Finance and Performance Committee

Thu 26 June 2025, 09:30 - 13:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

F&P_Agenda_26June2025.pdf (3 pages)

1.1. Welcome and Apologies

Verbal *Chair*

1.2. Declarations of Interest. Board Members Register of Interests

Verbal & Attached *All*

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

09:30 - 09:30
0 min

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.

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1. Minutes of the previous meeting held on 01 May 2025

Attached *Chair*

F&P_3.1_DRAFT_Minutes_D&P_01May2025.pdf (10 pages)

3.2. Committee Action Log

Attached *Chair*

F&P_3.2_Action Log 2025-26.pdf (1 pages)

09:30 - 09:30
0 min

4. ESCALATED ITEMS

4.1. Organisational status (NHS Wales escalation framework) Level 4 monitoring report

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

F&P_4.1_Level 4 escalation report.pdf (17 pages)

09:30 - 09:30
0 min

5. ITEMS FOR ASSURANCE

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5.1. Finance Performance Report Month 01

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

F&P_5.1_Financial Performance Report Mth 02.pdf (17 pages)

5.2. Integrated Quality and Performance Report Month 01

Attached *Executive Director of Planning, Performance and Commissioning*

- F&P_5.2_20250610_Month01_IQPR_Cover_Final.pdf (8 pages)
- F&P_5.2a_NHS Wales Performance Framework 2025.pdf (9 pages)
- F&P_5.2b_20250521_IPR_25-26_Month_1_Final.pdf (46 pages)

5.3. Community Hospital Delays and Flow update

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

- F&P_5.3_Community Hospital Delays and Flow SBAR 2.6.25.pdf (8 pages)

5.4. Ambulance Response

Attached *Executive Director of Planning, Performance and Commissioning*

- F&P_5.4_Deep Dive Ambulance Performance Cover Paper.pdf (4 pages)
- F&P_5.4a_Deep Dive Ambulance Response.pdf (20 pages)

5.4.1. COMFORT BREAK (10mins)

5.5. Committee Risk Register and Risk Appetite

Attached *Director of Corporate Governance*

- F&P_5.5_CRR and Financial Risk Appetite - June25.pdf (12 pages)

09:30 - 09:30
0 min

6. ITEMS FOR DISCUSSION

There are no items for inclusion within this section

09:30 - 09:30
0 min

7. CONSENT AGENDA

7.1. INTERNAL AUDIT REPORTS: Primary Care GMS Unified Contract, Pharmacy Stores, Llandrindod Phase 2

Attached *Director of Corporate Governance*

- F&P_7.1a_Primary Care GMS Unified Contract Final Internal Audit Report.pdf (9 pages)
- F&P_7.1b_Pharmacy Stores Final Internal Audit Report.pdf (9 pages)
- F&P_7.1c_Llandrindod Phase 2 Final Internal Audit Report.pdf (12 pages)

7.2. Planning, Performance and Finance Sub-Committee Highlight report

Attached *Director of Corporate Governance*

- F&P_7.2_PPF Highlight Report April 2025 Final.pdf (5 pages)

7.3. Cluster Achievement Review

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

- F&P_7.3_Cluster Review Update.pdf (9 pages)
- F&P_7.3a _Primary Care Cluster Reporting South Project Status.pdf (2 pages)
- F&P_7.3b _Primary Care Cluster Reporting Mid Project Status.pdf (2 pages)
- F&P_7.3c _Primary Care Cluster Reporting North Project Status.pdf (3 pages)
- F&P_7.3d _Primary Care Cluster Reporting Appendix 4.pdf (1 pages)

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7.3.1.

7.4. Committee Work Programme

Attached *Director of Corporate Governance*

F&P_7.4_Finance and Performance Work Programme 25-26.pdf (1 pages)

7.4.1.

7.5. PTHB Glossary

Attached *Director of Corporate Governance*

F&P_7.5_Powys Teaching Health Board Glossary.pdf (5 pages)

7.5.1.

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0 min

8. OTHER MATTERS

8.1. Any other urgent business

Verbal *Chair*

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

Verbal *Chair*

8.3. Committee Reflections

Verbal *All*

8.4. Date of the next meeting: 02 September 2025 at 10:00

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FINANCE AND PERFORMANCE COMMITTEE

26 JUNE 2025
10:30 – 13:00
VIA MICROSOFT TEAMS
CHAIR: RONNIE ALEXANDER

DRAFT AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	**PRELIMINARY MATTERS**		
10:30	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest • Board Members Register of Interests	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 previous meeting held on 01 May 2025	Attached	Chair
	3.2	Committee Action log	Attached	Chair
	4	**ESCALATED ITEMS**		
10:35 25min	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**		
11:00 20 min	5.1	Finance Performance Report Month 01	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
11:20 40min	5.2	Integrated Quality and Performance Report Month 01	Attached	Executive Director of Planning, Performance and Commissioning
12:00 15min	5.3	Community Hospital Delays and Flow update	Attached	Executive Director of Primary, Community Care and Mental Health
12:15 25min	5.4	Ambulance Response	Attached	Executive Director of Planning, Performance and Commissioning
12:10	**COMFORT BREAK (10mins)**			

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12:25 15min	5.5	Committee Risk Register • Risk Appetite	Attached	Director of Corporate Governance
	6	**ITEMS FOR DISCUSSION**		
There are no items for inclusion within this section.				
	7	**CONSENT AGENDA**		
	7.1	Internal Audit Reports: • Primary Care GMS Unified contract • Pharmacy Stores • Llandrindod Phase 2 **(For Assurance)**	Attached	Director of Corporate Governance
	7.2	Planning, Performance & Finance Sub-Committee Highlight Report (For information)	Attached	Director of Corporate Governance
	7.3	Cluster Achievement Review	Attached	Executive Director of Primary, Community Care and Mental Health
	7.4	Committee Work programme **(For Information)**	Attached	Director of Corporate Governance
	7.5	PTHB Glossary **(For information)**	Attached	Director of Corporate Governance
	8	**OTHER MATTERS**		
12:40	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: 02 September 2025 at 10:00		
8.5 The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 ***"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"***				
12:45	8.6	Welcome and apologies	Verbal	Chair
	8.7	Declarations of interest	Verbal	All
	8.8	Minutes from the previous In-Committee Meeting 01 May 2025	Attached	Chair

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Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk 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 – pleased 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.

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26								Updated: June 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 Finanical personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025
		Non Finanical 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 Finanical 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	£2500.00 per annum	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	**Simon Wright**	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	

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		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 Owneer: 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	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		
Executive Medical Director	**Kate Wright**	Non-Finanical professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025
		Non Financial professional Interests	Hospitality	19-Nov-24	20/11/2024	Attended digital conference which was funded by the hosting organiser (Health Strategy Forum).	An opportunity to meet with other NHS senior leaders and consider opportunities for use digital innovation in transforming Health care.	

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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)	NIL	29/05/2025
Executive Director of Public Health	**Mererid Bowley**	Non-Finanical 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-Finanical professional Interest	Outside Employment	Nov-21	Current	School Governor – Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	My 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	My 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	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	£2,960 Per Annum	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	Nil	

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DELIVERY & PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 01 MAY 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
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Roche	CR	Executive Director of Nursing, Quality, Womens and Family Health
Chris Moss	CMO	Assistant Director of Performance
Kate Wright	KW	Executive Medical Director
Sophie Lloyd	SL	Planning Manager
Hywel Pullen	HP	
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Katie Blackburn (Observing)	KB	Llais
Bethan Hopkins (Observing)	BH	Audit Wales
Carl Cooper (Observing)	CC	PTHB Chair
Sarah Powell	SP	Assistant Director of People and Culture
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Hayley Thomas	HT	Chief Executive Officer
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Deb Wood Lawson	DWL	Executive Director of People and Culture
Mick Giannasi	MG	Independent Member (General)

PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (D&P/25/001)

RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.

1.2 DECLARATIONS OF INTERESTS (D&P/25/002)

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

2. CONSENT AGENDA BUSINESS (D&P/25/003)

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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 (D&P/25/004)

The minutes of the meeting held on 06 February 2025 were **CONFIRMED** as an accurate record subject to the following amendment. RA thanked RL for chairing the meeting in his absence.

Item 5.7 Digital first Assurance report:
RL seeked clarity that the following question was a fair reflection of the meeting: 'What progress has been made for patients to utilise the Welsh App to its full extent in order to access personal information and appointments should they need treatment cross border?
HB agreed that clarity would be sought, and the minutes would be updated accordingly.
Action: Director of Corporate Governance

Matters Arising
Given the Out of Hours contract expired at the end of March, what is the current position, and can assurance be provided that interim arrangements are working well?
EL confirmed that the current Alternative Provider Medical Services (APMS) contract with Shropdoc is in place from 01 April 2025. Further work had been undertaken with Clusters and an update would be provided at the next meeting on progress.
A working group had been established to scope long-term commissioning arrangements, a progress report would be provided around GMS access and how data is triangulated in terms of access and patient feedback.
Action: Executive Director of Primary, Community Care and Mental Health.

3.2 COMMITTEE ACTION LOG (D&P/25/005)

HB introduced the Action Log that recorded updates with the following information provided:
D&P/24/086: In-Reach Fragility- Scheduled for discussion on the agenda.
D&P/24/01: Deep Dive, Ambulance Response – Due June 2025
D&P/24/101a- Internal Cancer Performance – Due September 2025
D&P/24/103- Out of Hours update report – Due September 2025
PTHB/24/205- Use of Private Providers in Mental Health – Due June 2025
PTHB/24/205a - Lessons learnt from the financial year to be incorporated into decision-making – Due June 2025

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

3.3 COMMITTEE WORK PROGRAMME (D&P/25/006)

The Committee **RECEIVED** and **APPROVED** the Committee Work Programme for 2025/2026.

4. ESCALATED ITEMS (D&P/25/007)

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT

PH provided a verbal update against the Organisational status where the Board had been placed into level 4 escalation in November 2024. Work had progressed to understand the de-escalation framework and criteria as per the action plan provided by Welsh Government. The framework and support packages were discussed at the first level 4 escalation meeting with Welsh Government. Work had progressed to map

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the Board structure and Sub Committees to ensure they are aligned to respond to the escalation framework. The Board continued to work against the Integrated Quality Performance framework and have strengthened elements of commissioning. The planning maturity matrix was approved in December 2024 and continues to be monitored by the Planning, Partnerships and Population Health (PPPH) Committee. An update report would be provided to Delivery and Performance members at the next meeting.

Committee members sought assurance by asking the following questions:

What are the timescales for when the work will be commissioned and who is the appropriate contractor to undertake the activity?
Work had progressed in line with the specification. A procurement exercise would be undertaken with Welsh Government to determine who would complete the activity. A timeframe is yet to be confirmed however Executive colleagues welcome the review and are keen to begin the process as soon as possible. HB added that Welsh Government had confirmed a level of funding and procurement actions would be discussed at a Board Development session to ensure it meets the wider health Board needs.

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

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 12 (D&P/25/008)

HP presented the year end finance report and highlighted the following key areas:

- An additional £7.178m of Welsh Government funding had been allocated in month 08 and the financial plan for 2024/25 had been revised from a £22.948m deficit to £15.770m position;
- At month 12, there was a £15.753m overspend against the revised planned year to date deficit of £15.770m giving the Health Board an operational overspend of £0.017m;
- The position excludes an unexpected £5m invoice from Wye Valley NHS Trust (WVT). The basis for the invoice and its value had been refuted;
- Significant pressures continue across Continuing Health Care, Provider pay, Agency spend and Commissioning of Healthcare services. These had been offset due to reduced expenditure on prescribing, Dental and other non-pay expenditure.
- Powys continues to be an outlier within the NHS Wales as agency spend average at 9.2% of total pay in month 11 against the Wales average of 2.7%.
- Additional funding of £5.7 for contracting with English NHS and £0.650 for Specialised Services had helped mitigate the overspend in year.

Committee members sought assurance by asking the following questions:

Can clarity be sought in terms of the meaning to the unexpected invoice?
HP explained that the Trust and Integrated Care Board as its main commissioner had taken a view that there are funding flows within NHS England which are not reflective within the payments made by Powys. It was anticipated that flows that have been in system for some time, are not historically paid by Welsh commissioners. Welsh Government would need to provide clarity in terms of NHS England and NHS Wales

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policy for cross border flows. Formal evidence of the data remains outstanding from the Trust.

What is the meaning of 'health processes' in terms of delays?
HP explained, for those patients that receive care within a hospital setting which are suitable to be discharged with possible delays due to assessments.

What are the reasons for the differences in costings for Community Hospital delays?
HP explained that to provide care in Powys Community Hospitals is more expensive than English Trusts, partly due to the size and number of agency staff.

The total opportunity costs for Social Care is at £5.4m and Community Hospital delays at £28.580, is this a rise in comparison to the previous year's figures?
HP would provide this detail outside of the meeting.
Action: Deputy Director of Finance

Given the increased underlying deficit position, what is the impact upon the 2025/26 plan?
HP explained the underlying deficit was at £30.6m, therefore as we move into the new financial year, the current deficit of £32.6m which provide a risk to the plan. The actions which are to be identified, are critical in order to support the management of risk to the plan.

What are the reasons for community Hospital delays and flow?
EL explained that further work would be required to review a number of internal processes to ensure effective patient flow is appropriate. It had been recognised that relationships with the Local Authority processes and provision of patient pathways required review.
a report of the work undertaken would be brought back to the next meeting in June**.**

What assurance can be provided that the use of private providers across Mental Health would not deteriorate?
EL explained that significant work had been undertaken and recognised the position had peaked last year at 29 Private Provider external placements, comparable to the current position at 15. Work had been undertaken to review processes and the governance required to ensure optimal management. An update would be provided to members at the next meeting in June.

Given the forecast position on the previous year, is there a focus that has gone beyond what was predicted?
Cost drivers such as Continuing Health Care, Agency spend, and Commissioned services remain broadly the same with Private Providers emerged during the year.

Members of the Committee acknowledged the financial challenges that the organisation had experienced and recognised the achievement in the financial savings delivered in year was significant. PH wished to thank colleagues across the health board for the significant work undertaken from budget holders and wider teams for the action taken to ensure delivery.

The Committee:

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- **RECEIVED** the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** that, subject to audit, it is reported that the Health Board has achieved the 2024/25 financial plan of a £15.8m deficit.
- **NOTED** the underlying deficit is assessed as deteriorating by £2.0m to £32.6m.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 11 (D&P/25/009)

CM provided an overview on the latest performance position against the NHS Wales Performance Framework 2024/25. The following key themes were highlighted:

The health board had not achieved its ministerial priority trajectory and complexity around clinical practice change had increased echo cardiogram demand significantly. An operational review of capacity had been undertaken with additional clinics being undertaken in PTHB Community Cardiology service. A full evaluation of the service would be undertaken to inform future plans for the service coverage to be expanded to Mid and South Powys. It was anticipated that the review would be completed by the end of May 2025 and report to the Community Services Group Directorate Management Team.

- Referral to treatment (RTT) compliance remains positive;
- Planned Care: Long waits remain challenging, The impact of the additional planned care funding that had been released to Welsh providers continues to be monitored;
- Emergency Care: Powys provider Minor Injuries Units (MIU) services performed well, meeting the 4-hour target
- Shrewsbury and Telford Hospital NHS Trust (SATH) data had been unavailable since July-24 following reporting challenges and this is expected to be in place in Q1 2025/26.
- Primary Mental Health Services assessments undertaken and had achieved planned improvement against both National targets. The service had been de-escalated.

Committee members sought assurance by asking the following questions:

What is the timeframe for a resolution on Colonoscopy reporting from Public Health Wales?
CM confirmed that a meeting had taken place with Public Health Wales (PHW) to request formal data. This would be followed up and shared with members outside of the meeting
Action: Assistant Director of Performance

Endoscopy and non-obstetric ultrasound pathways had been persistently reported as small numbers, when is it likely to make progress?
EL explained that the small numbers had been reviewed and given the complexities of patient's appointments due to possible additional specialties and personal choices of availability, the numbers remain low.

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Given the recent change in opening times for Minor Injury Units (MIUs) to ensure stability of services, has the service been closed to date due to staff shortage?

EL confirmed that MIUs continues to provide services and had not been reported as closed to date, providing stability. The data provided a good turnaround of MIU triage which conveys a sizeable capacity to better support patients.

Has an evaluation of MIU services been undertaken following the recent changes of opening times?
KW explained that no concerns had been reported during the pilot. A formal evaluation would be provided to the Board in July 2025.

Given the step change across Mental Health Services, what learning can be addressed to improve performance across other services?
It was noted that a sustained focus on Cancer Performance and Diagnostics to ensure improved delivery through the Better Together programme would be provided to members. EL noted that the outstanding measures for Mental Health remain on track, with demand and capacity plans to be fully delivered to ensure a sustained service. It was agreed that a Deep Dive on Cancer Performance would be brought to a future meeting for members assurance.
Action: Assistant Director of Performance

CR explained that development of the maturity quality management system is underway to ensure quality improvement across children's neurodevelopmental services. A progress report is reported to the Patient Experience, Quality and Safety (PEQS) Committee in regard to escalation of performance RTA and to monitor progress. As a result, this had seen improved multi-disciplinary triage processes with key performing indicators recognised.

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

5.3 Q4 ANNUAL DELIVERY PROGRESS REPORT (D&P/25/010)

SL provided members with an update of the progress made against the Integrated plan year end to March 2025. Detail on the progress made with delivery of the actions and priorities in the Plan as reported at the end of the year.

Committee members sought assurance by asking the following questions:

The suggested delay to 'engage with patients and stakeholders in terms of access to General Medical Services' is important to the community, what is the rationale for implementation?
EL explained that Contract negotiations and GMS access is under review by a national group. The National group are yet to confirm a timeframe of expectation to ensure this is aligned to the local programme of work. Confirmation would be sought prior to consideration by the Board in May.
Action: Executive Director of Primary, Community Care and Mental Health

Given the phased major conditions transformation plans, would this be incorporated elsewhere?

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EL highlighted that this would be incorporated into a chronic condition approach. A great deal of overlap had been identified with the need to link programmes into other workstreams to avoid duplication

The committee recognised the importance of the update and further work required. The Board would receive the progress update in May 2025. HB explained that The Patient Experience, Quality and Safety Committee Terms of Reference had been strengthened to incorporate General Practice Peoples experience context given its role and to monitor activity.

The Committee **CONSIDERED** the report ahead of submission to the Board and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

5.4 IN-REACH FRAGILITY SIX MONTHLY UPDATE (D&P/25/011)

EL provided an update on the planned review of JAG which is scheduled in November 2025 with a key focus around clinical leadership. Confirmation had been received from Cwm Taf Morgannwg University Health Board (CTMUHB) that services would continue to be provided. Discussions are underway with Aneurin Bevan Health Board to explore future options for provider services.

All Service Level Agreements (SLAs) which are under performing are under review with Providers. The Planned care Transformation Programme would seek to improve sustainable services, referral optimisation and digital support around referrals. It was noted that a progress report is scheduled to committee in December 2025 following the planned review of JAG in November.

The Committee **RECEIVED** the In-reach Fragility six monthly update.

5.5 HEALTH AND SAFETY ANNUAL REPORT (D&P/25/012)

SP provided members with an overview of the Health Board's compliance with statutory health and safety requirements. The key areas of performance, areas for improvement and progress made throughout the year were highlighted.

Members sought assurance by asking the following questions:

Can assurance be provided that appropriate action is being taken to protect patients on Felindre Ward to prevent window access to the building roof?
Health and Safety Officers have dedicated portfolios across the organisation to ensure consistent reviews are undertaken across all areas. The Mental Health service has regular site visits to ensure staff and patients are engaged in lessons learnt from injuries or incidents which have occurred.

What lessons have been learnt from the reported hedge cutter incident, and could this be applied across other situations where similar equipment is utilised?
The Health and Safety Group had recently received assurance that further Standing Operating Procedures (SOPs), had been put in place and a number of toolbox talks and safety procedures had been undertaken following the incident.

What mechanisms are in place to ensure that of those incidents reported, are followed up appropriately and are addressed?

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The use of the Datix system, automatically alerts the Health and Safety team when an incident is reported. This enables the service to review and provide support to the investigation to undertaken appropriate action.

The Committee **RECEIVED** report and **ENDORSED** the report for onward submission to the Board in May 2025.

5.6 COMMITTEE RISK REGISTER (D&P/25/013)

HB advised that the Board had approved the Risk Management Framework in March 2025 and work was underway to create a Strategic Risk Register and Organisational Risk Register which would be brought to Board in May 2025.

5.7 ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS (D&P/25/014)

HB presented the report which outlined the results of the Committee Effectiveness review. The Corporate Governance team would seek to develop an action plan to ensure that feedback from the Committee effectiveness reviews were addressed individually and as a collective. The Chairs Forum would monitor progress throughout the year.

Members observed the timeliness of synchronisation of committee papers submitted to the Board and occasionally brought back to committee would be reviewed to avoid duplication.

The Committee **NOTED** the Annual Assessment of Committee Effectiveness and suggested actions for improvement.

5.8 REVIEW TERMS OF REFERENCE (D&P/25/015)

HB presented the report, noting the Organisational status of Level 4 escalation, attention was drawn to the time allocated to the committee to the need to ensure sufficient time is given to review and scrutinise financial performance and to seek assurance as required. The Committee agreed to following amendments:

- To retain Finance within the committee and amended title to 'Finance and Performance Committee';
- To review the balance of agendas to allow focus and deep dives as required and extension to the meeting if needed;
- Assurance in regard to the performance management of Digital is removed, to be transferred to the Audit, Risk and Assurance Committee.
- Assurance in regard to Health and Safety arrangements to be transferred into Delivery and Performance Committee which historically sat within Workforce and Culture Committee.
- Continue to strengthen Primary Care and its components within the Delivery and Performance Committee.

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference subject to the amendments listed above,
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2025 for approval.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 COMMITTEE ANNUAL REPORT (INCLUDING IC ELEMENTS) (D&P/25/016)

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The Committee **RECEIVED** the Committee Annual Report for Information.
7.2 INTERNAL AUDIT REPORTS (D&P/25/017)
The Committee **RECEIVED** the following Internal Audit Reports for **ASSURANCE.** • Community Cardiology • Patient Flow and Discharge Management • Pharmacy Sores • Primary Care GMS Unified Contract
7.3 JOINT COMMISSIONING COMMITTEE (JCC) PLANNING AND PERFORMANCE FINANCE SUB-COMMITTEE HIGHLIGHT REPORT (D&P/25/018)
The Committee **RECEIVED** the Joint Commissioning Committee Planning and Performance Highlight report for information.
7.4 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (FOR INFORMATION) (D&P/25/019)
The Committee **RECEIVED** the PTHB Glossary for Information.
8. OTHER MATTERS
8.1 ANY OTHER URGENT BUSINESS (D&P/25/020)
No urgent business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (D&P/25/021)
There were none.
8.3. COMMITTEE REFLECTIONS (D&P/25/022)
The following summary of business and reflections were provided by members: • Well Chaired; • In depth scrutiny and challenge; • Finance discussions well received; • Thanks to Assistant Directors and Deputy Directors for their attendance at committees; • Constructive challenge to drive the organisation forward; • To think about how the wider general public are informed of the level of work being undertaken across the organisation.
8.4 DATE OF THE NEXT MEETING (D&P/25/023)
The date of the next meeting is scheduled on 26 June 2025 at 10:00 via Microsoft Teams.
8.5 The following resolution was passed:
'Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.'
8.6 WELCOME AND APOLOGIES (D&P/IC/25/001)
The Chair welcomed everyone to the In-Committee meeting, apologies were noted and recorded.

Members Present:		
Ronnie Alexander	RA	Independent Member (Chair)
Rhobert Lewis	RL	Independent Member (General)

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Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	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
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright	KW	Executive Medical Director
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
Apologies for Absence:		
Hayley Thomas	HT	Chief Executive Officer
Mick Giannasi	MG	Independent Member (General)
Claire Madsen	CC	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Debra Wood-Lawson	DW-L	Executive Director of People and Culture
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning services
8.7 DECLARATION OF INTERESTS (D&P/IC/25/002)		
There were no Declarations of interests received in addition to those already recorded on the register.		
8.8 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&P/IC/25/003)		
The Committee **RECEIVED** the item and **APPROVED** the In-Committee Minutes of the meeting held on 06 February 2025 and the Joint meeting of the Delivery and Performance and Planning, Partnerships and Population Health Committee on 17 March 2025 as an accurate and true record.		

Meeting Closed at 16:15

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

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Finance and Performance Committee

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - (26 JUNE 2025)								
26/03/2025	PTHB/24/205b	DCG	Finance Report	Lessons learnt from the financial year to be incorporated into decision-making action plan to June D&P	**26.06.25 update -** action will be included as a discussion at Board Development and then bought back to Committee.	Jun-25	Aug-25	At risk
26/03/2025	PTHB/24/205	DPCCMH	Finance Report	Assurance Report on use of private providers in MH services to June D&P	**01.05.2025 update:** Item scheduled for June 2025 agenda **23.06.2025 Update**: Item deferred to Sept meeting due to reduced Committee agenda given Board meeting pressures.	Jun-25	Sep-25	At risk
01/05/2025	D&P/25/008	DoF,C&SS	Finance Performance Report	To confirm whether there had been a rise in total opportunity costs for Social Care and Community Hospital Delays in comparison to the previous year	**26.06.25 update** - update to be provided within the meeting	Jun-25		On track
01/05/2025	D&P/25/009	AD of Performance	IQPR	To confirm a timeframe for a resolution on Colonscopy reporting from PHW	**26.06.25 update** - update to be provided within the meeting	Jun-25		On track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (26 JUNE 2025)								
06-Feb-25	D&P/24/101	Executive Director of Planning, Perofrmance and Commissioning	IQPR	Setup a quarterly programme of Deep Dives: Ambulance Response due June 2025.	**17.03.2025 update:** Discussions underway with WAST around data. Item scheduled for June 2025 agenda	Jun-25		On track
06-Feb-25	D&P/24/101a	Executive Director of Planning, Perofrmance and Commissioning	IQPR	A report focused on internal cancer performance progress and external cancer pathways be brought forward to the Committee in Q2.	**09.04.2025 update:** Item scheduled for September 2025 Agenda	Sep-25		On track
05-Dec-24	D&P/24/086	Executive Director of Primary, Community Care and Mental Health.	In-reach Fragiity	It was agreed to bring an update report back to Committee in December 2025 to review the position.	**06.02.25 update** - item scheduled for December 2025 - to consider reports by exception in May and September if there are any significant changes/financial challenges impacting on in reach capacity. **01.05.2025 update** - A verbal update to be provided at the May 2025 Committee. (assurance report scheduled for Dec 2025)	Dec-25		On track
06-Feb-25	D&P/24/103	Executive Director of Primary, Community Care and Mental Health.	Primary Care: OOH	To provide a report to Committee around Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais.	**01.05.2025 update** - Verbal update provided under Matters Arising at the May 2025 meeting. An update would be brought back to committee in September 2025 .	Sep-25		On track
01/05/2025	D&P/25/009a	AD of Performance	IQPR	Deep Dive on Cancer Performance and Diagnostics to be brought to a future Committee meeting	**15.05.2025 update**: This has been scheduled on the Work programme for September 2025	Sep-25		On track
01/05/2025	D&P/25/004	EDPCCMH	Matters Arising: GMS Access	A progress report would be provided around GMS access and how data is triangulated in terms of access and patient feedback.	**16.06.2025 update:** Item has been added to the Work programme for September 2025.	Sep-25		On track
ACTIONS RECOMMENDED FOR CLOSURE (26JUNE 2025)								
01/05/2025	D&P/25/004	DCG	Matters Arising: Welsh App	Clarity would be sought whether the Digital first update regarding the welsh App was a fair reflection of the meeting stated within the minutes on 06 Feb 2025	**15.05.2025 update:** Vicki Cooper confirmed that the minutes were a fair reflection of the discussion at the meeting on 06 February 2025. A briefing had been shared with Independent Members			Completed
01/05/2025	D&P/25/010	EDPCCMH	Q4 Annual Delivery Progress Report	Confirmation from the national group on access to GMS services would be sought prior to the Board in May 2025	**26.06.2025 update:** action completed and included in paper to the Board in May 2025			Completed

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Level 4 Escalation Update

Finance & Performance Committee

26 June 2025

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Escalation and Intervention Arrangements (Delivery & Performance Committee) 29 August 2024

Subject:	**Escalation and Intervention Arrangements**
Approved and Presented by:	Nicola Johnson, Executive Director Planning, Performance and Commissioning
Prepared by:	Assistant Director Planning Director of Corporate Governance/Board Secretary
Purpose:	This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.
Recommendations:	The Committee is asked to: • **RECEIVE** the report • Take **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees).
Executive Summary	The Welsh Government Escalation and Intervention Arrangements has five levels of escalation 1. Routine arrangements 2. Area of concern (new level) 3. Enhanced monitoring 4. Targeted intervention 5. Special measures The framework has six escalation domains and can be viewed here - NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales) PTHB's status increased from Enhanced Monitoring (Level 3) Finance, Strategy to Targeted Intervention on the 5 November 2024 having previously been in Enhanced Monitoring since September 2023. PTHB remains in routine monitoring for all other domains.
Appendices:	*None for this meeting*

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NHS Wales Escalation and Intervention Arrangements

- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation
  1. Routine arrangements
  2. Area of concern (new level)
  3. Enhanced monitoring
  4. Targeted intervention
  5. Special measures

- Six escalation domains

- NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales)

- PTHB's status **increased** from Level 3 to Level 4 for Finance, Strategy and Planning on the 5 November 2024 having been in Level 3 since July 2023

- Increased status due to worsening financial position.

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NHS Wales Escalation and Intervention Arrangements

Arrangements pre-Escalation to Level 3 and 4	Level 4 Arrangements – additional
• Quarterly IQPD (Integrated Quality and Performance Delivery) meetings (instead of monthly)	• **Monthly** IQPD (Integrated Quality and Performance Delivery) meetings (instead of quarterly)
• Bi-annual Joint Executive Meetings (JET) with Welsh Government (standard) • Escalation status forms part of these meetings	• Planning professionals leads meeting with Welsh Government – monthly
• Standard monthly reporting and financial monitoring returns	• Finance professionals leads meeting with Welsh Government – monthly
• Tri-partite meetings bi-annually (ore more as needed) to review each organisations arrangements (WG, Audit Wales, HIW) – standard (PTHB not involved)	• Quarterly Level 4 Escalation Meetings (chaired by WG Director General / NHS Wales CEO)

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Roles and Responsibilities

Welsh Government

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

PTHB

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

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De-Escalation Criteria – agreed by Welsh Government & PTHB

Strategy and Planning

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

Finance

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

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Support

- The escalation and related interventions detailed within the finance action plan have been designed to support the health board to demonstrate actions and evidence in line with the key objective areas
- Support categorised into green, amber and red areas, with green the priority to action
- Four green actions are as follows:

Commissioning and contracting expertise

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

CHC clinical and operational expertise

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

External planning and transformation capacity and expertise

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

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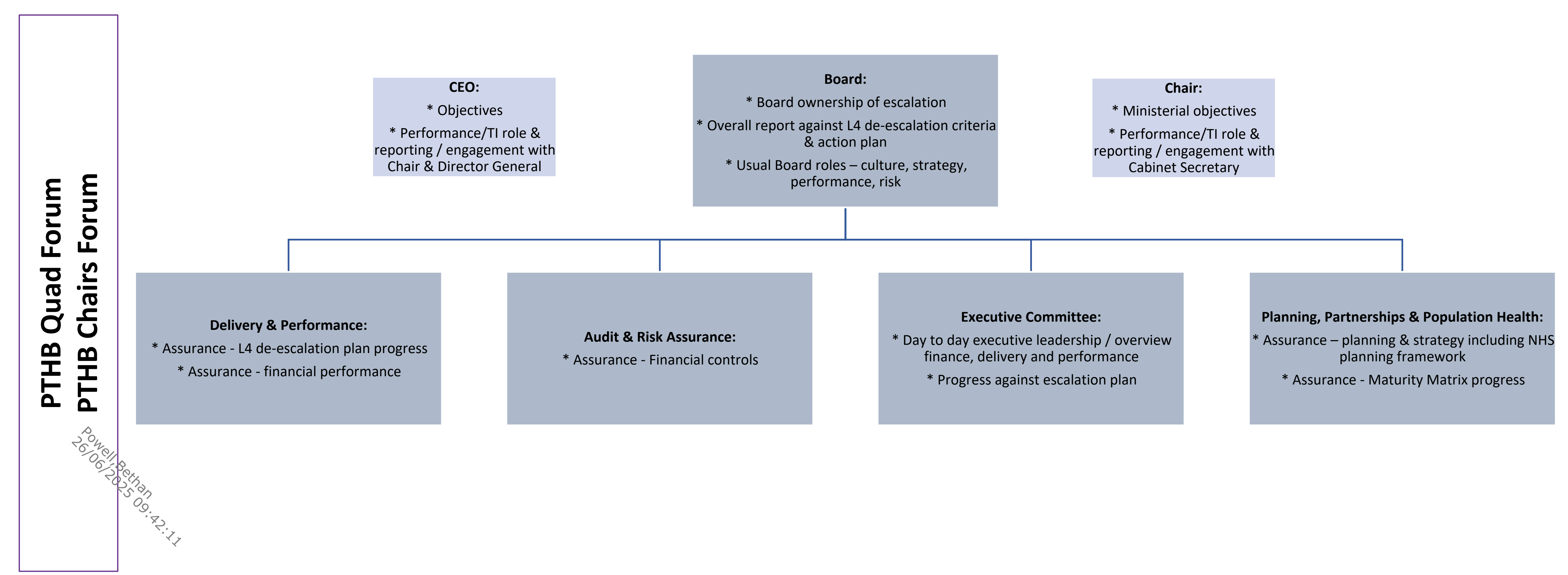
Audit expertise

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

Approach to Managing Level 4 Escalation – PTHB Board approved



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Approach to Managing Escalation – Governance / Enabling Actions

- Whole Board ownership
- Health Board Senior Responsible Officer confirmed - Executive Director Planning, Performance & Commissioning
- Building on effective governance foundations (routine monitoring) with
  - Board governance reviewed and enhanced
  - Executive governance reviewed and enhanced
- Finance and Integrated Quality and Performance Reporting enhanced
- Drivers of deficit well understood and Annual Plan responds to them as 'critical actions’
- Draft De-Escalation Criteria responded to throughout the Annual Plan planning process and final product
- Board approved the submitted 2025/26 Annual Plan in March 2025
  - Additional scrutiny in place ahead of full Board consideration (and approval) of revised 2025/26 annual plan
  - Better Together (transformation programme) a critical action, public engagement went live 28 April 2025
  - Continued work on de-risking the Plan and driving towards financial improvement with submission of AO letter on 12th May at a point in time
- Action Plan in place for Finance, agreed with WG Director of Planning that the HB will use the Planning Maturity matrix as the framework for developing an evidence log for Strategy and Planning
- Staff/organisation communication
- Partnership with Powys County Council – leadership structure reviewed and enhanced.

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Approach to Managing Escalation – Planning & Strategy

- Integrated Quality and Performance Framework (includes internal escalation framework) reviewed annually. Commissioning elements strengthened in 2025/26 arrangements
- Performance delivery scrutinised and assured by the Executive Committee, Delivery and Performance Committee (D&P) and Board
- Good level of internal audit assurance on Planning process and monitoring of Delivery Plan
- Planning Maturity Matrix approved by Board in November 2024, monitored via PPPH Committee. Awaiting WG feedback, using as an active tool within the HB
-
- Transformation Portfolio Board and programme management arrangements established and underway, supporting key elements of Annual Plan delivery. Reports to Executive Committee which is a formal Sub-Committee of the Board. Overseen by PPPH
- Approach to the development of Better Together agreed by the Board as three Chapters (phases). Timeline for first Chapter (Community and Frailty Model) included in Annual Plan – up to March 2026
- Level 4 Escalation external capacity and expertise to be secured for planning and transformation including stakeholder engagement, identification of rapid turnaround actions and support the development of the routemap to balance – included as 'Green' element of the support package.

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Approach to Managing Escalation – Finance

- Grip and Control report to Audit & Risk Assurance Committee on key control actions
- Scheme of Delegation and Standing Financial Instructions
- Budgetary Control and Savings (delegation and scrutiny).
- Focussed groups (Executive Director led)
  - Variable Pay
  - CHC
  - Prescribing
- Non-Pay Scrutiny Group
- Workforce Vacancy Control and Fixed Term posts processes
- Investment and Benefits Group
- Enhanced financial reporting to budget holders, executives and Board/Committees
- Executive sign off for agency booking process
- Executive Director Financial Performance Meetings and Monthly Performance Review process
- Board understanding and ownership re the options and choices to deliver financial improvement
- Internal escalation process (for service areas) linked to financial performance (as part of the IQPF)

Dashboard – PTHB Roles and Responsibilities

Criteria	Status	Evidence (at 21 May 2025)
Appoint an SRO (designated point of contact) to lead the health board's response to the escalation.		Executive Director Planning, Performance and Commissioning confirmed as SRO
Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.		• Regular Board reporting (via D&P Chair's report) since Autumn 2023 • Several Board Development sessions including WG attendance in Dec 2024 • Formal paper to Board – 21 March 2025 with escalation framework included • Committee reports to every Board as per the escalation governance arrangements (slide 8)
To produce a level 4 action plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.		• Previous Enhanced Monitoring action plans delivered • Planning Maturity Matrix – feedback awaited from WG and will be used to develop evidence log for Strategy and Planning • Draft Finance action plan in place following escalation meeting, further details will now be populated • Action plan will be reported to D&P and Board (bi-monthly monitoring to D&P, bi-annual reporting to Board)
Provide quarterly progress reports and evidence against the escalation plan to Welsh Government.		• Update provided at meeting 1 (29 April 2025) • Mechanisms in place to ensure updates provided at each quarterly meeting • Procurement specification in development for external support
Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the financial position.		• Board approved annual plan (March 2025) • Enhanced financial reporting • Series of internal controls continue from 2024/25 • Revised IQPF due for Board consideration – 21 May 2025

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Overall Escalation Position

- First Level 4 meeting held on 29th April.
- De-escalation Framework agreed confirmed in follow-up letter from WG and presented to Board, in public on 21 May 2025
- Board have approved the governance arrangements for escalation status within PTHB
- Action Plan agreed for finance improvement, subsequently mutually agreed Strategy and Planning will be based on Planning Maturity Matrix and evidence log. Awaiting feedback on Planning Maturity Matrix.
- Proceeding at pace to procure support package of £0.5m for 'Green' actions focussed on (procurement currently live, due to be awarded by end July):
  - Commissioning and contracting expertise
  - Continuing Health Care clinical and operational expertise
  - External planning and transformation capacity and expertise inc stakeholder engagement
  - Audit programme review and expertise
- Work ongoing to de-risk and develop the Annual Plan financial plan, responding to correspondence between WG and PtHB and the cost drivers that are laid out as 'Critical Actions' in the Annual Plan.

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L4 Escalation – Finance, Planning and Strategy Evidence Log

Assessment of positions / evidence base as at June 2025

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Finance, strategy and planning intervention

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

Submission and delivery of an approvable plan

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

Strategic planning and transformation

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

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De-escalation criteria for Finance, strategy and Planning

Criteria	'RAG' Self assessment	Rationale (summary)
1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework	Red	Unable to submit balanced IMTP and unable to deliver Target Control Total in 2025/26 Annual Plan
2. Board clarity on the strategic vision for the organisation	Amber	Clear vision within shared long term strategy, A Healthy Caring Powys forms basis of Annual Plan. Strategy approaching review for 2027
3. Evidence of a clear roadmap and implementation of the health board's clinical services plan	Amber	Better Together Programme in place, engagement commenced – ambitious and difficult work to produce 'roadmap' and reach implementation
4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix	Grey	TBC – Self assessment completed, WG Feedback recently received, which will be reviewed and help inform and moderate rating
5. Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions	Green	Annual Plan 2025/26 in place with quarterly monitoring and reporting as per IQPD and JET

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An 'evidence log' for the assessment against each of the criteria above has been developed.

Next Steps

- Continued collation of evidence against the de-escalation criteria

- Last IQPD held 16 June 2025
- Next IQPD scheduled for 25 July 2025

- Last Level 4 Escalation meeting held 29 April 2025
- Next Level 4 Escalation meeting scheduled for July 2025

- End of year JET (Joint Executive Team) held 23 May 2025

- Tri-partite meetings scheduled for June 2025 – cycle of escalation status review

- Assurance reports at each Finance and Performance Committee
- Relevant assurance updates to the PTHB Board (next scheduled Nov 2025)

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Powys THB Finance Department
Financial Performance Report
Finance and Performance Committee

Period 02 (May 2025)
FY 2025/26

Date Meeting: 26 June 2025

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 02 OF FY 2025/26
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 24 June 2025 (verbal update will be provided at F&P Committee)

PURPOSE:

This paper provides an update on the May (Month 02) 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.

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

Strategic Objectives:	• Focus on Wellbeing	✘
	• Provide Early Help and Support	✘
	• Tackle the Big Four	✘
	• Enable Joined up Care	✘
	• Develop Workforce Futures	✘
	• Promote Innovative Environments	✘
	• Put Digital First	✘
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✘
	• Safe Care	✘
	• Effective Care	✘
	• Dignified Care	✘
	• Timely Care	✘
	• Individual Care	✘
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✘

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2025/26

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	-2,359	-2,306	↓
Reported Year To Date financial position – (deficit)/surplus	-4,719	-5,732	↓
Year end – (deficit)/surplus	-28,312	-28,312	↑

Capital		
	Value £'000	**Trend**
Capital Resource Limit	5,941	→
Reported Year to Date expenditure	252	→
Reported year end – (deficit)/surplus – Forecast	5,941	→

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

The 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 2, there is a £5.732m overspend. Compared to a deficit of £4.719m, (which is 2/12ths of a forecast £28.3m deficit), this equates to the Health Board having an operational overspend of £1.013m.

The capital resource limit for 2025/26 is £5.941m, the forecast outturn is £5.941m; with a YTD spend of £252k.

Health Board Financial Performance 2025/26

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-3,426	-2,306	0	0	0	0	0	0	0	0	0	0
YTD Actual Cumulative Position	-3,426	-5,732	-5,732	-5,732	-5,732	-5,732	-5,732	-5,732	-5,732	-5,732	-5,732	-5,732
Cumulative Plan	-2,359	-4,719	-7,078	-9,437	-11,797	-14,156	-16,515	-18,875	-21,234	-23,593	-25,953	-28,312
Plan Monthly	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359	-2,359

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DAY FIVE – summary report

- Commissioning is £1.184m overspent, as actions to defer expenditure have not yet taken effect.
- Agency expenditure of £0.550m in the month, which is higher than last month; but compared to M02 2024/25 it is £0.268m lower.
- CHC is underspent by £0.042m YTD, with a forecast outturn of £36.778m. There are 364 packages of care, a net increase of 9 since Month 12 2024/25.
- Mental Health Private Provider is overspent. Forecast annual expenditure has increased to £6.221m. This is subject to urgent focus.

Revenue Variance Position 2025/26

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(73,253)	(73,253)	0
02 - Capital Donations	(22)	(22)	0
03 - Other Income	(1,361)	(1,550)	(190)
Total Income	**(74,635)**	**(74,825)**	**(190)**
05 - Primary Care - (excluding Drugs)	8,067	7,927	(140)
06 - Primary care - Drugs & Appliances	5,899	5,899	(0)
07 - Provided services -Pay	20,124	20,099	(25)
08 - Provided Services - Non Pay	3,894	3,980	86
09 - Secondary care - Drugs	232	224	(8)
10 - Healthcare Services - Other NHS Bodies	30,804	31,988	1,184
12 - Continuing Care and FNC	6,772	6,731	(42)
13 - Other Private & Voluntary Sector	1,051	1,198	147
14 - Joint Financing & Other	1,625	1,625	(0)
15 - DEL Depreciation etc	861	861	0
16 - AME Depreciation etc	25	25	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**79,354**	**80,556**	**1,203**
Reported Position	**4,719**	**5,732**	**1,013**

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At Month 02, there is a £5.732m overspend against the forecast deficit of £4.719m giving the Health Board an operational underspend of £1.013m.

The most significant areas to highlight are:

- Commissioning of Healthcare Services from other NHS Bodies is £1.184m overspent at M2. Actions to defer expenditure are yet to take effect and as is normal at the start of the year, insufficient activity information has been received to inform any further variation.
- Other private and voluntary sector is overspent YTD by £0.147m. This is due to an increased number of acute mental health placements with private providers.
- There are underspends in primary care within dental and general medical services.

Health Board Provider Services

We are focused on this because:
This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(1,361)	(1,550)	**(£190)**
07 - Provided services -Pay	2,333	2,075	(257)	2,104	20,124	20,099	**(£25)**
08 - Provided Services - Non Pay	0	0	0	0	3,894	3,980	**£86**
Grand Total	**2,333**	**2,075**	**(257)**	**2,104**	**£22,658**	**£22,529**	**(£129)**
Directorate View							
Assistant Director Community Services	1,030	884	(146)	900	7,863	7,710	**(£152)**
Assistant Director MH/LD	505	417	(88)	420	3,923	5,298	**£1,376**
Assistant Director Women and Children	158	160	1	166	1,177	1,372	**£195**
Estates and Support Services	198	200	2	202	2,709	2,819	**£110**
Corporate and other Services	441	414	(27)	416	6,986	5,329	**(£1,657)**
Grand Total	**2,333**	**2,075**	**(257)**	**2,104**	**£22,658**	**£22,529**	**(£129)**

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.

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Risks

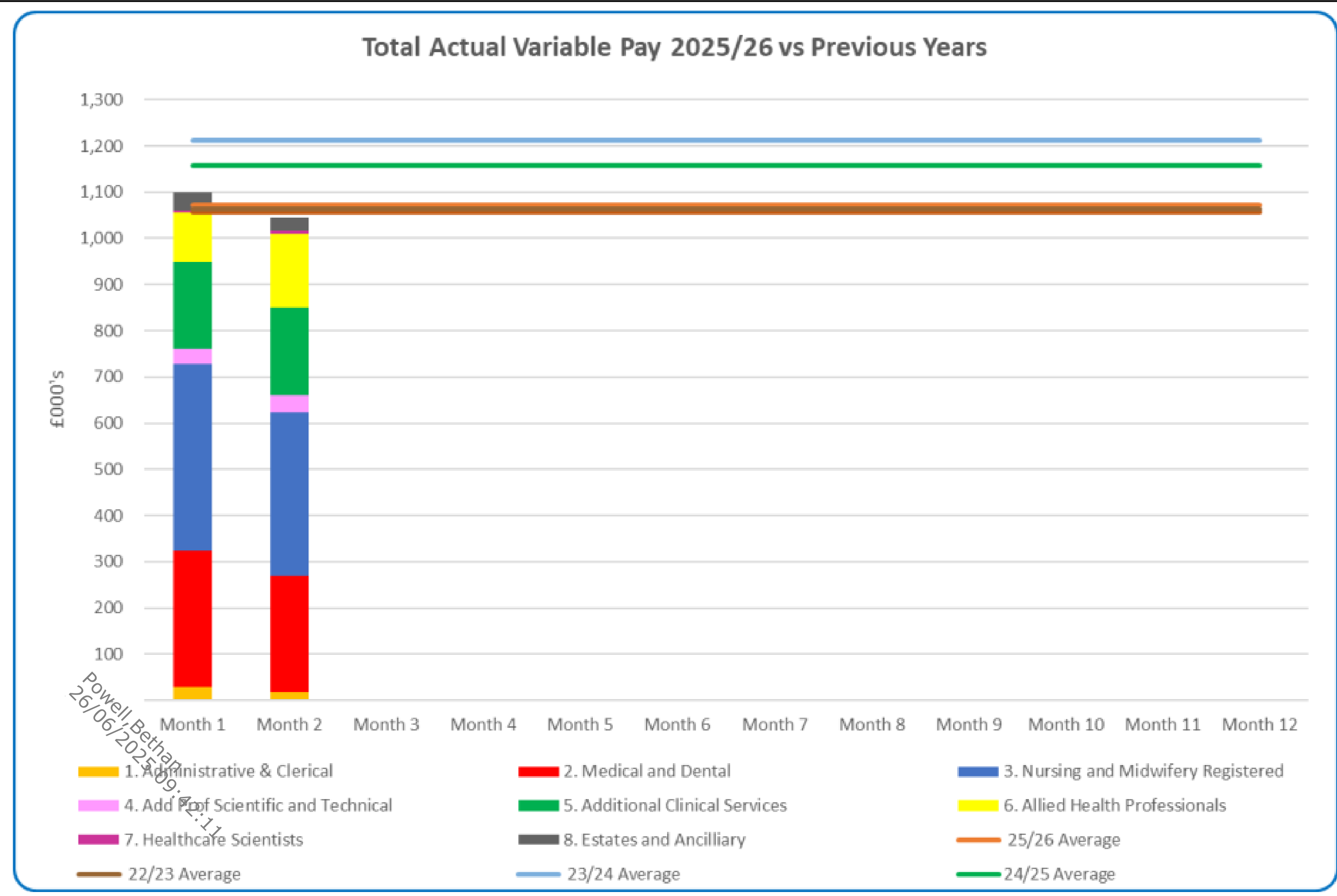
- Increased workforce gaps resulting in greater requirement for temporary workforce and associated premium spend.

Explanation of Performance

- The Month 2 position is showing an underspend of £0.129m 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 17% (88 WTE) for MH&LD Services and 14% (146 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.

Health Board Agency and Locum Spend

We are focused on this because:
Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).



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

Performance and Actions

- Pay budgets have underspent by £0.025m against the plan, due to the high level of vacancies.
- The chart opposite demonstrates in May variable pay is lower than prior months. It is broken down by staff type.
- Powys continues to be an outlier within NHS Wales as agency spend was on average 9.2% of total pay in Month 11, against the Wales average of 2.7%.
- The HB's Variable Pay Reduction group is implementing its action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

Commissioning and Contracting

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

Status Update
Welsh LTAs for 2025/26 were agreed by the deadline of 12 June. Contract proposals with English providers are being progressed. Detailed negotiations are underway

NHS Commissioning Variance to Date 2025/26

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	8,104	7,993	- 110
English Providers	12,553	13,692	1,139
JCC	9,171	9,330	159
Other NHS Providers	822	822	-
Mental Health (LTAs Only)	154	151	(3)
Total	**30,804**	**31,988**	**1,184**

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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.

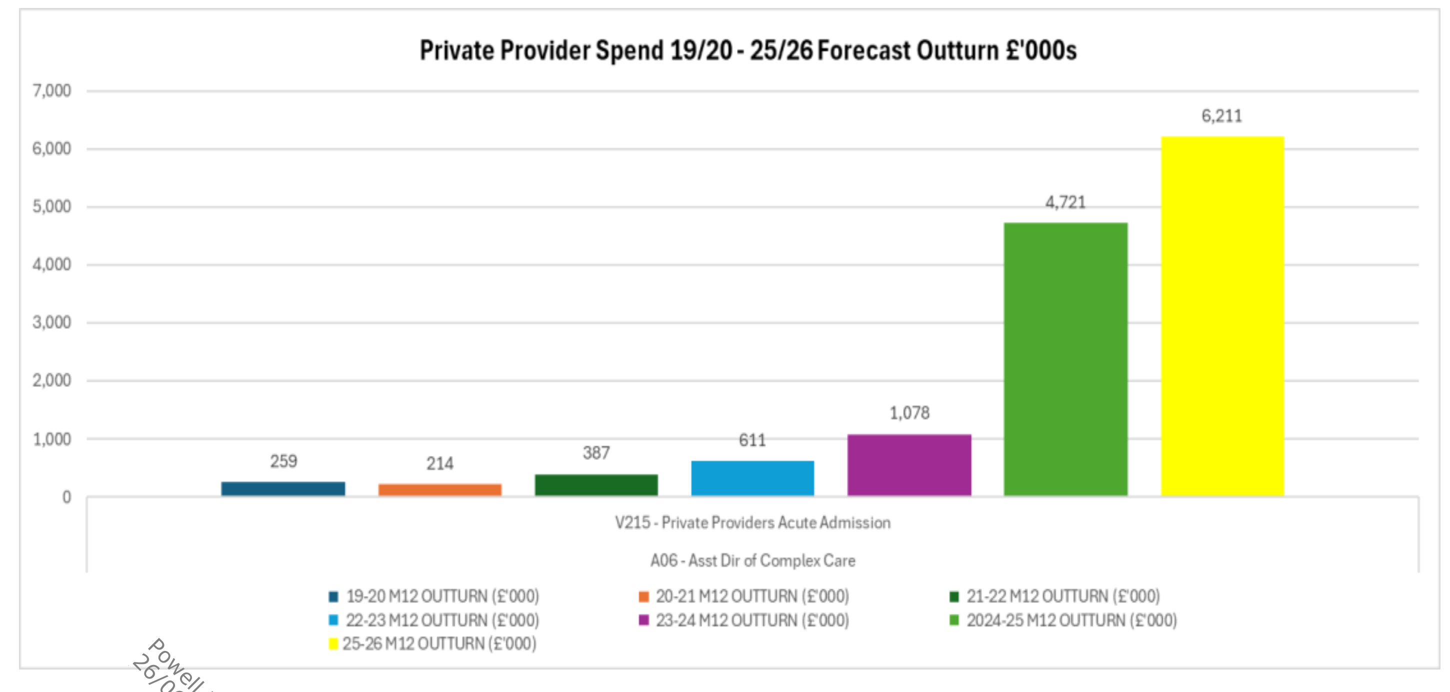
Performance

As limited activity information has been received so far this financial year, the forecast broadly reflects the financial plan. Apart from:

- Overspend shown against contracts with English providers as actions to reduce elective activity, whilst still achieving target access times are yet to take effect.
- The JCC overspend reflects the situation that the additional £1m expenditure reduction sought from JCC, so that the cost increase is limited to 1.77% funding increase the Health Board received from Welsh Government, is not yet concluded.

Private Providers – Mental Health

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



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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.

As at month 2, it is forecast that without action the costs will increase to £6.2m. The number of open packages is 20 at the end of May.

Until last year the level of patient acuity has not been seen since 2017. Prior to that, pressures were absorbed into the capacity of the other health boards that were providing services to PTHB.

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.

Continuing Healthcare

We are focused on this because:
Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages).
Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Year end Position £'000	25/26 Budget £'000	25/26 Forecast £'000	25/26 Variance £'000	Growth 2024/25 to 2025/26 Forecast £'000	Growth 2024/25 to 2025/26 Forecast %
Children	£157	£296	£310	£623	£694	£827	£133	£204	32.8%
Learning Disabilities	£1,639	£2,461	£3,549	£4,322	£4,943	£4,901	£42	£580	13.4%
Mental Health	£10,611	£13,949	£16,201	£19,714	£22,590	£23,142	£551	£3,428	17.4%
Mid Locality	£1,635	£1,882	£2,123	£2,301	£2,658	£2,412	£246	£111	4.8%
North Locality	£2,098	£2,646	£3,475	£3,927	£4,548	£3,548	£1,000	£379	-9.6%
South Locality	£1,853	£1,904	£1,955	£1,670	£1,937	£1,949	£12	280	16.7%
CHC Provisions	£1,796	£779	£683	£248	£0	£0	£0	(£248)	-100.0%
Grand Total	**£19,790**	**£23,917**	**£28,296**	**£32,803**	**£37,371**	**£36,778**	**£592**	**£3,975**	**12.1%**
Number of active clients	**285**	**295**	**327**	**355**	**379**	**364**		**9**	**2.5%**
D2RA		**£696**	**£201**	**£7**	**£9**	**£0**	**£9**	(£7)	-100.1%
FNC	**£1,960**	**£2,131**	**£2,279**	**£2,782**	**£3,254**	**£3,254**	**£0**	**£471**	**16.9%**
Total	**£21,750**	**£26,744**	**£30,777**	**£35,592**	**£40,633**	**£40,032**	**£601**	**£4,440**	**-71.0%**

Performance and Action

The 2025/26 financial plan had provision for CHC inflation and growth based on the forecast for 2024/25 at Month 10.

As at month 2, there is an underspend of £0.042m on the budget of £32.948m against Continuing Care and FNC. The number of CHC packages increased by 9 to 364, since the 24/25 outturn.

The table shows that a £600k underspend is currently forecast based upon the number of packages at the current time, which is below the 379 assumed in the Plan.

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What the table tells us

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

Risks

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

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

Health Board 2025/26 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

	(£ '000s)						
	In-year 2025/26						Recurrent
Targeted Area	24/25 Recurrent Savings Target	No. Green + Amber	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Red (potential)	Forecast FYE
Premium pay expenditure	**3,400**	**38**	1,156	958	2,114	0	1,968
Meds	**1,500**	**6**	1,465	0	1,465	0	1,465
MV and HP Programmes	**1,000**	**1**	1,000	0	1,000	0	0
2% R	**1,000**	**29**	703	412	1,115	109	1,115
1% NR	**500**	**12**	291	58	349	78	0
CHC / Private Providers	**2,500**	**1**	0	500	500	0	0
Commissioning	**3,080**	**8**	738	2,342	3,080	0	831
Commissioning (NHSE to Wales Targets)	**7,100**	**1**	0	7,100	7,100	0	0
Commissioning (JCC)	**1,000**	**0**	0	0	0	1,000	0
Commissioning (POCD)	**1,500**	**0**	0	0	0	2,157	657
RTGH	**500**	**1**	0	500	500	0	0
Total	**23,080**	97	5,352	11,870	17,223	3,344	6,036

What the table tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Risks

Timescales and capacity of teams to deliver the schemes.

Identification of additional schemes.

WG Value & Sustainability Board

V&S Board Category	£'000
Workforce	3,400
Medicine Management	1,500
MV and HP Programmes	1,000
2% Recurrent	1,000
1% Non-recurrent	500
CHC / Private Providers	2,500
Commissioning	12,680
RTGH	500
Grand Total	**23,080**

Performance and Actions

- As shown in the table green and amber schemes with £17.223m savings are currently forecast, against the £23.080m target.
- The recurrent impact of saving schemes is £6.036m, 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

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Risks and Opportunities

We are focused on this because:
The revised £28.312m deficit forecast is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the forecast and improve upon it.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Under delivery of amber rated saving schemes	(5,935)	Medium
Continuing Healthcare	(2,000)	Medium
Prescribing	(600)	Low
Joint Commissioning Committee Performance	(750)	High
Commissioning - Emergency activity NHS England	(2,000)	Medium
Commissioning - English RTT Recovery	(8,000)	High
Commissioning - Welsh HB's Emergency and Elective over-performance	(2,000)	Medium
Commissioning - High Cost Drugs	(400)	Medium
Inflation - Non-Pay	(300)	Low
Commissioning - NSE parity of funding (WVT)	(5,000)	Low
ENIC	(2,500)	Medium
Total	**(29,485)**	

Opportunity	£ '000	Likelihood
Commissioning - mitigating actions exceed forecast	3,000	Medium
Continuing Healthcare - Deaths and Discharges exceed planning assumptions	2,000	Medium
Provided Services	1,500	Medium
DHCW Microsoft VAT	97	High
Total	**6,597**	

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Risks

- Under Delivery of Saving Schemes – assumed amber schemes have an element of risk categorised as 50% (£5.935m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2025/26 that this may present a risk of circa £0.600m.
- There is a potential risk of circa £12.4m for the Health Board relating to the level of activity undertaken by our providers. And a £5m potential risk related to funding sought by Wye Valley Trust in 24/25 being sought again in 2025/26.
- There is a risk that the funding assumed from Welsh Government for the increase in employer's NI costs may not fully cover the additional costs.

Summary & Key Messages

1. At month 02, PTHB is reporting a £5.732m deficit. This comprises the evenly profiled forecast deficit £4.719m, with an operational overspend of £1.013m.
   - 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 services (private providers).

2. The revenue forecast for 2025/26 is £28.312m. There are several underlying assumptions and a range of risks and opportunities surrounding this forecast.

3. The Health Board's planned underlying deficit is £42.070m.

4. Other financial matters:
   - The Health Board has a £5.941m capital allocation, which it will manage within.
   - Due to the £28.3m revised forecast financial deficit, the THB will require Strategic Cash later in the financial year to meet its obligations to suppliers and staff.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices. The 2024/25 performance was 93.1%.

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Powys THB Finance Department

Financial Performance Report – Appendices

Monitoring Return Reported

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

MMR Narrative

Microsoft Word Document

MMR Tables

Microsoft Excel Worksheet

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Capital 2025/26

Appendix 2

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st May 2025
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	2.100	2.100	0.147
Decarbonisation Programme	0.643	0.643	0.100
TEF - Fire	0.300	0.300	0.000
TEF - Infrastructure	1.290	1.290	0.004
TEF - Decarbonisation	0.100	0.100	0.000
TEF - Mental Health	0.080	0.080	0.000
TEF - Infection Prevention Control	0.230	0.230	0.001
DPIF - Medicines and Prescribing and Medicines Administrat	0.127	0.127	0.000
DPIF - Digital Maternity Cymru	0.100	0.100	0.000
IRCF - North Powys Integrated Health and Wellbeing Hub - F	0.971	0.971	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**5.941**	**5.941**	**0.252**

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Cash Flow 2025/26

	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**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	40,262	42,051	39,419	40,578	39,722	35,810	38,826	36,545	40,002	37,725	39,244	4,457
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	289	4	18	76	1,061	57	4	969	308	1,017
WG Capital Funding - Cash Limit - LHB & SHA only	0	500	0	500	500	992	483	660	581	630	489	606
Income from other Welsh NHS Organisations	771	499	343	419	731	778	403	681	425	887	817	1,438
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	901	1,221	502	653	1,179	686	860	567	700	671	703	1,108
Total Receipts	43,693	44,171	40,403	42,004	42,000	38,192	41,483	38,360	41,581	40,730	41,329	8,562
Payments												
Primary Care Services : General Medical Services	3,039	2,719	3,300	2,700	2,600	2,700	2,300	2,800	2,800	3,300	4,500	2,900
Primary Care Services : Pharmacy Services	548	1,186	450	450	900	0	900	0	900	450	0	450
Primary Care Services : Prescribed Drugs & Appliances	1,356	2,736	1,450	1,450	2,900	0	2,900	0	2,400	1,450	1,430	(1,450)
Primary Care Services : General Dental Services	407	420	450	450	450	450	450	450	450	450	450	450
Non Cash Limited Payments	134	145	150	150	150	150	150	150	150	150	150	150
Salaries and Wages	9,669	9,855	9,800	9,800	9,800	9,800	9,800	9,800	9,800	9,800	9,800	9,800
Non Pay Expenditure	23,062	27,068	24,339	26,479	24,377	24,500	24,500	24,500	24,500	24,500	24,500	24,348
Capital Payment	5,433	380	300	525	823	592	483	660	581	630	499	726
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	43,648	44,509	40,239	42,004	42,000	38,192	41,483	38,360	41,581	40,730	41,329	37,374
NET CASH FLOW IN MONTH	**45**	**(338)**	**164**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(28,812)**
Balance c/f	**674**	**336**	**500**	**500**	**500**	**500**	**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 and staff.

2025/26 Financial Plan

Appendix 4

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.

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Agenda item: 5.2

Finance and Performance Committee	**Date: 26 June 2025**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Report Scorecard – Month 1 2025/26.
Presented by:	Executive Director of Planning, Performance and Commissioning
Approved by:	Executive Director of Planning, Performance and Commissioning Assistant Director of Performance and Commissioning
Prepared by:	Head of Performance Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	Executive Committee – 11 June 2025

PURPOSE:

This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2025/26 (attached below) containing information up until the end of April 2025 (month 1).

RECOMMENDATION(S):

The Finance and Performance 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

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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	

SUMMARY:

This report provides the committee with the latest performance information to highlight performance achievements and challenges. This is provided as an exception and escalation version for month 1 2025/26 reporting against the new NHS Performance Framework measures and targets. The below table provides a very high level of key adjustments between 2024/25 and 2025/26.

Performance Measure	2024-2025 Target	2025-2026 Target	Key Notes
HPV Vaccination Coverage	90% coverage (fixed reporting periods in 2024-2025).	Maintained at 90%, but updated reporting periods for alignment with WHO goals.	No change in percentage, but reporting improved for clarity.
Influenza Vaccination Uptake	75% for adults aged 65+ during September-March.	Retained at 75%, refined for better seasonal tracking.	Target unchanged, but more granular seasonal alignment introduced.
COVID-19 Vaccination Uptake	75% for eligible populations during Spring and Autumn boosters.	Same target, with enhanced focus on seasonal uptake alignment.	Improved seasonal uptake monitoring and focus.
Cancer Treatment Start within 62 Days	Trend improvement, aiming for 80% by March 2026.	Retained but integrated with national reporting guidelines.	Structured integration for transparency in national goals.
Children's Therapy Wait Time	Children under 18 to access therapy within 14 weeks (100%).	Refined measures by introducing specific adult/child differentiation.	Introduced specificity for age groups and service types.
Outpatient Follow-Up Delays	Reduction compared to prior year delays by over 100%.	Increased focus on eliminating long delays completely.	Shift from general reduction to clear elimination goals.
Audiology Pathways	General tracking of audiology wait times.	Split tracking into adults and children, including new and follow-up pathways.	Detailed differentiation of audiology services for better tracking.
Ambulance Red Call Response Time	65% within 8 minutes (static target).	Target under review with potential adjustments following evaluation.	Potential for target adjustment to reflect new ambulance review findings.
Delayed Pathways of Care	General tracking without detailed breakdown.	Defined new measures to address delays in specific services.	Detailed breakdown of care delays added for monitoring.

As an escalation and exception report the narrative is only included for those measures that are internally escalated to level 3 for performance or are unable to meet their national target.

Summary for Month 1

Provider services

Planned care:

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- Diagnostic waits reported increase to 81 breaches in April from 79 in March. Breaching pathways are for echocardiograms (76 pathways), and endoscopy (5 pathways).
- Clinical practice changes increased echo cardiogram demand significantly in 2024/25. Additional capacity is being provided in Aneurin Bevan UHB to support Powys. Currently further in-reach capacity is being sought via further locum cover. Recovery trajectories are being developed with a view to reporting from month 2.

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

- Therapies pathways have seen limited breaches (6 patients) in Physiotherapy and Podiatry. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff.

- Provider cancer pathway performance for outpatients and diagnostics remains robust with key urgent suspected cancer diagnostics (endoscopy) being carried out within target. In April service demand remains high with 44 new single cancer pathways reported. Downgrades within 28 days performance remains high reporting 57.7% but remains challenged by numerous factors including acute centre diagnostics and reporting delays.

  Although not an NHS Performance Framework measure, the health board reported 60% of patients were sent straight to test with evidence of a target 12-month improvement trend. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost activity especially for the key urgent and urgent suspected cancer pathways in Q1 2025/26.

<u>Mental Health:</u>

- Under-18s: Compliance achieved in April for assessments (98.0%), interventions (85.7%), and care treatment plans (95.9%).

- For Adults: Compliance achieved in April for assessments (98.0%) and interventions (87.5%). Both measures have now achieved compliance against the 80% target for the last three months reported.

    - CTP compliance: Performance improved in April to 83.9% although the HB is not meeting the 90% target. Social services capacity to undertake office duties remains a significant challenge with reliance on health board members of staff.

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- Psychological therapy waiting times have deteriorated in April from 71.3% to 69.8% from the previous period (target: 80%). Performance has been impacted by fixed term staff contracts finishing in Q4 2024/25, a recruitment freeze and ongoing long-standing challenges. The implementation of focused waiting list recovery plan includes a review of allocation process, job plans, demand & capacity work, caseload management and review of service core offer. The service remain confident that these key actions will result in an improved position by the end Q1 2025/26.

Neurodevelopmental Services:

- Performance against the nationally reported measure (26 week wait to assessment) reported in April fell slightly from March to 29.3% from 29.9%.
- Treatment has commenced from the referral to assessment pathways with internal waits addressed.
- No patients waited over 104 weeks on the referral to assessment list at the end of April 2025.
- Internal Executive oversight (Level 3) remains in place.

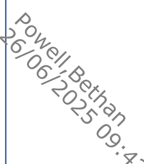
Emergency Care:

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

Commissioned services

Planned care (RTT) Wales

- The number of patients waiting over 52 weeks for a new outpatient appointment has deteriorated in April with an increase from 324 (March) to 380 reported at the end of April. Of all the Welsh providers only Swansea Bay UHB is compliant with the target for PtHB residents.
- Long waits during April in Wales for RTT continue to improve with Hywel Dda University Health Board (UHB) and Swansea Bay UHB reporting that no Powys resident pathways waited over 2 years (104 weeks) for treatment. At present the wait band of pathways waiting over 104 weeks continues to report statistically special cause improvement and all providers have reported their numbers falling as compliance improves. Key long wait specialties that are challenged include Trauma & Orthopaedics, Ophthalmology, ENT, and Oral Surgery.



Planned care (RTT) England

- For English providers, the March position is more mixed, Wye Valley NHS Trust (WVT) reports the best performance of all Powys commissioned providers with 70.1% of pathways waiting under 26 weeks for treatment, 113 wait over 52 and of these 4 pathways wait between 77 and 104 weeks for ophthalmology and respiratory medicine. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing. The key challenged specialties for long waiting pathways in SATH are Ophthalmology and Oral Surgery which make up 24 of the total 27 pathways between 77 and 104 weeks.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits showing a growing trend of very long waiters, all key wait bands are reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in March of the 40 total breaches 16 are for Knee & Sports Injuries, 12 are complex spinal, 10 reported for Arthroplasty pathways, and 2 in upper/lower limb. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 307 weeks.
- PtHB is engaged closely with all three providers on commissioning elective care to NHS Wales waiting times for 2025/26.

Cancer Pathways:

- Cancer treatment pathways for Powys responsible patients have not met the 75% target throughout 2024/25 with March reporting 59% compliance for the 62-day SCP pathway. For those patients who attended English commissioned services the compliance equity was varied, for example Wye Valley NHS Trust broadly reported compliance higher than the English average and consistently outperformed SaTH whose performance often did not meet or exceed the English average.

Commissioned Emergency Care:

- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls remained poor throughout 2024/25. April performance fell to a reported 40.6% with median emergency response times also increasing to 1hr and 25 minutes. A new ambulance performance framework will be introduced for life or death cardiac and respiratory arrests. This will be piloted from 1 July for a period of 12 months, with permanent implementation expected from August 2026 subject to successful evaluation.

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Category	Descriptor	Types of complaint	Response targets / standard(s)
Purple: arrest	**ARREST** Refers to incidents where a person is in cardiac or respiratory arrest	- Cardiac arrest - Respiratory arrest	**Purple: cardiac arrest 'bundle' of measures** 1. % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation) 2. Median (average) time to bystander CPR 3. Median time to defibrillation 4. Median response time target range of 6-8 minutes 5. 90% receive an ambulance response within 20 mins
Red: emergency	**EMERGENCY** Refers to incidents where a person is at risk of cardiac or respiratory arrest	- Choking - Major haemorrhage - Major trauma	1. Median ambulance response time target range of 6-8 minutes 2. 90% receive an ambulance response within 20 mins *Clinical performance indicators (to be developed)*

- No commissioned service meets the required national 4 or 12hr targets for their A&E departments. However Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers. It should be noted that SATH data has not been available since Q1 2024/25.

Month 1 measures by escalation level

There are a total of 49 reportable measures currently in the 2025/26 financial year, with 4 reported at level 3 as follows:

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

- Number of patients waiting more than 8 weeks for a specified diagnostic.

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

- Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.

A further 15 measures are rated at level 2a, and 24 are achieving level 1 compliance e.g., no issues reported. To note, measure 1 "Percentage of adult smokers who make a quit attempt via smoking cessation services" is rated as level 1, although not compliant in Q3 and remains on track for meeting respective end of year performance target (cumulative annual target).

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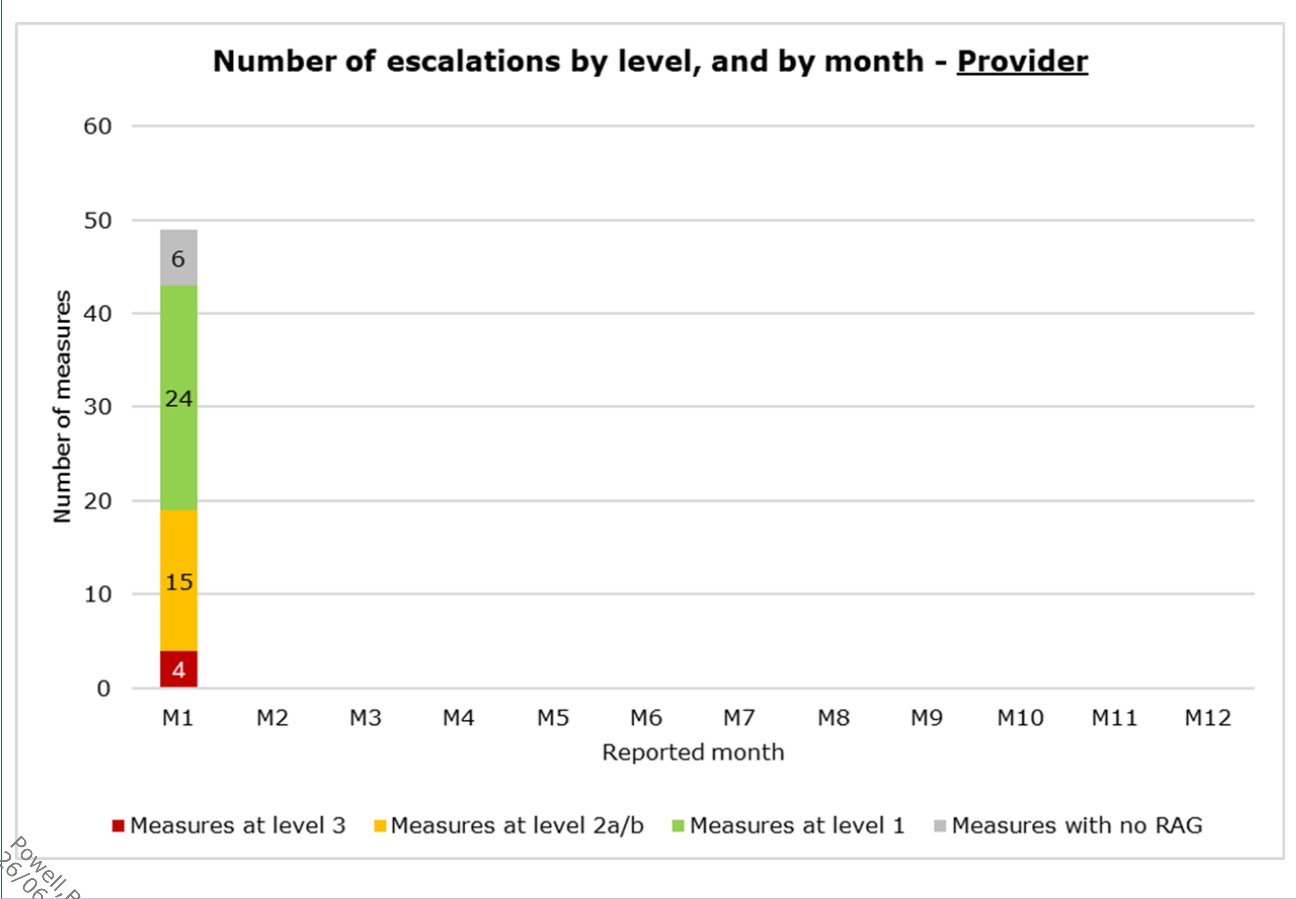
With the new framework 6 measures are currently without a RAG rating:

- Measure 13. % of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) – target compliance not available for month 1.
- Measure 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) – New measure unable to RAG rate in month 1.
- Measure 30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways) - New measure unable to RAG rate in month 1.
- As per 2024/25 a further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions between the Nursing Directorate and Welsh Government on integration into the national targets.

The following provides the relative performance of the Health Board against the NHS Performance Framework 2025/26 that is applicable to the provider e.g., no commissioned planned care or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.



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NEXT STEPS:

- Enabling Actions for 2025/26 released April 2025 – metric reporting to be confirmed by Welsh Government Performance. The schedule has been revised at present, the measure confirmation is delayed as of the 6th of June 2025.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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NHS Wales Performance Framework 2025-2026

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Introduction

The performance measures in the NHS Wales Performance Framework for 2025-2026 reflect the five Key Strategic Priorities as set out in the NHS Wales Planning Framework 2025-2028. These are:

- Population health and prevention
- Building Community Capacity
- Timely access to care and treatment (including cancer care)
- Mental health access
- Women's health

In addition, a small set of measures focusing on enablers, health prevention and the delivery of quality and safe services has been included.

All of the performance measures in the NHS Performance Framework have been mapped to 'A Healthier Wales' quadruple aim:

People in Wales have improved health and well-being with better prevention and self-management

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

A Healthier Wales Quadruple Aim

The health and social care workforce in Wales is motivated and sustainable

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

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Oversight and Escalation Framework – NHS Wales Organisations

The Oversight and Escalation Framework, sets out how Welsh Government has oversight of and gains assurance about NHS Wales organisations, as well as describing in more detail what intervention approach will be taken.

There are five levels within the framework: routine arrangements; areas of concern (which is a new level to prevent further escalation); enhanced monitoring; targeted intervention and; the highest rate of escalation - special measures.

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

People will take responsibility, not only for their own health and well-being, but also for their family and for people they care for, perhaps even for their friends and neighbours.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Quadruple Aim Theme	Performance Measure
Prevention	1. Percentage of adult smokers who make a quit attempt via smoking cessation services 2. Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks 3. Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) 4. Percentage of children who are up to date with the scheduled vaccinations by age 5 (‘4 in 1’ preschool booster, the Hib/MenC booster and the second MMR dose) 5. Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 6. Percentage uptake of the influenza vaccination amongst adults aged 65 years and over 7. Percentage uptake of the COVID-19 vaccination for those eligible 8. Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment 9. Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks 10. Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

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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.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.

Quadruple Aim Theme	Performance Measure
Services Delivered Close to Home	11. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours 12. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes 13. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) 14. Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) 15. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years 16. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years 17. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over 18. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over

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Quadruple Aim Theme	Performance Measure
Access Hospital Services Quickly	19. Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes 20. Median emergency response time to amber calls 21. Median time from arrival at an emergency department to triage by a clinician 22. Median time from arrival at an emergency department to assessment by a clinical decision maker 23. Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge 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 25. Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) 26. Number of patients waiting more than 8 weeks for a specified diagnostic 27. Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy 28. Number of patients (all ages) waiting more than 14 weeks for a specified therapy 29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance) 30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways) 31. Number of patients waiting more than 52 weeks for a new outpatient appointment 32. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% 33. Number of patients waiting more than 104 weeks for referral to treatment 34. Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment 35. Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnership will support this with education providers and learning academies focused on professional capability and leadership.

Quadruple Aim Theme	Performance Measure
Motivated and Sustainable Workforce	36. Percentage of sickness absence rate of staff 37. Turnover rate for nurse and midwifery registered staff leaving NHS Wales 38. Agency spend as a percentage of the total pay bill
Training and Development	39. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

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.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people-centred, timely, efficient and equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options, in line with Prudent Health.

Research, innovation and improvement activity will be brought together across regions – working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

Quadruple Aim Theme	Performance Measure
Effective Services	40. Percentage of episodes clinically coded within one reporting month post episode discharge end date 41. Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification
Efficient Services	42. Number of Pathways of Care delayed discharges
People Centred Care	43. Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years 44. Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over 45. Number of patient experience surveys completed and recorded on CIVICA

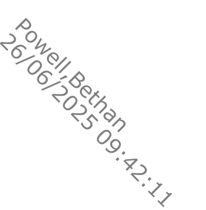
Quadruple Aim Theme	Performance Measure
Safe Services	46. Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa 47. Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA) 48. Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population 49. Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission) 50. Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date 51. Number of ambulance patient handovers over one hour 52. Percentage of ambulance patient handovers within 15 minutes 53. Number of National Reportable incidents that remain open 90 days or more

Powys Teaching Health Board

Integrated Quality & Performance Report

Month 1 - 2025/26
Updated on 10/06/2025

Version – Escalations and exceptions IQPR for Executive Committee 11th June 2025



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	Level 2a/2b Performance Challenges
	Level 1 Achievements
	Quadruple Aim 1
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	Quadruple Aim 3
	Quadruple Aim 4
Provider/Commissioned service assurance	Provider Cancer & Quality & Safety
	Planned & Emergency Care Inc. Cancer
Key health board trajectories	

Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

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

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

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

What is the NHS Performance Framework?

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

A Healthier Wales Quadruple Aims

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

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

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

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

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

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

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

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

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

Link to escalation descriptor slide

Summary of Performance Provider – Month 1

Provider services

Planned care:

- Diagnostic waits reported increase to 81 breaches in April from 79 in March. Breaching pathways are for echocardiograms (76 pathways), and endoscopy (5 pathways).
- Clinical practice changes increased echo cardiogram demand significantly in 2024/25. Additional capacity is being provided in Aneurin Bevan UHB to support Powys. Currently further in-reach capacity is being sought via further locum cover. Recovery trajectories are being developed with a view to reporting from month 2.

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

- Therapies pathways have seen limited breaches (6 patients) in Physiotherapy and Podiatry. These breaches are linked to staffing fragility with services carrying significant vacancies with mitigating actions including recruitment and short-term agency staff.

- Provider cancer pathway performance for outpatients and diagnostics remains robust with key urgent suspected cancer diagnostics (endoscopy) being carried out within target. In April service demand remains high with 44 new single cancer pathways reported. Downgrades within 28 days performance remains high reporting 57.7% but remains challenged by numerous factors including acute centre diagnostics and reporting delays.

  Although not an NHS Performance Framework measure, the health board reported 60% of patients were sent straight to test with evidence of a target 12-month improvement trend. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties including Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost activity especially for the key urgent and urgent suspected cancer pathways in Q1 2025/26.

Mental Health:

- Under-18s: Compliance achieved in April for assessments (98.0%), interventions (85.7%), and care treatment plans (95.9%).

- For Adults: Compliance achieved in April for assessments (98.0%) and interventions (87.5%). Both measures have now achieved compliance against the 80% target for the last three months reported.

  - CTP compliance: Performance improved in April to 83.9% although the HB is not meeting the 90% target. Social services capacity to undertake office duties remains a significant challenge with reliance on health board members of staff.
  - Psychological therapy waiting times have deteriorated in April from 71.3% to 69.8% from the previous period (target: 80%). Performance has been impacted by fixed term staff contracts finishing in Q4 2024/25, a recruitment freeze and ongoing long-standing challenges. The implementation of focused waiting list recovery plan includes a review of allocation process, job plans, demand & capacity work, caseload management and review of service core offer. The service remain confident that these key actions will result in an improved position by the end Q1 2025/26.

Neurodevelopmental Services:

- Performance against the nationally reported measure (26 week wait to assessment) reported in April fell slightly from March to 29.3% from 29.9%.
- Treatment has commenced from the referral to assessment pathways with internal waits addressed.
- No patients waited over 104 weeks on the referral to assessment list at the end of April 2025.
- Internal Executive oversight (Level 3) remains in place.

Emergency Care:

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

Summary of Performance Commissioned – Month 1

Commissioned services

Planned care (RTT) Wales

- The number of patients waiting over 52 weeks for a new outpatient appointment has deteriorated in April with an increase from 324 (March) to 380 reported at the end of April. Of all the Welsh providers only Swansea Bay UHB is compliant with the target for PtHB residents.
- Long waits during April in Wales for RTT continue to improve with Hywel Dda University Health Board (UHB) and Swansea Bay UHB reporting that no Powys resident pathways waited over 2 years (104 weeks) for treatment. At present the wait band of pathways waiting over 104 weeks continues to report statistically special cause improvement and all providers have reported their numbers falling as compliance improves. Key long wait specialties that are challenged include Trauma & Orthopaedics, Ophthalmology, ENT, and Oral Surgery.

Planned care (RTT) England

- For English providers, the March position is more mixed, Wye Valley NHS Trust (WVT) reports the best performance of all Powys commissioned providers with 70.1% of pathways waiting under 26 weeks for treatment, 113 wait over 52 and of these 4 pathways wait between 77 and 104 weeks for ophthalmology and respiratory medicine. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- The Shrewsbury & Telford Hospital NHS Trust (SATH) reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing. The key challenged specialties for long waiting pathways in SATH are Ophthalmology and Oral Surgery which make up 24 of the total 27 pathways between 77 and 104 weeks.
- The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) remains the most challenged English provider for long waits showing a growing trend of very long waiters, all key wait bands are reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in March of the 40 total breaches 16 are for Knee & Sports Injuries, 12 are complex spinal, 10 reported for Arthroplasty pathways, and 2 in upper/lower limb. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 307 weeks.
- PtHB is engaged closely with all three providers on commissioning elective care to NHS Wales waiting times for 2025/26.

Cancer Pathways:

- Cancer treatment pathways for Powys responsible patients have not met the 75% target throughout 2024/25 with March reporting 59% compliance for the 62-day SCP pathway. For those patients who attended English commissioned services the compliance equity was varied, for example Wye Valley NHS Trust broadly reported compliance higher than the English average and consistently outperformed SaTH whose performance often did not meet or exceed the English average.

Commissioned Emergency Care:

- Welsh Ambulance Service NHS Trust (WAST) 8-minute response times to RED calls remained poor throughout 2024/25. April performance fell to a reported 40.6% with median emergency response times also increasing to 1hr and 25 minutes. A new ambulance performance framework will be introduced for life or death cardiac and respiratory arrests. This will be piloted from 1 July for a period of 12 months, with permanent implementation expected from August 2026 subject to successful evaluation.

- No commissioned service meets the required national 4 or 12hr targets for their A&E departments. However Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers. It should be noted that SATH data has not been available since Q1 2024/25

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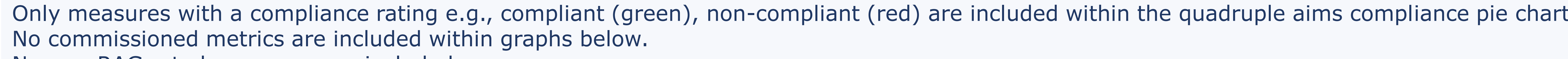
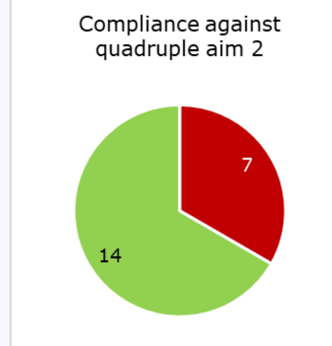
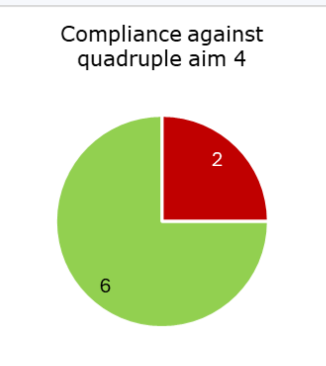
Visual summary of performance at month 1 (April 2025)

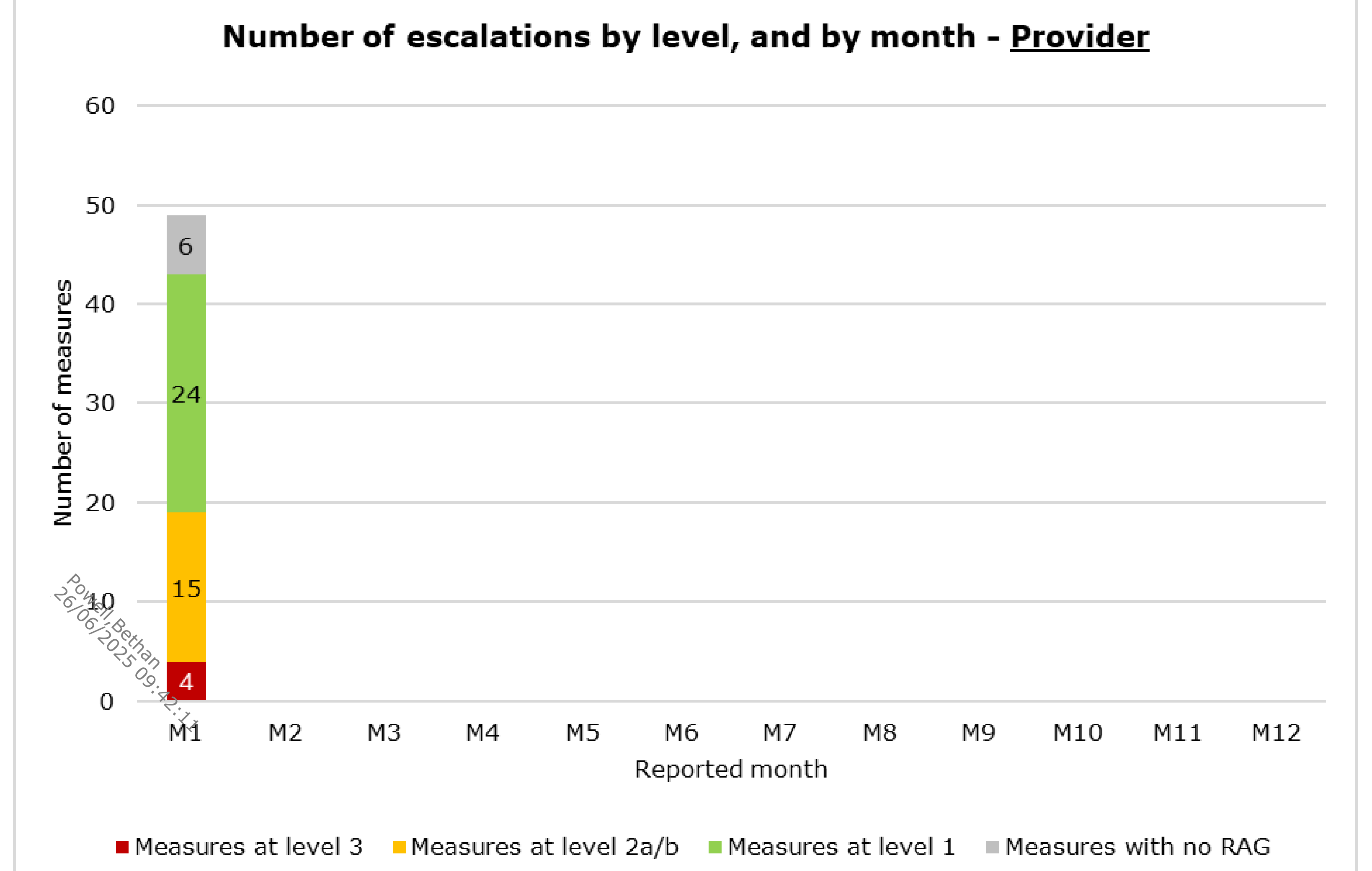


Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.
No commissioned metrics are included within graphs below.
No non-RAG rated measures are included.

Compliance against NHS Performance Framework 2025/26 measures at month 1 by quadruple aim area.







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- For Powys Teaching Health Board currently 49 quantitative measures are reportable of the 53 total in the NHS Performance Framework in 2025/26.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can have its escalation level raised or lowered by senior agreement for example serious concerns can result in a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no escalation are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Mar-25 | Target: 90% | Actual: 0.0% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance	• In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider. • Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target. • Service extremely fragile with in-source requirement to continue meeting current demand due to national shortage of colorectal capacity and acute care provider pressures including recent business continuity challenges for CTMUHB.	• Positive assurance review during Q3 with Public Health Wales, complimented in terms of service development and access times improvement. • Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways. • Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q4.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Apr-25 | Target: 0 | Actual: 81 | SPC icon	This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.	• Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment. • Endoscopy - National shortage of Endoscopists particularly colorectal. • Endoscopy - National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.	• Cardiology - Additional capacity is being provided in Aneurin Bevan UHB to support Powys. Currently further insource capacity is being sought of further locum cover. • Endoscopy - Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency. • Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3, successful in round 1 to progress to full business case.

32	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%**
	Period: Apr-25 | Target: < same month pre. year | Actual: 1462 | SPC icon
		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. Although accuracy of reporting has improved significantly this measure with remain escalated until suitably resolved with Executive signoff.	• Urgent, urgent cancer pathways demands and in reach fragility leading to reduced capacity to manage FUs
			• Ongoing data quality and validation challenges including patient administration system problems which are being resolved working with national team.
				• Revised approach with the aim to de-escalate by the end of Q1 2025/26. Further actions include but are not limited to:
				  o Cleansing small number of new outstanding records.
				  o PTHB wide standardised service operating procedure for validation to be developed and implemented
				  o New PowerBI reports to be developed supporting operational teams to improve future validation.
				  o New local reporting metrics.

34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Apr-25 | Target: 80% | Actual: 29.3% | SPC icon	• Escalation triggered following poor and ongoing service performance challenges including pathway delays, demand pressures, and service processes. • Health board concerns required Executive led internal escalation oversight group (EOG).	• From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog. • Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place. • Ensuring a substantive and robust staffing model in is place is a priority during Q1, current plan is to maintain <104 week wait.	• Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded. • KPI's to ensure quality service is in place. • Robust scheduling, with the utilisation of joint appointments. • Commencements of improved clinic scheduling inclusive of weekend offering. • Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Period	Target	Actual	SPC icon	Reason for escalation level	Key Performance Drivers	Key Actions
2	**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks**	Q3 2024/25	40% Annual target	14.7%	N/A	Measure not meeting target	• Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.	• Drop-in CO validation clinics in Welshpool and Brecon. • Local pharmacies offering CO validation to community clients in Newtown. • Pregnant smokers are offered their own personal CO monitor to validate progress through their quit attempt. The sonography team also offer CO validation at routine scan appointments to pregnant women who have quit smoking.
3	**Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)**	Q3 2024/25	4 Quarter Improvement Trend	65.5%	N/A	Measure not meeting target	• Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time. • South Powys Dual Diagnosis worker role remains vacant. • Lack of full time Clinical Lead role for Area Planning Board (APB).	• Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from Health Inspectorate Wales (HIW) review. The APB has reviewed its structure and improved performance management through development of subgroups. • PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5**	Q3 2024/25	95%	91.6%	N/A	Measure not meeting target	• Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.	• Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) • Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15**	Q3 2024/25	90%	76.5%	N/A	Measure not meeting target	• Obtaining signed parental consent forms can be challenging when vaccinating in schools.	• Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over**	Mar-25	75%	69.2%	N/A	Measure not meeting target	• Adult flu vaccine is offered through GP Practices, all community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data which does not automatically include vaccinations given by pharmacy and therefore reliant on the timely input into the GP data system.	• GP led clinics organised across Powys for eligible residents by GP Practices. • Pharmacy flu clinics also available in many communities across Powys. • Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
7	**Percentage uptake of the COVID-19 vaccination for those eligible**	Feb-25	75%	50.6%	N/A	Measure not meeting target, performance below previous year at same time point. Autumn booster started from October 2024.	• Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates. • Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore cannot be included for a vaccination	• Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign. • Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign. • Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals. • Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
9	**Percentage of well babies completing the hearing screening programme within 4 weeks**	Feb-25	90%	89.8%		Measure not meeting target.	• No challenges reported.	• No actions reported.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
19	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes**								Measure not meeting target	• This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs. Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.	• All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. All Wales urgent care system escalation calls being held daily (often more than once per day). Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
	Period	Apr-25	Target	65%	Actual	40.6%	SPC icon				
20	**Median emergency response time to amber calls**								Measure not meeting target	• Demand for urgent care services continues to increase including calls to 999 ambulance services. • Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.	• All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. • All Wales urgent care system escalation calls being held daily (often more than once per day).
	Period	Apr-25	Target	12-month reduction target	Actual	01:25:11	SPC icon				
28	**Number of therapy breaches 14+ weeks (all ages)**								Measure not meeting target.	• Podiatry - currently 40% staff vacancy having to use agency and the Professional Head 80% clinical. • MSK – vacancies and delays in recruitment have caused a demand in urgent post operative referrals.	• Podiatry – continue to recruit • MSK – to work with WOD to improve onboarding of staff o Agency in place for short term o Reviewed skill mix piloting the development of Band 4 role to support urgent post operative referrals
	Period	Apr-25	Target	0	Actual	6	SPC icon				
35	**Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**								Measure not meeting target	Longstanding challenges contributing to current fragility: • Psychological interventions delivered by small team with very little psychological therapy provision across wider secondary mental health workforce (incl. CMHTs, CRHTTs, and Acute Settings). • Challenges recruiting qualified psychologists and psychological therapists	Addressing acute challenges: • The unfreeze of psychology posts has occurred which means that recruitment is underway • 2 x CBT practitioners undergoing induction Addressing longstanding challenges • Engagement with HEIW and Doctoral Training Programmes to address qualified psychology pipeline • Exploring how to expand provision of psychological interventions across community and acute mental health teams • Diversification of the psychological workforce
	Period	Apr-25	Target	80%	Actual	69.8%	SPC icon				
36	**Percentage of sickness absence rate of staff**								Measure does not meet target but continues to report special cause improvement.	• In the last 12 months there a continued reduction in the rolling sickness absence rate, with a minor increase in the last 5 months. • Anxiety, Stress & Depression continues to be the top reason, followed by other musculoskeletal.	• The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed. • All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
	Period	Mar-25	Target	80%	Actual	5.30%	SPC icon				

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Apr-25 · Target: 85% · Actual: 81.2% · SPC icon	Measure not meeting target but reporting special cause improvement.	• Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs.	• Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. • Low compliance is addressed with individual managers and signposting to guidance also takes place.

44	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over**
	Period: Apr-25 · Target: 90% · Actual: 83.9% · SPC icon
		Measure not meeting target.	• Additional demand on PTHB's CMH teams remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the SPOA.
			• Targeted work with specific teams who have the most significant capacity challenges is ongoing.
				• Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.
				• Continue to advertise vacant positions.
				• An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
				• There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
				• Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
				• The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
				• Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
				• Focussed work is being undertaken striving for improvement for next reporting period as follows.
				    • Outpatients Clinics have been revised to accommodate CTP reviews.
				    • Compliance data and out of date reviews have been added as standard MDT agenda item.
				• It is anticipated that performance will reach the 90% target by the end of October.

50	**Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)** Period: Apr-25 · Target: 12-month improvement trend towards national target of 95% · Actual: 72.8% · SPC icon	Measure not meeting target.	• National fragility impacting in-reach capacity for ophthalmology. • National staffing recruitment (including local impact) challenge reducing capacity including sickness absence, vacancies for theatre staffing, and industrial PTHB service is reliant on Wye Valley NHS Trust (WVT) for in-reach capacity (it is key for service). However, WVT remains impacted industrial actions during Q4 23/24 which had a significant impact on eyecare. • Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions. • National Digital Eye Care roll-out delay, pending national decisions.	• Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB. • Exploring charity funding for purchase of equipment to support repatriation of cataract pathway. • Work with community optometry on contract reform and transformation opportunities. • Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management. • Planned care bids to national planned care fund in March 2024 – outcome pending.

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Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
*1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q3 2024/25	5% cumulative annual target	3.96%	N/A
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Apr-25	95%	97.6%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100%	N/A
12	Percentage of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Mar-25	Improvement compared to the same month in the previous year	50.5%	H
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-25	Improvement compared to the same month in the previous year	531	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Apr-25	80%	98.0%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Apr-25	80%	85.7%	
17	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 and over	Apr-25	80%	98.0%	H
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 and over	Apr-25	80%	87.5%	
21	Median time from arrival at an emergency department to triage by a clinician	Apr-25	15 minutes or less	4	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Apr-25	60 minute or less	4	N/A
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Apr-25	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	H
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	Apr-25	Reduction compared to the same month in the previous year, towards the national target of zero	0	
27	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-25	100%	100%	H

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

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
31	Number of patients waiting more than 52 weeks for a new outpatient appointment	Apr-25	0	0	
33	Number of patients waiting more than 104 weeks for referral to treatment	Apr-25	0	0	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jan-25	Rolling 12-month reduction against a baseline of 2024/25	8.18%	
38	Agency spend as a percentage of the total pay bill	Apr-25	12-month reduction	7.0%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Feb-25	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-25	90%	100%	
42	Number of pathways of care delayed discharges	Apr-25	12-month reduction trend	53	
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Apr-25	90%	95.9%	
53	Number of patient safety incidents that remain open 90 days or more	Apr-25	12-month reduction trend	11	

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

No.	Measure description	Period	Target	Actual	SPC icon
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	3.9%	N/A
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)	Apr-25	Month on Month reduction	6	N/A
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Apr-25	Month on Month reduction	9	N/A
46,47,48	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Mar-25	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Mar-25		2.98	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.Difficile	Mar-25		15.68	

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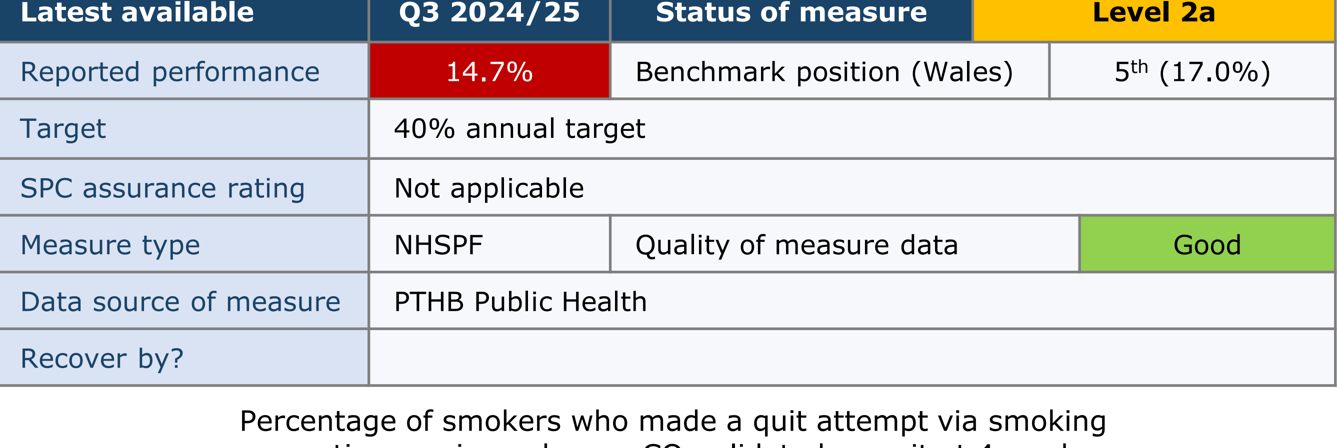
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

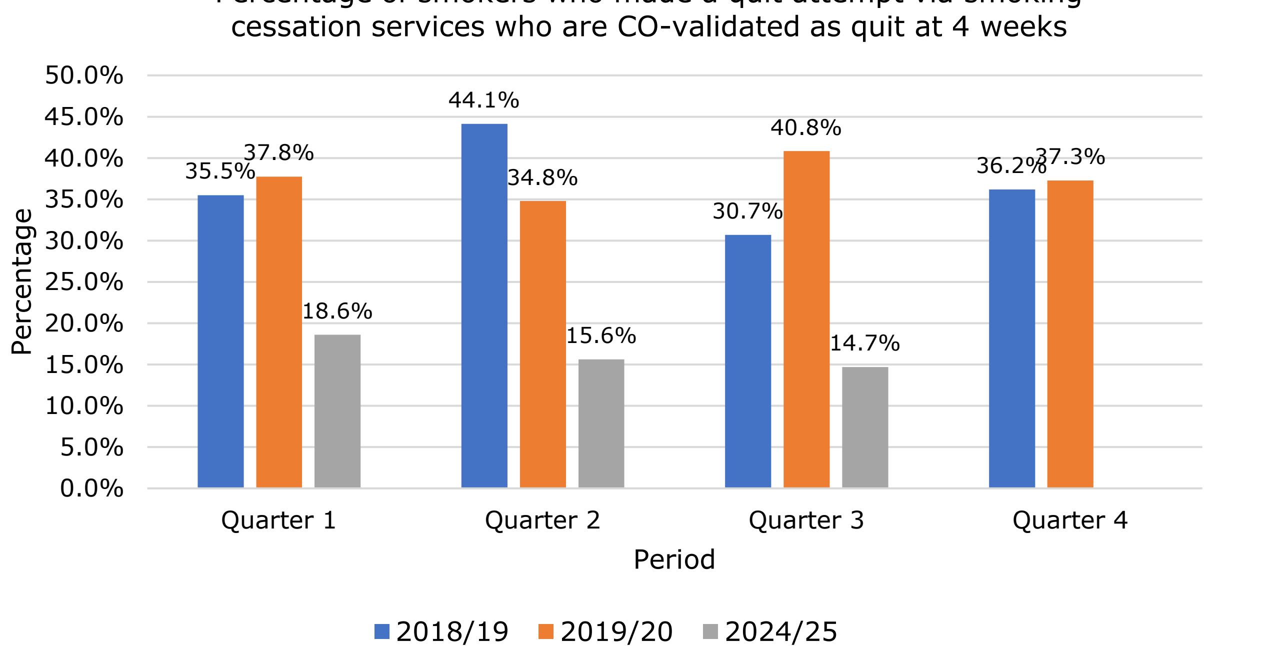
Access & Activity | **NHS Performance Measure – 2**

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner



Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	14.7%	Benchmark position (Wales)	5th (17.0%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- By end of Q3 2024/25 14.7% of treated smokers were CO validated as quit at 4 weeks. In addition, 50% self-reported as having quit at 4 weeks. In total, therefore, two-thirds of treated smokers had quit at 4 weeks.

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Challenges

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

Actions & Mitigations

- Drop-in CO validation clinics are offered in Welshpool and Brecon to allow clients accessing telephone support to CO validate their successful quits.
- 2 local pharmacies in Newtown work in partnership with Smoking Cessation team to offer CO validation to community clients.
- Pregnant smokers are offered their own personal CO monitor to validate progress through their quit attempt. The sonography team also offer CO validation at routine scan appointments to pregnant women who have quit smoking.

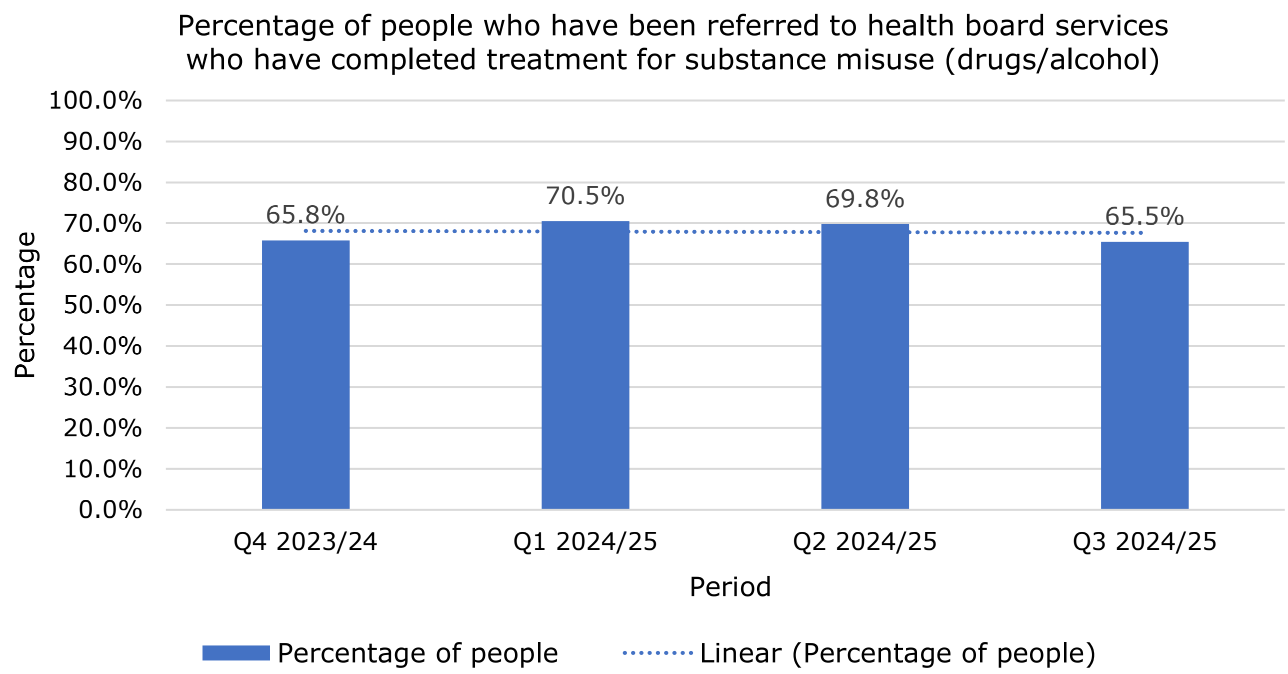
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 3**

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

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

Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	65.5%	Benchmark position (Wales)	3rd (56.2%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance has broadly maintained over the last 12 months with 65.6% in Q3 2023/24 and 65.5% reported in Q3 2024/25.
- The health board benchmarked 3rd in Wales with an All-Wales position of 56.2% for Q3 2024/25.

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Challenges

- Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.
- South Powys Dual Diagnosis worker role remains vacant.
- Lack of full time Clinical Lead role for Area Planning Board (APB).

Actions & Mitigations

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

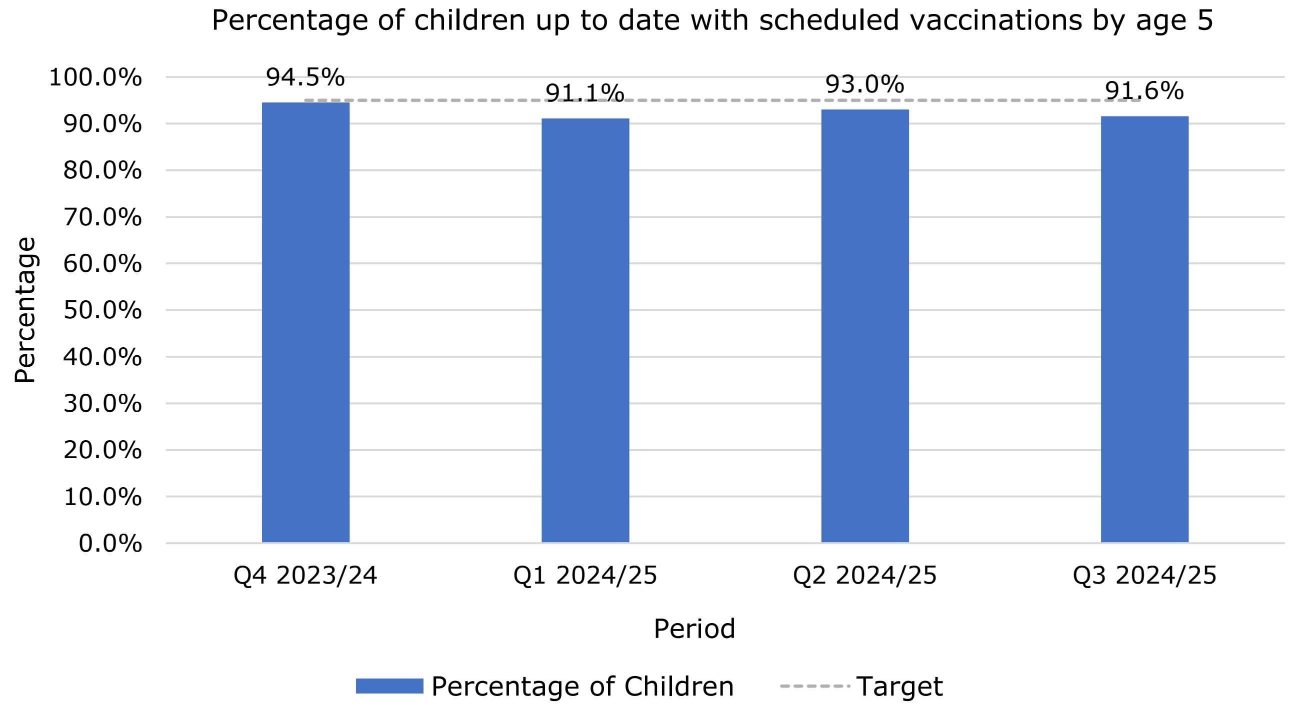
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity — NHS Performance Measure – 4

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	91.6%	Benchmark position (Wales)	1st (88.1%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2024/25		



What the data tells us

- Although reported uptake performance for Q3 (91.6%) remains just below target (95%), uptake in Powys is the highest in Wales with the All-Wales benchmark reported as 88.1%.

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Challenges

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.
- Childhood schedule changes pending with the removal of Menitorix at 12 months, MenB and PVC swap at 12 and 16 weeks and introduction of a 18-month appointment to include a fourth 6in1 and bringing forward the pre-school MMR. The digital infrastructure for appointing will not be ready and therefore will rely on manual appointments from primary care.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing.
  - Enhanced monitoring of practice queues lists.
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).

- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System.
- MMR Catch-up completed and the Health Board achieved the WHC target of reaching over 90% for 2 MMR vaccines in both primary and secondary schools.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPRiS (the child health record database).
- The All-Wales data collection Child Health Immunisation Process Standards (CHIPS) pathway is currently being updated.
- VPDP are providing a cover letter and visual guide to primary care to support with the childhood vaccination schedule changes.

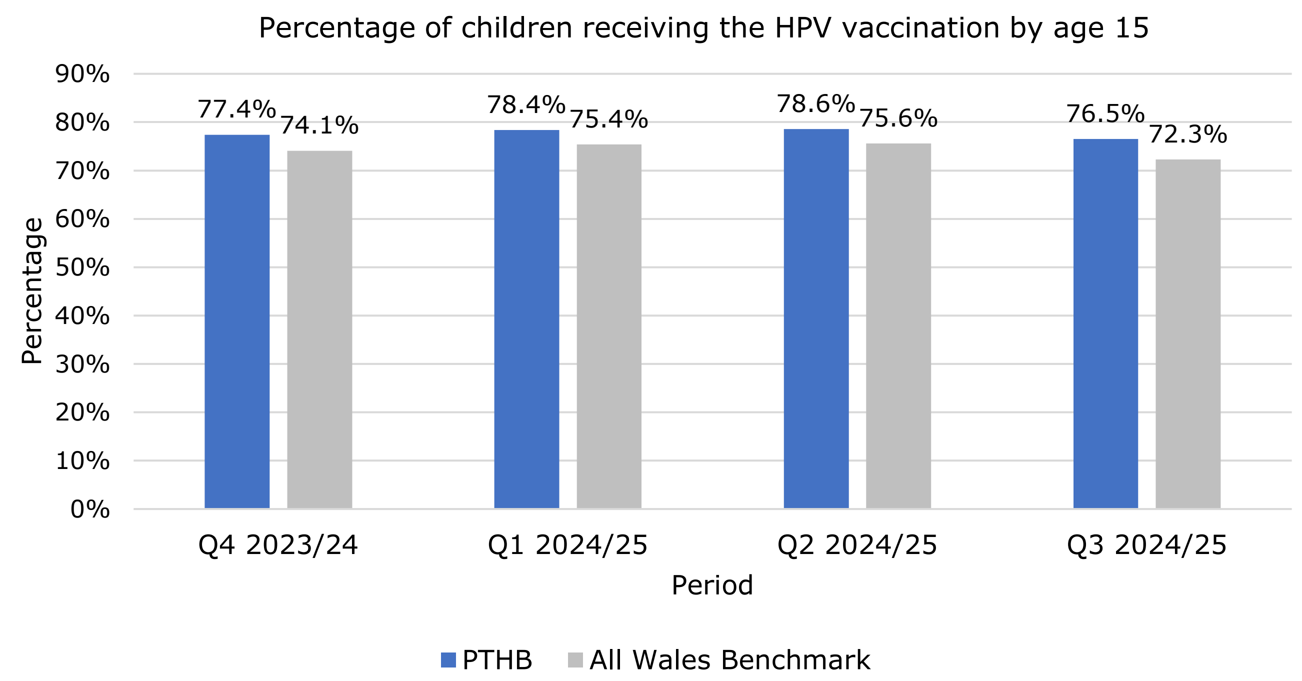
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 5**

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

Executive lead	Executive Director of Public Health	Officer lead	Assistant Head of Public Health Nursing

Latest available	Q3 2024/25	Status of measure	Level 2a
Reported performance	76.5%	Benchmark position (Wales)	3rd (72.3%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake declined slightly in Q3 2024/25 but is expected to be higher when the annual HPV programme is operational in schools during the Summer Term (ie Q1 2025/26).

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Challenges

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

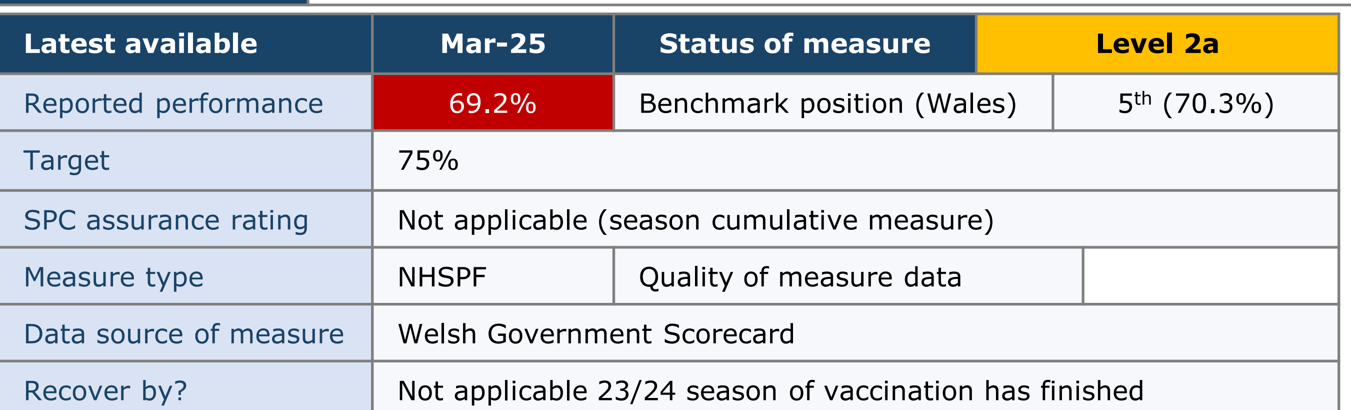
Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- Delivery of HPV vaccination consent forms will be via E-Consent, with the aim of increasing the return rate of consent.
- HPV vaccine programme commenced beginning of May 2025. Three weeks into programme with a current uptake of 54.4%. Programme to continue until 17 July with mop-ups following initial school visits.

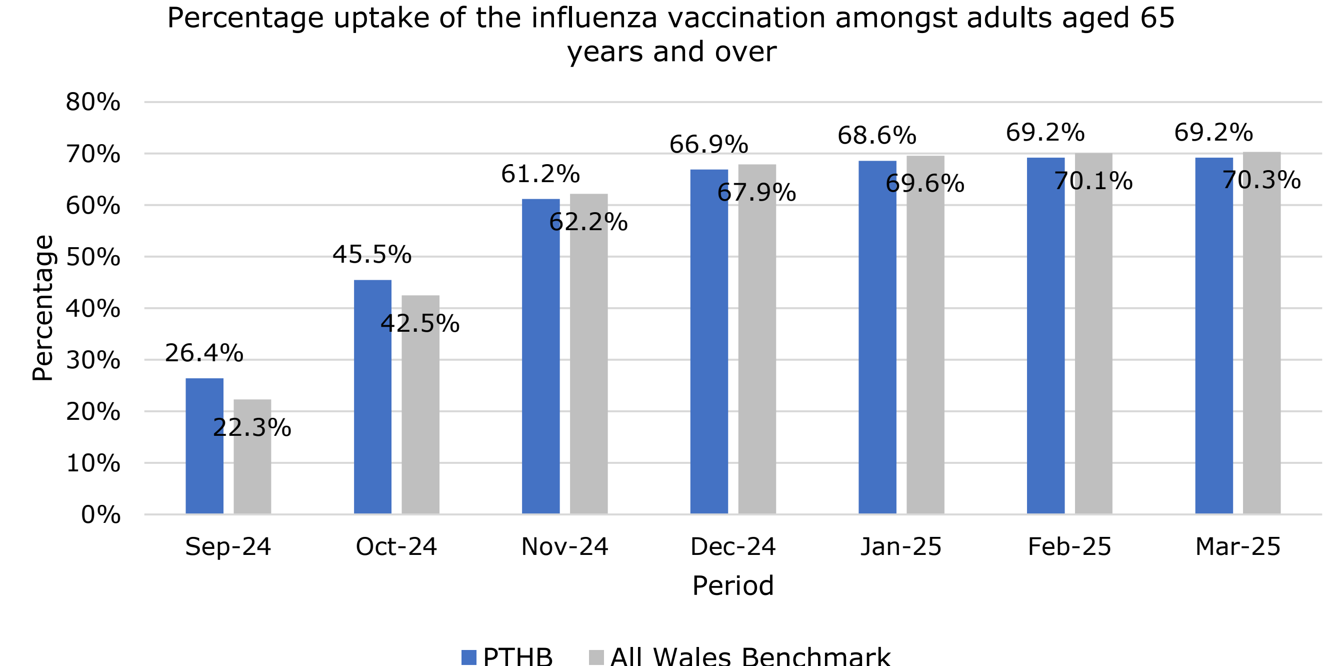
Access & Activity — NHS Performance Measure – 6

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

Executive lead	**Executive Director of Public Health**	**Officer lead**	**Head of Service: Public Health Programmes & Services**



Latest available	**Mar-25**	**Status of measure**	**Level 2a**
Reported performance	69.2%	Benchmark position (Wales)	5th (70.3%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 23/24 season of vaccination has finished		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- PTHB did not meet the 75% target, vaccine fatigue is being anecdotally reported across Wales. However, two practices in Powys did reach the 75% target

Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Adult flu vaccine is offered through GP Practices and community pharmacies across Powys
- Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy. This data needs to be manually inputted by GP Practices so therefore incomplete data and underreporting of uptake.
- Adult flu commencing later this season, October 2024, to ensure 2–3-year-olds targeted first. Vaccinating adults in October, however, does allow the older population to be appropriately protected in the peak season of flu.
- Difficulty in identifying and targeting unvaccinated patients due to flu vaccines being recorded on GP systems

Actions & Mitigations

Actions implemented:

- GP led clinics organised across Powys for eligible residents by GP Practices.
- Pharmacy flu clinics also available in many communities across Powys.
- Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
- Additional targeted support provided to GP Practices to increase uptake
- Continued monitoring of uptake, and engaging with GPs to encourage further sessions
- Opportunistic vaccination of eligible population through vaccination centres
- Mapping out of remaining flu stock across Powys and signposting patients to where appropriate stock is available
- Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels
- Communications issued through local advertising methods- i.e. local newspapers, local beacon and PAVO newsletter
- Public Health Practitioner is conducting a "lessons learned" session with primary care contractors with the highest uptake of influenza vaccination to enable sharing of ideas to increase vaccination uptake across Powys.
- The Central Procurement of Flu programme is being implemented for the 2025/26 Influenza campaign.

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

Access & Activity **NHS Performance Measure – 7**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Feb-25	Status of measure	Level 2a
Reported performance	50.6%	Benchmark position (Wales)	1st (46.7%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

Percentage uptake of COVID-19 vaccination for those eligible

Spring booster campaign (April–June); Autumn booster campaign (September–February)

Month	23/24 uptake	24/25 uptake
April	28.3%	25.7%
May	65.4%	55.6%
June	72.4%	62.8%
July		
August		
September	10.3%	2.0%
October	33.5%	17.9%
November	55.1%	38.9%
December	60.3%	48.6%
January	61.1%	50.9%
February	59.6%	50.6%

Target: 75%

What the data tells us

Autumn Vaccination campaign

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

Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination and therefore cannot be invited for a vaccination appointment.
- Universal offer of Covid-19 for eligible populations, no longer a need for patients to have received any previous doses prior to being invited.
- Denominator now includes those who have previously chosen not to come forward for a Covid-19 vaccination.

Actions & Mitigations

- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes prior to COVID-19 Vaccination programmes.
- The service has moved away from "opting out" for citizens, to ensure that eligible citizens are invited for their COVID-19 Vaccination during each programme that they are eligible for.
- Programme of work completed by the service to ensure any citizen without clear notes on record as to instruction to not receive any more invites for COVID-19 have the "opt out" flag removed from their record, to ensure that they will be invited for each COVID-19 programme in which they are eligible.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Drop-in clinics offered from December 2024 for the remainder of the campaign- advertised weekly via PTHB social media channels.
- Data currently being collected by the vaccination service on the reasons patients are cancelling appointments, to help inform improvements to the COVID-19 vaccination services in the future.

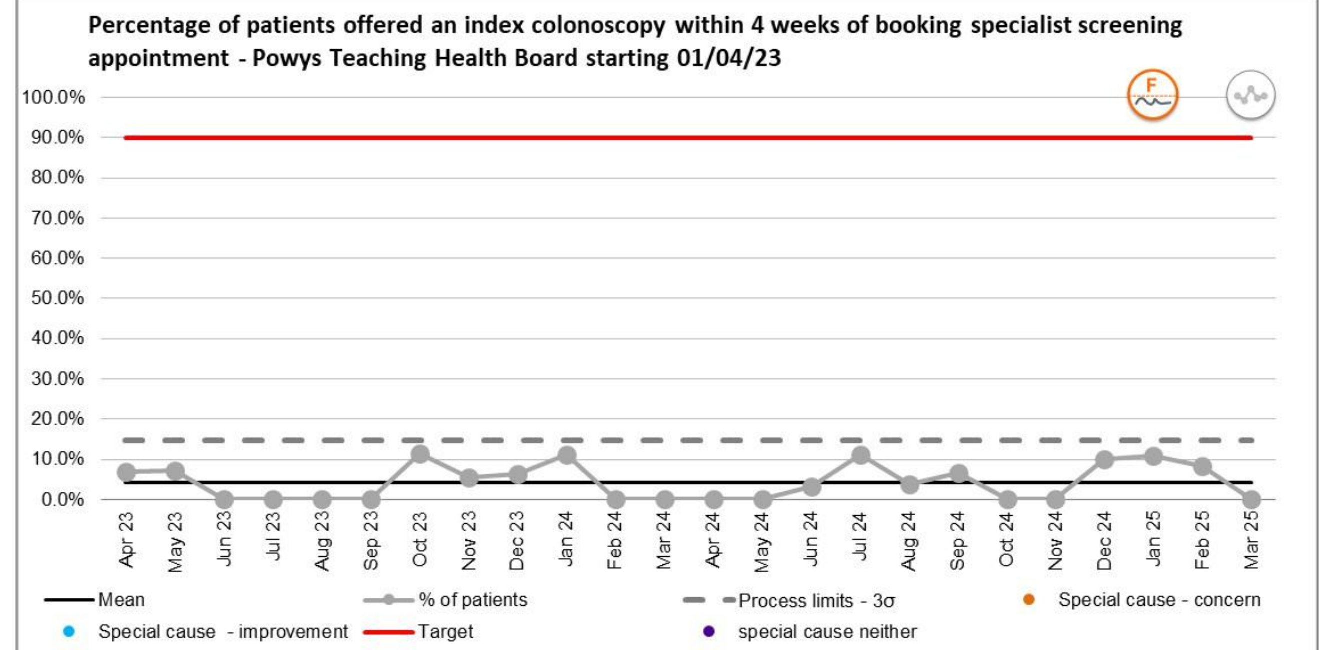
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 8**

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

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

Latest available	Mar-25	Status of measure	Level 3
Reported performance	0.0%	Benchmark position (Wales)	6th (20.5%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 0.0% in March 2025, All Wales performance is also challenged against this measure.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- Methodology of measure is currently under scrutiny with Public Health Wales.

Challenges

- In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- Service extremely fragile with in-source requirement to continue meeting current demand due to national shortage of colorectal capacity and acute care provider pressures including recent business continuity challenges for CTMUHB.
- Further expansion of national FIT test criteria from October is anticipated to increase demand.
- Current insourcing arrangements will end in Feb 25, awaiting re-procurement process.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH.
- National staff resource has been re-directed to support CTMUHB which impacts on the capacity for PTHB service with resultant increase in wait times.

Actions & Mitigations

- Positive assurance review during Q3 with Public Health Wales, complimented in terms of service development and access times improvement.
- Increased number of patients being assessed and screened in PTHB; the service is also repatriating patients from CTMUHB pathways.
- Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q4.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Requested capacity for symptomatic and screening from commissioned health providers via the Contract Quality Performance Review Meeting (CQPRM)
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Successfully recruited two band 6 bowel screening specialist nurses.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Exec Feb 25 to progress.

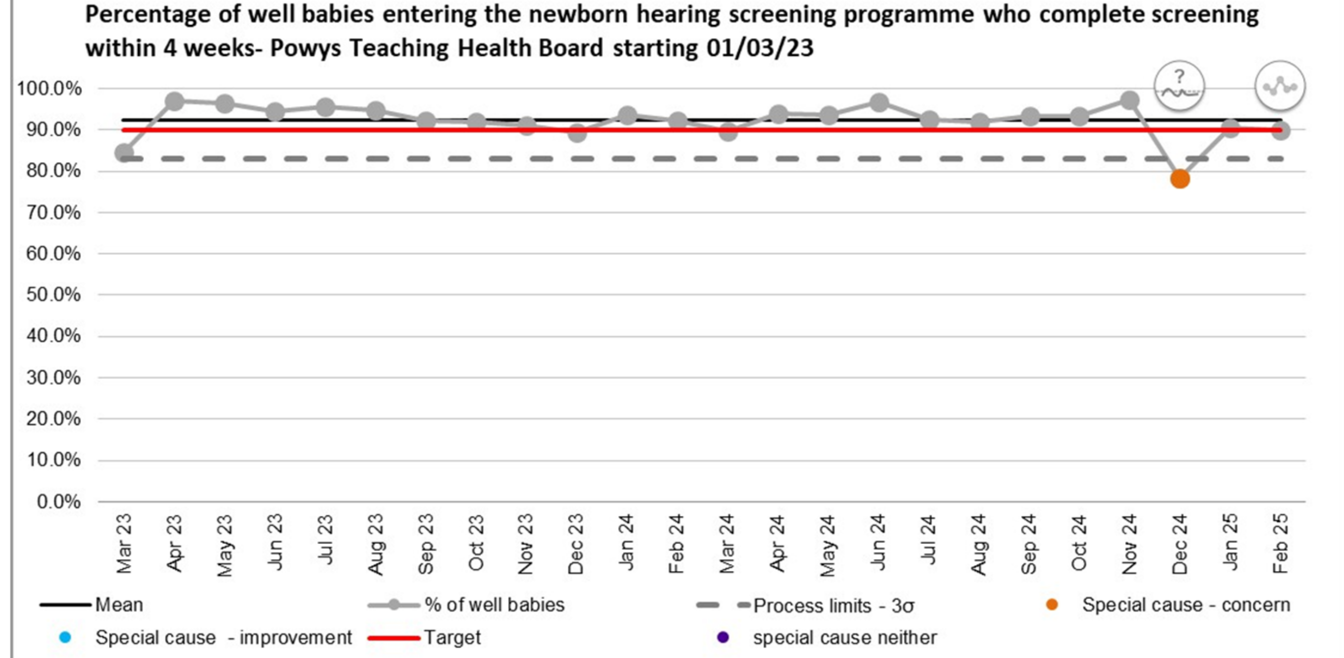
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity — **NHS Performance Measure – 9**

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Women's and Children's Services

Latest available	Feb-25	Status of measure	Level 2a
Reported performance	89.8%	Benchmark position (Wales)	7th (98.0%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys performance reported 89.8% compliance in February against the 90% target (ranked 7th in Wales).
- All Wales performance for February is 98.0%.

Challenges

- No challenges reported

Actions & Mitigations

- No actions or mitigations reported

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

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

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

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

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

Latest available	Apr-25	Status of measure	Level 3
Reported performance	81	Benchmark position (Wales)	1st (35,227)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC 2024/25		

Patients waiting more than 8 weeks for a diagnostic - Powys Teaching Health Board starting 01/05/23

Diagnostic's performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Cardiology	Echo Cardiogram	126	76	60%
Diagnostic Endoscopy	Colonoscopy	17	2	12%
Diagnostic Endoscopy	Cystoscopy	6	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	6	3	50%
Diagnostic Endoscopy	Gastroscopy	11	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	14	0	0%
Radiology - GP referral	Non-Obstetric Ultrasound	446	0	0%

What the data tells us

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

- The health board has reported 81 breaches in March 2025, 76 breaches are for Cardiology (Echo Cardiograms) and 5 within Endoscopy This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target.

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

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

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

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

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

Cardiology - Challenges	No. of breaches	76

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists has resulted in whole system fragility, acute care providers also require insource arrangements to manage demand and reduce delays.
- National waiting times for echo-cardiograms have increased and remain high in acute providers.

Cardiology - Actions & Mitigations

- Improved patient information and advice and support with aims to reduce patient “Did not attend” (DNA).
- Use of PTHB employed echo-cardiogram technician to support cardiology.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- Capital bid in place for a new echo cardiogram scanner for Brecon War Memorial Hospital from Q4 2024/25.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal, insourcing currently being progressed.
- Operational review of capacity ongoing with additional clinics being undertaken within the PTHB Community Cardiology service.
- Full evaluation of Community Cardiology Service to undertaken. Future plans for service to be expanded to mid and south Powys.

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Diagnostic Endoscopy - Challenges	No. of breaches	5

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- JAG 5 Year Assurance accreditation status to be reassessed Q3 2025/26 requires speciality medical leadership to progress.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including urgent suspected cancer pathways.
- Insource capacity available until Q4, procurement process in progress.

Diagnostic Endoscopy - Actions & Mitigations

- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3, successful in round 1 to progress to full business case.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Start of sponge capsule (cytosponge) from 2nd October 2023 in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024, ongoing. Alongside ongoing discussions with CTM for permanent clinical lead role.
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Appointment colorectal specialty lead on a locum being progressed.
- Review of standard operating procedures (SOP’s) and related documentation completed.

Non-Obstetric Ultrasound - Challenges	No. of breaches	0

- None reported for April 2025.

Non-Obstetric Ultrasound - Actions & Mitigations

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

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

Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

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

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	6	Benchmark position (Wales)	1st (4,032)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			

Patients waiting more than 14 weeks for a therapy - Powys Teaching Health Board starting 01/05/23

Mean
Process limits - 3σ
Special cause - improvement
Patients waiting more than 14 weeks for a therapy
Special cause - concern
Target

Therapy performance by sub service

Service	Sub service	Total pathways waiting	Number of pathway breaches	Percentage breaching target
Dietetics	Adults	178	0	0%
Dietetics	Paediatrics	63	0	0%
Occupational Therapy	Adults	47	0	0%
Occupational Therapy	Learning Disabilities	5	0	0%
Occupational Therapy	Paediatrics	17	0	0%
Physiotherapy	Adults	2124	1	0%
Physiotherapy	Paediatrics	85	0	0%
Podiatry	Routine	545	5	1%
Podiatry	Urgent	41	0	0%
Speech Language	Adults	63	0	0%
Speech Language	Paediatrics	79	0	0%

Challenges

- Podiatry - currently 40% staff vacancy having to use agency and the Professional Head 80% clinical.
- Musculoskeletal (MSK) – vacancies and delays in recruitment have caused a demand in urgent post operative referrals.

Actions & Mitigations

- Podiatry – continue to recruit
- Musculoskeletal (MSK) – to work with WOD to improve onboarding of staff
    - Agency in place for short term.
    - Reviewed skill mix piloting the development of Band 4 role to support urgent post operative referrals.

What the data tells us

- For 2025/26 Audiology performance is assured via new measures:
  29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)
  30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)
- April 2025 6 pathways breached the 14-week target, these breaches were reported in adult physiotherapy and routine podiatry.

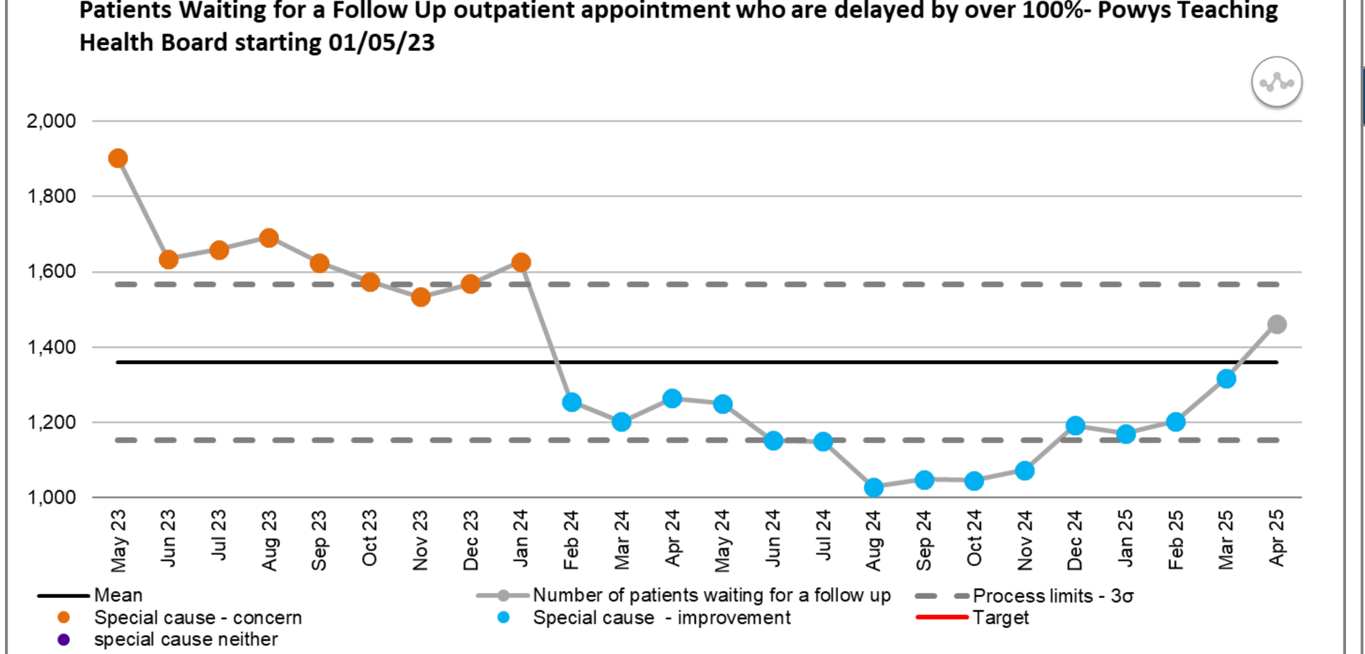
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 32** | **Frequency - Monthly**

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

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

Latest available	Apr-25	Status of measure	Level 3
Reported performance	1462	Benchmark position (Wales)	1st (245,579)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		



What the data tells us

- In April 1462 FUP's were reported as overdue by 100% or over, this is more than the equivalent period in April 2024 (1264).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding.

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Challenges

- Service capacity pressure prioritising urgent, and urgent suspected cancer pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt see on symptoms (SOS)/patient-initiated follow-up (PIFU) pathways.
- Increased number of incorrectly reported pathways by the patient administration system escalated for validation in Q4 2024/25.

Actions & Mitigations

- Revised approach with the aim to de-escalate by the end of Q1 2025/26. Further actions include but are not limited to;
    - Cleansing small number of new outstanding records.
    - PTHB wide standardised service operating procedure for validation to be developed and implemented
    - New PowerBI reports to be developed supporting operational teams to improve future validation.
    - New local reporting metrics.
- SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
- Operational services continue to support the validation of records and provide challenge identification for the D&BI team to investigate.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

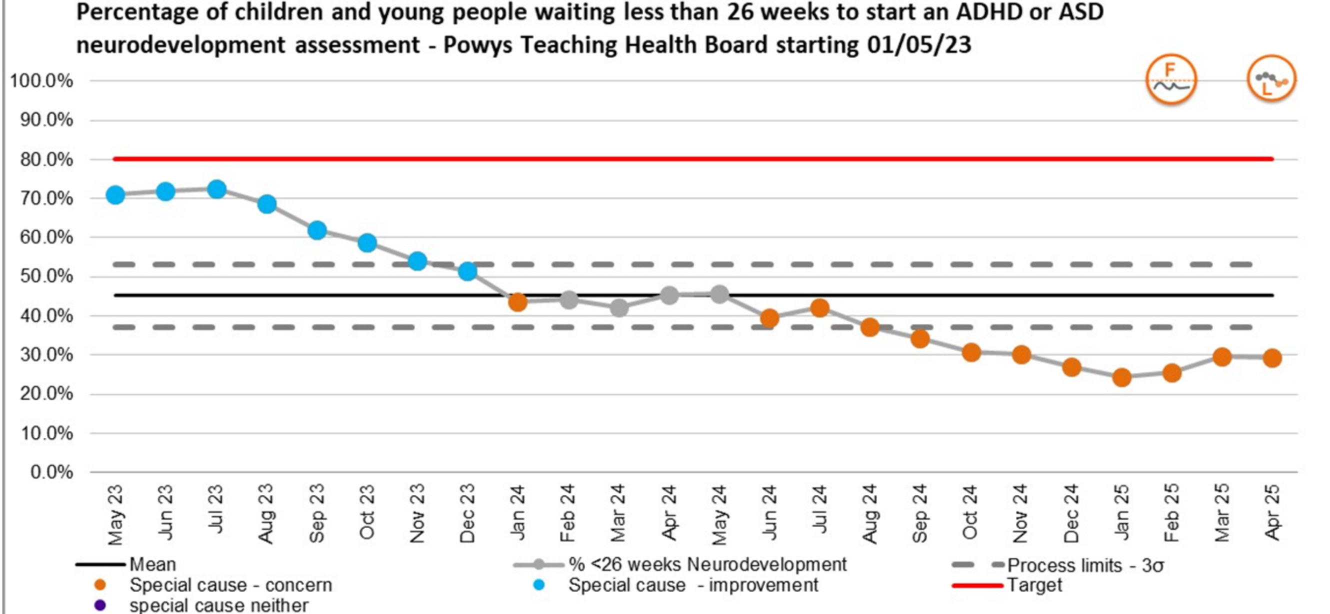
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Womens and Childrens

Latest available	Apr-25	Status of measure	Level 3
Reported performance	29.3%	Benchmark position (Wales)	4th (24.1%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Linked to business case approval		



What the data tells us

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

- Performance for ND remains at level 3 escalation following ongoing and challenging performance. Of the 1113 pathways reporting in the April snapshot 29.3% wait less than 26 weeks for their first assessment.
- The service is currently at the highest level of escalation within the Integrated Quality and Performance Framework and is undertaking Executive engagement via the internal Escalation Oversight Group.
- PTHB continues to benchmark positively against the All-Wales position however this reflects the system challenge in Wales rather than good performance locally.

Challenges

- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTA and waiting list backlog.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service was unable to meet the demand with the model in place.
- Ensuring a substantive and robust staffing model in is place is a priority during Q1, current plan is to maintain <104 week wait.

Actions & Mitigations

- Waiting list management aligned to longest wait from referral to assessment (RTA) commenced in March 2025 as internal waiting list had been addressed and concluded.
- KPI's to ensure quality service is in place.
- Robust scheduling, with the utilisation of joint appointments.
- Commencements of improved clinic scheduling inclusive of weekend offering.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024.
- Business efficiencies being addressed within the administrative processes.
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Implementation of mail envoy.
- Procurement and Implementation of dictate IT.
- Multi Disciplinary Team (MDT) panel and decisions implemented and embedded within the structure.
- Funding support 2025/26 agreed in anticipation of business case and MDT model.
- Use of automated text messaging.
- Core templates of documentation developed and in use.

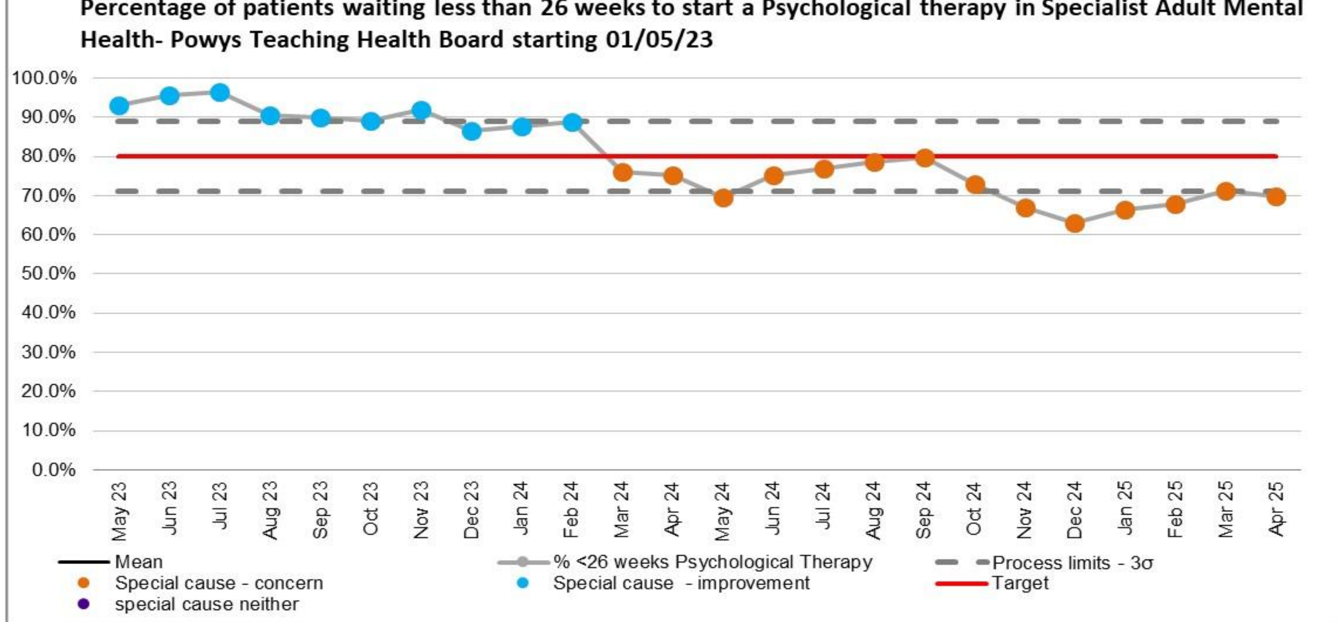
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 35** | **Frequency - Monthly**

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

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	69.8%	Benchmark position (Wales)	2nd (56.4%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- Performance declined slightly in April to 69.8%, the measure continues to report special cause concern remaining at level 2a escalation.
- Powys benchmarked positively in March and ranked 2nd with the All-Wales position of 56.4% for the same period.

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Challenges

Longstanding challenges contributing to current fragility:

- Psychological interventions delivered by small team with very little psychological therapy provision across wider secondary mental health workforce (incl. CMHTs, CRHTTs, and Acute Settings).
- Challenges recruiting qualified psychologists and psychological therapists

The recent dip in performance has been principally attributed to:

- Fixed term contracts ending for 4 staff in Jan/Feb 2025.
- Recruitment pause/freeze from Nov/Dec 2024 causing delay in the replacement of staff through recruitment.
- This deterioration in performance has been caused by short term pressures compounded by longer term service fragility.

Actions & Mitigations

Addressing longstanding challenges

- Engagement with HEIW and Doctoral Training Programmes to address qualified psychology pipeline
- Exploring how to expand provision of psychological interventions across community and acute mental health teams
- Diversification of the psychological workforce

Addressing acute challenges:

- The unfreeze of psychology posts has occurred which means that recruitment is underway
- 2 x CBT practitioners recently indicted
- 2 x trauma practitioners undergoing pre-employment checks
- Successful recruitment of qualified psychologist and assistant psychologists into OA Psychology
- Part time Qualified Psychologist in Adult Mental Health successfully recruited - undergoing preemployment checks
- Ongoing engagement of 2 x psychological therapy locums whilst substantive staff are recruited and inducted
- Development and implementation of focused waiting list recovery plan incl. review of allocation process, job plans, demand & capacity, caseload management and review of service core offer

Performance in April was expected to remain static due to a number of staff taking leave over the two-week Easter period.

There is high confidence that the robust recovery plan and successes in recruitment as will see an improvement in performance in May, with further improvements projected for June and July.

Early indicators suggest improvement in performance to 75% in May.

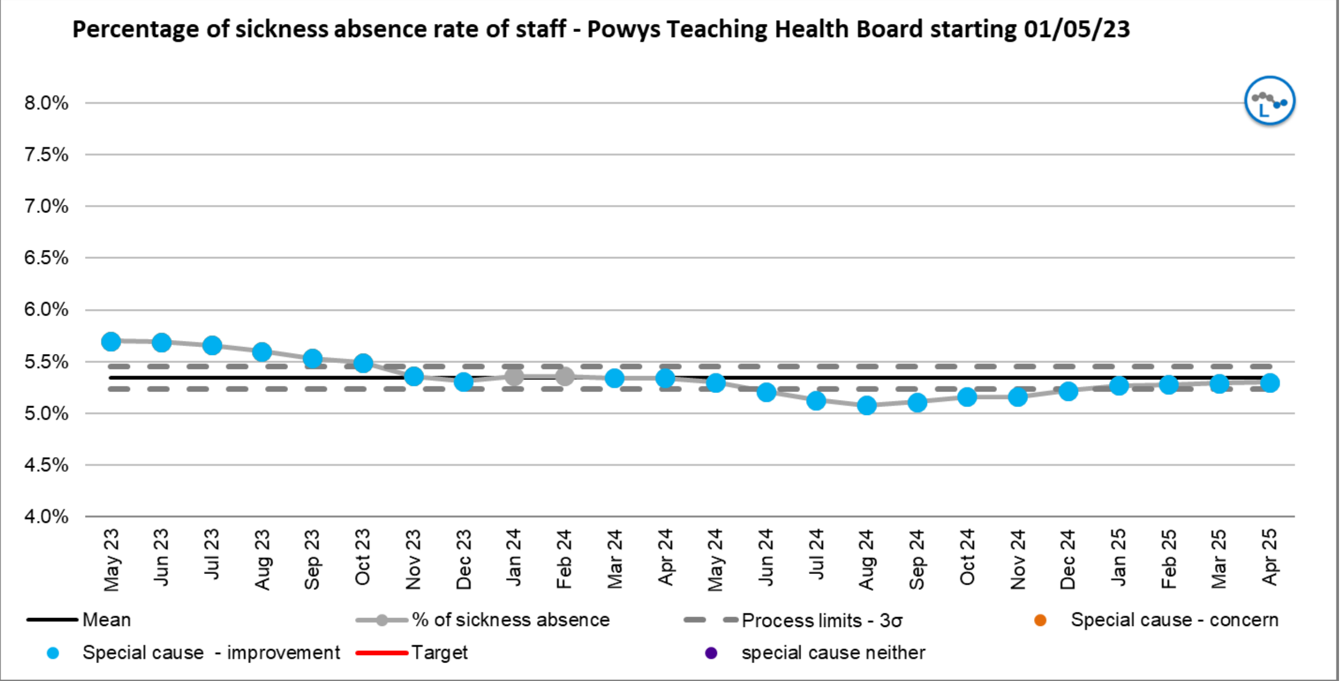
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 36	Frequency - Monthly

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture		Deputy Director of People and Culture

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	5.30%	Benchmark position (Wales)	5th (6.27%) (Feb-25)
Target	12-month reduction trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.30% for April 2025
- The organisation benchmarks positively when compared with the All-Wales position of 6.27% (Feb 2025).
- Variation is special cause – improvement.

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Challenges

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

Sickness absence rates are highest in the following staffing groups:

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

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team (SMT) meetings and escalated to Assistant Directors (AD's) where necessary.
- All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.
- The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.
- The P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates.
- A focussed deep dive into absence relating to anxiety, stress and depression took place in October to better understand trends within this area and enable more focussed interventions where possible. Since the review in October and subsequent actions anxiety, stress and depression related absence has reduced by approximately 7 WTE.
- P&C are recruiting Mindfulness practitioners onto the bank and will use their skills alongside the wellbeing and experience lead and Human Resource Business Partners to develop some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent).
- There has been an increase in the numbers (103) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.

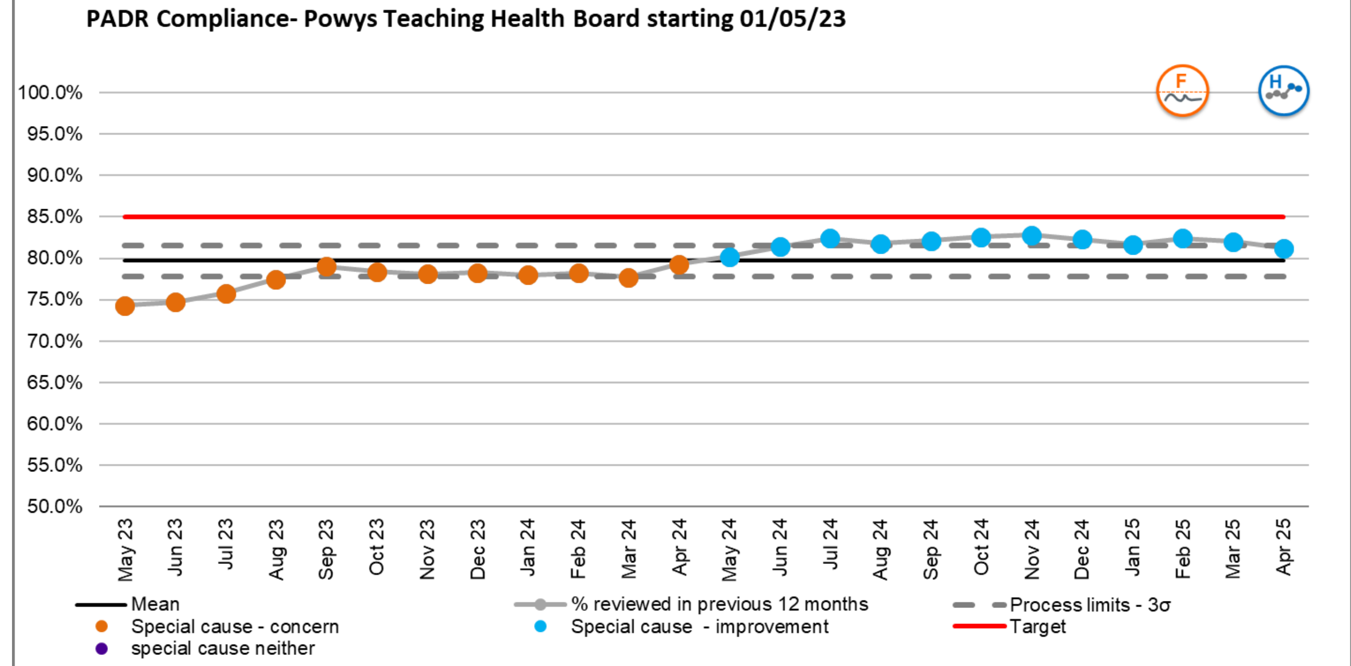
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce | **NHS Performance Measure – 39** | **Frequency - Monthly**

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

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	81.2%	Benchmark position (Wales)	5th (75.8%) (Feb-25)
Target	85%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		



What the data tells us

- PTHB PADR compliance is reported at 81.2% for April 2025, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in February showed PTHB benchmarking 5th out of 13 organisations

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Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs.

Actions & Mitigations

- The People and Culture Business Partners team (P&C BP) team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%.
- The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required.
- Targeted work is underway in directorates with lower compliance.

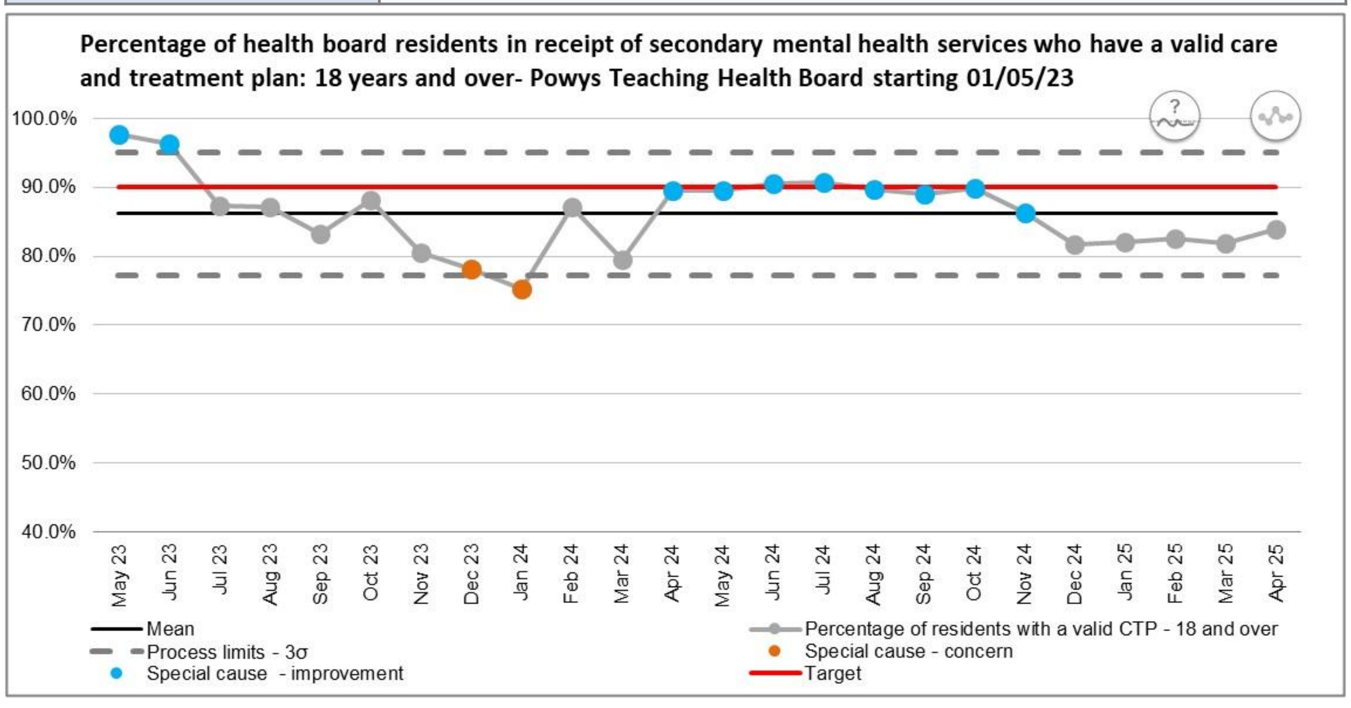
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

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

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	83.9%	Benchmark position (Wales)	5th (78.0%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 83.9% and reports common cause variation.
- PTHB benchmarked 5th against an All-Wales position of 78.0% in March.
- Data challenge around retrospective updates in CTP performance.

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Challenges

- Additional demand on PTHB's Community Mental Health (CMH) teams remains as capacity is not yet fully optimised by the mitigation of impact from local authority deficits in capacity to contribute to duty an initial assessment. This mitigation began with the introduction of the single point of access triage and assessment model. This is aligned to 111#2 and is also key transformational work to modernise and streamline services. Phase 2 is currently being rolled out, but this has impacted on Community Mental Health Team (CMHT) capacity again as they are holding additional pressures whilst assessments are moved from teams to the Single Point of Access.
- Targeted work with specific teams who have the most significant capacity challenges is ongoing.

Actions & Mitigations

- Joint modelling work in the developing Transformation agenda for MH has seen positive developments with Adult Social Care and consideration of Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model.
- Continue to advertise vacant positions.
- An enhanced reminder system has been put in place to advise staff of when CTPs are due to be out of compliance with support from data Team and local administrators. This aligns with the standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings regularly undertaken to check consistency.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a 'Mental Health Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- The triage and assessment service when phase 2 is rolled out, will have a positive impact in reducing the pressures within CMHTs enabling more time for C&T Planning.
- Mental Health & Learning Disabilities division have brought in capacity to undertake a whole service CTP audit. This has been completed and reported to with improvement plan in place.
- Focussed work is being undertaken striving for improvement for next reporting period as follows.
  - Outpatient's Clinics have been revised to accommodate CTP reviews
  - Compliance data and out of date reviews have been added as standard MDT agenda item
- It is anticipated that performance will reach the 90% target by the end of October.

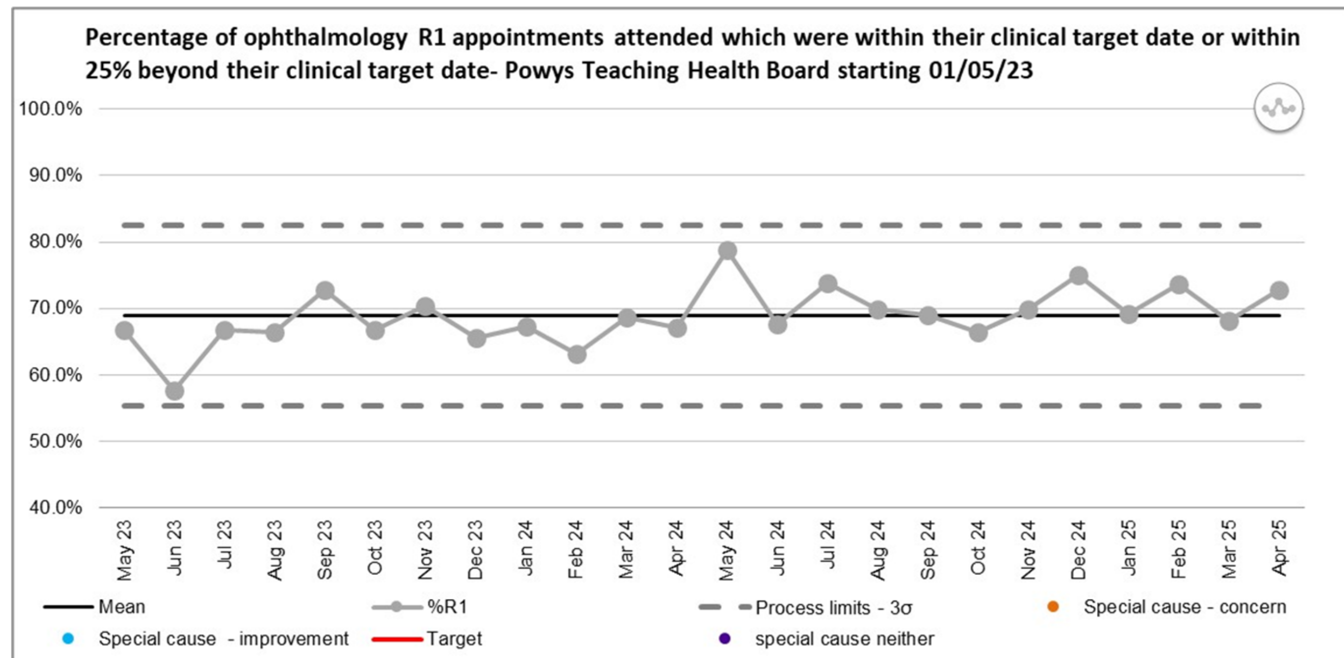
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity	NHS Performance Measure – 50	Frequency - Monthly

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

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	72.8%	Benchmark position (Wales)	1st (62.5%)*
Target	12-month improvement trend towards national target of 95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Plan to be developed 2024/25		



What the data tells us

- The health boards performance for the measure in April improved from 68.2% in March to 72.8% in April for patients attending within clinical target date (or within 25% beyond). Although this is a month-on-month improvement it does not achieve the 12-month improvement trend target towards 95%.
- PTHB benchmarked positively against the All-Wales position available for March (62.5%) and ranks 1st for that period.

Challenges

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

Actions & Mitigations

- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- Exploring charity funding for purchase of equipment to support repatriation of cataract pathway.
- Work with community optometry on contract reform and transformation opportunities.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
- Planned care bids to national planned care fund in March 2025 – outcome pending
- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.

Provider Service Assurance

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

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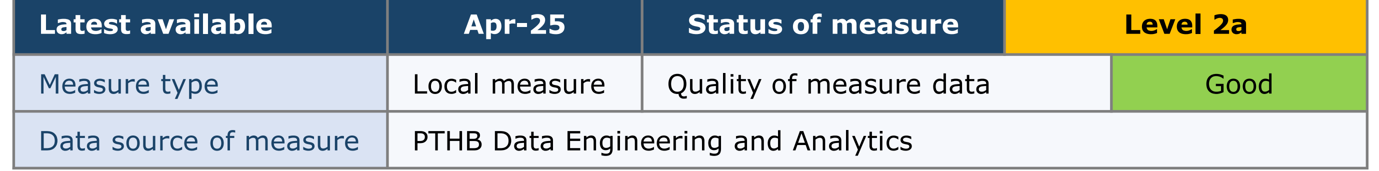
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

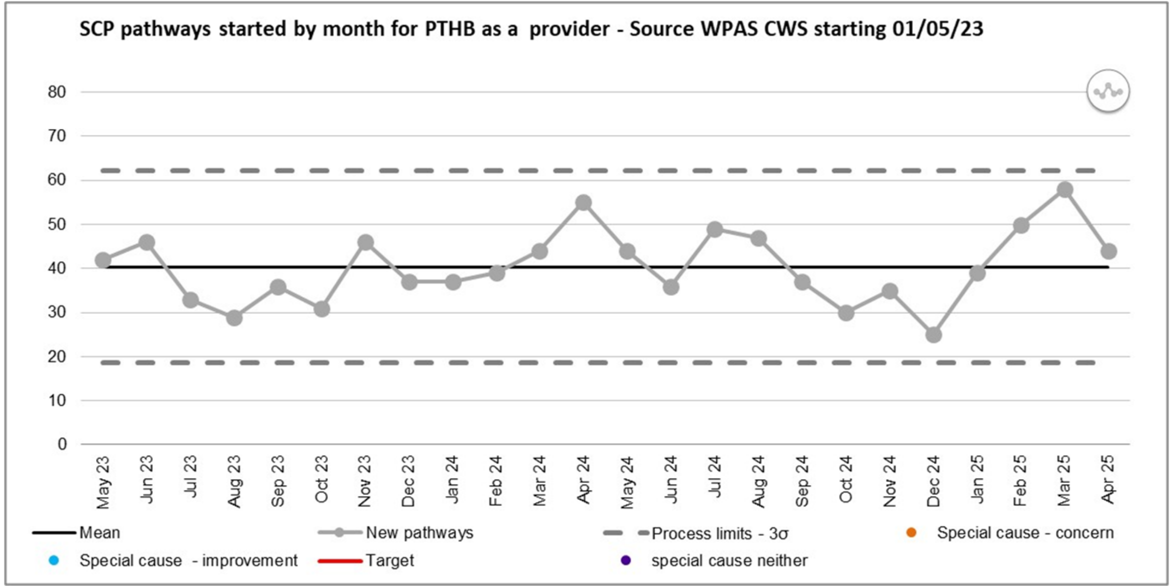
Access & Activity | **Local Measure** | **Frequency - Monthly**

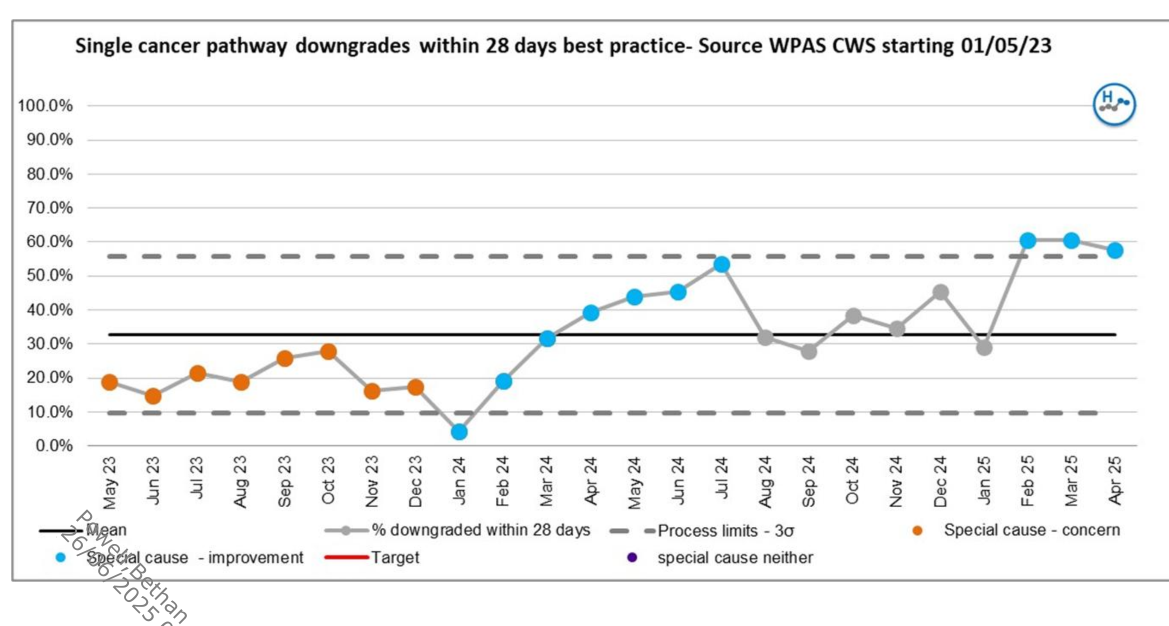
Planned Care & Cancer – Powys provider cancer pathways additions and downgrade performance against 28-day NICE guidance of best practice.

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



Latest available	Apr-25	Status of measure	Level 2a
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		





What the data tells us

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

- Powys has reported 44 new pathways in April 2025 with the majority via primary care, this is the third consecutive month where referral numbers are above average.
- The health board has reported compliance of 57.7%% for downgrades within 28 days, the last 3 consecutive months have reported compliance above the upper control line.
- PTHB meets the straight to diagnostic test 12-month improvement trend in April, however this measure and its compliance will be volatile because of small numbers.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

Key challenges within PTHB align to the national issues:

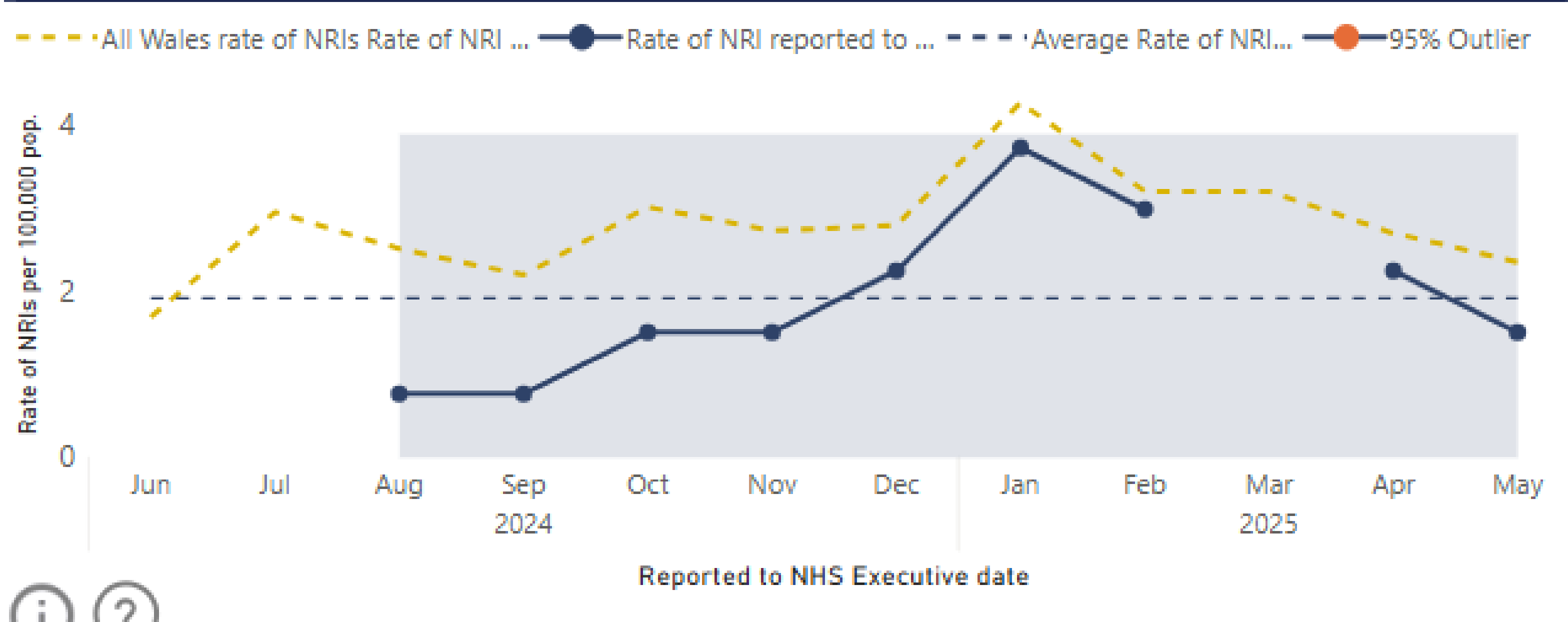
- Shortages of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB).
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

Actions & Mitigations

- Internal Cancer Audit undertaken Q1 2025/26 – awaiting formal response.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- DHCW data resource review with PTHB Digital team and Operational services to strengthen pathway tracking for patients referred to treatment (Q1 2025/26).
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Appointed colorectal specialty lead on a locum basis.
- Successful recruitment to PTHB developmental specialist nurse roles for bowel screening service, completed in Mar 24.

Source National SCP dataset	Target	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04
% of patients who are sent straight to test	12 month improvement trend	31.8%	20.8%	42.9%	42.9%	28.6%	23.1%	26.3%	33.3%	45.5%	58.3%	73.3%	60.0%

Key quality measures – Powys as a provider



Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	02/06/2025	100%
National reportable incident rate per 100k pop	April 2025	1.33 per 100k
% Complaints settled within 30 days (month received)	February 2025	100%
Reported never events	02/06/2025	Zero
Mortality Rate Rolling 12 months	March 2025	5.83%

What the data tells us

- 0 incidents were reported in March 2025.
- Performance for complaints settled within 30 days by month received achieved 100% above the 75% target for February 2025.
- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.
- Powys reported 5.83% rolling 12 mortality rate for March 2025, this slightly higher than the equivalent period last year that reported 5.78%. PTHB's mortality rate is significantly higher than the All-Wales average of 1.7% but this due to the nature of service provision e.g., we are a community provider focused on end-of-life care and support with limited admissions (denominator) rather than an acute health board who carry out high numbers of elective admissions for planned care and operations.

Challenges

- Historic NRI investigations requiring joint review have prevented closure within timeframe.
- The Health Board has a small pool of experienced, incident investigators to draw on for investigation completion.
- Two incidents pending police investigation have prevented reporting within timeframe.
- Assurance process has caused delays.

Actions & Mitigations

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

Commissioned Service Assurance

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

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

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

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

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

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

Latest available	Apr-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

What the data tells us

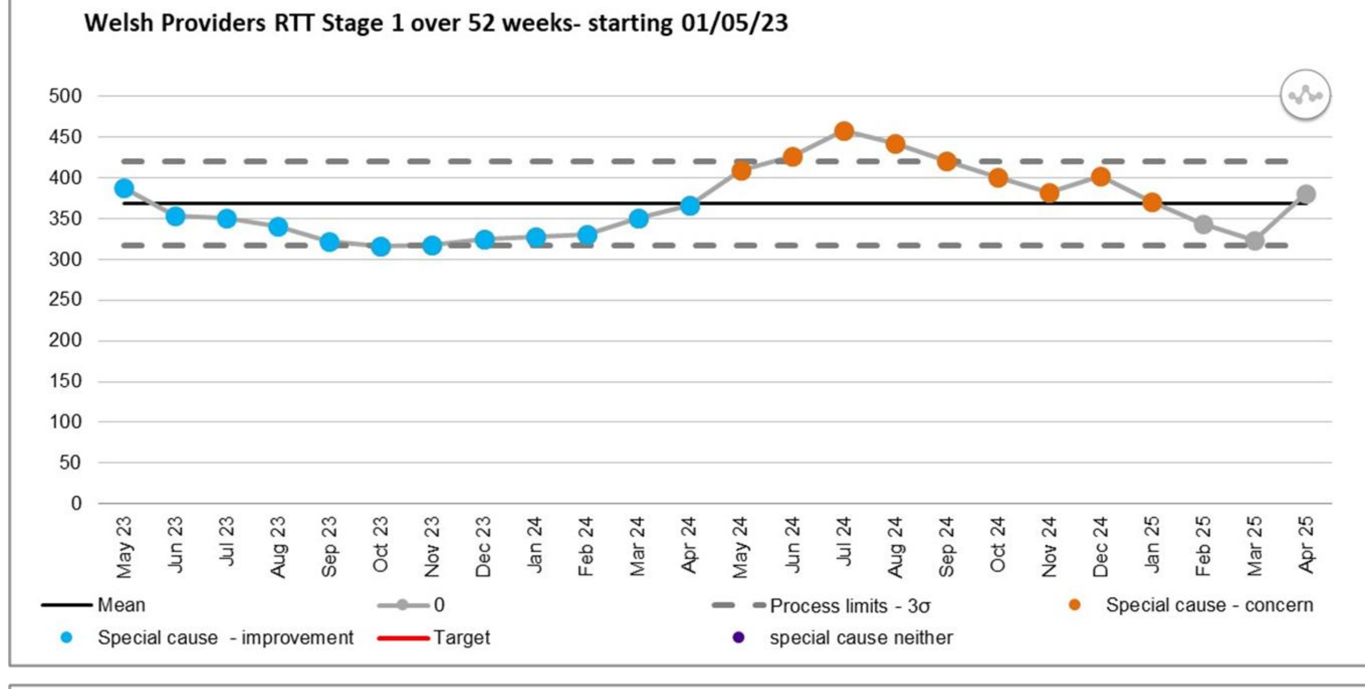
Measure 31. Number of patients waiting over 52 weeks for a stage 1 (new outpatient) appointment.

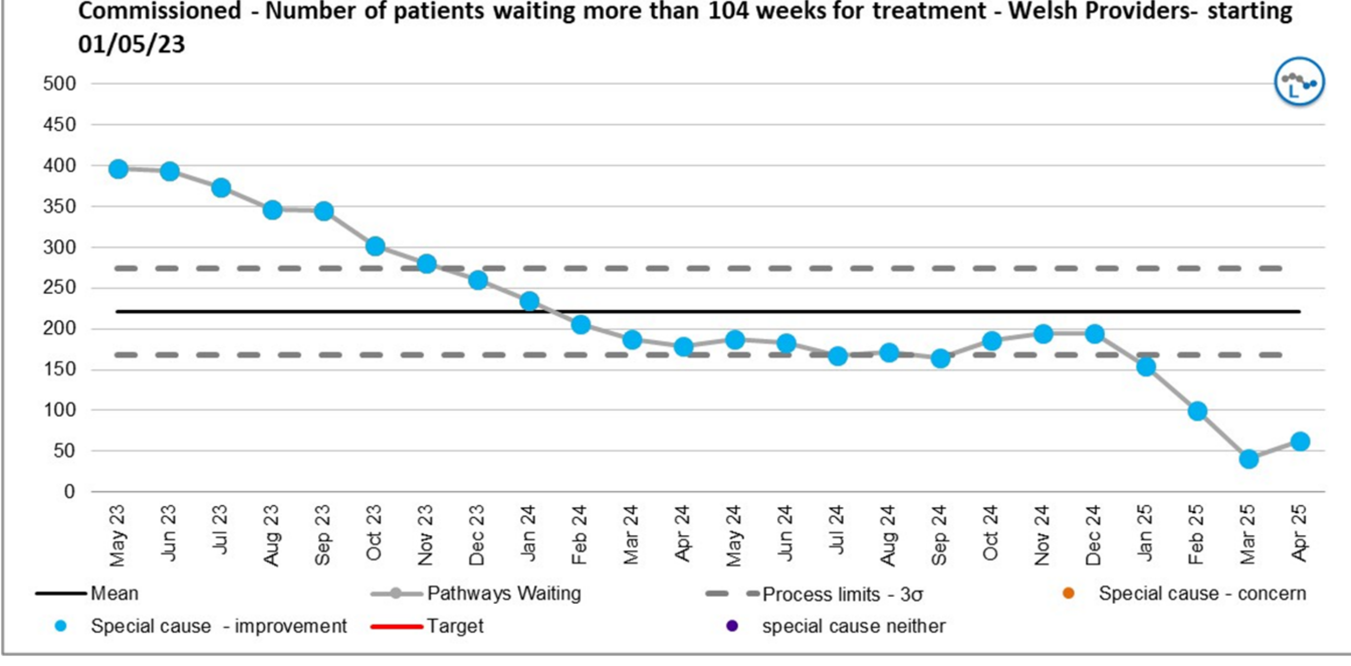
- Swansea Bay UHB and Hywel Dda UHB continue to meet the stage 1 waits target reporting zero pathways over 52 weeks for Powys residents. However, the overall position in Wales increases in pathways over 52 weeks with Aneurin Bevan UHB and Cwm Taf Morgannwg UHB reporting special cause concern.

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

- Only Swansea Bay UHB remains compliant in April reporting no pathways over 104 weeks. All other providers bar Cardiff and Vale UHB continue to report special cause improvement. But the overall number increases from 41 in March to 62 in April 2025.

Top 5 challenged specialties over 104 weeks	
Specialty	**Pathway count**
TRAUMA & ORTHOPAEDICS	16
OPHTHALMOLOGY	13
ENT	7
ORAL SURGERY	7
GYNAECOLOGY	4





Welsh Providers	Apr-25: % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.	Total pathways Waiting	Stage 1 pathways over 52 weeks
Aneurin Bevan Local Health Board	62.4%	708	398	7	2712	154
Betsi Cadwaladr University Local Health Board	47.8%	285	172	33	689	89
Cardiff & Vale University Local Health Board	43.7%	177	111	12	387	46
Cwm Taf Morgannwg University Local Health Board	53.0%	327	189	3	920	91
Hywel Dda Local Health Board	59.3%	449	238	7	1533	0
Swansea Bay University Local Health Board	56.3%	610	317	0	1956	0
Total	57.2%	**2556**	**1425**	**62**	**8197**	**380**

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Challenges and actions narrative link (slide 37)

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

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

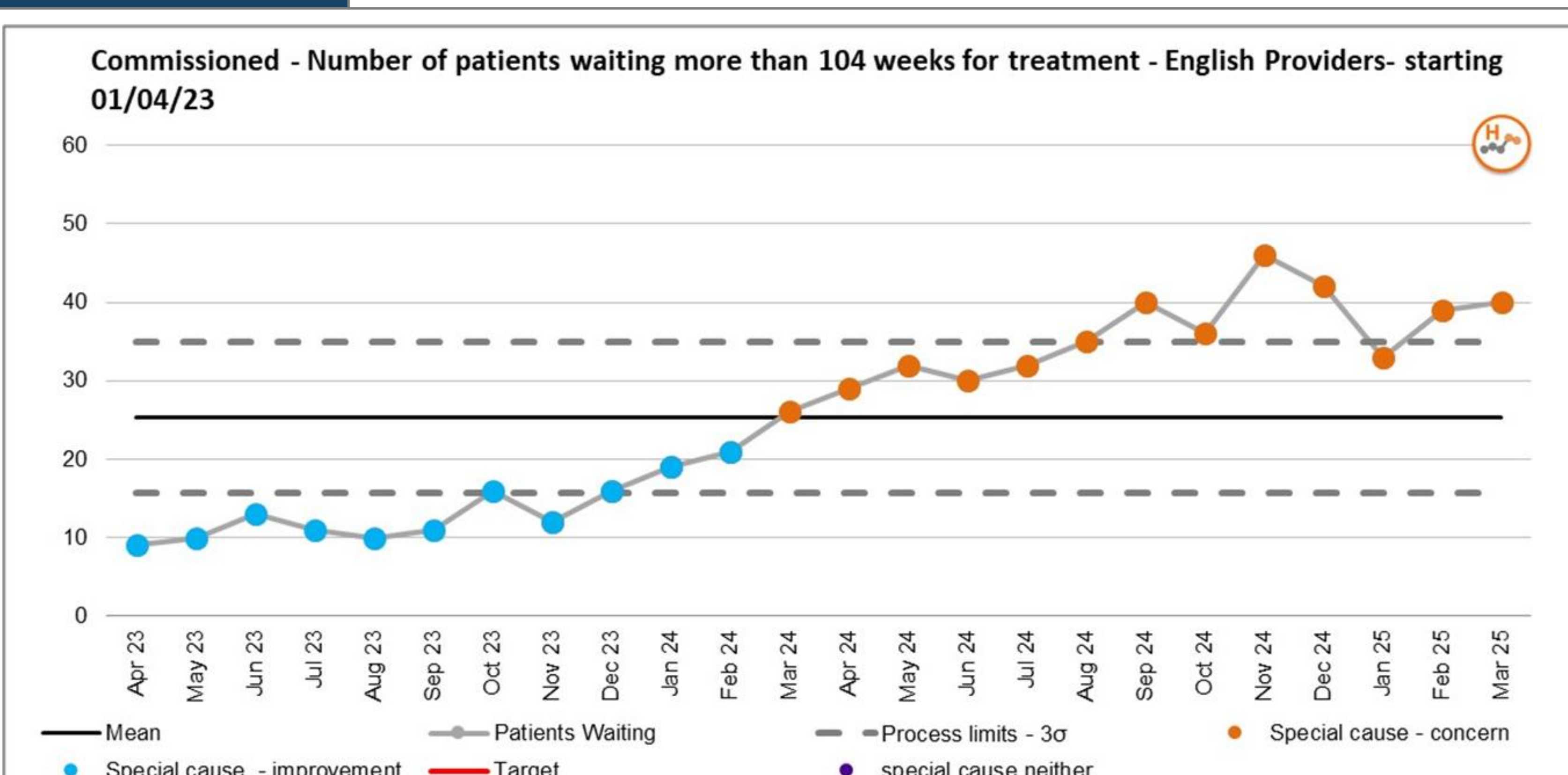
Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

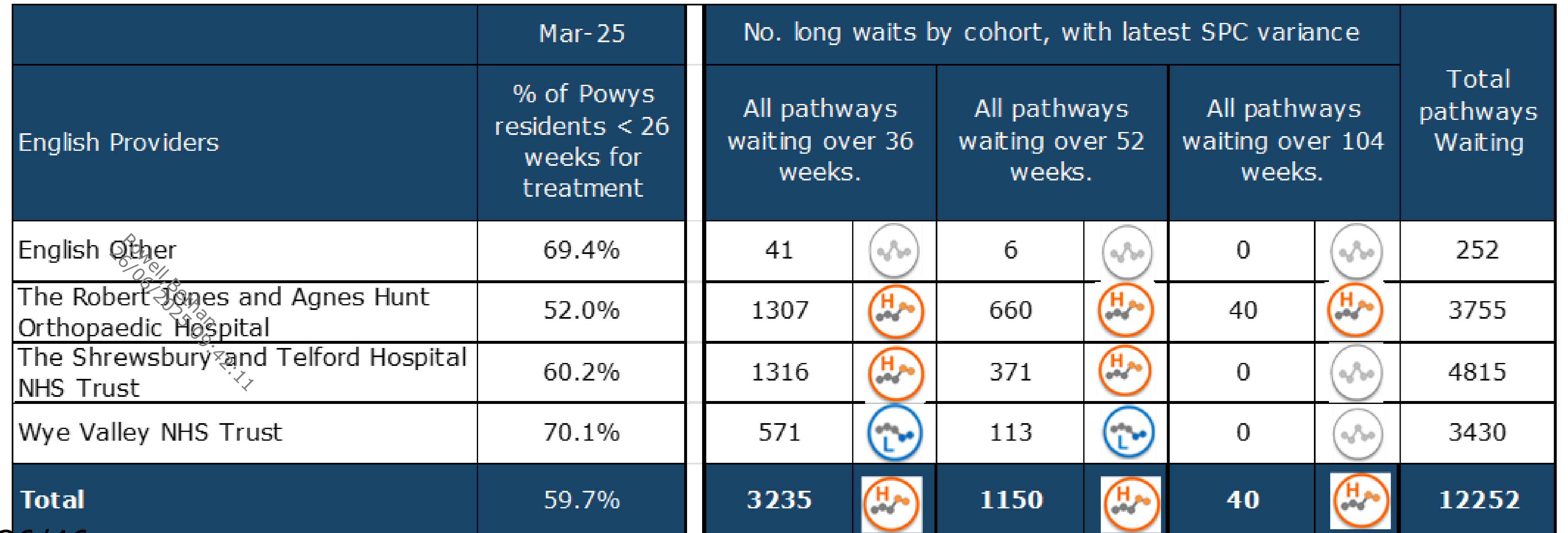
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	Mar-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

What the data tells us

- Powys residents in England have consistently waited less time for treatment except for Robert Jones & Agnes Orthopaedic Hospital NHS Foundation Trust (RJAH), all wait bands are reporting special cause concern at an aggregated level.
- **Wye Valley NHS Trust (WVT)** reports the best performance of all Powys commissioned providers with 70.1% of pathways waiting under 26 weeks for treatment, 113 wait over 52 and of these 4 pathways wait between 77 and 104 weeks for Ophthalmology and respiratory medicine. WVT is the only English provider to consistently report special cause improvement for all key wait bands.
- **The Shrewsbury & Telford Hospital NHS Trust (SATH)** reports a more challenged position with all key wait bands reporting special cause concern e.g., the total numbers of waiters in these bands is increasing. The key challenged specialties for long waiting pathways in SATH are Ophthalmology and Oral Surgery which make up 24 of the total 27 pathways between 77 and 104 weeks.
- **The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** remains the most challenged English provider for long waits the SPC chart (right) shows a growing trend of very long waiters and with all key wait bands are reporting special cause concern. Historically RJAH has always been challenged by complex spinal pathways but in March of the 40 total breaches 16 are for Knee & Sports Injuries, 12 are complex spinal, 10 reported for Arthroplasty pathways, and 2 in upper/lower limb. The longest wait for a complex spinal pathway awaiting specialist unit was reported by the provider at 307 weeks.





English Providers	Mar-25 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		Total pathways Waiting
English Other	69.4%	41		6		0		252
The Robert Jones and Agnes Hunt Orthopaedic Hospital	52.0%	1307		660		40		3755
The Shrewsbury and Telford Hospital NHS Trust	60.2%	1316		371		0		4815
Wye Valley NHS Trust	70.1%	571		113		0		3430
Total	59.7%	**3235**		**1150**		**40**		**12252**

Challenges and actions narrative link (slide 37)

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

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

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

Commissioned RTT for Welsh providers challenges and actions

Challenges

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

Actions & Mitigations

- Welsh including Powys provider services, have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- All Welsh providers have been formally contacted to request confirmation of when those patients waiting > 104 weeks will be seen.

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Commissioned RTT for English providers challenges and actions

Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.
- NHS England 2024/25 priorities:
  - Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
  - Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).
- SATH reviewed and updated their patient administration system during Q1 2024/25, this has unfortunately been challenged with system problems and waiting list including outpatient and inpatient data disrupted, the health board are awaiting confirmation on the resolution of this challenge.

Actions & Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.

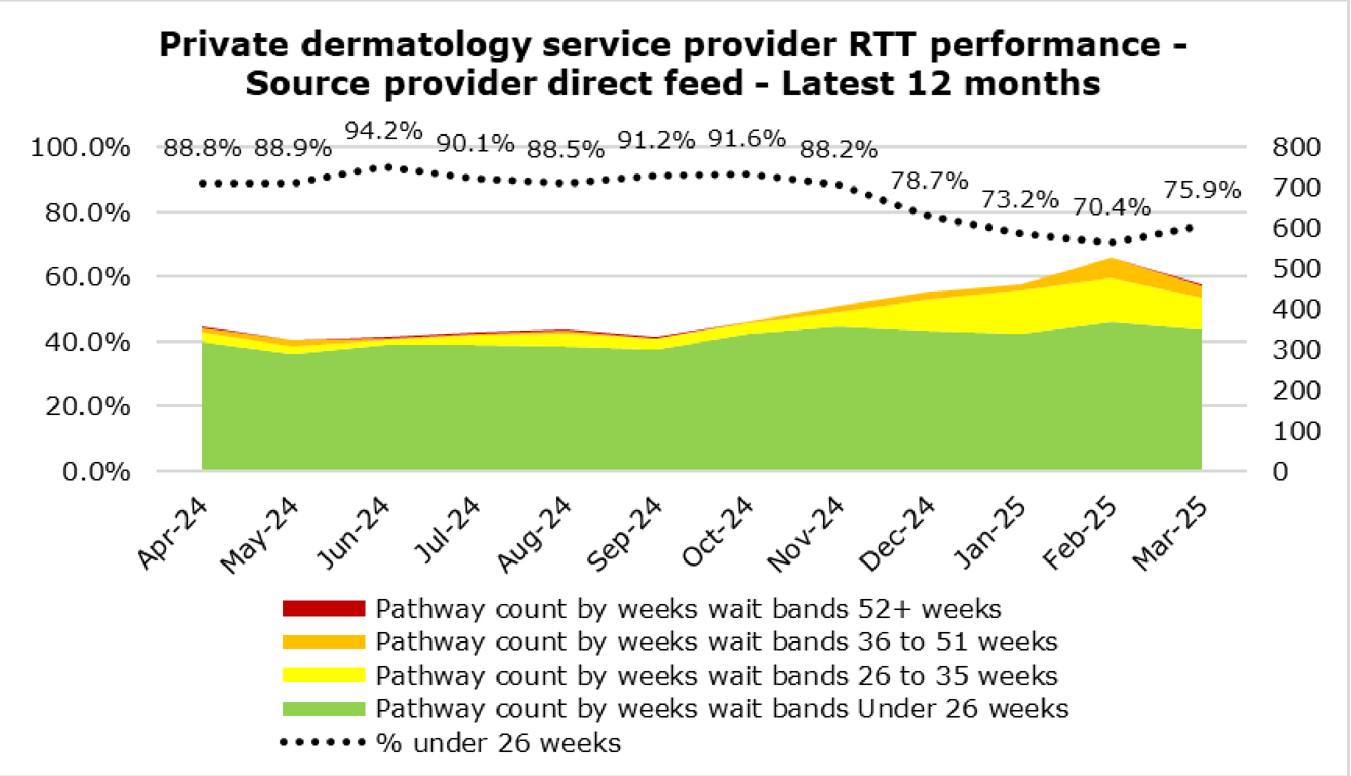
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Referral to Treatment - Private dermatology service provider

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

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



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Apr-24	88.8%	318	25	13	2	358
May-24	88.9%	288	20	14	2	324
Jun-24	94.2%	311	12	6	1	330
Jul-24	90.1%	310	24	6	4	344
Aug-24	88.5%	309	30	7	3	349
Sep-24	91.2%	301	26	2	1	330
Oct-24	91.6%	339	25	6	0	370
Nov-24	88.2%	359	33	15	0	407
Dec-24	78.7%	348	76	18	0	442
Jan-25	73.2%	338	109	15	0	462
Feb-25	70.4%	371	105	50	1	527
Mar-25	75.9%	349	80	30	1	460

What the data tells us

- 75.9 % of patients wait under 26 weeks for treatment in March 2025 which is an improvement compared to February 2025 however there has been an increase in patients waiting over 36 weeks, there are 31 patients waiting over 36 weeks for treatment in March 2025.

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Challenges

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

Actions & Mitigations

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

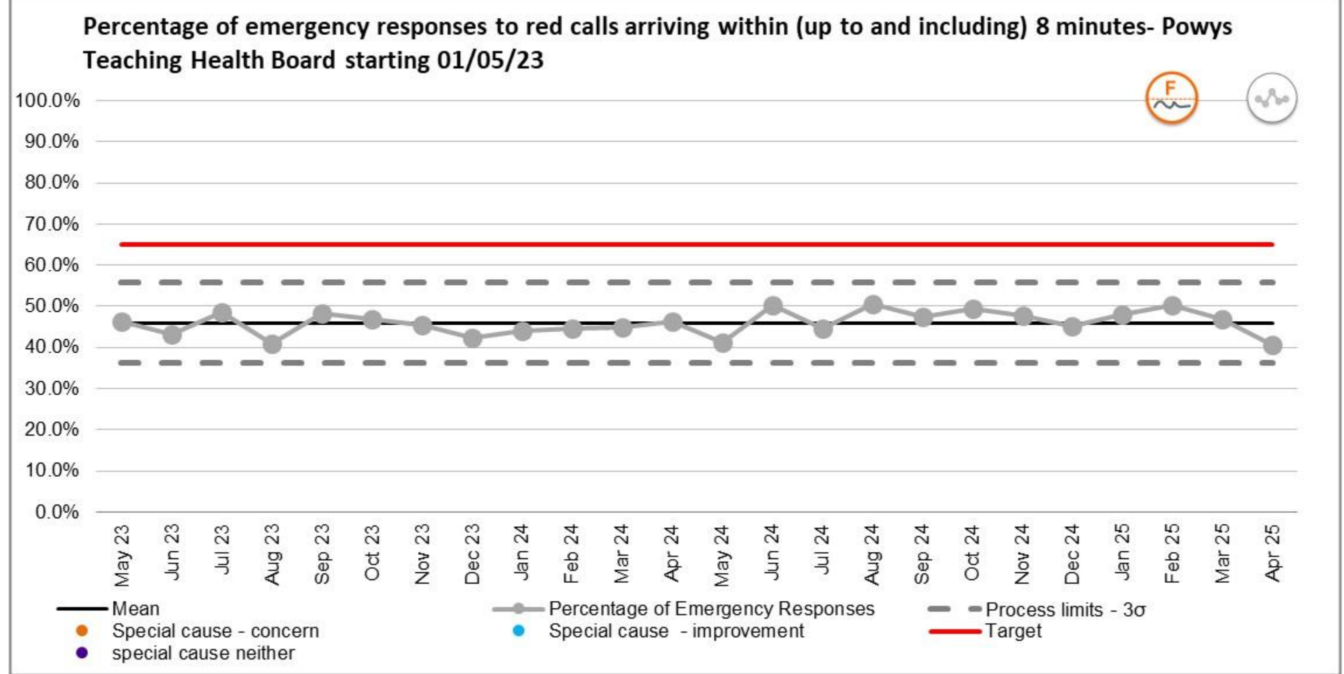
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 19** | **Frequency - Monthly**

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

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	40.6%	Benchmark position (Wales)	7th (50.9%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- The reported performance in April has shown a decrease in performance to 40.6% compliance for the 8-minute emergency response target for red calls.
- Performance remains common cause variation.
- The performance data supports that without a significant intervention to system the commissioned WAST service will not achieve the national target of 65.0%.
- PTHB ranks 7th and the All-Wales position is 50.9%

Challenges

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

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.
- PCH will continue to provide emergency assessment and treatment for Stroke patients, temporary changes mean that ambulance service will convey with stroke or suspected stroke patients to alternative hospital to PCH (number of patients likely to be affected reviewed to assist this change).

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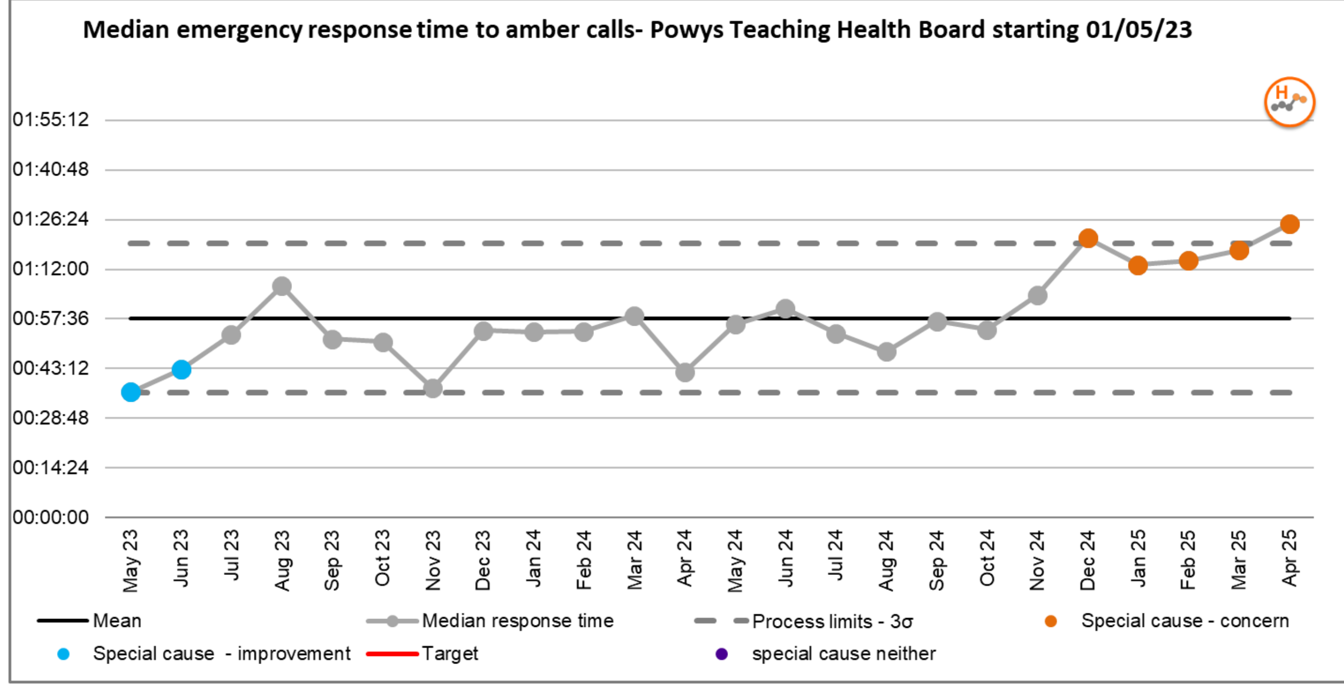
Access & Activity | **NHS Performance Measure – 20** | **Frequency - Monthly**

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

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

Latest available	Apr-25	Status of measure	Level 2a
Reported performance	01:25:11	Benchmark position (Wales)	1st (01:54:23)
Target	12-month reduction target		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported a decrease in performance in April 2025 with response times increasing to 01:25:11
- PTHB ranks 1st in Wales with the All-Wales average at 01:54:23

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Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.

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

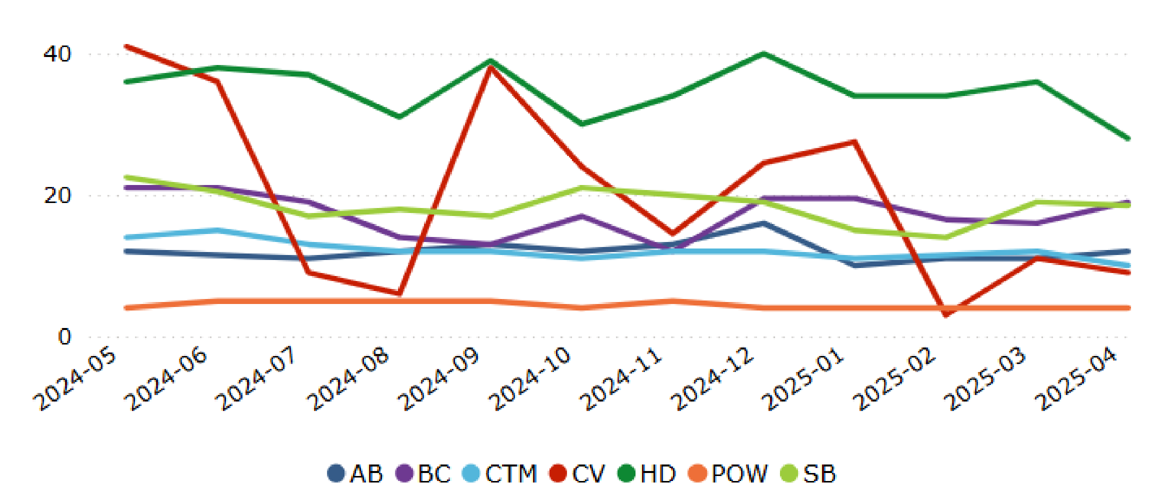
Access & Activity	NHS Performance Measure – 21 & 22	Frequency - Monthly

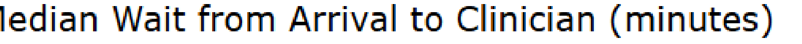
Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

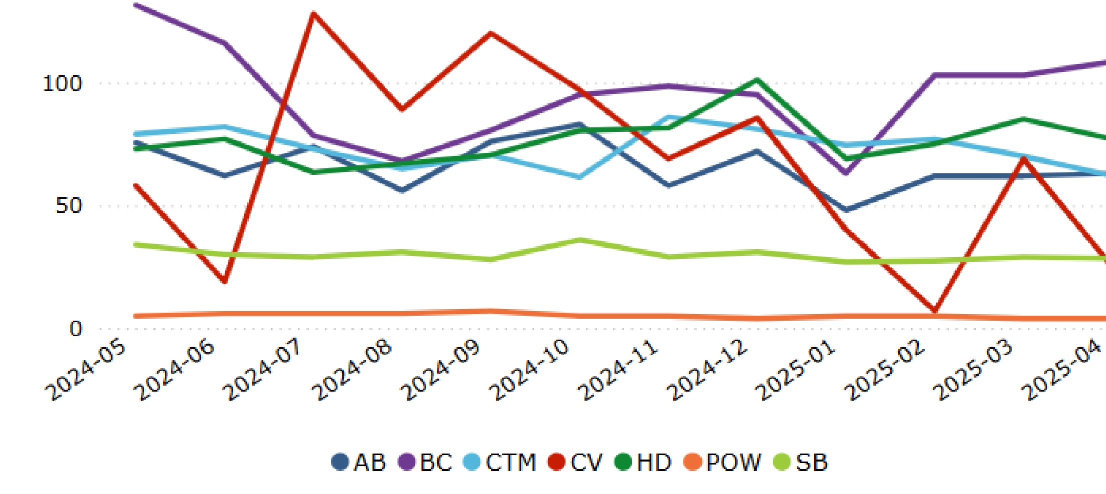
Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

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

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







What the data tells us

- Median Waits time reporting for emergency departments is not currently available for English providers following data limitations. Welsh provider information is sourced directly from the DHCW.
- Median wait times reported within the IQPR are only that experienced by Powys residents e.g., the reported performance may not reflect the overall experience for all patients at the respective health provider.

Actions & Mitigations

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

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

Mar-25 -Source Welsh Government monthly scorecard.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	11	18	62	144
BCUHB	16	22	103	136
CTMUHB	12	13	70	73
C&VUHB	11	8	69	64
HDUHB	36	29	85	76
SBUHB	19	24	29	25

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

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

Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

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

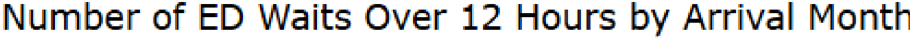
Latest available	Apr-25	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW EDDS via PTHB data warehouse		

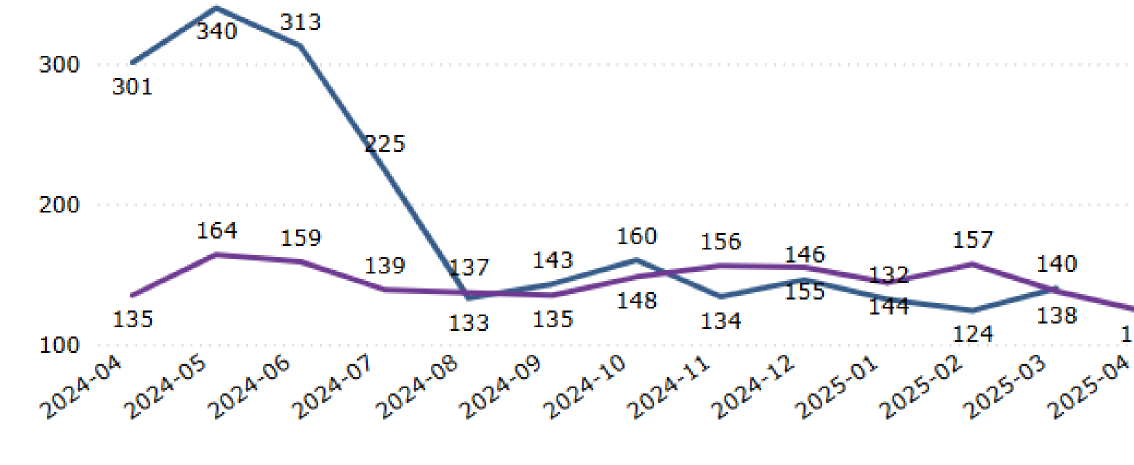
Key notes

- No data has been received from Shrewsbury & Telford NHS Trust Hospitals since Q1 2024/25.
- English data is delayed by 1 month when compared to Welsh information.

Percentage of ED Waits Seen Within 4 Hours by Arrival Month

100%
80%
60%
67.6% 64.4% 62.1% 63.7% 66.3% 64.1% 66.1% 64.2% 61.4% 64.4% 63.8% 64.8% 66.3%
49.9% 46.1% 48.4% 51.1% 51.1% 49.4% 45.3% 51.1% 53.3% 48.5% 51.2% 47.4%
2024-04 2024-05 2024-06 2024-07 2024-08 2024-09 2024-10 2024-11 2024-12 2025-01 2025-02 2025-03 2025-04
Out of County - English | Out of County - Welsh





What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight increase to 66.3% for those waiting under 4 hrs in Welsh units.
- Number of patients reported waiting over 12 hrs was 124 for April 2025

English Emergency Access (A&E) providers

- It should be noted that the English information is not complete, Shrewsbury and Telford NHS Trust data has not been available consistently from Q1 2024/25.
- PTHB residents attending English emergency units see the longest wait with 47.4% reported in March as waiting less than 4hrs in their units.
- Of the reported health board 140 patients were reported waiting over 12hrs (predominately Wye Valley NHS Trust).

Data Quality

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

Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing challenges of increased demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.
- Ongoing data challenges with SATH in 2024/25, SATH are unable to provide consistent data from Q1 2024/25 onwards, data provision is due to resume from Q1 2025/26.

Actions & Mitigations

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.

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

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

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

Latest available	Apr-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

Welsh Provider Cancer Performance Per SCP 62 Day Target - Last 12 Months

HealthBoard	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04
Aneurin Bevan UHB												
Pathways With Treatment	10	11	18	16	11	9	13	16	15	16	16	8
Treated Within 62 Days	5	9	10	10	7	8	7	9	11	9	11	4
Breaching 62 Day Target	5	2	8	6	4	1	6	7	4	7	5	4
% Treated Within Target	50%	82%	56%	63%	64%	89%	54%	56%	73%	56%	69%	50%
Betsi Cadwaladr UHB												
Pathways With Treatment			4	1	1	1	3	2		1		3
Treated Within 62 Days						1	3	2				2
Breaching 62 Day Target			4	1	1					1		1
% Treated Within Target			0%	0%	0%	100%	100%	100%		0%		67%
Cardiff And Vale UHB												
Pathways With Treatment				1				1	1			
Treated Within 62 Days				1					1			
Breaching 62 Day Target								1				
% Treated Within Target				100%				0%	100%			
Cwm Taf Morgannwg UHB												
Pathways With Treatment	4	3	4	7	6	5	3	9	4	3	5	3
Treated Within 62 Days	1	1	1	4	2	4		4	1	1	1	
Breaching 62 Day Target	3	2	3	3	4	1	3	5	3	2	4	3
% Treated Within Target	25%	33%	25%	57%	33%	80%	0%	44%	25%	33%	20%	0%
Hywel Dda UHB												
Pathways With Treatment	8	8	8	8	8	5	7	7	9	7	6	9
Treated Within 62 Days	3	5	6	6	5	2	6	2	6	5	3	4
Breaching 62 Day Target	5	3	2	2	3	3	1	5	3	2	3	5
% Treated Within Target	38%	63%	75%	75%	63%	40%	86%	29%	67%	71%	50%	44%
Swansea Bay UHB												
Pathways With Treatment	7	11	10	14	7	11	9	11	11	4	7	6
Treated Within 62 Days	6	5	8	8	5	7	5	8	6	1	5	
Breaching 62 Day Target	1	6	2	6	2	4	4	3	5	3	2	6
% Treated Within Target	86%	45%	80%	57%	71%	64%	56%	73%	55%	25%	71%	0%
Pathways With Treatment	**29**	**33**	**44**	**47**	**33**	**31**	**35**	**46**	**40**	**31**	**34**	**29**
Treated Within 62 Days	**15**	**20**	**25**	**29**	**19**	**22**	**21**	**25**	**25**	**16**	**20**	**10**
Breaching 62 Day Target	**14**	**13**	**19**	**18**	**14**	**9**	**14**	**21**	**15**	**15**	**14**	**19**
% Treated Within Target	**52%**	**61%**	**57%**	**62%**	**58%**	**71%**	**60%**	**54%**	**63%**	**52%**	**59%**	**34%**

What the data tells us

- At the end of April, the provisional position reported a at total of 283 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 254 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 29 pathways were closed with the commencement of definitive treatment. 19 patients breached the 62 days target with the longest wait reported as 214 days in Hywel Dda UHB for a Gynaecological pathway. 36.8% of the breaches were in Urological cancer sites, with a further 26.3% in Lower GI, the remaining breaches were spread over Breast, Gynaecological, Skin (exec Basal Cell Carcinoma) and Lung.
- Reported performance for April has fallen sharply to 34% (10 of 29 pathways being treated within the 62-day target) against the 75% target.

- **Data quality for reporting - please note that the SCP data provided within the IQPR is preliminary as the reported position is reviewed, finalised and validated at the end of every completed quarter. This validation by submitting health boards often results in limited changes included added/removed pathways or adjustment of waiting times. These changes will be fully reflected in the IQPR when available.**

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Information on Powys residents in Welsh commissioned services is currently only reviewed retrospectively once the pathway is closed. Open pathway data quality remains challenging, and the health board has limited actions available to it for influencing a patient's diagnostic and treatment pathways.
- The NHS Performance Framework target for cancer is now a 12-month improvement trend towards a national target of 80% by 31 March 2026 (target compliance of improvement denoted by amber flag in the table). It should be noted that the targets were not hit in 2024/25.

Actions & Mitigations

- Ongoing quarterly review with commissioners for very long waits e.g., where days are beyond 146 days. Q3 & Q4 information has now been received, and review is underway with findings to be reviewed at the end of Q1 2025/26. No pathways reviewed for Q1 and Q2 by the commissioned services were flagged as resultant harm.
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- New digital report for enhanced assurance utilising key elements of national workstream but with Powys resident's focus.
- SCP performance discussion monthly with Welsh Government and the NHS Performance and Improvement team.

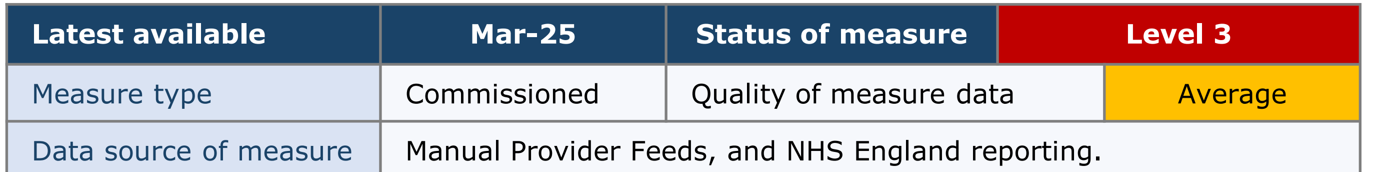
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Access & Activity | **NHS Performance Measures – 25** | **Frequency - Monthly**

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

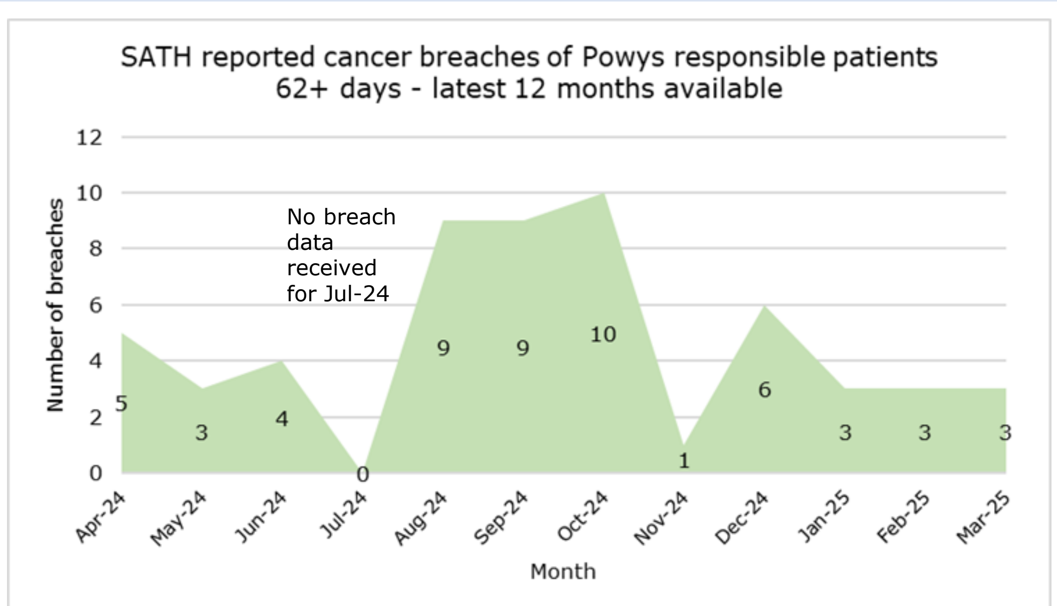
Executive lead	Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

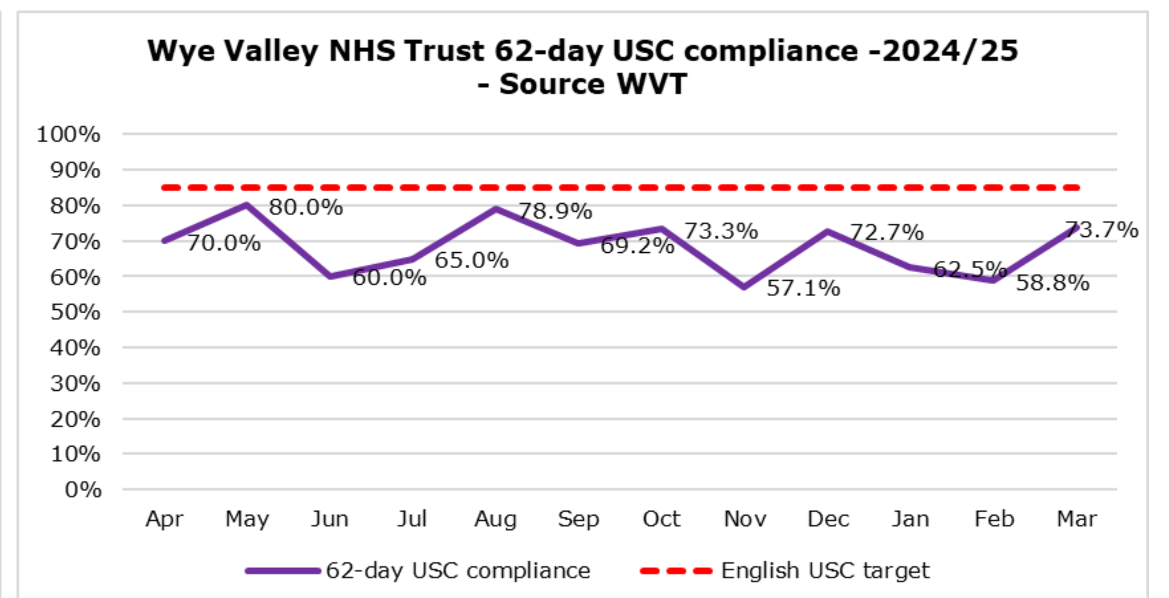


Latest available	Mar-25	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

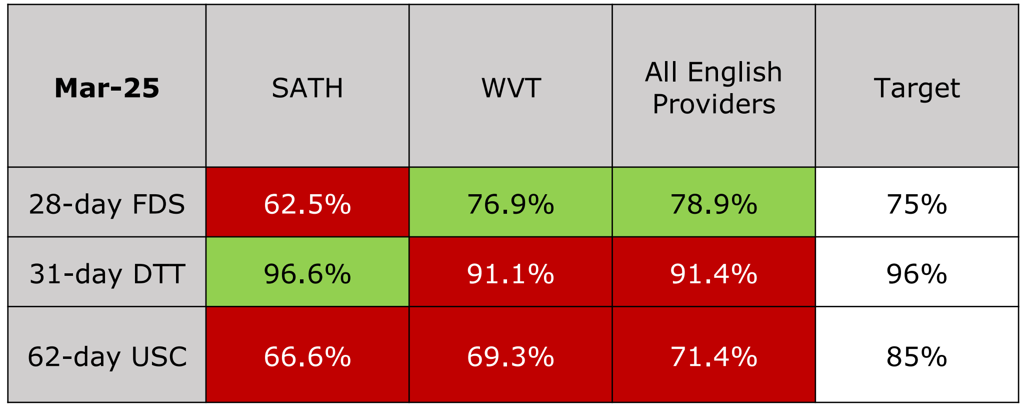
NHS England Cancer Measures, and target

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





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



Mar-25	SATH	WVT	All English Providers	Target
28-day FDS	62.5%	76.9%	78.9%	75%
31-day DTT	96.6%	91.1%	91.4%	96%
62-day USC	66.6%	69.3%	71.4%	85%

Statistics » Cancer Waiting Times (england.nhs.uk)

What the data tells us

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

- Shrewsbury and Telford NHS Trust (SATH) report 3 breaches (3.1% of all SATH breaches reported to NHS England) in March for a Powys resident, all were reported waiting longer than 104 days. Key reasons for breach included complex diagnostic pathways and limited elective capacity. Breaches were across a range of tumour type pathways.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in March except for 31-day DTT (table 1).
- Wye Valley NHS Trust (WVT) performance reported in March that 73.7% of 19 Powys residents started treatment within 62 days.
- Key challenged tumour type was for urological cancer and the key theme was diagnostic delays and treatment capacity.
- WVT overall compliance for March reports lower performance for all measures against the English average.

Challenges

- Capacity challenges for outpatients, and treatment listed alongside complex diagnostics for breaches reported to the health board in March.
- Re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information has not progressed as hoped and has been raised to Welsh Government via Audit feedback.
- At the end of March 2025 both main cancer provider in England e.g., SATH and WVT achieved the NHS England 2024/25 priorities:
  - Improve performance against the headline 62-day standard to **70% by March 2025.**
  - Improve performance against the 28-day Faster Diagnosis Standard to **77% by March 2025 towards the 80% ambition by March 2026.**

Actions & Mitigations

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

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

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

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision. **De-escalation:** The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

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

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

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Agenda item: 5.3

Finance and Performance Committee	Date: 26 June 2025
Subject:	**Community Hospital Delays and Flow update**
Approved and presented by:	Executive Director Primary Care, Community and Mental Health
Prepared by:	Assistant Director, Community Services Group
Other Committees and meetings considered at:	Executive Committee (24 June 2025)

PURPOSE:

To provide an overview of the work undertaken to improve performance and flow across Powys Teaching Health Board community hospital beds and the positive impacts this delivers on reducing length of stay, pathway of care delays and the numbers of patients in English community hospital beds.

RECOMMENDATION(S):

The Finance and Performance Committee is asked to:

- **RECEIVE** the report and take **ASSURANCE** that significant improvements have been delivered to reduce overall Length of Stay (LoS), pathway of care delays and the number of Powys patients in English community hospital beds.

Approve/Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Delivering effective use of resources, optimising patient care and reducing the harmful impacts of hopsital acquired deconditioning
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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BACKGROUND:

Alongside being best practice and a national priority, the teams of Powys Teaching Health Board (PTHB) have long been focussed on the opportunities available to reduce the length of stay (LoS) for our patients in community hospitals.

The drivers for longer length of stay are well documented, from reluctance to make the transition to alternative places of care (including home), through to the limitations of statutory and commercial services which might support patients to move on to their next stage of care. Whilst the Health Board can put in place much of what is needed from a health care perspective (notwithstanding again the limitations of the market), the pressures on adult social care teams, voluntary services and even families themselves can create barriers to early discharge for some patients.

12 months ago, the average length of stay for patients in our community hospitals was 47 days, and this rose to a peak in August 2024 of 55 days.

The extended length of stay across the PTHB community hospitals also creates pressures outside of the Powys system. Where Powys residents have been hospitalised following treatment in an acute hospital, there can be significant delays whilst awaiting repatriation. People waiting in Welsh acute hospitals tend to be lower in number and more easily incorporated into our flow planning. The larger volume of patients waiting to repatriate from English acute hospital (in Shropshire and Herefordshire) tend to be considered for transfer to an English community hospital bed. This comes at significant cost to the patients in terms of long delays in hospital and financially to the Health Board. The table below highlights the ten-fold growth in costs and rising number of bed days over the last 9 years:

Financial Year	Total Cost	Total Days	Average Cost per Day
2017	£ 147,215	616	£ 239
2018	£ 509,696	2128	£ 240
2019	£ 212,095	890	£ 238
2020	£ 386,503	1476	£ 262
2021	£ 647,856	1927	£ 336
2022	£ 1,422,818	4145	£ 343
2023	£ 1,248,564	3380	£ 369
2024	£ 1,077,082	2906	£ 371
2025	£ 1,542,467	3666	£ 421

MEASURES TAKEN:

Recognising that there is not one single approach that might address the variety of issues that can impact the Length of Stay for patients, the PTHB teams have drawn upon a range of actions, from transformational change, operational

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modification and addressing cultural barriers. They are also fully recognising that it is not only actions that improve outflow from hospital that assist in this work, but includes actions that assist in reducing the numbers of patients that can be helped to avoid admission in the first instance.

Admission avoidance

Falls prevention remains a key focus, with the therapy led service working in support of this objective. Following data review provided by the ambulance service and focussed on conveyance from care homes, this includes:

- Dedicated Falls Practitioners now in post
- iSTUMBLE training previously delivered to a number of care homes to reduce the need to dial 999 for non-injurious falls
  - 14% reduction in falls conveyance over past 12 months (60% Apr '24: 46% Apr '25)
- Planning for delivery of a Level 2 Falls Response Service underway
  - Workshop held in April
  - Agreement of direction and need for pilot to understand delivery within a Powys Rural context
  - Pilot planning underway

Minor Injury Unit development

- Clinical leadership supporting teams to consider working in different ways that could support increased capacity and flow through MIUs
- Re-organisation of MIU services to better enable a consistent offer
- Work underway to explore pulling demand from neighbouring EDs into PTHB Services and footprint
- Aligning scope of practice in MIUs with national specifications.
  - Current service improvement and refinement of existing criteria underway in MIU task & finish working group

Separation of existing reablement service to strengthen PTHB community therapy offer

- Community Rehabilitation Service, delivered by PTHB
  - Supporting individuals that have rehabilitation goals and require wraparound support for residents that are in the community and at risk of hospital admission
  - The service also supports patients following discharge from hospital
  - The service is part of the Community Therapy Team and includes Occupational Therapists, Physiotherapists, Assistant Therapy Practitioners and Rehabilitation Therapy Assistants
  - Operates 8:00 AM – 8:00 PM and referrals are accepted 7 days a week,
- A separate enablement pathway is additionally provided by Powys Social Services

Virtual Ward

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- A Primary Care led review of the most vulnerable frail patients on the lists of practices, where an MDT review can be regularly undertaken and additional services and support can be offered to patients and families.
    - Might also include a step-up admission into a Powys Community Hospital

Focus on hospital flow

Discharge Liaison Officers
Significant focus has been given to the improvement of patient flow in the last year, recognising the potential for patient harm and the financial impacts this can have. In Autumn 2023, it was recognised that whilst the aim would be to maximise ward engagement in the day to day work to support patients to move on to their next location of care, their operational priorities could disrupt focus on this activity.

Where wards received the benefit of a dedicated Discharge Liaison Officer role (DLO) it was demonstrated that shorter lengths of stay could be achieved. Following a successful business case, an investment was provided for three further DLO posts, which were hoped to offset the costs associated with the delays seen for patients stranded in English community hospital beds. Whilst a direct line can not be drawn to the benefits proposed, noting that other initiatives were undertaken at the same time, there is little doubt that the additional capacity brought to bear by the new DLO roles has seen significantly positive benefit to flow.

One measure of success might be the reduction in average length of stay in the PTHB community hospitals, and this can be seen in the section relating to impacts as below.

National programmes
During this period, significant focus has been given to the opportunities to reduce the delays associated with urgent care flow across whole systems. With Powys very different in our configuration (lacking type 1 Emergency Departments), the drivers associated with delays such as ambulance crews stranded at hospitals and emergency department congestion, a different lens has been applied to this work. This has included the programmes such as '6 Goals of Urgent & Emergency Care', 'reducing Pathway of Care Delays' and the actions required from the 'Care Action Committee 50-day challenge'.

Many of the actions which were expected in support of these programmes were well developed in Powys, including integrated discharge teams, trusted assessment arrangements, Discharge to Rehabilitation and Assessment (D2RA) schemes and Virtual Ward models. Positively regarded by those supporting the national programme delivery, Powys has worked effectively to demonstrate the benefits realised from the further development of existing work programmes, alongside the creation of new schemes (such as 6-week interim placement in Cottage view for those awaiting unfulfilled care packages, integrated brokerage

arrangements, assessment on behalf of social care and support & development of the market).

Local transformation (RTGHU & Rehabilitation units & flow hub)
In December 2025, the Health Board undertook some further focus on transformational change, seeking to test an approach that would better deliver for our patients who were awaiting onward transfer of care. With the co-location of these patients in Ready To Go Home Units (RTGHU) alongside the deliberate focus for patients needing rehabilitation support being provided at two specified units, a very new model of care has been tested. Evaluation of these changes is expected in the next couple of months, but there is little doubt that this has additionally contributed to the success seen in reducing our overall average length of stay in community hospitals.

Digital transformation
One aspect of the flow challenge that remains is the multiplicity of recording and reporting systems required to support our teams to keep track of the patient flow. A successful component that has helped to address some of these risks has been the development of the DigiFlo boards. These are electronic whiteboards that display key patient information for use by the MDT, but also enable effective capture of teams work to support treatment and discharge. These live records of care also help to drive continual planning and actions, and are also helping to deliver improved compliance with external reporting. Some key highlights include:

- Successful transition of reporting with national data requirements for D2RA from census to monthly aggregate
- Rapidly improving compliance with D2RA Measures
    - i.e. D2RA Measure 1:0% compliance Jan'24 (worst performing HB in Wales)
    - 44% compliance Mar '24 (3rd best performing HB in Wales, with those demonstrating higher compliance having specific roles in place to deliver reporting)

IMPACT SEEN:

As already highlighted, a good number of actions have been brought to bear over the last year, which has coalesced to deliver significant improvement. This can be seen in reductions of average LoS as below.

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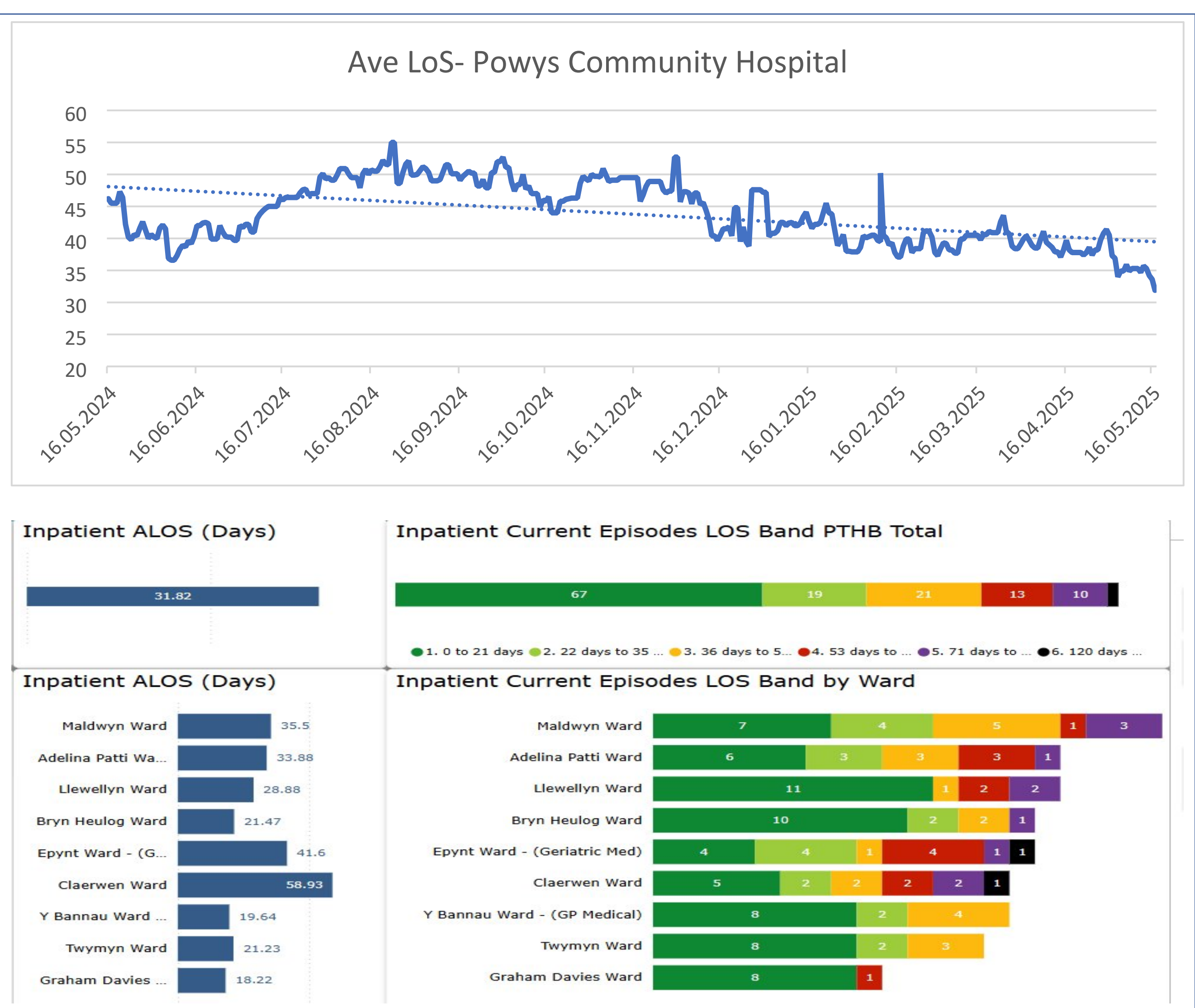

Ref: BI Dashboard May 2025

Pathway of care delays have also reduced over the past 6 months, April census data below:

- Reduction in Total POCDs
  - 27% reduction compared to Mar '24 baseline
  - Stable compared to Mar '25 baseline
- Reduction in Days Delayed
  - 24% reduction compared to Mar '24 baseline
  - 8.2% reduction compared to Mar '25 baseline
- Reduction in Assessment Delays
  - 52% reduction compared to Mar '24 baseline
  - 46.9% reduction compared to Mar '25 baseline
- Average LOS
  - 29% reduction compared to Mar '24 baseline

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Cross Border delays

This reduction in Length of Stay across Powys community hospitals has provided a secondary benefit in creating capacity for increased capacity to receive earlier repatriation for patients previously transferred into English community hospital beds. With flow teams continuing to prioritise the most appropriate pathway for patients (including return home), where patients are delayed due to the limitations of the market, the opportunity arises to proactively bring the patients back to the Powys community hospital beds.

Cultural change

The shift of focus onto the benefits of earlier repatriation, more effective return to onward care and development of increased capacity in alternative pathways has additionally driven a shift in thinking for our teams. With greater attention to the potential harms caused by longer length of stay, the teams are now working more effectively to support patients to engage in earlier discussion on their pathway of care, plan more effectively for earlier discharge and to help inform dynamic clinical risk management in a way that better advocates for the patients and families. This is particularly seen in the work around the DigiFlo boards, and the MDT discussion, which is again hoped will better sustain the success seen to date.

SUSTAINABILITY RISKS & MITIGATION:

Recognising that some components of flow are not directly in the control of our teams (such as market capacity, the operational capacity of adult social care teams and individual patient circumstances), it is believed that much of the benefits gained from the improvements in practice and PTHB capacity can be sustained and even further developed.

Further transformation will be necessary in order to better offset the risks documented, including the realisation of the expected outputs for our transformation programmes (such as the evaluation of the RTGHU), the continued engagement with Powys County Council transformation programmes (such as the Powys Owned Care Homes work) and the ongoing operational focus on this priority.

Not every risk can be effectively mitigated, and some components of flow will continue to challenge our system (localised population health risks, extraordinary pressures on emergency departments etc), causing fluctuation and hard to manage flow impacts. The drivers for this work remain however, and the teams remain committed to the excellence seen to date, relishing in the positive impacts for our patients and the positive outcomes for the efficiency of our services.

NEXT STEPS:

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To continue the ongoing focus on operational efficiency, engage in and implement transformation in our pathways, and to build on the positive work achieved to date.

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Agenda item: 5.4

Finance and Performance Committee	**26th June 2025**
Subject:	Performance Report Deep Dive: Ambulance Response Times
Presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Approved by:	Executive Director of Planning, Performance and Commissioning
Prepared by:	Assistant Director of Performance and Commissioning, Head of Performance
Other Committees and meetings considered at:	

PURPOSE:

To provide the Finance and Performance Committee with the latest All Wales performance on Ambulance Response Times.

RECOMMENDATION(S):

The Committee is asked to:

- **DISCUSS** the report and **TAKE ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

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SUMMARY:

This report provides the Finance and Performance Committee team with the latest All Wales performance information from the NHS Wales Joint Commissioning Committee (JCC) Ambulance Performance Dashboard (Appendix One). The detail provided is from the Ambulance Data Portal Performance Report General Release (April 2025).

Key points of note are:

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

NEXT STEPS:

A new ambulance performance framework will be introduced for life or death cardiac and respiratory arrests. This will be piloted from 1 July for a period of 12 months, with permanent implementation expected from August 2026 subject to successful evaluation.

Category	Descriptor	Types of complaint	Response targets / standard(s)
Purple: arrest	**ARREST** Refers to incidents where a person is in cardiac or respiratory arrest	- Cardiac arrest - Respiratory arrest	**Purple: cardiac arrest 'bundle' of measures** 1. % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation) 2. Median (average) time to bystander CPR 3. Median time to defibrillation 4. Median response time target range of 6-8 minutes 5. 90% receive an ambulance response within 20 mins
Red: emergency	**EMERGENCY** Refers to incidents where a person is at risk of cardiac or respiratory arrest	- Choking - Major haemorrhage - Major trauma	1. Median ambulance response time target range of 6-8 minutes 2. 90% receive an ambulance response within 20 mins *Clinical performance indicators (to be developed)*

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Proposed data definitions for the new categories will be shared by JCC/Wales Ambulance Service NHS Trust colleagues. Phase 2 of the new framework will address Amber category.

The JCC has proposed a new governance structure to oversee the commissioning and performance of Ambulance Services and 111. This will replace the previous Emergency Ambulance Services Joint Committee (EASC).

An Ambulance Services and 111 Collaborative Commissioning Integration Group (final name TBC) will be established, reporting to the Chief Commissioner's Commissioning Group (CCLG) with a number of Commissioning Assurance Groups (CAGs) and Commissioned Networks and Services reporting to it:

- CAGs - Emergency Medical Services; 111; Non-Emergency Patient Transport; Emergency Medical Retrieval and Transfer Service / Adult Critical Care Transfer Service;
- Commissioning Networks and Services (e.g. Neonatal Transport Delivery Assurance Group, Spinal Operational Delivery Network Delivery Assurance Group, Mental Health Transport, Major Trauma Network Operational Delivery Network Delivery Assurance Group).

The CAGs will provide a focus on delivery against performance and quality requirements of the commissioning intentions for 2025/26. PTHB will be represented on these fora by the Assistant Director of Performance and Commissioning and the Head of Commissioning, with the Executive Director of Planning, Performance and Commissioning continuing to represent the Health Board on the CCLG.

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:

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

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Powys Teaching Health Board

Integrated Quality & Performance Report

Deep Dive : Ambulance Response

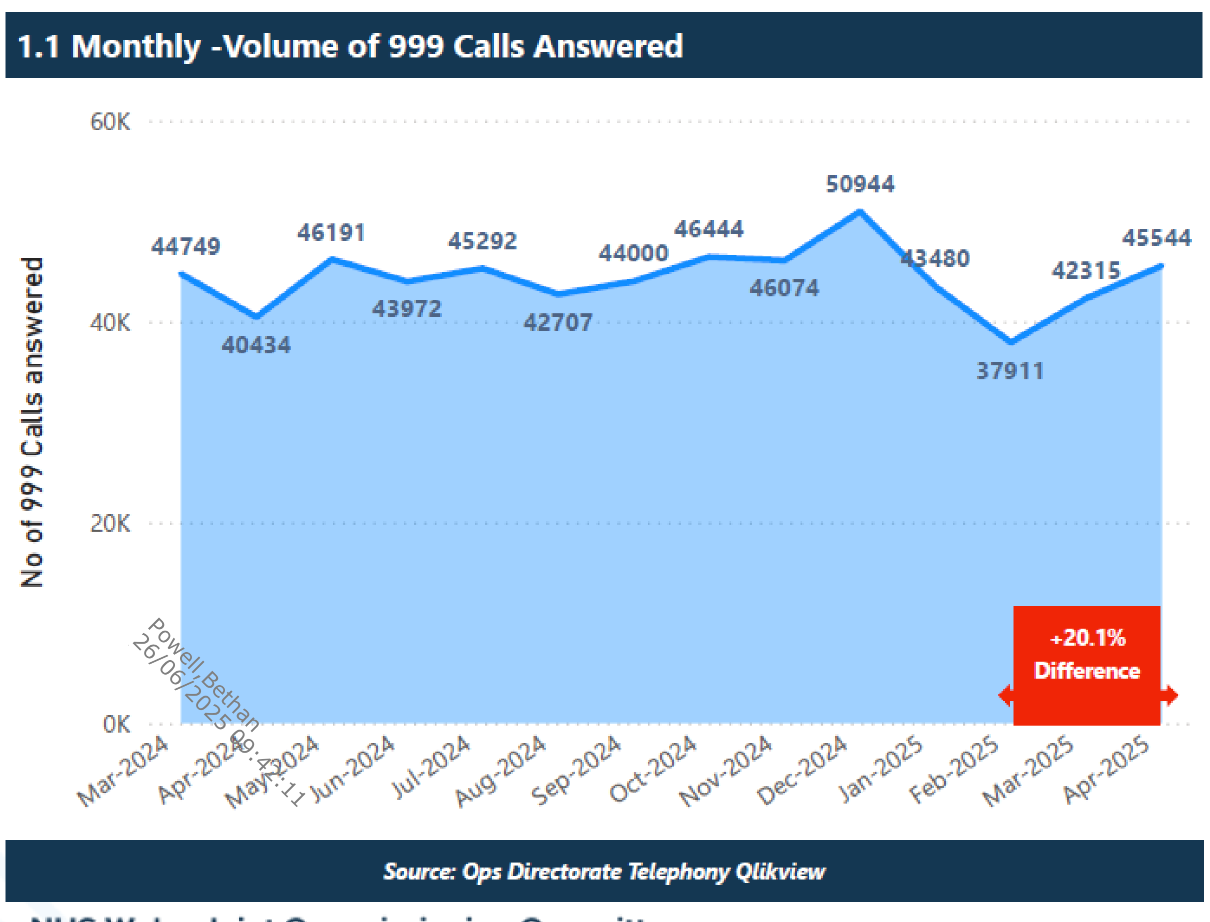
Ambulance Data Portal Performance Report General Release (April 2025). [Data Source: Joint Commissioning Committee]

Performance Report

999 Call Demand

The number of 999 calls saw a 20.1% increase from February to April 2025. The number of 999 calls were 12.6% higher in April 2025 as compared with the same period the previous year. The daily average number of 999 calls answered has increased by 106 calls in April 2025 as compared to April 2024.

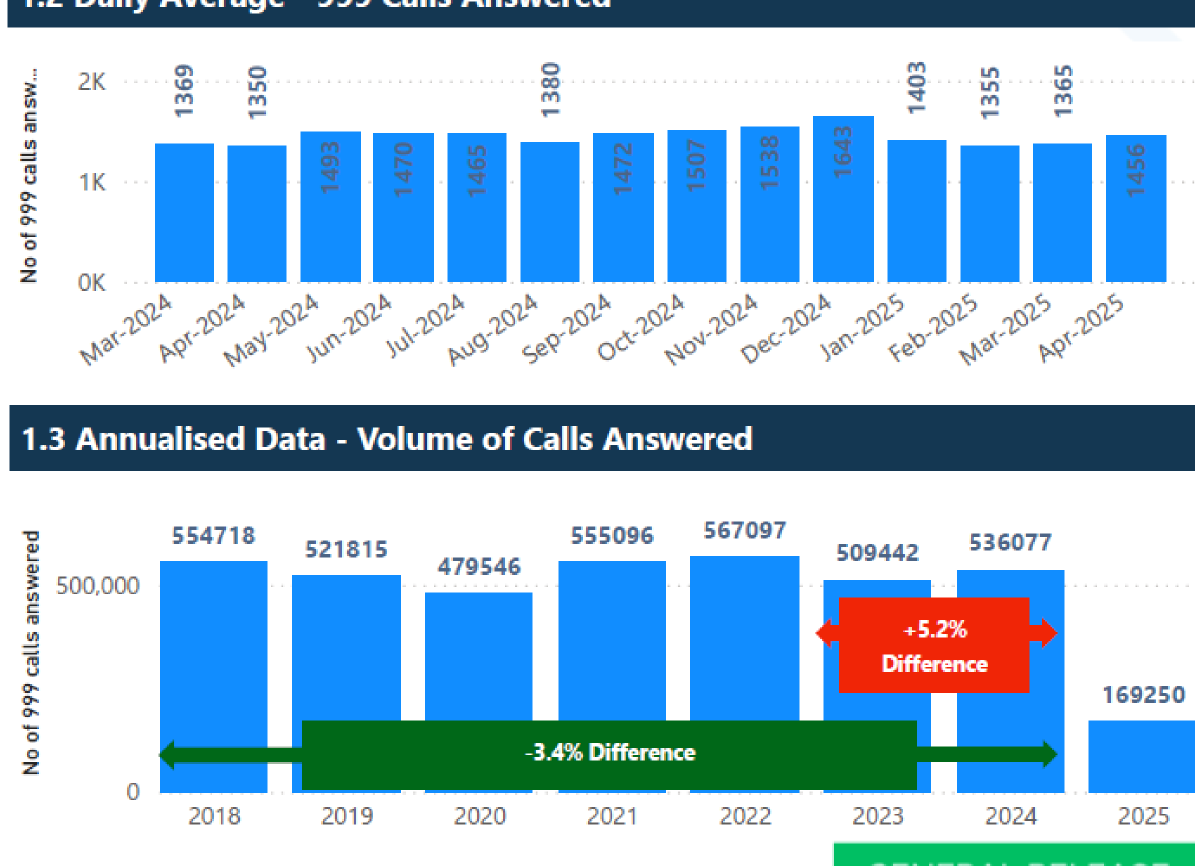
1.1 Monthly -Volume of 999 Calls Answered



Source: Ops Directorate Telephony Qlikview

1.2 Daily Average - 999 Calls Answered

1.3 Annualised Data - Volume of Calls Answered



NHS Wales Joint Commissioning Committee

GENERAL RELEASE

Performance Report

NHS 111 Wales to 999 Transfers

In April 2024, the Welsh Ambulance Service University NHS Trust implemented a new 111 system for call handing and clinical assessment. An issue has also been identified when aggregating 111 call records to Health Board level to support the AQI reporting. This issue is being actively worked on, with mitigations already in place, however, until full validation and sign-off of the May - April 2025 data has taken place, any AQIs which utilise 111 records in their calculation are currently not available.

2.1 Monthly - Calls returned from 111 Wales

Number of calls returned from 111 Wales ● % of calls returned from 111 Wales

No of Ambulance Dispositions | % of calls returned from 111 Wales

333 | 345 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0

Mar-2024 | Apr-2024 | May-2024 | Jun-2024 | Jul-2024 | Aug-2024 | Sep-2024 | Oct-2024 | Nov-2024 | Dec-2024 | Jan-2025 | Feb-2025 | Mar-2025 | Apr-2025

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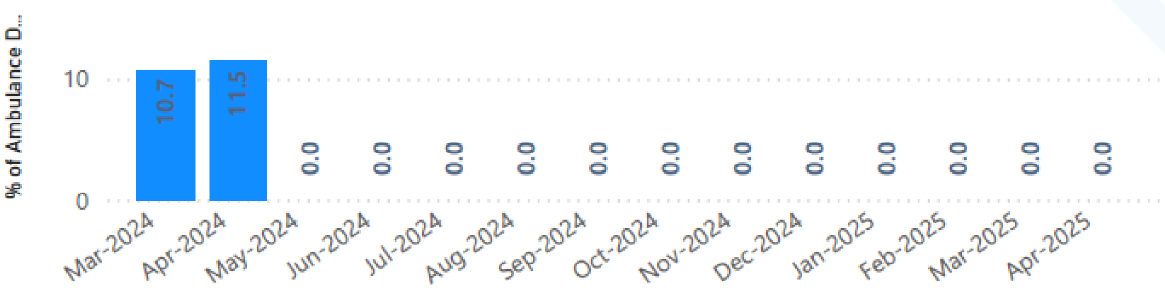
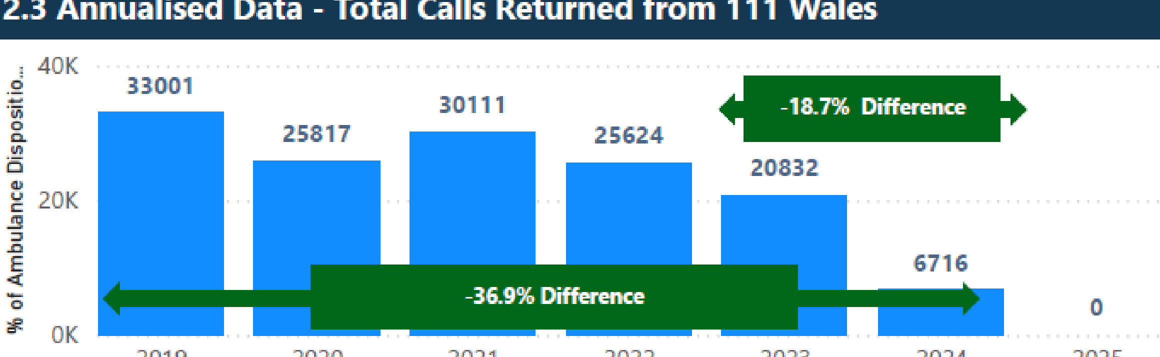
Source: AQI9ii Calls Returned from NHS Direct with an Outcome of "Ambulance Required"

2.2 Daily Average - Calls Returned from 111 Wales



2.3 Annualised Data - Total Calls Returned from 111 Wales



NHS Wales Joint Commissioning Committee

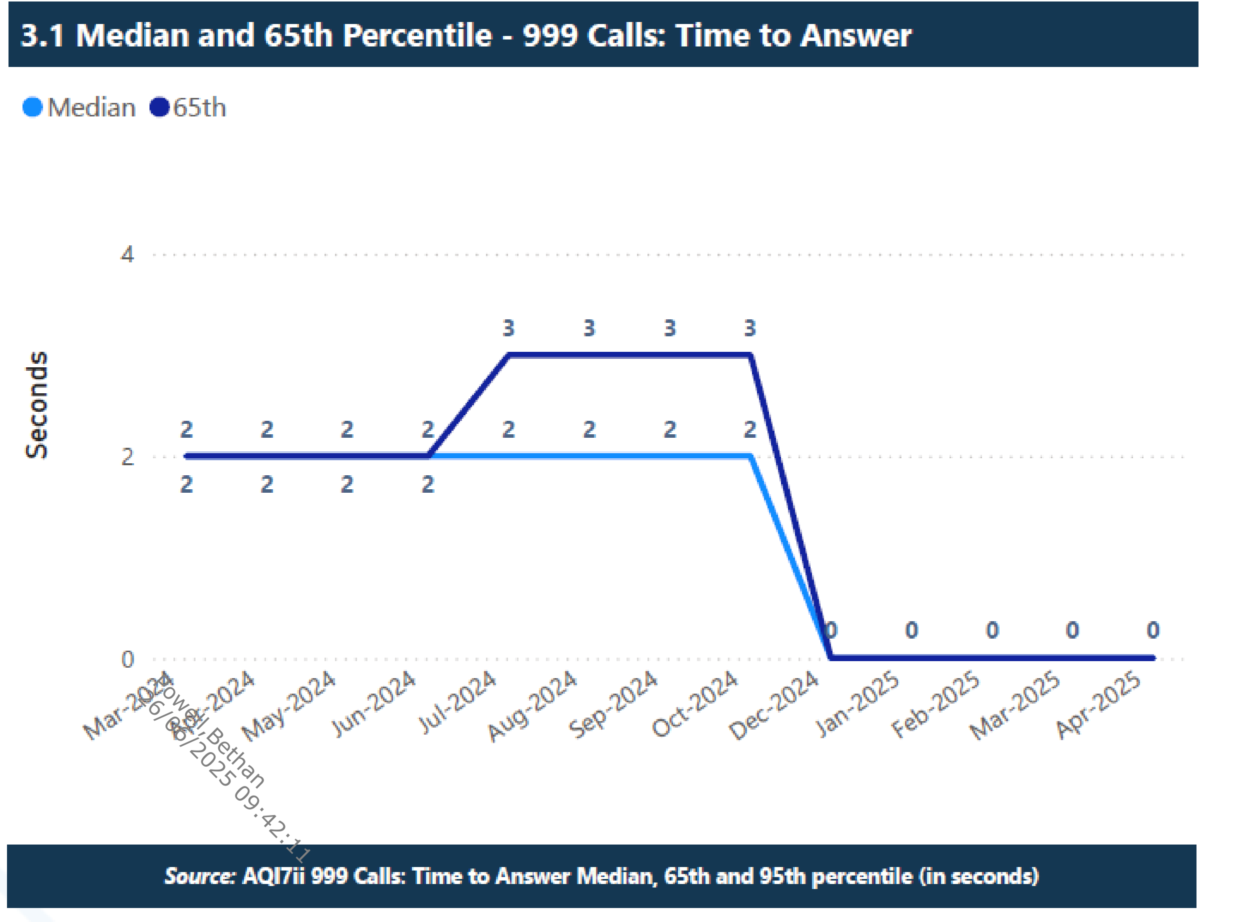
GENERAL RELEASE

Performance Report

999 Call Answer Times

Data for December 2024 - April 2025 is not available due to an issue has been identified following the migration of the 999 telephony system

3.1 Median and 65th Percentile - 999 Calls: Time to Answer



Source: AQI7ii 999 Calls: Time to Answer Median, 65th and 95th percentile (in seconds)

3.2 95th Percentile

Seconds

100

50

0

34 3 6 18 9 4 18 25 0 0 0 0 0

Mar-2024 Apr-2024 May-2024 Jun-2024 Jul-2024 Aug-2024 Sep-2024 Oct-2024 Dec-2024 Jan-2025 Feb-2025 Mar-2025 Apr-2025

3.3 Call Abandonment

Seconds

100%

50%

0%

1% 0% 0% 0% 0% 0% 0% 1% 1% 1% 1% 1%

Mar-2024 Apr-2024 May-2024 Jun-2024 Jul-2024 Sep-2024 Oct-2024 Dec-2024 Jan-2025 Feb-2025 Mar-2025 Apr-2025

NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.

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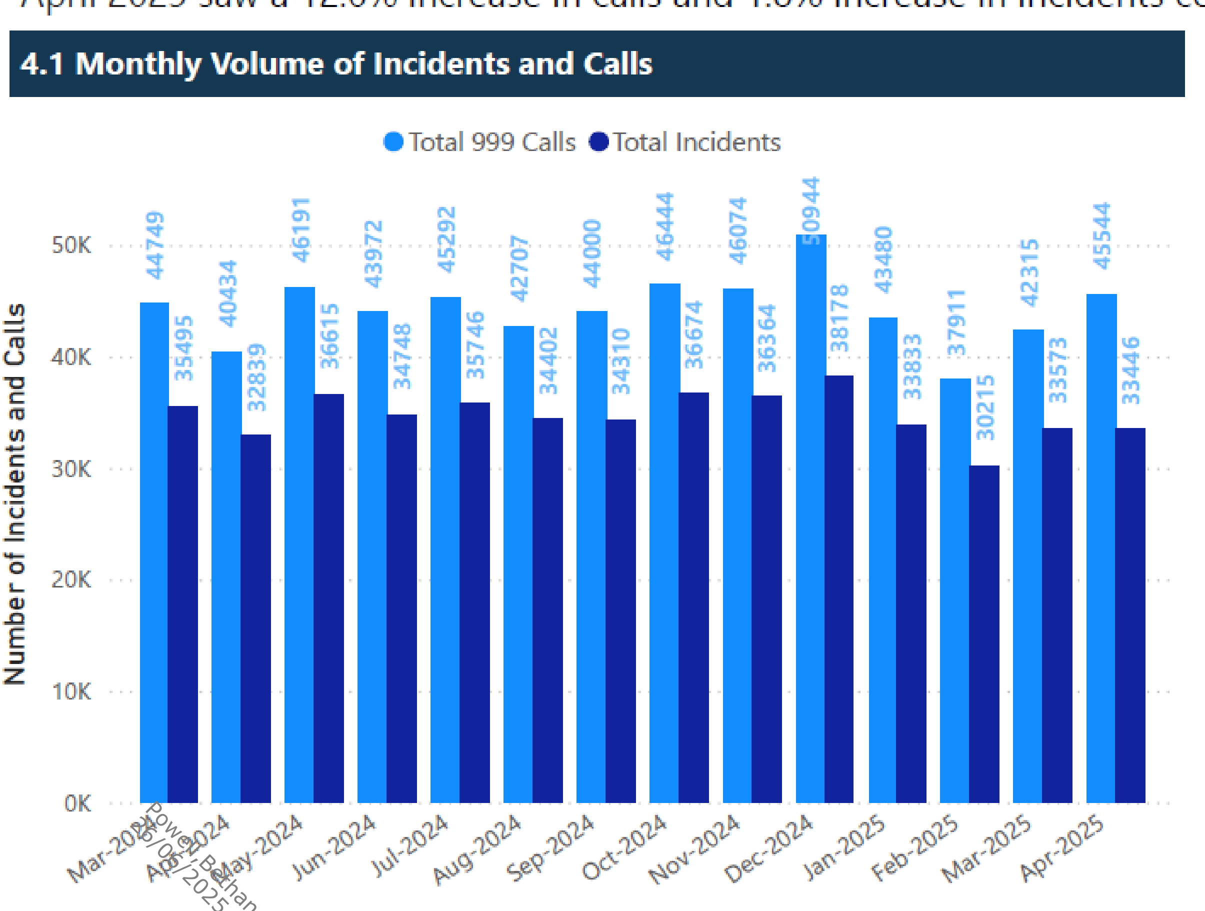
Performance Report

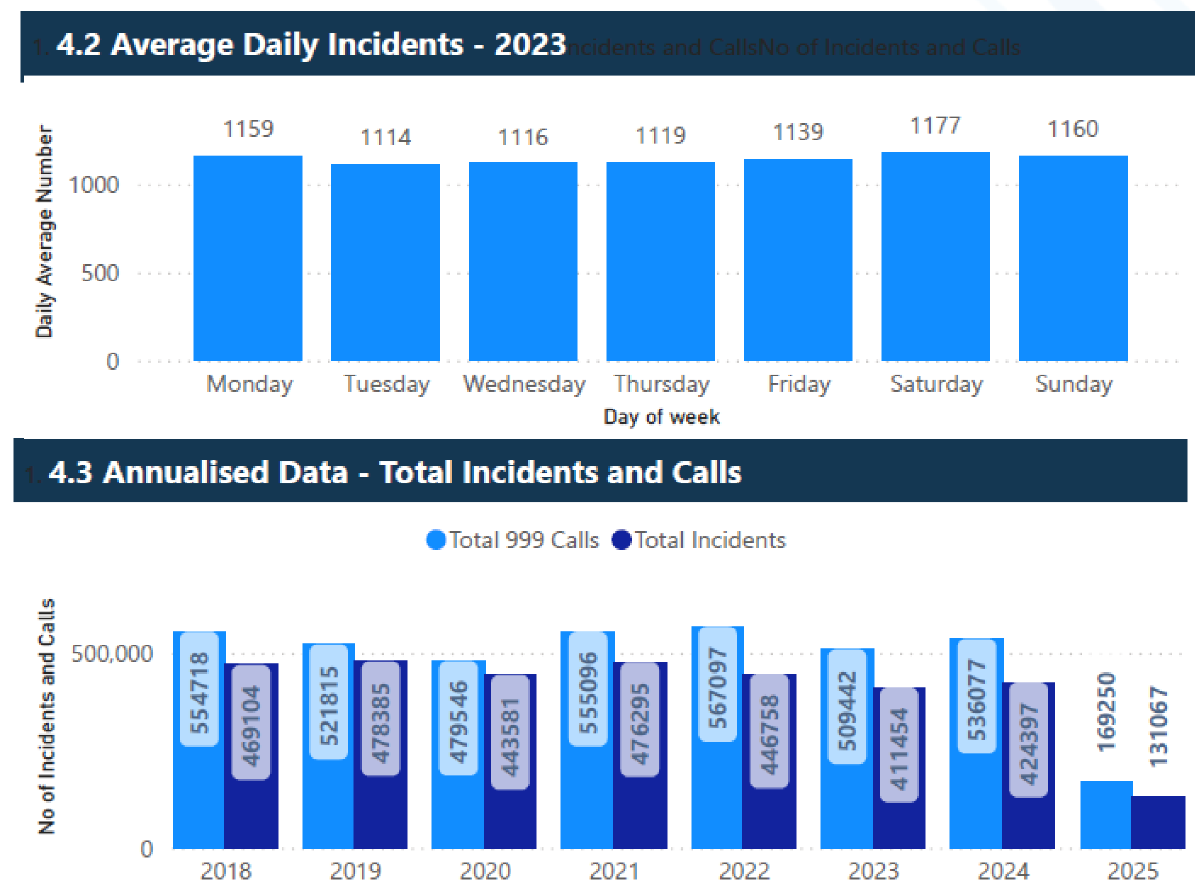
All Incidents

April 2025 saw a 12.6% increase in calls and 1.8% increase in incidents compared to April 2024.

4.1 Monthly Volume of Incidents and Calls



4.2 Average Daily Incidents - 2023



4.3 Annualised Data - Total Incidents and Calls

Source: AQI5 Total number of incidents; Avg Daily Incidents - WAST SQL Data Academy

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GENERAL RELEASE

Performance Report

Hear and Treat

In April 2024, the Welsh Ambulance Service University NHS Trust implemented a new 111 system for call handing and clinical assessment. An issue has also been identified when aggregating 111 call records to Health Board level to support the AQI reporting. This issue is being actively worked on, with mitigations already in place, however, until full validation and sign-off of the May- April 2025 data has taken place, any AQIs which utilise 111 records in their calculation are currently not available.

5.1 Monthly - Volume of Hear and Treat Incidents

No of Hear and Treat | % Hear and Treat

No of Hear and Treat | % Hear and Treat

0K | 2K | 4K — 10% | 15% | 20% | 25%

5024 | 4982 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0

Mar-2024 | Apr-2024 | May-2024 | Jun-2024 | Jul-2024 | Aug-2024 | Sep-2024 | Oct-2024 | Nov-2024 | Dec-2024 | Jan-2025 | Feb-2025 | Mar-2025 | Apr-2025

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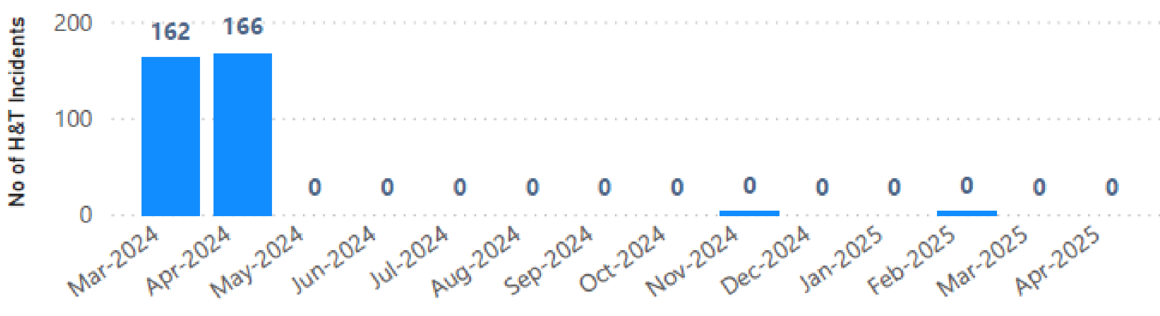
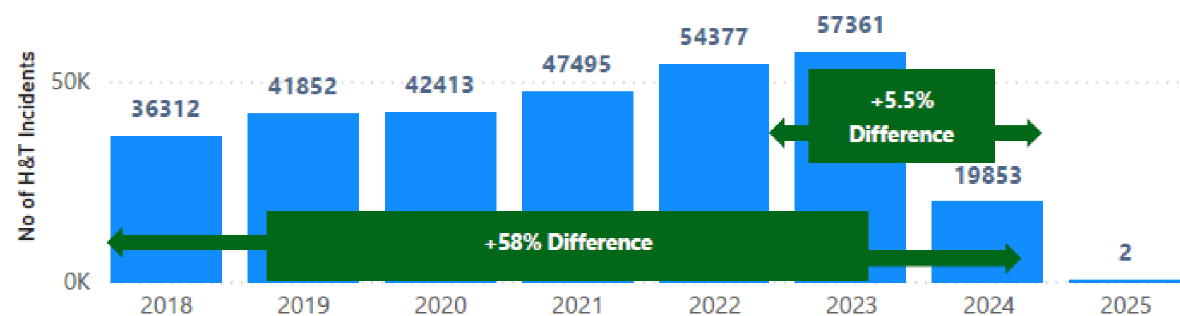
Source: AQI10i Number of calls ended following WAST telephone assessment (Hear and Treat)

5.2 Daily Average - Number of Hear and Treat Incidents



5.3 Annualised Data - Number of Hear and Treat Incidents



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Performance Report

See and Treat

There is an upward trend in the number of see and treat responses until December 2024. Since December 2024, the number of see and treat responses has reduced by 15.4%. The number of see and treat responses in April 2025 was 2.1% higher than April 2024. The See and Treat % was 1.5% higher in April 2025 as compared to the same period for the previous year. The daily number of see and treat responses has increased by 1 incident for the same period.

6.1 Monthly Volume of See and Treat Responses

No of See and Treat
See and Treat % against total arrivals at scene

No of See and Treat
See and Treat % against total arrivals...
0K
1K
2K
0%
5%
10%
15%
20%

Month	No of See and Treat
Mar-2024	2193
Apr-2024	2207
May-2024	2310
Jun-2024	2158
Jul-2024	2350
Aug-2024	2314
Sep-2024	2442
Oct-2024	2532
Nov-2024	2494
Dec-2024	2665
Jan-2025	2402
Feb-2025	1987
Mar-2025	2277
Apr-2025	2254

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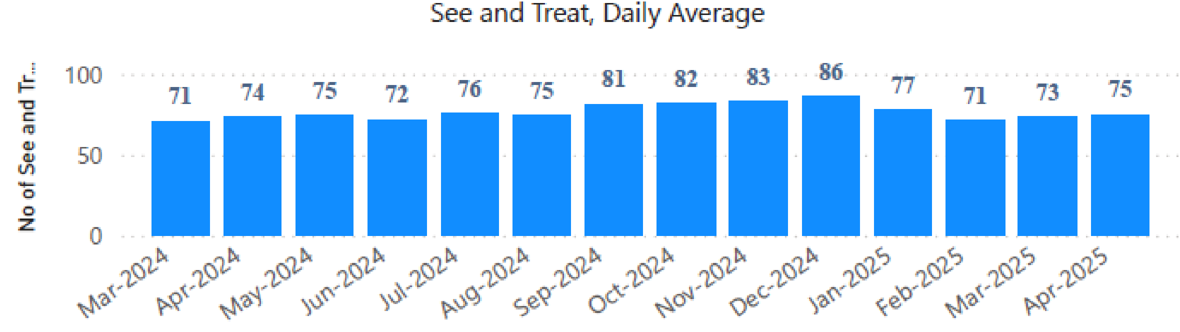
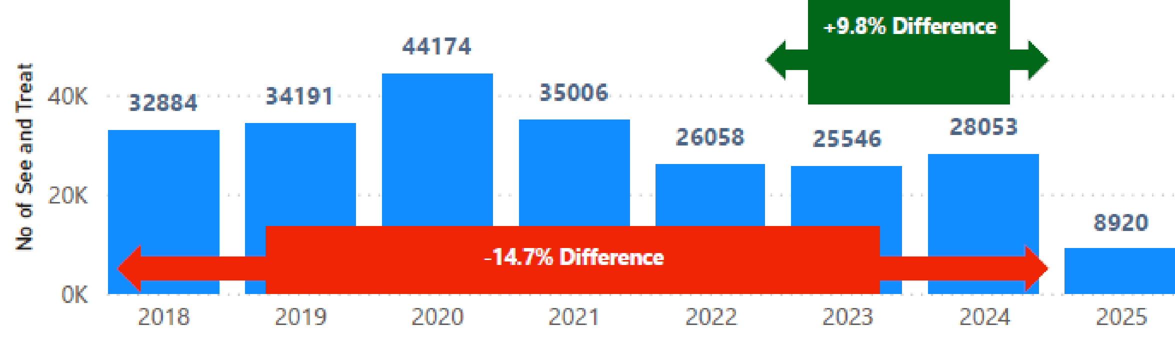
Source: AQI19i Total Number of Incidents where an Ambulance Resource Attended Scene

6.2 Daily Average - Number of See and Treat Responses



6.3 Annualised Data - Number of See and Treat Responses



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Performance Report

RED Incidents

There has been a 0.9% increase in the number of red incidents from February to April 2025. The number of red incidents in April 2025 is 12.7% higher than April 2024. The 8 min % performance is 2.8% higher for the same time period.

7.1 Monthly Volume of Red Incidents and Red % Performance

● RED incidents ● RED arriving within 8 minutes

Month	No of Red Incidents
Mar-2024	4854
Apr-2024	4530
May-2024	5024
Jun-2024	5044
Jul-2024	5110
Aug-2024	4732
Sep-2024	5164
Oct-2024	5403
Nov-2024	5836
Dec-2024	6650
Jan-2025	6001
Feb-2025	5060
Mar-2025	5323
Apr-2025	5107

Left axis: No of Red Incidents (0K, 2K, 4K, 6K); right axis: RED arriving within 8 minutes (0%, 20%, 40%, 60%)

+0.9% (Red Incidents)

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Source: AQI11 Number of RED category incidents resulting in an emergency response

7.2 Daily Average - Red Volume

Red Volume: daily average

Month	No of Red Incidents (daily average)
Mar-2024	157
Apr-2024	151
May-2024	162
Jun-2024	168
Jul-2024	165
Aug-2024	153
Sep-2024	172
Oct-2024	174
Nov-2024	195
Dec-2024	215
Jan-2025	194
Feb-2025	181
Mar-2025	172
Apr-2025	170

7.3 Annualised Data - Volume of Red Incidents

Year	No of Red Incidents
2018	24609
2019	27622
2020	27563
2021	38339
2022	46485
2023	50289
2024	61812
2025	21491

+22.9% Difference

+151% Difference

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Performance Report

RED Incident Response Time

Red Median and 65th percentile in April 2025 were both 24 seconds lower than April 2024. The 95th percentile was 6 seconds higher in April 2025 as compared to April 2024. and the longest red was 4 minutes more for the same period.

8.1 Median and 65th Percentile Red Response Time (Minutes)

	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024	Jan-2025	Feb-2025	Mar-2025	Apr-2025
Median	8.2	8.3	8.6	8.5	8.3	7.8	8.2	7.9	8.5	8.4	8.3	7.9	8.0	7.9
65th	10.9	11.0	11.4	11.3	11.2	10.4	11.1	11.0	11.2	11.3	11.3	10.7	10.8	10.6

-0% Difference Median

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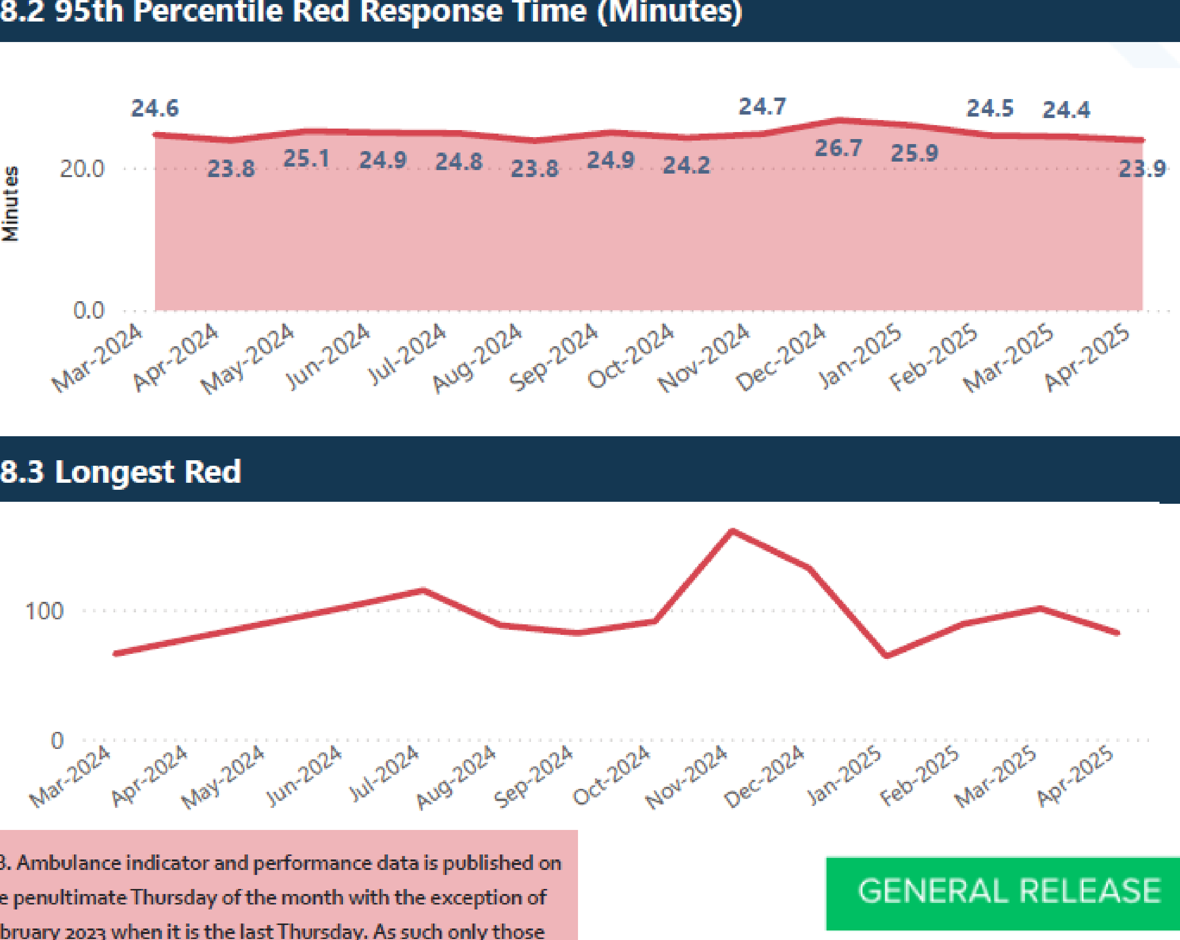
Source: AQI11 Red Category Median, 65th and 95th Response Minutes



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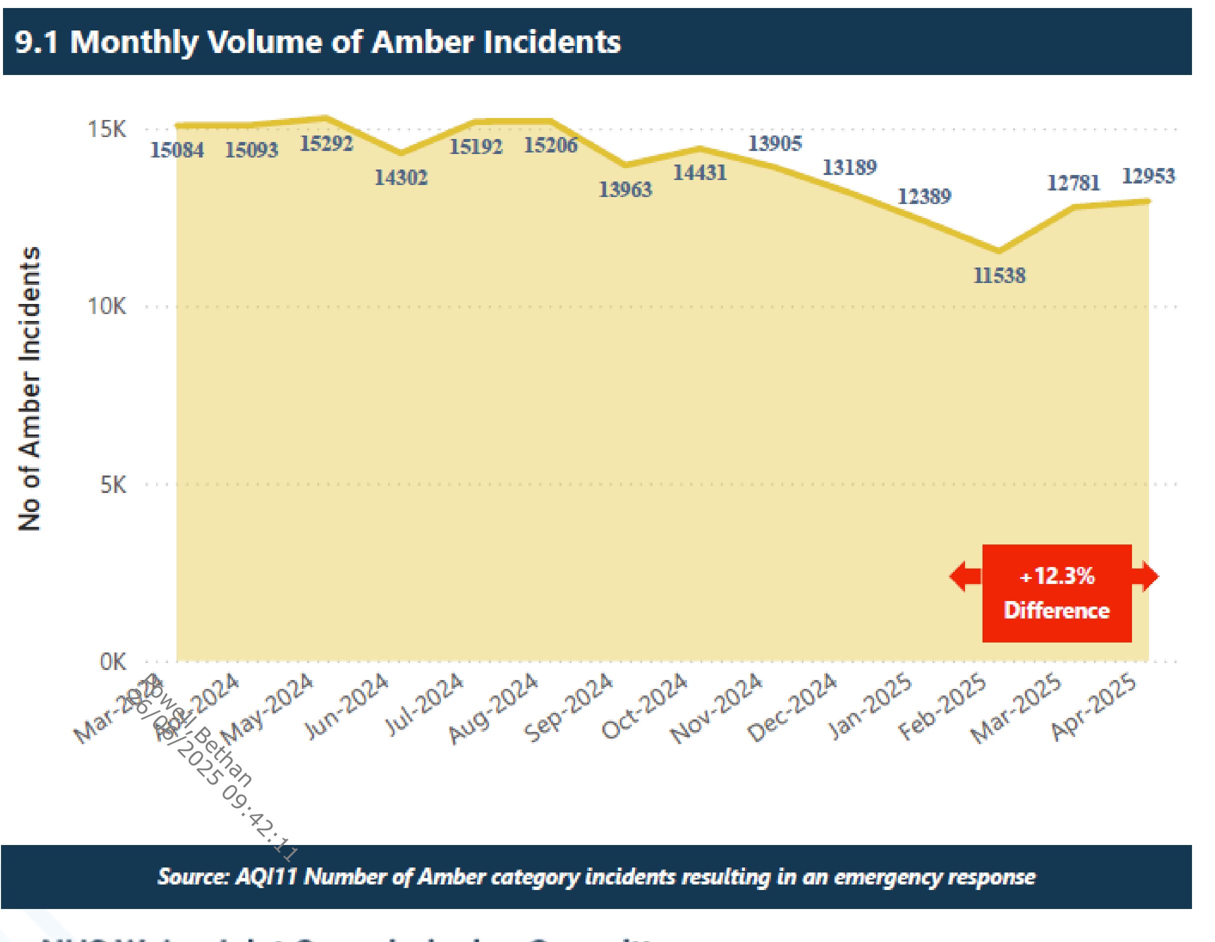
Performance Report
AMBER Incidents

There was a 12.3% increase in the number of amber incidents from February to April 2025. The number of amber incidents in April 2025 were 14.2% lower than April 2024. The daily average were 71 amber incidents lower for the same period.



9.2 Daily Average - Number of Amber Incidents

Month	No of Amber Incidents
Mar-2024	487
Apr-2024	503
May-2024	493
Jun-2024	477
Jul-2024	490
Aug-2024	491
Sep-2024	465
Oct-2024	466
Nov-2024	464
Dec-2024	425
Jan-2025	400
Feb-2025	412
Mar-2025	412
Apr-2025	432

9.3 Annualised Data - Number of Amber Incidents

Year	No of Amber Incidents
2018	265302
2019	261691
2020	250086
2021	236226
2022	186929
2023	187553
2024	175544
2025	49661

6.4% Difference

-33.8% Difference

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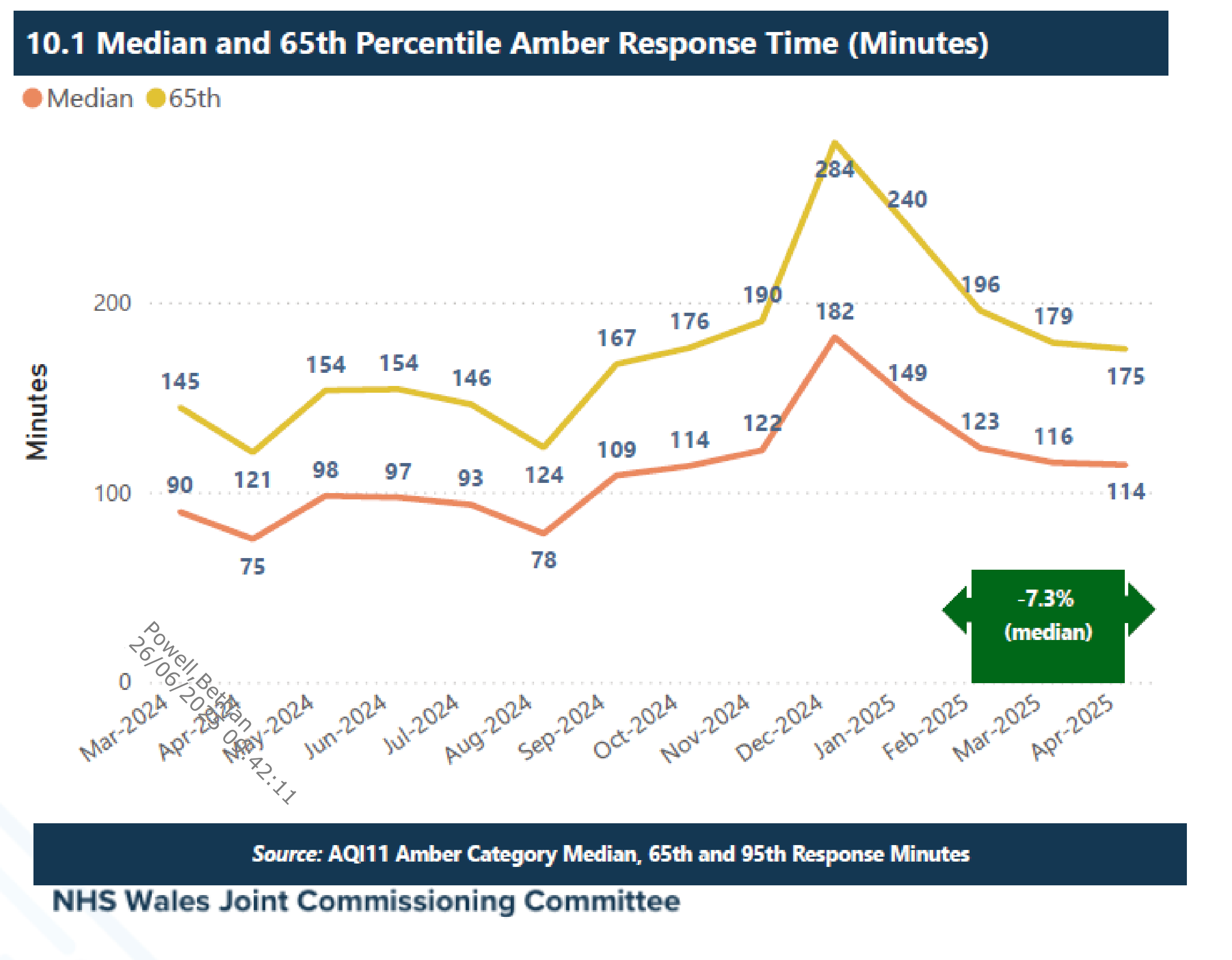
AMBER Incident Response Times

There was a decrease of 9 minutes in amber median from February to April 2025. The amber median and the 65th percentile in April 2025 were 39 minutes and 54 minutes higher than April 2024. The 95th percentile was 90 minutes higher and the longest amber was 3 hours and 12 minutes less for the same period.



10.2 95th Percentile Amber Response Time (Minutes)

Minutes
500
0
583 454 540 557 526 510 545 583 638 842 766 634 577 544
Mar-2024 Apr-2024 May-2024 Jun-2024 Jul-2024 Aug-2024 Sep-2024 Oct-2024 Nov-2024 Dec-2024 Jan-2025 Feb-2025 Mar-2025 Apr-2025

10.3 Longest Amber (Minutes)

Minutes
4K
2K
0K
1693 2502 3017 2580 2389 2830 2646 2751 4037 4164 2910 2900 2275 2309
Mar-2024 Apr-2024 May-2024 Jun-2024 Jul-2024 Aug-2024 Sep-2024 Oct-2024 Nov-2024 Dec-2024 Jan-2025 Feb-2025 Mar-2025 Apr-2025

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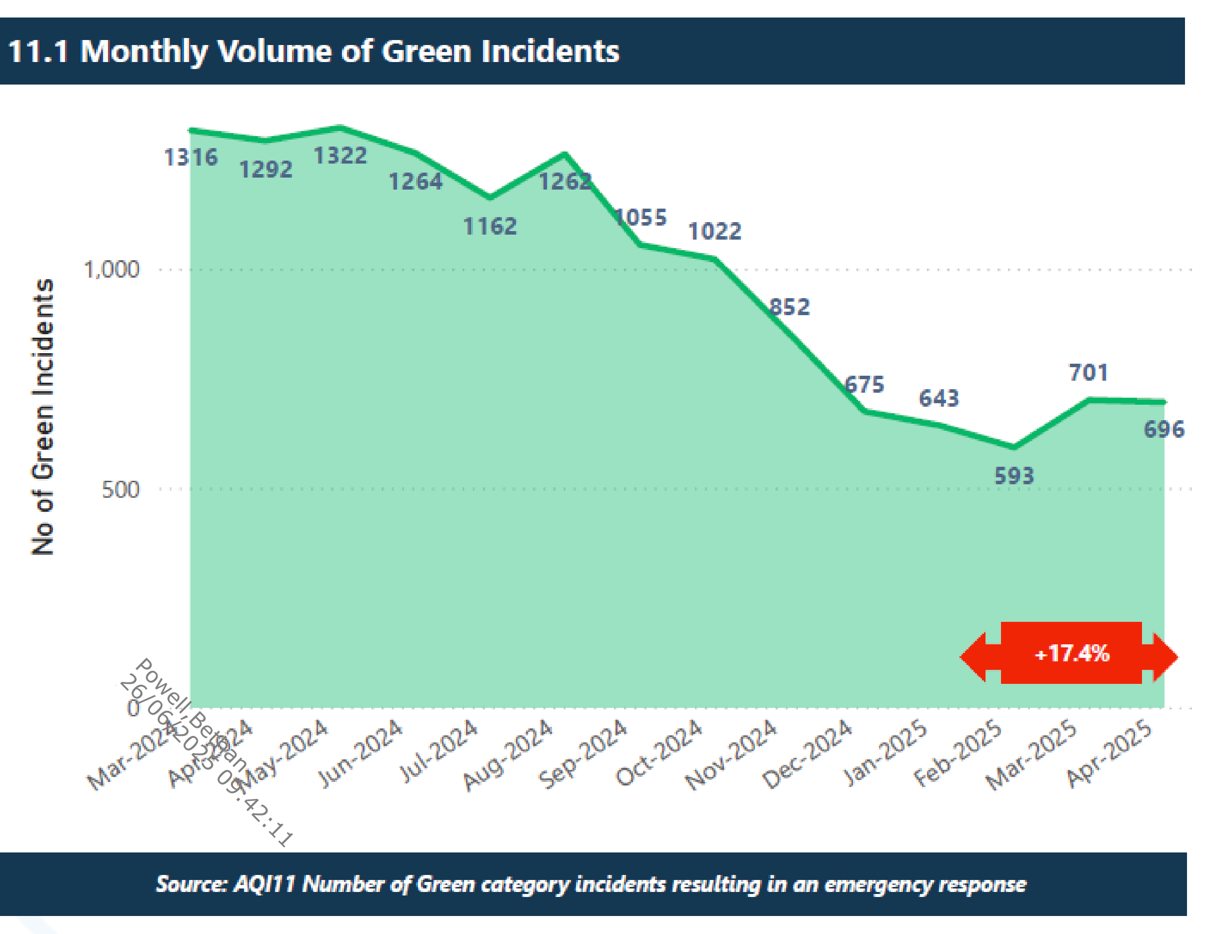
Performance Report
GREEN Incidents

The number of green incidents increased by 17.4% from February to April 2025. The number of green incidents in April 2025 were 46.7% lower than in April 2024. The daily average were 20 incidents lower for the same date period.

11.1 Monthly Volume of Green Incidents

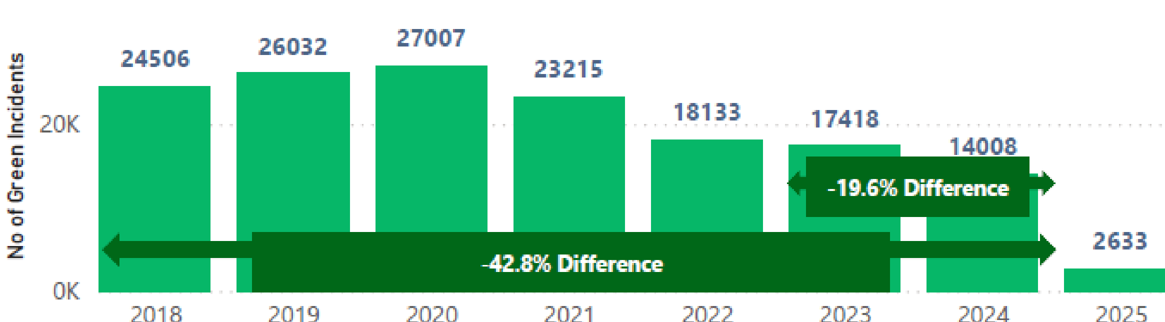


Source: AQI11 Number of Green category incidents resulting in an emergency response

11.2 Daily Average - Number of Green Incidents

Month	No of Incidents
Mar-2024	42
Apr-2024	43
May-2024	43
Jun-2024	42
Jul-2024	37
Aug-2024	41
Sep-2024	35
Oct-2024	33
Nov-2024	28
Dec-2024	22
Jan-2025	21
Feb-2025	21
Mar-2025	23
Apr-2025	23

11.3 Annualised Data - Number of Green Incidents



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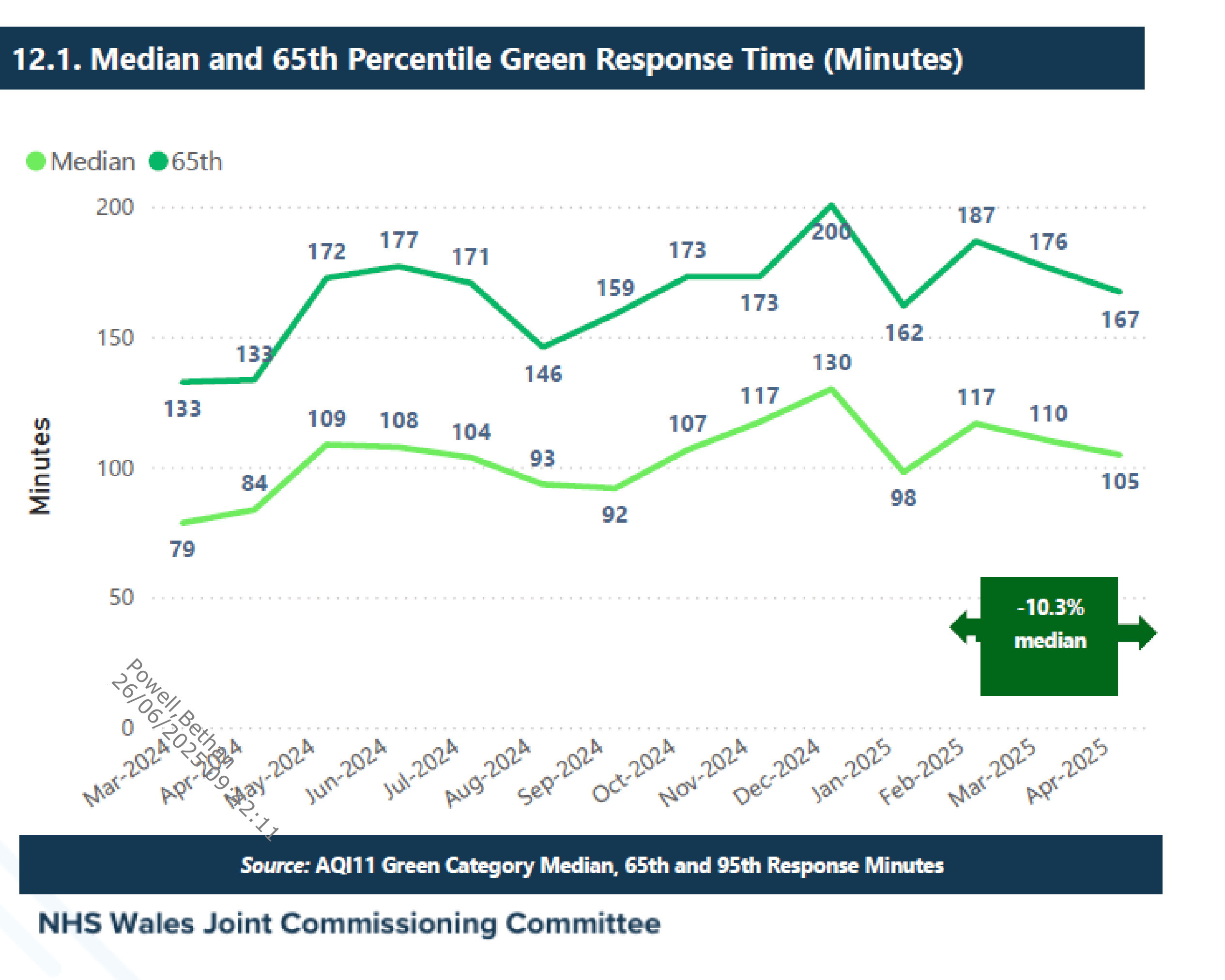
Performance Report

GREEN Incident Response Times

There is an overall decline in performance for both green median and 65th percentile. Green median in April 2025 was 21 minutes higher than April 2024. The green 65th percentile was 34 minutes higher and the green 95th percentile was 2 hours and 42 minutes higher for the same period.



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NHS Wales Joint Commissioning Committee

12.2 95th Percentile Green Response Time (Minutes)

Minutes
500
0
591 701 831 795 788 691 728 886 729 889 865 955 849 863
Mar-2024 Apr-2024 May-2024 Jun-2024 Jul-2024 Aug-2024 Sep-2024 Oct-2024 Nov-2024 Dec-2024 Jan-2025 Feb-2025 Mar-2025 Apr-2025

12.3 Longest Green

Minutes
4K
2K
0K
Mar-2024 Apr-2024 May-2024 Jun-2024 Jul-2024 Aug-2024 Sep-2024 Oct-2024 Nov-2024 Dec-2024 Jan-2025 Feb-2025 Mar-2025 Apr-2025

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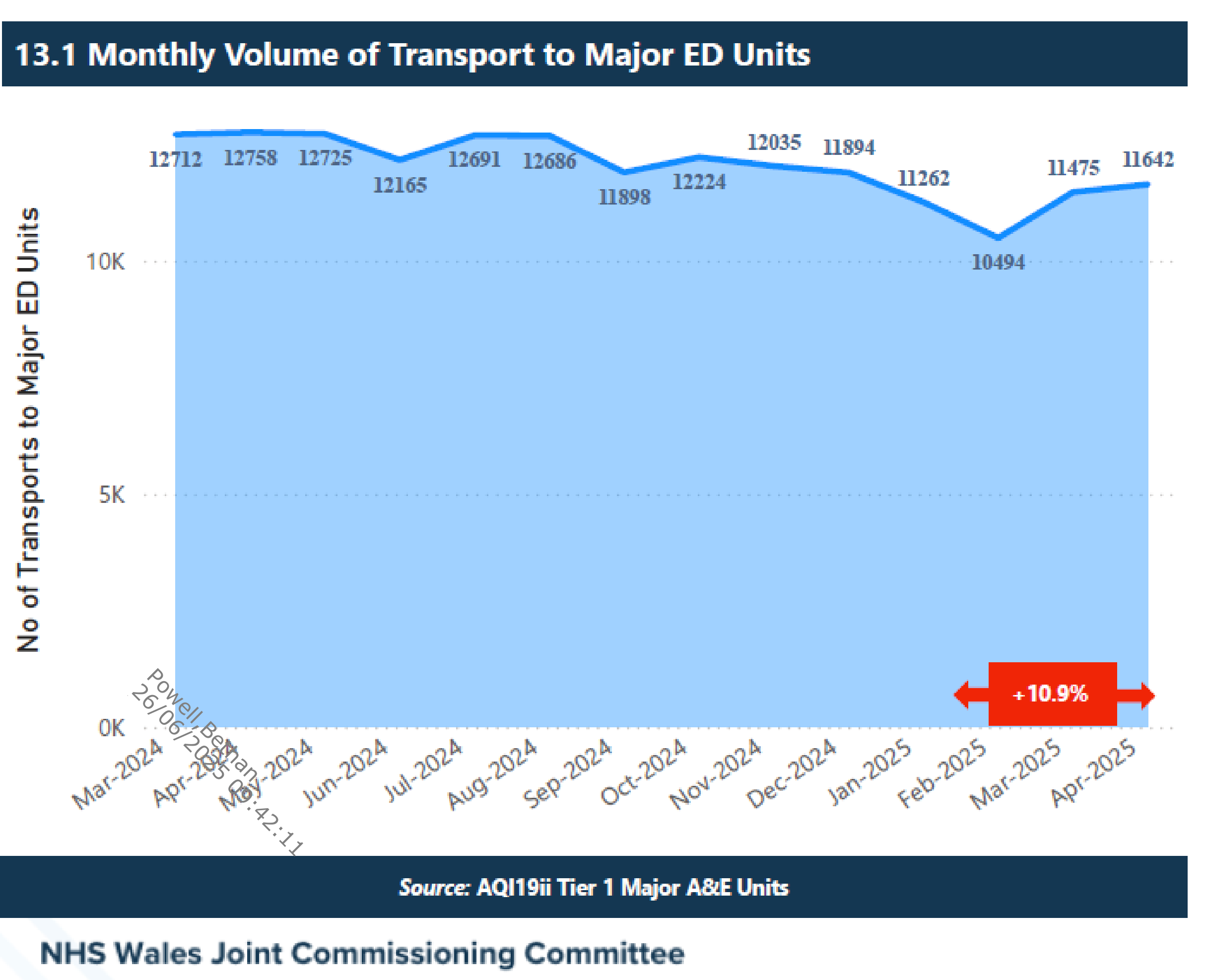
Performance Report

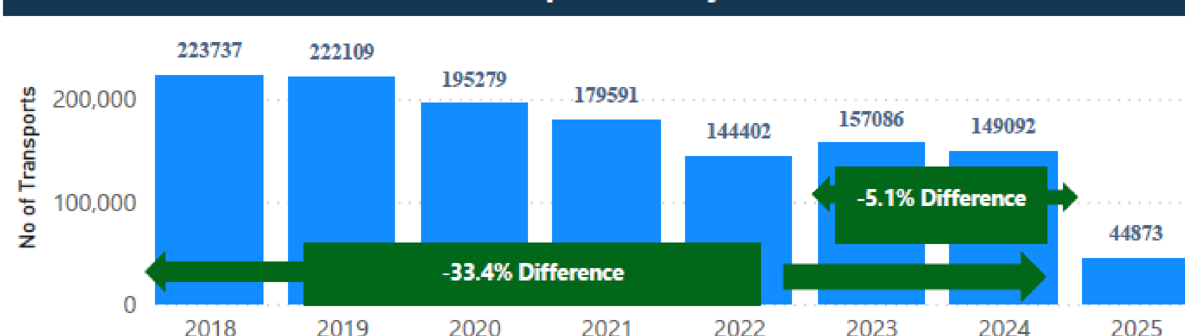
Transported to Tier 1 Site

The overall number of incidents transported to Tier 1 sites has been decreasing for the period shown. In April 2025, the number of incidents transported to Tier 1 sites were 8.7% lower than April 2024. The daily number of incidents were 37 incidents lower for the same period.



13.2 Daily Average - Number of Transport to Major ED Units

Month	No of Transports
Mar-2024	410
Apr-2024	425
May-2024	410
Jun-2024	406
Jul-2024	409
Aug-2024	409
Sep-2024	397
Oct-2024	394
Nov-2024	401
Dec-2024	384
Jan-2025	363
Feb-2025	375
Mar-2025	370
Apr-2025	388



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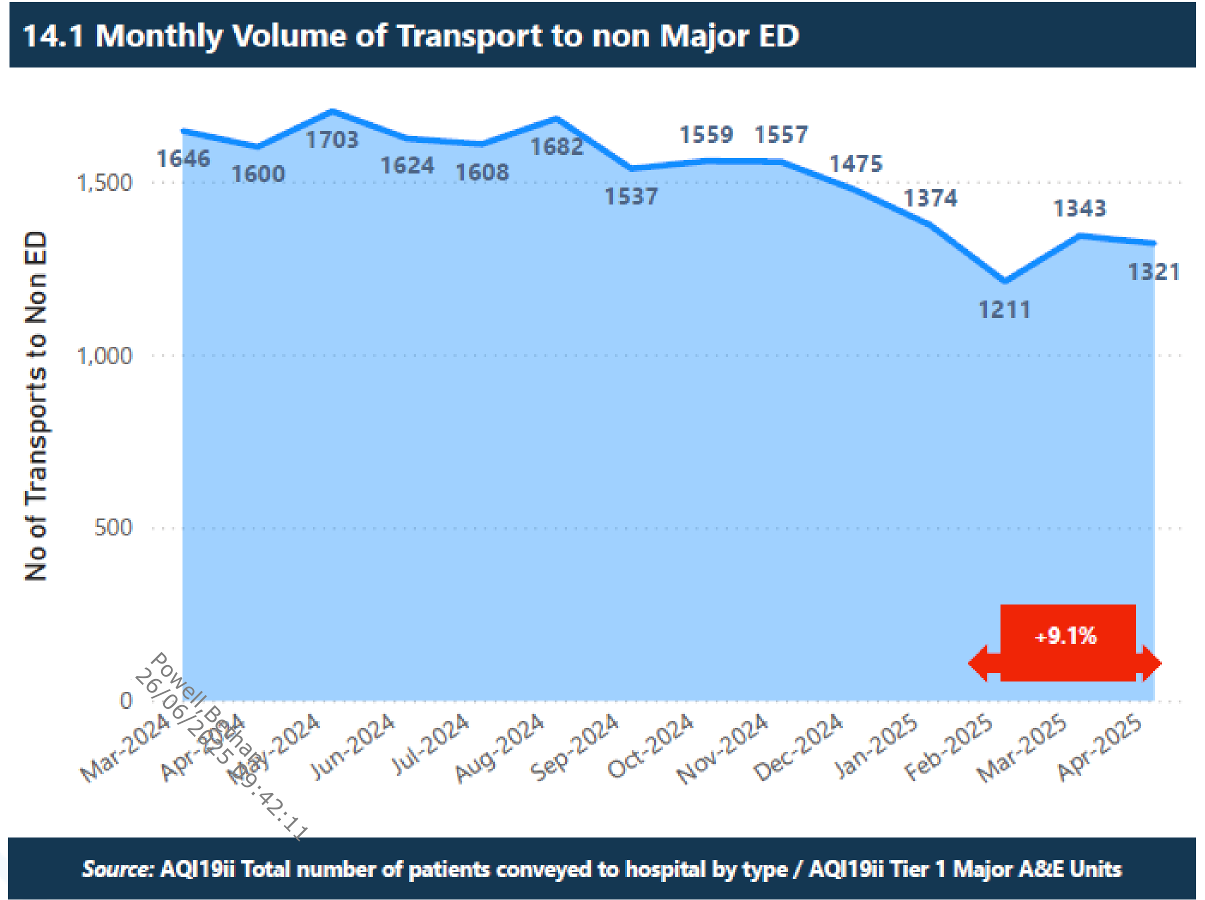
Performance Report

Transport to Non-Tier 1 Site

There has been a 9.1% increase in the number of incidents transported to non Tier 1 sites from February to April 2025. The number of incidents transported to non tier 1 sites has decreased by 17.4% in April 2025 as compared to April 2024. The daily number of incidents were 9 incidents lower for the same period.

14.1 Monthly Volume of Transport to non Major ED



Source: **AQI19ii Total number of patients conveyed to hospital by type / AQI19ii Tier 1 Major A&E Units**

14.2 Daily Average - Transport to Non Major ED

No of Transports

Month	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024	Jan-2025	Feb-2025	Mar-2025	Apr-2025
No of Transports	53	53	55	54	52	54	51	50	52	48	44	43	43	44

14.3 Annualised Data - Transport to Non Major ED

No of Transports (0K, 10K, 20K)

Year	2018	2019	2020	2021	2022	2023	2024	2025
No of Transports	20672	20290	17988	23881	19134	19439	19420	5249

-0.1% Difference

-6.1% Difference

NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.

GENERAL RELEASE

Performance Report

Handover Delays Over 15 Minutes

The number of handovers over 15 mins in April 2025 were 8.4% lower as compared to April 2024. The % of handovers within 15 minutes were 1% lower for the same period. The total lost hours over 15 minutes for April 2025 decreased by 10.3% from April 2024.

15.1 Volume of Handovers over 15 minutes

Handovers over 15 Mins · % Handover within 15 Mins

No of Handovers over 15 mins (0K, 5K, 10K) · % Handover within 15 Mins (0%, 20%, 40%)

Month	Handovers over 15 Mins
Mar-2024	11175
Apr-2024	11356
May-2024	11311
Jun-2024	10881
Jul-2024	11050
Aug-2024	10642
Sep-2024	
Oct-2024	10857
Nov-2024	
Dec-2024	10941
Jan-2025	
Feb-2025	9267
Mar-2025	10258
Apr-2025	

15.2 Hours lost for handovers over 15 minutes

No of Lost Hours (0K, 50K)

Month	Lost Hours
Mar-2024	23412
Apr-2024	23633
May-2024	24760
Jun-2024	22231
Jul-2024	19597
Aug-2024	17545
Sep-2024	20693
Oct-2024	21880
Nov-2024	20994
Dec-2024	25194
Jan-2025	27129
Feb-2025	18812
Mar-2025	21854
Apr-2025	21187

15.3 Hours Lost for handovers over 15 minutes

No of Lost Hours (0K, 200K)

Year	Lost Hours
2018	73264
2019	107323
2020	77521
2021	142873
2022	298825
2023	257493
2024	270863
2025	88982

+5.2% difference

+269% difference

Source: **AQI20i Total Number of Handovers / AQI20i Number of Notification to Handover within 15 minutes**

NHS Wales Joint Commissioning Committee

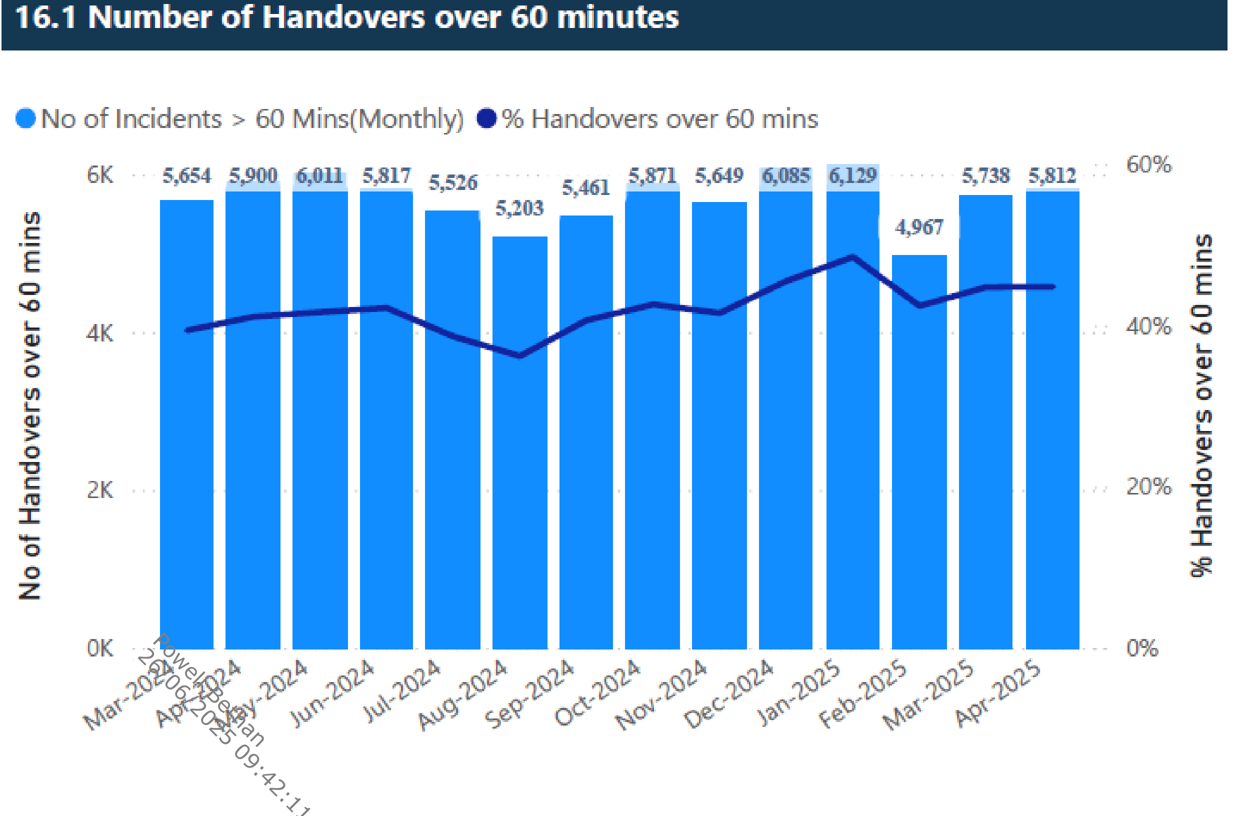
NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.

Performance Report

Handover Delays Over 60 Minutes

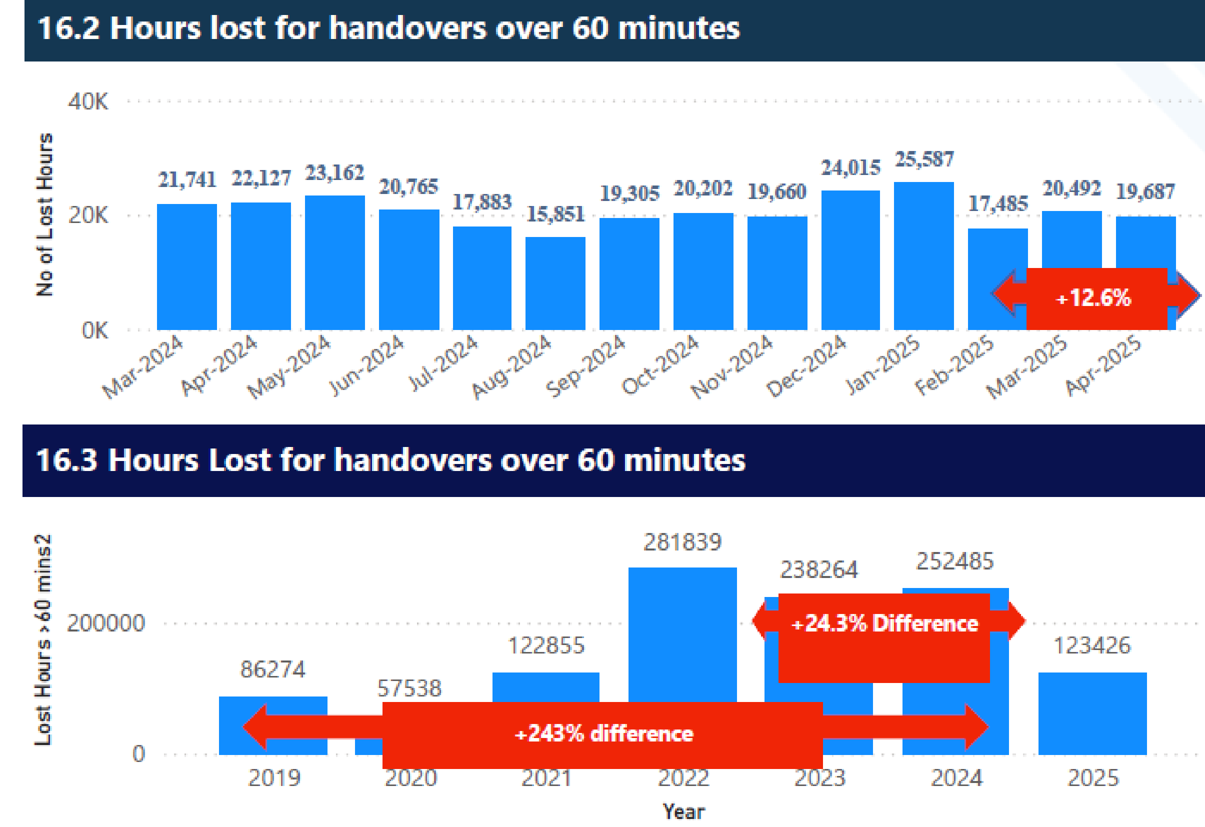
The number of handovers over 60 mins in April 2025 were 1.5% lower as compared to April 2024. The % of handovers over 60 minutes were 3.7% higher for the same period. There has been an increase of 12.6% in the total lost hours over 60 minutes from February to April 2025. Total lost hours for April 2025 is 11.0% lower than April 2024.

16.1 Number of Handovers over 60 minutes



16.2 Hours lost for handovers over 60 minutes

16.3 Hours Lost for handovers over 60 minutes



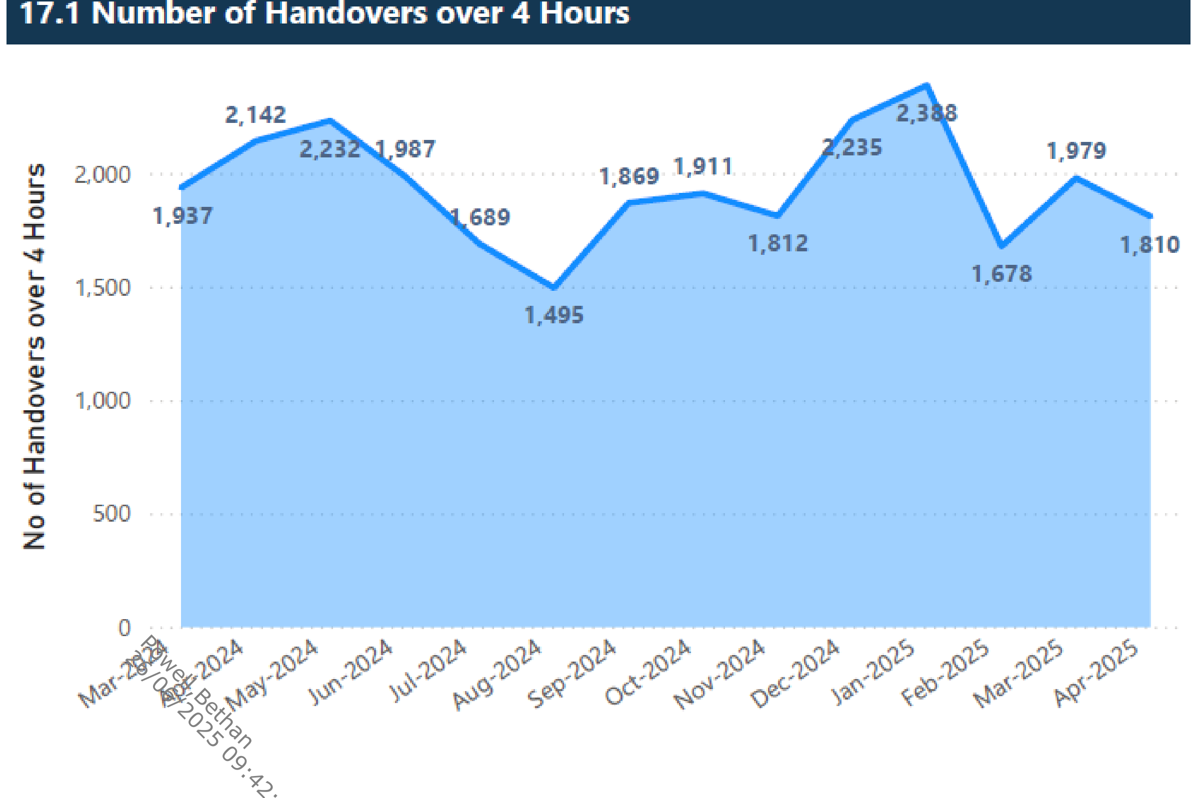
Source: Welsh Ambulance Services NHS Trust Data Academy SQL

Performance Report

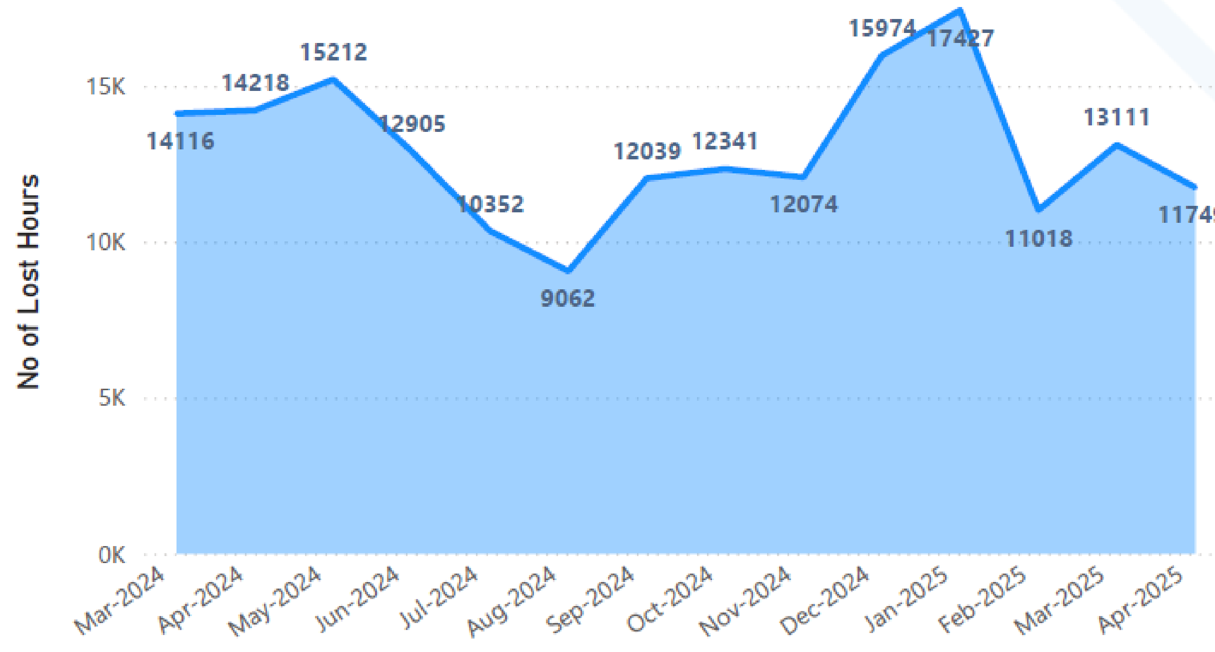
Handover Delays Over 4 Hours

There was an overall downward trend in both handovers over 4 hours and lost hours. The number of delays over 4 hours were 15.5% higher in April 2025 as compared with April 2024, and a 17.4% decrease in lost hours over 4 hours for the same period.

17.1 Number of Handovers over 4 Hours



17.2 Hours lost for handovers over 4 Hours



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Source: Welsh Ambulance Services NHS Trust Data Academy SQL

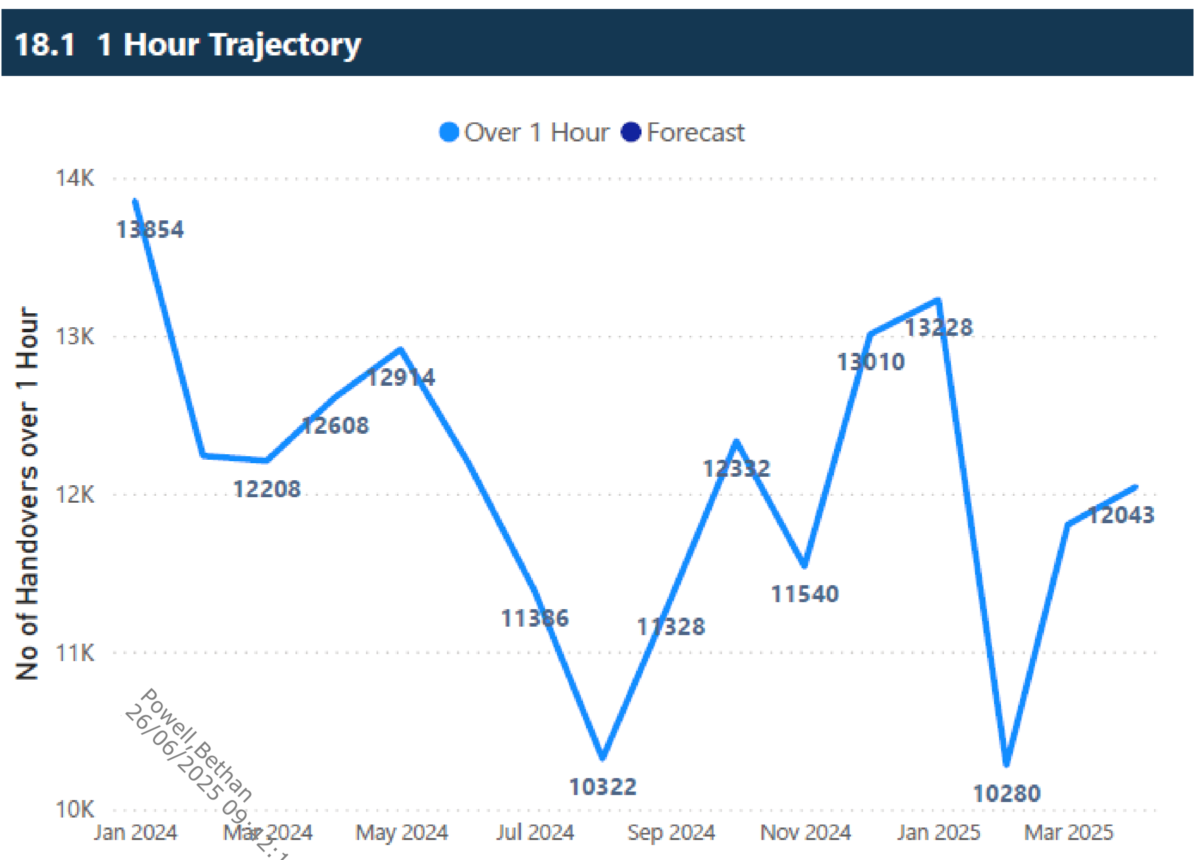
GENERAL RELEASE

Performance Report

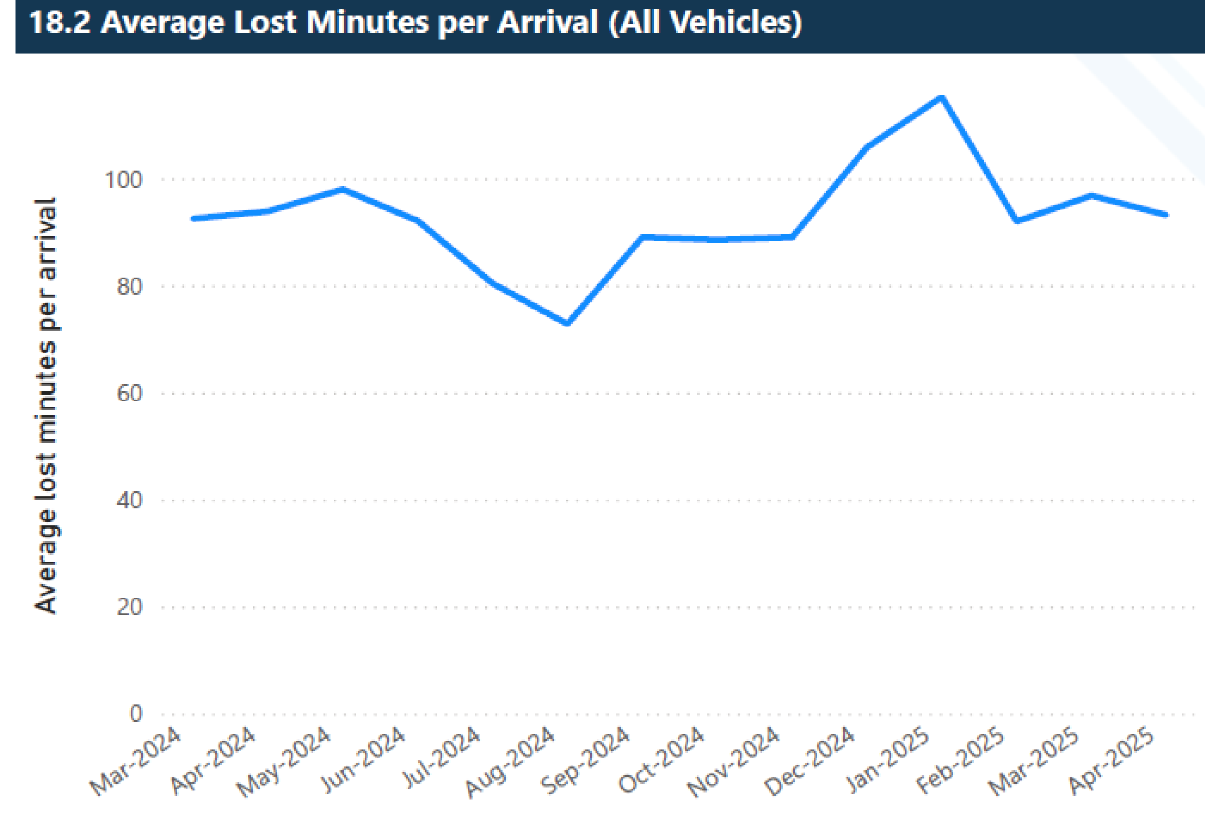
Trajectory

The number of handovers over 1 hour were 4.5% lower in April 2025 compared to April 2024. Average lost minutes per arrival for April 2025 were 1 minute lower than April 2024.

18.1 1 Hour Trajectory



18.2 Average Lost Minutes per Arrival (All Vehicles)



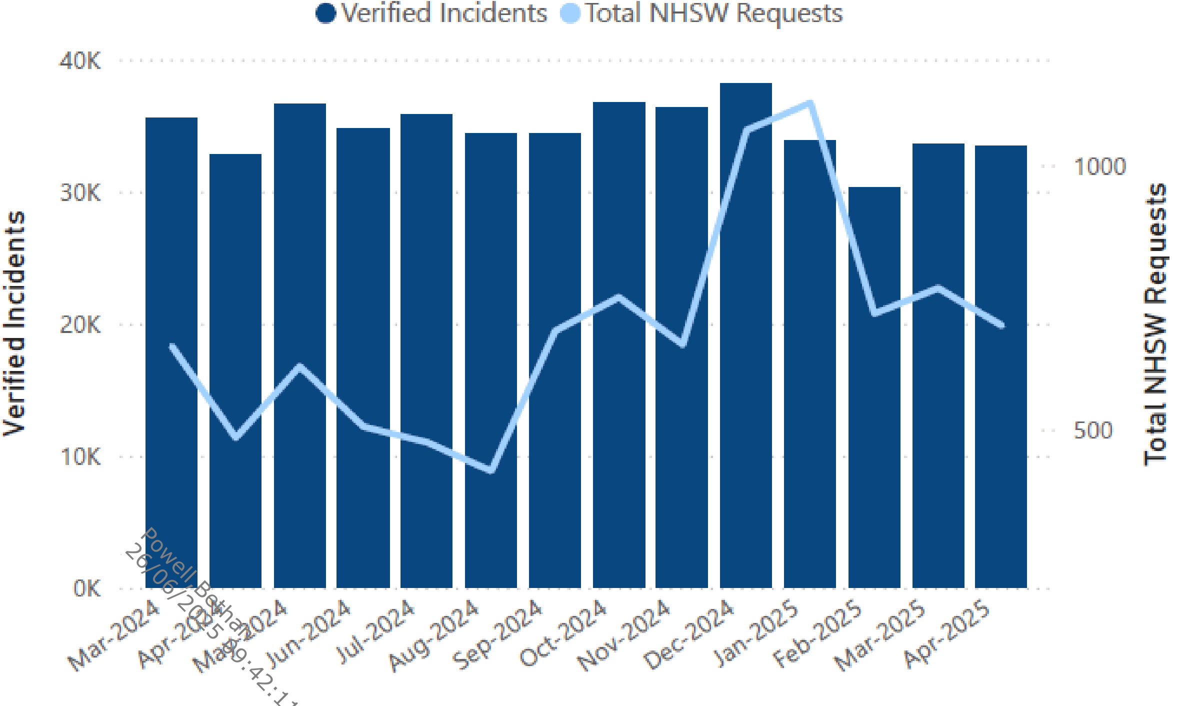
Source: 4 hour Trajectory - Hospital Handover Delays by Time Band delays . ***Please note that numbers of delays may be duplicated here as they may fall in several time bands*** ***Average Lost Minutes - Welsh Ambulance Services NHS Trust Data Academy SQL***

Performance Report

RED/AMBER Release Requests

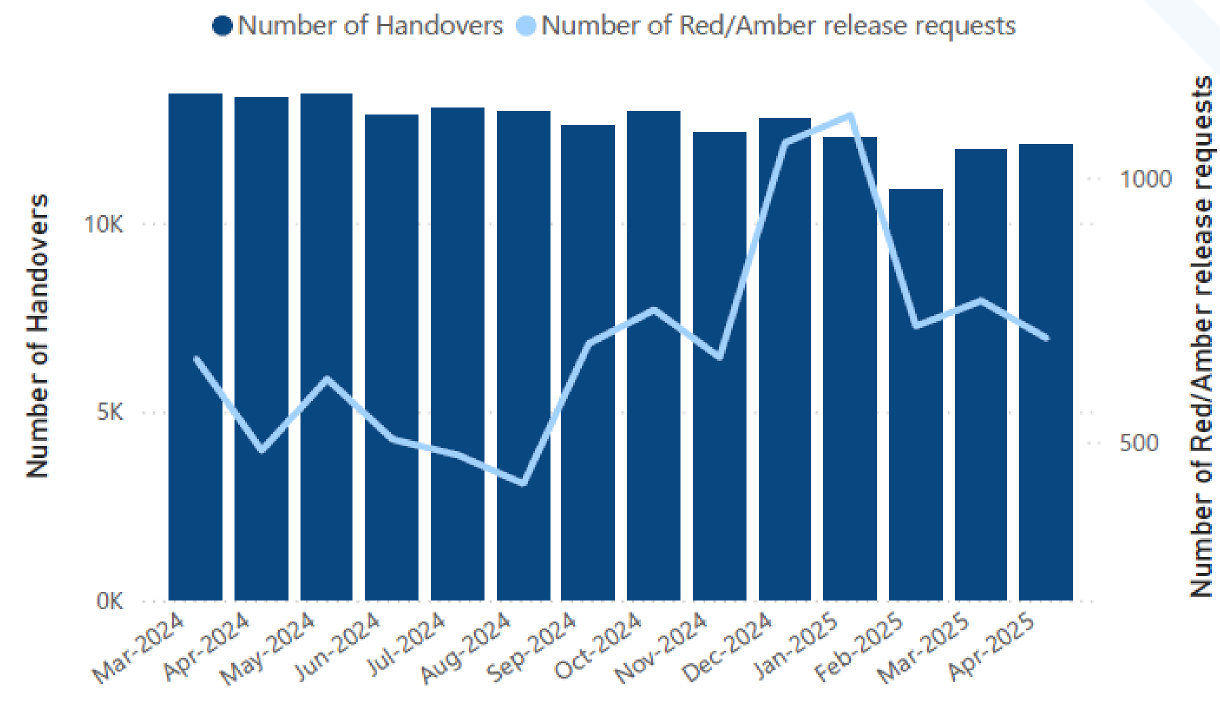
There is an overall upward trend in red/amber release requests. Release requests were at their highest for the period reported in January 2025. Release requests were 43.8% higher in April 2025 as compared to April 2024. The number of incidents were 1.8% higher and the number of patients handed over were 9.4% lower for the same period.

19.1 Red/Amber Release Request v Verified Incidents



Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQI5 Total number of incidents

19.2 Red/Amber Release Request v Total Handovers



Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQI20i Total Number of Handovers

GENERAL RELEASE

Agenda item: 5.5

Finance and Performance Committee	**Date: 26 June 2025**
Subject:	**Committee Risk Register and Financial Risk Appetite**
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 – 21 May 2025 Audit, Risk and Assurance Committee – 17 May 2025
Appendices :	Appendix A – Risk Appetite Statement

PURPOSE:

This report provides the Committee the risks due to be allocated to the Committee for oversight following presentation to the Board in July 2025.

An update is also provided on the proposed revisions to the Board's Risk Appetite Statement, particularly in the context of financial risks, following on from a discussion at the Audit, Risk and Assurance Committee on 17 June 2025.

RECOMMENDATION(S):

The Committee is asked to:

- **NOTE** that the Strategic Risk Register (SRR) is currently under development, and RECEIVE an overview of the risks due for allocation to this Committee for oversight following endorsement of the SRR in July 2025;
- **RECEIVE** and **DISCUSS** the proposed revisions to the Board's Risk Appetite Statement for financial risks and provide any feedback to the Director of Corporate Governance/Board Secretary and/or Chair of the Audit, Risk and Assurance Committee in preparation for presentation to the Board at its next meeting on 30 July 2025.

Approve/Take Assurance	Discuss	Note
	x	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
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	

4. Enable Joined up Care	Y	board's strategic objectives and therefore underpin all wellbeing objectives.
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.

In March 2025 the Board approved a revised Risk Management Framework (RMF), The key fundamental change within the revised framework was the closure of the Corporate Risk Register (CRR), to be replaced with a Strategic Risk Register, owned by the Board and an Organisational Risk Register (ORR), focused on significant and cross-organisation operational risk, owned by the Executive Committee.

In the weeks following on from the approval of the revised RMF the Corporate Governance Team has been working closely with the Board, individual Executive Directors and Assistant and Deputy Directors to develop the new SRR.

On 21 May 2025, an update on progress was reported to the Board which provided a summary of the identified risks to the delivery of the Health Boards Strategic Priorities and their associated risk descriptors. It was noted that some of these risks had been identified as 'cross-cutting' (underpinning the achievement of several or all Strategic Priorities or Wellbeing Objectives) and risks to Strategic Priorities which were relevant to one or two of the Strategic Priorities identified within the Health Board's Integrated Plan. An overview of this update is provided below:

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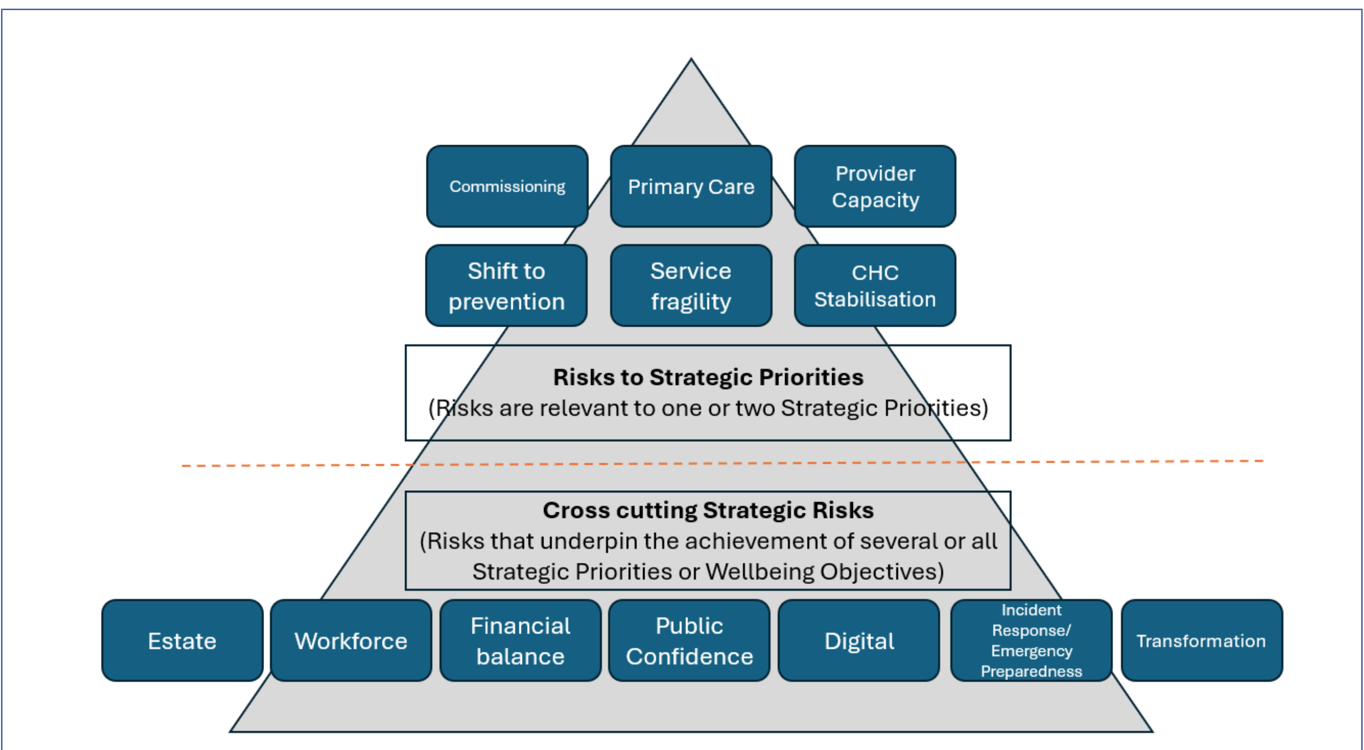

The proposals were supported by the Board on 21 May 2025 and work is now underway to develop a fully detailed SRR for presentation to the Board in July 2025. Whilst in development the following risks have been identified as falling within the Finance and Performance Committee's remit for scrutiny and oversight on behalf of the Board. Please note the information provided below remains in draft and is therefore be considered as subject to change:

Risk Reference and Title	Description	Current Score (Draft): likelihood x impact
SRR 001 – **Financial Balance**	There is a risk that the Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	**L4 x I5 = 20**
SRR 007 – **Estate**	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.	**L4 x I4 = 16**
SRR 009 – **Continuing Health Care (CHC)**	There is a risk that the Health Board is unable to stabilise the growing implications of Continuing Health Care	Scoring TBC
SRR 011 – **Integrated and Resilient Health and Care Systems**	There is a risk that the Health Board is unable to deliver integrated, resilient health and care services	Scoring TBC

SRR 013 – **Public Confidence**	There is a risk that the Health Board is unable to instil confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	Scoring TBC

A detailed iteration of the Committee Risk Register will be reported to the next meeting of the Committee on 02 September 2025.

RISK APPETITE

The Risk Appetite Statement (**Appendix A**) sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that should be regularly reviewed and modified, so that any changes to the organisation's strategy, priorities or its capacity to manage risk are properly reflected. The Risk Appetite Statement is composed of two parts: a general written statement, supported by the cumulative risk appetite categories.

Following engagement at a Board Development session in April 2025, the Board received proposed updates to its Risk Appetite Statement at the meeting on 21 May 2025. A conducive discussion was held at the Board, and it was recognised that there were differing opinions on the way in which the risk category of Financial Sustainability should be categorised in terms of appetite, particularly in the context of a Minimal appetite in relation to Quality risks.

As such the Audit, Risk and Assurance Committee were asked to consider the most appropriate categorisation to ensure an accurate reflection of the Board's appetite thresholds. On 17 June 2025 the Audit, Risk and Assurance Committee considered the proposals and following a detailed discussion and review of best practice from neighbouring organisations it was agreed that the category of 'Financial Sustainability' would be subdivided into three sub-categories to enable greater clarity and consistency in the allocation of appetite. The proposed financial risk categories and associated risk appetite levels are included below:

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Risk Category	Description	Appetite
Financial Governance	We will not accept risks, nor any incidents or circumstances which may compromise to the integrity of financial reporting and associated processes; and risks relating to financial impropriety our fraud. We will maintain robust controls to ensure compliance with our Standing Financial Instructions financial propriety, to prevent fraud or error; and we will ensure remedial actions are enacted diligently should any concerns be identified.	**Averse**
Financial Sustainability	We recognise we have been entrusted with public funds and must remain financially viable. Our financial deficit means that robust controls are required to manage our exposure to risks which might increase our expenditure. We will make the best use of our resources for patients and staff ensuring maximum value is achieved. Though we recognise that some risk is inherent to achieving our priorities.	**Cautious**
Financial Investment	Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change and/or legal or regulatory compliance. Though we are open to evidence-based innovations and investments which will significantly impact the drivers behind our financial deficit position, provided that these are aligned to our financial governance arrangements.	**Open**

The full Risk Appetite Statement, as due to be returned to the members of the Audit, Risk and Assurance Committee for endorsement for onwards presentation to the Board, is appended to this paper as **Appendix A.**

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NEXT STEPS:
The newly developed Strategic Risk Register will be presented to the Board on 30 July 2025, following receipt by the Board the Committee will receive an update on the Committee Risk Register (those risks within the Strategic Risk Register allocated to the Committee) to each meeting for scrutiny and assurance. The Committee is asked to discuss the proposals in relation to appetite across the three financial risk categories, and provide any feedback to the Director of Corporate Governance/Board Secretary and/or Chair of the Audit, Risk and Assurance Committee prior to presentation to the Board at its next meeting on 30 July 2025. When approved by the Board the Risk Appetite Statement will be published and integrated into the Health Board's Risk Management Framework and processes for managing risk, such as the Strategic Risk Register.

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Appendix A – Risk Appetite Statement

RISK APPETITE STATEMENT – JULY 2025

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives. The Health Board will continue its open and transparent approach to risk management.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: '*A Healthy, Caring Powys'*.

The Health Board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

The Board will seek to balance all categories of risk appetite, in reality complex decisions contain components that fall across the range of risk categories, for example financial sustainability, performance and service sustain ability and workforce could all be contained within any one decision.

The risk appetite statement should be read in conjunction with the Health Boards Risk Management Framework which can be found here – PTHB Risk Management Framework March 2025

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The Board has adopted the following Risk Appetite Matrix:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry very limited or virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The health board's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. The health board will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

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Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of, incidents of avoidable harm to our patients or staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values i.e., unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.
Financial Governance	We will not accept risks, nor any incidents or circumstances which may compromise to the integrity of financial reporting and associated processes; and risks relating to financial impropriety our fraud. We will maintain robust controls to ensure compliance with our Standing Financial Instructions financial propriety, to prevent fraud or error; and we will ensure remedial actions are enacted diligently should any concerns be identified.
APPETITE FOR RISK: Minimal	
Quality	The provision of high-quality services is of the utmost importance for the health board. The Board acknowledges that in order to achieve individual patient care, treatment and therapeutic goals there may be occasions when a low level of risk must be accepted. Where such occasions arise, we will support our staff to work in collaboration with those who use our services, to develop appropriate and safe care plans. We therefore have a low appetite for risks which my compromise the Duty of Quality and/or the quality of the care we deliver / could result in poor quality care, non-compliance with standards of clinical or professional practice or poor clinical interventions. Our service is underpinned by clinical and professional excellence and any risks which impact on quality could adversely affect outcomes and experiences of our patients, service users and communities.
APPETITE FOR RISK: Cautious	

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Risk Category	Description
Regulation & Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.
Workforce	The Health Board is committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and objectives to maximise the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Our work will continue to be undertaken in partnership with our Trade Union colleagues.
Financial Sustainability	We recognise we have been entrusted with public funds and must remain financially viable. Our financial deficit means that robust controls are required to manage our exposure to risks which might increase our expenditure. We will make the best use of our resources for patients and staff ensuring maximum value is achieved. Though we recognise that some risk is inherent to achieving our priorities.
APPETITE FOR RISK: Open	
Performance and Service Sustainability	We have a low-moderate risk appetite for risks which may affect our performance and service sustainability. We are prepared to accept managed risks to our portfolio of services if they are consistent with the achievement of patient/donor safety and quality improvements as long as patient/donor safety, quality care and effective outcomes are maintained. Whilst these will both be at the fore of our operations; we recognise there may be unprecedented challenges (such as Covid-19, workforce availability and limited resources) which may result in lower performance levels and unsustainable service delivery for a short period of time. We will also consider impacts on both short and long term performance and service sustainability in our decision making.
Financial Investment	Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change

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Risk Category	Description
	and/or legal or regulatory compliance. Though we are open to evidence-based innovations and investments which will significantly impact the drivers behind our financial deficit position, provided that these are aligned to our financial governance arrangements.
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, championing our Values and Behaviours Framework, and will not accept risks or circumstances that could unduly damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. Our communication and engagement will remain open and transparent. In light of the challenging environment related to public sector funding, we have a more open appetite for risks that may impact on the reputation of the Health Board when these arise as a result of the Health Board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory and financial environment.
Partnerships	The Health Board is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties at a local, regional and national level. We therefore have a high risk appetite for partnerships which may support and benefit the patients in our care. For example, the Health Board has a high appetite for risks associated with innovation and partnership with the third sector, industry and academia in order to realise the provision of new models of care, new service delivery options, new technologies, efficiency gains and improvements in clinical practice. However, the Health Board will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.
APPETITE FOR RISK: Eager	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new

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Risk Category	Description
	initiatives, consistent with the strategic direction set out in the Integrated Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, objectives or our capacity to manage risk are properly reflected. It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.

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GMS Unified Contract Assurance Framework

Final Internal Audit Report 2024/25

Powys Teaching Health Board

Substantial Assurance

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Appendix A 8

Review Reference	PTH-2425-16
Fieldwork	January – March 2025
Executive Sign Off	10th April 2025
Audit Committee	May 2025
Executive Lead	Elaine Lorton, Executive Director of Primary Care and Mental Health
Audit Team	Ian Virgill, Head of Internal Audit Lucy Jugessur, Deputy Head of Internal Audit Stuart Bodman, Principal Internal Auditor

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Executive Summary

Purpose

To review the processes for managing the GMS Unified Contract Assurance Framework, and the monitoring and reporting arrangements in place in respect of its implementation.

Overview

A new Unified Contract for GMS Service was negotiated over 18 months as part of a tripartite approach with Welsh Government, NHS Wales and the General Practitioners Committee (Wales) (GPCW).

The NHS (General Medical Services Contracts) (Wales) Regulations 2023 (2023 Regulations) underpinning the Unified Contract came into effect on 1 October 2023.

The Unified Contract for GMS will simplify what services all GP practices in Wales must provide and how they evidence assurance of delivery.

The key aims of the Unified Contract are:

- to make it easier for patients and healthcare professionals to understand responsibilities for the provision of services;
- to reduce administrative bureaucracy, freeing up time and resource for service delivery; and
- to enable use of data and technology to help plan resources and delivery of services.

The GMS Unified Contract Assurance Framework (the "Framework") is in use across NHS Wales and by general medical services (GMS) contractors to provide assurance of delivery of the GMS Unified Contract. The Framework has been developed taking account of the context of the new Health and Care Quality Standards for Wales (2023).

The Framework is a governance process for the evaluation of assurance on services delivered through the Unified Contract, in the context of the Duty of Quality legislation, and has three components:

- A nationally agreed data set for quality, safety, governance and contract management. This comprises of a national set of indicators, a practice assurance return, CGPSAT and IG toolkit.
- A nationally agreed process for assessing contractors' compliance against contractual requirements; and
- A nationally agreed escalation ladder for managing concerns, including an appeals procedure.

We have concluded **Substantial** assurance on this area. This reflects the significant work undertaken within the Health Board to ensure that the requirements of the Framework were complied with in delivering the 2023/24 cycle.

The matters requiring management attention include:

- Absence of a Standard Operating Procedure (SOP) documenting the process for the determination and finalisation of Practice Visit Assessment Report Assurance Ratings.
- Lack of an overall assurance rating for the Practice Visit Assessment reports completed as part of the 2023/24 cycle.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

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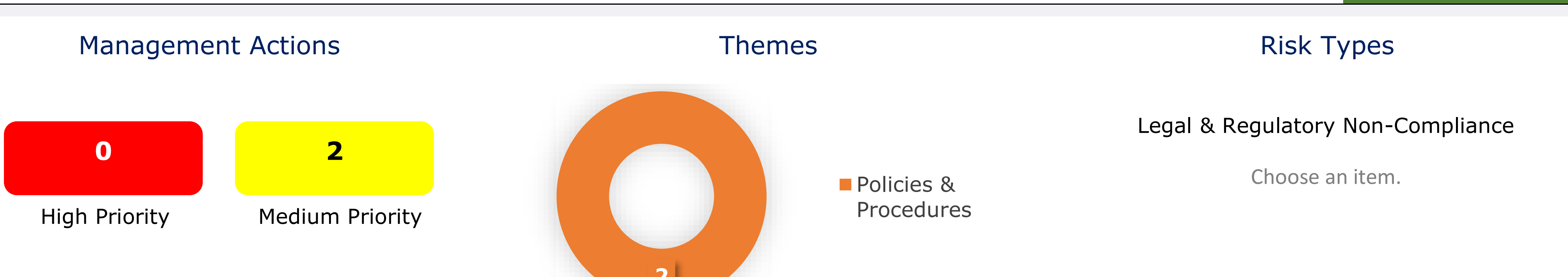
Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

	Objectives	Related Findings	Assurance
1	Up to date procedure documents are in place setting out the Health Board's processes in relation to the Framework.	1	**Reasonable**
2	An assessment of practice assurance is undertaken for each of the GMS contractors against the National Indicators stated within the Unified GMS Contract and these are formally recorded, reported and outcomes reviewed by the Health Board.	-	**Substantial**
3	Visits are carried out to those practices prioritised for further assessment, with timely verbal and written feedback provided, action plans agreed and monitored, and follow-up reviews planned.	-	**Substantial**
4	The stages of the Framework's Escalation Ladder are appropriately utilised for those practices where a breach or remedial notice may ultimately be issued by the Health Board.	2	**Reasonable**
5	The Health Board receives regular reporting and assurance in respect of the new GMS unified contract performance and patient access to primary care GMS services.	-	**Substantial**



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Findings & Agreed Action Plan

Objective 1: Up to date procedure documents are in place setting out the Health Board's processes in relation to the Framework.	**Reasonable**

Overview / Summary of Observations

The Health Board Primary Care Team that oversees the management, oversight and GMS Contractor compliance with the Framework has chosen not to create Standard Operating Procedures in respect of these processes.

Instead, they work solely to the Framework Guidance documentation that supports the implementation of the Framework, and given its content, logical structure and ease of use, we agree that there is no need for a separate Health Board SOP as this would largely be a facsimile of the Guidance itself.

Training has been provided by Welsh Government to ensure that Health Board Primary Care staff can undertake GMS Practice Visit Assessments in accordance with the Framework Guidance Appendix A requirements, and this was evidenced through our testing relating to Objectives 2, 3 and 4 of this Report.

Additionally, our testing also confirmed that GMS Unified Contract Practice Managers are conversant with the requirements of, and also their responsibilities relating to, the performance assessment process undertaken by the Health Board and as detailed within Appendix A of the Framework Guidance.

	Key Findings	**Risk & Impact**	**Agreed Management Action**
1	**Standard Operating Procedure: Practice Visit Report Assurance Ratings** Testing undertaken in Objective 4 identified that there is no SOP in place to clarify and formalise the process for the assessment and awarding of Practice Visit Report Assurance Ratings that underpin the potential invocation of the Framework Escalation Ladder, in absence of this approach being provided within the Framework Guidance. The Contract and Visit Governance Report includes twelve Assurance Ratings - one for each assessed Health & Care Quality Standard, and where there is an even or 'close call' split of ratings across the twelve Standards, as we identified in several of the five Reports, there is no current process to determine the final overall Assurance Rating. The Framework Guidance states no criteria relating to the assessment of the Assurance Ratings for the twelve Standards to come to a definitive or overall Report Assurance Rating, nor does it provide advice relating to the 'weighting' to be attributed to the Standards regarding their priority towards the determination of a final Report Assurance Rating.	Non-compliance with the requirements of the Unified GMS contract resulting in potential patient harm, reputational damage and financial penalties.	**Agreed Action:** National guidance is due to be produced that will document and formalise the process for the assessment and awarding of Practice Contract and Visit Governance Report Assurance Ratings. Following production of the National Guidance, management will ensure that it is followed for future Practice Visits. **Expected Evidence of Implementation:** Confirmation that the national guidance has been received and is being followed.
		Medium Priority	**Officer:** Jayne Lawrence, Assistant Director of Primary Care Services
	Theme: Policies & Procedures	Control Design	**Target Implementation Date:** Quarter 3 2025/26

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Objective 2: An assessment of practice assurance is undertaken for each of the GMS contractors against the National Indicators stated within the Unified GMS Contract and these are formally recorded, reported and outcomes reviewed by the Health Board.	Substantial

Overview / Summary of Observations

Our testing identified that the annual assessment cycle for 2023/24 relating to the sixteen GMS Contractor Practices within Powys was appropriately supported by and based upon on data collated from the Primary Care Information Portal (PCIP), and other relevant and appropriate data/information sources in accordance with the Framework requirements.

The GMS Practice assessment process is undertaken by a Health Board Primary Care Assessment Panel that comprises of the GMS Primary Care Team, Assistant Director of Primary Care, Assistant Medical Director, Senior Pharmacist - Medicines Management and the Public Health Head of Service.

Each GMS Practice assessment is formally recorded in a desktop assessment report which states the data sources used in the assessment, and the assessment outcome and supporting justification against each of the Framework Indicator Domains and Enablers and is also recorded in an Action Plan that is shared with the respective GMS Practice.

The outcomes of each desktop assessment report then determines and states the justification as to which Practices are identified for Practice Visit Assessments, and those Practices that are to undergo assessment are reported to the Executive Director of Primary, Community Care and Mental Health via the Directorate Management Team meeting.

As such, five GMS Practices were identified in the 2023/24 assessment cycle as requiring a Practice Visit Assessment and the outcomes of these is discussed in Objective 3 of this Report.

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Objective 3: Visits are carried out to those practices prioritised for further assessment, with timely verbal and written feedback provided, action plans agreed and monitored, and follow-up reviews planned.	**Substantial**

Overview / Summary of Observations

GMS Contractor Practice visits are formally structured and timetabled and ensure satisfactory prior notice of assessment, agenda of assessment coverage to be undertaken, and the provision of formal written feedback and further actions to be undertaken.

The Primary Care Team maintains a Contract Governance and Assurance Visits Log that timetables GMS Practice Assessment Visits and the issue of the reports and action plans to GMS Contractor Practice Management Teams, and also that of the timescales as prescribed in the Framework Guidance.

All five GMS Practices identified in the 2023/24 assessment cycle as requiring a Practice Visit Assessment were supported by and formally documented within the following:

- A Unified Contract Assurance Framework Outcome and Practice Notification of Visit Letter;
- A Unified Contract Assurance Framework Visit Agenda that summarises the process to be undertaken, the National Indicator Domains to be assessed and the formal reporting outcomes of the assessment undertaken;
- A Contract and Visit Governance Report and covering Health Board Primary Care Department Letter, and Practice Contract and Governance Framework Response Plan (PCGFRP) template to be completed by the GMS Practice Team.

We also note that in accordance with the Framework Guidance, all five GMS Practices were sent their Contract and Governance Visit Assessment Reports within 20 working days of the visit, and each respective submission deadline and date of sending to each Practice were recorded in the Contract Governance and Assurance Visits Log.

All five GMS Contractor Practice visits were fully and formally documented within Contract and Visit Governance Assessment Reports and supported by evidence-based justification to support their assurance levels and supported by Practice Contract and Governance Framework Response Plans (PCGFRPs) that will be subject to compliance monitoring and progress reporting within the Health Board. Additionally, none of the Contract and Governance Visit Assessment Reports stated a 'No Assurance' assessment rating.

We also note that all PCGFRPs were returned to the Health Board in a prompt manner and their assessment findings and improvement action recommendations were uncontested in content by the GMS Practices. The Contract Management Group reviewed the returned PCGFRPs and monitoring of progress towards implementation of the actions will take place as part of the review of the practices 2025/26 Annual Returns.

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Objective 4: The stages of the Framework's Escalation Ladder are appropriately utilised for those practices where a breach or remedial notice may ultimately be issued by the Health Board.	Reasonable

Overview / Summary of Observations

None of the five GMS Practice Contract and Governance Visit Assessment Reports required the invocation of the Framework Escalation Ladder, in accordance with the stated requirements of the Guidance We also note that there wasn't any contentious engagement and / or dialogue with the GMS Contractors at any stage of the Practice Assessment Visits, and all respective Governance Framework Response Plans (PCGFRPs) relating to these Reports were accepted by the respective GMS Contractor Practice Management Teams.

Whilst not applicable during the 2023/24 annual assessment cycle, processes are in place to efficiently and effectively manage any future invocation of the Framework Escalation Ladder and the subsequent monitoring undertaken by the Primary Care Team and Health Board senior management in this respect.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Overall assurance rating for the Practice Visit Assessment reports** Our review of each of the five GMS Contract and Visit Governance Reports identified that, based upon the individual Standard Assurance Ratings stated within, all five Reports could have potentially contributed towards the justification of triggering the Framework Escalation Ladder on the basis of an 'averaged' Limited Assurance rating. The Framework guidance states that the Escalation Ladder should be used 'If a contractor receives a Governance Visit Report with Limited or no assurance AND the PCGFRP is either not accepted or monitoring shows non-compliance. However, as noted within Finding 1, there is currently no process for determining the overall assurance rating, and no overall rating was provided for any of the five GMS Contract and Visit Governance Reports produced during the current cycle. The introduction of an overall Assurance Rating and a brief summary to justify this Rating within the Contract and Visit Governance Report would also be of use to GMS Contractor Practice Management Teams as an overall position statement relating to the assessment undertaken.	Non-compliance with the requirements of the Unified GMS contract resulting in potential patient harm, reputational damage and financial penalties	**Agreed Action:** Following receipt of the national guidance referenced in Finding 1, the Primary Care Team will ensure that an overall assurance rating is determined and recorded for all future GMS Contract and Visit Governance Reports.
			Expected Evidence of Implementation: Overall ratings recorded on future reports.
		Medium Priority	**Officer:** Jayne Lawrence, Assistant Director of Primary Care Services **Target Implementation Date:** Quarter 3 2025/26
	Theme: Policies & Procedures	Control Design	

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Objective 5: The Health Board receives regular reporting and assurance in respect of the new GMS unified contract performance and patient access to primary care GMS services.	Substantial

Overview / Summary of Observations

GMS Unified Contract performance activity is appropriately subject to monitoring and reporting at a GMS Contract Management Group meeting which meets monthly and has a current Terms of Reference that outlines its role, responsibilities and reporting arrangements Reporting is also made to the Directorate Management Team meetings on a monthly basis, one-to-one meetings between the Assistant Director of Primary Care and the Executive Director of Primary, Community Care and Mental Health, and the Delivery and Performance Committee via the Executive Director of Primary, Community Care and Mental Health.

We also note that GMS Unified Contract activity is also provided via monthly Health Board Primary Care Briefing Reports to Welsh Government.

Additionally, a briefing session to Board members relating to the GMS Unified Contract was undertaken in February 2025 that included a presentation of the Unified Contract Assurance reporting process, and also a situation activity progress report summary as at that date.

We also note that reporting of patient accessibility to GMS services is regularly provided via the Delivery and Performance Committee, and in the event that issues relating to patient access are identified through the annual assessment cycle these will also follow the same reporting lines.

However, in the event that the Framework Escalation Ladder criteria are invoked in future annual assessment cycles, this would be subject to discussion at a GMS Contract Management Group meeting and escalated further within the Health Board via the Assistant Director of Primary Care if deemed appropriate.

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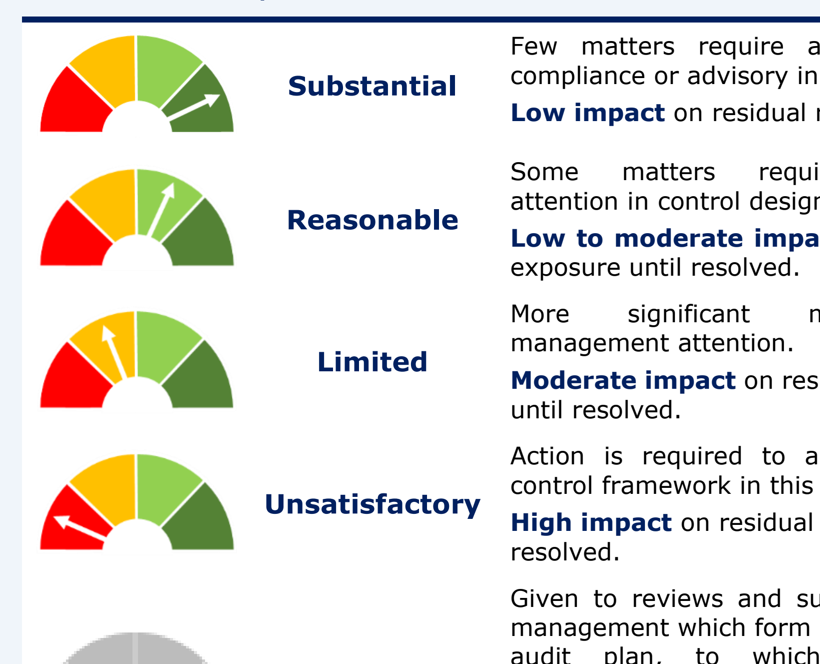
Appendix A

Assurance Opinion



	Substantial	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	Limited	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Powell,Bethan 26/06/2025 09:42:11

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

Pharmacy Stores

Final Internal Audit Report

2024/25

Powys Teaching Health Board

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Review Reference	PTHB-2425-04
Fieldwork	February – March 2025
Executive Sign Off	9th April 2025
Audit Committee	May 2025
Executive Lead	Kate Wright, Executive Medical Director
Audit Team	Ian Virgil, Head of Internal Audit
	Geoffrey Woolley, Principal Internal Auditor

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Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

The overall scope of the audit was to review the policies and procedures in place regarding the Pharmacy Stores.

Overview

Appropriate storage and management arrangements are necessary to ensure that the quality of medicines/vaccines is maintained and so prevent potential harm to patients.

The current arrangements and procedures for the ordering, receipt, storage and distribution of medicines/vaccines were established during the Covid-19 Pandemic in response to the emergency situation.

The Main Pharmacy Store, which was the focus of our review, is situated in Hafren ward on the Bronllys site. This then delivers vaccines into wards, departments and vaccination centres across the Health Board.

We have concluded **Reasonable** assurance on this area. The matters requiring management attention include:

- A lack of supporting documentation for the ordering, receipt and distribution of vaccine stock;
- Inadequate and / or incomplete recording of information within the stock management spreadsheets; and
- Inadequate stock reconciliation procedures, including a lack of book to physical stock reconciliations.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- While each vaccine spreadsheet is broadly similar in structure, they have been set up separately and are not identical templates.
- A separate spreadsheet should be set up for each annual vaccination programme.

Scope & Assurance Summary

	Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	Appropriate and up to date written policies/procedures are in place which have been communicated to all staff required to follow them.	-	**Substantial**
2	The written policies/procedures are being followed correctly and ensure that medicines/vaccines are being ordered, received, stored and distributed appropriately.	1, 2, 3	**Limited**
3	Medicines/vaccines are being managed correctly and safely in accordance with recognised pharmacy standards, Health & Safety requirements and other relevant regulations.	-	**Substantial**

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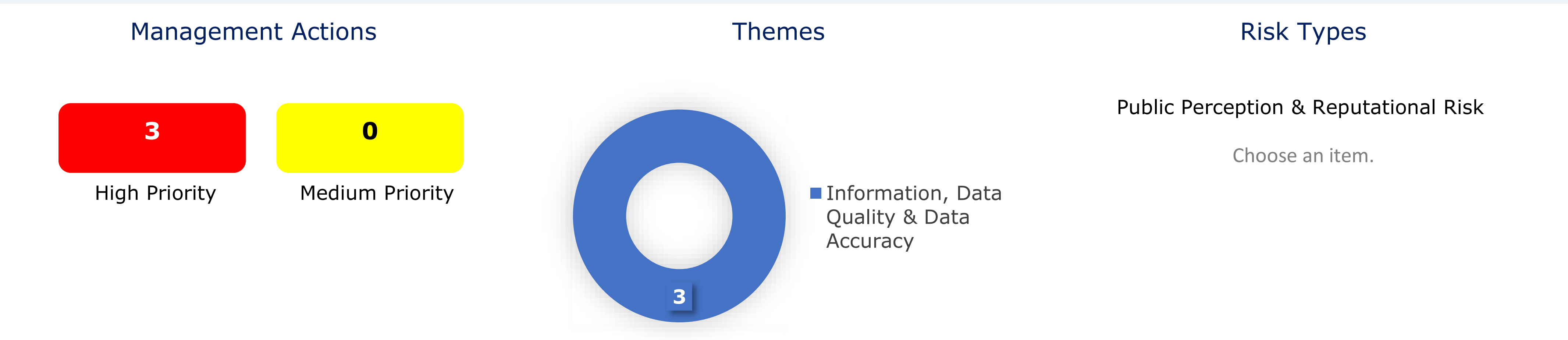

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Findings & Agreed Action Plan

Objective 1: Appropriate and up to date written policies/procedures are in place which have been communicated to all staff required to follow them.	**Substantial**

Overview / Summary of Observations

Appropriate and up to date policies and procedures are in place for Pharmacy Stores which are available on the Health Board's intranet and public website.

A log is maintained which records when the written policies/procedures were last read in full by staff required to follow them.

'Good Distribution Practice' training is also provided to staff for which an accompanying test must be passed. Both had been completed by the Pharmacy Stores staff within the preceding year.

Objective 2: The written policies/procedures are being followed correctly and ensure that medicines/vaccines are being ordered, received, stored and distributed appropriately.	**Limited**

Overview / Summary of Observations

Pharmacy Stores manages the vaccine stock for each of the three core vaccination programmes i.e. Covid-19, Flu and RSV (Respiratory Syncytial Virus).

Vaccine stock is managed using a series of spreadsheets, with a separate spreadsheet set up for each vaccination programme. Each spreadsheet comprises a series of detailed worksheets which record a comprehensive range of relevant information for orders, receipts, storage and distributions.

Ordered

The types of vaccines ordered reflect central guidance, they are ordered from known suppliers, and the quantities ordered reflect known requirements. Vaccine orders are completed by the Senior Pharmacy Technician, Vaccinations/Therapies & Pharmacy Stores which is a key aspect of the role.

Received

When vaccines are delivered to Pharmacy Stores, the items received are checked for consistency with the order and any quantity or quality issues would be immediately followed up with the supplier.

Full receipt details, including batch reference and expiry date, are recorded against the order on the vaccination order worksheet. In addition, Pharmacy Stores is required to record vaccine receipts online on the Welsh Immunisation System (WIS).

However, copies of orders and delivery notes are not being consistently retained so we were not able to fully validate these processes for all the orders sampled.

Stored

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Pharmacy Stores is made up of three rooms. The main room is a preparation area where receipts are checked and distributions are prepared and the other two rooms hold nine large fridges. Access is restricted by a locked door.

The fridges are medical grade with digital temperature displays which are designed to store vaccines within the required +2°C to +8°C range, plus cool packs used to maintain vaccine temperature during distribution. They have glass doors so their content can be viewed without having to open the door.

The high and low temperatures for each fridge are checked and recorded daily on the online Welsh Immunisation System (WIS). If any are outside the required range, then comments should also be added. We checked a sample of temperatures recorded on WIS and confirmed that they were within the required range.

We visited Pharmacy Stores and confirmed that the fridges were operating correctly within the required temperature range and had unique identifier reference numbers attached. Furthermore, each had a label attached confirming it had been calibrated in May 2024 and this was scheduled to be repeated in May 2025.

However, at peak times of the year, some vaccine is initially held at a neighbouring Health Board's hospital prior to being drawn down to Pharmacy Stores. We were informed that this is due to a lack of current available fridge space and therefore, Pharmacy Stores has proposed upgrading to a large capacity walk in cold storage unit. A paper regarding this was produced for wider consideration, and the issue has been added to the department's risk register.

The Health Board has appropriate procedures regarding the use of quarantine stock where special conditions need to be put in place e.g. reduced expiry date where the required temperature range has been exceeded for a limited period. Furthermore, there has been no vaccine wastage which required recording online on WIS.

Distributed

Vaccines are distributed using specialised vaccine carriers which the Health Board has in a variety of sizes.

Vaccination distributions reflect known appointments scheduled at the vaccination centres (Bronllys and Newtown), to whose records Pharmacy Stores has access, or requests from District Nurses, Maternity Services or School Nurses.

Most distributions occur via an NHS Shared Services driver who collects and distributes vaccines, plus District Nurses occasionally collect vaccines personally.

A vaccination delivery template has been developed which records a comprehensive set of information. It accompanies each vaccination distribution and, following sign off by the recipient, the completed version should be returned to Pharmacy Stores for retention. However, these were not present for the majority of deliveries we sampled.

Vaccine distributions are packed in insulated cool boxes along with cool packs which should maintain the required temperature for up to eight hours. Furthermore, most are transferred in temperature controlled vans.

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The vaccination centres have medical grade fridges identical to those in Pharmacy Stores and so can hold surplus stock for the next vaccination session.

Distributions to District Nurses and wards comprise individual vials which have been taken from a full box so that excess stock is not distributed.

Again, we were not able to fully validate the delivery processes for all our sample as copies of requests and delivery notes are not consistently retained.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Lack of supporting documentation.** We tested a sample of 8 vaccine orders and 25 distributions and noted the following: • 8/8 supporting orders were not available; • 7/8 supporting delivery notes for orders were not available; • 14/25 supporting requests for distribution were not available; and • 13/25 supporting delivery notes for distribution were not available.	Inadequate support for Pharmacy Stores stock movements. **High Priority**	**Agreed Action:** Supporting documentation will be retained and appropriately filed for all Pharmacy Stores stock orders and movements so that the accuracy of the details recorded can be fully justified. **Expected Evidence of Implementation:** Supporting documentation is readily available for all Pharmacy Stores stock movements.
	Theme: Information, Data Quality & Data Accuracy	Control Operation	**Officer:** Senior Pharmacy Technician, Vaccinations/Therapies & Pharmacy Stores. **Target Implementation Date:** Complete, already implemented.
2	**Inadequate recording of information.** While the worksheets have a comprehensive set of columns to record relevant information, a small proportion of the cells were empty or had not been completed. We also noted the following issues: • 1/8 receipts showed differences between the supporting delivery note and the vaccine receipts worksheet; • 3/8 receipts were not correctly shown on the stock check worksheet; • Where WIS records were available, as they are only available for three months, while for 2/8 receipts the stock check worksheet was consistent with WIS, only one of these was also consistent with the receipt tested; • Only 9/12 stock check worksheet balances were consistent with WIS; • The stock check worksheet only includes figures, formulae are not used to carry forward and calculate balances.	Inadequate control of Pharmacy Stores stock.	**Agreed Action:** The Pharmacy Stores stock records will be reviewed and amended so that they accurately record all stock movements and balances held and are consistent with movement supporting documentation and the online Welsh Immunisation System (WIS).

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	Furthermore, the figures shown occasionally do not cast correctly; • 11/12 supporting delivery notes had differences compared to the distribution worksheet, one supporting delivery note's file name was incorrect and one supporting delivery note was incorrectly filed; • 7/25 transaction movements were not correctly shown in the stock check worksheet and of the 18 transaction movements that were correctly shown, 3 did not clearly show the breakdown; and • For 13/25 transaction movements which indicated that they included pack down separated vials, information was not correctly shown in the pack down worksheets.	 **High Priority**	**Expected Evidence of Implementation:** The Pharmacy Stores stock records accurately record all stock movements and balances held and are consistent with movement supporting documentation and the online Welsh Immunisation System (WIS). **Officer:** Senior Pharmacy Technician, Vaccinations/Therapies & Pharmacy Stores.
	Theme: Information, Data Quality & Data Accuracy	Control Design	**Target Implementation Date:** Complete, already implemented.
3	**Inadequate stock reconciliation procedures.** While daily and weekly stock checks are performed, they do not include book to physical stock check reconciliations to confirm the accuracy or otherwise of the records. The stock check worksheet closing balance does not show the split between pack down separated vials and non pack down full box balances. The stock check worksheet does not include the earliest expiry date against the closing balance to ensure that any expiry date issues are promptly highlighted.	Incorrectly recorded Pharmacy Stores stock balances. **High Priority**	**Agreed Action:** Daily and weekly book to physical stock check reconciliations will be performed, with the book and physical stock balances clearly stated along with a reconciliation of the difference between them and the name of the person who completed the stock check. The stock check worksheet closing balances will show the split between pack down separated vials and non pack down full box balances. The stock check worksheet will include the earliest expiry date against the closing balance. **Expected Evidence of Implementation:** Records of completed monthly stock check reconciliations. **Officer:** Senior Pharmacy Technician, Vaccinations/Therapies & Pharmacy Stores.
	Theme: Information, Data Quality & Data Accuracy	Control Design	**Target Implementation Date:** Complete, already implemented.

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Objective 3: Medicines/vaccines are being managed correctly and safely in accordance with recognised pharmacy standards, Health & Safety requirements and other relevant regulations.	**Substantial**

Overview / Summary of Observations

The Senior Pharmacy Technician, Vaccinations/Therapies & Pharmacy Stores is the Health Board's designated person responsible for identifying standards and regulations to be complied with in relation to Pharmacy Stores. They have a high level of pharmacy knowledge and experience and are supported by a Pharmacy Technician who also has an appropriate level of pharmacy knowledge and experience.

In relation to Pharmacy Stores, the most significant risks that medicines/vaccines are not being managed in accordance with recognised pharmacy standards, Health & Safety requirements and other relevant regulations are:

- Deterioration of vaccines due to inadequate temperature control:

  The fridges are temperature controlled medical grade with daily temperature checks which were calibrated in May 2024 and are due to be repeated in May 2025.

- Manufacturer product recall:

  The batch references for vaccine stock are on the packaging and recorded in the vaccine programme spreadsheets and on the Welsh Immunisation System (WIS). Therefore, the implications of any recall can be immediately identified and appropriate action taken.

- Quarantine stock:

  Pharmacy Stores staff have confirmed that any such stock would be recorded, and a label attached and advice, confirmed in writing, would be obtained from the manufacturer regarding what action should be taken. However, it was also stated that this is generally not a problem in Pharmacy Stores but is more likely to occur at vaccination locations where the vaccine storage is being repeatedly opened and closed.

Furthermore, no vaccine wastage has been recorded by Pharmacy Stores on the Welsh Immunisation System (WIS) in the preceding three months for which records were available, and we have been assured that this is correct.

We have been informed that the Health Board does not hold an MHRA (Medicines and Healthcare products Regulatory Agency) licence as this is only required by manufacturers / distributers and so is not applicable as the Health Board is merely a user which obtains the vaccines for its own use.

Powell,Bethan
26/06/2025 09:42:11

Appendix A

Assurance Opinion

Opinion	Description
Substantial	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
Reasonable	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
Limited	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
Unsatisfactory	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Llandrindod Wells Phase 2

Final Internal Audit Report

2024/25

Powys Teaching Health Board

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Review Reference	PTHB-SSU-2425-27
Fieldwork	January -February 2025
Executive Sign Off	2nd May 2025
Audit Committee	13th May 2025
Executive Lead	Pete Hopgood, Executive Director of Finance, Capital & Support Services
Head of Internal Audit	Huw Richards

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Executive Summary

Purpose

The overall objective of this audit was to evaluate the progression and delivery of the Llandrindod Wells Phase 2 project against the key business case objectives and to assess the adequacy of the systems and controls in place to support the successful delivery of the project.

Overview

The review noted that at the time of the audit fieldwork the project was on schedule to be delivered on time, and with no quality issues identified. The project benefited from good overall governance, with robust reporting channels and clear ongoing engagement with stakeholders ensuring they were informed of progress and key milestones/events, which was paramount given that the work was taking place in a live clinical setting. At the time of Audit fieldwork, the latest cost report indicated that the project would be delivered within budget.

We have concluded reasonable assurance on this area. We have identified two matters for reporting in our review:

- The Project risk register did not incorporate costs in line with the requirements of the PTHB Capital Procedures.
- KPIs were not completed in respect of the THB's advisers or the Supply Chain Partner.
- Despite contractual obligations, a performance bond was not provided by the Supply Chain Partner.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

	Objectives	Related Findings	Assurance
1	Project Performance- achievement of the project's key delivery objectives (time, cost, and quality).	-	**Substantial**
2	Governance - To obtain assurance that adequate governance arrangements exist including management ownership, defined roles and responsibilities, and clearly defined accountability & delegation arrangements.	-	**Substantial**
3	Project Management & Reporting - Assurance that appropriate recognised project management tools have been developed and are utilised to ensure effective oversight and delivery of the project. That appropriate project monitoring and reporting arrangements are demonstrated.	1	**Reasonable**
4	Contractual Appointments – assurance that the Supply Chain Partner and any advisers are appropriately appointed with standardised forms of contracts.	2,3	**Reasonable**
5	Financial Management – To confirm adequate cost control systems are operated, both internally and by the External Cost Adviser. Supply Chain Partner and Advisor payments are progressed in accordance with the contractual requirements and valuations are appropriately evaluated and approved. Assessment of the ongoing arrangements for the review of risk and associated management of contingency funds.	1	**Substantial**

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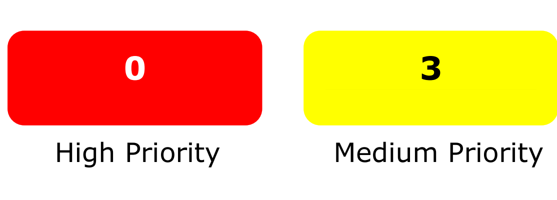

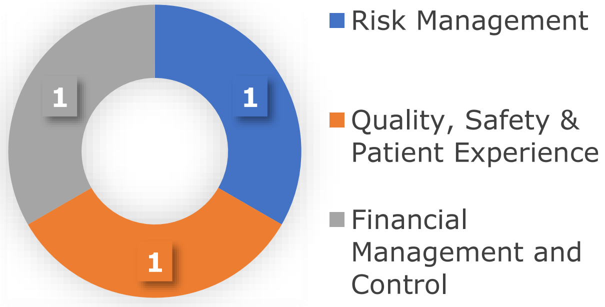

Financial Loss

Quality or Safety Issues

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Llandrindod Wells Phase 2 - At a Glance

A Programme Business Case was endorsed by Welsh Government for this phase of the project, with the initial scope incorporating infrastructure improvements to the envelope of the building, including roof and windows.

Phase 1 of the Reconfiguration scheme was completed in February 2020. Following its completion, discussions with Welsh Government (WG) colleagues focused on the investment required to establish the site as a key *Regional Rural Centre*, addressing backlog maintenance, estate compliance, and infrastructure issues.

In 2022, WG approved the Programme Business Case (PBC) for Phase 2 of the refurbishment project. Initially procured through the Scape framework, the original Supply Chain Partner (SCP) developed the design to RIBA Stage 4, finalised in October 2023. However, WG rejected the funding application, as the £2.77m cost for Building Envelope and External Improvements failed to demonstrate value for money.

To ensure competition and cost-effectiveness, PTHB's advisers proposed a competitive tender to Tier 2 Supply Chain Partners using the full RIBA Stage 4 design. Approved in June 2024, an Expression of Interest was issued via the Southwest Wales Regional Contractors Framework (SWWRCF). Of seven Supply Chain Partners who expressed an interest, only one submitted a bid. After evaluation, the responding SCP was recommended for appointment.

In July 2024, PTHB secured £3m in WG Backlog Maintenance Funding to address the urgent compliance issues, including window replacement and roof repairs.

Agreement was received from WG, to use a proportion of the £3m backlog funding provided for extra work, to be undertaken by the SCP in addition to that contracted for the main works.

Further details on time and costs are provided within the Project Performance section.

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Findings & Agreed Action Plan

Objective 1: Project Performance	**Substantial**

Overview / Summary of Observations

Time

The WG funding letter dated 3rd July 2024, notes that the funding of £3m in respect of backlog maintenance relates to the period 01/04/24 -31/03/25, and that all funding must have been claimed in full by 31st March 2025. At the time of audit fieldwork, the SCP was working to Prog F issued 20/12/2024. The SCP progress report dated January 2025 noted the following in respect of days lost:

- Storm Bert caused a delay of 1 day on Sunday 23rd November 2024.
- A further 7 days have been lost to weather up to 7th January 2025 (affecting roof works).

However, this had not impacted the overall completion date which remained as 28/03/2025.

Cost

The main contract for the backlog maintenance work as part of phase 2 at Llandrindod consists of works agreed within the tender document at £1,325,827 with provisional sums agreed for Westdene totalling £309,400.

Llandrindod Wells Main works	Cost as per FS1 (24th August 2024) Main works	Cost as per FS5 (10th January 2025) Main works	RISP X-RAY and SPA Road -additional work contracted and funded separately
Contract sum	£1,325,827	£1,325,827	
Provisional sums	£309,400	£309,400	
Main Contract PMI's	-£28,500	£27,886	
Consultant Fees	£217,841	£228,171	
Project Costs	£9,915	£17,806	
Contingency	£401,097	£281,252	
Additional Cost Allowance	£397,687	£219,439	
Main contract PMIs	-	£27,886	
Instructions	-	-	£451,004

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Vat excl recovery	£466,733	£513,977	
Total	**£3,100,000**	**£2,951,644**	**£451,004**

As per table above it can be seen that the cost for the main works which incorporates Llandrindod Wells and Westdene, as per (Cost report Fs1) was £3,100,000, and the latest cost report (Fs5 January 2025) as per column 3, estimated that this would be delivered within the budget envelope.

Additional funding has been secured from WG for RISP X-Ray and SPA Road, which are being delivered by PTHB, through additions to the Supply Chain Partner contract and the associated costings included within the cost reports and have been reproduced here for completeness.

Quality

The performance of the SCP in respect of the quality of the work was reviewed and reported on by virtue of the inspections carried out by the THB's Supervisor, with the reports provided for review/discussion at the Project Board Meeting. The Defect Notification Tracker as of December 2024 recorded - '*no defect notifications raised to date.*'

Objective 2: Governance — Substantial

Overview / Summary of Observations

The project operated under a clear governance structure, outlined within the Project Initiation Document and Project Board Terms of Reference. The Project Board was supported by an Operational Sub-Group and Client Progress Team, with regular meetings ensuring effective oversight.

Robust reporting channels facilitated communication with the Project Board and the Innovative Environments Group, which includes Executive members. Key roles were well-executed, with strong engagement from the Senior Responsible Officer (SRO), Project Director, and Senior Project Manager.

Powys Teaching Health Board (PTHB) follows established Capital Procedures, periodically reviewed and updated. The project organogram defined clear reporting lines, with escalation routes from the Project Director and SRO to the Finance and Performance Committee via the Innovative Environments Group.

The Llandrindod Wells Reconfiguration Board's meeting minutes (July–December 2024) showed strong attendance, effective chairing, and meaningful discussions. A Stakeholder Group was formed with an approved Terms of Reference, ensuring broad representation and active engagement on key issues.

For future projects, PTHB may wish to reassess Stakeholder Group membership, given attendance patterns. While up to 30 members could attend, the highest recorded was 21, with 9 members attending only once in six meetings, highlighting the need to review participation criteria.

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Objective 3: Project Management & Reporting — **Reasonable**

Overview / Summary of Observations

A Project Initiation Document (PID) is in place for the scheme. The reviewed PID has been updated to reflect project progress and includes key elements, such as governance structure, roles and responsibilities, and project objectives.

The SCP provided the latest programme (Rev E.2, dated 15th November 2024), confirming a completion date of 31st March 2025, aligned with the contract. A December 2024 Project Highlight Report from the internal project team confirmed the project remained on schedule.

Fortnightly programmes, accompanied by design drawings, were shared with key stakeholders, outlining planned work and affected areas. The Project Board was kept informed of progress, with potential impacts on time, cost, and quality communicated through a suite of monthly reports, including:

- Project Management Dashboard Report (THB's Advisers)
- Monthly Progress Report (SCP)
- Cost Reports.

The risk management process was outlined in the PID, with the risk register routinely reviewed at Project Board meetings.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Risk Register** PTHB Capital Procedures p22 state: *The Risk Register should list all the identified risks along with mitigating actions and the potential cost/programme implications associated with the risk.* Noting the above we found that there was a comprehensive project risk register, categorising risks by type and ownership and had been regularly reviewed and updated. However, it did not include cost calculations, which are a key aspect of effective risk management.	Cost of risks not accounted for. Potential for contingency to be inadequate with increased likelihood of project overspend.	For future projects the HB will ensure that the Project Risk register includes cost calculations, to inform identification of contingency requirements and forewarn of potential shortfalls. **Expected Evidence of Implementation:** Updated risk register with appropriate costing calculations included.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** 31/05/25
	Theme: Risk Management	Control Operation	

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Objective 4: Contractual Appointments	**Reasonable**

Overview / Summary of Observations

Following an initially high-cost estimate for Phase 2 by the Supply Chain Partner from an earlier phase—rejected by WG—PTHB, with its advisers, issued an Invitation to Tender (ITT) for a Tier 2 SCP via the Southwest Wales Regional Contractors Framework (SWWRCF)..

Advice was obtained from NWSSP Procurement Services on the accessibility of the framework arrangements.

The contract used was NEC Option A (Priced Contract with Activity Schedule), incorporating delay damages of £861 per day for PTHB's protection. On advice, PTHB opted for a Performance Bond over a Parent Company Guarantee to ensure project delivery.

Advisers were appointed via the NHS SBS Construction Consultancy Services 2 Framework under Lot 2 (Project Management) and Lot 4 (Quantity Surveyor).

All contract documents, including those for the SCP and advisers, were appropriately signed under seal per PTHB's Scheme of Delegation.

Oracle financials was interrogated to identify payments made to the THB's Advisers for the period August 2024 to January 2025, testing established that consultant fees had been applied appropriately and reimbursed as per agreed fees.

As noted, the contract was an NEC Option A which involves the THB's SCP being reimbursed only for those activities undertaken in a given period. A review of the cost reports confirmed that these payments were in line with expectations.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Key Performance Indicators** The THB has appointed a supervisor to ensure the SCP delivered work to the required quality. The SWWRCF framework specifies that '*Project KPIs must be completed monthly and compiled quarterly by each region'.* It was unclear how The THB's adviser's performance was being reviewed or assessed. While such evaluations are not mandatory within NHS Wales beyond the Building for Wales frameworks, implementing a structured review process for all appointments—regardless of the framework—would be a prudent approach. This would provide objective data for Post-Project Evaluations and help inform future project decisions and appointments.	The THB do not record/capture objective appraisals of appointed advisers' performance. Any poor practice or service delivery quality considerations are not available to inform future contract awards.	The THB have developed a set of key performance indicators to be utilised to assess both the Supply Chain Partner and THB appointed Advisers. These are used on Major projects not utilising the Building for Wales Framework. For this project the KPI's set out under the framework have been completed however there were some issues with the format of the form – the framework have been contacted but no response was received. The HB also complete performance reviews on consultants and contractors at the end of each project and regularly hold Lessons learnt workshops on major projects. **Expected Evidence of Implementation:** Set of KPIs developed and utilised.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** 31/05/25
	Theme: Quality, Safety & Patient Experience	Control Design	

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3	**Performance Bond** The THB noted that on the advice of their Advisers they had opted to seek a performance bond to provide assurance on delivery of the work rather than a parent company guarantee. It was confirmed that despite a request from the THB's Advisers in January 2025 the performance bond had not been provided by the SCP. The contract contained option X13 (Performance Bond) which amounted to a cost of 10% of the contracted sum. Whilst noting the contract requirement for a performance bond, at the time of reporting the project was only 3 weeks from completion and therefore the performance bond would be of minimal value to the tHB at this stage. Management should therefore consider the omission of the performance bond requirement from the contract (via formal contract change processes) and the reduction in associated costs.	The absence of financial reassurance and recourse should the SCP fail to meet its obligations. Costs incurred for services not delivered.	The THB will ensure deduction/reimbursement of the cost associated with the provision of a performance bond.
			Expected Evidence of Implementation: Confirmation that the THB has requested that the cost of the performance bond be excluded from the final account.
		Medium Priority	**Officer:** Associate Director of Capital, Estates and Property **Date:** 31/05/25
	Theme: Finance Management & Control	Control Design	

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Objective 5: Financial Management — **Substantial**

Overview / Summary of Observations

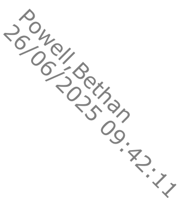
Monthly cost reports from the external cost adviser provided valuable insights into key cost performance areas and are a standing agenda item at Project Board meetings.

NWSSP SES representatives have attended Project Board Meetings, and monthly returns on overall capital expenditure, including Capital Resource Limit (CRL) performance, were submitted to WG. PTHB Capital Procedures and PID detail change control process and the control form to be utilised. A change management register is maintained and a review of a sample of changes found that these were supported by appropriate documentation.

Formal change control procedures were established, with a review of the change register, and testing confirming compliance with THB's procedures.

There was clear evidence of early consideration of adjacencies, ongoing stakeholder engagement, and the use of mitigating controls, including restricted working hours, dust suppression, and noise barriers.

As the works involve infrastructure, there were no forecast significant revenue implications for the project.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Appendix A

Assurance Opinion

Substantial

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Limited

More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.

Unsatisfactory

Action is required to address the whole control framework in this area.

High impact on residual risk exposure until resolved.

Advisory

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board. and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Agenda Item
6.2.2

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance (PPF) sub-committee at its meeting on 8 April 2025.

Key highlights from the meeting are reported in Section 3.

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2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted February 2025 – NHS Wales JCC PPF)

RAG Rating	Highlights
Alert / Escalate	• There were no items to be deferred or escalated on this occasion.
Advise	• An implementation plan for the 2025/26 Foundation Plan, signed off by the JCC on 18 March 2025 is being developed, with senior responsible officers identified across the programme as enablers for the plan. Members noted that discussions are underway with Health Board (HB) colleagues who have offered to collaborate on elements of the implementation plan. • Members were advised of the changing operating model for ambulance services from Welsh Government (WG) which introduces an additional purple category for cardiac arrest and an updated red category. The JCC will need to review the size, scale and type of ambulance resources that the JCC commissions against any service changes which are proposed in response. • Risk 03 - Plastic Surgery Delays was highlighted. Members were reminded of the additional funding received from WG towards the end of 2024/25 to support the delivery of waiting time targets. Additional funding would need to continue in 2025/26 but the timeliness of confirmation will be critical to ensure better value in delivering the activity plans.
Assure	• Members were informed that a Q4position against the extant plans inherited from the three predecessor bodies would be brought to the meeting in June 2025 for assurance on their delivery. • The associated risks for services that sit below the line in the Foundation Plan for 2025/26 will be wrapped into the forward work programme moving forward. • High-level milestones for the 2026/29 three-year IMTP will be reviewed by the JCC Senior Leadership Team (SLT) and brought to the PPF sub-committee for assurance. • Members received the first report on the assignment of risks from the overarching JCC risk register to each subcommittee for monitoring and scrutiny, with 14 risks scored 15 and above. Seven of these risks have been

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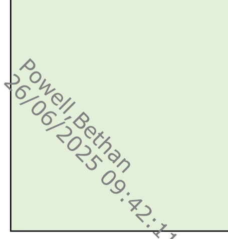
	assigned to the PPF subcommittee for review and assurance.
	• The Month 11 Financial Performance Report was received noting:
	  ○ £6.9 million deficit at year end which was in line with the forecast.
	  ○ Non-recurrent funding of £8.9 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk.
	  ○ The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. Engagement with both NHS Wales and English providers will be key, with a specific focus on referral management for providers in England.
	• The JCC Performance Report for December 2024 was received. It was noted that this report had been presented to the previous PPF sub-committee at its meeting in February due to the timing of the meeting and publication of the report being slightly out of sync. Alignment of the meeting dates was being reviewed.
	• The report was taken as read with the following points highlighted:
	  ○ An update on services in escalation, including the de-escalation of plastics and the escalation of bariatrics at Salford to Level 3.
	  ○ The challenges with medium secure mental health services, including the impact of the fire incident and the need for modernisation of facilities.
	• The PPF Highlight Report was received for information and assurance noting that the report is shared with HB board secretaries for consideration and inclusion on their respective planning, performance and finance sub-committees. The same is done for the Quality, Safety and Outcomes sub-committee for the respective HB quality and patient safety committees.

Inform  Powell,Bethan 26/06/2025 09:42:11	• Members noted the Cabinet Secretary's announcement and the potential role of the JCC in commissioning parts of the independent sector provision at a national level to support HBs with planned care waiting times. • The Forward Plan of Business for the next twelve months was presented for information, noting that it would feature as a specific report to the JCC in May

	2025 as part of the committee's overarching forward plan of business. It was agreed that the development of a long-term strategy for the JCC would be included within the forward plan.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Refine
	If more than one applies please list below:

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Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐ Outcome:	No: ☒ If no, please include rationale below: N/A
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒ Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	No: ☒ If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report. Choose an item.	

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Agenda item: 7.3

Finance and Performance Committee	**Date: 25 June 2025**
Subject:	**Primary Care Cluster Reporting against Delivery 2024/25**
Approved and presented by:	Executive Director of Primary Care, Community & Mental Health Services
Prepared by:	Assistant Director of Primary Care
Other Committees and meetings considered at:	Planning, Partnerships and Population Health Committee -19 May 2025

PURPOSE:

The purpose of this paper is to provide an update on the Primary Care Cluster Delivery during 2024/2025 for Committee's information. The report had been presented to the Planning, Partnerships and Population Health Committee on 19 May 2025 who asked for the paper to be shared with the Finance and Performance Committee for information.

RECOMMENDATION(S):

The Finance and Performance Committee are asked to **RECEIVE** the Primary Care Cluster Delivery update for 2024/2025.

Approve/Take Assurance	Discuss	Note
N	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Pan-Powys Cluster plans identified three major priorities for 2024/25 as Urgent Care, Mental Health and Frailty. These priorities were agreed and supported by the Regional Partnership Board Executive Team, serving the function of the Pan Cluster Planning Group (PCPG) for Powys. Cluster projects and services align to support development of a sustainable model of care.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

The national Strategic Programme for Primary Care (SPPC) supports the Accelerated Cluster Development (ACD) Programme.

Across Powys, there is currently a three-cluster model in place with multidisciplinary collaboratives feeding into the cluster. During 2024/2025 there has been a Cluster Lead vacancy in Mid Powys which has impacted on the progress and maturity of the cluster.

Frailty, Urgent Care, and Mental Health continued as Pan Powys Cluster priorities for 2024/25. In addition, there were several existing and new Cluster pilot projects delivered or developed across all the Clusters, supporting the delivery of services to the local populations aligned to Start Well, Live Well and Age well priorities.

In addition, several new projects were developed, with some existing projects scaled up or mainstreamed, supporting the sustainability and delivery of services across the Clusters.

During 2024/2025, the three clusters did not spend their ring-fenced allocation, this is due to unforeseen delays with some of the projects, examples include recruitment challenges and procurement issues.

2025/2026 will see progress moving from a three-cluster model to a two-cluster model, merging the mid and south clusters. Indicative conversations with the south cluster lead have been positive regarding this proposal.

BACKGROUND:

The aim of a cluster is to bring together all local services involved in health and care across a geographical area. Working as a cluster supports care better co-ordinated to promote the wellbeing of individuals and communities.

Primary care services provide the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales. General Practice has long been seen to be the 'front door' to the NHS with patients accessing their General Practice in order to be signposted to alternative independently contracted services in the area such as Dentistry, Community Pharmacy, and Optometry. These other primary care services are increasingly providing direct care without the initial signposting as service provision has developed, and members of the public are more increasingly aware of where to access the right care. The Cluster brings together representation of these independent contractors with those also providing primary care services in the community, such as nursing, physiotherapists, mental health teams etc within collaborative spaces, with the aim to work together to identify service provision need for the patient population. The Cluster is provided with a budget in order to pilot potential solutions for this service to test and gauge its success.

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This brings a host of opportunities for the Cluster which the Strategic Programme for Primary Care (SPPC) supports via the Accelerated Cluster Development (ACD) Programme. However, it also brings risks and challenges to the successful delivery of an identified project. A Cluster as it stands is not a legal entity, and this brings employment, information governance, clinical governance and other challenges which can result in the pause or delay in a project progress, and potentially termination of projects which cannot be worked through. Ultimately, the goal is to determine success or otherwise of delivery of a service via a pilot project in one Cluster and roll that project out across the other Clusters if successful.

Across Powys, a three-cluster model is currently in place with multidisciplinary collaboratives feeding into the cluster – Appendix 4 details the Powys model.

The ACD model assumes a Cluster Lead is in place to support the various Collaborative leads within the Cluster. There is a variance nationally as to how these leadership roles are funded, which requires backfilling an independent contractor role at a cost to that contractor. Releasing contractor representation time to progress development conversations can be challenging and can therefore delay progress. This has been significantly apparent in the Mid Powys Cluster with vacancies at Collaborative and Cluster lead roles stunting the development of the mid Cluster model.

2024/2025 ASSESSMENT:

The three key priority areas of Frailty, Urgent Care, and Mental Health continued as Pan Powys Cluster priorities for 2024/25.

There were several existing and new Cluster pilot projects delivered or developed across all the Clusters, supporting the delivery of services to the local populations.

2024/25 continued to build on the priorities and projects from 2023/24, with Clusters becoming more established, with strengthened alignment with Start Well, Live Well and Age well priorities, through the following key areas:

- **Early help and prevention models of care** – improving access to Primary Care through, First Contact Practitioner services, Frailty service provision and Diabetes Prevention.
- **Integrated Joined up Care –** provision of care closer to home, the scoping of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.
- **Workforce Futures -** collaborating with the Academies for the provision of education, training and development of the workforce, enabling

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alternative recruitment models, portfolio careers, and expanding opportunities for greater rural placements.

- **Continued Transforming in Partnership –** collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional and organisational approach to the provision of frailty services**.**

2024/25 has seen several new projects developed, whilst seeing some existing projects scaled up or mainstreamed, supporting the sustainability and delivery of services across the Clusters, including the continued development of:

- Pharmacy professional led frailty medicines management service – Mid Cluster – development of service
- Pan Powys AHP Frailty specialist service – development and service implementation
- Dental Nurse Oral Educators Pan Powys – development of service
- Frailty Coordination service in the South Cluster – outline service scoping and implementation planning
- Frailty Specialist Nurse service in the North- outline service scoping & development

Other Pilot projects have included:

- First Contact MSK professionals: fully established across the North and South Cluster, providing equity of provision across Powys, supporting improved access, early intervention, improved patient outcomes, and capacity across the system. MSK FCP has mainstreamed in the Mid Cluster and also in Llanfyllin Practice in the North Cluster.
- Pharmacy Professionals: across two of the Clusters (North and Mid)
- CRP Point of Care Testing (POCT): across the South Cluster, supporting the wider development of POCT services across the Health Board.
- Atrial Fibrillation (AF) proactive screening service: supporting the early identification of AF in the population across South Powys.
- Digital Accurx: supporting day to day provision and sustainability for GMS practices across all three Clusters.
- Children & Young people's (CYP) Early Years Weight service: supporting the development & delivery of tier 2/3 CYP weight management services across the three Clusters.
- Pre-diabetes (AWDPP All Wales Diabetes prevention): all Clusters are supporting the national pilot delivery of the new service, improving pathways of care, providing early intervention, and improved outcomes for patients.
- Early Intervention Persistent Pain Management Practitioner: delivered in the South Cluster, supported by the Bevan Commission Exemplar Programme, providing an early intervention, support, and medication optimisation service.

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Summary of Cluster Pilot Project Status:

Summary of pilot projects in 24/25 included:

- **North Cluster Project status:**

Status	No:	%	Reason/mitigation:
Completed/ implemented	**7**	54	
On track	**3**	23	Carried forward into 25/26 plan
Delayed	**2**	15	*Frailty Practitioner Service:* Implementation delayed due to unsuccessful recruitment *Secondary Care collaboration:* initial conversations taking place on commissioning pathways with Commissioning Department
Under review	**1**	8	*Pre-Reg Optometrist:* Employment model difficulties across HBs and Clusters. Unlikely to transfer into 25/26

- **Mid Cluster Project status:**

Status	No:	%	Reason/mitigation:
Completed/ implemented	**3**	**30**	
On track	**4**	**40**	Carried forward into 25/26 plan
Delayed	**1**	**10**	*Pharmacy Professional Frailty*: contract challenges between provider and contractors
Under review	**2**	**20**	*Pre-Reg Optometrist*: Employment model difficulties across HBs and Clusters. Unlikely to transfer into 25/26 *Optometry Hypertension Pilot:* Clinical pathway difficulty. Unlikely to transfer into 25/26

- **South Cluster Project status:**

Status	No:	%	Reason/mitigation:
Completed/	**4**	**36**	

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implemented			
On track	**6**	**55**	Carried forward into 25/26 plan
Delayed	**1**	**9**	*Frailty Co-ordination Service:* Procurement challenges/delays
Under review	**0**		

Further detail on projects and progress is included in:

Appendix 1 – North IMTP Project Status 2024 25
Appendix 2 – Mid Cluster IMTP Project Status 2024 25
Appendix 3 – South Cluster IMTP Project Status 2024 25

Financial summary:

Powys Clusters receive a total recurring ring-fenced budget of £870K.

The total allocation for 2024/25 included a carry forward underspend from 2023/24. Approximately 50% of the 2023/24 underspend was available to Clusters in 2024/25.

As identified above some projects have been delayed, and some have not started which has caused an underspend on the 2024/25 combined allocation, as detailed below.

To note, there is no carry forward from the underspend in 2024/25 to transfer into 2025/26.

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South Cluster	**23-24 £**	**24-25 £**	**25-26 £**
Core funding	292,146	292,146	292,146
Unspent funds c/fwd (100% into 23-24)	206,669	162,081	0
Total allocation	**498,815**	**454,227**	**292,146**
Outturn/forecast	172,045	135,745	29,200
Unallocated	**326,770**	**318,482**	**262,946**
Carry forward 50% from 24-25 onwards	162,081	0	0
Mid Cluster	**23-24 £**	**24-25 £**	**25-26 £**
Core	179,819	179,819	179,819
Unspent funds c/fwd (100% into 23-24)	116,129	123,819	0
Total allocation	**295,948**	**303,638**	**179,819**
Outturn/forecast	111,185	67,256	123,455
Unallocated	**184,763**	**236,382**	**56,364**
Carry forward 50% from 24-25 onwards	123,819	0	0
North Cluster	**23-24 £**	**24-25 £**	**25-26 £**
Core	398,001	398,001	398,001
Unspent funds c/fwd (100% into 23-24)	311,807	188,976	0
Total allocation	**709,808**	**586,977**	**398,001**
Outturn/forecast	369,184	365,900	420,591
Unallocated	**340,624**	**221,077**	**(22,590)**
Carry forward 50% from 24-25 onwards	188,976	0	0

2025/2026

2025/2026 Cluster Plans have been approved by the Regional Partnership Executive Group and have been included in the PTHB Integrated Plan. Projects and associated costings are currently being worked through, noting that some of the 2024/25 projects will continue into 2025/26.

There are current vacancies in various cluster/collaborative roles which will need to be recruited to at pace to ensure cluster productivity and delivery of projects.

Current vacancies include:

- Mid & South Cluster Lead - Conversations have commenced to merge the mid and south clusters. Should this come to fruition, a joint mid/south Cluster lead appointment will be progressed. Two separate GP collaboratives will continue feeding into the one combined cluster. Merging the two clusters will enable more effective population health planning.

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- North GP Collaborative lead – expressions of interest received
- Mid GP Collaborative Lead - expressions of interest received
- Optometry Collaborative Lead vacancy

The creation of a Dental Collaborative is linked to the new contract with an expected implementation date of 01/04/26.

Further work is needed to establish a Professional Nursing Collaborative.

NEXT STEPS:

- Progress/outcome 2024/25 report to be shared at RPB Executive Group.
- To continue to develop, support and monitor Clusters in the delivery of their 2025/26 plans.
- To support and continue to facilitate collaboration between all cluster members, including:
  - supporting the formation of the Professional Nursing Collaborate through the Nursing Directorate.
  - establishing Cluster Collaborative lead representation from Optometry, North GMS & Mid GMS Collaboratives.
- To progress changes to the Powys Cluster model, merging of the South & Mid clusters to form 2 Clusters moving forward.

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				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	
					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

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Age	X				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)	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.
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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Summary Cluster Pilot Projects 24-25 Status

South Cluster

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	RAG Status
MSK FCP Physiotherapy	New (2023 -24 plan)	AHP & GMS	Direct access to a Musculoskeletal professional within Primary Care	Improved outcomes, reduce referrals to secondary care. Improved service for patients, closer to home	A Healthier Wales	31/08/2025	£243,648	Cluster	
Prediabetes AWDPP	New (2022-23 plan)	GMS	Introduction of the AWDPP and enhance pre-diabetes care.	Reduction in the number of patients developing type 2 diabetes.	A Healthier Wales	31/03/2024 extension to 2025 in progress	£78,000	Cluster	
Frailty coordination Service	New (2023/24)	GMS	Introduction of a South Cluster frailty coordination service	To support the coordination and delivery of care to those patients identified as Moderately and severely frail	A Healthier Wales	Spring 2026	£353,114	Cluster	
AHP Frailty Professionals	New (2023/24)	AHP's	Multi-profession AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	
Pain Management Professional	Existing (ongoing from 2021-22 plan)(ext 2023-24)	GMS	Early intervention, support, and medication optimisation service through a Primary Care Pharmacy Pain Management Practitioner	Maximise function and quality of life for patients with persistent pain and Reduce Opioid/Gabapentin prescribing and culture.	Population Health	30/09/2024	£65,355	Cluster	
Cluster GMS Website	Existing (ongoing from 2021-22 plan)	GMS & All	Expansion of ICT and patient access via cluster website	Increased access for patients. Increased technology available for patient reviews, requests. Streamlining of services across the cluster.	A Healthier Wales	Re-Occurring – 31.03.24	£14,000	Cluster	
CRP Testing	Existing (2022-23 plan)	GMS	Continuation of antimicrobial stewardship using CRP tests for LRTI	Reduction in unnecessary antibiotic prescribing.	Population Health	*March 2025*	£12,000	Cluster	
AF Prevention	Existing (2022-23 plan)	GMS	Opportunistic pulse checks for AF carried out on patients attending the influenza vaccine program	Capture of undiagnosed AF in patient population	A Healthier Wales	*Spring 2025*	£10,000	Cluster	

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Care Navigation Mapping	New (2024-25)	GMS	Review of appointments, care navigation and signposting across practices	Improve navigation of access to right professional first time, sharing learning across Cluster practices		March 2025	£3,600	Cluster	
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health though improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs /Optometry/Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	March 2027	£100,000	Cluster	

Progress RAG Status Key

Colour	Status
Blue	Completed
Green	On track
Amber	Delayed
Red	Under review

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Summary Cluster Pilot Projects 24-25 Status

Mid Cluster

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofessional AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	
Pharmacy Professionals - Frailty	New (2024/25)	GMS	Focus on the management of medication for the most vulnerable and frail patients.	Improved pathways of care for patients, reduction in Medicines related admissions	A healthier Wales	March 2026	£180,000	Cluster	
Cluster wide MSK First Contact Practitioners	Existing (2022-23 plan)	GMS & AHP	The provision of First Contact Practitioner Physiotherapy services	Reduced MSK workload for GP's FCP appointments being made available. Reduction in the number of referrals into secondary care	A Healthier Wales	30/05/2024	£70,000	ACD	
Health & Wellbeing Facilitator	Existing (2022-23 plan)	ALL	Facilitate better health outcomes, through proactive localised health promotion, education, and engagement.	Maximise positive health outcomes through health promotion activity, by collectively supporting the communities across North Powys.	A Healthier Wales	30/09/2024	£93,890	ACD	
Patient App	Existing (ongoing from	GMS	To fill the gap of no NHS Wales App. App	Patient access to digital information and booking tools	Supporting the health	30/11/2024	N/A	ACD	

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	2021-22 plan)				and care workforce				(blue)
Pre-Reg Optometrist	Existing (2022-23 plan)	Optometry	Development of a new Optometry recruitment model for Powys	Strengthening and attracting a new work force to Powys	Supporting the health and care workforce	30/10/2025	N/A	ACD	(red)
Optometry Hypertension Pilot	Existing (2022-23 plan)	Optometry	To establish the usefulness of a Hypertension service	Reduce unnecessary referrals to general practice & reduce waiting time before systemic investigations	A Healthier Wales	N/A	£2,000	ACD	(red)
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health though improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	(green)
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs/Optometry/Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	Sept 2025	£27,961	Cluster	(green)

Progress RAG Status Key

Colour	Status
(blue)	Completed
(green)	On track
(amber)	Delayed
(red)	Under review

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Summary Cluster Pilot Projects 24-25 Status

North Cluster

Funding Project Title	New or Existing Project	Collaborative/ Dept	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
Frailty Practitioner Service	New (2024 plan)	GMS, AHP, Professional Nursing, 3rd Sector	Introduction of North Frailty Practitioner Coordination Service.	To support the coordination and delivery of services and care to the most severely frail.	Population Health	Spring 2026	£345,614	Cluster	
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprotection AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening.	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support.	Population health	March 2025	£380,000	NHs Wales	
Pharmacy Team	Existing (from 2022-23 plan)	GMS	Continued provision of the Cluster Pharmacy Professionals within GP Practices across the Cluster.	Creating GP capacity to increase time for patients with complex medical needs. Reduction in incidents of medicines related harm.	Early Help and Support	30/09/2024	£408,383	Cluster	
Digital Patient App	Existing (2022-23 plan)	GMS	Providing an alternative access route to Health and Wellbeing information & access to Primary Care, pending the full launch of the NHS Wales app.	Creating alternative access to health and wellbeing information 24/7 medication ordering Virtual booking of GP appointments' Increases social media presence. Proactive health messaging.	A Healthier Wales	30/09/2024	£10,500	Cluster	
Health and Wellbeing Facilitator	Existing (ongoing from 2021-22 plan)	PAVO	Continued provision of a dedicated Health & wellbeing Promotion Officer.	Improved engagement with 3rd Sector & Cluster population. Consistent & timely messages to whole cluster population.	A Healthier Wales	31/10/2024	£82,449	Cluster	
MSK FCP	Existing (2022-23 plan)	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PtHB.	Improved patient outcomes and recovery timescales	Early Help and	30/12/2024	£67,000	Cluster	

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				reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system .	prevention				
MSK FCP **(***service extension)*	New extension 2024/25	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PtHB – service extension to remaining 6 practices.	Improved patient outcomes and recovery timescales reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system.	Early Help and prevention	30/03/2026	£112,000	Cluster	
Pre-Reg Optometrist	New (2024/25)	Optometry	Development of a new Optometry recruitment model for Powys & BCU cluster.	Strengthening and attracting a new work force to Powys.	Supporting the health and care workforce	Sept 2026	£22,000	Cluster	
Secondary Care Collaboration	Existing (2022-23 plan)	GMS	Build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through facilitating Cluster and Collaborative lead attendance at quarterly Commissioning/provider meetings.	Improved pathways of care for patients, improved partnership working with specialist providers.	Joined up Care / Transforming in partnership	31/03/2025	£5,000	ACD	
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services.	Improve lifelong health though improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education.	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs/Optometry /Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management.	Improved alternative access to services for patients. Improved efficiencies with back-office functions.	Joined up Care / Transforming in partnership	March 2026	£103,555	Cluster	

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Winter Resilience (Surge Capacity)	New (2024-25 plan)	GMS	Overflow outsourced Triage Solution implemented during a 12-week period to demonstrate alternative appointment delivery solution.	Resilience in individual practices combined with resilience as a Collaborative.	Supporting Health & Care Workforce	15/03/2024	£149,810	Cluster	

Progress RAG Status Key

	Completed
	On track
	Delayed
	Under review

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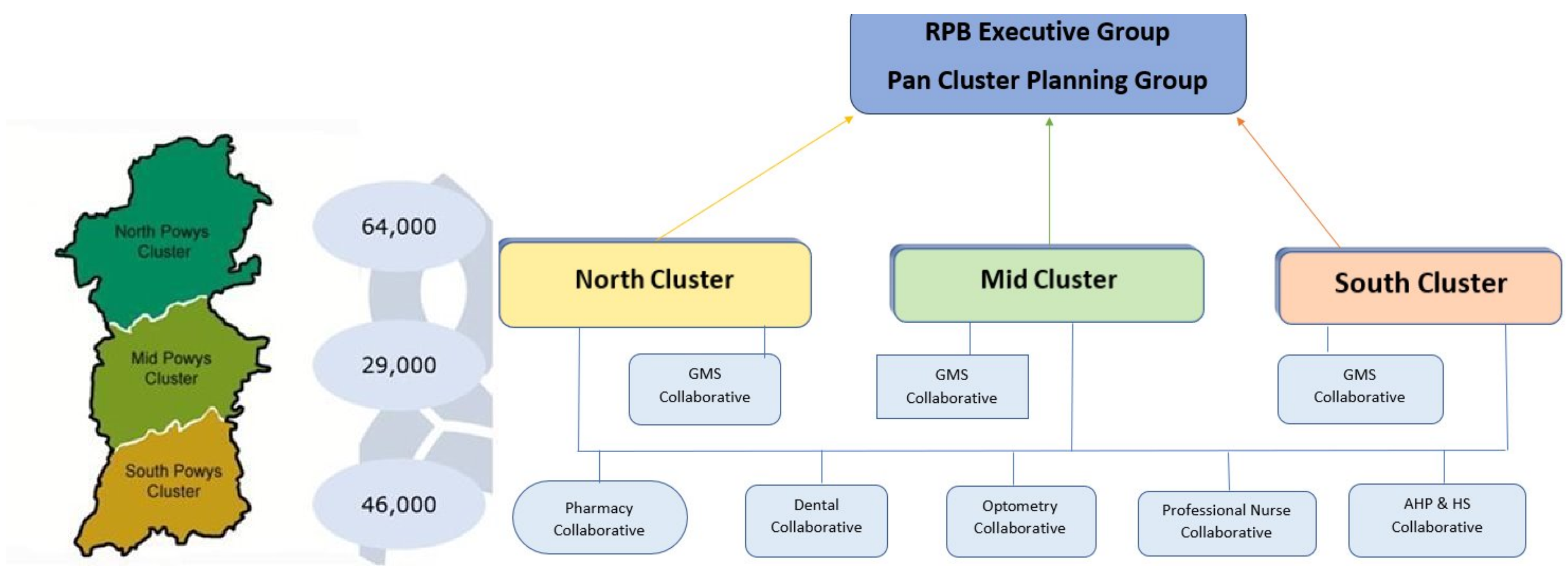
Appendix 4 - Model

Powys Cluster



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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	Ministetial Enabling Actions		✓ [shaded red: Item deferred]	✓		✓	
Performance	Annual Delivery Progress Report	✓ **Q4**		✓ **Q1**	✓ **Q2**		✓ **Q3**
Finance	Finance Report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Heath Care costs)			✓			✓
Finance	Variable Pay			✓			
Annual Reporting	Draft Performance Report (of Annual Report) - to be circulated via email due to timescales						
Innovative Environments	Capital Programme Delivery					✓	
Innovative Environments	Capital and Estates Compliance Report						✓
Innovative Environments	Capital and Estates Strategy Monitoring		✓				
Innovative Environments	Capital Pipeline Overview					✓	
Innovative Environments	Powys PSB Climate Working Group Update				✓		
Primary Care	GMS			✓			
Primary Care	GDS				✓		
Primary Care	Out of Hours		✓				
Primary Care	Community Pharmacy Annual Report					✓	
Primary Care	Mental Health Services						
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A
Communications	Comms and Engagement Report					✓	
Innovative Environments	Six monthly report on catering services				✓		✓
Performance	Organisational Escalation Status Presentation Finance and Performance Monitoring	✓	✓	✓	✓	✓	✓
Finance	Deep Dive - CHC savings track growth on case numbers.		✓				
Performance	Endoscopy Update to include JAG accreditation			✓			✓
Health and Safety	Health and Safety Annual Report	✓					
Health and Safety	Health & Safety (Fire and Patient Safety) 6 monthly report					✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix - Second look needed at joint PPPH and D&P meeting March 2026						
Actions	Deep Dive - from Performance report (Action at Feb meeting) Ambulance Response (May)		✓				✓
Actions	Review the effectiveness of clusters in achieving their purpose on an Annual basis	✓					
Actions	Deep Dive - from Performance report (Action at Feb meeting) Cancer Performance & Diagnostics			✓			
Actions	Community Hospital Delays & Flow		✓				
Actions	Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais.			✓			
Actions	GMS access			✓			

Key
- Date to be confirmed
- Item to be confirmed
- Item deferred
- Item brought forward
- Going to Board
- Find Exec Cttee date
- Added to draft agenda
- transferred to another committee

Powys Teaching Health Board Glossary (June 25)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development

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CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
H&S	Health and Safety

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HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit

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MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment

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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