early Help and Support

- Successful award of the APMS contract for Rhayader Medical Practice and commencement of Unified Contract Assurance Framework reviews across GP practices.
- South Powys Mobile Dental Unit operating successfully with positive patient feedback and expansion to additional sites.
- Extensive MDT training through the Primary & Community Care Academy; all Powys GP Nurses in the Foundation Programme now fully qualified, with nine recruited over the past three years.
- Launch of the MSK Referral Triage and introduction of Orthopaedic Consultant Specialty Lead sessions.
- Development of the Cluster Urgent Care infographic and Emergency Admissions dashboard to support planning and insight.
- National acknowledgement for the Working Well programme and a Wales CNO Award nomination for Paul Ridd Bundle awareness training.
- Appointment of a Community Optometrist to support referral management and successful bid for new theatre equipment.
- Completion of reviews and benchmarking work on private providers and continuing healthcare needs, in collaboration with Hywel Dda UHB and the NHS Executive.

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Workforce

- Academy Career and Education Enterprise scheme (ACEES) has been delivered to 11 out of 13 Powys schools plus outreach to NPTC colleges and a Welsh Medium School over the border – reaching 5,507 students
- Retention: A refreshed approach to exit questionnaires, is now delivered via MS Forms to capture more detailed, non-anonymous feedback. There is also a 'Stay conversation' template which has been well received during the initial pilot.

Digital

- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on our enhanced service offerings and support.
- Radiology Informatics System Procurement (RISP) is now live.

Transforming in Partnership

- Implementation of the Partnership Development Framework and reporting across 12 multiagency partnerships.
- Enhanced governance and assurance, with full delivery of the Board and Committee schedule and adoption of the new SRR and BAF Dashboard.
- Strengthened information governance, including improved asset recording and launch of an activity tracker for better workload visibility and resource planning.
- Ongoing staff development, with three team members achieving IHRIM qualifications.
- Successful completion of Stage Two Engagement for Better Together, shaping future community health services.
- Improved staff engagement and recognition through regular Team Focus sessions and Staff Excellence Awards.
- New Head of Charity successfully appointed.

Items Behind Schedule

The table below summarises areas of delivery which remain with a red BRAGG rating at the end of Quarter 2.

Strategic Priority	Key Areas of Delivery	Key Deliverables	Commentary on Red Actions	Delivery Confidence Assessment
SP4: Enhanced Primary & Community Care	4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of	4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1	Change in scope – requested rewording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation”. Change in timescale to Q4	Medium

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	Integrated Community Teams CRITICAL ACTION			
SP4: Enhanced Primary & Community Care	4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4	It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27.	Low
SP5: Planned Care and Diagnostics	5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q2	Not progressed due to capacity (Sickness / absence) – timescale change to Q4	Low
SP6: Complex and Continuing Healthcare	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.	Medium
SP6: Complex and Continuing Healthcare	6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	6.1.2) Outputs of appraisal used to inform further improvement plan Q2	Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.	Medium
SP8: Mental Health	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1	Behind Schedule - Change in scope, requested wording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation”. Timescale request change to Q4	Medium
SP8: Mental Health	8.1) Mental Health Transformation Programme CRITICAL ACTION	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2	A common operational policy including standard operating procedure (SOP) has been developed for the Dementia Home Treatment Team, which currently comprise a North and South team. Staff model and working pattern will be reviewed in line with short list option development for Better Together community model. The implementation of the common process is now being planned for Q3, due to reduced capacity to deliver within Q2, in addition to accelerated Better Together deliverables. Outcome measures are under review by task and finish group, for inclusion within BI reporting solution. Implementation will facilitate improved data capture of team activity volumes and	High

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			patterns, which will support future workforce planning and working pattern.	
SP10: System Resilience	10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green Cross reference to MAG Report 2025 recommendations: Hospitals must ensure all admitted patients are placed on D2RA pathways	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.	Medium
		10.5.2) Monitor and review data outputs and identify barriers Q2		Medium
SP11: Commissioning for Value	11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4	Behind target. Meeting of JCC Pathways and Referral Management Project Board held 5 th August. Board established to identify and implement possible savings, value based initiatives, streamline care pathways, improve patient care and outcomes. Four phases identified to December 2026. Outside of Health Board Control	Low
		11.3.3) Develop implementation plan for identified options – Q1-Q4	Behind target. Meeting of JCC Pathways and Referral Management Project Board held 5 th August. Board established to identify and implement possible savings, value based initiatives, streamline care pathways, improve patient care and outcomes. Four phases identified to December 2026. Outside of Health Board Control	Low
	11.6) Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3 11.6.3) Develop KPI's and agree new reporting metrics Q2	Paper developed by Assistant Director Partnership Development and approved by Executive Committee in September 2025. Internal coordination group and Executive Group established. Phase 1 review to be presented to Executive Committee December 2025.	Medium Medium
SP: Transformation and Sustainability	12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4	There are a number of national challenges that are being discussed by Exec Directors of Nursing – Currently no train the trainer programmes offered, limited options of training which are Cardiff centric, no backfill for attending training or delivery. Outside of Health Board Control	Low
SP: A Great Place to Work	13.2) Embed Speaking up Safely framework	13.2.2) Evaluate Vivup SUS offer Q2	No concerns have been raised by users through VIVUP so evaluation not possible. Timescale change request to Q3. First Quarterly Steering Group had limited attendance, second group due to meet in October	Low
SP: Equalities and Welsh Language	15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4	Due to the Supreme court ruling on the definition of "Sex" under the Equality Act it has been necessary to suspend the Gender Awareness training program until the provision of clear guidelines on the correct approach to aspects of this training. The training will be resumed once clarity is provided by EHRC and Welsh Government. Outside of Health Board Control	Low

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SP: Leadership and Planning for Digital	16.4) DSF Strategic Theme - Leadership, Partnership and Alliances System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4	Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.	Medium
SP: Leadership and Planning for Digital	16.9) Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> o DSF National Programme Alignment • Electronic Prescribing • Maternity system and app • Radiology Information System • Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care CRITICAL ACTION - Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement Q2	Timescales and milestones for Oct Go Live have been delayed due to the UAT platform not being available, causing slippage to testing, training and go live, this is due to supplier, technical and national issues that have taken longer than expected to resolve and very manual validation exercises to populate current medicines library.	Medium
SP: Governance incorporating Corporate Business, Information Governance & Records Management	21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2	This red-rated action is now nearing completion, with final steps underway with finalising the draft and approval anticipated in Q3. Progress was impacted by some key national programmes which required the Head of Service operational commitment, which have required significant team input over recent months.	Medium

3) Next Steps

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This report provides the Finance and Performance Committee with an update of the progress made in Quarter 2 (July -September 2025) against the 2025-26 Annual Plan.

Following consideration and approval at Finance and Performance Committee, this report will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against the Quarter 2 of the 2025-26 Annual Plan in line with national reporting requirements.

NEXT STEPS:

It will then be submitted to PTHB Board and Welsh Government as a formal report of Progress against Plan.

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

EQUALITY:

	No impact	Negative	Positive	Both	
Age					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.
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	
		A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk

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

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Plan Progress Report

Quarter 2 2025-2026

July to September 2025

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey – Not due

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

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Plan on a page 2025 > 2026

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

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

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

> RISK
 Addressing performance/quality/delivery/corporate risk

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

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

CRITICAL ACTIONS in the Delivery Plan 2025 - 26



A whole system approach to wellbeing & prevention

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

CRITICAL ACTION:
 • Neurodevelopment Services for Children & Young People



A responsive community based model of care

4. Enhanced Primary & Community Care
5. Planned Care and Diagnostics

CRITICAL ACTION:
 • Community Model

CRITICAL ACTION:
 • GP Out of Hours

CRITICAL ACTIONS:
 • Performance & Delivery
 • Referral Optimisation

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



Effective care across the Big Four

7. Major Conditions
8. Mental Health

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

CRITICAL ACTION:
 • Transformation Programme



Sustainable and resilient health care

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

CRITICAL ACTION:
 • Optimising inpatient pathways and bed use

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

CRITICAL ACTION:
 • Strategic and Tactical Commissioning Framework

Wellbeing Objectives

Strategic Priorities

Enablers



WORKFORCE FUTURES
CRITICAL ACTION:
 • Workforce Transformation



DIGITAL FIRST
CRITICAL ACTIONS:
 • Cybersecurity
 • WCCIS Replacement



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP
CRITICAL ACTION:
 • RPB Prioritisation for greatest system impact

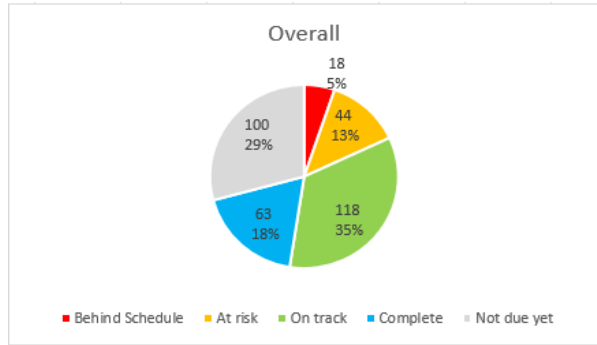
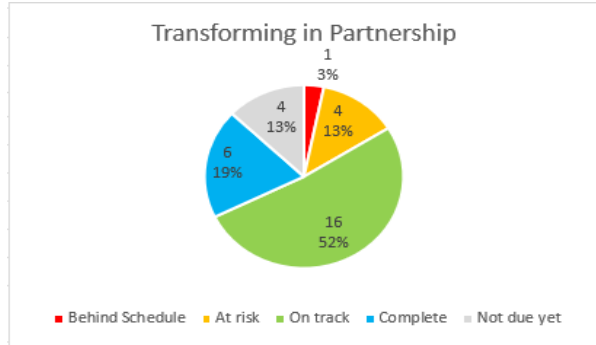
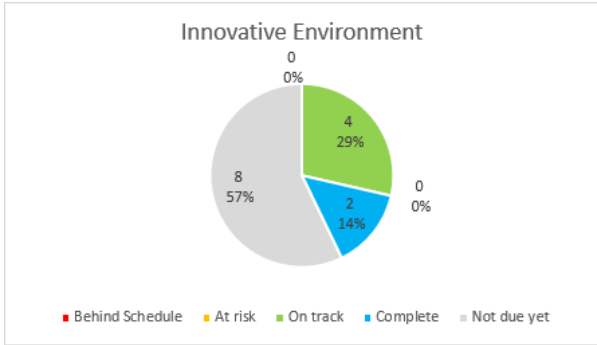
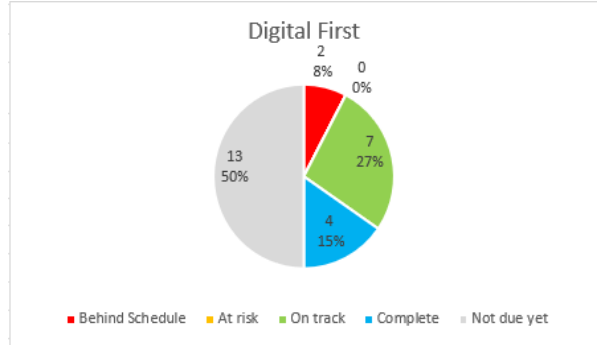
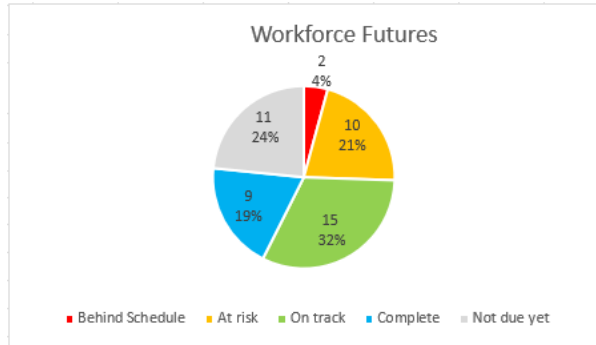
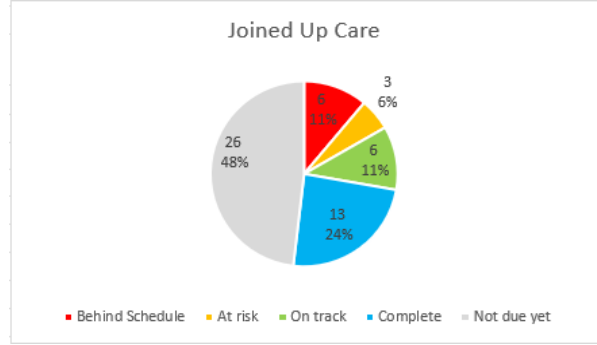
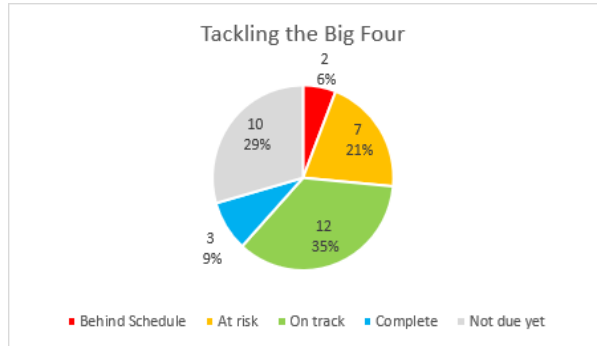
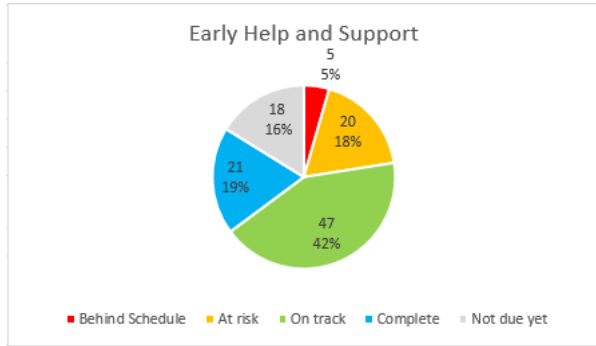
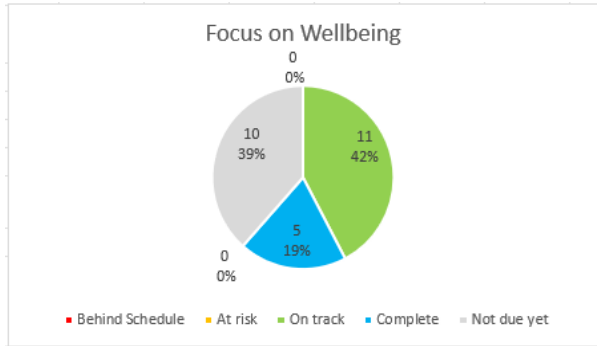


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 Powys Teaching Health Board



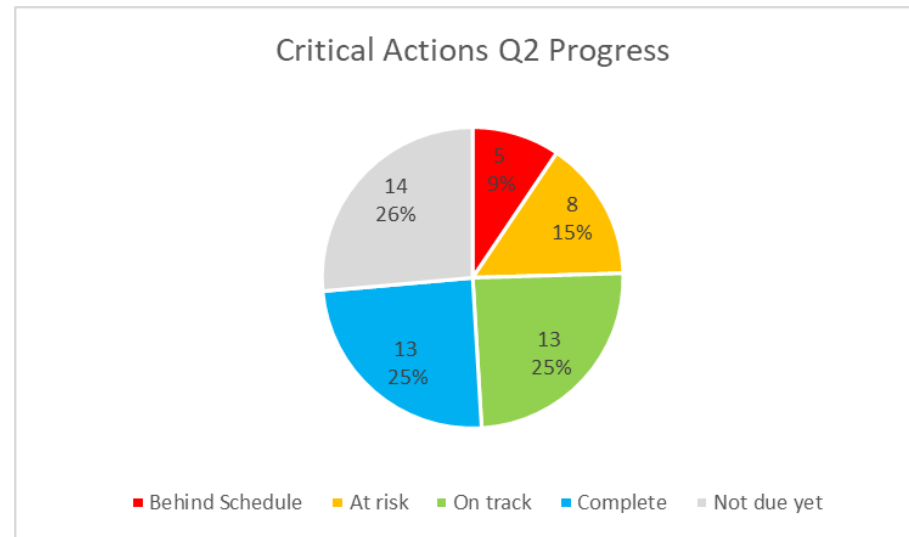
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SUMMARY OVERVIEW



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Critical Actions



Of the 53 critical actions identified in the Plan:

- 14 are “not due yet”
- 13 are “complete”
- 13 are “on track”
- 8 are reported as “at risk”
- 5 are reported as “behind schedule”, these are linked to the Enhanced Community Care Model, Complex and Continuing Health Care (CHC) the Mental Health Transformation Programme.

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Response to Ministerial Advisory Group recommendations Q2 (Improving Performance Together)

MAG recommendation	Key Deliverables	RAG rating	Commentary provided
<p>5.6) Theatres: Development of key day case pathways</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics) <p>(further recommendation on accreditation of Surgical Hubs which WG propose they lead)</p>	5.6.1) Development of theatre dashboard in line with national programme Q3	Not due yet	<p>5.6.3) Business Case developed for speciality lead sessions to be presented to PTHB Planned Care Board September 2025 for consideration of funding. Not agreed – needs further consideration in light of Health Board financial situation.</p> <p>5.6.4) Health Boards were anticipating National One Wales Theatre system directive from Welsh Government. This is still to be confirmed in interim. PTHB Planned Care will continue to develop Welsh Patient Admin System due to the delay in the national directive on theatre system requirements.</p> <p>5.6.5) Orthopaedic Speciality lead commenced in post September 2025 will develop opportunities plan alongside support from Orthopaedic Clinical Implementation Network.</p>
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4	Not due yet	
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2	At risk	
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	At risk	
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2	At risk	
<p>5.7) Outpatients: Develop a single management system and oversight</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation - Models that offer alternatives should be rapidly identified and scaled - Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways 	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4	On track	<p>5.7.1) Further Faster discussions progressing with each in reach consultant to discuss opportunities for OP efficiencies, developing SOPs for implementation of OP procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of FUs with additional validation, Attend Anywhere Workshops are being held with reach consultants to increase digital offer. National Planned Care Programme Clinical Leads are working with PTHB Planned Care to develop additional speciality level</p>
	5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4	On track	

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			support to service development/transformation. 5.7.2) Digital Project Manager assigned working with operational team to scope requirements, develop business cases, reviewing systems available in liaison with other HBs, supporting administrative resource will be required to manage the system this will be built into the bid which is required to be resource neutral.
7.2) Cancer	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	On track	7.2.1) Delivery against the plan is ongoing with annual review due in Q4.
Cross reference to MAG Report 2025 recommendations: No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4	On track	7.2.2) Continue to monitor pathway performance and service provider actions to address areas for improvement via regular CQPRM meetings and link to ongoing work around Improving the Cancer Journey Programme.
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4	On track	7.2.3) Collaboration with the National Cancer Team and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times.
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4	On track	7.2.4) The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment for the Communication and Engagement role, the team is currently up to full complement.
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4	On track	7.2.5) Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.

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<p>10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input <p>Also note ambulance handovers included (see MAG for detail)</p>	<p>10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4</p>	<p>On track</p>	<p>10.2.1) Total numbers of Pathways of Care Delays have reduced. Number of POCDs within August represent a 4% reduction when compared to the Mar '25 baseline (51 [Aug '25]: 53 [Mar '25]) with recent 3-month data (Jun '25 – Aug '25) demonstrating a 23% reduction when compared with the same period in the previous year (157 [2025]: 203 [2024]).</p> <p>10.2.2) The number of super-stranded patients remains low. Number of super-stranded patients within August represent a 25% increase when compared with the Mar '25 baseline (5 [Aug '25]: 4 [Mar '25]). However, a 50% reduction was observed in both Jun'25 and Jul'25 (2 [Jun '25, Jul '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.</p> <p>10.2.3) Action Plan remains in place and up to date. A new escalation action plan and monthly escalation meeting have been established with the Powys County Council Hospital Social Worker Team Lead. Performance has improved, with the average time to Social Worker allocation reducing from 21 days [Jun '25] to 17.8 days [Aug '25].</p> <p>10.2.4) Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of days delayed within August represent an 8% reduction when compared to the Mar '25 baseline (2078 [Aug '25]: 2265 [Mar '25]) and a 26% reduction when compared with the same period in the previous year (2078 [Aug '25]: 2812 [Aug '24]).</p>
	<p>10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	<p>On track</p>	
	<p>10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4</p>	<p>On track</p>	
	<p>10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4</p>	<p>On track</p>	

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<p>10.5) Further develop PTHB’s utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green</p> <p>Cross reference to MAG Report 2025 recommendations: Hospitals must ensure all admitted patients are placed on D2RA pathways</p>	<p>10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1</p>	<p>Behind Schedule</p>	<p>10.5.1) & 10.5.2) Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.</p>
	<p>10.5.2) Monitor and review data outputs and identify barriers Q2</p>	<p>Behind Schedule</p>	
	<p>10.5.3) Scope and assess means to address identified barriers Q3</p>	<p>Not due yet</p>	
	<p>10.5.4) Develop targeted action plan to address identified barriers Q4</p>	<p>Not due yet</p>	
<p>10.6) Further strengthening the approach to Trusted Assessment</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> • Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales) 	<p>10.6.1) Pilot of Trusted Assessment approach Q1</p>	<p>Complete</p>	<p>10.6.2) A Trusted Assessor Audit was undertaken in July 2025, with recommendations received to improve documentation and agreements between the Health Board and Local Authority. An updated Memorandum of Understanding and Process Map has been shared with the Local Authority for comment and agreement. Bi-weekly meetings with Cottage View, the Health Board, and Local Authority continue to monitor progress, review outcomes, and identify opportunities to streamline the patient journey from DGH to home. Formal review and pilot evaluation are scheduled to commence in January 2026. *Proposed amendment to timescale from <u>Q2</u> to <u>Q4</u> – see below.</p>
	<p>10.6.2) Review outcomes of the pilot Q2</p>	<p>At risk</p>	
	<p>10.6.3) Scoping of next steps Q3</p>	<p>Not due yet</p>	
	<p>10.6.4) Implementation of Trusted Assessment Q4</p>	<p>Not due yet</p>	
<p>12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION</p>	<p>12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement</p>	<p>On track</p>	<p>12.1.1) Transformation programme managers and the Workforce future team have undergone accredited change management training. Business process re-engineering</p>

<p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/timescale) <p>also note recommendation for HEIW in relation to Leadership programmes</p>	<p>training, skills and capacity at all levels of the organisation Q1-Q4</p>		<p>training available through Neath Port Talbot College group or University of South Wales. 1:1 coaching offer available. Bespoke facilitation for Mental Health joint senior leadership teams. Workforce Futures team aligned to the Better Together programme and active members of the Tactical OD, Engagement and Communications weekly group. Working with HEIW on scalability of current clinical leadership immersive programme (CLIP).</p>
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Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People and Culture	ED P&C
Executive Director of Public Health	ED PH
Executive Director of Nursing, Quality, Women and Family Health	ED NQW&FH
Executive Director of Allied Health Professions, Health Sciences and Digital	ED AHPHS&D
Executive Medical Director	EMD
Executive Director of Planning, Performance and Commissioning	ED PP&C
Director of Corporate Governance / Board Secretary	DCG
Director of Strategic Improvement and Transformation	DSI&T
Associate Director of Estates, Facilities and Support Services	ADEF&SS

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **1.1.1)** Whole Systems Approach to a Healthy Weight action plan being implemented, including roll out of Breastfeeding Welcome Scheme in Powys and Gold Standard Healthy Snack Award in early years settings.
- **1.1.2)** Population Health Strategic Framework presented to September Board.
- **1.2.2)** A proactive communications plan is helping to ensure referral rates for smoking cessation services are being maintained, including GP text messaging project focusing on smokers in areas of deprivation.

Commentary on red rated actions: N/A

Achievements:

- Over 320 premises signed up to be Breastfeeding Welcome Scheme.
- 5.6% of smokers treated by smoking cessation service in previous 12 months, exceeding national 5% target.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status	Year End Delivery Confidence Assessment O = Original

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

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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Commentary on Progress in this Quarter:

- **2.1)** In compliance with PTHB statutory obligations, updated plans have been approved by the Board in July 2025: including the PTHB Major Incident & Emergency Response Plan and PTHB Corporate Business Continuity Plan.
- **2.1)** The NHS Wales Emergency Planning, Resilience and Response Annual Report forms part of the Health Board's annual assurance processes; the Annual Report (2024-2025) was approved by the Board in July 2025 and submitted to the NHS Wales Performance and Improvement within the agreed timescales.
 - Regular internal and external communications tests have taken place, at local and regional levels.
 - The Health Board continues to be engaged in emergency preparedness, resilience and response activities that have taken place with multi-agency partners within the Dyfed Powys Local Resilience Forum and at a national level as part of NHS Wales; this includes engagement in a range of planning, training, exercising and response activities.
 - Planning has been undertaken to ensure that the Health Board is prepared to participate in 'Exercise Pegasus'. Exercise Pegasus is a national Tier 1 exercise involving all regions and nations of the UK, which aims to assess key aspects of the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. Phase 1 of the exercise (the emergence phase) has taken place at the time of completing this report (17th-23rd September). A series of multi-agency 'hot debriefs' have been scheduled to take place, to ensure that early learning identified following each phase of the exercise is captured.
 - Liaison and communication work being undertaken with residential and nursing homes in Powys around winter preparedness. Work includes development of a Health Protection Champions programme.
 - Acute health protection incidents responses undertaken, in liaison with Public Health Wales and neighbouring health boards.
 - Powys signed the Paris Declaration to become a FastTrack area to contribute to ending HIV in Wales.

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- **2.2.1)** Powys Hepatitis B and C action plan updated and being implemented. Testing dashboard in development to improve surveillance data available.
- **2.4.1)** RSV routine vaccination programme started 1st September 2024, with a catchup campaign January-August 2025 or until resident reaches 80th birthday. Welsh Health Circular issued 6 May 2025 required action to accelerate uptake and has led to further communication and work with stakeholders in Powys to increase awareness of RSV. ‘Flu vaccination programme 2025-26 commenced in September for children and pregnant women, and adult programme to commence 1st October (running until end of March 2026). Considerable work undertaken to ensure implementation of the significant process changes to the programme from 2025/26, including central procurement of vaccines. All 16 GP practices and 22 of the 23 community pharmacies in Powys have been commissioned to deliver adult flu vaccinations.
- **2.4.1)** Covid-19 vaccination Autumn programme planned, to run from 1st October 2025 to 31st January 2026, with initial focus on care homes.
- **2.4.2)** Teenage immunisation uptake action plan developed to address gradual decline seen. Catch up campaign for school aged years 8-13 implemented during 18th August until 5th September 2025 with a good response. For HPV vaccine, the number of vaccinations administered to those in year 8 together with work by the Child Health Team to cleanse the data resulted in a 5% increase in uptake rates during the 3 week campaign.

Commentary on red rated actions: N/A

Achievements:

- Covid-19 spring vaccination uptake = 56.89% (highest in Wales) with over 13,000 doses administered. 700 care home residents (78.97%) vaccinated (third highest in Wales) [as at 05/08/2025].
- Respiratory Syncytial Virus (RSV) vaccination uptake [as at 29th August 2025]:
 - Pregnant women consistently reaching 70% target uptake
 - Routine cohort (people turning 75 years of age) = 51.6% (highest in Wales)
 - Catchup cohort (75-79 year olds on 02 September 2024) = 66.7% (second highest in Wales)
- 91.4% of children are up to date with the scheduled vaccinations by age 5 (‘4 in 1’ preschool booster, the Hib/MenC booster and the second MMR dose) April-June 2025. For population herd immunity a further 10 children needed to receive all their scheduled immunisations by age 5 to reach 95% target.

Progress against key actions and milestones

<i>Key Areas of Delivery</i>	<i>Key Deliverables</i>	<i>Lead Executive</i>	<i>Status</i>	<i>Year End Delivery Confidence Assessment</i> O = Original
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			Q1	Q2	Q3	Q4	o	Q1	Q2
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises Q1-Q4	ED PH	Green	Green			H	H	High
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease Q1-Q4		Green	Green			M	H	High
2.3) Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	2.3.1) Plan and deliver annual respiratory vaccination programmes Q1, Q3, Q4		Green				H	H	High
	2.3.2) Plan and deliver central contracting of Influenza vaccine Q3							H	High
2.4) Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.1) Plan and deliver vaccination programmes Q1-Q4		Green	Green			H	H	High
	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2) Q4							M	Medium
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening) Q1 (recorded in 1.2.5)		Blue	Blue			H	H	High
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales Q1-Q4		Green	Green				M	Medium
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales Q4							H	High

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

Change in Scope	N/A	Change in Timescale	N/A	
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Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)			
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Focus on Wellbeing

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

Intended Outcome/ Impact

Population and system outcomes:

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

Commentary on Progress in this Quarter:

- **3.1)** Neurodevelopment service has stepped down from Level 3 escalation to Level 2a. The business case has been to Investment Benefits Group, however some amendments now required in view of a number of breaches in waiting 104 weeks and the need to ensure capacity meets demand. This is due to go to Executive Committee in October.
- **3.2)** Women's Health plan; strategic group well established, with clear Terms of Reference and Task & Finish group also established to deliver against the project plan and report into the strategic group. Funding bid submitted to Welsh Government, and a paper on the progress of the Womens Health Hub with the RAID Log to go to informal Executive Committee in October.
- **3.3)** Children's Continuing Healthcare; recruitment is in progress and on track to deliver as planned.

Commentary on red rated actions: N/A

Achievements:

- Maternity service senior leadership team now all substantively appointed into stable structure.
- Midwifery on-call provision under formal consultation – set to improve quality and safety of care, enhance midwifery working patterns and satisfaction
- Women & Childrens finance making good progress in delivering against financial plans, including a significant reduction in forecast

Progress against key actions and milestones

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

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Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **4.1.5)** Stage 2 Engagement on Better Together ran from 9th June to 27th July 2025, with Staff Roadshows visiting each PTHB site in late June and early July as part of this. Following the workshops held to gather ideas from clinical and operational staff across PTHB in May 2025, a 'Lock-In Week' was held in July with key stakeholders to finalise the system-level models of care and to develop a long list of options. These options were tested against 'hurdle criteria' to determine the emerging options to be tested further with stakeholders. The second Deliberative Event was held on 13th August with approx. 70 stakeholders attending, including people who use services, PTHB clinical and operational staff, primary care colleagues and wider health and social care system partners. The system-level models of care were tested at the Deliberative Event, along with a SWOT analysis of the emerging options, and further feedback on the proposed evaluation criteria that the options would be assessed against. A dedicated Primary Care Workshop was held on 4th

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September and a Clinical Check & Challenge Event was held virtually on 5th September 2025 with approx. 30 PTHB professionals attending – both of these sessions gathered feedback from attendees on whether the emerging options had met the hurdle criteria. An Options Appraisal Session was held on 11th September with stakeholders from across the health and social care system to assess the emerging options against the evaluation criteria, ahead of PTHB Executive Committee and PTHB Board considering the options. Wider PTHB colleagues have continued to be kept up to date about Better Together through virtual Staff Briefing sessions held on 10th July and 18th September, and regular intranet articles.

- **4.2.2)** Re-tender for an Out Of Hours service provision Q2-Q3 – PTHB Board approval obtained on September 24th to progress Direct Award of an Alternative Provider Medical Services (APMS) contract to Shropdoc Co-operative Ltd for 15 months from 1st July 2026 to 30th September 2027. The Out of Hours Review and Future Model Group to continue to appraise the current service delivery model, consider relevant outcomes from the Better Together programme and develop a specification to commence an open market procurement process for the service from 1st October 2027.
- **4.2.3)** Meeting has been scheduled for October to agree SLA with Swansea Bay.
- **4.3.1)** Last Year of Life and End of Life work around the community and inpatient model progressing through the Better Together work and built into the emerging options. Three Task and Finish Groups established during Q2 for specific areas where additional focus needed, i.e. education, medications and charitable funding to enable the new model. This Key Deliverable has been marked as Amber as the final model will be confirmed in Q3/Q4 as part of the Better Together work.
- **4.4.1)** As referenced in Q1, finalising the PTHB Fracture Liaison Service business case had to be paused temporarily to provide capacity for the acceleration of the community model work. The business case has been finalised and approved by the Frailty & Community Model Programme Board in Q2 and is due to go through the necessary approval processes in Q2 and into Q3. There are continuing conversations with national colleagues around potential pump-prime funding to support the PTHB service in the short term. The job descriptions for the new service have been finalised, in readiness for recruitment to start once the business case has been approved.
- **4.5.1)** The Level 2 community-based falls response model has now been agreed, with delivery to be coordinated through existing community teams via the planned Single Point of Access for Urgent and Emergency Care [10.1]. A revised standard operating procedure is in development to underpin implementation and ensure consistency across teams. Implementation of both the SPoA and the Level 2 pathway is expected to commence during Q3, with alignment between the two initiatives remaining central to delivery. This integrated approach is expected to support earlier intervention in the community, reduce unnecessary ambulance conveyances, and ease demand on neighbouring Emergency Departments, while delivering against ministerial priorities for 2025/26 (Urgent and Emergency Care).
- **4.11.3)** Business case for fracture liaison service now includes dedicated pharmacist time. Pharmacy Technician project underway to assess and refer high anticholinergic burden (ACB) scores for PTHB inpatients. Progress this quarter has focused on building a Powys-wide model for complex polypharmacy reviews, linking GPWERS, pharmacists and consultant pharmacology input. Early alignment with the DynAIRx AI tool positions Powys to be a future research site, while frailty MDTs are beginning to test deprescribing pathways. Although progress is slower than planned, this work is expected to reduce medication-related harm, prevent avoidable admissions, and directly address medicines safety risks.

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- **4.12.5)** This remains a significant risk on both the Pharmacy and Mental Health team risk registers. An SBAR has been developed, with early feedback from Finance recommending a short business case be taken through Investment Benefits Group (as over the £50k threshold) before Executive Committee. While savings may render the proposal cost-neutral, the clinical safety rationale is the strongest driver for investment.
- **4.13.3)** All practices in the Mid Cluster are now live with Electronic Prescribing Services, Ystradgynlais the first dispensing practice to go live. Progress is positive, but challenges remain as dispensing practices are currently only able to use EPS for prescribing patients, creating a business risk and operational inefficiencies in running two systems. PTHB is working with DHCW to encourage a dispensing practice to become the first-of-type site for EPS dispensing. Despite these complexities, rollout is progressing broadly to plan, with all practices expected to be live by the end of 2026.
- **4.14.1)** Capacity is being strengthened through additional training places, with Trainee Pharmacists set to increase from 3 to 6 for 2026/27 and undergraduate placements from 6 to 8.
- **4.14.3)** NMP Lead continues to support prescribers returning to practice and extending scope, and an antimicrobial stewardship CPD session is planned for October. This supports a more sustainable workforce and strengthens prescribing assurance.

Commentary on red rated actions:

- **4.1.2)** Not required to be reported on during Q2 but end of year confidence assurance moved from Medium to Low due to loss of resources supporting key deliverable.
- **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27.

Achievements:

- Powys Pharmacy Technician now represents the Health Board on the All-Wales Task & Finish Group and chairs the All-Wales Self-Administration Training Short Life Working Group. She has also been invited to present PTHB's implementation approach at the RPS Wales Conference, reflecting national recognition of local innovation.
- Successful award of Alternative Provider Medical Services contract for Rhayader Medical Practice
- Focused support around frailty scoring, and diabetes 8 essential care processes to drive improvement
- GMS: Desk-top reviews for Unified Contract Assurance Framework commenced – four practices identified for focused visits to date
- Dental: South Powys Mobile Dental Unit, currently in second location. Patient experience feedback positive. Third location secured. Scoping additional location at Crickhowell. Urgent Dental slot availability in addition to Contract Variation calculations have been put into place to increase capacity. Patient demand capacity manageable with notable peaks and troughs. Specialist in special care dentistry in post. Oral Surgery IV sedation service ready to accept referral. WERO (Wales enhanced rural offer) Scheme had a positive impact – 4 foundation dentists at Brecon, Ystradgynlais and Builth Wells. WGOS 4 Medial Retina Filtering and Monitoring commenced August 2025 (Glaucoma Filtering pathway implemented February 2025)

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- Primary & Community Care Academy - Extensive MDT training and development programme in place – clinical and non-clinical. P&CCA leading the "All Wales New to Primary Care Induction Programme"
- GP Nurses Foundation Programme achievement: 100% fully qualified and working in Powys Primary Care. Total of 9 Powys GP Nurses trained and recruited in last 3 years
- New HCSW Education forum – 1st session - Communication skills training.
- Cluster Urgent Care infographic/Emergency Admissions dashboard developed

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
4.1) Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams CRITICAL ACTION	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities Q1	ED PCC & MH	Green	Blue			H	H	High
	4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) Q1		Amber	Red			H	M	Medium
	4.1.3) Design a new model for Enhanced Community Care with stakeholders Q1		Green	Blue			H	H	High
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure Q1		Green	Blue			M	M	Medium
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners Q2			Blue			M	H	High
	4.1.6) Commence implementation of the integrated community model across all localities in Powys Q4						M	M	Medium

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4.2) GP Out of Hours (OOH) CRITICAL ACTION	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery Q1	Blue	Blue			M	H	High
	4.2.2) Re-tender for an Out Of Hours service provision Q2-Q3		Blue			M	M	High
	4.2.3) Resolve and commission Swansea Bay University Health Board to deliver service for Ystradgynlais Q1	Amber	Amber			L	L	Medium
4.3) Last Year of Life Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life Q1-Q2	Green	Amber			M	M	Medium
	4.3.2) Implement the new model through a phased approach with partners Q3-Q4						M	Medium
4.4) Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients Q1-Q2	Amber	Amber			H	M	Medium
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service Q3-Q4						M	Medium
4.5) Falls Response Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population Q1-Q2	Green	Blue			M	M	Medium
	4.5.2) Implement the phased delivery of the community-based falls response service Q3-Q4							Medium
4.6) Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development Q1-Q4	Green	Green			H	H	Medium
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive Q1-Q4	Green	Green			H	H	Medium
	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome) Q2-Q4		Red			L	L	Low

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	4.6.4) Develop the Professional Nursing Collaborative Q2-Q4			Amber			M	M	Medium
	4.6.5) Develop the Optometry Collaborative Q1-Q4	Green	Green				H	H	High
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level Q1-Q4	Green	Green				H	H	High
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' Q1	Green	Green				H	H	Medium
4.7) General Medical Services (GMS) Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.1) GMS Practice Sustainability analysis, review, and action planning Q2			Amber			H	H	High
	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access Q1-Q4	Green	Blue				H	H	High
	4.7.3) Access Standards analysis, review and action planning Q1	Green	Blue				H	H	High
	4.7.4) Unified Contract Assurance Framework assurance and outcome management Q2-Q4		Green				H	H	High
	4.7.5) Quality Improvement Framework – project analysis and action planning Q1-Q2	Green	Blue				H	H	High
	4.7.6) Supplementary Service audit review, analysis and feedback Q2-Q3		Green				H	H	High
	4.7.7) Review and analysis of patient experience accessing general medical services Q4								Medium
4.8) Optometry Ensure continued growth of community optometric services to enable a wider range of eye	4.8.1) Systematic tracking of core hour provision Q2			Blue			H	H	High
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1	Green	Blue				H	H	High

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care services to be delivered within Powys	4.8.3) Implement Special School Primary Eyecare (SPECS) pathway following national agreement Q3					M	M	Low
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2	Amber	Blue			M	H	High
	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 Q1-Q4	Green	Green			H	H	High
4.9) Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity Q1	Green	Amber			M	M	Medium
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists Q1-Q4	Green	Blue			H	H	High
	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform Q1	Blue	Blue			H	H	High
	4.9.4) Development of remote specialist in special care post Q1-Q4	Green	Blue			M	H	High
	4.9.5) Develop IV sedation service in the Community Dental Service Q4					H	H	High
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics Q4					H	H	High
	4.9.7) Utilization of digital technology to improve efficiency and patient experience Q4					M	M	Medium
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys Q4					M	M	Medium
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care Q1-Q4	Green	Green			H	H	High

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4.10) Primary & Community Care Academy Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	4.10.1) Continue to support the new to General Practice Nursing foundation programme Q1-Q4		Green	Blue			H	H	High
	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills Q1 & Q4		Green				H	H	High
	4.10.3) Deliver scenario-based training for non-clinical staff in primary care Q2-Q4			Blue			H	H	High
	4.10.4) Develop cluster & collaborate lead workshops Q2			Green			H	H	High
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity Q1-Q4		Green	Green			H	H	High
	4.10.6) Expand range of training for clinical support workers in primary care Q1-Q4		Green	Green			H	H	High
4.11) Medicines Management/Pharmacy: Optimising Medicines Use	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board Q1-Q4	EMD	Green	Green			H	H	High
	4.11.2) Implement the roll out of Bluteq Q1-Q4		Green	Green			M	M	High
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbidity patients Q1-Q4		Amber	Amber			M	M	Medium
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm Q1-Q4		Green	Green			M	H	High
	4.12.2) Deliver improvement in antimicrobial prescribing Q1-Q4		Green	Green				H	High
	4.12.3) Deliver improvement in opiate prescribing Q1-Q4		Green	Green				H	High
	4.12.4) Deliver improvement in gabapentin prescribing Q1-Q4		Green	Green				H	High

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	4.12.5) Provision of pharmacy professional support for Mental Health wards and service Q2-Q4			Amber				L	Medium
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations Q1-Q4	Green	Green				H	H	High
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA) Q2-Q4		Amber					H	Medium
	4.13.3) Implement Electronic Prescribing System Q1-Q4	Amber	Amber					M	Medium
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW Q2		Green				M	M	High
	4.14.2) Support for development of portfolio roles Q1-Q4	Green	Green				H	H	High
	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers Q1-Q4	Green	Green				H	H	High
4.15) Public Health & Preventative Medicine	4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management Q1-Q4	Green	Green				M	M	High
	4.15.2) Support for roll out of self-administration of medicines Q1-Q4	Green	Green				H	H	High

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

Change in Scope	✓	Change in Timescale	✓
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Q1 Change request

- 4.7)** New additional request: Review and analysis of patient experience accessing general medical services Q4. 20.08.25 - Approved at Executive Committee.

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Q2 Change request

- **4.13.3)** Change wording to implement Electronic Prescription Service (EPS) – wrong terminology used. Suggestion: Electronic Prescription Service (EPS) in GP practices.
- **4.1.2)** Change request to deadline to be completed in Q4 2025/26.
- **4.1.2)** Change in scope – requested rewording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of phase 1 to measure the impact of service improvement and transformation”
- **4.6.3)** It is not possible to implement as tied in with national contract negotiations. Change request submitted to remove and include in 2026/27.

Executive Director Sign Off

Kate Wright (Executive Medical Director)
Elaine Lorton (Executive Director Primary Care, Community & Mental Health)

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Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **5.1.1)** Implementation of Referral optimisation in Orthopaedics to go live on 24th September. Issues previously identified have been rectified by DHCW and since been tested by PTHB digital team and are satisfied that this has been rectified. Appropriate training has taken place for both clinical and non-clinical staff in terms of processes and understanding the new electronic triage system. Ophthalmology - WGOS 4 Glaucoma: First pathway launched in February 2025, with glaucoma filtering now active in two practices in Mid Powys. WGOS 4 Medical Retina: Filtering and monitoring pathway scheduled to go live in August 2025, with coverage across all three cluster areas of the health board. WGOS 4 Glaucoma Monitoring: Expansion planned for

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October 2025 to include glaucoma monitoring services. WGOS 4 HCQ Pathway: No confirmed launch date due to lack of mandatory equipment and limited practice interest across Powys. Implementation Workstream: Combined primary and planned care workstream continues to progress well, with several SOPs now complete to support patient redirection and discharge into WGOS pathways.

- **5.1.3)** Hierarchy of reporting has been established with a Quality and Safety focus, allowing for information to be cascaded. An incident review panel is in place that meet weekly. Speciality clinical leadership is continuing to develop which is driving safety. Speciality leads in place for endoscopy and orthopaedics, with business cases developed for funding consideration for anaesthetics and ophthalmology.
- **5.1.4)** Business case development progressing will be presented to Planned Care Board October 2025.
- **5.1.5)** As agreed with Clinical Implementation Networks PTHB represented at Ophthalmology, Orthopaedics and Anaesthetics Networks. Work is ongoing with Pre- Operative Assessment pathway, resulting in a local team being set up. Meeting with National Planned Care Clinical Directors September 2025 to explore potential for CIN speciality service transformation support to PTHB Planned Care. Work on-going with National lead regarding additional insourcing capacity plan implementation.
- **5.2.1)** Implementation of referral optimisation in Orthopaedics go live date 24th September. Issues previously identified have been rectified by DHCW and since been tested by PTHB digital team and are satisfied that this has been rectified. Appropriate training has taken place for both clinical and non-clinical staff in terms of processes and understanding the new electronic triage system. These short delays have been discussed and agreed at Assistant Director level; interim options have been discounted due to added complexity. Orthopaedics posts awaiting finalisation of speciality lead post financial discussions, awaiting update from RJAH job planning in terms of uppers consultant post escalated to PTHB Planned Care Board.
- **5.3.1)** Business Case for investment to be presented in October 2025 for nurse-led wet AMD service to North Powys through regional working with BCUHB/HDUHB. Business Case for investment for Consultant Speciality Ophthalmology Lead sessions - key GIRFT recommendation to be presented PTHB Planned Care Board September 2025. Not agreed – needs further consideration in light of Health Board financial situation.
- **5.3.2)** Appointed community optometrist to work within MDT to oversee referral optimisation shift to community optometry (WGOS4) to commence October 2025 – key GIRFT recommendation. Commencing eye YAG/SLT laser service nurse led – Q3 – key GIRFT recommendation.
- **5.3.3)** Reviewing opportunities for all day lists, gold eye team in place will need to align to Better Together Plan for community services estates footprint. Fragility of in reach makes this challenging will work with National Programme on hub opportunities.
- **5.4.1)** Business Case developed for speciality lead sessions re-current funding to be presented to PTHB Planned Care Board September 2025. Not agreed – needs further consideration in light of Health Board financial situation.
- **5.4.2)** Preparations for JAG Assessment in place on-going service improvement to ensure on-going service transformation date November 2025 tbc. Business Case for recurrent funding endoscopy speciality lead presented to Planned Care Board September 2025.
- **5.5.2)** Successful bid to National Planned Care Programme for Pre Operative team resources recruitment in progress developing estate and operating protocols will be delivered in collaboration with National Programme whole system engagement.
- **5.6.3)** Business Case developed for speciality lead sessions to be presented to PTHB Planned Care Board September 2025 for consideration of funding. Not agreed – needs further consideration in light of Health Board financial situation

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- **5.6.5)** Orthopaedic Speciality lead commenced in post September 2025 will develop opportunities plan alongside support from Orthopaedic Clinical Implementation Network.
- **5.7.1)** Further Faster discussions progressing with each in reach consultant to discuss opportunities for OP efficiencies, developing SOPs for implementation of OP procedures in Ophthalmology and ENT for implementation in Q2. Deep dive of FUs with additional validation, Attend Anywhere Workshops are being held with reach consultants to increase digital offer. National Planned Care Programme Clinical Leads are working with PTHB Planned Care to develop additional speciality level support to service development/transformation.
- **5.7.2)** Digital Project Manager assigned working with operational team to scope requirements, develop business cases, reviewing systems available in liaison with other HBs, supporting administrative resource will be required to manage the system this will be built into the bid which is required to be resource neutral.
- **5.8.1)** There has been no further progress this quarter due to capacity issues and staff sickness. Diagnostics focus has been through Task & Finish Group support to Phase 1 of Better Together which has progressed assessment of Plain Film imaging, POCT and Ultrasound requirements for future urgent care and inpatient models. This has been incorporated into options development, workforce and financial modelling. Further phases of work on planned care and women and children's services will incorporate the same process.
- **5.9.1)** System issue fix with supplier due Monday 22nd September.
- **5.9.2)** Part of Better Together and Primary Care workstreams confidence in progress being made
- **5.9.3)** On track and progressing
- **5.9.4)** Agreed in scope how the model will work, needs to progress to implementation in terms of the best approach. Ideally complete by Q3 – timescale change to Q4
- **5.9.6)** Progressing well, group training delivered to aspiring nurses will extend to Health Care support worker training
- **5.9.7)** Progressing well as visible on site presence to identify further opportunities
- **5.9.8)** Discussions with OOH and GP

Commentary on red actions:

- **5.9.5)** Not progressed due to capacity (Sickness / absence) – timescale change to Q4

Achievements:

- MSK Referral Triage Live 24 September
- Orthopaedic Consultant Speciality Lead post sessions commenced September 2025
- WNO Award Nomination for OP Paul Ridd Bundle
- Appointment of Community Optometrist for Planned Care to commence to support referral management

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- Working Well programme – recognition at National 3P’s Conference.
- Theatre service successful bids for additional equipment

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
5.1) Delivery of prioritised strategic planned care improvements	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital CRITICAL ACTION Q1-Q3	ED PCC&MH/ ED PP&C	Green	Green			H	M	Medium
	5.1.2) Strategic assessment of provided and commissioned planned care Q4						M	Medium	
	5.1.5) Continued development of Planned Care Quality & Safety Framework Q1-Q4		Green	Green			H	High	
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding Q2-Q4			Green			M	Medium	
	5.1.7) Continued participation and response to National Planned Care Programme Q1-Q4		Green	Green			H	High	
5.2) Pathway Development Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework Q1-Q4		Green	Green			H	M	Medium
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation Q1-Q4		Green	Green			H	M	Medium
	5.3.2) Service development in line with Ophthalmology Optimisation Framework Q1-Q4		Green	Green				M	Medium

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	5.3.3) Scope opportunity for eyecare surgical hub in Powys Q1-Q4	Green	Green				M	Medium
5.4) Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys Q2		Green			L	L	Medium
	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards Q1-Q4	Amber	Amber				L	Low
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment Q3					H	H	High
	5.5.2) Plan for collaboration with Primary Care to enable whole system approach Q2		Amber				H	High
	5.5.3) Development of specialist workforce to deliver peri operative care Q4						M	High
5.6) Theatres: Development of key day case pathways Cross reference to MAG Report 2025 recommendations: - All Health Boards should adopt best practice in theatre management (GIRFT), local Theatre Optimisation Boards and increased productivity ie. cases per session (see MAG for specifics)	5.6.1) Development of theatre dashboard in line with national programme Q3					H	H	High
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26 Q4						M	Medium
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance Q2		Amber				M	Medium
	5.6.4) Digitalisation – costed proposal for theatre management system Q1	Amber	Amber				M	Low
	5.6.5) Review of day case procedures to identify opportunities for repatriation Q2		Amber				M	Low

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<ul style="list-style-type: none"> (further recommendation on accreditation of Surgical Hubs which WG propose they lead) 								
<p>5.7) Outpatients: Develop a single management system and oversight</p>	<p>5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development Q1-Q4</p>	Green	Green			H	M	Medium
<p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> All Health Boards should within three months develop a plan to reduce referrals to traditional outpatients in high volume specialities / unwarranted variation Models that offer alternatives should be rapidly identified and scaled Reduce variation in OP waiting times using best practice inc. GIRFT/ Further faster/ triage/ pathways 	<p>5.7.2) Develop business case and delivery model for clinical room booking system Q1-Q4</p>	Green	Green			M		Medium

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5.8) Diagnostics transformation	5.8.1) Strategic assessment and implementation of plan for diagnostics Q2			Amber			M	M	Low
5.9) Point of Care Testing (POCT) Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT Q1-Q2	ED	Amber	Amber			H	M	Medium
	5.9.2) Expand POCT in support of clinical pathway development and governance Q1-Q4	AHPHS&D	Amber	Green				H	High
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA) Q2-Q3			Green				H	High
	5.9.4) Establish model for working with Primary Care Q1-Q2		Amber	Amber				M	Medium
	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for all devices in use Q2			Red				M	Low
	5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use Q1-Q4		Green	Green				H	High
	5.9.7) Identify further opportunities for POCT within PTHB Q2-Q4			Green				H	High
	5.9.8) Identify opportunities in primary & community care Q2			Green				H	Medium

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

Change in Scope	N/A	Change in Timescale	✓
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Q1 change in scope

- **5.1.3) / 5.1.4)** could be removed as is duplicate/contained within 5.1.2. 20.08.25 - Approved at Executive Committee.

Q2 change in timescale

- **5.8.1)** Phase 1 (adult physical & mental health community services, including urgent care) in progress and anticipated completion Q3. Planned Care and Womens & Children to follow with alignment of diagnostics assessment.
- **5.9.4)** – Taking longer than planned due to Primary Care engagement and changes to working process – timescale change to Q4
- **5.9.5)** – Not delivered due to capacity (sickness/absence) request extension to Q4

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Executive Director Sign Off

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

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Early Help and Support

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **6.2.2)** The review of high growth activity for Learning Disability and Elderly Mentally Ill services for Q1–Q2 has been completed by two dedicated teams, each focusing on their respective areas. Both teams have confirmed that their reviews are satisfactory and on track, with no significant concerns identified. This activity has been tracked through the Complex Care and Continuing Healthcare (CCCHC) workstream, ensuring alignment with broader service planning and resource monitoring. Ongoing monitoring will continue into Q3 to support early identification of any emerging pressures or service needs.
- **6.3.1)** Progress for this quarter remains on track. The number of Continuing Healthcare (CHC) and Funded Nursing Care (FNC) applications approved at Panel continues to meet expected levels, demonstrating strong performance in both the timeliness and quality of scrutiny. Mental Health and Learning Disability processes continue to meet expectations, despite stretched resourcing. This reflects the commitment of teams to maintain standards and ensure equitable access to funding decisions.
- **6.3.2)** This deliverable remains on track, with continued progress in evidencing eligibility for care through the approval of Fast Track and Joint/Section 117 applications at Panel. A recent external review of Fast Track processes has been completed, providing additional assurance around the robustness of

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decision-making. While performance remains stable, it is important to note that resourcing pressures persist, particularly within the Mental Health Learning Disability teams.

- **6.3.3)** Progress remains on track, with reviews consistently undertaken within expected timeframes.
- **6.3.4)** Progress remains on track, with daily monitoring ensuring patient needs are consistently matched with available care settings in the community. This is supported by robust governance and well-established processes, which continue to provide assurance around delivery and responsiveness.
- **6.4.1)** Performance for this deliverable remains on track during Q2, this reflects strong operational oversight and commitment to maintaining review timeliness. There is high assurance that this level of performance will be sustained throughout Q3 and Q4, supported by established processes and continued monitoring.
- **6.5.1)** Progress remains on track for the completion of retrospective claims within the mandatory timescales, ensuring avoidance of interest on delayed payments. It is supported by a new process, designed to embed sustainable improvements and maintain compliance going forward.
- **6.6.3)** Has been fully implemented, addressing key findings related to systems and foundational processes. This marks a significant step in strengthening internal controls and governance. Building on this, a new and more comprehensive audit was launched during Q2, taking a deeper approach to evaluating operational effectiveness and strategic alignment. The outputs from this audit will be acknowledged and acted upon once received, ensuring continuous improvement and alignment with best practice.
- **6.6.4)** Progress remains at risk, as a national decision is still pending. A meeting is scheduled to provide further clarity, and the outcome will be critical in determining the next steps for full delivery against the seven national recommendations. Despite this delay, local progress continues, with a particular focus on the digital elements of the recommendations. These are actively being advanced with support from the Digital Transformation Team, demonstrating a proactive approach to maintaining momentum and delivering value where possible.

Commentary on red rated actions:

- **6.1.1) and 6.1.2)** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.

Achievements:

- Review of private providers, specifically for adult mental health needs has been completed
- NHS Executive work with Hywel Dda UHB to benchmark and gain understanding of trends within PTHB has also been completed

Progress against key actions and milestones

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Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment		
			Q1	Q2	Q3	Q4	0	Q1	Q2
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	6.1.1) Expertise commissioned and appraisal completed Q1-Q2	ED PCC&MH	Amber	Red			M	M	Medium
	6.1.2) Outputs of appraisal used to inform further improvement plan Q2			Red				M	Medium
6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.1) Review of private providers, specifically for adult mental health needs Q1		Green	Blue			M	M	Medium
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI) Q1-Q2		Green	Green				M	Medium
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience Q3-Q4							H	High
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel Q1-Q4		Green	Green			H	H	High
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel Q1-Q4		Green	Green				H	High
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time Q1-Q4		Green	Green				H	High
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community Q1-Q4	Green	Green				H	High	
	6.4.1) Maintaining over 85% of reviews within time Q1-Q4	Green	Green			H	H	High	

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6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5 Q3-Q4							H	High
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments Q1-Q4	Amber	Amber					H	High
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB Q1	Green	Blue					H	High
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics Q1	Blue	Blue					H	High
	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses Q1-Q2	Green	Green					H	High
	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations Q1-Q4	Amber	Amber					H	High

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

Change in Scope	N/A	Change in Timescale	✓
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Q2 Change in Timescale

- **6.1.1) and 6.1.2)** Behind schedule, primarily due to the external expertise only being commissioned and assigned at the end of Q2. This late assignment has delayed the commencement of key deliverables and without the appraisal, outputs are not available. To address this, it is recommended that the delivery timeframe be revised to Q3/Q4, allowing adequate time for onboarding, planning, and completion of the required audit work.
- **6.6.3)** Change to Q3 - Once outputs are received, further improvements to the plan will be developed.

Executive Director Sign Off	Elaine Lorton (Executive Director Primary Care, Community & Mental Health)
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Tackling The Big Four

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **7.1.1)** This work is ongoing and is being overseen through the Diabetes and Integrated Plan 2025–26 workstream, where all relevant deliverables are systematically tracked and progressed in line with agreed priorities. Agreed actions are underway to progress towards implementing improvements to the pathways for diabetes.

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- **7.1.2)** Review the outcomes in Powys of existing Diabetes care and pathways Q1 – COMPLETED (service mapping of existing pathways completed)
- **7.1.3)** An Executive Paper was approved prior to the establishment of the workstream. A review has since been undertaken to scope the potential for delivering elements of the hybrid closed loop pathway closer to home in Q1 and Q2. A Project Manager is now supporting the development and strengthening of the business case, which will be submitted for review and approval at the next Diabetes and Integrated Plan Workstream meeting providing options for hybrid closed loop pathways.
- **7.1.4)** Progress continues on the “Further Faster” review of in-reach general medical endocrinology services. Consultant engagement regarding clinic capacity and commissioning support is underway but currently behind schedule. The Pan Powys Diabetes Referral Pathway is under review to support improved access and reduce unnecessary referrals.
- **7.1.5)** This work is being progressed within the Diabetes and Integrated Plan Workstream, with regular reporting in place. Work and discussion are actively underway to enhance delivery of the 8 care process outcomes within clusters by Q3.
- **7.3)** All new respiratory consultant referrals are being directed to the Hywel Dda consultant to reduce waiting times for new assessments. Referral management pathway is currently being worked on. Meetings are also being held monthly to screen referrals.
- **7.4.1)** Progress this quarter following a review, highlights strategic risks in the delivery of in-reach cardiology consultant services at both Machynlleth and Brecon Hospitals. Machynlleth has seen minimal activity, with no new referrals and only 10 patients reviewed this financial year, due to the lack of direct referral pathways from Primary Care. Brecon’s service, commissioned via ABUHB, is underperforming significantly, with only 29 of 104 sessions delivered to date and waiting times reaching 38 weeks, well beyond KPI thresholds.
- **7.2.1)** Delivery against the plan is ongoing with annual review due in Q4.
- **7.2.2)** Continue to monitor pathway performance and service provider actions to address areas for improvement via regular CQPRM meetings and link to ongoing work around Improving the Cancer Journey Programme.
- **7.2.3)** Collaboration with the National Cancer Team and NHS Wales Performance and Improvement supports initiatives to improve earlier diagnosis and reduce waiting times.
- **7.2.4)** The Improving the Cancer Journey Programme Phase 2 is working to meet the needs of people living with and affected by cancer in Powys, and extend the wraparound support available to include prehabilitation to rehabilitation. Following successful recruitment for the Communication and Engagement role, the team is currently up to full complement.
- **7.2.5)** Improving the Cancer Journey Programme coordinates the PTHB Cancer Improvement Plan annual review. The next annual review is due in Q4 2025-26.
- **7.5.2)** Actively contributing to regional stroke service discussions through the Mid Wales Stroke Steering Group (with Hywel Dda and BCU), Stroke Services meetings (CTM and AB), and ongoing commissioning discussions with English providers. While engagement is strong, future pathways and service models remain under review, with limited definitive decisions to date. Maintaining clinical engagement with the National Stroke Programme and completed a review and re-establishment of the PTHB Stroke Steering Group. This will ensure a clear clinically led vision for PTHB stroke services and regular oversight and visibility of performance against national programme objectives.

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Commentary on red rated actions: N/A

Achievements:

- Dedicated workstream for Diabetes established.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O= Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities – Diabetes Q1-Q4	ED PCC&MH	Amber	Amber				H	High
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways Q1		Amber	Blue			M	M	High
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home Q1-Q2		Amber	Green			H	M	High
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway) Q2			Amber			H	H	High
	7.1.5) Develop cluster model to enhance the 8 care process outcomes Q2-Q3			Amber			M	M	Medium
	7.1.6) Implement changes to the hybrid closed loop pathway Q3-Q4						H	M	Medium
	7.1.7) Implement enhanced primary & community Diabetes pathway Q4						M	M	Medium

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<p>7.2) Cancer</p> <p>Cross reference to MAG Report 2025 recommendations: No health board specific however note the recommendation for NHS Wales to identify single highest impact pathway change for five tumour types and incentives; and associated data development (see MAG for detail)</p>	7.2.1) Delivery against Cancer Improvement plan Q1-Q4	EMD	Green	Green			H	H	High
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved Q1-Q4		Green	Green				H	High
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times Q1-Q4		Green	Green				H	High
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2 Q1-Q4		Green	Green				H	High
	7.2.5) Annual review of the PTHB Cancer Improvement Plan Q1-Q4		Green	Green				H	High
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision Q2	ED AHPHS&D		Green			H	H	High
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants Q2	ED PCC&MH		Blue			M	M	High
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards Q3							M	Medium
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management Q4							M	Medium
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) Q1-Q4	ED PP&C	Green	Green			M	H	High
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary		Amber	Amber				L	Low

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		changes in place at Cwm Taf Morgannwg University Health Board) Q1-Q4 (speak to Claire M)								
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	✓	Change in Timescale	N/A							
<u>Q1 change in scope</u>										
<p>This request is to remove the following Key Deliverables from the Integrated Plan:</p> <ul style="list-style-type: none"> • 7.3.2) and 7.3.3) Following a review of the evidence base, NICE guidance indicates that a telehealth solution should not be used for routine monitoring of COPD patients. The proposed remote monitoring system to be piloted is not appropriate for the current PTHB community respiratory patient cohort (non-acute chronic respiratory conditions) and a current, approved self-management/education app exists and is currently utilised in the form of COPD Hub. Therefore, it would appear not cost effective or possibly ethical for the PTHB Community Respiratory Team to pursue using or trialling the proposed remote monitoring, or any other telehealth platform to monitor stable COPD patients. Given the lack of clinical evidence base for this work, these key deliverables will not be taken forward. 20.08.25 - Approved at Executive Committee. 										
<u>Q2 change in scope</u>										
<ul style="list-style-type: none"> • 7.2.3) Request for the wording to be changed from 'Cancer Network' to 'National Cancer Team'. Request to change due to it being renamed. 										
Executive Director Sign Off	Elaine Lorton (Executive Director Primary Care, Community & Mental Health) Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital) Kate Wright (Executive Medical Director)									

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Tackling The Big Four

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Service and Pathway improvements:

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

Commentary on Progress in this Quarter:

- **8.1.2)** This workstream is in scope of accelerated Better Together Community Model work and is being aligned with developing options for public consultation. Phase 1: Triage is now established onsite at Bronllys Hospital. Initial analysis and planning underway for phase 2: Assessment, involving a multi-disciplinary team for joint assessment with potential pilot within Q3. Initial conversations taking place with Social Care regarding level of integration at front door for Mental Health and Social care, and are continuing in wider joint PCC, PTHB and PAVO priority alignment meetings. Two key staff have left the service during August (inc. 1x maternity leave). Service manager role has been recruited and is in place, additional vacancies within the team have been recruited with training in progress. (This project is currently undergoing routine internal audit).
- **8.1.4)** Work has taken place throughout Q1/Q2 to define demand & capacity modelling assumptions for mental health services, in line with Better Together options development. Assumptions for mental health services were supplied to external modelling supplier, (Adcuris), 15th August 2025. A provisional report has been received 8th September 2025, with full report expected from external supplier end of October (due to prioritisation of other modelling work and availability of external supplier. This deliverable has been rag rated as amber for Q2 delivery given it has been progressed and the slight delay is not impacting on other aspects of the plan.

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- **8.1.8)** 'Alternative to admission, e.g. Sanctuary', has been included within mental health community model options for Better Together transformation. This is likely to impact upon current Q3 delivery deadline.
- **8.1.11)** Work continues with Digital team to define best use of current electronic systems for the proposed Dementia Home Treatment Team (DHTT) operational process, to support data collection and retrieval for reporting purposes, (pending introduction of future 'WCCIS replacement' system). Mental health inpatient wards have moved from a paper-based to electronic information system, with WCCIS implemented across inpatient wards. Also, as part of phase 2 Mental Health Single Point of Access (SPOA) work, patient assessment will be offered virtually where appropriate, potentially utilising 'Attend Anywhere' software.
- **8.1.13)** Bed and ward configuration for mental health inpatient facilities has been proposed for each mental health option for Better Together transformation, as part of workforce and financial analysis of short-listed options. Proposed configurations align with appropriate guidelines and standards, also promoting joined up working with physical health, wherever possible.
- **8.2.1)** Available data for all age self-harm in Powys has been reviewed. Engagement is ongoing with national self-harm quality statement task and finish process. Literature to raise awareness for suicide prevention and postvention is now available in key community spaces where deaths have occurred in last 12 months and in 75% of GP practices. Powys Postvention service now provided in partnership with DPJ, Ponthafren and Mind (mid), also Postvention awareness training has been provided to PTHB MH and LD staff. Powys Walks for Hope, for those bereaved or affected by suicide, running for over 12 months in various locations around Powys. Local data base maintained (including mapping of Powys suicides 2023 onwards) providing themes for targeted prevention work. Also local data is compared with Real Time Suspected Suicide Surveillance (RTSSS) data and ONS data to inform local suicide prevention.

Commentary on red rated actions:

- **8.1.1)** Some elements of the strategic assessment have been overtaken by other work to support the development of the future community model of care. A further discussion is required during Q3 to re-assess what elements of this are still required during Q3/4.
- **8.1.15)** A common operational policy including standard operating procedure (SOP) has been developed for the Dementia Home Treatment Team, which currently comprise a North and South team. Staff model and working pattern will be reviewed in line with short list option development for Better Together community model. The implementation of the common process is now being planned for Q3 (change request below), due to reduced capacity to deliver within Q2, in addition to accelerated Better Together deliverables. Outcome measures are under review by task and finish group, for inclusion within BI reporting solution. Implementation will facilitate improved data capture of team activity volumes and patterns, which will support future workforce planning and working pattern.

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original		
			Q1	Q2	Q3	Q4	O	Q1	Q2
8.1) Mental Health Transformation Programme CRITICAL ACTION	Community Model Re-Design for Mental Health Services	ED PCC&MH					H	H	Medium
	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities Q1		Amber	Red					
	8.1.2) Continue transformation of front door building on Single Point of Access (SPOA) aligned to 111(2) Q1-Q4		Green	Green			H	H	High
	8.1.3) Implement electronic GP referral to SPOA Q4						M	M	Medium
	8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2		Green	Amber			L	M	Medium
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model Q3-Q4						M	M	Medium
	8.1.6) Design community model to deliver core offer, aligned to wider community model Q3-Q4						M	M	Medium
	8.1.7) Develop phased implementation plan Q4						M	M	Medium
	8.1.8) Rescope Sanctuary model in above context, in North Powys Q2-Q3			Amber			L	M	Medium
	8.1.9) Align teams to address co-morbidities and complex needs across health and care Q3						L	L	Low
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys Q3-Q4						L	L	Low
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting Q1-Q4		Green	Green			M	M	Medium
Acute Inpatient Model of Care	Amber	Blue			H	H	High		

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	8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025 Q1								
	8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change) Q1-Q4		Green	Green			H	H	High
	Older Adult Mental Health Services 8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above) Q1		Amber	Amber			L	M	Medium
	8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) Q1-Q2		Amber	Red			H	H	High
8.2) Suicide and Self Harm Prevention & Postvention	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: <ul style="list-style-type: none"> ○ Developing the pathways for people who self-harm ○ Further aligning crisis support with the Single Point of Access ○ Promoting the provision of specialist postvention support ○ Ongoing suicide surveillance and rapid response to suspected suicides <p>Work with partners to implement strategy, building resilience of communities and responding to learning Q1-Q4</p>		Green	Green			H	H	High

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

Change in Scope	N/A	Change in Timescale	✓	
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Q1 Change in Scope
8.1.3) Implement electronic GP referral to SPOA Q2: Due to staff capacity available for Q1 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model), this deliverable has been identified as a piece of work that could be deferred to Q4. Whilst a large

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scope of work has been accelerated, it is proving difficult to identify further deliverables, that do not have interdependency with the accelerated work, that could be deferred to later in the programme, which would allow rationalisation of staff capacity. 20.08.25 – Approved at Executive Committee.

Q2 change in timescale

- **8.1.1)** Change in scope, requested wording to “Confirm the baseline activity workforce, performance and finance metrics for services in scope of Phase 1 to measure the impact of service improvement and transformation”. Timescale request change to Q4
- **8.1.8)** ‘Alternative to admission, e.g. Sanctuary’, work has been included within mental health community model options for Better Together Accelerated Community Model (& Inpatient Model) programme. This impacts upon current Q3 delivery deadline as work needs to align with wider programme, hence request for later delivery to allow this to take place. Change request for delivery in Q4 2025/26.
- **8.1.14)** This deliverable is amber for Q1 delivery, however this work has been incorporated into ‘8.1.4) Undertake demand and capacity modelling (health and care) Q1-Q2’, and recent workforce analysis and planning (including financial costing) for Better Together mental health short list options, therefore it is proposed that this deliverable is now redundant. Change request that this deliverable has been superseded and is no longer relevant.
- **8.1.15)** Due to staff capacity available for Q2 deliverables being diverted to the Accelerated scope for Better Together Accelerated Community Model (& Inpatient Model) programme, this Q2 deliverable requires re- planning for delivery within Q3. Work has continued in this area throughout Q2, however staff capacity has not been available to achieve completion. Change request for delivery in Q3 2025/26.

Executive Director Sign Off

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

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Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

Commentary on Progress in this Quarter:

- **9.1.2)** On 31st July 2025, the PTHB Board considered detailed evidence on the impact of the temporary changes to urgent care and inpatient services across Powys which included feedback from patients, staff, and partners, as well as data on safety, clinical outcomes, and patient experience. The PTHB Board approved the recommendation to maintain the current service model on a further temporary basis which includes the Ready to Go Home Units and Rehabilitation Units. Rostering improvements are being made through operational arrangements.

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- 9.2.2)** Stage 2 Engagement on Better Together ran from 9th June to 27th July 2025, with Better Together Staff Roadshows visiting each PTHB site in late June and early July as part of this. Following the workshops held to gather ideas from clinical and operational staff across PTHB in May 2025, a ‘Lock-In Week’ was held in July with key stakeholders to finalise the system-level models of care and to develop a long list of options. These options were tested against ‘hurdle criteria’ to determine the emerging options to be tested further with stakeholders. The second Deliberative Event was held on 13th August 2025 with approx. 70 stakeholders attending, including people who use services, PTHB clinical and operational staff, primary care colleagues and wider health and social care system partners. The system-level models of care were tested at the Deliberative Event, along with a SWOT analysis of the emerging options, and further feedback on the proposed evaluation criteria that the options would be assessed against. A dedicated Primary Care Workshop was held on 4th September 2025 and a Clinical Check & Challenge Event was held virtually on 5th September with approx. 30 PTHB professionals attending – both of these sessions gathered feedback from attendees on whether the emerging options had met the hurdle criteria. An Options Appraisal Session was held on 11th September with stakeholders from across the health and social care system to assess the emerging options against the evaluation criteria, ahead of PTHB Executive Committee and PTHB Board considering the options. Wider PTHB colleagues have continued to be kept up to date about Better Together through virtual Staff Briefing sessions held on 10th July 2025 and 18th September, and regular intranet articles.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original		
			Q1	Q2	Q3	Q4	0	Q1	Q2
9.1) Optimising inpatient care and bed utilisation CRITICAL ACTION	Colocation by clinical need 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) Q1	ED PCC&MH	Green	Blue			H	H	High

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		9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) Q2-Q4							H	High	
9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme		9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme Q1		Green	Blue				H	H	High
		9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource Q2			Blue					H	High
		9.2.3) Commence formal consultation on the options (if required) Q3								H	High
		9.2.4) Confirm the new model Q4								H	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off	Elaine Lorton (Executive Director of Primary Care, Community and Mental Health)										

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Joined Up Care

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

Intended Outcome/ Impact

Population and system outcomes (longer term impacts):

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

Specific improvements in services and pathways including:

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

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

Commentary on Progress in this Quarter:

- **10.1.2)** Scoping activity has been completed, with progress made across workforce, estates, and digital requirements. Job descriptions have been finalised and submitted for Job Evaluation, with outcomes expected following the rescheduled panel meeting on 19th September 2025. Estates Panel discussions have taken place and indicated broad agreement with the accommodation request, subject to clarification on space requirements and engagement with Digital Infrastructure due to the multi-agency nature of the proposal. A new digital project has also been initiated to ensure the

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infrastructure needed for implementation is secured. While resources are not yet fully in place, key steps have been taken to progress towards sustainable delivery. *Proposed amendment to timescale from Q2 to Q2-Q3 – see below.

- **10.2.1)** Total numbers of Pathways of Care Delays have reduced. Number of POCs within August represent a 4% reduction when compared to the Mar '25 baseline (51 [Aug '25]: 53 [Mar '25]) with recent 3-month data (Jun '25 – Aug '25) demonstrating a 23% reduction when compared with the same period in the previous year (157 [2025]: 203 [2024]).
- **10.2.2)** The number of super-stranded patients remains low. Number of super-stranded patients within August represent a 25% increase when compared with the Mar '25 baseline (5 [Aug '25]: 4 [Mar '25]). However, a 50% reduction was observed in both Jun'25 and Jul'25 (2 [Jun '25, Jul '25]: 4 [Mar '25]). It should be noted that the low incidence rate of super-stranded patients has a disproportionate impact to target performance when viewed as a percentage.
- **10.2.3)** Action Plan remains in place and up to date. A new escalation action plan and monthly escalation meeting have been established with the Powys County Council Hospital Social Worker Team Lead. Performance has improved, with the average time to Social Worker allocation reducing from 21 days [Jun '25] to 17.8 days [Aug '25].
- **10.2.4)** Total numbers of Days Delayed as a result of Pathways of Care Delays have reduced. Number of days delayed within August represent an 8% reduction when compared to the Mar '25 baseline (2078 [Aug '25]: 2265 [Mar '25]) and a 26% reduction when compared with the same period in the previous year (2078 [Aug '25]: 2812 [Aug '24]).
- **10.3.2)** On 31st July 2025, the PTHB Board considered detailed evidence on the impact of the temporary changes to urgent care and inpatient services across Powys which included feedback from patients, staff, and partners, as well as data on safety, clinical outcomes, and patient experience. The PTHB Board approved the recommendation to maintain the current service model on a further temporary basis which includes the Minor Injury Units.
- **10.4.1)** The review of Minor Injury service specification criteria has been completed, with updates now being implemented to support a broader scope of practice, enabling enhanced workforce utilisation and increasing the proportion of patients managed within PTHB Minor Injury Units. Demand and capacity data collection pilots, alongside analysis of current practices, have provided key insights into service improvement areas that are now being actioned. A training needs analysis with Emergency Nurse Practitioners across all MIUs has also been completed, with identified gaps being addressed and ongoing work delegated to unit leads to ensure continued development.
- **10.6.2)** A Trusted Assessor Audit was undertaken in July 2025, with recommendations received to improve documentation and agreements between the Health Board and Local Authority. An updated Memorandum of Understanding and Process Map has been shared with the Local Authority for comment and agreement. Bi-weekly meetings with Cottage View, the Health Board, and Local Authority continue to monitor progress, review outcomes, and identify opportunities to streamline the patient journey from DGH to home. Formal review and pilot evaluation are scheduled to commence in January 2026. *Proposed amendment to timescale from Q2 to Q4 – see below.
- **10.7.2)** Rollout of Powys DigiFLO to Mental Health Wards is progressing, though not yet complete. Additional PowerApps licences have been procured to support access for Mental Health staff. Information Roadshow sessions are scheduled with each ward from the week commencing 22nd September to the week commencing 29th September, with full rollout anticipated to progress in early Q3.

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Commentary on red rated actions:

- 10.5.1 & 10.5.2)** Progress on R2G and D2RA dashboards has resumed following resolution of technical issues that had inhibited live data scripting in Q1. A data architecture restructure, completed in August, has addressed these barriers, allowing the initially planned dashboard work to recommence. Initial dashboards have now been produced and require further development; as data outputs are not yet available for review, this area has been marked as red. Work continues to align with national reporting expectations and support ongoing monitoring and review of local performance.

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O= Original		
			Q1	Q2	Q3	Q4	O	Q1	Q2
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow CRITICAL ACTION	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan Q1	ED PCC&MH	Blue	Blue			H	H	High
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2			Amber				M	Medium
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities Q3							M	Medium
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability Q4							M	Medium
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4		Green	Green			H	H	High

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<p>and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.</p> <p>Cross reference to MAG Report 2025 recommendations:</p> <ul style="list-style-type: none"> - Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care (6 months) - Delays by pathways to be published in 3 months • Also note recommendation for WG to carry out Rapid study of longest delays to target investment, with Health Board input • Also note ambulance handovers included (see MAG for detail) 	<p>10.2.2) Reduce the number of super-stranded patients through escalation and tracking Q1-Q4</p>	Green	Green				H	High
	<p>10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report Q1-Q4</p>	Amber	Green				M	Medium
	<p>10.2.4) Reduce the total number of days delayed due to Pathways of Care delays Q1-Q4</p>	Green	Green				H	High
	<p>10.3.1) Evaluate temporary service changes for Minor Injury Units Q1</p>	Blue	Blue			H	H	High

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10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units Q2		Blue				H	High
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services Q2		Blue			H	H	High
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes Q3						H	High
	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design Q3						H	High
	10.4.4) Advance pathway development - define vision for the future service Q4						H	High
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green	10.5.1) Develop R2G and D2RA Information and Performance dashboards Q1	Red	Red			H	M	Medium
	10.5.2) Monitor and review data outputs and identify barriers Q2		Red				M	Medium
	10.5.3) Scope and assess means to address identified barriers Q3						M	Medium
	10.5.4) Develop targeted action plan to address identified barriers Q4						M	Medium
10.6) Further strengthening the approach to Trusted Assessment	10.6.1) Pilot of Trusted Assessment approach Q1	Blue	Blue			L	H	High
	10.6.2) Review outcomes of the pilot Q2		Amber				H	High

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Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> Audit of Trusted Assessors May & Sept (WG lead, Health Boards to provide justification and timescales) 	10.6.3) Scoping of next steps Q3							H	High	
	10.6.4) Implementation of Trusted Assessment Q4							H	Medium	
10.7) Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.7.1) Scope the expansion of Powys DigiFLO onto Mental Health Wards Q1	Blue	Blue					H	H	High
	10.7.2) Rollout of Powys DigiFLO to Mental Health Wards Q2		Amber						H	High
	10.7.3) Embed Powys DigiFLO into standard practice for Mental Health Q3								H	High
	10.7.4) Refine based on lessons learned from Mental Health implementation Q4								H	High
	10.7.5) Embed all DigiFLO processes into business as usual Q4								M	High

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

Change in Scope	N/A	Change in Timescale	<input checked="" type="checkbox"/>
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Q2 - Change in Timescale

- 10.1.2)** Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation Q2 – (Timescale change to Q2-Q3).
- 10.6.2)** Suggest change to Q4 - This is to align with the revised pilot timeline, which has been extended to allow a longer running period, providing more robust data to inform the outcome review.

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**Executive Director Sign
Off**

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

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Joined Up Care

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

Intended Outcome/ Impact

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

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

Commentary on Progress in this Quarter:

- **11.1.1)** The Strategic Commissioning Framework was developed and presented to Board 24th September 2025.
- **11.6.1)** Review framework developed. Draft approved by Executive Committee 3rd September 2025. Excel templates developed, letter for Third Sector drafted.

Commentary on red rated actions:

- **11.3)** Behind target. Meeting of JCC Pathways and Referral Management Project Board held 5th August. Board established to identify and implement possible savings, value based initiatives, streamline care pathways, improve patient care and outcomes. Four phases identified to December 2026.

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- **11.6.2 & 11.6.3)** Paper developed by Assistant Director Partnership Development and approved by Executive Committee in September 2025. Internal coordination group and Executive Group established. Phase 1 review to be presented to Executive Committee December 2025.
- **11.6.4)** The Joint Commissioning Committee are taking forward this work in relation to the national Commissioning Framework for hospices and Mental Health.

Achievements:

- The Strategic Commissioning Framework was developed and presented to Board 24th September 2025.

Progress against key actions and milestones

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

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Commissioning Approach; including gynaecology and General Medicine	11.2.5) Develop proposed service specifications Q4							M	Select
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications Q4							M	Select
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) Q4							M	Select
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway Q4							M	Select
	11.2.9) Develop pathway implementation plans Q4							M	Select
	11.2.10) Develop performance monitoring and assurance framework Q4							M	Select
11.3) Specialised services Work with JCC as a preferred partner to analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement Q1	Blue	Blue				L	H	High
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) – Q1-Q4	Amber	Red					L	Low
	11.3.3) Develop implementation plan for identified options – Q1-Q4	Amber	Red					L	Low
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements Q4	Red					M	M	Low
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms Q1	Blue	Blue				H	H	High
11.6) Agree first phase outcomes of Third Sector	11.6.1) Establish review group, clinical and managerial leadership Q2		Blue				H	M	High

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Review, focussing on admission avoidance, timely discharge and end of life care	11.6.2) Updated service specifications and agreement of SLAS with providers Q2-Q3			Red				M	Low
	11.6.3) Develop KPI's and agree new reporting metrics Q2			Red				M	Low
	11.6.4) Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and other third sector services in support of future commissioning approach Q4							M	Low
	11.6.5) Review opportunities for reallocation of funding streams Q2-Q3			Green				M	Medium

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

Change in Scope	√	Change in Timescale	N/A
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Q1 change in timescale

11.2.1) Due to requirement to focus resources on NHS England Commissioning and implementing referral management and the Strategic Commissioning Framework, agreed via the Better Together Portfolio Board to reprofile to Q4. 20.08.25 - Approved at Executive Committee.
11.4) Timescale has been updated to align with 5.1, target of Q4.1. 20.08.25 - Approved at Executive Committee.

Q2 Change in Scope

11.6) Change to wording of to Key Area of delivery to - Review the Third Sector services commissioned by Powys Teaching Health Board, providing an appraisal of the key dimensions of the existing services and the opportunities for improvement to inform future planning and commissioning.

11.6.2, 11.6.3 and 11.6.5) – To be removed from Plan as these are considerations that need to follow the completion of the review.

11.6.4) - To be removed from Plan as this is a matter for the JCC and NWSSP.

Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning)
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Workforce Futures

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

Intended Outcome/ Impact

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

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

Commentary on Progress in this Quarter:

- **12.1.1)** Transformation programme managers and the Workforce future team have undergone accredited change management training. Business process re-engineering training available through Neath Port Talbot College group or University of South Wales. 1:1 coaching offer available. Bespoke facilitation for Mental Health joint senior leadership teams. Workforce Futures team aligned to the Better Together programme and active members of the Tactical OD, Engagement and Communications weekly group. Working with HEIW on scalability of current clinical leadership immersive programme (CLIP).
- **12.2.1)** 4 Adult Registered Nurses Internationally Educated Nurses arrived into Powys in June 2025 and completed Objective Structured Clinical Examination training upon arrival. All passed their OSCE exam at the first attempt and are now working in Welshpool Hospital awaiting their NMC PINs (2 have received PINs). 4 other recruited adult Registered Nurses Internationally Educated Nurses are awaiting travel confirmation for approx. October 2025. Further recruitment of another 4 RMN IENs is being prepared, with the intention of being complete within the financial year. First of two internationally recruited medics arrived into Powys in August and has commenced work on Felindre ward. The second medic has recently completed their compliance checks, and we are planning their arrival into the country, alongside the service lead.

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- **12.4.1)** Mass Healthcare Support Workers recruitment has been taking place across all wards with a total of 23 WTE advertised, 18.6 WTE offered roles, and of those, 14.6 WTE have completed onboarding and either started or about to start employment. Of the 14.6 WTE, 7 WTE are on a Fixed Term basis working on Mental Health wards.
- **12.4.2)** Implementation complete of imposed restrictions on agency usage, with exceptions subject to a comprehensive mitigation process, and executive director approval for each shift that requires agency staff.
- **12.5.1)** Weekly vacancy scrutiny process continues, with every role added to Trac submitted via email to respective Executive Director for scrutiny, which is then only authorised upon receipt of written confirmation of approval from Executive Director.
- **12.6.1)** Through Variable Pay Group, and newly established Agency Operationalisation Group meetings, agency usage is monitored tightly, and adhering to existing vacancy controls, vacancies of roles attracting agency spend are advertised with urgency.
- **12.7.1)** Nurse Associates Update: During Quarter 2, progress has continued at a national level through participation in working groups focusing on job descriptions and uniform for the RNA role. Agreement has been reached on the national uniform, while the job description remains under development. Locally, initial discussions have been held regarding the establishment of a dedicated working group; however, before finalising this, time has been scheduled with the national project lead to clarify timelines and next steps. This will ensure that our local implementation plans are aligned with the broader national programme and emerging policy direction. Following the agreement of national job descriptions, planning is now underway to implement the local assessment and validation process for Band 2 Healthcare Support Workers in line with the national validation tool. Preparatory work has commenced to schedule and coordinate assessments locally, with the aim of completing these during Quarter 3. Implementation planning for Band 3 roles will follow to ensure alignment with the nationally agreed job descriptions.
- **12.9.1)** We remain firmly committed to the Aspiring Nurse Programme in Powys, which continues to transform the way we build a sustainable nursing workforce for the county. With the support of HEIW, we are not only securing a future pipeline of registered nurses but also creating meaningful opportunities for people in rural Mid Wales to pursue nursing careers close to home. This approach is helping us to address long-term workforce challenges in a way that is locally focused and sustainable. Alongside this, our international recruitment programme has been highly successful in strengthening the resilience of our workforce. By welcoming 37 skilled nurses from overseas to date, we have been able to stabilise ward areas that were experiencing particularly high vacancy levels, ensuring that we can continue to deliver safe and effective care. Looking ahead, our first cohorts from the Aspiring Nurse Programme will qualify in 2026, marking the beginning of a consistent pipeline of registered nurses progressing into Band 5 roles within Powys. This milestone represents a significant step forward in securing the future of our nursing workforce and reducing our reliance on short-term solutions. A formal evaluation report is in development and will be shared with the Executive Committee when completed.
- **12.9.2) – 13)** Successful Aspiring Nurse candidates identified and onboarded, and induction commenced. Due to start on their respective allocated wards as HCSWs, within establishment, w/c 29th September 2025.

Commentary on red rated actions:

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- **12.12.1)** No of Registered nurses trained in restorative supervision: There are a number of national challenges that are being discussed by Exec Directors of Nursing – Currently no train the trainer programmes offered, limited options of training which are Cardiff centric, no backfill for attending training or delivery.

Achievements:

- ACEES: Delivered to 11 out of 13 Powys schools plus outreach to NPTC colleges and a Welsh Medium School over the border – reaching 5,507 students

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment		
			Q1	Q2	Q3	Q4	0	Q1	Q2
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION Cross reference to MAG Report 2025 recommendations: <ul style="list-style-type: none"> • Health Boards to report workforce headcount, FTE staffing and productivity data to public Board meeting (see MAG report and WG response for further detail/ timescale) • also note recommendation for HEIW in relation to Leadership programmes 	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4	ED P&C	Green	Green			M	H	High

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12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4		Green	Green			M	H	High
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4						H	H	High
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2			Amber			H	H	High
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2			Amber			M	H	Medium
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4		Green	Green			H	H	High
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4		Amber	Amber			H	M	High
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised Q1-Q4		Green	Amber			H	H	High
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4		Green	Green			H	H	High
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4			Amber			H	H	High
	12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3		Green	Blue				H	High

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12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4							M	H	High
	12.10.2) Evaluate impact of programme 2024/25 Q1								H	High
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4							H	H	High
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4							H	M	Low
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	N/A	Change in Timescale	N/A							
Executive Director Sign Off										
Debra Wood Lawson (Executive Director of People and Culture)										

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Workforce Futures

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

Intended Outcome/ Impact

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

Commentary on Progress in this Quarter:

- **13.1.1)** A small pilot of the stay conversations template has taken place across five separate teams and evaluation is underway. The evaluation will be shared once complete and resources made available for staff to access via our Retention Sharepoint pages.
- **13.3.1) & 13.3)** 2024 findings have been communicated via Sharepoint, Facebook, Posters, team meetings, development days, individually to key stakeholders, at Staff Briefing and in ongoing training sessions.
- **13.4.1)** Promotion of 2025 survey has started with it opening on the 6th of October
- **13.5.1)** CLIP Programmes have been reduced to bi-monthly due to numbers of applicants and the need to reduce pressure on the organisation in terms of releasing staff from rotas. 78 participants have completed the training so far with 19 participants in Q2. Main CLIP lead has left the organisation for permanent role (Leadership Facilitator roles are fixed term, externally funded).
- **13.6.1)** Two Tier 1 days have been delivered with a total of 17 Participants as pilot programmes.
- **13.7.1)** Programme delivery not yet started but plans in place for Q3 for BCUHB and Primary Care. BCHB facilitators joining October/November course and then a Train the Trainer in February.
- **13.8.1)** 1 Manager's programme has been started in Q2 with 10 participants. Programmes run at a rate of 1 per quarter.
- **13.9.1)** 1st cohort of Reverse Mentoring has been evaluated. Average rating of understanding of Staff Wellbeing rose from 7.75/10 to 8.75/10 during the process. 2nd cohort is provisionally planned but awaiting go ahead / possible service area focus.

Commentary on red rated actions:

- **13.2.2)** No concerns have been raised by users through VIVUP so evaluation not possible. Timescale change request to Q3. First Quarterly Steering Group had limited attendance, second group due to meet in October.

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Achievements:

- Retention: A refreshed approach to exit questionnaires, is now delivered via MS Forms to capture more detailed, non-anonymous feedback. We have also developed a 'Stay conversation' template which has been well received during the initial pilot.

Progress against key actions and milestones

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

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13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding Q1&Q2		Green	Amber			M	M	Medium
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants Q1-Q2		Amber	Green			H	M	Medium
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2 nd round Q1-Q2		Green	Amber			M	M	Medium
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture Q4						M	M	Low

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

Change in Scope	N/A	Change in Timescale	✓
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Q2 Change in timescale

- **13.2.2)** Timescale of evaluation changed to Q3 as no concerns have been raised by users through VIVUP so evaluation not possible.

Executive Director Sign Off Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

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

Intended Outcome/ Impact

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

Commentary on Progress in this Quarter:

- **14.1.1)** All dates organised, with the first two in Qtr. 2. Ystradgynlais 16th and Newtown September 29th.
- **14.1.2)** VivUp offer is promoted in Corporate Induction and will be at the Wellbeing Roadshow
- **14.1.3)** Workshops dedicated to carers planned for October and promoted at corporate induction and wellbeing roadshows
- **14.2.1)** 4 Intro to Compassionate Leadership delivered monthly online with 45 participants.
- **14.3.2)** Action plan created, actions are in progress and on track – including: wellbeing practitioners (MAC Programme) With funding agreed by the PTHB Charity to continue this offer for 2-years, mapping of welfare facilities, leavers questionnaire, wellbeing conversation guide
- **14.7)** Occupational Health Employee Assistance Programme – Awarded to VIVUP as part of All Wales Framework- This will provide continuity of previous offer; enabling staff to gain access to, GP consultations, Your Care App, Counselling 24/7; Salary sacrifice offers and a wide range of self help wellbeing tools. Currently 212 employees are using the Vivup YourCare app with 369 visits to the Vivup self-help pages in the last 3 months. With Mental health and wellbeing, being the top resource used.

Commentary on red rated actions: N/A

Achievements:

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables		Status	Year End Delivery Confidence Assessment
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		Lead Executive					O=Original		
			Q1	Q2	Q3	Q4	O	Q1	Q2
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding Q1-Q4	ED P&C	Green	Green			H	H	High
	14.1.2) Promote the Employee assistance platform offers Q1-Q4		Green	Green			H	H	High
	14.1.3) Develop and promote the offer for working carers Q1-Q4		Green	Green			M	M	Medium
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding Q1-Q4		Amber	Green			M	M	Medium
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF Q1		Blue	Blue			M	H	High
	14.3.2) Develop plan and implementation for addressing the gaps Q1-Q2		Green	Blue				H	High
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding Q1		Blue	Blue			H	H	High
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4						H	H	Medium
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4						H	H	Medium
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market Q1-Q2		Green	Blue			H	H	High
	14.7.2) Award and implement EAP Q2-Q3		Blue			H		High	

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

Change in Scope

N/A

Change in Timescale

N/A

Executive Director Sign Off

Debra Wood Lawson (Executive Director of People and Culture)

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Workforce Futures

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

Intended Outcome/ Impact

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

Commentary on Progress in this Quarter:

- **15.1)** The organisation has achieved the Age-Friendly employer hallmark.
- **15.2)** The organisation have signed the Hate Crime Charter and are taking the initial steps to putting into practice.
- **15.3)** Sexual safety policy was approved nationally by Welsh Policy Forum and released to organisations in September. It was due to go to WPRG in September but the meeting was stepped down as was not quorate. Approval will be sought to implement locally in October Welsh Policy Records Group with a view of developing a localised toolkit in partnership and with input from safeguarding.
- **15.8)** All Information Governance and related issues relating to SignLive in Primary Care have been resolved, and the system is now available for use to contact any primary care settings across Powys (unless the setting has opted out); we are the only health board in Wales with this level of coverage for British Sign Language relay interpretation.

Commentary on red rated actions:

- **15.5)** Due to the Supreme court ruling on the definition of "Sex" under the Equality Act it has been necessary to suspend the Gender Awareness training program until the provision of clear guidelines on the correct approach to aspects of this training. The training will be resumed once clarity is provided by EHRC and Welsh government.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status	Year End Delivery Confidence Assessment O= Original

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			Q1	Q2	Q3	Q4	o	Q1	Q2
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met Q4	ED P&C					H	H	High
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place Q3						H	H	High
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place Q1		Amber	Amber			H	H	High
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met Q1-Q4		Green	Green			H	H	High
	15.4.2) Half yearly updates against the Anti Racism action Plan Q2&Q4			Green				H	High
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants Q2&Q4			Red			H	H	Low
15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place Q4						H	H	High
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required Q2&Q4			Amber			H	H	Medium
15.8) Monitor the use and uptake of Online translation,	15.8.1) Sign live introduced within Primary Care settings Q4						H	H	High

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including exploration of sign live within primary care services		15.8.2) Continued utilisation of online translation Q1-Q4			Green	Green					High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	✓								
<u>Q2 change in timescale</u>											
<ul style="list-style-type: none"> • 15.3.1) Timescale changed to Q3 as national policy only received in September. 											
Executive Director Sign Off	Debra Wood Lawson (Executive Director of People and Culture)										

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Digital First

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

Intended Outcome / Impact

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

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

Commentary on Progress in this Quarter:

Overall, the progress in Quarter 2 has been very encouraging. We remain focused on our objectives and are confident in our ability to deliver on our commitments for the remainder of the year.

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

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how that might reduce waiting times, this is being reported through the Planned Care Admin Review and the Business Efficiencies work. There will be an AI policy requirement to proceed which may be a national policy (which is being worked through).

- **16.9)** The WCCIS replacement case is progressing through internal PTHB Governance frameworks and actioned as instructed and directed by Welsh Government and Digital Health and Care Wales. However, there is a risk of additional financial pressure to PTHB, which could impact the overall estimated timescales of system procurement and suppliers costs. We are closely monitoring this and are ensuring transparency at all levels. Procurement is about to commence. Electronic Prescribing Medicines Administration (EPMA) is progressing in line with the programme plan and expected milestones. A business case for Business As Usual resource will be scheduled for Investment Benefits Group in September. Quarter 3 early adoption activities will progress. Digital Maternity Case 'case' submission complete is now in project start up, with scheduled Clinical Data Standards and Technical Implementation activities and Programme Governance in place. Planned go-live March 3rd, 2026. Radiology Information System Programme (RISP) LIVE and in Early Life Support, First Health Board Live, and now a dependency for other Health Boards to go live. From a digital perspective involvement of the project is largely complete and has moved to Business As Usual.

Commentary on red rated actions:

- **16.4.2)** Cross Border project continues to face delays. Delays are caused by unforeseen data issues and scheduling issues. Due to the history of the project, confidence levels are low. Current expectation is that work will be completed by mid August.
- **16.9.1)** Timescales and milestones for Oct Go Live have been delayed due to the UAT platform not being available, causing slippage to testing, training and go live, this is due to supplier, technical and national issues that have taken longer than expected to resolve and very manual validation exercises to populate current medicines library

Achievements:

- Clinical and discharge correspondence from Wye Valley Trust is being delivered into the Welsh Clinical Portal. Pathology is being worked through.
- Our financial performance for Q1 has been robust, with revenue growth exceeding projections. Cost management initiatives have also contributed to improved profitability. Despite this, there is a risk of market fluctuations and economic uncertainties that could impact our financial stability and growth in the upcoming quarters. On track to achieve the financial plan.
- Customer satisfaction (Staff User Experience) levels have seen a significant increase, with positive feedback on our enhanced service offerings and support. We continue to prioritize customer experience and are committed to maintaining high standards. However, there is a risk of not being able to sustain the high levels of customer satisfaction if we face any service disruptions or fail to meet evolving customer expectations. All inpatients across the health board positive feedback regarding Wifi.

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- RISP is now Live

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment O = Original		
			Q1	Q2	Q3	Q4	O	Q1	Q2
16.1) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> ○ Schedule Board Development sessions to embed digital thinking at the leadership level CRITICAL ACTION	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year Q1	ED APHPS&D	Green	Green			M	H	High
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session Q2			Green				H	High
	16.1.3) Schedule and present a Big Data Management Awareness Board Session Q4							M	High
16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness <ul style="list-style-type: none"> ○ Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets 	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets Q1-Q4		Green	Green			M	H	High
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption Q1-Q4		Green	Green				H	High
	16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste Q2			Green				H	High
	16.2.4) Collect patient feedback on the access to digital tools and services Q3							H	Low

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	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options Q4								H	High
16.3) DSF Strategic Theme - Citizen Centred Care and Support <ul style="list-style-type: none"> ⊖ Patient Health Care Pathway Mapping and encouraged use of the NHS Wales 	16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities Q2		Blue					M	H	High
	16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients Q3								H	High
	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements Q4								H	High
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services Q4								H	Medium
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> ○ System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements 	16.4.1) Information Sharing agreements in place across providers and commissioners Q3							L	M	Low
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers Q1-Q4	Red	Red						M	Medium
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances <ul style="list-style-type: none"> ○ Develop a Supportive and Inclusive Digital 	16.5.1) To support all staff to adopt technology and use systems effectively create a business case to support Digital Skills and Confidence training which must include patient engagement, and supporting partners such as Workforce and Development, Health Education in Wales Q2		Blue					L	H	Medium

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<p>Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively</p>	<p>16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence Q4</p>					H	Low
<p>16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness</p> <ul style="list-style-type: none"> Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to support Digital Transformation across the organisation 	<p>16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality Q1-Q2</p>	Amber	Green		M	H	Medium
<p>16.7) DSF Strategic Theme - Infrastructure and Security</p> <p>CRITICAL ACTION</p> <ul style="list-style-type: none"> Cyber and Infrastructure 	<p>16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner Q1-Q4</p>	Green	Blue		M	H	High
<p>16.8) DSF Strategic Theme - Big Data and Artificial Intelligence</p> <ul style="list-style-type: none"> Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system 	<p>16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) Q1-Q4</p>	Green	Green		M	H	Medium

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- **16.5.1)** Change in scope (wording) To implement an interim solution to provide a training function specifically to support the implementation of the ministerial digital programme priorities DMC and EPMA
- **16.6.1)** Change from Q2 to Q4. New process for capturing demand is complete but request further extension to allow time to report against the information gathered and measure against current capacity for Q3 and Q4.
- **16.9.1)** Change from Q2 to Q4 to allow for slippage in go lives, due to a number of technical, application, and 3rd party related delays.

Executive Director Sign Off

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

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Innovative Environments

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

Intended Outcome/ Impact

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

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

Commentary on Progress in this Quarter:

- **17.1)** The North Powys Health, Care and Wellbeing Integrated Hub combined Strategic Outline Case/Outline Business Case continues to be developed on programme, with a planned submission to Welsh Government in December.
- **17.2)** In line with Welsh Government advice a Business Justification Case (BJC) has been developed for the next phase of Llandrindod development to complete works to the front of the hospital whilst the larger business case is developed for the back of the hospital in line with 'Better Together'. The BJC would secure an opportunity for a further £2M investment in 2025/26. Business case scope is covered by Board approved Programme Business Case, enabling submission to WG.
- **17.3)** The discretionary programme is largely on track. This is the largest capital programme (in terms of number of projects) to date – so does pose some challenges in terms of resources. In order to keep the pipeline on track, timely scheme approvals are required.

Commentary on red rated actions: N/A

Achievements:

- Megan Thomas won the regional (Wales) Women in Property student of the year award and was shortlisted for the national finals.

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Progress against key actions and milestones

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

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

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

Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

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Innovative Environments

Strategic Priority: Environmental Management and Decarbonisation Executive Lead - Associate Director of Estates, Facilities and Support Services

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- Electricity reduction across the programme
- Gas reduction across the programme
- Revenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

Commentary on Progress in this Quarter:

- **18.1.1)** ISO14001: new Auditor appointed with delay in procurement which means main audit findings will not be known until early in Q3, but positive progress and feedback from Audit team to date.
- **18.4.1)** Delivery of key outcome from Re:Fit programme met construction contract completion date of July 2025. Significant efficiency and carbon saving measures installed across the estate to provide step-change in energy consumption and provide double-digit scope 1&2 emission reduction. Formal Measurement & Validation (M&V) phase commenced to verify that actual savings match those guaranteed by the programme. Reduction of electricity consumption noted at Spa Road and Newtown Hospital enabling revenue generating power export to the electricity network out of hours.

Commentary on red rated actions: N/A

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards Q2	AD EF&SS		Green			H	H	High
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 Q1-Q4		Green	Green			H	H	High
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan Q4						H	H	High
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q2			Blue			H	H	High

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

Change in Scope	N/A	Change in Timescale	✓	
<u>Q2 change in timescale</u>				
<ul style="list-style-type: none"> 18.1.1) Timescale change - Expected completion Q3 				
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)			

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Innovative Environments

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

Intended Outcome/ Impact

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

Commentary on Progress in this Quarter:

- **19.1.1)** Estates and Facilities work to identify synergies and associated improvements ongoing with some challenge around ability to appoint suitable Head of Facilities following three rounds of interviews. Plan to make interim internal appointment.

Commentary on red rated actions: N/A

Achievements:

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Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department Q4	AD EF&SS					H	H	High
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality Q3						H	H	High
	19.2.2) Improve data collection for cleaning and catering standards Q3							H	High
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales Q3						H	H	High

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

Change in Scope	N/A	Change in Timescale	N/A	
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Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)
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Transforming in Partnership

Strategic Priority: Partnership Development Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation, Executive Director of Public Health

Intended Outcome/ Impact

- Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys
- The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value
- Surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity

Commentary on Progress in this Quarter:

- **20.1.1)** Following the first stage of the Evaluation, Prioritisation and Assurance (EPA) process a multiagency Regional Partnership Board Executive Working Group developed recommendations for the Regional Partnership Board (RPB) to achieve a reprioritisation focused on the greatest system pressures. The RPB approved the reprioritisation in June and the Regional Integration Fund (RIF) Delivery and Resource Plan for 2025/26. The next phase of applying the EPA work is underway to develop the draft Delivery and Resource Plan for 2026/27.
- **20.1.2)** Funding for the Ready To Go Home Units, subject to the PTHB Board decision in July 2025, was included in the reprioritised RIF Delivery and Resource Plan approved by the RPB. Following a six month evaluation of the temporary service changes, the evaluation report recommended that the temporary changes remain in place for the time being, whilst work continues on the Better Together Programme to shape the future of adult physical and mental health community services for Powys. The RPB Executive was updated on the 12th September 2025.
- **20.2.1)** A Framework for Partnership Development was developed and approved in quarter 1.
- **20.2.2)** A series of self-assessments are underway across the partnership arrangements which will shape a development plan for the RPB.
- **20.3.1)** Work was undertaken in Q1 to strengthen implementation, risk and exit plans in line with the EPA recommendations.
- **20.3.2)** Work is underway to ensure that the EPA recommendations and approach are helping to develop the plans (and proposals) for 2026/27.
- **20.5.1)** The first high level report under the Partnership Governance and Assurance Framework was submitted to PPPH Committee in August 2025. This covered 12 multiagency partnerships involving PTHB and set out the planning and annual reporting cycle for each. Work is underway to draw together key assessments and on the approach to the “refresh” of the Health and Care Strategy.

Commentary on red rated actions: N/A

Achievements:

- The RPB resource plan was refocused on the greatest system pressures.

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- A Partnership Development Framework has been developed and agreed and implementation is underway.
- A high level report covering 12 multiagency partnerships involving PTHB has been developed, including the planning and annual reporting cycles.

There are no specific recommendations for Health Boards at this stage, set out in the Ministerial Advisory Group on Performance and Productivity Report (April 2025). However there will be requirements for collective action and implementation implications at a later stage, of the recommendations set out for NHS Wales and Regional Fora in relation to Operating Model / Accountability Frameworks / Fragile Services. A Watching brief will be kept via the lead Executives on any implications arising for PTHB.

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report CRITICAL ACTION	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures Q4	ED PP&C					M	M	Medium
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 Q2			Blue				M	High
20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development Q1		Blue	Blue			H	H	High
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework Q4						H	High	
20.3) Work with the RPB to implement the findings and	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans		Blue	Blue			M	H	High

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learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	and exit plans for the time-limited Regional Integration Fund (fund ending 2027) Q1							
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) Q4	ED PH	Green	Green		M	H	High
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan Q1-Q4	ED PP&C	Green	Green		H	H	High
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.5.1) Annual cycle of delivery via respective Partnership arrangements Q1-Q4		Blue	Blue		L	H	High
20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents	20.6.1) Removed 20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward Q1		Green	Green		H	H	High
	20.7.1) Annual cycle with quarterly production of Stocktakes Q1-Q4							

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20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme Q1-Q4	DSI&T	Green	Green			M	H	High
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope	N/A	Change in Timescale	N/A						
<p><u>Q1 change in scope</u></p> <ul style="list-style-type: none"> 20.6.1) A request is made for action 20.6.1 to be removed from the plan. The four border local authorities of The Marches Partnership are refocusing and are not holding the Health Subgroup at present, so PTHB cannot take this action forward. The existing governance arrangements of The Marches Forward Partnership would not be sufficient to manage the specific (secondary) prevention at scale proposal put forward by a leading University. (The University also presented to Welsh Government, but there is not a viable way forward at this time.) Members of the Health Subgroup were willing to continue to influence other Marches Forward Partnership programmes to assist in implementing a population and prevention approach, but the overarching Marches Forward Partnership (involving the four border local authorities) is refocusing, and the Health Subgroup is not meeting at present. Thus, PTHB cannot take forward this action. 20.08.25 - Approved at Executive Committee. 									
Executive Director Sign Off	Nicola Johnson (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Lucie Cornish (Director of Improvement and Transformation)								

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Transforming in Partnership

Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board's Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board's governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

Commentary on Progress in this Quarter:

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- **21.1)** Board Assurance Framework (BAF) Dashboard fully developed and reported to the Board in July 2025 alongside the Strategic Risk Register, supporting BAF Dashboard Analysis Principles developed and due to be shared with Board members, focus for Q3 will be the developed of the BAF detail.
- **21.2) & 21.3)** Board Development and Committee work programmes continued to be delivered as planned in Q2, with work undertaken to review and prioritise items to ensure continued alignment to the organisation's strategy and strategic risks.
- **21.4)** Strategic Risk Register (SRR) fully developed and adopted by the Board in July 2025, with focus for Q3 will be the development of the supporting Organisational Risk Register (ORR) and Risk Management Training material
- **21.7)** 2025-26 NHS Wales Information Governance Toolkit Improvement Plan is progressing with engagement with services to maintain or improve in areas to better compliance for next year's submission.
- **21.8)** Communications Plan and Campaign of ideas has been developed and will commence Q3. Effectiveness and achievements will be included in the IG and Records Management Performance and Assurance Reports.
- **21.9)** Resourcing to implement a centralised management function has not progressed. However capital funding has been secured to support work to refurbish O ward in Bronllys in September 2025, which will bring the existing block up to required standards and provide the health board with further additional storage for archive records and release pressure on local sites which are at, or nearing, records storage capacity. Discussions are also taking place to secure a digital locking system on this block as well as in Spa Road enabling the move of records into both facilities enabling remote monitoring and control of access.
- **21.10.1)** This has moved to Amber as Q2 has seen a rise in the number of Information Governance related incidents logged, however this could be as a result in May 2025 to ensure all potential Information Governance incidents are appropriately assured, Datix entries previously marked as 'Unsure' are now recorded as 'Yes' for specific incident categories. This targeted exercise we hope will ensure no relevant incidents are overlooked. We are going to assess this change in practice over the forthcoming months for effectiveness.

Commentary on red rated actions:

- **21.6.1)** This red-rated action is now nearing completion, with final steps underway with finalising the draft and approval anticipated in Q3. Progress was impacted by some key national programmes which required the Head of Service operational commitment, which have required significant team input over recent months.

Achievements:

- Board and Committee schedule fully delivered in the quarter.
- Strategic Risk Register (SRR) and Board Assurance Framework (BAF) Dashboard fully developed and adopted by the Board in July 2025.
- June 2025 awareness raising to Executive Committee on the Information Asset Register, resulted positively with a surge in assets added

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- A new activity tracker was launched on 1st July, enabling more detailed and consistent logging of team activities. This will support improved visibility of workload, better resource planning, and more accurate reporting across the team and assurance to the wider organisation.
- Three more members of staff achieved the IHRIM Qualification in Records and Information Management (2 within the Information Governance/Records Management Team)

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>		
			Q1	Q2	Q3	Q4	O	Q1	Q2
21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme Q1-Q4	DCG	Green	Green			M	H	High
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed Q1		Green	Blue			H	H	High
	12.2.2) Work plans delivered Q4							H	High
	12.2.3) Evaluation of work plans (Q4 into 2026/27 Q1) Q1-Q4		Green	Green				H	High
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board Q1-Q4		Green	Green			H	H	High
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed Q1		Blue	Blue			H	H	High
	21.4.2) Fully implemented (Q4) Q1-Q4		Amber	Amber				M	Medium

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21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios Q1-Q4	Amber	Amber			M	M	Low
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan Q1-Q2	Red	Red			H	M	Medium
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission Q1-Q4	Green	Green			H	H	High
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness Q1-Q4	Green	Green			H	H	High
21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities Q1-Q4	Amber	Amber			H	L	Low
21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches Q1-Q4	Green	Amber			H	H	Medium
	21.10.2) Successful completion of regulatory audits with no major non compliance issues Q1-Q4	Green	Green				H	High

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

Change in Scope	N/A	Change in Timescale	✓
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Q2 change in timescale

- **21.6)** Change of timescale requested to end Q4, the change request is based on resourcing requirements and other priorities, confidence of completion by end of Q4 is high.

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Executive Director Sign Off

Helen Bushell (Director of Corporate Governance)

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Transforming in Partnership

Strategic Priority: Engagement, Communication and Corporate Affairs Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

Enabling contribution across all health board outcomes (as agreed/prioritised). Specifically:

- Better informed public and stakeholders
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to “Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system” (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

Commentary on Progress in this Quarter:

- **22.1)** Key marketing and communication activities have included support for the health board’s commissioning intentions in relation to waiting times, for which there has been continued proactive and reactive communication following implementation from July 2025 and ahead of expansion of these measures to include outpatients from Q3. A further key priority has continued to be our Staff Excellence Awards for which the celebration events concluded in Q2. Our maternity backfill for the Digital Communications Officer role has also commenced in post.
- **22.2)** A key focus during Q1 has been the continued design and delivery of our programme of engagement on Better Together. Following engagement on the case for change during Q1, the focus has been on staff, public and stakeholder engagement on scenarios for the future shape of adult physical and mental health community services from June. By the end of Q2, our Stage Two engagement plan had been delivered with Stage 2 activities formally closed. A detailed Stage 0-2 Engagement Report has been produced, bringing together key insights from the engagement activities to date. These insights are informing the planning and delivery of the future Better Together work programme. Consultation by Hywel Dda UHB on nine clinical service areas, and engagement by Aneurin Bevan UHB on their enhance Local General Hospital model, concluded during the quarter and was supported by the PTHB team to enable people in Powys to participate. Delivery confidence remains at medium given the uncertainties associated with factors outside of our control (e.g. planned or urgent change proposals by neighbouring health boards) and also the political context leading up to elections to a reformed Senedd.

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- **22.3)** Work has progressed on shared RPB/PSB priorities including gathering insights towards the Q1-Q2 six-monthly report on engagement activity, as well as further development of the coproduction community of practice. However, following the departure of the RPB communications and engagement lead for a new role with ICJ our delivery confidence remains medium until resourcing is clarified going forward.
- **22.4)** Ongoing review of the stakeholder map remains in place in the context of Better Together. Regular meetings with Members of the Senedd and Member of Parliament continue, meeting on an individual basis replacing the previous group sessions. Weekly editions of The Week continue to inform Board Members of current media and political issues, and this now includes a new insights page looking ahead to the Senedd elections in 2026.
- **22.5)** Work requirements relating to COVID Inquiry and Special Purposes Committee have been low level during the quarter, and a decision has been made nationally for the work of the former Special Purposes Committee to be consolidated into the Public Affairs Committee. A proposal is being developed to absorb remaining COVID Inquiry activity into “business as usual” processes which would lead to the completion and closure of this objective during Q3. Delivery confidence has therefore been increased to high.
- **22.6)** Recruitment to the role of Head of Charity has taken place, with a permanent Head of Charity commencing in post shortly before the end of Q2. Final checks have taken place on the charity website with launch now imminent. Delivery confidence has therefore increased to high.

Commentary on red rated actions: N/A

Achievements:

- Successful completion of Stage Two Engagement for Better Together including comprehensive programme of engagement and insight to support the development of the future shape of adult physical and mental health community services, including preparation of the detailed Stage 0-2 Engagement Report.
- Further embedding of monthly Team Focus to strengthen staff engagement and communication
- Conclusion of Staff Excellence Awards celebration events
- Successful recruitment to Head of Charity role

Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment <i>O = Original</i>			
			Q1	Q2	Q3	Q4	O	Q1	Q2	

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22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks Q1-Q4	DCG	Green	Green			H	H	High
22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) Q1-Q4		Green	Green			M	M	Medium
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker Q1-Q4		Green	Green			M	M	Medium
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 Q1-Q4		Green	Green			H	H	High
22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee Q1-Q4		Green	Green			M	M	High
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 Q1-Q4		Green	Green			M	M	High

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

Change in Scope	N/A	Change in Timescale	N/A	
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Executive Director Sign Off

Helen Bushell (Director of Corporate Governance)

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GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.4

Finance and Performance Committee **Date: 21 October 2025**

Subject:	Commissioning Assurance Framework – Primary Care General Dental Services 2024/25-year end position
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:	Executive Committee- 15 October 2025

PURPOSE:

The purpose of this paper is to provide assurance to the Finance and Performance Committee on the General Dental Services Commissioning Assurance Framework process applied to the 2024/2025 contract year end and a summary of the current 2025/26 situation.

RECOMMENDATION(S):

The Finance and Performance Committee is requested to:

- **RECEIVE** the update provided.
- Take **ASSURANCE** that the General Dental Services Commissioning Assurance Framework is in place and the monitoring process provides relevant assurance in relation to dental contract management.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

The General Dental Services (GDS) Commissioning Assurance Framework (CAF) reporting is updated monthly, and internal assurance is delivered through the monthly General Dental Services Monitoring Group meetings. The GDS CAF monitors general dental services contracts only and during 2024/25 PTHB had 17 GDS providers, three of which were PTHB managed practices.

The assurance on the delivery of takes place throughout the year as ongoing data is reviewed. If a problem is found, the General Dental Services Monitoring Group is clear on the consequences and subsequent actions that need to be taken.

GDS Contract Reform continued in 2024/25 and the contractor uptake of Contract Reform was 77% (13) with 23% (4) of practices choosing to continue working under the Units of Dental Activity (UDA) contract. The contracting split remains similar for 2025/26, which is the last year of Contract Reform due to the new dental contract and associated new regulations being implemented from 01st April 2026.

Monitoring the delivery of dental services is a complex process as the two types of contracts have very different target metrics to monitor. The CAF reports on both contract types. Both contractual metrics are linked to financial reward and sanctions are placed on practices that don't meet targets.

As GDS Contract Reform is not enforced via updated legislation, practice participation is agreed through a Contract Variation Notice (CVN) to the provider's substantive (UDA) contract. The CVN is renewed annually until the new legislative change is implemented.

During 2024/25 the GDS budget was £8,402,631 per annum, with an added assumption of £1,795,000 Patient Charge Revenue (PCR) income, giving an overall expenditure budget of £10,197,631.

2024/25 End of Year contractual compliance summary:

- 11 practices had an underperformance recorded against their contract to the total value of £643k.
- To mitigate some of the anticipated under performance, payments to the value of £136k were stopped in advance of year end to reduce the financial risk exposure to PTHB. £14k underperformance was carried forward to 2025/26.
- 100% of practices met the required access arrangements and remained open.
- 100% practices received an end of year review.
- 100% completed the Quality Assurance Self-Assessment and Quality Improvement Audits
- Two contract terminations issued
- One contract suspension in place.

2025/26 Mid-year reviews are due to take place during October 2025. Some non recurrent contract adjustments have been made for 2025/26 and more may follow after conclusion of the mid year review.

Access to general dental services continues to be a local and national challenge. Supporting patients to access appropriate GDS provision continues to be a high priority for PTHB. The PTHB dedicated Dental Help line supports and signposts patients to access a dentist. Patients requiring urgent treatment follow a 111 pathway initially and then are signposted by PTHB to a dentist with urgent slot capacity

The Powys dental waiting list initiated in September 2021 transferred to the national Dental Access Portal (DAP) and patients are able to add themselves onto the portal, however the Primary Care Department continues to support patients who are digitally compromised. Currently, there are approximately 3,500 patients on the waiting list and 1,586 patients have secured access with a dentist through the waiting list process during 2024/25.

Patients requiring urgent treatment access are signposted to a dentist with urgent slot capacity and additional support is provided from the PTHB Community Dental Service when required, to meet patient demand. Although an ongoing challenge, patient demand versus capacity for urgent access is balanced, noting that on times patients will be offered appointments that can require them to travel to a neighbouring cluster, however this is kept to a minimum where possible.

The Mobile Dental Unit (MDU) managed service has been located in Bronllys since February 2025 to provide NHS dental services in the area. It offers a full range of NHS treatments and patients will be able to get a full course of treatment to ensure they are dentally fit before going back onto the DAP. Any patients that are highlighted as 'high needs' or 'vulnerable' will be referred for ongoing NHS access within Brecon Community Dental Service.

DETAILED BACKGROUND AND ASSESSMENT:

Currently PTHB delivers primary care dental services through three types of contractual arrangements: General Dental Services Contracts, Personal Dental Service contracts and Health Board Managed Practices.

During 2024/25 the GDS budget was £8,402,631 per annum, with an added assumption of £1,795,000 Patient Charge Revenue (PCR) income, giving an overall expenditure budget of £10,197,631. Patient Charge Revenue is not a guaranteed income and PTHB has to mitigate against the full PCR assumption through monthly forecasting via the GDS Monitoring Group.

Dental Services contracts between Health Boards and general dental service providers are delivered within the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. During 2024/25 PTHB had 17 GDS providers/contracts in place, three of which were managed practices.

Monitoring the delivery of dental services is a complex process, there are currently two types of contracts which have very different target metrics to monitor. The CAF reports on both contract types. Both contractual metrics are linked to financial reward and sanctions are placed on practices that don't meet targets.

At the start of 2025/26 there were 17 GDS providers/contracts in place including three managed practices. However, a termination notices was received for Crickhowell, effective on 30/06/25. The contract is being recommissioned and is currently going through the procurement process.

During 2024/2025 (and 2025/2026) Dental providers had the option to either continue working under the UDA contract arrangement or to take up the opportunity to take part in Contract Reform. In 2023/24, the PTHB uptake of Contract Reform was 77% (13) with 23% (4) of practices choosing to continue working under the UDA contract.

GDS performance is monitored and assured through the following processes:

- CAF dashboards for all GDS contracts
- exceptions linking to the agreed CAF RAG rating are actioned appropriately in year along with a final reconciliation at year end.
- the GDS Monitoring Group identifies areas of concern and agrees whether to 'step up' or 'step down' escalation.
- there are two pivotal reporting timelines within the GDS CAF, linked to the regulations which can enable contract sanctions to be progressed if appropriate, namely the mid-year (30th September) and end of year (30th June) review process.
- other measures within the CAF provide assurance on the delivery of services, as opposed to contract levers.
- only CAF indicators linked to the regulations are enforceable. Parameters within the CAF not covered within the regulations are not enforceable.

It is important to note that contract performance usually picks up in later six months of the financial year and this is built into financial forecasting.

The ongoing learning from Contract Reform has helped Welsh Government to create a New Dental contract, which is due to be implemented from 01st April 2026; therefore 2025/26 is the last year of Contract Reform. Reflecting on the learning from Contract Reform, the new contract will focus on addressing prioritising patient needs and inequalities and stepping up preventive intervention care.

ACCESS

Access to general dental services continues to be a local and national challenge. Supporting patients to access appropriate GDS provision continues to be a high priority for PTHB.

The PTHB dedicated Dental Help line supports and signposts patients to access a dentist and offers a 9am – 5pm service, five days per week. The helpline supports patients to access general dental services. Patients requiring urgent treatment follow a 111 pathway initially and then are signposted by PTHB to a dentist with urgent slot capacity

The Powys dental waiting list initiated in September 2021 has recently transferred to the national Dental Access Portal (DAP) and the Powys legacy list was transferred to the DAP during 2024/25. PTHB were chosen as the pilot site for the DAP, which informed national rollout of the portal. The Powys DAP went live in September 2024 and patients are able to add themselves onto the portal, however the Primary Care Department continues to support patients who are digitally compromised. Currently, there are approximately 4,800 patients on the waiting list and 2,902 patients have secured access with a dentist through the waiting list process.

Patients requiring urgent treatment access are signposted to a dentist with urgent slot capacity and additional support is provided from the PTHB Community Dental Service when required, to meet patient demand. There are 50 slots available every week through contractors, with the CDS regularly supporting this with approximately 20 additional slots per week, with the potential of more if required. Although an ongoing challenge, patient demand versus capacity for urgent access is balanced, noting that on times patients will be offered appointments that can require them to travel to a neighbouring cluster, however this is kept to a minimum where possible.

Dental Helpline statistics as of 30 August 2025

(Statistics are purely from the DAP any patients referred to a practice before 1st April 2024 aren't included in the below table):

Patients Awaiting Offer	3546	
Offers Made to Patients	316	These patients have been sent offers of an NHS place and PTHB are awaiting a response
Referred to Practice	1586	Patients have accepted an NHS dental place
Offers Expired	485	The offer of an NHS patient has expired – this automatically removes the patient from the list
Removed from DAP	265	Patients that have been removed from the DAP as they have moved out of area, or found access elsewhere etc

The Primary Care Dental team have undertaken a list cleansing exercise resulting in over 1000 patients being removed from the waiting list. Example of removal reasons included, patients have secured access to a dentist; moved away, or deceased.

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The Mobile Dental Unit (MDU) managed service has been located in Bronllys since February 2025 to provide NHS dental services in the area. The service is run by a Senior Dental Officer, along with a Dental Nurse and driver/administrator. The MDU is located on the Bronllys Hospital site with patients on the Dental Access Portal waiting list who live in the area being offered appointments. The mobile service offers a full range of NHS treatments and patients will be able to get a full course of treatment to ensure they are dentally fit before going back onto the Waiting list. Any patients that are highlighted as 'high needs' or 'vulnerable' will be referred for ongoing NHS access within Brecon Community Dental Service.

2024/25 YEAR END POSITION

The regulations state that a Health Board must arrange with the contractor an annual review of its performance in relation to the contract. This applies to both the UDA and Contract Reform providers. In 2024/25, 100% of End of Year Reviews were undertaken and took place during July & August 2025 following publication of the year end data in June.

To support the Contract Reform End of Year review (EOY) process, Welsh Government released End of Year guidance to mitigate end of year financial sanctions. PTHB put additional local mitigations in place to lower the Historic patient targets if practices didn't have a large enough historic patient base to meet the target – this applied to new contracts only.

The 2006 regulations were used to inform the UDA EOY process. Both contract types allow for up to a 5% carryover of underperformance.

The 2024/2025-year end position resulted in the following Escalation Levels in line with contractual requirements as follows:

Assurance monitoring	No of practices
Routine Monitoring	6
Enhanced monitoring	11
Breach Notice issued	2

- 11 practices had an underperformance recorded against their contract.
- One practice is disputing their underperformance and discussions with the practice are ongoing. This is likely to proceed to legal challenge.
- 100% of practices met the required access arrangements and remained open (contractual requirement)
- 91% (10 out of 11 Contract Reform) practices took part in a mid-year review. The three managed practices received a mid-year review however this was undertaken through a different format. (contractual requirement where applicable).
- No UDA practice contractually required a mid-year review, but they were all offered, however declined.

- 100% (17) practices received an end of year review (contractual requirement).
- 100% (17) completed the Quality Assurance Self-Assessment (contractual requirement).
- Contract Reform Achievement: New patients seen 5,183 (378%). The high percentage of new patients is due to the merger of the three contracts in Brecon and the new Clifton Dental contract. New contracts (including merged contracts), no patients are classed as historic patients, and all patients are identified as new patients.
- Contract Reform Achievement: New Urgent Patients seen 2,489 (95%).
- Contract Reform Achievement: Historical Patients seen 21,543 (53%). This achievement is affected by the Brecon Contract and the Clifton Dental contract.
- Contract Reform Achievement: Fluoride application 78%. (Target >75%)
- Contract Reform Achievement: UDAs 92% (threshold 25%)
- UDA Achievement: 27,457 UDA (93%)
- Two contract terminations issued
- One contract suspension in place. PTHB originally suspended the contract in line with the HIW inspection findings. HIW lifted the suspension, however PTHB continue to uphold the suspension until ventilation is fitted in the practice.
- SEA Griffiths Builth Wells: permanent contract reduction (very small historic contract, only seeing children).

The total underperformance for 2024/25 was £643k. To mitigate some of the anticipated under performance, payments to the value of £136k were stopped in advance of year end to reduce the financial risk exposure. £14k underperformance was carried forward to 2025/26.

The underperformance value is either managed via payment clawback, or where appropriate, carried forward into 2025/26. Routinely, payment clawback takes place on a monthly basis over a period of six months so as not to destabilise a practices cashflow.

2025/26 UPDATE INCLUDING MID YEAR REVIEW

2025/26 Mid-year reviews are due to take place during October 2025, and all Contract Reform practices will have a mid-year review. The three managed practices will receive a mid-year review; however this will be undertaken through a different format. Month 6 data will be used to inform the visits

UDA practices that don't meet the required 30% performance against their target will require a Mid-year review. Meetings will be arranged as appropriate.

NEXT STEPS:

1. To continue contract management monitoring and prepare year end position aligned to the 2025/2026 GDS Contract Variation.

2. To continue to revise and align the PTHB Commissioning Assurance Framework to the 2025/2026 Contract Variation.
3. To complete End of Year Review visits in July/August 2026 to all practices.

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

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

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

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Subject:

Cancer Deep Dive – Welsh pathways

Approved and Presented by:

Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Kate Wright, Executive Medical Director

Prepared by:

Head of Performance (16/10/2025)

Purpose:

This presentation is to provide greater context on cancer pathways for Powys responsible patients in Wales. The presentation includes a brief overview, cancer activity, wait times, and highlights examples of challenges.

Recommendations:

The Finance & Performance Committee is asked to:

- **RECEIVE** and **DISCUSS** the content of the report for Cancer Performance and Diagnostics
- **NOTE** the areas of challenge highlighted.

Executive Summary:

Further information has been requested by the Independent members on cancer pathways for the Powys responsible population. This presentation gives further in-depth information with greater context supporting the regular IQPR updates on key elements of Welsh cancer pathways. The information within this report utilises local PTHB reporting and PAS data, National SCP Database information, NHS Performance and Improvement reports, and the national admitted patient care dataset.

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Key caveats for the presentation

- ❖ This presentation **only** covers Powys responsible patients in Welsh Health Care , information sourced from the DHCW (SCP cancer database) and subsequent reports sourced from the PTHB Digital, DHCW, and NHS Performance and Improvement team.
- ❖ The PTHB Performance team would note that Welsh cancer data is of **average** quality and remains under development and investigation both locally and nationally.
- ❖ To improve robustness of reporting, longer time periods have been used to negate the low number challenge where possible.

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English care and the data challenge.

English Data Challenge

- In May 2018 PTHB lost access to the central cancer waits system in England (Open Exeter). This system was replaced by the Cancer Waiting Times system (CWT). At the time significant escalation was undertaken led by Carol Shillabeer (PTHB CEO) involving Welsh Government including Dr Andrew Goodhall and team. Unfortunately, the challenge was not resolved with the lack of Welsh commissioner codes being unavailable for CWT as stated by Matthew Swindells – Deputy Chief Executive for NHS England.
- Moving forward to 2025 the CWT lack of Welsh commissioner codes continues to be a challenge as flagged by our key Commissioned providers. This results in providers having to extract Powys resident data via other methods which challenges timeliness and data quality. Since 2018 PTHB has relied on these work arounds which themselves have been at risk following changes in the Commissioned patient administration systems in SATH, WVT, and RJAH.

The risks

- Currently the largest single provision of cancer care for the Powys responsible population is English led especially in North and East Powys.
- PTHB as a Commissioner of care requires English provision to meet the Welsh cancer standard. For reporting PTHB uses the 62-day USC pathway although monitors monthly the nationally reported figures by the health trusts to NHS England via [Statistics » Monthly Data and Summaries](#).
- Pathways into England often go directly to a Commissioned provider but can access specialist providers further beyond our borders, and pathways can have tertiary treatment or diagnostic pathways that are **not** reported or viewable by PTHB until the health board is required to pay via finance e.g., invoice etc.
- Recent key challenge flagged & DATIX'd by Performance is missing SATH 62 – 104-day breaches which have not been included within the direct data feed from SATH (following pathway reviews except for those over 104 days). This challenge is currently being rectified with revised data feed from SATH directly.
- Treatment targets are different in England:
 - 28-day FDS = Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitely Excluded (target 75%)
 - 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
 - 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%).

Provision for cancer in England Deep Dive is currently under development.

Single Cancer Pathway

What is the Single Cancer Pathway (SCP)?

- ❖ November 2018 — Welsh Government announced that the SCP would be introduced, replacing the urgent and non-urgent suspected cancer pathways.
- ❖ June 2019 — the first public reporting of the SCP measure began
- ❖ February 2021 — the reporting shifted to report *only* against the SCP, discontinuing the old separate urgent/non-urgent measures.
- ❖ Target is a 12-month improvement trend towards a national target of 80% by 31 March 2026.

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High level overview

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Overview and context.

- Powys is a large, primarily rural county in mid-Wales with no large district general hospital (DGH/ acute care centre). This means many cancer diagnostics, treatment, surgery, or specialist services are delivered outside the county.
- Powys as a provider does however provide key outpatient and diagnostic care predominately for upper and lower GI suspicions via Brecon and Llandrindod War Memorial Hospitals including support of key screening pathways. PTHB does not treat patients who require care in DGH and specialist care centres.
- For Powys residents this means that there are challenges around travel, access, coordination, and support. Recognising this, local authorities, the health board, and charities have put in place programmes to help residents navigate their "cancer journey".

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Overview – In county key programmes/support services.

Powys patients can access in county:

- Specialist Palliative Care e.g., Pan Powys support by specialist clinicians further supported by District Nurses, 3rd sector and Primary care (GPs).
- Public Health Screening services e.g., breast, bowel and cervical screening.

Or are supported by:

- Improving the Cancer Journey (ICJ) - This is the core programme in Powys, a partnership among Powys Teaching Health Board, Powys County Council, and Macmillan Cancer Support that provides key components like Holistic needs assessment with care plan, Cancer community connector, and Prehabilitation/Rehabilitation support.

Local Support Organisations including but not limited to:

- **PAVO** (Powys Association of Voluntary Organisations) as Community Connector service with Macmillan: contact, assessment, advice, referrals.
- **The Bracken Trust Cancer Support Centre**: offers counselling, nurse-advice, complementary therapies, wellbeing activities.
- **Credu**: supports unpaid carers, and works with ICJ on carers' needs.

Cancer pathways and activity in Wales

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SCP tracked pathways by Primary Cancer Site Description

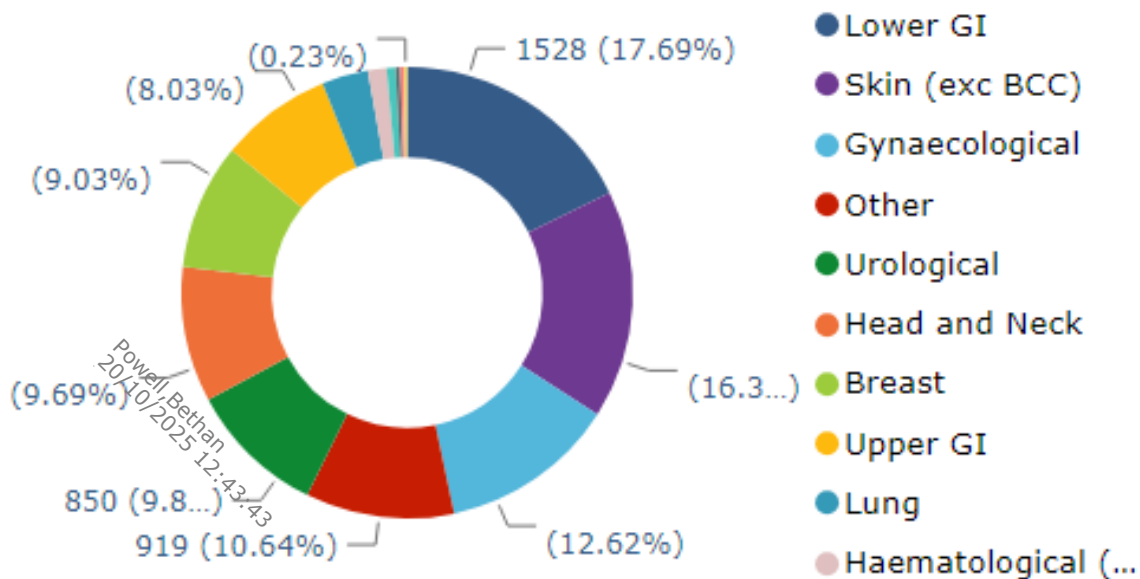
April 2023 to August 2025

8640 Powys pathways have been recorded on the Welsh SCP cancer database/tracker since April 2023 this includes downgrades, treatment, and death in pathway (all causes).

1077 Powys residents have a recorded treatment pathway on the Welsh SCP database since April 2023. For Powys residents in Wales this means that **12.5%** of pathways that started with a suspicion of cancer since April 2023 required treatment for that pathway.

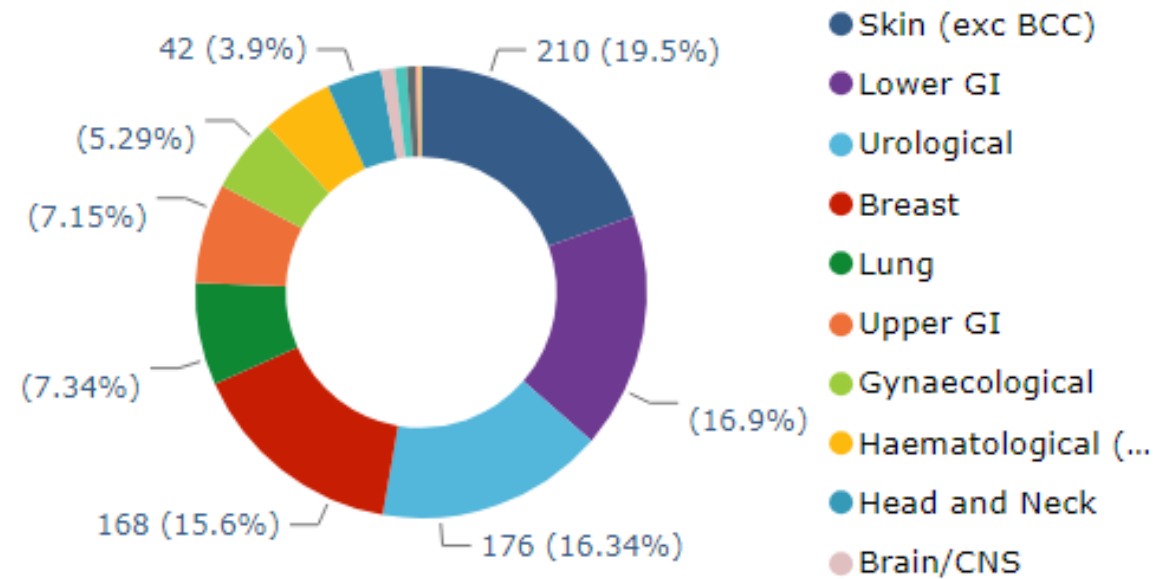
Pathways

BY PRIMARYCANCERSITEDESCRIPTION



Pathways

BY PRIMARYCANCERSITEDESCRIPTION

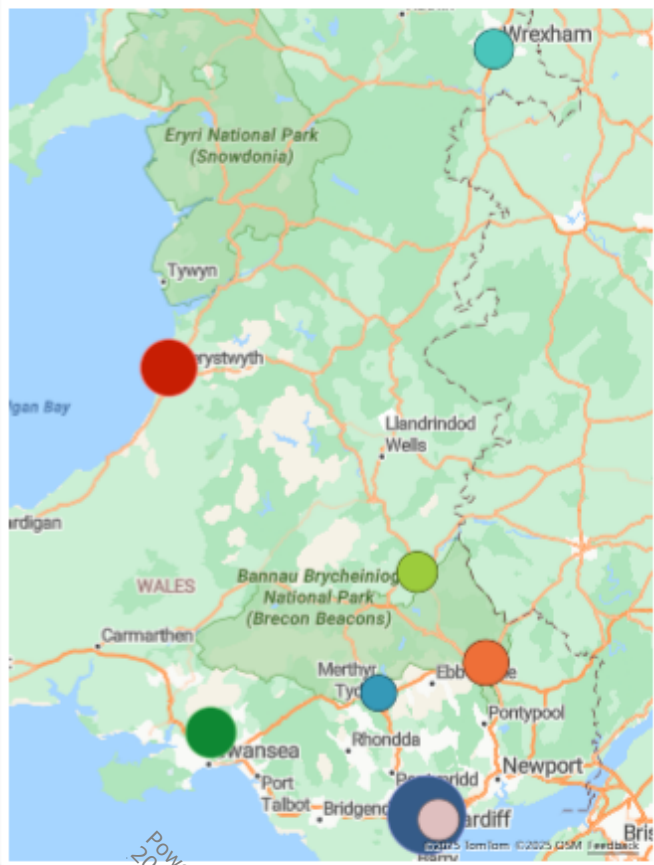


Cancer related admissions by diagnosis code – Wales only

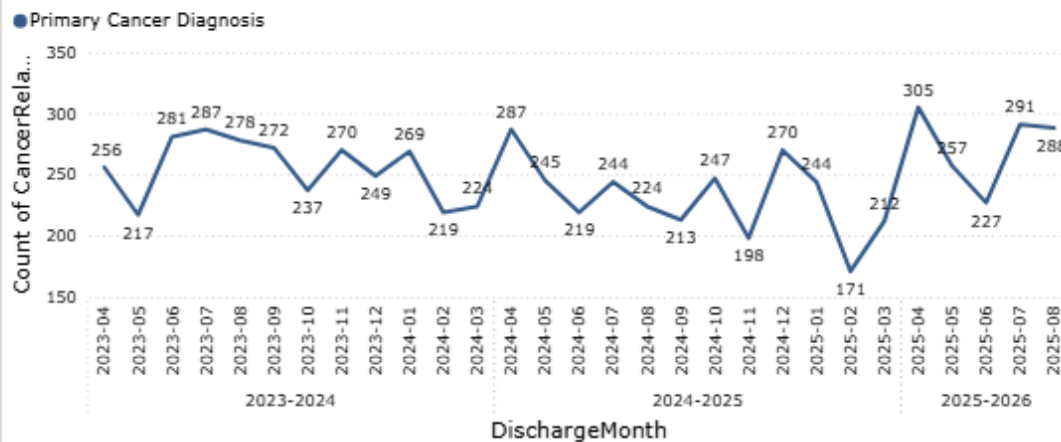
Discharges between April 2023 – August 2025

Admissions Per Provider

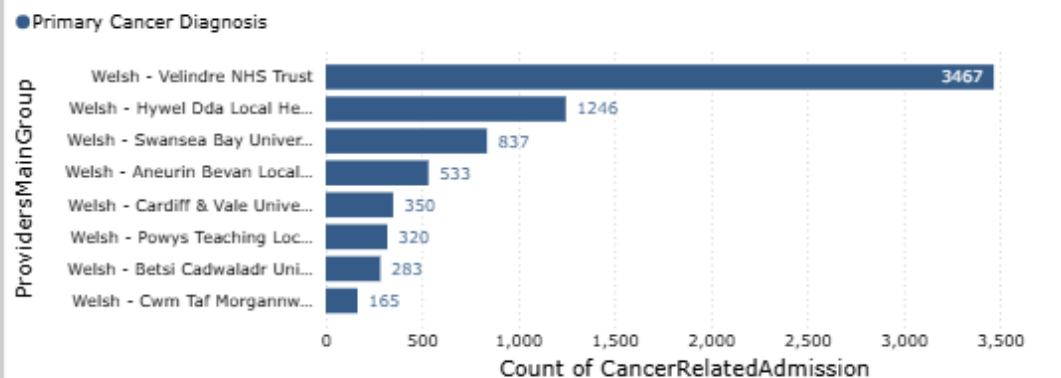
ProviderDesc ● Velindre ... ● Hywel D... ● Swansea ... ● Aneurin ...



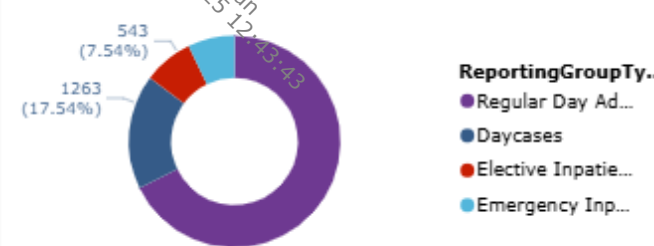
Inpatient Admissions



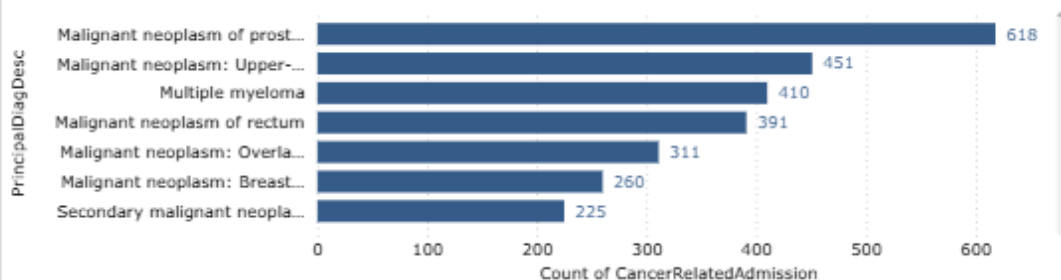
Provider HB Per Cancer Diagnosis Type



Admission by Reporting Group Type



Primary Diagnosis of Inpatient Admissions



- This activity is based on PTHB derived purchaser code of 7A7 e.g., is only activity we are responsible for.
- Data is sourced from the DHCW national admitted patient care table.
- Report has been created by the PTHB Digital team.
- This is not a unique patient count but that of activity carried out.

Key notes.

- Cancer treatment is carried out across our Welsh Providers for various types of cancer.
- Velindre as the cancer specialist centre provide the largest proportion of activity however this is predominately routine day case admissions for treatments such as chemotherapy. Surgery is normally carried out in acute providers or specialist units.
- The top 3 inpatient admissions are for primary diagnosis of Prostate cancer, Breast cancer, and Blood cancer (Myeloma).



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Cancer waiting times - Wales

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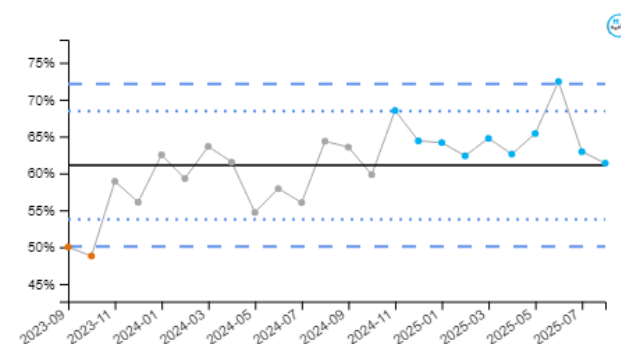
Single Cancer Pathway Performance (Treatment)

- Measure - Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
- Target - 12-month improvement trend towards a national target of 80% by 31 March 2026

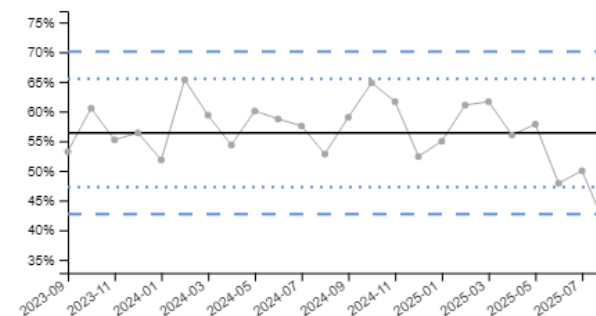
HealthBoard	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08
Aneurin Bevan UHB												
Pathways With Treatment	11	9	13	16	15	15	16	8	16	14	23	14
Treated Within 62 Days	7	8	7	9	11	9	11	4	10	7	18	9
Breaching 62 Day Target	4	1	6	7	4	6	5	4	6	7	5	5
% Treated Within Target	64%	89%	54%	56%	73%	60%	69%	50%	63%	50%	78%	64%
Betsi Cadwaladr UHB												
Pathways With Treatment	1	1	3	2		1		3	2		3	
Treated Within 62 Days		1	3	2				2	1		1	
Breaching 62 Day Target	1					1		1	1		2	
% Treated Within Target	0%	100%	100%	100%		0%		67%	50%		33%	
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	6	5	3	9	4	3	5	3	2	5	7	3
Treated Within 62 Days	2	4		4	1	1	1			4	2	1
Breaching 62 Day Target	4	1	3	5	3	2	4	3	2	1	5	2
% Treated Within Target	33%	80%	0%	44%	25%	33%	20%	0%	0%	80%	29%	33%
Hywel Dda UHB												
Pathways With Treatment	8	5	7	7	9	6	6	9	10	11	8	7
Treated Within 62 Days	5	2	6	2	6	4	3	4	3	6	5	3
Breaching 62 Day Target	3	3	1	5	3	2	3	5	7	5	3	4
% Treated Within Target	63%	40%	86%	29%	67%	67%	50%	44%	30%	55%	63%	43%
Swansea Bay UHB												
Pathways With Treatment	7	11	9	11	11	5	7	6	4	5	5	2
Treated Within 62 Days	5	7	5	8	6	1	5		2	3	4	1
Breaching 62 Day Target	2	4	4	3	5	4	2	6	2	2	1	1
% Treated Within Target	71%	64%	56%	73%	55%	20%	71%	0%	50%	60%	80%	50%
Pathways With Treatment	33	31	35	46	40	30	34	29	34	35	47	26
Treated Within 62 Days	19	22	21	25	25	15	20	10	16	20	31	14
Breaching 62 Day Target	14	9	14	21	15	15	14	19	18	15	16	12
% Treated Within Target	58%	71%	60%	54%	63%	50%	59%	34%	47%	57%	66%	54%

Straight to test and downgrades within 28 days commissioned services (last 24 months).

Straight To Test (By Stop Month)

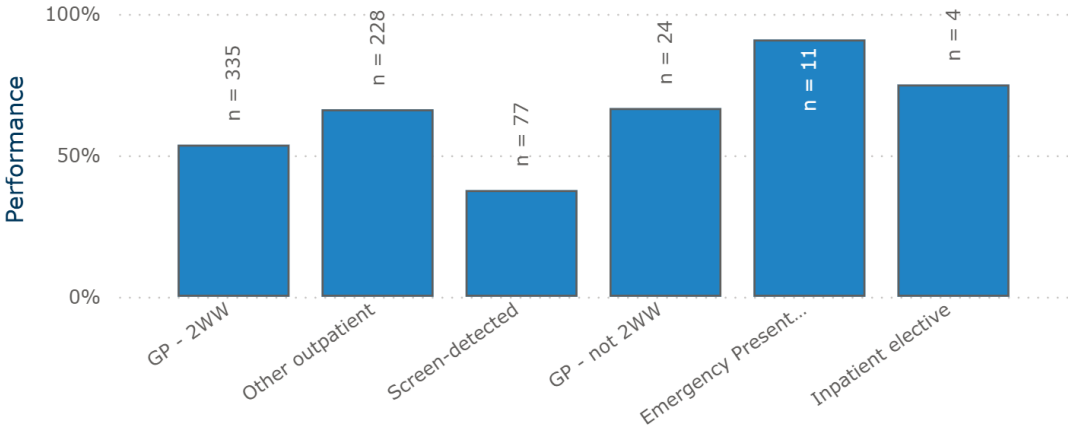


Downgraded Within 28 Days (By Stop Month)

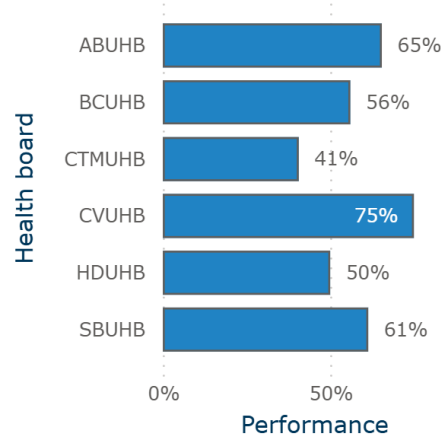


"Big 5" Tumour Sites (Powys residents) – Source NHSP&I

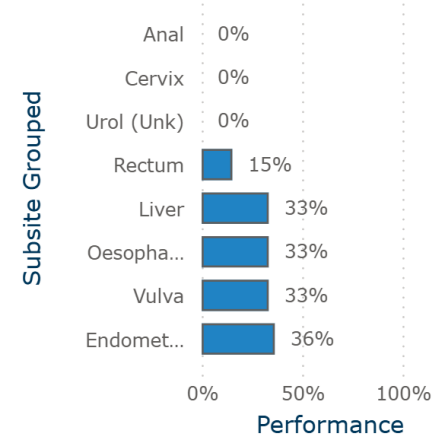
Performance by Suspicion Source



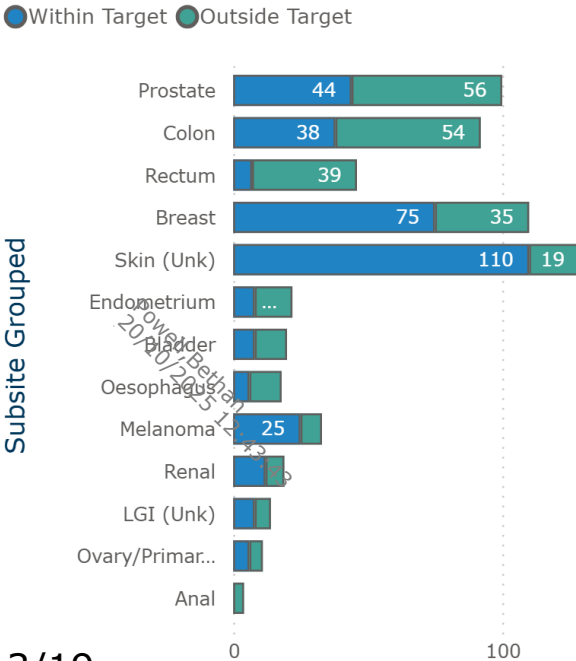
Performance by Health board



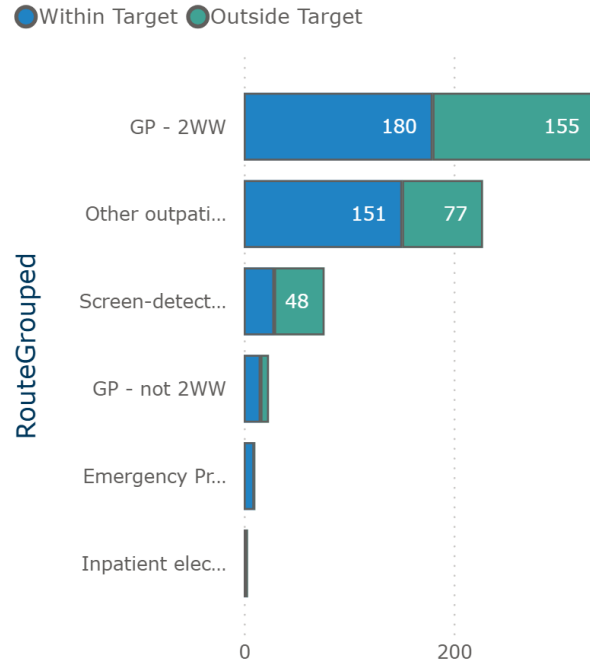
Performance by Subsite



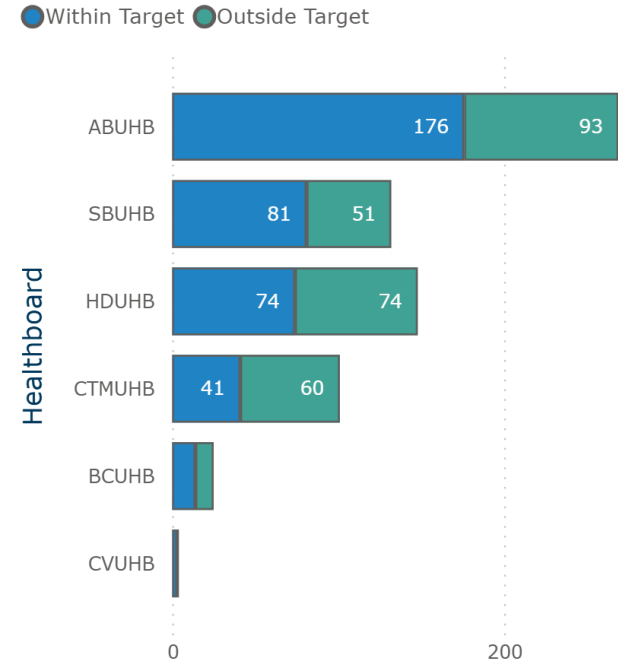
Treatment Volumes by Subsite



Treatment by Suspicion Source



Treatment Volumes by Health Board



This performance information is for the Big 5 tumour types e.g., Breast, Gynaecological, Lower GI, Skin (exc BCC), Upper GI, and Urological.

Performance by suspicion source

- Screening has the lowest reported performance by source with 37.7% (77 pathways) of Powys residents being treated within 62 days. All Wales for the same period reported 49.8% compliance (2,840 pathways).
- GP 2WW pathways performance is inline with All Wales with 53.7% of 355 pathways treated within 62 days, the All-Wales compliance is 54.2% for 19,744 pathways.
- LGI, Gynaecology, and Urological cancers within the Big 5 have the worst performance for Powys residents.
- Patients will be sent for cancer care based on geographical flow, specialist flow, or following an initial PTHB provider outpatient and diagnostic pathways. Reflective assessment of pathways is challenging due to low numbers and cross border flow.

SCP Interquartile range (days) to treatment (timeliness)

Sep-23 to Aug-25 - Source NHSP&I

All treatment pathway IQR (days) for Wales – Source NHSP&I

HealthBoard	15th	20th	25th	30th	35th	40th	45th	50th	55th	60th	65th	70th	75th	80th	85th	Total
ABUHB	14	20	25	29	35	41	46	51	56	62	68	74	81	89	98	n = 8,978
CTMUHB	17	23	29	36	42	48	55	60	64	71	77	86	96	107	120	n = 7,265
HDUHB	23	28	34	40	44	49	55	59	63	71	79	88	98	110	125	n = 7,264
SBUHB	17	25	31	38	44	50	55	59	62	67	73	80	88	97	111	n = 6,285
Total	18	23	29	35	41	47	52	57	62	67	74	81	89	99	112	n = 29,792

All treated Powys residents in Wales IQR (days) Wales – Source NHSP&I

HealthBoard	15th	20th	25th	30th	35th	40th	45th	50th	55th	60th	65th	70th	75th	80th	85th	Total
ABUHB	18	22	27	31	37	41	44	49	53	58	64	74	80	88	101	n = 326
CTMUHB	19	29	38	47	59	63	66	70	77	83	91	101	107	119	129	n = 118
HDUHB	23	28	34	39	42	50	57	61	64	71	80	91	110	127	142	n = 187
SBUHB	15	23	27	33	43	51	54	61	62	67	73	80	89	100	112	n = 178
Total	18	24	29	36	41	46	52	57	62	67	75	81	90	103	114	n = 809

Cardiff and Vale UHB & Betsi Cadwalader UHB data has been removed from the comparison combined both providers reported treating less than 40 pathways in 2 years.

Q. What is an interquartile range and why do we use it.

A. IQR is used to show the range where most people fall—between the 15th and 85th percentile—so it covers the middle 70% of the data, ignoring the lowest 15% and highest 15%. E.g., Think of it as the 'main group'—most people's scores are in this range, while the very low and very high scores are left out

- Although a very useful statistical tool Powys pathways are diverse and of relatively low number, to improve value of the data 2 years has been included increasing total treatment pathways. This is still only 2.7% of recorded treatment pathways since September 2023.
- At a high-level (aggregate of total pathways) Powys residents have an interquartile range from 15th to 85th centile of 96 days which is like the all patient IQR range of 94 days. The 50th centile is the same at 57 days.
- Further detail on the variation for CTMUHB and HDUHB is available on the next slide.

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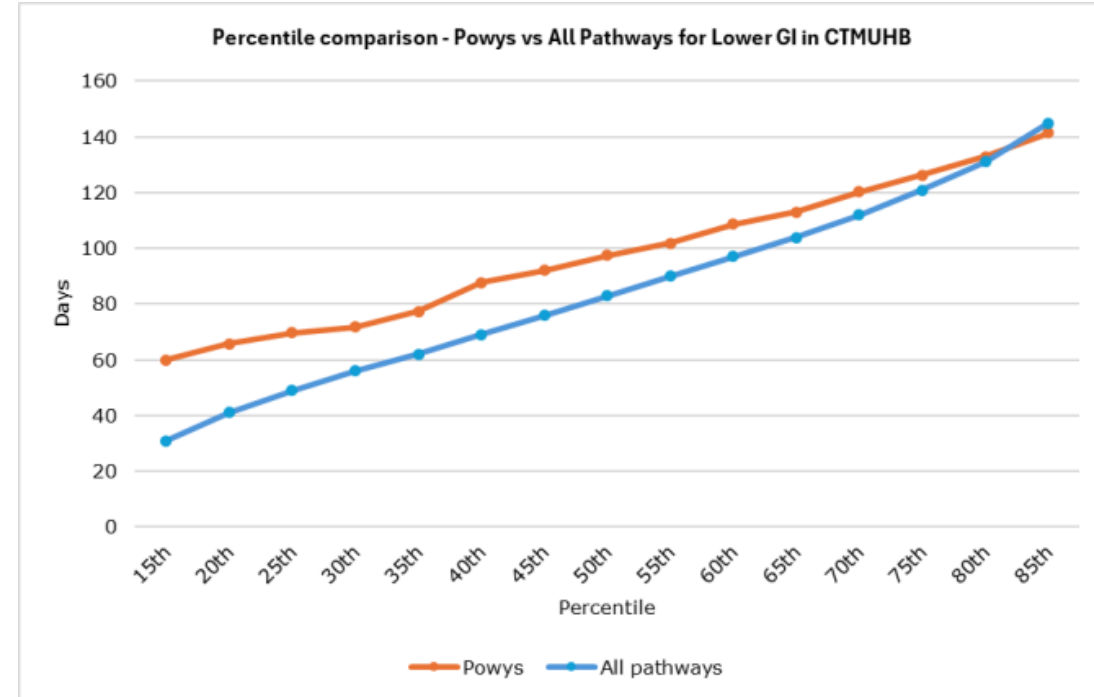
Interquartile range (days) wait to treatment comparison for Powys pathways vs all pathways at treatment health board.

Health Board	Percentile															
	15th	20th	25th	30th	35th	40th	45th	50th	55th	60th	65th	70th	75th	80th	85th	
ABUHB	4	2	2	2	2	0	-2	-2	-3	-4	-4	0	-1	-1	3	
CTMUHB	2	6	9	11	17	15	11	10	13	12	14	15	11	12	9	
HDUHB	0	0	0	-1	-2	1	2	2	1	0	1	3	12	17	17	
SBUHB	-2	-2	-4	-5	-1	1	-1	2	0	0	0	0	1	3	1	
Total	0	1	0	1	0	-1	0	0	0	0	1	0	1	4	2	

SCP interquartile range continued – CTMUHB

Sep-23 to Aug-25 - Source NHSP&I

- 549 Powys residents had SCP pathways in CTMUHB for the last 24 months, *118 required treatment, 430 were downgraded or died in pathway (all causes).
- Treatment pathways make up only 1.6% (118 of 7,265) of all CTMUHB treatment pathways in the last 24 months.
- 50.8% (60) of 118 pathways in the last 24 months are in Lower GI. Lower GI remains a challenge tumour site for all pathways in CTMUHB.
- Lower GI pathways reported only 40.3% compliance with 71 breaches.
- When looking at LGI PTHB pathways vs all CTMUHB LGI pathways there is a significant variance. Powys patients are consistently above the average wait times of the health board, suggesting systemic delays in the Lower GI pathway (e.g. access to diagnostics or onward referrals). But Powys waits are more consistent with a smaller interquartile range.
- Over half the treatment pathways had a referral route flagged as screening.



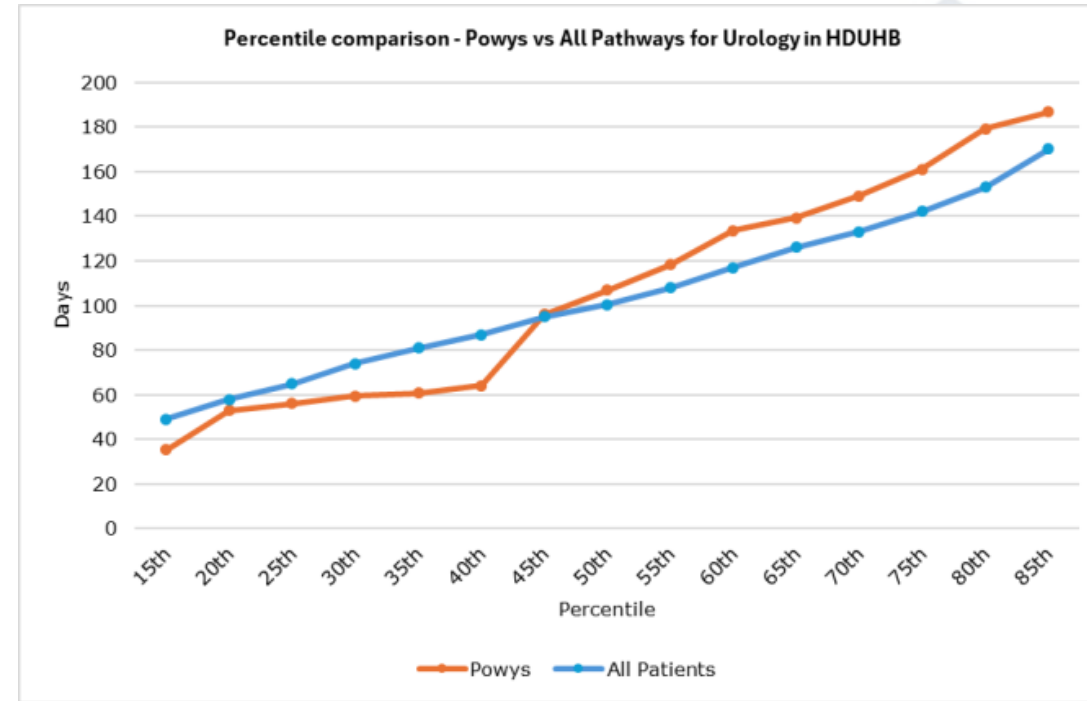
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Health Board	Percentile														
	15th	20th	25th	30th	35th	40th	45th	50th	55th	60th	65th	70th	75th	80th	85th
Powys patients	60	66	70	72	77	88	92	98	102	109	113	120	126	133	141
All patients	31	41	49	56	62	69	76	83	90	97	104	112	121	131	145
Difference in days	29	25	21	16	15	19	16	15	12	12	9	8	5	2	-4

SCP interquartile range continued – HDUHB

Sep-23 to Aug-25 - Source NHSP&I

- 1120 Powys residents had SCP pathways in HDUHB for the last 24 months, *188 required treatment, 932 were downgraded or died in pathway (all causes).
- Treatment pathways make up only 2.6% (188 of 7,264) of all HDUHB treatment pathways in the last 24 months.
- 46.8% (88 of 188) of the treatment pathways breached, 34.1% (30) were in Urology and a further 22.7% (20) in Lower GI. When comparing the inter quartile range variation between these key tumour sites Lower GI reported lower days or equal days compared to all HDUHB treatment pathways. Urology however shows clear variance especially at upper percentiles.
- Powys residents continue to wait for up 300+ days on the Urology pathways.
- The interquartile range for Powys pathways (105 days) is significantly different to the all-patients range (77) e.g., there is more variability on waiting times (possibly more inconsistent experience although numbers are very low and open to interpretation).
- From the 45th centile Powys pathways start to exceed all patients, and it would suggest that Powys pathways experience longer waits.
- Pathway breach reports suggest causality with the robotic surgery access with SBUHB.



Interquartile range (days) wait to treatment comparison for Powys pathways vs all pathways at treatment HDUHB for Urology.

Health Board	Percentile														
	15th	20th	25th	30th	35th	40th	45th	50th	55th	60th	65th	70th	75th	80th	85th
Powys Patients	35	53	56	59	61	64	96	107	118	134	139	149	161	179	187
All Patients	49	58	65	74	81	87	95	101	108	117	126	133	142	153	170
Difference in days	-14	-5	-9	-15	-20	-23	1	7	10	17	13	16	19	26	17

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Long waits review 2024/25, waits over 146+ days

PTHB requests at the end of every quarter that each Welsh health board provides a detailed pathway review for any patients over 146 days wait (as per the National approach). The insight below is based on all reported breaches over 146 days in 2024/25 a total of **29** pathways in Wales.

- Diagnostic complexity and delays remains the **dominant factor** behind breaches. 20 – 25% of pathways have this noted where a patient requires multiple and sometimes duplicate diagnostics including CT, MRI, Endoscopies, Biopsies and PET scans.
- A significant portion of delays are **patient-initiated or patient-related** (fitness, cancellations, transfers). Some pathways reported that patients are unavailable due to factors such as choice (holidays), being unfit to proceed on pathways or for further CNA/DNA factors.
- **Operational factors** (clinic or pre-assessment scheduling) contribute. Delays often state OPA/ pre-assessment or surgical capacity e.g., challenges in appointment booking or hospital cancellations, but these are often one of many causes of delay. The exception is HDUHB who had double the very long wait pathways of any provider because of urological pathways that were tertiary referred for surgery and often delayed in the SBUHB robotic surgery element with subsequent wait (up to 100 days from pre-op/DTT to surgery).
- Finally, A small number of breaches cite **one-off causes** for example industrial action impact.

PTHB as a provider

Powys Teaching Health Board (PTHB) does not provide cancer treatment but does support limited diagnostics and outpatient engagement predominately for upper and lower gastrointestinal suspicions.

Key challenges for PTHB

- Cancer pathways in Powys are highly dependant on the General Surgery in-reach and private insource to achieve high quality timely care. CTMUHB fragility remains reported as very high risk for the health boards planned care services.
- Additional capacity via Insource is challenged – rolling approach and change of provider/procurement process makes it very challenging for the service to plan/book and impacts insource effectiveness.

Key Actions

- Timeliness of Cancer pathway recording/reporting and management processes has improved significantly from 2022/23 & 2023/24; key improvements include enhanced administrative cancer tracker appointment from March 2024 and significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.

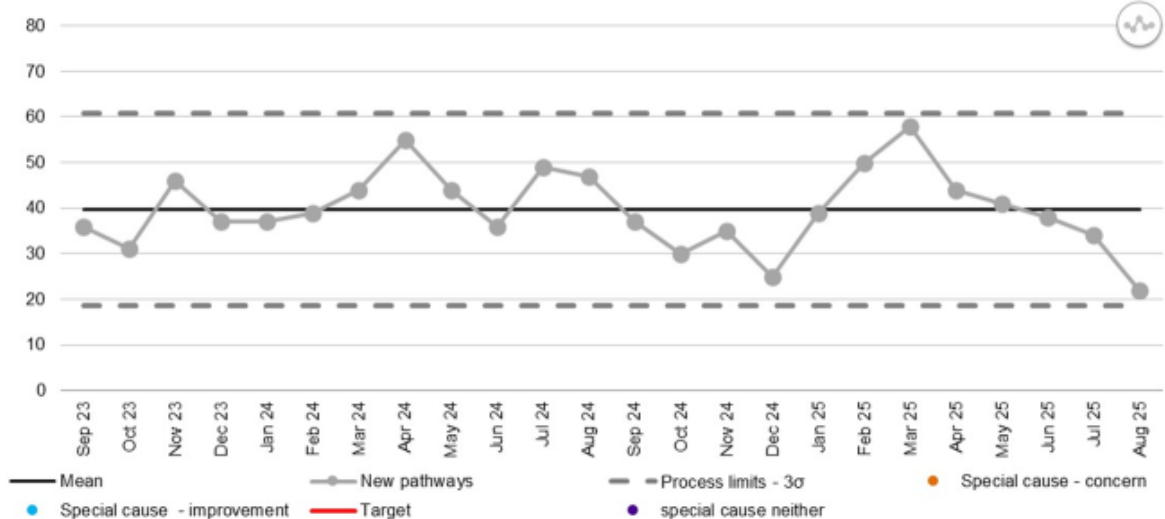
Pathway performance in PTHB

- SCP pathway referrals have fallen over the past 5 months but remain within expected levels (based on the last 24 months).
- Downgrade performance against the 28-day NICE guidance has continued to improve reporting 72.7% in August.
- Average wait days to pathway stop within the provider have continued to improve.

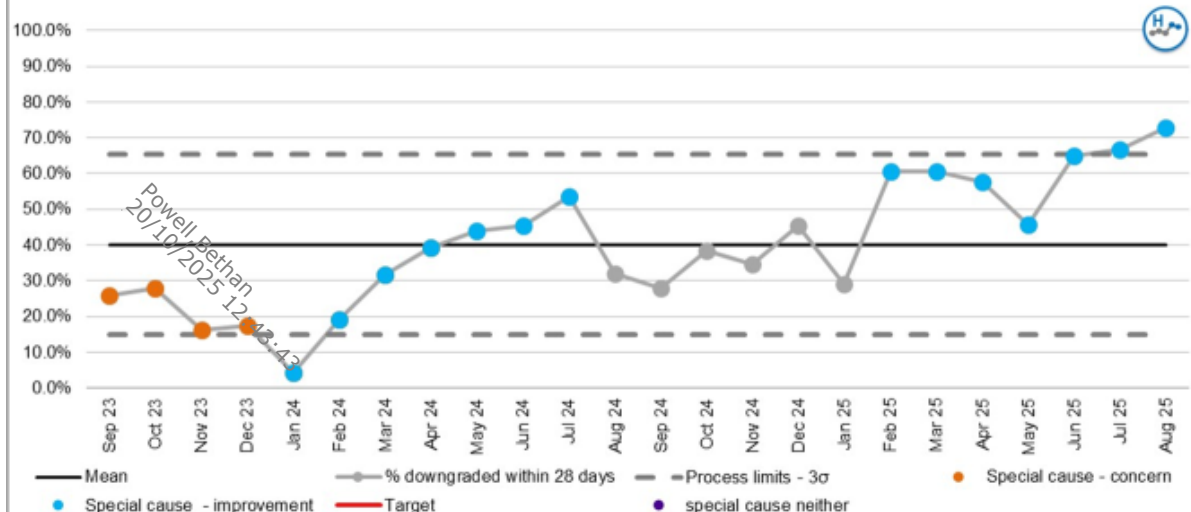
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PTHB as a provider pathways

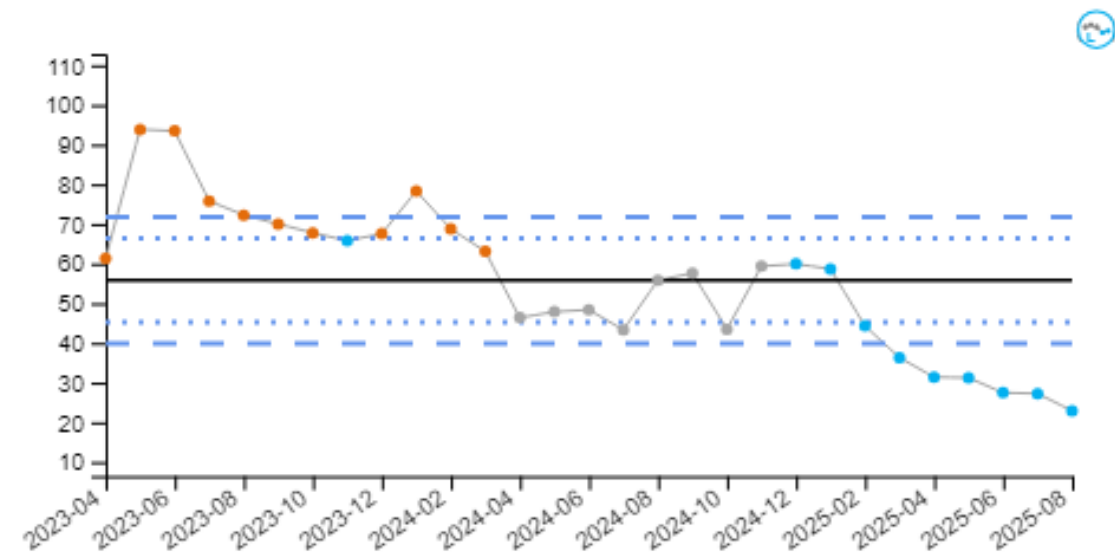
SCP pathways started by month for PTHB as a provider - Source WPAS CWS starting 01/09/23



Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/09/23



Average Days To Stop (By Stop Month)



- PTHB referrals remain common cause variance although have reduced for the last 5 months.
- Aligned to the improving downgrades within 28 days we can see that the average days to pathway stop has also reduced consistently. This measure is a key patient outcome guide and integral to the wider SCP treatment pathways, patients who have a rapid pathway to diagnostic are likely to be treated or downgraded more quickly.



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Agenda item: 5.6

Finance and Performance Committee **Date: 21 October 2025**

Subject:	Food Safety Compliance and Assurance Follow Up Report
Approved and presented by:	Pete Hopgood, Executive Director of Finance, Capital and Facilities Services
Prepared by:	Head of Facilities
Other Committees and meetings considered at:	Executive Committee – 15 October 2025 who endorse the recommendations to the F&P Committee.

PURPOSE:

The purpose of this report is to provide a six-monthly assurance update on the current compliance levels of food safety in relation to statutory regulations, guidelines, and best practices.

Following an extended programme of focused improvements, it is proposed that this report serves as the final update in the current assurance cycle, with no further formal assurance reporting required. Internal monitoring will continue via routine governance mechanisms.

RECOMMENDATION(S):

The Finance and Performance Committee is requested to:

- Take **ASSURANCE** from the current position of sustained compliance and governance maturity.
- **APPROVE** the cessation of further standalone assurance reporting on this matter.

Approve/Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Objective	Alignment	Notes
1. Focus on Wellbeing	Y	Hospital catering services are an essential component of the patient welfare and experience whilst under the care of the health board.
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	

EXECUTIVE SUMMARY:

Significant and sustained progress has been achieved in the management of food safety across Powys Teaching Health Board (PTHB) hospital sites. Since the previous update, all hospitals have maintained the highest Food Hygiene Ratings (Level 5 – Very Good), reflecting the consistent application of the refined Food Safety Management System (FSMS), strengthened internal auditing, and a culture of continuous improvement.

The implementation of the new catering assurance system has enabled earlier detection of non-compliance and a shift toward transparent reporting and prompt corrective action. The proactive reporting of lower-risk issues is seen as a positive indicator of auditor confidence and embedded assurance processes. This, coupled with strengthened supplier controls, confirms that food safety risks are well-managed and effectively mitigated.

Staff development remains a key enabler of compliance. Completion rates for food hygiene training have improved, supported by the introduction of bespoke Toolbox Talks. These have been well received and are now part of standard practice. The introduction of the Catering Management Information System (CMIS) is progressing, and its full implementation is expected to further strengthen oversight of allergen control and food production.

Although a small number of issues were identified relating to allergen procedures, these have been thoroughly investigated, and targeted actions have been put in place. These include enhancements to training, communication, and standard operating procedures. While challenges such as allergen awareness among ward staff and catering workforce resilience persist, these are well understood and embedded within ongoing team development and governance.

Overall, PTHB has demonstrated a robust, transparent, and proactive approach to food safety, with assurance now embedded at operational, tactical, and strategic levels.

DETAILED BACKGROUND AND ASSESSMENT:**Introduction**

Food safety within hospitals across Wales is underpinned by a robust framework of UK-wide legislation, Welsh-specific regulations, and NHS Wales standards. These collectively ensure that all food provided within Powys Teaching Health Board (PTHB) hospitals meets the highest standards of safety and hygiene, thereby safeguarding the health and well-being of patients, staff, and visitors.

The management of hospital catering services within this regulatory landscape is complex and demands a thorough understanding of statutory requirements, national guidance, and best practice principles. Previous reports have highlighted

the inherent risks associated with catering in healthcare settings, particularly for vulnerable patient groups, reinforcing the critical need for rigorous oversight.

Effective food safety management relies on appropriate staffing levels, the upkeep of kitchen infrastructure, and strict adherence to standard operating procedures. Routine checks and internal controls remain vital in ensuring consistent compliance, protecting food integrity, and preventing avoidable harm.

This follow-up report provides an updated assessment of PTHB's catering safety systems, outlines recent performance, and details further developments and improvements since the last review.

Key Achievements and Progress this Period

Since the previous reporting period, Powys Teaching Health Board (PTHB) has continued to demonstrate high levels of compliance and proactive management across all aspects of food safety. The Food Safety Management System (FSMS) remains fully embedded across all sites, underpinned by rigorous monthly assurance checks, regular internal audits, and consistently strong performance during unannounced inspections. External Environmental Health inspections have been universally positive, with every site achieving the top Food Hygiene Rating of Level 5 "Very Good." Notably at the time of writing, PTHB is one of only three health boards in Wales to hold this rating across all of its hospital sites.

Toolbox Talk training sessions focusing on food safety and allergen awareness have been successfully delivered and are now integrated into day to day operations. These have played a key role in supporting frontline teams to embed safe practices.

Meanwhile, development of the Catering Management Information System (CMIS) continues at pace. Although the work is resource intensive, the anticipated benefits, including reductions in food waste, improved allergen tracking, enhanced management oversight, and a better patient experience, make it a valuable strategic investment.

Managerial and supervisory food hygiene audits have noted an increase in recorded observations within kitchen areas. However, this trend reflects a maturing assurance culture and increased confidence among auditors, rather than any decline in food safety standards. Positively, most findings are rated as low risk and are resolved immediately at the point of audit.

While some challenges remain, particularly around raising ward staff awareness of allergens, improving ward kitchen food labelling, and strengthening catering staffing resilience, these are well understood and actively addressed. All related improvement actions are embedded in routine team development and supported by the health board's internal governance processes. As such, these areas are not considered to pose a level of risk that would require further assurance reporting to committee level.

Conclusion

The past 18 months have seen a sustained, structured, and transparent approach to food safety compliance, underpinned by visible leadership and a responsive assurance framework. The systems now in place provide real-time visibility of risk, performance, and staff competency across all hospital catering services.

The Executive Committee can take full assurance from the current position. Food safety risks are well-managed, governance arrangements are mature, and any remaining improvement actions are integrated within business-as-usual operations.

It is therefore recommended that:

- This report is accepted as the final formal assurance report on food safety compliance.
- No further committee-level reports are required unless triggered by a significant change in compliance status or incident.
- Ongoing monitoring continues through internal assurance frameworks and monthly team reporting.

NEXT STEPS:

With a continued ambition for improvements there will be a focus on the following key priorities to consolidate and sustain the high levels of food safety compliance:

Complete Implementation of CMIS

Finalise the rollout of the Catering Management Information System to enable real-time management of food production, delivery, and allergen control. Currently targeting the autumn of 2026.

Achieve 100% Compliance with Scheduled Audits

Continue to support and train catering staff and supervisors to ensure all internal audits are completed in full and on time, using outcomes to drive local improvements.

Evaluate Toolbox Talk Training

Review the impact of Toolbox Talks and other food hygiene training interventions to ensure their effectiveness and alignment with evolving service needs.

Strengthen Allergen Risk Controls at Ward Level

Continue to work with ward-based staff to raise awareness of allergen management responsibilities, improve food labelling practices, and reinforce clear communication pathways between catering and clinical teams.

Support Catering Workforce Resilience

Maintain a focus on recruitment, training, and the wellbeing of catering staff, while ensuring any risk introduced by staffing pressures is actively mitigated.

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	
Integrated governance at operational, tactical, and strategic levels.				
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 negative impact identified; food safety measures apply equitably to all.				
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			
Sustained Level 5 ratings across all hospitals strengthen reputation and public confidence.				

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Agenda item: 5.7

Finance and Performance Committee **Date: 21 October 2025**

Subject:	Powys Public Service Board Climate Working Group update
Approved and presented by:	Pete Hopgood, Executive Director Finance, Estates and Support Services
Prepared by:	Associate Director of Capital, Estates and Facilities Environment and Sustainability Manager
Other Committees and meetings considered at:	Executive Committee – 15 October 2025

PURPOSE:

To provide update of progress made by Powys’ Public Service Board Climate Working Group on county wide climate foot printing and climate adaptation.

RECOMMENDATION(S):

The Finance and Performance is asked to:

- **RECEIVE** the shared work identifying the ongoing to response to climate change by the Powys Public Service Board Climate Working Group.
- Take **ASSURANCE** the partnership work contributes effectively to PTHB plans and requirements.
- **NOTE** the intention to continue to the shared working amongst PSB members and support through Environment & Sustainability Team to draw out points of action for PTHB and include within the Health Board’s bespoke climate adaptation plans.

Approve/Take Assurance	Discuss	Note
N	N	Y

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

The Powys Public Service Board (PSB) Climate Working Group continues to lead a coordinated county-wide response to the climate emergency, aligned with the 2023–2028 Well-being Plan. The programme focuses on achieving a just transition to net zero by 2050 and building climate resilience across Powys.

Recent climate data highlights the urgency of this work: the UK experienced its hottest summer on record in 2025, with Powys recording significantly above-average temperatures and reduced rainfall¹. These trends underscore the increasing risks posed by climate change, particularly to rural communities and land-based economies.

The PSB Climate Working Group has developed a two-phase programme. Phase one concluded in December 2024, and phase two is now underway, supported by Shared Prosperity Fund funding through February 2026. Key achievements include:

- 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).
- 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 has strengthened organisational capability, improved data capture, and enhanced public engagement. A third phase is under development to deepen data granularity and expand community-level action. Powys Teaching Health Board (PTHB) remains a core member, ensuring health-related impacts are considered in future planning.

The Committee is asked to **note** the shared work ongoing to respond to climate change by the PSB Climate Working Group.

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¹ [Summer 2025: A regional breakdown - Met Office](#)

BACKGROUND DETAIL



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 food and land. Recent studies 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.

Under the Well-being of Future Generations (Wales) Act, Public Service Boards must carry out a well-being assessment, publish a local well-being plan, and report annually. Powys' current plan (2023–2027) identifies Responding to the Climate Emergency as one of three strategic Steps.



The Powys Public Service Board (PSB) made responding to the climate emergency a priority for its 2023-2028 Well-being Plan. This five-year effort focuses on a "just transition to net zero" by 2050 and building climate resilience. The program aims to improve community well-being, protect nature, and ensure the economic and social benefits of the transition are shared equitably.

The Public Service Board (PSB) Climate Working Group was formed in 2023 to develop and deliver a five-year programme, help manage increasing risks posed by climate change and to establish ways of working to support an approach to climate adaptation.

Climate resilience entails safeguarding individuals, infrastructure, and essential services from the escalating impacts of climate change. Decarbonisation, meanwhile, seeks to unlock the economic and social co-benefits of energy and resource efficiency, while ending dependence on fossil fuels. The strategic ambition for Powys is to become both net zero and climate resilient, while actively restoring natural ecosystems—recognising both their intrinsic value and their role in delivering vital ecosystem services, such as carbon sequestration.

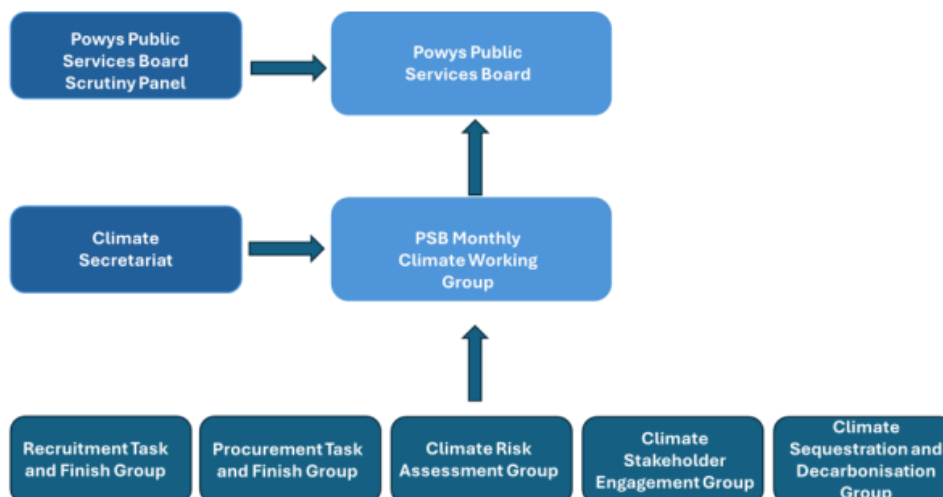
This vision is underscored by recent climate data: the UK experienced its hottest summer on record in 2025², with a mean temperature of 16.10°C—1.51°C above

² [Summer 2025 is the warmest on record for the UK - Met Office](#)

the long-term average. Wales recorded a mean summer temperature of 16.06°C, with rainfall at just 79% of the seasonal norm and sunshine hours 8% above average. These conditions reflect a broader trend of intensifying heatwaves and reduced rainfall, driven by human-induced climate change.

Powys' Public Services Board (PSB) decided to establish the Powys PSB Climate Working Group at a meeting on 4th October 2023 to lead the development and delivery of Powys Public Services Board's response to the climate emergency in line with the 2023-28 Powys Well-being Plan.

The Climate Working Group membership is made up of representatives of Powys Public Services Board statutory partners and invited partners. PTHB is a Core Member (PTHB, PCC, NRW, MAWWFRS, DPP and PAVO) and represented by the Health Board's Environment & Sustainability Manager. Six sub-groups report to the Climate Working Group: Recruitment Task & Finish, Procurement Task & Finish, Climate Risk Assessment, Climate Sequestration and Decarbonisation, Climate Stakeholder Engagement Task & Finish, and Fundraising Task & Finish group.

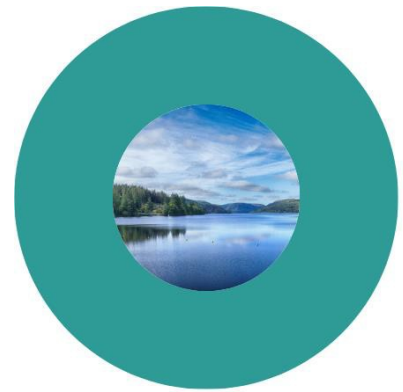


A two-phase project plan was developed, with the first phase work completed in December 2024. Phase two has continued the work, with planned outcomes in 2026.

County wide carbon baseline and Net Zero Transition

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The study, commissioned by the PSB and undertaken by Small World Consultancy, seeks to provide a roadmap for Powys to help responsibly manage a transition to a low carbon economy, while supporting the county's resilience and long-term prosperity. It provided detail of woodland and peatland carbon sequestration opportunity mapping; a science-based fair-share decarbonisation trajectory; and a policy and priority intervention analysis.



Spend and science-based emissions calculations, covering all 3 scopes (see Figure 1) of emissions, for Powys in 2022 were based on national and local data sets covering 105 sectors.

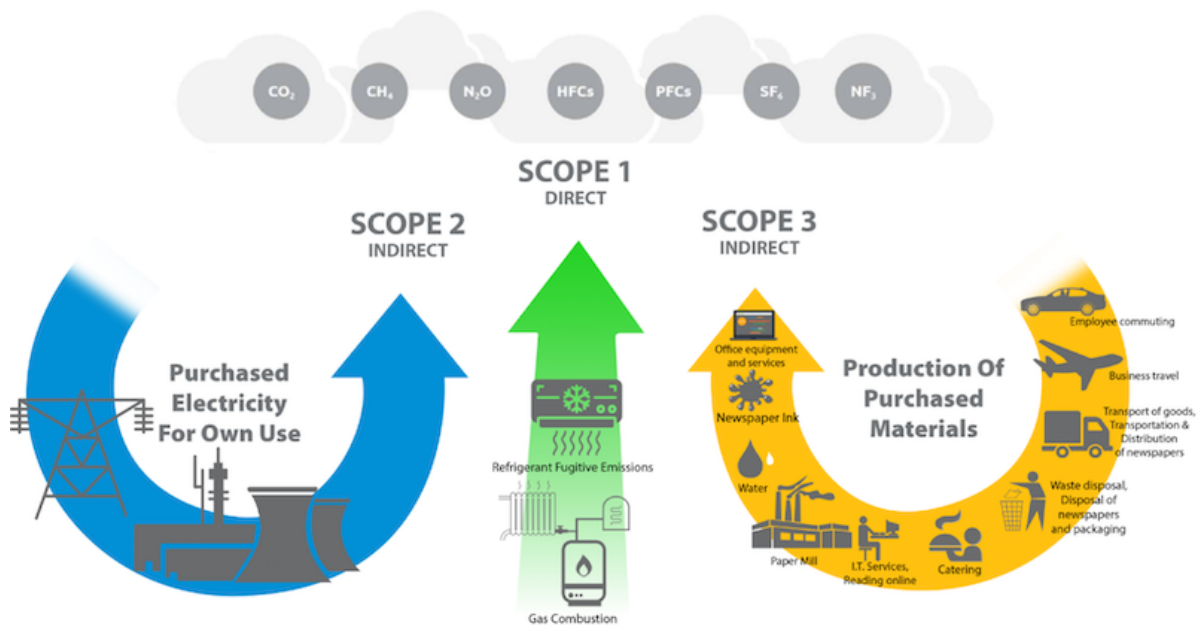


Figure 1: Emission scopes

The total footprint of Powys' residents, visitors, agriculture and land use, and industrial energy use in 2022 is 3.5 million tonnes of CO₂e. The exact figure and the breakdown by working group category is given in Table 1. The 'land, rivers and nature' category includes agriculture and makes up the single largest contribution, even after taking into account carbon sequestration from forests and grasslands. (There were over 3.6 million sheep in Powys in 2022³.)

Table 1: Footprint by category in tonnes of CO₂e, and as a proportion of the total footprint.

Category	tonnes CO ₂ e	% of total
Electricity	68,245	2%
Food	518,352	15%

³ [Total Livestock in Wales by Area](#)

Buildings (incl heating)	522,765	15%
Goods and services	565,383	16%
Mobility and transport	871,376	25%
Land, rivers and nature	1,000,895	28%
Total	3,547,016	100%

Table 2: Total residents' footprint by sub-category.

Category	tonnes CO ₂ e	% of total
Food & Drink Shops	454,384	24%
Vehicle Fuel	249,395	13%
Health, Education, Other Public Services	205,267	11%
Household Fuel	190,050	10%
Other Non-Food Shopping	125,121	7%
Personal Flights	123,044	7%
Other Bought Services	113,860	6%
Housing	92,926	5%
Car Manufacture & Maintenance	58,088	3%
Household Electricity	55,396	3%

Apportioning this total footprint equally across the **133,891** residents of Powys gives a per capita footprint of **13.9 tonnes** of CO₂e per person in 2022. This is 17% higher than an average UK resident (11.8 tonnes of CO₂e per person), which can be attributed to land use and the high levels of livestock farming.

Although reducing reliance on polluting fuels for household heating is possible via retrofitting insulation and heat pumps, reducing car dependence requires holistic policies and engagement covering land use, planning, community health and viability, and the very nature of the residents' current lifestyles.

Emissions trajectory and sequestration opportunity mapping has also been undertaken for each sector to help the PSB understand a pathway to Net Zero by 2025.

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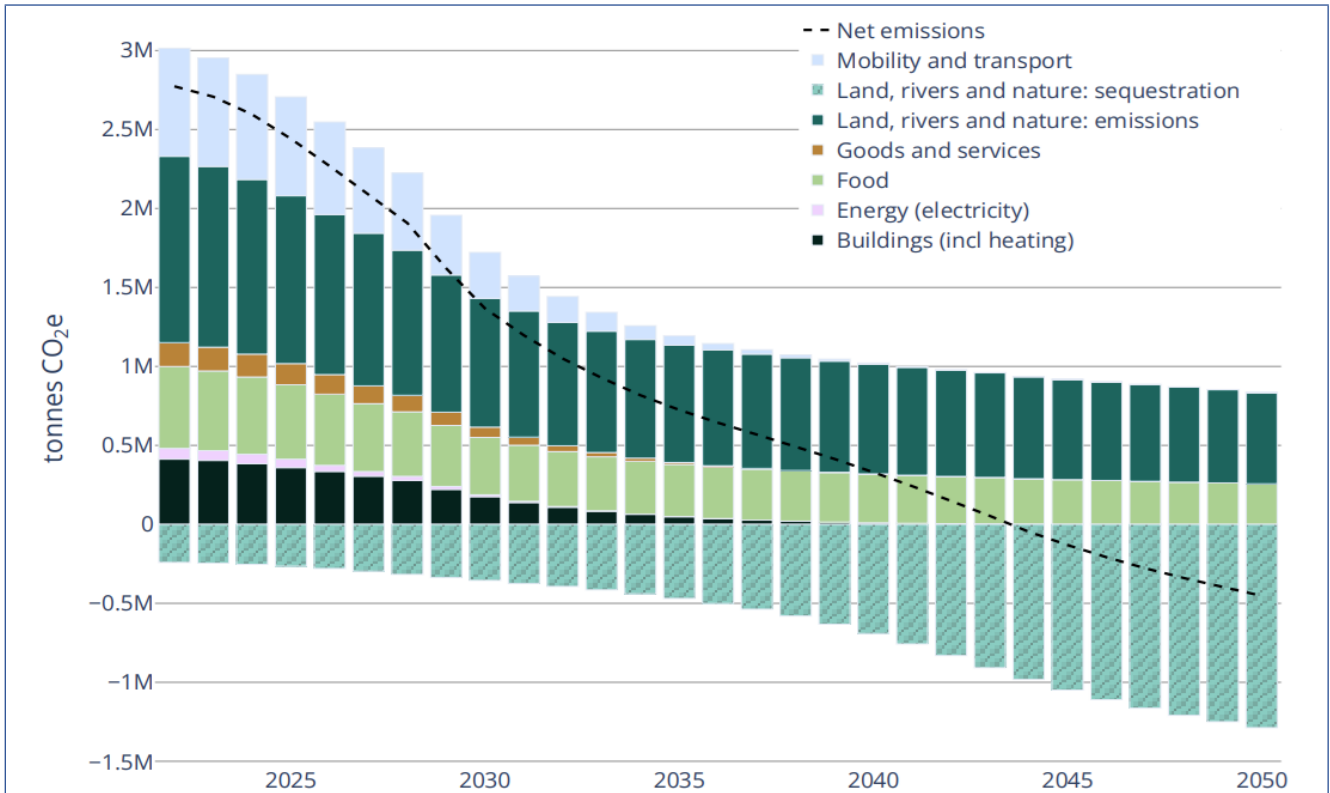


Figure 2: Overall decarbonisation trajectory for all sectors of the baseline footprint to 2050

Across the selected sectors, the total net GHG footprint is projected to decrease from around 2.9 million tonnes CO₂e in 2022 (baseline year) to – 0.41 million tonnes CO₂e in 2050. Despite the rapid decrease in emissions across many sectors, the large proportion of the footprint which is covered by food and agriculture leaves nearly a quarter of today’s remaining in 2050. However, the sequestration level by then is nearly half of today’s emissions in absolute terms, resulting in a net carbon sink in 2050.

Despite the high ambition of these targets, the nature of the multi-dimensional crisis we face demands that these are the essential levels of action we ought to take to secure a viable future for all of us. But we should bear in mind that the nature of the crisis also means that interventions which truly address the underlying causes will improve our well-being, and that of the natural world around us, meaning we can lead happier and healthier lives⁴.

Small World’s online Landscape Carbon Tracker tool has been made available to the PSB to allow annual progress updates to be checked against recommended decarbonisation trajectory by calculating a new footprint year on year. How the tracker will be updated by each of the public services is yet to be agreed amongst the membership.

Climate risk assessment

⁴ PSB/Powys_Carbon_Footprint_Assessment_241001_FINAL.pdf

Work has been undertaken by the Climate Risk Secretariat and Local Partnerships, in-line with the Climate Change Committees Climate Change Risk Assessment CCRA3 and CCRA4, to develop an approach to risk, risk ownership and solutions cumulating in a series of planned on-line officer meetings and an in-person PSB board workshop planned for 11 November.

This work dovetails with PTHB’s own climate adaptation plan developments (to be delivered 2025-26), and its risk assessments. To ensure PTHB can easily report its risks and adaptation plans into the PSB reporting framework, PTHB Environment team are waiting for a final risk assessment format which can be incorporated into draft adaptation delivery plans.

Progress has been made to build on work undertaken by the Climate Change Committee on ‘control and influence’ in relation to climate change. Public services directly control between 2-5% of local emissions, but can influence up to 30% if resources are pooled and leadership is combined, driving deeper and faster local change.

2025 Progress

A second allocation of funding from the Shared Prosperity Fund has enabled the Public Services Board (PSB) Climate Secretariat to initiate and begin implementing a structured programme of work, scheduled to continue through February 2026. This defined timeframe has informed the development of short-term priorities, with a particular focus on enhancing organisational capacity and capability to support sustained, long-term climate action.

The programme has continued to build upon the data collection and insights established during phase one, thereby enhancing delivery effectiveness, strengthening organisational capability, and fostering greater public engagement.

Q1

- **Carbon footprint:** Develop carbon footprint and climate transition draft document.
- **Risk assessment analysis (CCRA3):** Initial County wide climate risk assessment undertaken.
- **Carbon Disclosure Report:** data submitted.

Q2

- **Climate Action Plan:** A draft plan has been developed, highlighting nine transformational shifts:

Shift	Description
1: CLIMATE SAFETY	From vulnerability to resilience and preparedness.
2: ENERGY SAVING & RENEWABLE ENERGY	From fossil fuel reliance to energy efficient clean energy.

3: SUSTAINABLE TRAVEL	From petrol and diesel car-dependence to active, public, shared, and electric transport.
4: RESTORED NATURE	From depleted ecosystems to thriving, biodiverse landscapes.
5: AFFORDABLE SUSTAINABLE FOOD	From unhealthy, extractive food systems to nutritious, local, low-impact food for all.
6: WELL-BEING ECONOMY & SUSTAINABLE RESOURCE USE	From GDP-driven extraction to circular, community-focused prosperity.
7: SUSTAINABLE PLACES	From disconnected services to vibrant, accessible and connected local hubs.
8: ACTIVE CITIZENS	From passive engagement to empowered, informed local action.
9: JOINED UP PUBLIC SECTOR	From siloed efforts to coordinated, community-responsive leadership.

- **Climate risk assessment**

Work has been undertaken with Local Partnerships to develop an approach to risk ownership and solutions including a series of on-line officer meetings and an in-person PSB board workshop planned for 11 November.

- **Carbon footprint:** Draft carbon footprint doc produced, and amendments made. Awaiting final draft for approval.
- **Monitoring and Evaluation:** Work on monitoring and evaluation mechanisms underway.
- **Carbon Disclosure Report** A CDP carbon disclosure report has been completed.
- **Climate action:** An Expression of interest for Welsh Local Government Association (WLGA) funding to trial a new 'union' framework for area-based climate action has been submitted.
- **Climate Hub:** web-based site for local community group communications. concept developed and roll out 22 September.
- **Climate Stakeholder Group:** Review Climate Stakeholder Group membership and expand invitations. Prioritise community led action.
- **Funding:** The PSB secured grant funding to support Phase 1 and Phase 2 of the Climate Wellbeing Plan, which includes developing a Climate Engagement Hub and forming a Climate Stakeholder Panel. Phase 3 is yet unfunded and the current funding finishes end of Feb 2026.

Q3 Priorities:

- **Climate risk:** Deepen climate risk ownership and mitigation analysis, and support PSB coordination on cross-cutting and cascading risks such as food insecurity and wildfires.
- **Stakeholder engagement:** Support embedding in mainstream PSB climate decision-making.

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- **Behaviour change:** Public sector and stakeholder behaviour change initiatives (to be agreed).

Phase 2 focus

Phase 2 will be focused on: deepening understanding gained to date, sharing the evidence, setting up a coherent approach to stakeholder involvement to support scaled up action, supporting PSB joined-up working on climate, developing Monitoring, Evaluation, Accountability and Learning, supporting social enterprises.

Six work packages have been set out which aim to support Powys PSB to scale up its direct impact and strategic influence, in line with Climate Change Committee advice. The programme team have a live tracking document which illustrate the actions, deliverables and success to the end of phase 2 (February 2026).

Tasks	Jun-25				Jul-25				Aug-25				Sep-25				Oct-25				Nov-25				Dec-25				Jan-26				Feb-26			
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Work Package 1 Have Your Say Powys climate hub					M1.1				D1.1																											
1.1 Develop and Launch the new Powys Climate Hub					M1.1				D1.1																											
1.2 Create Powys Climate Hub rolling updates function and online climate organising space						M1.2			D1.2																								D1.3			
1.4 Launch Powys Climate Hub helpdesk + online Q&A/FAQ function									D1.4																											
Work Package 2 Public body and stakeholder coordination and involvement																																				
2.2 Powys Stakeholder Panel convening and transition																																	D2.1			
2.3 PSB Climate Working Group convening: coordinating public body climate action							M1.3																													
2.4 T&CC climate network support: enabling community-centred climate action									M1.4																								D2.3			
2.5 Public body support: helping public bodies to plan their own climate action within Powys																																	D2.4			
Work Package 3 Climate social enterprises and initiatives																																				
3.1 Develop plans to scale up two priority Powys social enterprises: The Hive + Super Surplus food project											M1.5																						D3.1			
3.2 Develop plans to scale up child-focused food engagement project (time travel)															M1.6																		D3.2			
3.3 Active Citizens support: enabling social enterprises and community initiatives																																	D3.3			
Work Package 4 Climate problem solving and advocacy																																				
4.1 Climate hackathon organising: problem solving thorny climate problems in Powys													M1.7																							
4.2 Develop a forward planner of major climate related public body decisions in Powys.																																	D4.2			
4.3 Bring to the attention of relevant decision-makers key issues arising from stakeholder and community engagement and support good practice adoption																																	D4.3			
Work Package 5 Strategy, policy and project management																																				
5.1 Monitor, evaluate, learn and disclose in relation to the Powys Climate Action Plan															M1.8																					
5.2 Identify priorities and develop costed plans and a clear exit strategy for the next phase of Climate Secretariat climate action in 2026.																																	D5.2			
Work Package 6 Funding, fundraising and financing																																				
6.1 Identify opportunities and develop and submit fundraising bids for PSB climate work, partnerships and social enterprise support																																				
6.2 Manage SPF grant in line with agreed terms																																				
6.3 Explore and support opportunities for innovative finance for Powys climate action																																				

Figure 3: Climate Working Group tracking document

A third phase is currently under development and evaluation to deepen data granularity and spread action further into community areas, including:

- **Climate risk:** Deepen climate risk ownership and mitigation analysis, and support PSB coordination on cross-cutting and cascading risks such as food insecurity and wildfires.

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- **Stakeholder engagement:** Support embedding in mainstream PSB climate decision-making.
- **Behaviour change:** Public sector and stakeholder behaviour change initiatives.
- **MEAL framework:** use to strengthen impact.

Whilst the main focus of the PSB Climate Working Group isn't health, it's still important for Powys Teaching Health board to be involved in this work to add value and to ensure health related issues are well considered in future work.

NEXT STEPS:

Continued shared working amongst PSB members and support through Environment & Sustainability Team to draw out points of action for PTHB and include within the Health Board's bespoke climate adaptation plans.

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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				Supporting the PSB work on climate is important in assessing risks in a specific way for Powys and building an appreciation of impacts of the way in which we work on our environment.
Timely	x				
Effective			x		
Efficient	x				
Equitable	x				
Person Centred	x				
Workforce	x				
Leadership	x				
Culture			x		
Information			x		
Learn, Improve, Research			x		
Whole Systems Approach			x		

EQUALITY:

	No impact	Negative	Positive	Both	
Age	x				Supporting the PSB work on climate is important in assessing risks in a specific way for Powys and building an appreciation of impacts of the way in which we work on our environment
Disability	x				
Gender reassignment	x				
Marriage / civil partnership	x				
Pregnancy / maternity	x				
Race	x				
Religion or Belief	x				
Gender	x				
Sexual Orientation	x				
Welsh Language	x				
Socio-economic status	x				
Social exclusion	x				
Carers	x				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical		x			Supporting the PSB work on climate is important in assessing risks in a specific way for Powys and building an appreciation of impacts of the way in which we work on our environment
Financial			x		
Corporate			x		
Operational			x		
Reputational			x		

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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.8

Finance and Performance Committee **Date: 21 October 2025**

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 Development – 8 May 2025 Executive Committee – 14 May 2025 Board – 30 July 2025 F&P – 02 September 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 copy of the Committee Risk Register is based upon the adopted by the Board on 30 July 2025 and was previously presented to the Committee on 2 September 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	

REVISED COMMITTEE RISK REGISTER

The Committee has routinely received a Committee Risk Register which draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to the Health Board’s within the Committee’s remit.

This copy of the Committee Risk Register is based upon the adopted by the Board on 30 July 2025 and was previously presented to the Committee on 2 September 2025.

The Committee Risk Register is attached at **Appendix A.**

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of risks as set out above.

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Committee Risk Register

Finance and Performance Committee – 21 October 2025

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STRATEGIC RISK DASHBOARD – JULY 2025 DATA

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 001	Financial Sustainability	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	4 x 5 = 20	➔	Cautious	*	Finance and Performance	Cross-cutting (All SPs and WBOs)
EDoFC &E	SRR 007	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	4 x 4 = 16	➔	Minimal	*	Finance and Performance	SP 09 and WBOs 1 and 4
EDPCC MH	SRR 009	Performance and Service Sustainability	The Health Board is unable to stabilise the growing implications of Continuing Health Care	4 x 4 = 16	*	Open	*	Finance and Performance	SP 6 and WBO 4
DCG	SRR 012	Reputation and Public Confidence	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	3 x 5 = 15	*	Open	*	Finance and Performance	Cross-cutting (All SPs and WBOs)

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KEY:


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 – JULY 2025 DATA

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>																	
<p>Executive Lead: Executive Director of Finance, Capital and Support Services</p>		<p>Boards Risk Appetite: Cautious</p> <p>Assuring Committee: Finance and Performance Committee</p>																	
<p>Latest review date: July 2025</p> <p>Added to register:</p> <p>June 2024</p> <p>Link to Strategic Priorities and Wellbeing Objectives:</p> <p>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>Nov-24</td> <td>8</td> <td>20</td> </tr> <tr> <td>Jan-25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Nov-24	8	20	Jan-25	8	20	Feb 25	8	20	Mar 25	8	20	<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																	
Nov-24	8	20																	
Jan-25	8	20																	
Feb 25	8	20																	
Mar 25	8	20																	
<p>Controls (What has been implemented to manage the risk?)</p>	<p>Sources of Assurance</p>	<p>Level of Assurance</p>	<p>Highest Assurance provided to:</p>																

7.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
7.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
7.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
7.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
7.5	Investment Benefits Group- focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
7.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
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Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and Exec Committee and D&P	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome to be reported to Board in July	Ongoing	Ongoing

Additional information:

Rationale for current score:

- The Plan includes a £23.1m savings target. This is not currently being achieved.
- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as £42.1m.
- The scale of this deficit against annual expenditure of circa £480m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

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<p>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> <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 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>Howell, Bethan 20/10/2025 12:43:43</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>9</td><td>16</td></tr> <tr><td>Nov-24</td><td>9</td><td>16</td></tr> <tr><td>Jan-25</td><td>9</td><td>16</td></tr> <tr><td>Feb 25</td><td>9</td><td>16</td></tr> <tr><td>Mar 25</td><td>9</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Nov-22	8	16	Dec-22	8	16	Feb-23	8	20	Apr-23	12	20	Aug-23	12	20	Dec-23	12	20	Feb-24	12	16	July-24	9	16	Nov-24	9	16	Jan-25	9	16	Feb 25	9	16	Mar 25	9	16	<p>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																																							
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	9	16																																							
Nov-24	9	16																																							
Jan-25	9	16																																							
Feb 25	9	16																																							
Mar 25	9	16																																							

estate and shortfall in funding to address backlog and support future transformation plans.

- Powys has the oldest estate in NHS Wales, compounding these issues.

Capital: (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures)

- NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda.
- NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate.
- Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes.

Environment & Sustainability: (Risk Driver: Policy Ambition vs. Resource Gap)

- The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation.
- The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit investment (Re:fit), further widening the gap between policy ambition and practical delivery.

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		<p>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			
9.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
9.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group

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9.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
9.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
9.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	<ul style="list-style-type: none"> Minutes and papers from meetings Audits undertaken by NWSSP 	Reasonable	Estates Compliance Group, Health & Safety Committee
9.6	Capital Programme developed for Compliance and approved capital programme	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance
9.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board
9.8	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
9.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	<ul style="list-style-type: none"> Compliance Highlight Reports, Audit plans, notes and papers from meetings 	Reasonable	Delivery & Performance Group
9.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	<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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9.11	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
9.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> Notes from meetings Annual Procurement Report 	Substantial	Innovative Environments Group / Finance & Performance
9.13	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
9.14	Audit reviews by NWSSP Audit and Assurance	<ul style="list-style-type: none"> Audit reports and Action Plans 	Reasonable	Audit and Assurance Group
9.15	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
9.16	Reporting routinely to Finance & Performance Committee	<ul style="list-style-type: none"> Notes and papers from meetings 	Reasonable	Finance & Performance Committee
9.17	Capital Programme developed and approved	<ul style="list-style-type: none"> Paper to Executive level meeting 	Substantial	Delivery & Performance / Board
9.18	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
9.19	Capital and Estates set as a specific Organisational Priority	<ul style="list-style-type: none"> Annual Plan 	Substantial	Board

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9.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets • SBARs	Substantial	Capital Control Group /Innovative Environments Group
	<u>ENVIRONMENT</u>			
9.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
9.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
9.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
9.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group
9.25	Welsh Government Energy Service / Re:fit energy programme of works underway. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital	In line with Annual Plan for 2025-26	On Track

		Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.		
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.	In line with Annual Plan for 2025-26	On Track
Deliver energy savings and decarbonisation benefits	Associate Director for Capital, Estates and Facilities	£4.2M Re:fit energy efficiency project works will complete in Q2	In line with Annual Plan for 2025-26	On Track
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk
Additional information:				

Update including impact of actions to date on current risk score:

Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing.

Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.

Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.

Finance: significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

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SRR 009	There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care			
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I3 = 9	Risk Category: Performance and Sustainability		
		Boards Risk Appetite: Open		
Executive Lead: Executive Director of Primary, Community Care and Mental Health		Assuring Committee: Finance and Performance Committee		
Latest review date: Added to register: July 2025 Link to Strategic Priorities and Wellbeing Objectives: SP 6 and WBO 4		Cause of risk and rational for current score: <ul style="list-style-type: none"> Demand is greater than available resource Risk materialising would result in: <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 		
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

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Deep Dive Report on EMI numbers and costs	Assistant Director of Complex Care	Report submitted to Executive Director on time	Completed June 2025	On track
Recruitment to additional post to support MH Adults of Working Age with provision of commissioning support to Acute Care Pathway	Head of Mental Health Complex and Unscheduled Care	Draft JD is submitted to Workforce for job matching	Completed June 2025	On track
Private Provider Report identifying new governance processes in place	Assistant Director of Mental Health and Learning Disabilities / Assistant Director of Complex Care	Report submitted to Executive Director on time	Completed June 2025	On track
Complex Care Operational Management Group	Assistant Director of Complex Care	This bi-monthly meeting has a financial component. This is in addition to other regular meetings with finance to review budget changes/rationale.	July 2025	On track
Complex Care Workshop Series	Executive Director of Primary Care, Community and Mental Health	Working group addressing challenges through specific project work: <ul style="list-style-type: none"> • Implementation of Digital systems • Specific review high cost placements • Alternative arrangements with 	Completed June 2025	On track

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		providers to meet high need EMI placements		
New System to process Retrospective CHC Claims	Lead Nurse Complex Care and Care Home Governance	Implementation of an effective system to ensure process slippage is reduced when dealing with claims	Completed April 2025	On track
National Digital System delays	Assistant Director of Complex Care	<p>There is no clear timeline for when a national system will be agreed.</p> <p>Welsh Government (WG) has agreed to fund the initial procurement cost of a digital system only but will not cover ongoing costs such as licensing and other system-related expenses.</p> <p>Health Boards will need to plan financially for future costs.</p>	September 2025	Delayed

Additional information:

Rationale for current score: It is early on in the financial year and full year demand is unknown.

Update including impact of actions to date on current risk score: Remains the same.

Associated organisational risks (ORR):

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- Organisational Risk Register under development Q2 2025/26.

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SRR 012	There is a risk that: The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	
Current Risk Score: 15	Risk rating detail: (likelihood x impact) Current: 3 x 5 = 15 Inherent: 4 x 5 = 20 Target: 2 x 4 = 8	Risk Category: Reputation and Public Confidence Boards Risk Appetite: Open
Executive Lead: Director of Corporate Governance / Board Secretary		Assuring Committee: Finance and Performance Committee
Latest review date: July 2025 Added to register: July 2025 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs <small>Dowell, Bethan 20/10/2025 12:43:43</small>	Cause of risk and rationale for current score: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications. 		
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
2.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
2.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	PPPH
2.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair
2.4	Quarterly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	PPPH

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2.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee
2.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
2.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
2.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
2.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures)	Notes from meetings	Reasonable	Board
2.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee
2.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
2.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
2.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
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Bethan
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Procurement of consultation assurance for Stage Three Better Together	DCG/DoP&C	Procurement process due to conclude by 08/25 following some delays outside the health board's control in SSP	30/07/25	Delays by SSP have been escalated
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way	08/25	On track
Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation	08/25	On track
Establishment of continuous engagement programme following strengthening of engagement team from 06/25	DCG	Schedule of events being developed for implementation following	08/25	On track
Develop consultation plan for Better Together	DoP&C / DCG / DPPC	Consultation plan being developed through Better Together programme arrangements	08/25	On track
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track
Further campaign to encourage govDelivery sign ups to increase subscribers so that residents can receive information direct from PTHB	DCG	Paid-for advertising campaign summer 2025	30/09/25	On track

Additional information:

Rationale for current score:

Significant challenges to public confidence remain possible, particularly given the pressing need for significant transformation of health services to ensure that they are fit for the future. The scope for managing these challenges is reduced due to the highly complex environment in which the health board operates (very large rural geography, hyperlocal needs and expectations, complex cross-border commissioned pathways with both England and Wales). Trust has been further challenged by decisions the health board has needed to make in the context of in-year financial challenges (e.g. waiting list measures) and to address risks to safety and sustainability (e.g. temporary service changes).

Update including impact of actions to date on current risk score:

Temporary strengthening of the engagement and communication function is supporting the health board to establish mechanisms for continuous engagement, although decisions will be needed once temporary funding ends as the substantive permanent resource across all engagement and communication specialisms (strategic communications, digital and social media including website and intranet, crisis communications, graphic design and print, public and community engagement and consultation, press and PR, internal communications, stakeholder relations, reputation and branding) is 4.0wte.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

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Finance and Performance Committee 2025-26

Theme	Item Title	May 01/05/2025	June 26/06/2025	September 02/09/2025	October 21/10/2025	December 04/12/2025	February 26/02/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	✓					
Governance	Work Programme (updated through year)		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓					
Governance	Committee Governance Action Plan		✓				✓
Governance	Committee Annual Report (including IC elements)	✓					
Governance	Review of Terms of Reference	✓					
Performance	Integrated Quality and Performance Report	✓	✓	✓	✓	✓	✓ Mnth 9
Performance	Ministerial Enabling Actions		✓	✓		✓	
Performance	Annual Delivery Progress Report	✓ Q4		✓ Q1	✓ Q2		✓ Q3
Finance	Finance Report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Health Care costs)			✓			✓
Finance	Variable Pay			✓			
Annual Reporting	Draft Performance Report (of Annual Report) - to be circulated via email due to timescales						
Innovative Environments	Capital Programme Delivery & 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 (Fire and Patient Safety) 6 monthly report					✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix - Second look needed at joint PPPH and D&P meeting March 2026						
Actions	Deep Dive - from Performance report (Action at Feb meeting) Ambulance Response (May)		✓				✓
Actions	Review the effectiveness of clusters in achieving their purpose on an Annual basis (consent agenda)	✓					
Actions	Deep Dive - from Performance report (Action at Feb meeting) Cancer Performance & Diagnostics			✓	✓		
Actions	Community Hospital Delays & Flow		✓				
Actions	Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais. - Presented to Board in September. No longer required.			✓			
Actions	Private Providers- Mental Health		✓	✓			
	Deep Dive - from Performance report (Action at Feb meeting) MIU Deep Dive						✓
Governance	Getting It Right First Time (as per IA, Tackling Planned Care) Schedule TBC					✓	
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							

Tackling the Planned Care Challenges – Powys Teaching Health Board

Date issued: May 2025

Document reference: 4667A2025

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings of work on planned care recovery that we have undertaken at Powys Teaching Health Board (the Health Board) to examine the progress it is making in tackling its planned care challenges and reducing its waiting list backlog. The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with INTOSAI¹ audit standards. This report excludes any examination of waits relating to cancer diagnosis and treatment, which are the subject of a separate examination by the Auditor General.
- 2 Tackling the planned care waiting list backlog is one of the biggest challenges facing the NHS in Wales. NHS waiting time targets in Wales have not been met for many years and the COVID-19 pandemic made an already challenging situation considerably worse as planned care services were initially postponed and then slowly re-started to allow the NHS to focus its attention on dealing with those seriously ill with the virus. Since the onset of the pandemic, the overall size of the NHS waiting list has grown significantly and at the end of February 2025 there were 614,150 individual patients waiting for treatment
- 3 In April 2022, the Welsh Government published its Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales. The programme includes £170 million recurring funding to support planned care recovery, together with an additional £15 million funding per year over four years to support planned care transformation. Welsh Government subsequently allocated a further £50 million between September 2024 and October 2024 to reduce the longest waiting times². The programme includes specific targets and Ministerial priorities:
 - that no one should wait longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023**³);
 - to eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
 - people should receive diagnostic testing and reporting within eight weeks and therapy interventions within 14 weeks by Spring 2024; and

¹ INTOSAI is the International Organization of Supreme Audit Institutions

² Health Secretary response to latest NHS Wales performance data. The £50 million additional allocation comprised £28 million in September and £22 million in October 2024.

³ Health Boards did not achieve the original targets for first outpatient appointment and number of people waiting longer than two years for treatment. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

- to eliminate the number of people waiting longer than one year in most specialties by Spring 2025.
- 4 In May 2022, the Auditor General for Wales published a commentary on “[Tackling the Planned Care Backlog in Wales](#)” which estimated that it could take up to seven years for the overall waiting list in Wales to return to pre-pandemic level. The commentary highlighted key areas for action, including:
- having strong and aligned local leadership to deliver the national vision for recovering planned care services;
 - having a renewed focus on system efficiencies and new technologies;
 - building and protecting planned care capacity; and
 - communicating effectively with patients who are waiting for treatment and having systems in place to manage the clinical risks to those patients while they are waiting.
- 5 Our work has considered the progress Health Board is making in tackling its planned care challenges and reducing its waiting list backlog, with a specific focus on:
- action that the Health Board has taken to tackle the planned care backlog;
 - waiting list performance; and
 - understanding and overcoming the barriers to improvement.
- 6 We undertook our work between August 2024 and February 2025. The methods we used are summarised in **Appendices 1 and 2**. **Appendix 3** provides some additional data analysis on planned care services and **Appendix 4** contains the Health Board’s response to any recommendations arising from our work.
- 7 In November 2024, the Welsh Government escalated the Health Board to (Level 4) for finance, strategy and planning on its [NHS Wales escalation and oversight framework](#). The financial position has a direct bearing on the financial sustainability of planned care services, and in particular its ability to commission externally provided services to meet rising demand.

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Key facts⁴

- £25.4m** the amount of additional funding the Health Board has received from Welsh Government between 2022-23 and 2024-25 to support planned care improvement.
- 27,578**** the overall size of the waiting list at December 2024 (combined Welsh and English providers).
- 344*** the number of patient pathways waiting more than 1 year for their first outpatient appointment at February 2025 against a national target of zero waiting. The number of 1 year waits for an outpatient appointment has reduced by 57% since April 2022.
- 197**** the number of patient pathways waiting more than 2 years for treatment at December 2024 against a national target of zero waiting.
- 89%*** the percentage diagnostic test waits that are within 8 weeks at February 2025 against a national target of 100%. This is an 18% reduction of 'over 8 weeks' diagnostic waits since April 2022.
- 99.9%*** the percentage of therapy waits that are within 14 weeks at February 2025 against a national target of 100%. The Health Board has achieved an 96% reduction of 'over 14 week' therapy waits since April 2022.
- 2,749**** the number waiting more than one year for treatment at December 2024 against a national target of zero for most specialties by Spring 2025.

* This data is for Powys residents waiting in Welsh NHS Providers only. Therefore, this excludes Powys residents waiting/treated in England.

** This data is for all Powys healthcare providers. It includes Powys residents waiting for treatment in Powys and Powys residents waiting for treatment in Welsh health boards and English trusts.

⁴ The data source for Welsh residence and provider waiting times data is Welsh Government's Stats Wales website. NHS England waiting times data was sourced from the Health Board's January Integrated Quality and Performance Board report.

Key findings

- 8 Overall, we found following some early success, performance against some ministerial priorities has plateaued and the overall number of patients waiting has continued to rise. The Health Board's service demand is increasing. It needs a plan to meet current and future service needs, which considers its strategic commissioning environment and maximises local service efficiencies.

Action that the Health Board is taking to tackle the planned care challenge

- Whilst the Health Board has set out clear plans for securing short-term waiting list improvements, it has yet to sufficiently describe actions needed to balance capacity/resources with demand to secure more sustainable improvements to planned care services.
- The Health Board is spending its additional Welsh Government planned care allocation in line with its plans. However, it has been unsuccessful in obtaining additional transformation funding which has contributed, in part, to a limited focus on service transformation.
- The Health Board has started to deliver a greater level of efficiencies but there remain further opportunities. Work is underway to improve theatre utilisation as currently there are opportunities for greater efficiency and the Health Board needs to take action to reduce the number of cancelled operations.
- The Health Board is managing its complex commissioning environment well and effectively holding its commissioned bodies to account for outsourced planned care services. However, its insourcing arrangements are vulnerable because 'in-reach' consultants who travel to work in Powys to provide in-county treatment are not always available.
- The Health Board is making progress implementing the Welsh Government's Promote, Prevent and Prepare policy, but current arrangements do not cover Powys residents waiting for out of county treatment. The arrangements for monitoring and reporting incidence of harm associated with planned care waits for require strengthening.

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Waiting list performance – is the action taken resulting in improvement?

- The Health Board has continued to see a rise in its waiting list (the number of open patient pathways). As of December 2024, there were 27,578 open pathways.
- It is making mixed progress against the Welsh Government aims:
 - Despite early progress in reducing the number of people waiting longer than one year in most specialties by Spring 2025, performance has plateaued.
 - While initially improving, the Health Board did not achieve the Welsh Government's target to eliminate outpatient waits that are over a year and has struggled to maintain its early improvements.
 - Although the Health Board did not meet the revised Welsh Government target to eliminate waits over 2 years by March 2024, it has made good progress overall reducing the level of waits from around 699 in May 2022 to around 197 in December 2024.
 - The Health Board is currently meeting the target for therapy waits. However, its diagnostic services performance is more of a challenge, but based on the current performance it looks likely that the Health Board will meet the target during 2025.

Barriers to improvement

- There are a number of barriers to further planned care improvement. These include financial pressures in the Health Board, growing service demand, reliance on commissioned bodies' capacity, fragility of some in-reach services, under-utilisation of theatres and limited staff resources in some areas.
- The Health Board recognises these challenges and is introducing a range of actions to help address these issues. These actions are at their early stages and more needs to be done to implement and embed them at pace.

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Recommendations

9 We have set out recommendations arising from this audit in **Exhibit 1**. The Health Board's response to our recommendations is summarised in **Appendix 4**.

Exhibit 1: recommendations

Recommendations

Longer term planning and costing

R1 Over and above the commitments signalled in the Integrated Plan 2024-29 and Annual Plan 2024-25, the Health Board should develop a Planned Care improvement plan which aims to both design and deliver financially sustainable local services and affordable commissioning approaches in the medium to longer term. The plan should be costed, with realistic but challenging milestones within it (**Exhibit 2**).

Demand and capacity planning

R2 The Health Board should ensure that its demand and capacity modelling approach informs short-term service capacity planning and longer-term service design. This should fully consider continued growth or expected changes in population demand for planned care services (**Exhibit 2**).

Efficiency and productivity

R3 To further improve efficiency and productivity, the Health Board should:

- 3.1 Produce a progress report providing an update on the completion of recommendations arising from the Getting It Right First Time (GIRFT) reviews to be presented at Board. (**Exhibit 6**).
- 3.2 Reduce the numbers of short notice surgical cancellations due to clinician unavailability (**Exhibit 6**).
- 3.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85% (**Exhibit 6**).

Managing clinical risks associated with long waits

R4 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks resulting from long waits.

Recommendations

- 4.1 Develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (Exhibit 7).
- 4.2 Routinely report harm resulting from delays in access to treatment to the Quality and Safety Committee. This should include data for all Powys residents i.e. whether they are treated in Powys or receiving care commissioned by the Health Board (Exhibit 7).

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Detailed report

Action that the Health Board is taking to tackle the planned care challenge

- 10 We considered whether the Health Board has taken appropriate action to tackle the planned care challenge. This included reviewing its plans, programme delivery arrangements and oversight, utilisation of additional Welsh Government funding and the operational management of planned care.
- 11 We found that the Health Board has a good, but short-term focus on planned care service recovery, supported by a clear programme delivery and oversight arrangements. However, it is facing financial pressures, and it needs to develop a clear plan for financially sustainable and efficient planned care services. It also needs to expand its 'Promote, Prevent and Prepare' arrangements and strengthen its reporting of harm associated with long waits.

Planned care improvement plans and the programme to deliver them

- 12 It is important that the Health Board has a clear plan for tackling the waiting list backlog and delivering sustainable planned care improvement. We considered whether the Health Board has:
 - clear, realistic and costed improvement plans for planned care that align with the national recovery plan ambitions and Ministerial priorities; and
 - appropriate programme management arrangements to support planned care improvement, supported by clear accountabilities and clinical leadership and reporting to committees and the Board.

Planned care improvement plans

- 13 We found that the Health Board has set its direction for planned care, however its delivery plan is uncosted and focused on short term solutions. The plan is also not informed by analysis and modelling of capacity and demand.
- 14 The findings that underpin this conclusion are summarised in **Exhibit 2**.

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Exhibit 2: the Health Board's approach to planned care improvement planning

Audit question	Yes / No / Partially	Comments
<p>Has the Health Board developed a clear plan to support planned care recovery?</p>	<p>Partially</p>	<p>The Health Board has set its direction for planned care within its Integrated Plan 2024-29 and Annual Plan 2024-25. Delivery of this is through the Planned Care Pathways Plan 2024-25, but the plan is too short-term and there needs to be far greater clarity on longer-term goals. The plan also needs to set out financially sustainable local service models and commissioning approaches (Recommendation 1).</p>
<p>Is the approach for delivering planned care improvement costed and affordable?</p>	<p>No</p>	<p>The Planned Care Pathways Plan 2024-25 does not contain clear costings for activities and initiatives and it is unclear whether the plan is affordable (see Recommendation 1). Given the Health Board's current planned care model and commissioning approach, there is a direct trade-off between its financial position and its ability to commission the capacity needed to secure a material reduction in waits. This suggests the current model may be increasingly unaffordable as planned care demand rises (See Exhibit 16, page 37).</p>
<p>Are the Health Board's planned care priorities appropriately aligned to the national planned care recovery plan and Ministerial priorities?</p>	<p>Yes</p>	<p>The Health Board's Integrated Plan 2024-29 and Annual Plan 2024-25 are sufficiently aligned to the ministerial measures and the national <u>'transforming and modernising planned care and reducing NHS waiting lists'</u> recovery plan.</p>
<p>Has the Health Board set out realistic yet challenging targets and milestones for planned care?</p>	<p>Partially</p>	<p>The Health Board has developed improvement trajectories aligned to the Ministerial priorities. However, plans lack longer-term planned care ambitions and milestones.</p>

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Audit question	Yes / No / Partially	Comments
Are the Health Board's planned care priorities informed by analysis and modelling of capacity and demand?	No	The Health Board has developed a demand and capacity modelling approach; however, this has not yet been implemented (Recommendation 2).
Has the Health Board set out how it will transform its clinical service models to make them more sustainable in the future?	Partially	The Integrated Plan 2024-29, and the Health and Care Strategy for Powys "A Vision to 2027 and beyond" provide a future vision for Healthcare in Powys. However, it does not sufficiently set out the approach in enough depth to enable the introduction and development of sustainable clinical service models.
Are plans for planned care improvements aligned to other key corporate plans such as the IMTP, and plans for workforce, digital and estates?	Partially	The Annual Plan 2024-25 refers to high-level enablers including, workforce, estates and digital services, with some alignment to planned care improvement aims. Until there are clear longer-term plans for planned care services, it will not be possible to accurately determine digital, workforce or estates requirements.

Source: Audit Wales fieldwork

Planned care programme delivery and oversight

- 15 We found that **the Health Board has clear planned care programme delivery arrangements in place, with appropriate resources and there is appropriate oversight from the Health Board and its committees.**
- 16 The findings that have led us to this conclusion are summarised in **Exhibit 3.**

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Exhibit 3: the Health Board’s approach to the programme management of planned care improvement

Audit question	Yes / No / Partially	Comments
Does the Health Board have a clear and appropriately resourced improvement programme to support planned care recovery?	Yes	The Health Board’s Diagnostics, Ambulatory and Planned Care Programme Board is driving delivery of the Planned Care Pathways Plan 2024-25 and is appropriately resourced.
Is planned care recovery supported by clearly defined operational accountabilities and effective clinical leadership?	Yes	<p>There is clear operational accountability and clinical leadership for planned care. The Executive Director of Primary Care, Community and Mental Health has executive responsibility for planned care, supported by the Assistant Director of Community Services, and the senior manager for planned care.</p> <p>Recent appointments have also furthered strengthened this capacity including:</p> <ul style="list-style-type: none"> • Clinical Lead for the Promote, Prevent and Prepare for planned care⁵ programme; • Assistant Medical Director for Planned Care; • Director for Improvement and Transformation.
Has the Health Board undertaken a risk assessment to understand the issues that could prevent delivery of planned care improvement aims?	Yes	The Health Board has a planned care risk register which is presented routinely at the Diagnostics, Ambulatory and Planned Care Programme Board. The Health Board appropriately and routinely analyses, tracks and categorises the risks to the delivery of planned care improvement. In addition, the Planned Care Quality and Safety group also reviews the planned care risk register. The Health Board also monitors risks to planned care delivery at commissioned bodies through its Commissioning, Quality and Performance meetings.

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⁵ Welsh Government’s Promote, Prevent and Prepare for Planned care policy aims to ensure that patients are supported and informed while waiting for planned care..

Audit question	Yes / No / Partially	Comments
Is performance on planned care recovery routinely reported to the appropriate committee and to the board?	Yes	The Board and committees effectively oversee planned care performance and improvement. Board performance reports track and monitor planned care targets, including the ministerial targets. The Health Board has also held a Board awareness session with a specific focus on planned care and sharing good practice.

Source: Audit Wales fieldwork

Utilisation of additional Welsh Government funding

- 17 We have looked at the Health Board's use of the additional planned care allocation that it has received from the Welsh Government. This section considers:
- the overall amount of additional planned care funding the Health Board has received from Welsh Government over the last three years;
 - how the Health Board spent the money; and
 - the Health Board's arrangements for overseeing how it has spent additional funding.

Use of additional funding

- 18 We found that **since 2023-23 the Health Board has received a total of £25.4 million in additional Welsh Government planned care funding. It is focusing the funding on short term improvements with limited investments in service transformation to help make planned care services financially sustainable in the long term.**
- 19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £25.4 million between 2022-22 and 2024-25 (**Exhibit 4**).
- 20 We reviewed the use of funding in 2023-24 in greater detail. This shows that the Health Board has spent all the additional funding it received on planned care services, as Welsh Government intended (**Exhibit 5**). This funding has been used to support additional commissioning of activity and insourcing of in-reach consultants to deliver additional activity. However, the Health Board has introduced multidisciplinary teams in ophthalmology, ear, nose and throat, and orthopaedics services which has reduced the need for in-reach consultant appointments.

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Exhibit 4: the Welsh Government’s allocation to the Health Board to support planned care improvement

Financial year	Annual allocation (£m)
2022-23	7.9
2023-24	6.9
2024-25	5.6
Additional in-year allocation in 2024-25 ⁶	5.0
Total allocated	25.4

Source: Health Board financial self-assessment returns

Exhibit 5: Use of the 2023-24 £6.9 million Welsh Government additional financial allocation, Powys teaching Health Board

	Performance improvement funding (£m)	Transformation funding (£m)
Outpatient transformation		0.44
Promote, Prevent and Prepare programme		0.17
Planned care recovery monies	5.3	
Planned care supporting additional capacity into NHSE to reduce waiting times	0.8	
Additional sessions – Powys provided services		
• Endoscopy services	0.04	
• General surgery - outpatients	0.06	
• Oral and maxillofacial	0.01	
• Orthopaedics	0.09	
Total allocated	6.30	0.61

Source: Health Board financial self-assessment returns

⁶ In December 2024, the Welsh Government allocated an additional £5 million in year funding for reducing length of waits for Powys residents treated in England.

- 22 For 2024-25, the Health Board continues to invest its routine additional allocation on planned care. In December 2024, the Welsh Government allocated a further £5 million, which in the allocation letter was intended to support and increase commissioning of planned care services from NHS England.
- 23 The Welsh Government allocates additional funding to health boards to support planned care transformation. The Health Board submitted nine bids to Welsh Government for additional funding from the Planned Care Transformation Fund in March 2024. All were unsuccessful.

Monitoring impact of additional funding

- 24 We have considered the extent that Health Board oversees the use of the Welsh Government planned care financial allocations. We found **that despite reasonable arrangements to oversee the use of the additional Welsh Government planned care financial allocation, we have not seen evidence of monitoring of impact of the funding.**
- 25 The Executive Committee receive routine planned care update reports which include the monitoring of planned care monies and the financial implications of funding allocations. The Diagnostics, Ambulatory and Planned Care Programme Board also review and receive regular updates on funding and spend on planned care. The Health Board does not formally assess or report on the impact of additional funding, albeit much of the funding directly corresponds to increased levels of commissioned acute care.

Operational management of planned care

- 26 Alongside the well-planned use of additional funding, health boards' ability to secure meaningful and sustainable planned care improvements will be dependent on them optimising their routine operational arrangements for planned care. In this section we consider the actions the Health Board is taking:
- to maximise its use of existing resources; and
 - to secure sufficient planned care capacity through service commissioning.

Maximising the use of existing resources

- 27 We have examined some opportunities that exist for the Health Board to improve efficiency and productivity, and the actions it is taking to maximise the use of its existing resources. We found that **the Health Board has started to implement the Getting It Right First Time recommendations, but it needs to make greater progress and there remains significant opportunity to improve efficiency.**
- 28 **Exhibit 6** identifies efficiency and productivity opportunities that could help maximise the use of existing resources within the Health Board to support planned care improvements.

Exhibit 6: efficiency and productivity opportunities

Opportunity area	Audit findings
<p>Responding to Getting it Right First time (GIRFT) reports</p>	<p>The Health Board has made a mixed progress in responding to GIRFT reviews. While it has made some good progress in several service areas, including outpatients and diagnostics, there remain key areas for improvement including improving theatre efficiency and increasing the overall utilisation of the theatres estate by increasing the numbers of day case procedures. At the time of fieldwork, it was difficult to assess the level of progress achieved with GIRFT recommendations (Recommendation 3.1).</p>
<p>Arrangements for improving the productivity of services</p>	<p>The Health Board is focusing on improving productivity of its services. These include:</p> <ul style="list-style-type: none"> • The monthly Integrated Quality, Planning and Delivery meetings focus on productivity and elective pathways in relation to national improvement requirements. • Updates on the Planned Care Pathways Plan 2024-25 provided to the Diagnostics, Ambulatory and Planned Care Programme Board also include updates on productivity and efficiencies based upon national improvement requirements, including outpatient and day case productivity and theatre efficiencies. • The establishment of a Theatre Transformation Programme, theatre efficiency programme and theatre clinical workforce review to drive improvements in theatre efficiency.
<p>Reducing non-attendance at outpatient appointments and managing referrals</p>	<p>Exhibit 18, page 38 shows that the Health Board is managing outpatient appointment non-attendance well. Its Did Not Attend (DNA) rates represented 3.8% of total outpatient clinic activity in the last 12 months. The Health Board is focused on reducing DNA rates and has taken several steps to improve its booking system, contacting patients prior to appointments and supporting patients with additional needs. However, a 3.8% DNA rate still equates to a loss of approximately 2,110 outpatient appointments a year. If the Health Board could further reduce its outpatient DNA rate by 20% (i.e. to 3%), it would provide around 420 additional outpatient appointments and avoid wasting the equivalent of approximately £63,000 of NHS resources each year.</p>
<p>Making use of "virtual" outpatient appointments</p>	<p>Virtual appointments can have a positive impact in reducing the need for travel and the risk of picking up healthcare acquired infections. For the period April 2024 to February 2025, 22.2% of all the Health Board's appointments were virtual (Exhibit 19, page 39). The Health Board has set an ambitious target for new virtual outpatients' appointments of 35% and 50% for follow</p>

Opportunity area	Audit findings
	<p>ups. This is being driven through increasing telephone consultations and virtual clinics through its Attend Anywhere⁷ scheme.</p>
<p>Reducing the number of cancelled operations</p>	<p>The Health Board has increased its focus on reducing cancelled operations. For the period March 2024 to February 2025, 11% of its operations were cancelled at short notice. The most common reason being unavailability of clinical staff (Exhibits 20 and 21, pages 40 and 41). The Health Board is focussing on reducing patient cancellations, through its Waiting Well service, calling patients to ensure that they are ready for their procedure and by strengthening its pre-operative assessment processes. However, it needs to do more to reduce cancellations that occur because of clinician unavailability (Recommendation 3.2).</p>
<p>Improving operating theatre utilisation</p>	<p>Operating theatres in Powys are substantially underused, often running at around 30% utilisation⁸. In May 2024, the Health Board established its theatre clinical workforce review and a theatre efficiency programme as part of its Theatre Transformation Programme. The Health Board has set a target of improving theatre capacity by reducing the number of fallow lists by 25% by the end of September 2025. The Health Board has sought to utilise its theatre estate with regional partners offered via national meetings, but at the time of this review, no formal arrangements had been agreed. The Health Board needs to make a step-change in operating theatre efficiency and ensure that its Theatre Transformation Programme delivers tangible improvement with the aim of reaching 85% utilisation (Recommendation 3.3).</p>

Source: Audit Wales fieldwork including analysis of NHS Wales data and Health Board self-assessment and data returns

⁷ Attend Anywhere is a scheme where the Health Board can offer some appointments by video, with patients able to use their computer, tablet or smartphone to do access the appointment with a healthcare professional.

⁸ Data reported by the Health Board in July 2024 shows that between 2021-2024, utilisation across its four theatres has declined in most cases. For example, utilisation of its Brecon Theatre was at 31.9% in 2021-22 but by 2023-24 this had fallen to 28.3%. Furthermore, the utilisation of its Llandrindod Treatment Room was only at 3.1% during 2023-24.

Ensuring sufficient planned care capacity through external commissioning

- 29 We examined the actions the Health Board is taking to secure sufficient planned care service capacity from external commissioned bodies through outsourcing and insourcing.
- 30 We found that **the Health Board is appropriately managing and holding its commissioned bodies to account. However, there is inequity in waits across the county, challenges securing 'in-reach' services from external providers and an ongoing trade-off between securing the commissioned activity required and the strategic financial position of the Health Board.**
- 31 Commissioning activity accounted for £169 million of the Health Board's total expenditure in 2023-24. This includes the commissioning of planned care services from other health bodies in Wales and NHS providers in England. The Health Board has longstanding arrangements for managing this through a complex range of Service Level and Long-Term Agreements. The Health Board manages and oversees planned care commissioning activity with its commissioned bodies through its Commissioning Assurance Framework and its routine Contract Quality and Performance Review meetings. Despite its strategic ability to commission additional services from a range of providers, the Health Board is facing a position where there is a trade-off between materially reducing waits and the overall financial position of the Health Board.
- 32 To help the Health Board provide care closer to home, it also commissions 'in-reach' services where consultants travel to Powys to provide treatments. In 2023-24 the Health Board spent £3.7 million on in-reach services. However, its in-reach services are fragile because other health bodies are not always able to release staff owing to pressures in their own services. This affects the capacity and efficiency of in-county services and results in clinic and surgical cancellations. The Health Board is managing this by setting up alternative insourcing contracts with a private provider. However, cardiology and colonoscopy services remain fragile.
- 33 The Health Board's complex commissioning environment means that where a resident lives in Powys will have a direct bearing on which outsourced provider treats them. The Health Board's different providers all face their own performance challenges, and therefore patients across Powys experience different waiting times. English providers were quicker recovering from the impact of COVID-19, and waiting times are generally shorter. The Health Board has indicated that there is inequity of waits across the County. It was planning to take action to address its 'Treat in Turn' rates, to reduce the variation in the timeliness of access to care. This action was dependent on planned care transformation funding bids, but as highlighted earlier (**paragraph 23**), these were not successful. It remains unclear if the Health Board will be able to improve its equity of provision.

Managing clinical risk and harm associated with long planned care waits

- 34 Long patient waits increases the risk of preventable and often irreversible harm. Patients' health may deteriorate while waiting, they may be waiting in pain and with anxiety and uncertainty not knowing when they will finally receive treatment. They may also not be able to work or support or care for others while they are waiting. We considered whether the Health Board has sound arrangements to:
- identify, manage, and report on clinical risk and harm associated with long waits; and
 - effectively communicating with patients who are on a waiting list and to manage potential inequalities in access to care.
- 35 We found that the Health Board has made some progress to implement Welsh Government's Promote, Prevent and Prepare policy, but needs to extend the service to cover all patients regardless of their place of treatment, and strengthen reporting on actual harm resulting from long planned care waits.
- 36 The findings which have led us to this conclusion are summarised in **Exhibit 7**.

Exhibit 7: the Health Board's approach to managing clinical risks and communicating with patients on waiting lists

Audit question	Yes / No / Partially	Comments
Has the Health Board implemented the first phase of the Welsh Government's Promote, Prevent and Prepare for Planned Care policy?	Partially	The Health Board, with leadership from the Clinical Services Manager, has implemented the first phase of Welsh Government's Promote, Prevent and Prepare policy. The Health Board is aiming to ensure that support and information is easily accessible for those who are waiting for secondary care treatment. It provides online patient information, and a contact number and email for patients.
Is the Health Board assessing the risk to patients waiting the longest?	Partially	The Health Board uses the DATIX system to record clinical risk resulting from a delay in treatment. However, there is no consistent mechanism throughout specialties to assess risk and inform reporting, with only Ophthalmology using a prescribed prioritisation scale to assess risk and harm (Recommendation 4.1).

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Audit question	Yes / No / Partially	Comments
Is the Health Board routinely capturing and reporting evidence of harm resulting from waiting list delays and is it reporting on it to the Quality and Safety Committee?	No	The Health Board does not routinely report harm associated with waiting list delays across specialties or for residents for whom it commissions external services for, to its Patient Experience, Quality and Safety Committee (Recommendation 4.2).
Is the Health Board effectively balancing the tension between eliminating long waits and managing clinical risks in its approach to prioritising patients?	Partially	The Health Board is generally striking a balance between eliminating long waits and managing clinical risks. Clinicians undertake regular reviews considering a range of factors including patient acuity/urgency, length of wait, age and home personal circumstances. The Health Board also reviews waiting lists at commissioned bodies at its Commissioning, Quality and Performance Reporting meetings. However, despite having a 'Treat in Turn' Policy, there is variation in waiting times dependent on the location of treatment and at present, there is only limited scope to influence or remedy variation in other health bodies.
Does the Health Board monitor and record how many patients are leaving planned care waiting lists in favour of private treatment?	No	The Health Board has acknowledged that some patients will seek private treatment outside of the NHS due to the long waits that they have experienced. Currently these patients are not recorded on the Patient Administration for Wales System (WPAS), and there is no other evidence of consistent monitoring and reporting of these numbers.

Source: Audit Wales fieldwork

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Waiting list performance – is the action taken resulting in improvement?

- 37 We analysed current 'Referral to Treatment'⁹ waiting list performance and trends to determine whether the Health Board is:
- reducing the overall size of its waiting list; and
 - meeting specific Ministerial priorities and Welsh Government national targets for planned care
- 38 We found **mixed progress on delivery of the Welsh Government targets which are due to date and the waiting list is continuing to grow, signalling future challenges.**

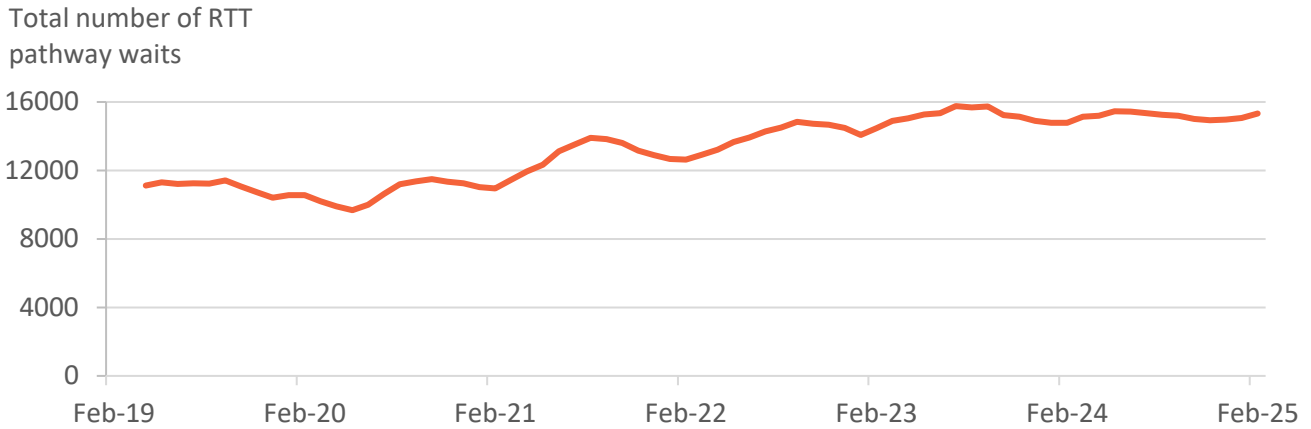
The scale of the waiting list

- 39 Across Wales, the scale and extent of waits substantially increased following the Covid-19 pandemic. We have looked at these changes in terms of the overall size of the Health Board's waiting list. We have also considered the volume of waits for diagnostics and therapy services and trends in referral rates. We found that **compared with other Health Boards the total number of waits is low, however the size of the waiting list remains higher than pre-pandemic levels.**
- 40 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since April 2019 for those patients treated in Wales¹⁰. Between April 2019 and February 2025, the Health Board's waiting list increased from 11,115 to 15,330. The action that the Health Board is taking to reduce the overall numbers of people waiting is not resulting in reduced numbers of waits.

⁹ Referral to Treatment is how the NHS records the timeliness of planned care. It starts when a Health Board receives a referral and finishes when it has treated the patient. During that patient pathway, the NHS records distinct stages, including new outpatient appointment, diagnostic, follow up appointment or therapeutic intervention and treatment.

¹⁰ Exhibit 8 data is sourced from Welsh Government and only includes Powys patients who are waiting for treatment in Wales. We do not have comparable NHS England trend data for patients residing in Powys and waiting for treatment in England.

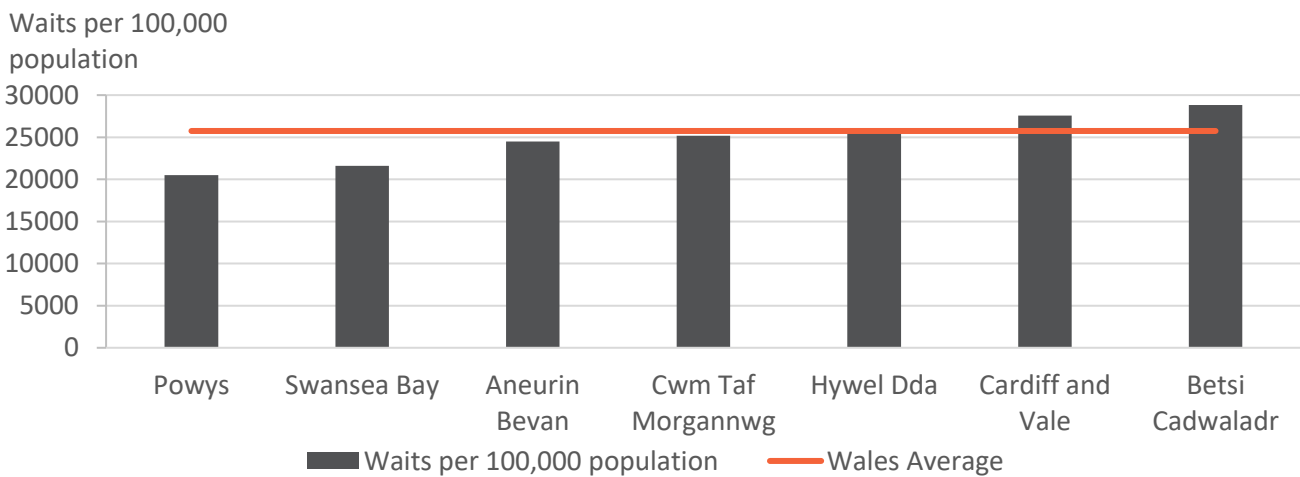
Exhibit 8: planned care waiting list size: Powys Teaching Health Board residents waiting for treatment in all Welsh providers (Excluding NHS England providers)



Source: The Welsh Government, Stats Wales

41 **Exhibit 9** provides a comparative picture of the volume of waits across Wales and it shows that the Health Board proportionately has the fewest waits¹¹.

Exhibit 9: Waits per 100,000 population, by health board of residence, December 2024. Exhibit 9 data includes Powys residents waiting for treatment (both in Wales and England)



Source: The Welsh Government, Stats Wales. Mid-year 2023 mid-year population estimates used in calculation. Powys's NHS England waits data sourced from Health Board performance reports.

¹¹ Our figures are based on NHS Wales's 'open' referral to treatment measure. This counts the number of open pathways, rather than unique numbers of people.

Performance against national targets/priorities

- 42 We looked at the progress that the Health Board is making against the Welsh Government's aims¹². These are:
- No one waiting longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023**¹³).
 - Eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**).
 - Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.
 - Eliminate the number of people waiting longer than one year in most specialties by Spring 2025.
- 43 We found **that performance against the ministerial priorities is mixed, whilst there has been good progress in eliminating waits over 2 years and reducing waits for therapy and diagnostics, initial progress on the 52-week outpatient target and reducing the number of people waiting longer than a year has not been sustained.**

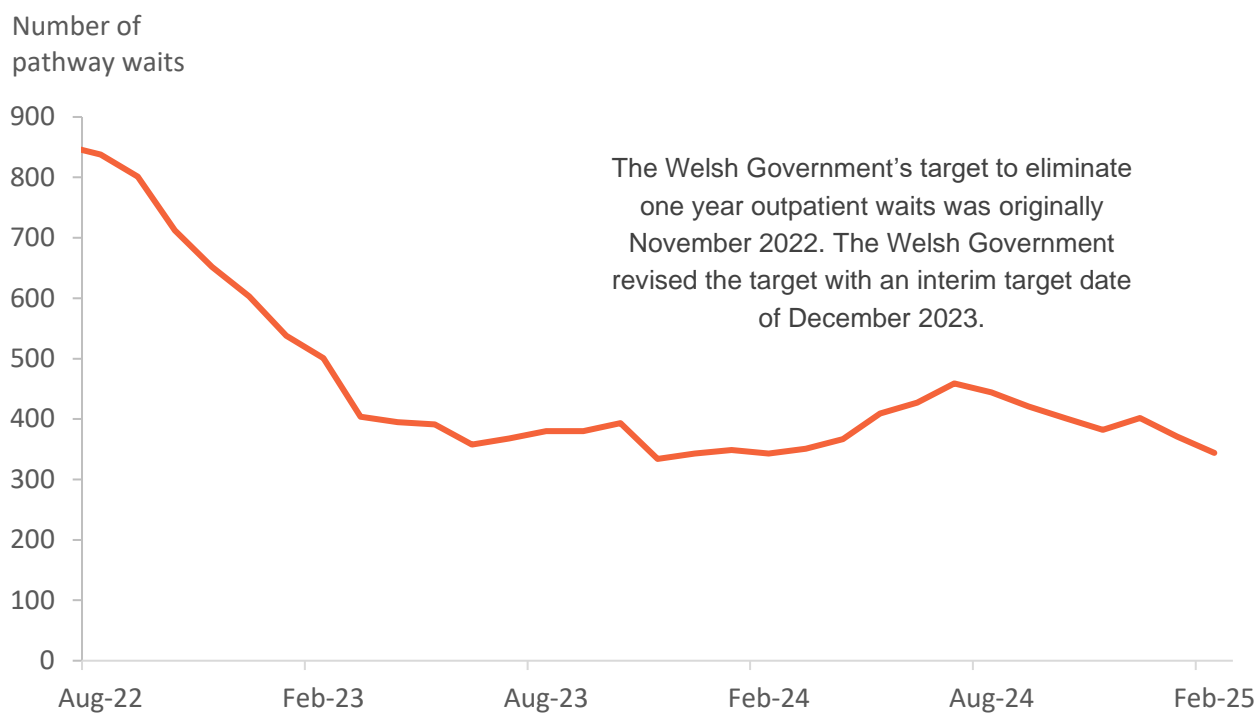
No one waiting longer than a year for their first outpatient appointment

- 44 **Exhibit 10** shows Health Board waiting list performance for first (new) outpatient appointments. The Health Board failed to meet the revised December 2023 Welsh Government target to ensure no residents waited more than a year for their new outpatient appointments. While initially improving, the Health Board did not achieve the Welsh Government's target to eliminate outpatient waits that are over a year and has struggled to maintain its early improvements.

¹² We have not included the Welsh Government performance on Cancer services as this is outside the scope of this review.

¹³ Health boards did not meet the original targets for first outpatient appointment and number of people waiting longer than two years. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

Exhibit 10: the number of first (new) outpatient appointments waits that are over a year since referral, by Health Board of residence, Powys Teaching Health Board – (Excludes NHS England providers)



Source: The Welsh Government, Stats Wales

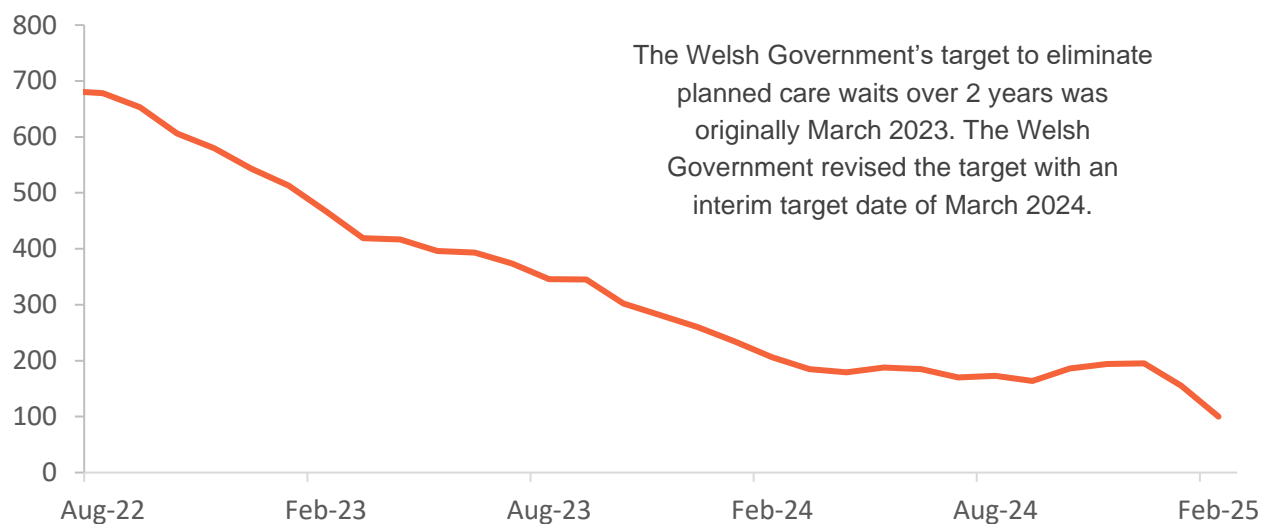
Eliminate the number of pathways longer than two years in most specialties by March 2023

45 **Exhibit 11** shows that the Health Board did not meet the revised Welsh Government target to eliminate waits over 2 years by March 2024, but it has made good progress overall. Of those waits currently over 2 years, **Exhibit 12** shows that the most extreme waits are in a small number of specialties. Orthopaedics is clearly a challenge but longer waits in other specialties may also present an elevated risk of harm resulting from treatment delays.

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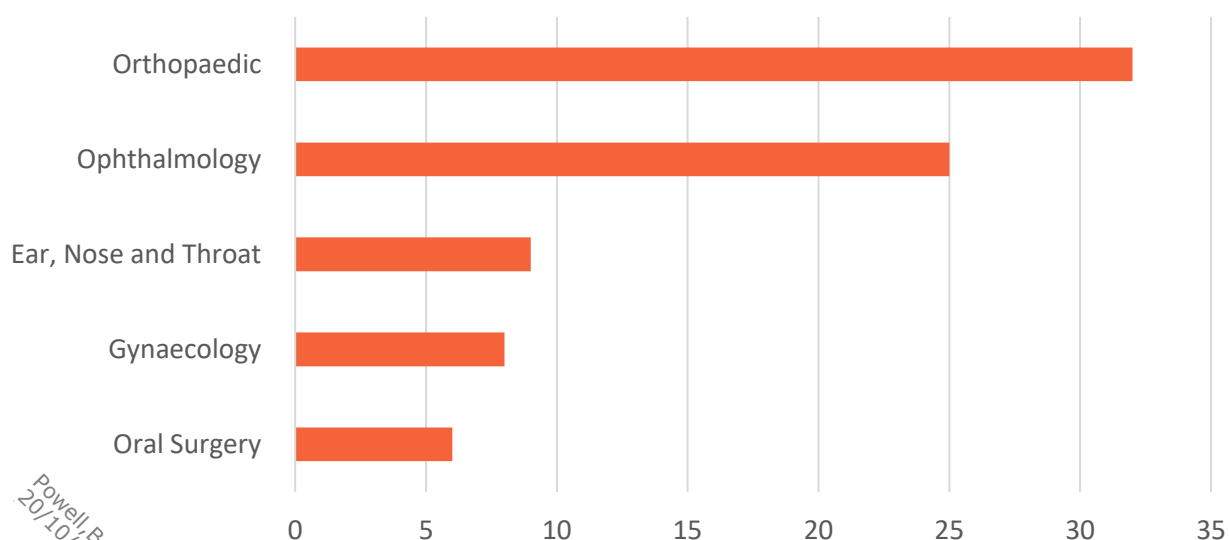
Exhibit 11: the number of planned care waits over 2 years, by Health Board of residence, Powys Teaching Health Board (Excludes NHS England providers)

Number of pathway waits



Source: The Welsh Government, Stats Wales

Exhibit 12: the number of planned care waits over 2 years by specialty as of February 2025, by Health Board of residence, Powys Teaching Health Board (Excludes NHS England providers)

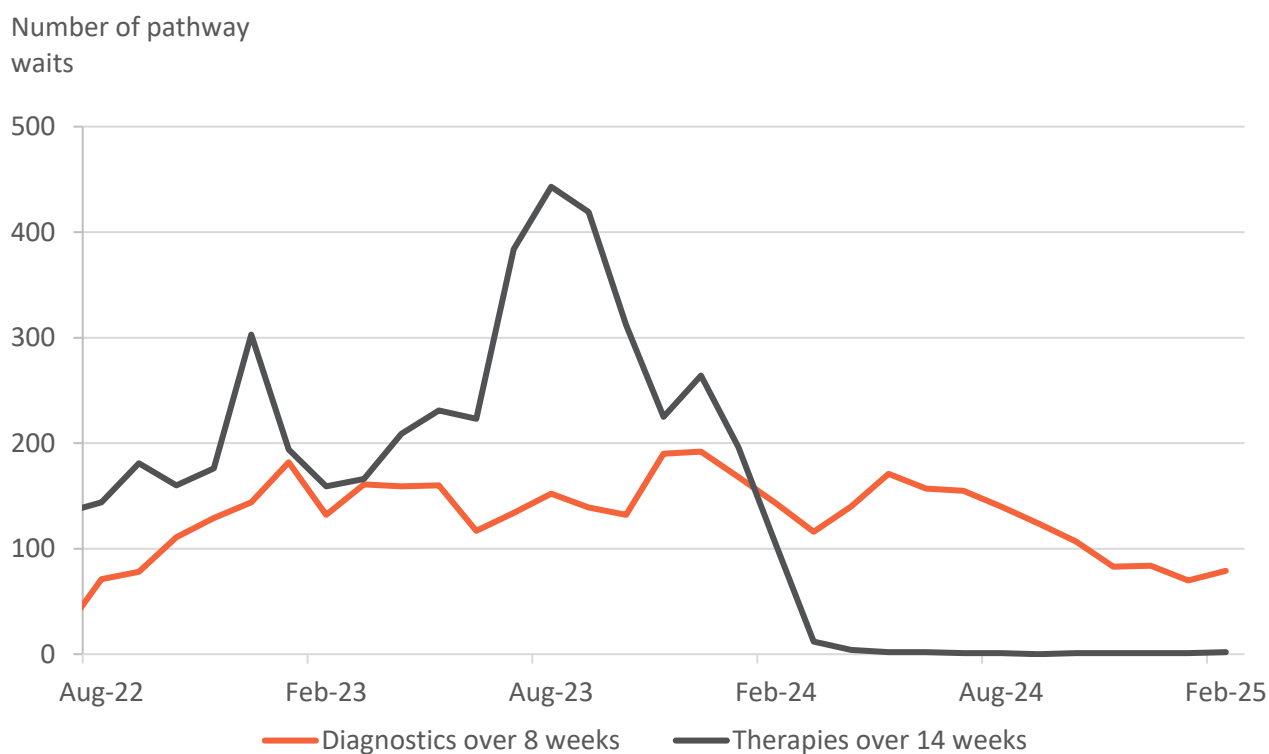


Source: The Welsh Government, Stats Wales

Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024

46 The Welsh Government sought to increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024. The Health Board is currently meeting the target for therapy waits. Based on the current diagnostic performance it looks likely that the Health Board will also meet the diagnostic target in 2025 (**Exhibit 13**). Of its diagnostic services, cardiology diagnostics is of greatest concern because of the level of long waits.

Exhibit 13: the number of diagnostic and therapy pathway waits that breach Welsh Government targets (Diagnostic waits is an 8-week target, therapies waits is a 14-week target), Powys Teaching Health Board (excludes NHS England providers)



Source: The Welsh Government, Stats Wales

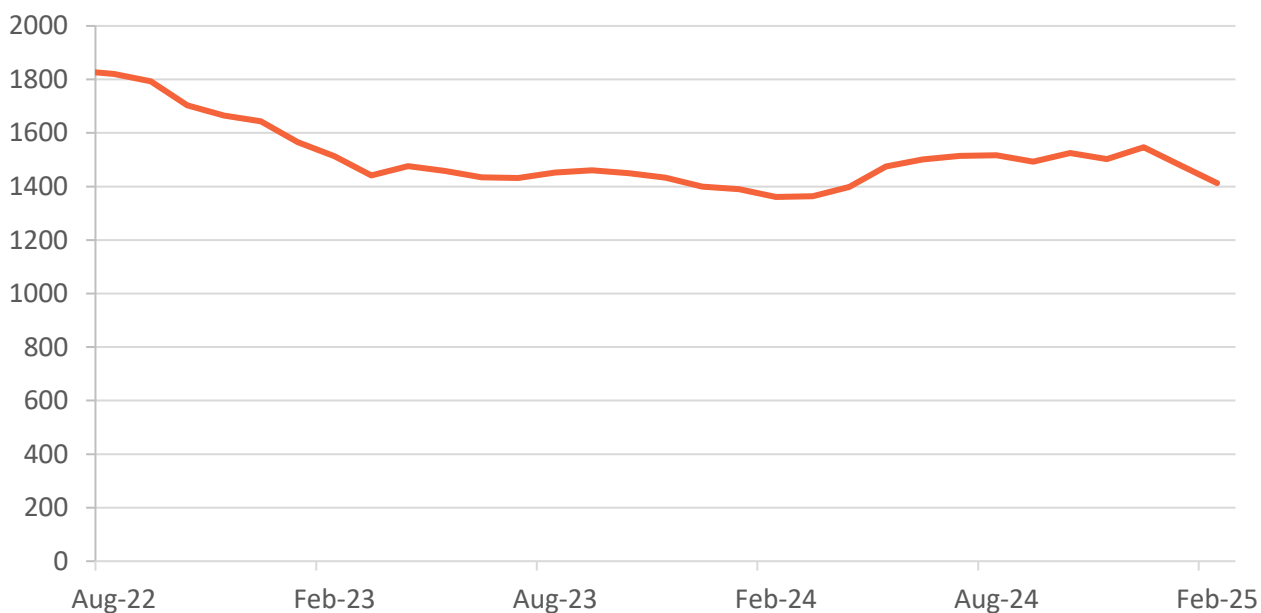
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Eliminate the number of people waiting longer than one year in most specialties by Spring 2025

47 The Welsh Government's longer-term ambition was to eliminate waits over 1 year in most specialties by the Spring of 2025. **Exhibit 14** showed some improvement since 2022; however, performance improvements have since plateaued.

Exhibit 14: the number of pathway waits that are over a year, by Health Board of residence, Powys Teaching Health Board (Excludes NHS England providers)

Number of waits



Source: The Welsh Government, Stats Wales

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Barriers to further improvement

- 48 We have considered the factors that are affecting the Health Board's ability to tackle its waiting list backlog and secure sustainable improvements in planned care, together with actions that it is taking to address them.
- 49 We found that **the Health Board recognises its barriers to planned care recovery but will need to address a number of challenges if it is to secure sustainable planned care improvements.**
- 50 Our fieldwork has found challenges in the following areas:
- **Demand for planned care services** – There is increasing demand for planned care services which we expect to grow further. While the Health Board is reducing the number of long waits, the overall numbers of patients on the waiting list continues to grow. Since April 2022, the overall waiting list has grown by nearly 40 percent. The Health Board's referral levels (excluding the atypical pandemic period), shows a long-term trend of increasing demand (**Exhibit 16, Page 37**) which if it continued, will present an ongoing operational and financial challenge.
 - **Financial pressures** - The Health Board is experiencing significant financial pressures and is currently in Level 4 Targeted Intervention (Level 4) for finance, strategy and planning. This has resulted in the organisation facing challenging decisions on the extent that it can afford to fund planned care to the levels needed. This is likely to slow the pace of recovery.
 - **Fragility of locally provided services** – Our capacity analysis of the Health Board's locally provided elective admissions indicates that its surgical activity levels are lower than 2019 levels (**Exhibit 17, Page 37**). We understand that this is affected by challenges recruiting to key roles, particularly those within clinical leadership, staff unavailability and staff turnover.
 - **Complex commissioning environment** – As highlighted earlier, external staffing of in-reach services is becoming increasingly problematic. This is resulting in fragility in outpatients, general surgery, echo-cardiogram procedures, diagnostic endoscopy, ENT and day case activity.
 - **Complexity of contractual arrangements** - The Health Board identified that the complexity of the contracting approach in Wales is a challenge. It indicated that historical Long-Term Agreements, a lack of standardisation across contracts and inconsistencies within the payment system have caused inefficiencies.
- 51 The Health Board is taking action to address some of these barriers. It has strengthened transformation programme leadership through the appointment of a Director of Improvement and Transformation. To address issues with theatre capacity, it has created a new theatre transformation programme, theatre efficiency programme and is undertaking a theatre clinical workforce review as described in **Exhibit 6**.

- 52 To address the fragility of services, the Health Board is introducing increased 'daily' contact with operational teams across commissioned bodies, as well as the creation of an operational fragile services log. Where there are issues, it can now escalate services through its contract quality and performance review meetings. The Health Board is also considering insourcing further private provision to mitigate gaps within commissioned capacity, as well as weekend clinics and theatre sessions.
- 53 Several of these improvement actions are at their early stages and the Health Board will need to review and monitor progress to ensure positive results. Service transformation needs to be embedded in the Health Board's long-term plans for improvement, with appropriate resource in place to drive the changes. The Health Board needs to continue to embed these arrangements, and review and monitor progress to ensure positive results and value for money.

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Appendix 1

Audit methods

Exhibit 15 sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

Exhibit 15: audit methods

Element of audit methods	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Annual Delivery Plan 2024-25 • Powys THB Integrated Plan 2024-2029 • Integrated Medium-Term Plan (IMTP) 2022-25 • The Health and Care Strategy for Powys, A Vision to 2027 and Beyond (2017-2027) • Planned Care Pathways Plan 24/25 • Designing a sustainable approach for Powys. Better Together. November 2023 • Powys THB Integrated Quality & Performance Framework • Powys THB Incident Management Framework • Planned Care & Diagnostics programme initiation document • Getting It Right First Time reviews • Planned Care Transformation Fund bid forms • Diagnostics, Ambulatory and Planned Care meeting papers • Delivery & Performance Committee papers • Patient Experience, Quality & Safety Committee papers • Public Board meeting papers • Planned Care performance update reports • Risk registers
Self-assessment	<p>We issued and then analysed a self-assessment completed by the Health Board.</p>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> • Assistant Director of Community Services

Element of audit methods	Description
	<ul style="list-style-type: none"> • Senior Planned Care Manager • Interim Assistant Medical Director for Planned Care • Senior Clinician Theatres/Endoscopy, Q & S Lead for Planned Care • Deputy Director of Therapies and Healthcare Science • Senior Nurse Outpatients Development • Assistant Director of Finance • Assistant Director of Performance and Commissioning
Observations	We observed the Performance and Business Meeting and the Delivery and Performance Committee in August and the Diagnostics, Ambulatory and Planned Care Programme Board in September 2024.
Data analysis	<p>We analysed key data on:</p> <ul style="list-style-type: none"> • waiting list performance; • financial spend; and • outpatient and inpatient efficiencies.

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Appendix 2

Audit criteria

Main audit question: **Is the Health Board effectively managing its planned care challenges?**

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board's waiting list performance improving?	<p>What is the scale of the challenge?</p> <p>Is the Health Board meeting Welsh Government targets/ambitions?</p>	<p>The Health Board has:</p> <ul style="list-style-type: none"> made progress reducing the overall number of referral to treatment waits for planned care services; and met Ministerial priorities and national targets that were set by the Welsh Government.
Does the Health Board have a clear plan and a programme of action to support planned care waiting list recovery?	<p>Does the Health Board have a clear, realistic, and funded plan in place for planned care recovery?</p> <p>Is there a clear programme structure to deliver planned care improvement?</p>	<p>The Health Board has:</p> <ul style="list-style-type: none"> clear, realistic and funded plan in place for planned care recovery in the short and longer term; and a programme structure that appropriately supports the delivery of the plan.

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Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
<p>Is the Health Board maximising the impact of its funding to address the planned care backlog?</p>	<p>Is it clear what additional monies have been received by the Health Board?</p> <p>Is it clear what the additional waiting list monies has been spent on?</p> <p>Did the Health Board aim to use all the money on planned care improvement?</p> <p>Can the Health Board clearly demonstrate that the money has resulted in performance improvement, enabled service efficiency and/or new ways of working?</p> <p>Is the Health Board's overall financial position affecting its ability to deliver sustainable planned care recovery?</p>	<ul style="list-style-type: none"> • There is sufficient evidence that the Health Board spent the money as intended by the Welsh Government (i.e. addressing waits and transforming services). • The Health Board can clearly demonstrate that the spend has resulted in improvement. • The Health Board's overall financial position is not affecting its ability to support planned care recovery.
<p>Does the Health Board have effective operational management arrangements to drive improvement and</p>	<p>Is the Health Board improving its operational management of planned care services?</p> <p>How does the Health Board capture information on clinical risk relating to long planned care waiting lists?</p>	<p>The Health Board is:</p> <ul style="list-style-type: none"> • improving the operational management of planned care services; and • capturing information and managing clinical risks and harm related to long planned care waiting lists.

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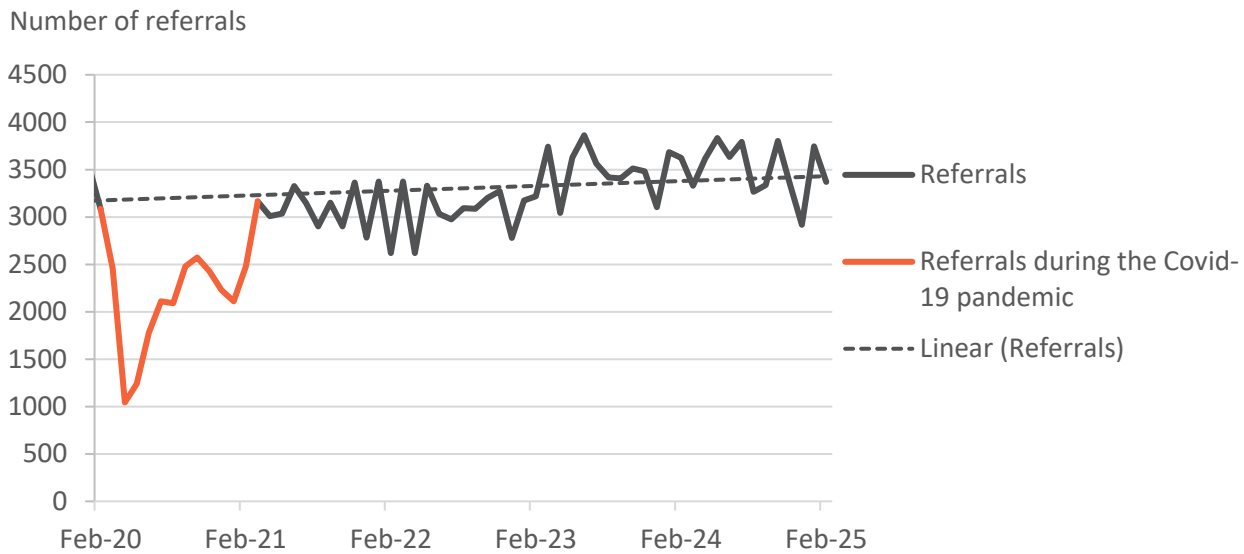
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
<p>management of clinical risks?</p>	<p>How does the Health Board capture information on clinical risk relating to long planned care waiting lists? Is the Health Board sufficiently managing clinical risks resulting from delays to treatment? Is the Health Board proactively ensuring clear routes of communication when patients are concerned that they are deteriorating?</p>	<p>The Health Board:</p> <ul style="list-style-type: none"> • has sound arrangements to identify, capturing, and report on clinical risk and harm associated with long waits; • is proactively managing clinical risks resulting from delays to treatment and effectively communicating with patients.
<p>Does the Health Board sufficiently understand barriers to improvement and what needs to be done to address them?</p>	<p>Does the Health Board understand the barriers it has experienced to improvement in planned care performance? (Capacity, funding, recruitment & retention, estates/use of facilities, commissioning external healthcare?) What mechanisms and interventions have been put in place by the Health Board to address these barriers? Is the Health Board learning and sharing good practice where things have gone well?</p>	<p>The Health Board has:</p> <ul style="list-style-type: none"> • identified its risk and barriers and acted on these to address long planned care waiting lists in the short term and sustainable service models in the longer term. • good arrangements for seeking good practice and sharing and applying learning to improve planned care services.

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Appendix 3

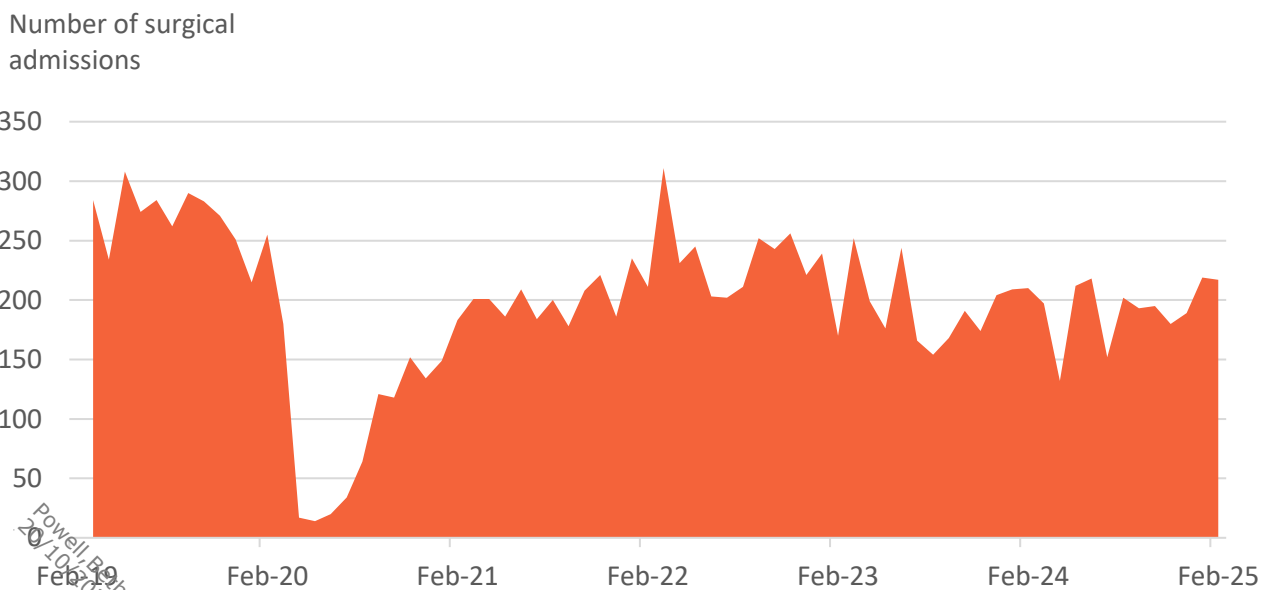
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Powys Teaching Health Board



Source: The Welsh Government, Stats Wales

Exhibit 17: monthly elective medical and surgical admission levels in Powys Teaching Health Board



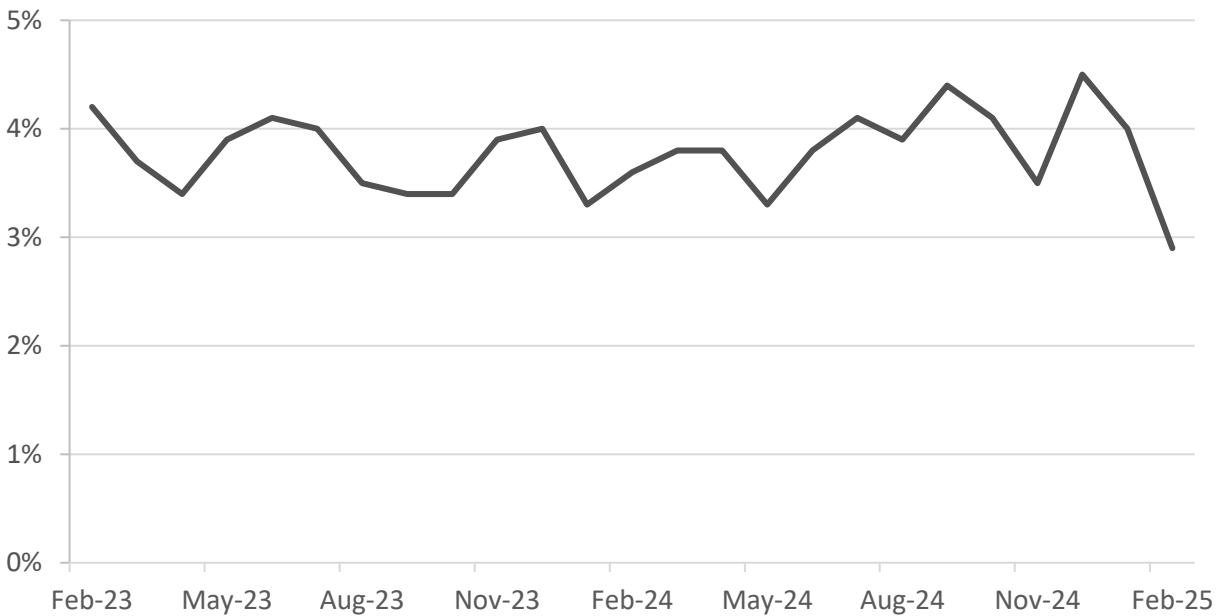
Source: [Digital Health and Care Wales, secondary care dashboard](#)

Outpatient services

54 Outpatient appointments where a patient 'did not attend' is inefficient. **Exhibit 18** shows that the Health Board's 'Did Not Attends' is around 3.8% of total outpatient clinic activity. This equates to around 2,110 lost patient appointments in the most recently reported 12-month period, March 2024 to February 2025. It represents a lost opportunity cost of around £0.3 million (£150 per appointment¹⁴). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £63,000.

Exhibit 18: the percentage of outpatient 'Did Not Attends' in Powys Teaching Health Board

Percentage of outpatient 'Did Not Attends'

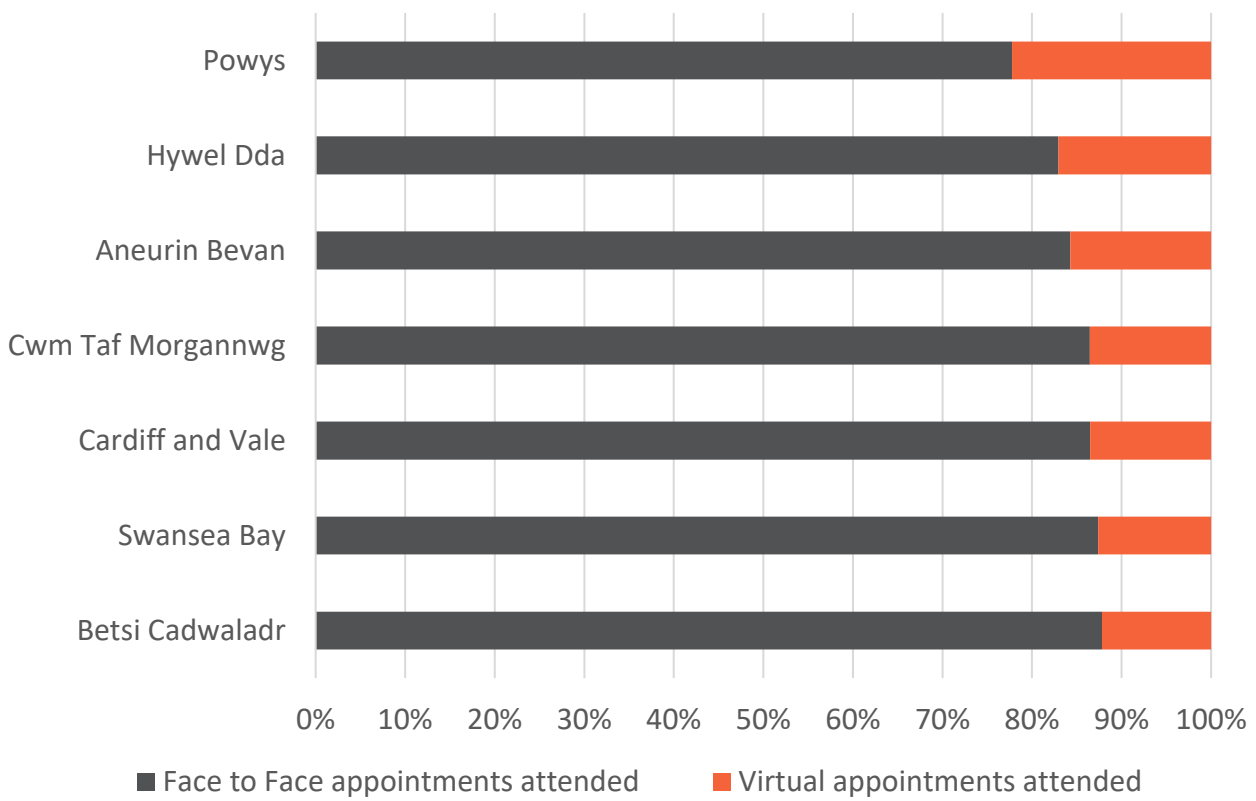


Source: [Digital Health and Care Wales secondary care dashboard and datasets](#)

¹⁴ We have adjusted the [2018 NHS England cost of an outpatient appointment](#) (£120) by [Bank of England CPI rates](#) to estimate current average outpatient costs in 2024.

56 NHS bodies can use virtual outpatient appointments for some but not all patients. **Exhibit 19** shows that the ‘virtual’ consultation approach is not well-adopted in most health boards. However, the take-up in Powys teaching Health Board is the highest in Wales.

Exhibit 19: proportion of elective outpatient attendances that are virtual appointments, for the period April 2024 to February 2025 (latest reported data)



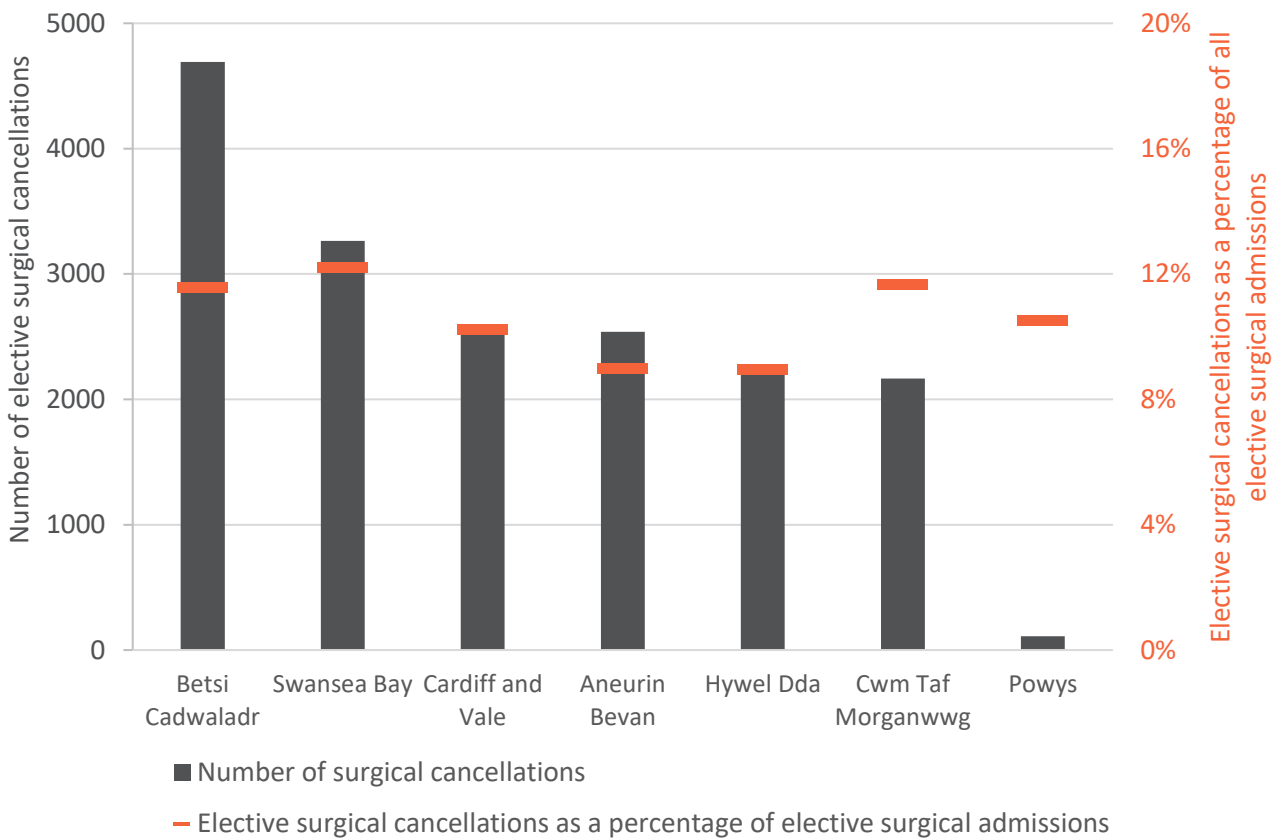
Source: [Digital Health and Care Wales secondary care dashboard and datasets](#)

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Surgical cancellations

57 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for the Health Board was 110 for the 12-month period March 2024 to February 2025 (**Exhibit 20**). While the actual cancellation numbers are lower than other health boards, the overall proportion of cancellations is reasonably high. **Exhibit 21** identifies the cancellation reasons. Clinic staff unavailability is a key issue for the Health Board. Our analysis also indicates that ophthalmology surgical cancellations is the service where the highest number of cancellations occur.

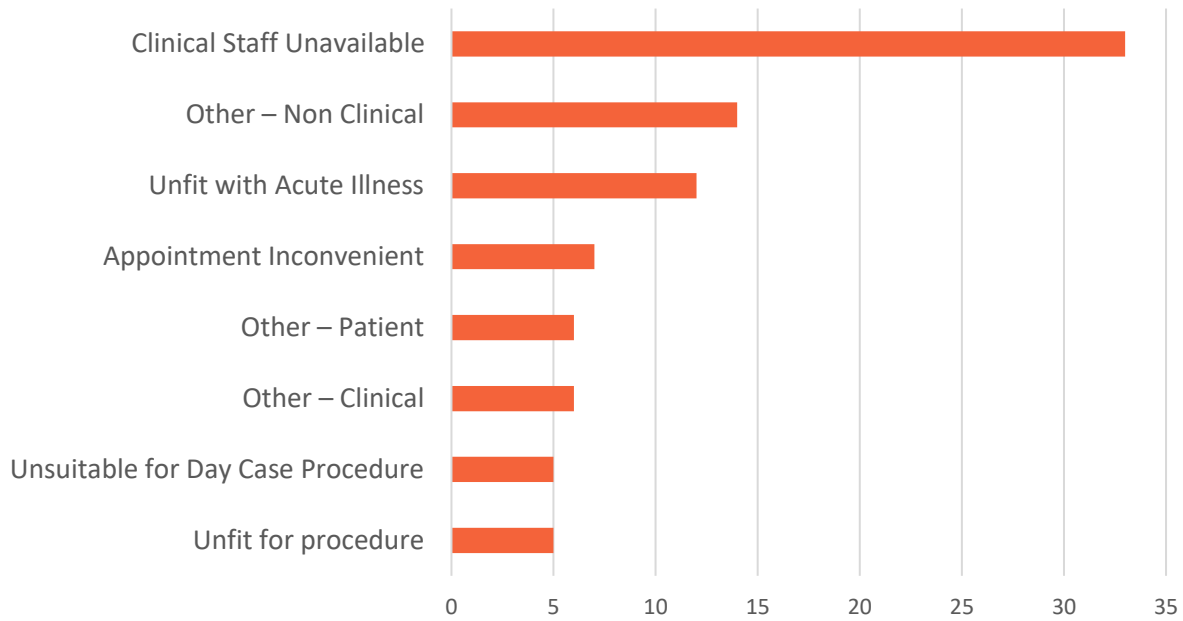
Exhibit 20: the number of short notice (within 24 hours) surgical cancellations alongside cancellations as a percentage of all elective surgical admissions, March 2024 to February 2025



Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

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Exhibit 21: number of short notice (within 24 hours) surgical cancellations from March 2024 to February 2025, by reason in Powys Teaching Health Board



Source: Health Board submissions to the Welsh Government

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Appendix 4

The management response to audit recommendations

Exhibit 22 below sets out the Health Board's response to our audit recommendations.

Recommendation	Management response	Completion date	Responsible officer
<p>Longer term planning and costing</p> <p>R1 Over and above the commitments signalled in the Integrated Plan 2024-29 and Annual Plan 2024-25, the Health Board should develop a Planned Care improvement plan which aims to both design and deliver financially sustainable local services and affordable commissioning approaches in the medium to longer term. The plan should be costed, with realistic but</p>	<p>The 2025/26 Annual Plan contains more detailed Planned Care objectives with broader stakeholder involvement in the Plan development. A Strategic Assessment of Provided and Commissioned Planned Care will be undertaken as part of the Better Together Transformation Programme.</p> <p>“Better Together” is PTHB promise to work together with citizens to review how and where we provide services, to ensure safety, to improve quality, and to make best use of resources that we can. We want to talk to patients and service users, people and communities, health and care staff, and our partner organisations.</p>	June 2026	Assistant Director Community Services/Assistant Director Performance Commissioning

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Recommendation	Management response	Completion date	Responsible officer
challenging milestones within it (Exhibit 2).	During 2025 PTHB are focusing on adult physical and mental health community services. After this we focus on planned care followed by services which support children. Families and women's health.		
<p>Demand and capacity planning</p> <p>R2 The Health Board should ensure that its demand and capacity modelling approach informs short-term service capacity planning and longer-term service design. This should fully consider continued growth or expected changes in population demand for planned care services (Exhibit 2).</p>	A Strategic Assessment of Provided and Commissioned Planned Care will be undertaken as part of the Better Together Transformation Programme. Links Better Together Case for Change referenced in under R1 response.	March 2026	Assistant Director Community Services/Assistant Director Performance & Commissioning
<p>Efficiency and productivity</p> <p>R3 To further improve efficiency and productivity, the Health Board should:</p> <ul style="list-style-type: none"> 3.1 Produce a progress report providing an update on the completion of recommendations arising from the Getting It Right 	3.1 The Getting It Right First-Time actions now form part of the CIN Optimisation Frameworks and key transformation priorities reported/assured via the PTHB Planned Care Board. PTHB has agreed with NHS Executive that PTHB will focus on ophthalmology and orthopaedics as key priority areas identified in the PTHB. Key to progressing recommendations is speciality medical leadership and supporting clinical infrastructure which require investment proposals to resource.	December 2025	Assistant Director Community Services/Assistant Director Performance & Commissioning

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Recommendation	Management response	Completion date	Responsible officer
<p>First Time (GIRFT) reviews to be presented at Board. (Exhibit 6).</p> <ul style="list-style-type: none"> 3.2 Reduce the numbers of short notice surgical cancellations due to clinician unavailability (Exhibit 6). 3.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85% (Exhibit 6). 	<p>Progress on key priority areas are provided to the Board as part of Transformation, Integrated Performance and Annual Plan Reporting. The HB is currently awaiting feedback from NHS Wales Planned Care Programme in terms of optimisation framework maturity matrix returns submitted in Q1 2025/26.</p> <p>Transformation Fund Bids were developed to support GIRFT progress within PTHB including speciality leadership, MDT infrastructure and Programme Management. A successful internal investment bid for MSK/Orthopaedics has provided funding to appoint a speciality consultant lead for orthopaedics and supporting MSK infrastructure a similar investment proposal is being developed in 25/26 for ophthalmology.</p> <p>Progress report on Optimisation Frameworks including GIRFT to be provided as part of Performance & Finance Committee update.</p> <p>3.2 SLAs with all providers are under significant challenge due to DGH pressures. The Planned Care Team continues to develop an MDT approach to support service sustainability shift left from reliance on consultant led model with digital healthcare underpinning wherever possible this is a long-term</p>	<p>March 2026</p>	<p>Assistant Director Community Services/Assistant Director</p>

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Recommendation	Management response	Completion date	Responsible officer
	<p>goal focus is currently on ophthalmology and orthopaedics. As part of Better Together workstream review of PTHB commissioning across Planned Care will be undertaken to review opportunities to mitigate in reach fragilities.</p> <p>3.3 Theatre Transformation Plan in place as part of key priorities within PTHB community context no DGH, medical model. Working with regional partners to explore opportunities for mutual maximising utilisation of PTHB theatre estate at regional level.</p>	March 2026	<p>Performance & Commissioning</p> <p>Assistant Director Community Services/Assistant Director Performance & Commissioning</p>
<p>Managing clinical risks associated with long waits</p> <p>R4 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks resulting from long waits.</p> <ul style="list-style-type: none"> 4.1 Develop and implement a consistent methodology for assessing the risk of harm to 	<p>4.1 PTHB Planned Care appointed a Senior Nurse Quality & Safety lead in October 2023 to further develop and strengthened Quality & Safety Framework and reporting within Planned Care Powys Provider. Clinical governance and oversight arrangements were further strengthened in October 2024 with the appointment of an Assistant Medical Director for Planned Care. Planned Care has a weekly Incident Panel Reporting Panel chaired by Senior Nurse Quality & Safety to review incidents, actions and learning (reported via Datix as part of All Wales Incident Reporting). There is a formal Planned Care Quality & Safety Meeting which reports into the Community Services Quality & Safety and health board</p>	March 2026	<p>Assistant Director Community Services/Assistant Director Performance & Commissioning</p>

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Recommendation	Management response	Completion date	Responsible officer
<p>patients caused by long waits across specialties (Exhibit 7).</p> <ul style="list-style-type: none"> 4.2 Routinely report harm resulting from delays in access to treatment to the Quality and Safety Committee. This should include data for all Powys residents i.e. whether they are treated in Powys or receiving care commissioned by the Health Board (Exhibit 7). 	<p>Quality & Safety Committees. Risk, harm incidents are reported via this Framework. Commissioning, quality, performance meetings are held with each in reach provider which including standing agenda item for Quality & Safety. Clinical governance is being further strengthened with the appointment of speciality lead consultant for orthopaedics Sept 2025 and general surgery/endoscopy June 2025.</p> <p>4.2 PTHB commissioned waits are discussed as part of PTHB commissioning assurance process with Quality & Safety as a standing agenda item at formal HB meetings with LTA providers and reported to Board as part of PTHB Integrated Performance Framework.</p> <p>Enhanced Quality and Safety waiting times report is under development.</p>	<p>March 2026</p>	<p>Assistant Director Community Services/Assistant Director Performance & Commissioning</p>

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (Last updated October 25)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB Aneurin Bevan University Health Board	
AFC Agenda for Change	
AGW The Auditor General for Wales	
AHPs Allied Health Professionals	
ALN Additional Learning Needs	
AO Accountable Officer	
ARAC Audit, Risk and Assurance Committee	
ASM Accelerated Sustainable Model	
AR Audit Recommendations	
APB Area Planning Board	
BAF Board Assurance Framework	
BCUHB Betsi Cadwaladr University Health Board	
BMA British Medical Association	
CAAP Clinical associate in applied psychology	
CAMHS Child and Adolescent Mental Health Services	
CCN Childrens Community Nursing	
CEMT Chief Executive Management Team	
CHC Continuing Health Care	
CIW Care Inspectorate for Wales	
CLIP Collaborative Learning in Practice	
CNO Chief Nursing Officer	

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CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team

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H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability

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MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOB	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board

RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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