Archwilio Cymru
Audit Wales

Tackling the Planned Care Challenges – Powys Teaching Health Board

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Mae’r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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About this report

1 This report sets out the findings of work on planned care recovery that we have undertaken at Powys Teaching Health Board (the Health Board) to examine the progress it is making in tackling its planned care challenges and reducing its waiting list backlog. The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with INTOSAI[1] audit standards. This report excludes any examination of waits relating to cancer diagnosis and treatment, which are the subject of a separate examination by the Auditor General.

2 Tackling the planned care waiting list backlog is one of the biggest challenges facing the NHS in Wales. NHS waiting time targets in Wales have not been met for many years and the COVID-19 pandemic made an already challenging situation considerably worse as planned care services were initially postponed and then slowly re-started to allow the NHS to focus its attention on dealing with those seriously ill with the virus. Since the onset of the pandemic, the overall size of the NHS waiting list has grown significantly and at the end of February 2025 there were 614,150 individual patients waiting for treatment

3 In April 2022, the Welsh Government published its Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales. The programme includes £170 million recurring funding to support planned care recovery, together with an additional £15 million funding per year over four years to support planned care transformation. Welsh Government subsequently allocated a further £50 million between September 2024 and October 2024 to reduce the longest waiting times[2]. The programme includes specific targets and Ministerial priorities:

- that no one should wait longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023**[3]);
- to eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
- people should receive diagnostic testing and reporting within eight weeks and therapy interventions within 14 weeks by Spring 2024; and

[1] INTOSAI is the International Organization of Supreme Audit Institutions

[2] Health Secretary response to latest NHS Wales performance data. The £50 million additional allocation comprised £28 million in September and £22 million in October 2024.

[3] Health Boards did not achieve the original targets for first outpatient appointment and number of people waiting longer than two years for treatment. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

- to eliminate the number of people waiting longer than one year in most specialties by Spring 2025.

4 In May 2022, the Auditor General for Wales published a commentary on "Tackling the Planned Care Backlog in Wales" which estimated that it could take up to seven years for the overall waiting list in Wales to return to pre-pandemic level. The commentary highlighted key areas for action, including:

- having strong and aligned local leadership to deliver the national vision for recovering planned care services;
- having a renewed focus on system efficiencies and new technologies;
- building and protecting planned care capacity; and
- communicating effectively with patients who are waiting for treatment and having systems in place to manage the clinical risks to those patients while they are waiting.

5 Our work has considered the progress Heath Board is making in tackling its planned care challenges and reducing its waiting list backlog, with a specific focus on:

- action that the Health Board has taken to tackle the planned care backlog;
- waiting list performance; and
- understanding and overcoming the barriers to improvement.

6 We undertook our work between August 2024 and February 2025. The methods we used are summarised in **Appendices 1 and 2**. **Appendix 3** provides some additional data analysis on planned care services and **Appendix 4** contains the Health Board's response to any recommendations arising from our work.

7 In November 2024, the Welsh Government escalated the Health Board to (Level 4) for finance, strategy and planning on its NHS Wales escalation and oversight framework. The financial position has a direct bearing on the financial sustainability of planned care services, and in particular its ability to commission externally provided services to meet rising demand.

Key facts[4]

£25.4m the amount of additional funding the Health Board has received from Welsh Government between 2022-23 and 2024-25 to support planned care improvement.

27,578** the overall size of the waiting list at December 2024 (combined Welsh and English providers).

344* the number of patient pathways waiting more than 1 year for their first outpatient appointment at February 2025 against a national target of zero waiting. The number of 1 year waits for an outpatient appointment has reduced by 57% since April 2022.

197** the number of patient pathways waiting more than 2 years for treatment at December 2024 against a national target of zero waiting.

89%* the percentage diagnostic test waits that are within 8 weeks at February 2025 against a national target of 100%. This is an 18% reduction of 'over 8 weeks' diagnostic waits since April 2022.

99.9%* the percentage of therapy waits that are within 14 weeks at February 2025 against a national target of 100%. The Health Board has achieved an 96% reduction of 'over 14 week' therapy waits since April 2022.

2,749** the number waiting more than one year for treatment at December 2024 against a national target of zero for most specialties by Spring 2025.

* This data is for Powys residents waiting in Welsh NHS Providers only. Therefore, this excludes Powys residents waiting/treated in England.

** This data is for all Powys healthcare providers. It includes Powys residents waiting for treatment in Powys and Powys residents waiting for treatment in Welsh health boards and English trusts.

[4] The data source for Welsh residence and provider waiting times data is Welsh Government's Stats Wales website. NHS England waiting times data was sourced from the Health Board's January Integrated Quality and Performance Board report.

Key findings

8 Overall, **we found following some early success, performance against some ministerial priorities has plateaued and the overall number of patients waiting has continued to rise. The Health Board's service demand is increasing. It needs a plan to meet current and future service needs, which considers its strategic commissioning environment and maximises local service efficiencies.**

Action that the Health Board is taking to tackle the planned care challenge

- Whilst the Health Board has set out clear plans for securing short-term waiting list improvements, it has yet to sufficiently describe actions needed to balance capacity/resources with demand to secure more sustainable improvements to planned care services.
- The Health Board is spending its additional Welsh Government planned care allocation in line with its plans. However, it has been unsuccessful in obtaining additional transformation funding which has contributed, in part, to a limited focus on service transformation.
- The Health Board has started to deliver a greater level of efficiencies but there remain further opportunities. Work is underway to improve theatre utilisation as currently there are opportunities for greater efficiency and the Health Board needs to take action to reduce the number of cancelled operations.
- The Health Board is managing its complex commissioning environment well and effectively holding its commissioned bodies to account for outsourced planned care services. However, its insourcing arrangements are vulnerable because 'in-reach' consultants who travel to work in Powys to provide in-county treatment are not always available.
- The Health Board is making progress implementing the Welsh Government's Promote, Prevent and Prepare policy, but current arrangements do not cover Powys residents waiting for out of county treatment. The arrangements for monitoring and reporting incidence of harm associated with planned care waits for require strengthening.

Waiting list performance – is the action taken resulting in improvement?

- The Health Board has continued to see a rise in its waiting list (the number of open patient pathways). As of December 2024, there were 27,578 open pathways.
- It is making mixed progress against the Welsh Government aims:
  - Despite early progress in reducing the number of people waiting longer than one year in most specialties by Spring 2025, performance has plateaued.
  - While initially improving, the Health Board did not achieve the Welsh Government's target to eliminate outpatient waits that are over a year and has struggled to maintain its early improvements.
  - Although the Health Board did not meet the revised Welsh Government target to eliminate waits over 2 years by March 2024, it has made good progress overall reducing the level of waits from around 699 in May 2022 to around 197 in December 2024.
  - The Health Board is currently meeting the target for therapy waits. However, its diagnostic services performance is more of a challenge, but based on the current performance it looks likely that the Health Board will meet the target during 2025.

Barriers to improvement

- There are a number of barriers to further planned care improvement. These include financial pressures in the Health Board, growing service demand, reliance on commissioned bodies' capacity, fragility of some in-reach services, under-utilisation of theatres and limited staff resources in some areas.
- The Health Board recognises these challenges and is introducing a range of actions to help address these issues. These actions are at their early stages and more needs to be done to implement and embed them at pace.

Recommendations

9 We have set out recommendations arising from this audit in **Exhibit 1**. The Health Board's response to our recommendations is summarised in **Appendix 4**.

Exhibit 1: recommendations

Recommendations
Longer term planning and costing R1 Over and above the commitments signalled in the Integrated Plan 2024-29 and Annual Plan 2024-25, the Health Board should develop a Planned Care improvement plan which aims to both design and deliver financially sustainable local services and affordable commissioning approaches in the medium to longer term. The plan should be costed, with realistic but challenging milestones within it (**Exhibit 2**).
Demand and capacity planning R2 The Health Board should ensure that its demand and capacity modelling approach informs short-term service capacity planning and longer-term service design. This should fully consider continued growth or expected changes in population demand for planned care services **(Exhibit 2)**.
Efficiency and productivity R3 To further improve efficiency and productivity, the Health Board should: 3.1 Produce a progress report providing an update on the completion of recommendations arising from the Getting It Right First Time (GIRFT) reviews to be presented at Board. (**Exhibit 6**). 3.2 Reduce the numbers of short notice surgical cancellations due to clinician unavailability (**Exhibit 6**). 3.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85% (**Exhibit 6**).
Managing clinical risks associated with long waits R4 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks resulting from long waits.

Recommendations

4.1 Develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (Exhibit 7).

4.2 Routinely report harm resulting from delays in access to treatment to the Quality and Safety Committee. This should include data for all Powys residents i.e. whether they are treated in Powys or receiving care commissioned by the Health Board (Exhibit 7).

Detailed report

Action that the Health Board is taking to tackle the planned care challenge

10 We considered whether the Health Board has taken appropriate action to tackle the planned care challenge. This included reviewing its plans, programme delivery arrangements and oversight, utilisation of additional Welsh Government funding and the operational management of planned care.

11 We found **that the Health Board has a good, but short-term focus on planned care service recovery, supported by a clear programme delivery and oversight arrangements. However, it is facing financial pressures, and it needs to develop a clear plan for financially sustainable and efficient planned care services. It also needs to expand its 'Promote, Prevent and Prepare' arrangements and strengthen its reporting of harm associated with long waits.**

Planned care improvement plans and the programme to deliver them

12 It is important that the Health Board has a clear plan for tackling the waiting list backlog and delivering sustainable planned care improvement. We considered whether the Health Board has:

- clear, realistic and costed improvement plans for planned care that align with the national recovery plan ambitions and Ministerial priorities; and
- appropriate programme management arrangements to support planned care improvement, supported by clear accountabilities and clinical leadership and reporting to committees and the Board.

Planned care improvement plans

13 We found that **the Health Board has set its direction for planned care, however its delivery plan is uncosted and focused on short term solutions. The plan is also not informed by analysis and modelling of capacity and demand.**

14 The findings that underpin this conclusion are summarised in **Exhibit 2**.

Exhibit 2: the Health Board's approach to planned care improvement planning

Audit question	Yes / No / Partially	Comments
Has the Health Board developed a clear plan to support planned care recovery?	**Partially**	The Health Board has set its direction for planned care within its Integrated Plan 2024-29 and Annual Plan 2024-25. Delivery of this is through the Planned Care Pathways Plan 2024-25, but the plan is too short-term and there needs to be far greater clarity on longer-term goals. The plan also needs to set out financially sustainable local service models and commissioning approaches **(Recommendation 1).**
Is the approach for delivering planned care improvement costed and affordable?	**No**	The Planned Care Pathways Plan 2024-25 does not contain clear costings for activities and initiatives and it is unclear whether the plan is affordable **(**see **Recommendation 1)**. Given the Health Board's current planned care model and commissioning approach, there is a direct trade-off between its financial position and its ability to commission the capacity needed to secure a material reduction in waits. This suggests the current model may be increasingly unaffordable as planned care demand rises (See **Exhibit 16**, page 37).
Are the Health Board's planned care priorities appropriately aligned to the national planned care recovery plan and Ministerial priorities?	**Yes**	The Health Board's Integrated Plan 2024-29 and Annual Plan 2024-25 are sufficiently aligned to the ministerial measures and the national 'transforming and modernising planned care and reducing NHS waiting lists' recovery plan.
Has the Health Board set out realistic yet challenging targets and milestones for planned care?	**Partially**	The Health Board has developed improvement trajectories aligned to the Ministerial priorities. However, plans lack longer-term planned care ambitions and milestones.

Audit question	Yes / No / Partially	Comments
Are the Health Board's planned care priorities informed by analysis and modelling of capacity and demand?	**No**	The Health Board has developed a demand and capacity modelling approach; however, this has not yet been implemented **(Recommendation 2).**
Has the Health Board set out how it will transform its clinical service models to make them more sustainable in the future?	**Partially**	The Integrated Plan 2024-29, and the Health and Care Strategy for Powys "A Vision to 2027 and beyond" provide a future vision for Healthcare in Powys. However, it does not sufficiently set out the approach in enough depth to enable the introduction and development of sustainable clinical service models.
Are plans for planned care improvements aligned to other key corporate plans such as the IMTP, and plans for workforce, digital and estates?	**Partially**	The Annual Plan 2024-25 refers to high-level enablers including, workforce, estates and digital services, with some alignment to planned care improvement aims. Until there are clear longer-term plans for planned care services, it will not be possible to accurately determine digital, workforce or estates requirements.

Source: Audit Wales fieldwork

Planned care programme delivery and oversight

15 We found that **the Health Board has clear planned care programme delivery arrangements in place, with appropriate resources and there is appropriate oversight from the Health Board and its committees.**

16 The findings that have led us to this conclusion are summarised in **Exhibit 3**.

Exhibit 3: the Health Board's approach to the programme management of planned care improvement

Audit question	Yes / No / Partially	Comments
Does the Health Board have a clear and appropriately resourced improvement programme to support planned care recovery?	**Yes**	The Health Board's Diagnostics, Ambulatory and Planned Care Programme Board is driving delivery of the Planned Care Pathways Plan 2024-25 and is appropriately resourced.
Is planned care recovery supported by clearly defined operational accountabilities and effective clinical leadership?	**Yes**	There is clear operational accountability and clinical leadership for planned care. The Executive Director of Primary Care, Community and Mental Health has executive responsibility for planned care, supported by the Assistant Director of Community Services, and the senior manager for planned care. Recent appointments have also furthered strengthened this capacity including: • Clinical Lead for the Promote, Prevent and Prepare for planned care[5] programme; • Assistant Medical Director for Planned Care; • Director for Improvement and Transformation.
Has the Health Board undertaken a risk assessment to understand the issues that could prevent delivery of planned care improvement aims?	**Yes**	The Health Board has a planned care risk register which is presented routinely at the Diagnostics, Ambulatory and Planned Care Programme Board. The Health Board appropriately and routinely analyses, tracks and categorises the risks to the delivery of planned care improvement. In addition, the Planned Care Quality and Safety group also reviews the planned care risk register. The Health Board also monitors risks to planned care delivery at commissioned bodies through its Commissioning, Quality and Performance meetings.

[5] Welsh Government's Promote, Prevent and Prepare for Planned care policy aims to ensure that patients are supported and informed while waiting for planned care..

Audit question	Yes / No / Partially	Comments
Is performance on planned care recovery routinely reported to the appropriate committee and to the board?	**Yes**	The Board and committees effectively oversee planned care performance and improvement. Board performance reports track and monitor planned care targets, including the ministerial targets. The Health Board has also held a Board awareness session with a specific focus on planned care and sharing good practice.

Source: Audit Wales fieldwork

Utilisation of additional Welsh Government funding

17 We have looked at the Health Board's use of the additional planned care allocation that it has received from the Welsh Government. This section considers:

- the overall amount of additional planned care funding the Health Board has received from Welsh Government over the last three years;
- how the Health Board spent the money; and
- the Health Board's arrangements for overseeing how it has spent additional funding.

Use of additional funding

18 We found that **since 2023-23 the Health Board has received a total of £25.4 million in additional Welsh Government planned care funding. It is focusing the funding on short term improvements with limited investments in service transformation to help make planned care services financially sustainable in the long term.**

19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £25.4 million between 2022-22 and 2024-25 (**Exhibit 4**).

20 We reviewed the use of funding in 2023-24 in greater detail. This shows that the Health Board has spent all the additional funding it received on planned care services, as Welsh Government intended (**Exhibit 5**). This funding has been used to support additional commissioning of activity and insourcing of in-reach consultants to deliver additional activity. However, the Health Board has introduced multidisciplinary teams in ophthalmology, ear, nose and throat, and orthopaedics services which has reduced the need for in-reach consultant appointments.

Exhibit 4: the Welsh Government's allocation to the Health Board to support planned care improvement

Financial year	Annual allocation (£m)
2022-23	7.9
2023-24	6.9
2024-25	5.6
Additional in-year allocation in 2024-25[6]	5.0
Total allocated	25.4

Source: Health Board financial self-assessment returns

Exhibit 5: Use of the 2023-24 £6.9 million Welsh Government additional financial allocation, Powys teaching Health Board

	Performance improvement funding (£m)	Transformation funding (£m)
Outpatient transformation		0.44
Promote, Prevent and Prepare programme		0.17
Planned care recovery monies	5.3	
Planned care supporting additional capacity into NHSE to reduce waiting times	0.8	
Additional sessions – Powys provided services		
• Endoscopy services	0.04	
• General surgery - outpatients	0.06	
• Oral and maxillofacial	0.01	
• Orthopaedics	0.09	
Total allocated	**6.30**	**0.61**

Source: Health Board financial self-assessment returns

[6] In December 2024, the Welsh Government allocated an additional £5 million in year funding for reducing length of waits for Powys residents treated in England.

22 For 2024-25, the Health Board continues to invest its routine additional allocation on planned care. In December 2024, the Welsh Government allocated a further £5 million, which in the allocation letter was intended to support and increase commissioning of planned care services from NHS England.

23 The Welsh Government allocates additional funding to health boards to support planned care transformation. The Health Board submitted nine bids to Welsh Government for additional funding from the Planned Care Transformation Fund in March 2024. All were unsuccessful.

Monitoring impact of additional funding

24 We have considered the extent that Health Board oversees the use of the Welsh Government planned care financial allocations. We found **that despite reasonable arrangements to oversee the use of the additional Welsh Government planned care financial allocation, we have not seen evidence of monitoring of impact of the funding.**

25 The Executive Committee receive routine planned care update reports which include the monitoring of planned care monies and the financial implications of funding allocations. The Diagnostics, Ambulatory and Planned Care Programme Board also review and receive regular updates on funding and spend on planned care. The Health Board does not formally assess or report on the impact of additional funding, albeit much of the funding directly corresponds to increased levels of commissioned acute care.

Operational management of planned care

26 Alongside the well-planned use of additional funding, health boards' ability to secure meaningful and sustainable planned care improvements will be dependent on them optimising their routine operational arrangements for planned care. In this section we consider the actions the Health Board is taking:

- to maximise its use of existing resources; and
- to secure sufficient planned care capacity through service commissioning.

Maximising the use of existing resources

27 We have examined some opportunities that exist for the Health Board to improve efficiency and productivity, and the actions it is taking to maximise the use of its existing resources. We found that **the Health Board has started to implement the Getting It Right First Time recommendations, but it needs to make greater progress and there remains significant opportunity to improve efficiency.**

28 **Exhibit 6** identifies efficiency and productivity opportunities that could help maximise the use of existing resources within the Health Board to support planned care improvements.

Exhibit 6: efficiency and productivity opportunities

Opportunity area	Audit findings
Responding to Getting it Right First time (GIRFT) reports	The Health Board has made a mixed progress in responding to GIRFT reviews. While it has made some good progress in several service areas, including outpatients and diagnostics, there remain key areas for improvement including improving theatre efficiency and increasing the overall utilisation of the theatres estate by increasing the numbers of day case procedures. At the time of fieldwork, it was difficult to assess the level of progress achieved with GIRFT recommendations **(Recommendation 3.1).**
Arrangements for improving the productivity of services	The Health Board is focusing on improving productivity of its services. These include: • The monthly Integrated Quality, Planning and Delivery meetings focus on productivity and elective pathways in relation to national improvement requirements. • Updates on the Planned Care Pathways Plan 2024-25 provided to the Diagnostics, Ambulatory and Planned Care Programme Board also include updates on productivity and efficiencies based upon national improvement requirements, including outpatient and day case productivity and theatre efficiencies. • The establishment of a Theatre Transformation Programme, theatre efficiency programme and theatre clinical workforce review to drive improvements in theatre efficiency.
Reducing non-attendance at outpatient appointments and managing referrals	**Exhibit 18,** page 38 shows that the Health Board is managing outpatient appointment non-attendance well. Its Did Not Attend (DNA) rates represented 3.8% of total outpatient clinic activity in the last 12 months. The Health Board is focused on reducing DNA rates and has taken several steps to improve its booking system, contacting patients prior to appointments and supporting patients with additional needs. However, a 3.8% DNA rate still equates to a loss of approximately 2,110 outpatient appointments a year. If the Health Board could further reduce its outpatient DNA rate by 20% (i.e. to 3%), it would provide around 420 additional outpatient appointments and avoid wasting the equivalent of approximately £63,000 of NHS resources each year.
Making use of "virtual" outpatient appointments	Virtual appointments can have a positive impact in reducing the need for travel and the risk of picking up healthcare acquired infections. For the period April 2024 to February 2025, 22.2% of all the Health Board's appointments were virtual (**Exhibit 19**, page 39). The Health Board has set an ambitious target for new virtual outpatients' appointments of 35% and 50% for follow

Opportunity area	Audit findings
	ups. This is being driven through increasing telephone consultations and virtual clinics through its Attend Anywhere[7] scheme.
Reducing the number of cancelled operations	The Health Board has increased its focus on reducing cancelled operations. For the period March 2024 to February 2025, 11% of its operations were cancelled at short notice. The most common reason being unavailability of clinical staff (**Exhibits 20 and 21,** pages 40 and 41). The Health Board is focussing on reducing patient cancellations, through its Waiting Well service, calling patients to ensure that they are ready for their procedure and by strengthening its pre-operative assessment processes. However, it needs to do more to reduce cancellations that occur because of clinician unavailability **(Recommendation 3.2).**
Improving operating theatre utilisation	Operating theatres in Powys are substantially underused, often running at around 30% utilisation[8]. In May 2024, the Health Board established its theatre clinical workforce review and a theatre efficiency programme as part of its Theatre Transformation Programme. The Health Board has set a target of improving theatre capacity by reducing the number of fallow lists by 25% by the end of September 2025. The Health Board has sought to utilise its theatre estate with regional partners offered via national meetings, but at the time of this review, no formal arrangements had been agreed. The Health Board needs to make a step-change in operating theatre efficiency and ensure that its Theatre Transformation Programme delivers tangible improvement with the aim of reaching 85% utilisation **(Recommendation 3.3).**

Source: Audit Wales fieldwork including analysis of NHS Wales data and Health Board self-assessment and data returns

[7] Attend Anywhere is a scheme where the Health Board can offer some appointments by video, with patients able to use their computer, tablet or smartphone to do access the appointment with a healthcare professional.

[8] Data reported by the Health Board in July 2024 shows that between 2021-2024, utilisation across its four theatres has declined in most cases. For example, utilisation of its Brecon Theatre was at 31.9% in 2021-22 but by 2023-24 this had fallen to 28.3%. Furthermore, the utilisation of its Llandrindod Treatment Room was only at 3.1% during 2023-24.

Ensuring sufficient planned care capacity through external commissioning

29 We examined the actions the Health Board is taking to secure sufficient planned care service capacity from external commissioned bodies through outsourcing and insourcing.

30 We found that **the Health Board is appropriately managing and holding its commissioned bodies to account. However, there is inequity in waits across the county, challenges securing 'in-reach' services from external providers and an ongoing trade-off between securing the commissioned activity required and the strategic financial position of the Health Board**.

31 Commissioning activity accounted for £169 million of the Health Board's total expenditure in 2023-24. This includes the commissioning of planned care services from other health bodies in Wales and NHS providers in England. The Health Board has longstanding arrangements for managing this through a complex range of Service Level and Long-Term Agreements. The Health Board manages and oversees planned care commissioning activity with its commissioned bodies through its Commissioning Assurance Framework and its routine Contract Quality and Performance Review meetings. Despite its strategic ability to commission additional services from a range of providers, the Health Board is facing a position where there is a trade-off between materially reducing waits and the overall financial position of the Health Board.

32 To help the Health Board provide care closer to home, it also commissions 'in-reach' services where consultants travel to Powys to provide treatments. In 2023-24 the Health Board spent £3.7 million on in-reach services. However, its in-reach services are fragile because other health bodies are not always able to release staff owing to pressures in their own services. This affects the capacity and efficiency of in-county services and results in clinic and surgical cancellations. The Health Board is managing this by setting up alternative insourcing contracts with a private provider. However, cardiology and colonoscopy services remain fragile.

33 The Health Board's complex commissioning environment means that where a resident lives in Powys will have a direct bearing on which outsourced provider treats them. The Health Board's different providers all face their own performance challenges, and therefore patients across Powys experience different waiting times. English providers were quicker recovering from the impact of COVID-19, and waiting times are generally shorter. The Health Board has indicated that there is inequity of waits across the County. It was planning to take action to address its 'Treat in Turn' rates, to reduce the variation in the timeliness of access to care. This action was dependent on planned care transformation funding bids, but as highlighted earlier **(paragraph 23)**, these were not successful. It remains unclear if the Health Board will be able to improve its equity of provision.

Managing clinical risk and harm associated with long planned care waits

34 Long patient waits increases the risk of preventable and often irreversible harm. Patients' health may deteriorate while waiting, they may be waiting in pain and with anxiety and uncertainty not knowing when they will finally receive treatment. They may also not be able to work or support or care for others while they are waiting. We considered whether the Health Board has sound arrangements to:

- identify, manage, and report on clinical risk and harm associated with long waits; and
- effectively communicating with patients who are on a waiting list and to manage potential inequalities in access to care.

35 We found **that the Health Board has made some progress to implement Welsh Government's Promote, Prevent and Prepare policy, but needs to extend the service to cover all patients regardless of their place of treatment, and strengthen reporting on actual harm resulting from long planned care waits.**

36 The findings which have led us to this conclusion are summarised in **Exhibit 7**.

Exhibit 7: the Health Board's approach to managing clinical risks and communicating with patients on waiting lists

Audit question	Yes / No / Partially	Comments
Has the Health Board implemented the first phase of the Welsh Government's Promote, Prevent and Prepare for Planned Care policy?	**Partially**	The Health Board, with leadership from the Clinical Services Manager, has implemented the first phase of Welsh Government's Promote, Prevent and Prepare policy. The Health Board is aiming to ensure that support and information is easily accessible for those who are waiting for secondary care treatment. It provides online patient information, and a contact number and email for patients.
Is the Health Board assessing the risk to patients waiting the longest?	**Partially**	The Health Board uses the DATIX system to record clinical risk resulting from a delay in treatment. However, there is no consistent mechanism throughout specialties to assess risk and inform reporting, with only Ophthalmology using a prescribed prioritisation scale to assess risk and harm (**Recommendation 4.1**).

Audit question	Yes / No / Partially	Comments
Is the Health Board routinely capturing and reporting evidence of harm resulting from waiting list delays and is it reporting on it to the Quality and Safety Committee?	**No**	The Health Board does not routinely report harm associated with waiting list delays across specialties or for residents for whom it commissions external services for, to its Patient Experience, Quality and Safety Committee (**Recommendation 4.2**).
Is the Health Board effectively balancing the tension between eliminating long waits and managing clinical risks in its approach to prioritising patients?	**Partially**	The Health Board is generally striking a balance between eliminating long waits and managing clinical risks. Clinicians undertake regular reviews considering a range of factors including patient acuity/urgency, length of wait, age and home personal circumstances. The Health Board also reviews waiting lists at commissioned bodies at its Commissioning, Quality and Performance Reporting meetings. However, despite having a 'Treat in Turn' Policy, there is variation in waiting times dependent on the location of treatment and at present, there is only limited scope to influence or remedy variation in other health bodies.
Does the Health Board monitor and record how many patients are leaving planned care waiting lists in favour of private treatment?	**No**	The Health Board has acknowledged that some patients will seek private treatment outside of the NHS due to the long waits that they have experienced. Currently these patients are not recorded on the Patient Administration for Wales System (WPAS), and there is no other evidence of consistent monitoring and reporting of these numbers.

Source: Audit Wales fieldwork

Waiting list performance – is the action taken resulting in improvement?

37 We analysed current 'Referral to Treatment'[9] waiting list performance and trends to determine whether the Health Board is:

- reducing the overall size of its waiting list; and
- meeting specific Ministerial priorities and Welsh Government national targets for planned care

38 We found **mixed progress on delivery of the Welsh Government targets which are due to date and the waiting list is continuing to grow, signalling future challenges.**

The scale of the waiting list

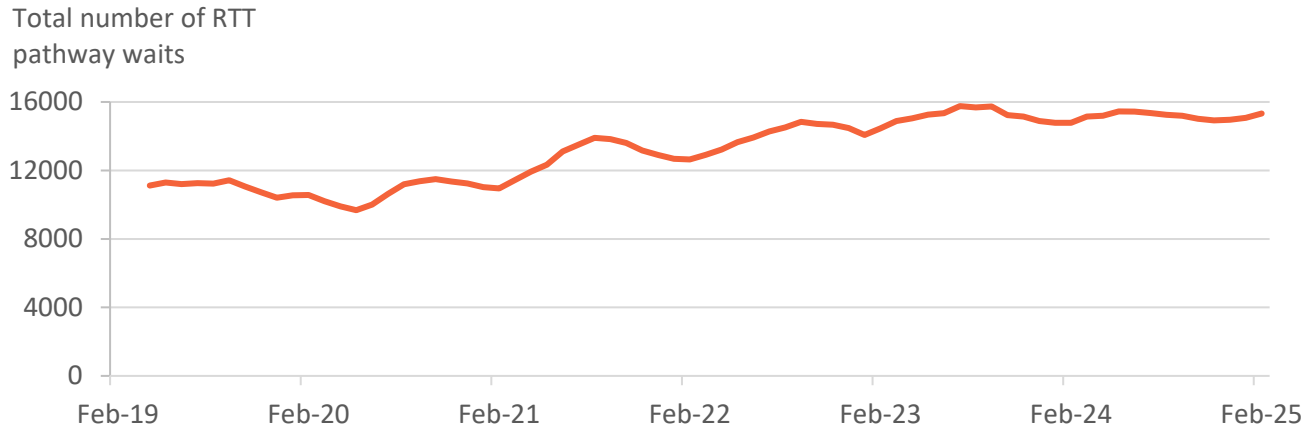
39 Across Wales, the scale and extent of waits substantially increased following the Covid-19 pandemic. We have looked at these changes in terms of the overall size of the Health Board's waiting list. We have also considered the volume of waits for diagnostics and therapy services and trends in referral rates. We found that **compared with other Health Boards the total number of waits is low, however the size of the waiting list remains higher than pre-pandemic levels.**

40 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since April 2019 for those patients treated in Wales[10]. Between April 2019 and February 2025, the Health Board's waiting list increased from 11,115 to 15,330. The action that the Health Board is taking to reduce the overall numbers of people waiting is not resulting in reduced numbers of waits.

[9] Referral to Treatment is how the NHS records the timeliness of planned care. It starts when a Health Board receives a referral and finishes when it has treated the patient. During that patient pathway, the NHS records distinct stages, including new outpatient appointment, diagnostic, follow up appointment or therapeutic intervention and treatment.

[10] Exhibit 8 data is sourced from Welsh Government and only includes Powys patients who are waiting for treatment in Wales. We do not have comparable NHS England trend data for patients residing in Powys and waiting for treatment in England.

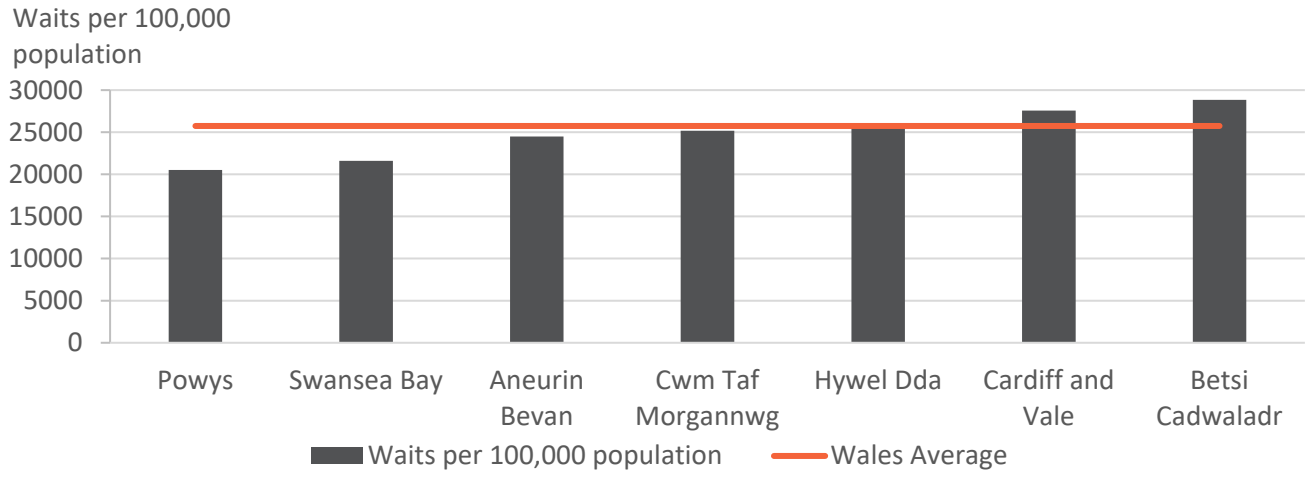
Exhibit 8: planned care waiting list size: Powys Teaching Health Board residents waiting for treatment in all Welsh providers (Excluding NHS England providers)



Source: The Welsh Government, Stats Wales

41 **Exhibit 9** provides a comparative picture of the volume of waits across Wales and it shows that the Health Board proportionately has the fewest waits[11].

Exhibit 9: Waits per 100,000 population, by health board of residence, December 2024. Exhibit 9 data includes Powys residents waiting for treatment (both in Wales and England)



Source: The Welsh Government, Stats Wales. Mid-year 2023 mid-year population estimates used in calculation. Powys's NHS England waits data sourced from Health Board performance reports.

[11] Our figures are based on NHS Wales's 'open' referral to treatment measure. This counts the number of open pathways, rather than unique numbers of people.

Performance against national targets/priorities

42 We looked at the progress that the Health Board is making against the Welsh Government's aims[12]. These are:

- No one waiting longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023[13]**).
- Eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**).
- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.
- Eliminate the number of people waiting longer than one year in most specialties by Spring 2025.

43 We found **that performance against the ministerial priorities is mixed, whilst there has been good progress in eliminating waits over 2 years and reducing waits for therapy and diagnostics, initial progress on the 52-week outpatient target and reducing the number of people waiting longer than a year has not been sustained.**

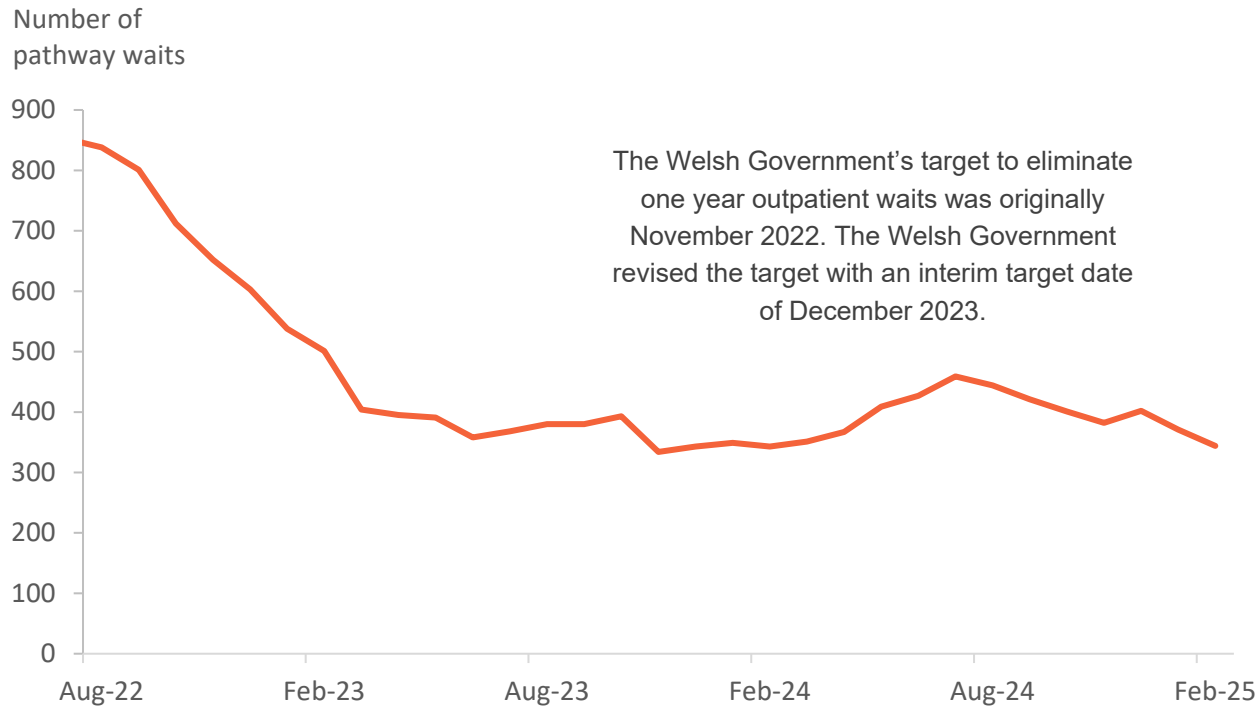
No one waiting longer than a year for their first outpatient appointment

44 **Exhibit 10** shows Health Board waiting list performance for first (new) outpatient appointments. The Health Board failed to meet the revised December 2023 Welsh Government target to ensure no residents waited more than a year for their new outpatient appointments. While initially improving, the Health Board did not achieve the Welsh Government's target to eliminate outpatient waits that are over a year and has struggled to maintain its early improvements.

[12] We have not included the Welsh Government performance on Cancer services as this is outside the scope of this review.

[13] Health boards did not meet the original targets for first outpatient appointment and number of people waiting longer than two years. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

Exhibit 10: the number of first (new) outpatient appointments waits that are over a year since referral, by Health Board of residence, Powys Teaching Health Board – (Excludes NHS England providers)

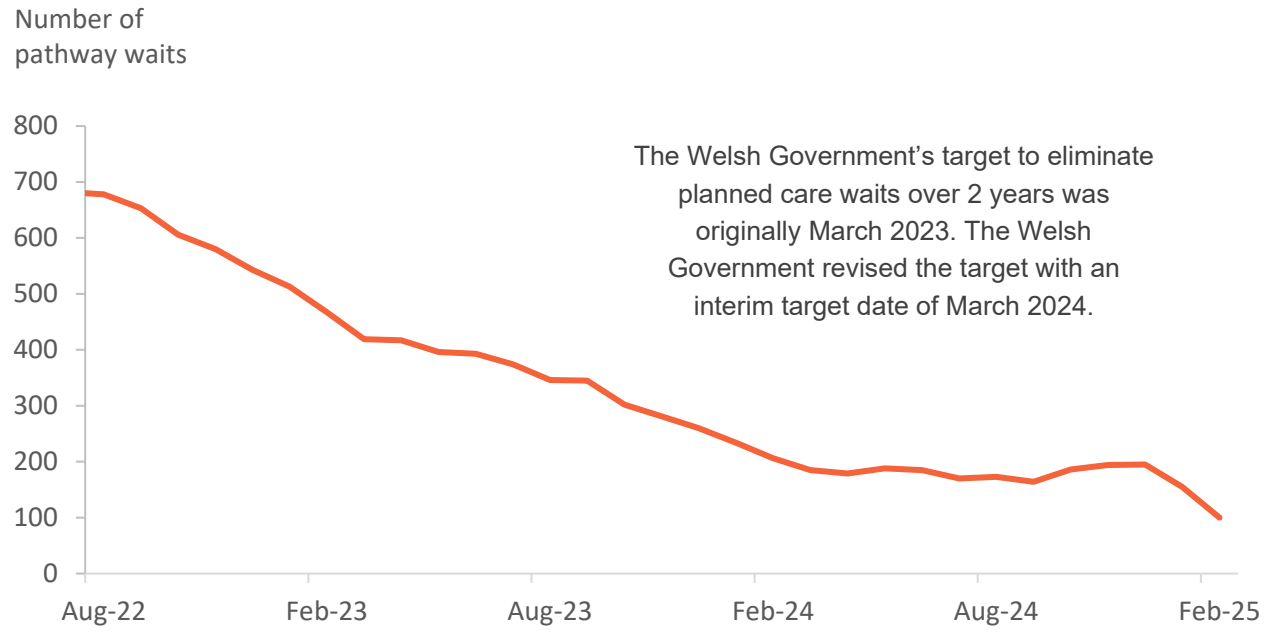


Source: The Welsh Government, Stats Wales

Eliminate the number of pathways longer than two years in most specialties by March 2023

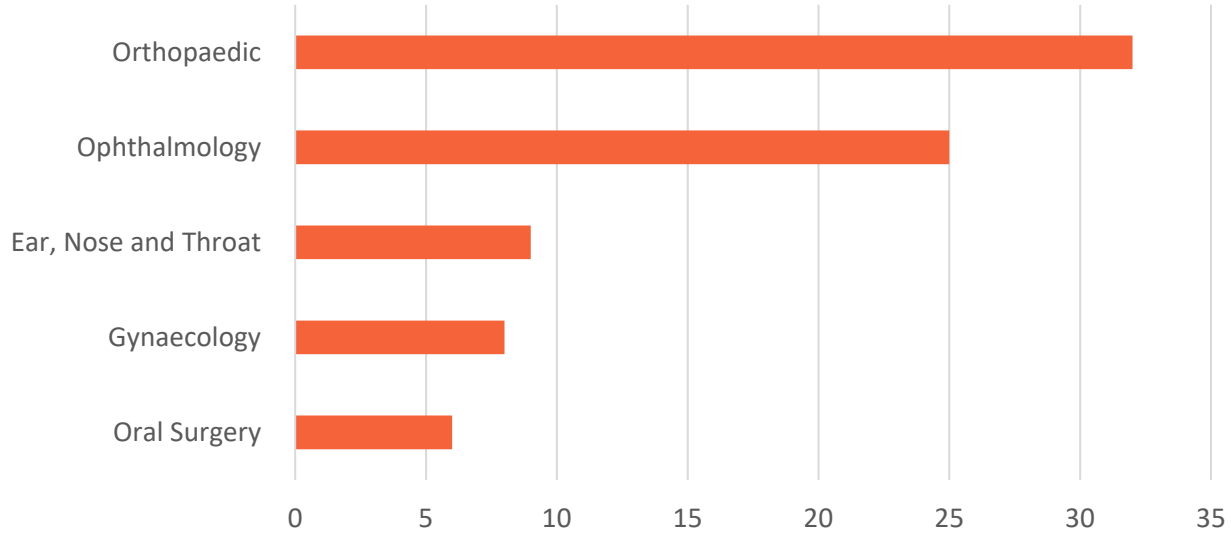
45 **Exhibit 11** shows that the Health Board did not meet the revised Welsh Government target to eliminate waits over 2 years by March 2024, but it has made good progress overall. Of those waits currently over 2 years, **Exhibit 12** shows that the most extreme waits are in a small number of specialties. Orthopaedics is clearly a challenge but longer waits in other specialties may also present an elevated risk of harm resulting from treatment delays.

Exhibit 11: the number of planned care waits over 2 years, by Health Board of residence, Powys Teaching Health Board (Excludes NHS England providers)



Source: The Welsh Government, Stats Wales

Exhibit 12: the number of planned care waits over 2 years by specialty as of February 2025, by Health Board of residence, Powys Teaching Health Board (Excludes NHS England providers)

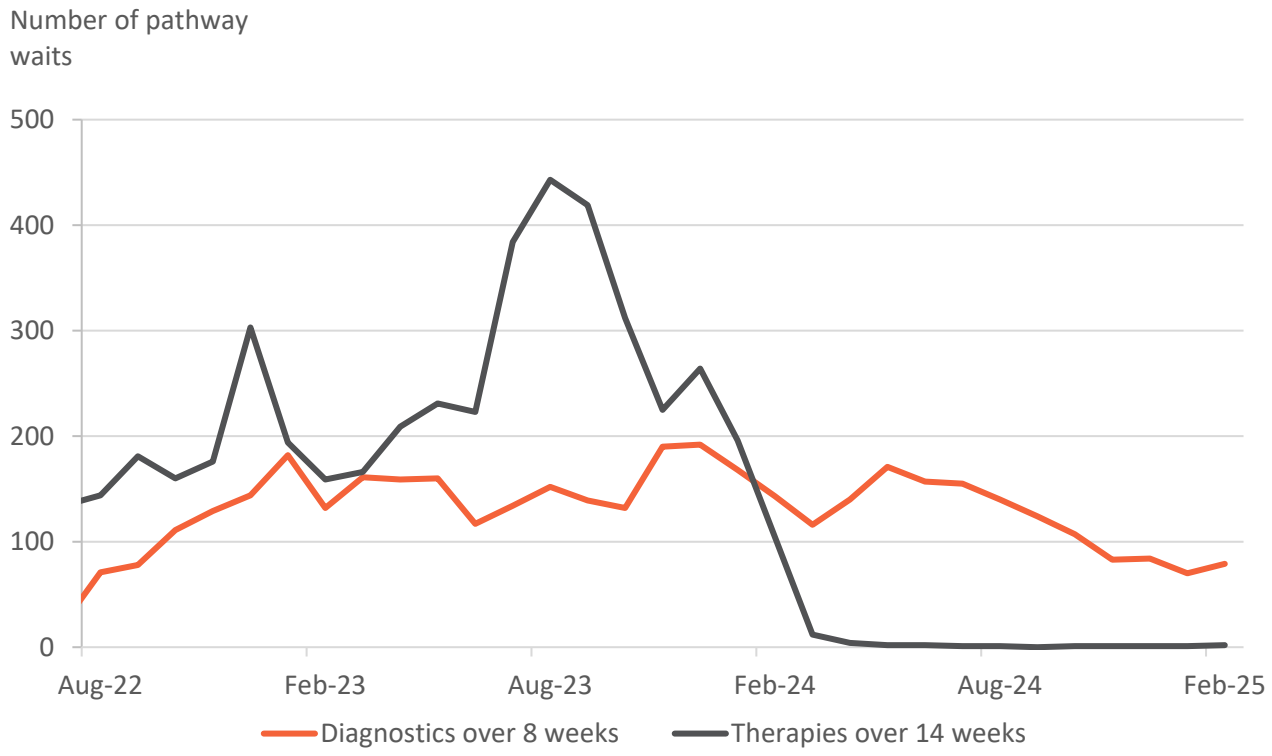


Source: The Welsh Government, Stats Wales

Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024

46 The Welsh Government sought to increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024. The Health Board is currently meeting the target for therapy waits. Based on the current diagnostic performance it looks likely that the Health Board will also meet the diagnostic target in 2025 (**Exhibit 13**). Of its diagnostic services, cardiology diagnostics is of greatest concern because of the level of long waits.

Exhibit 13: the number of diagnostic and therapy pathway waits that breach Welsh Government targets (Diagnostic waits is an 8-week target, therapies waits is a 14-week target), Powys Teaching Health Board (excludes NHS England providers)

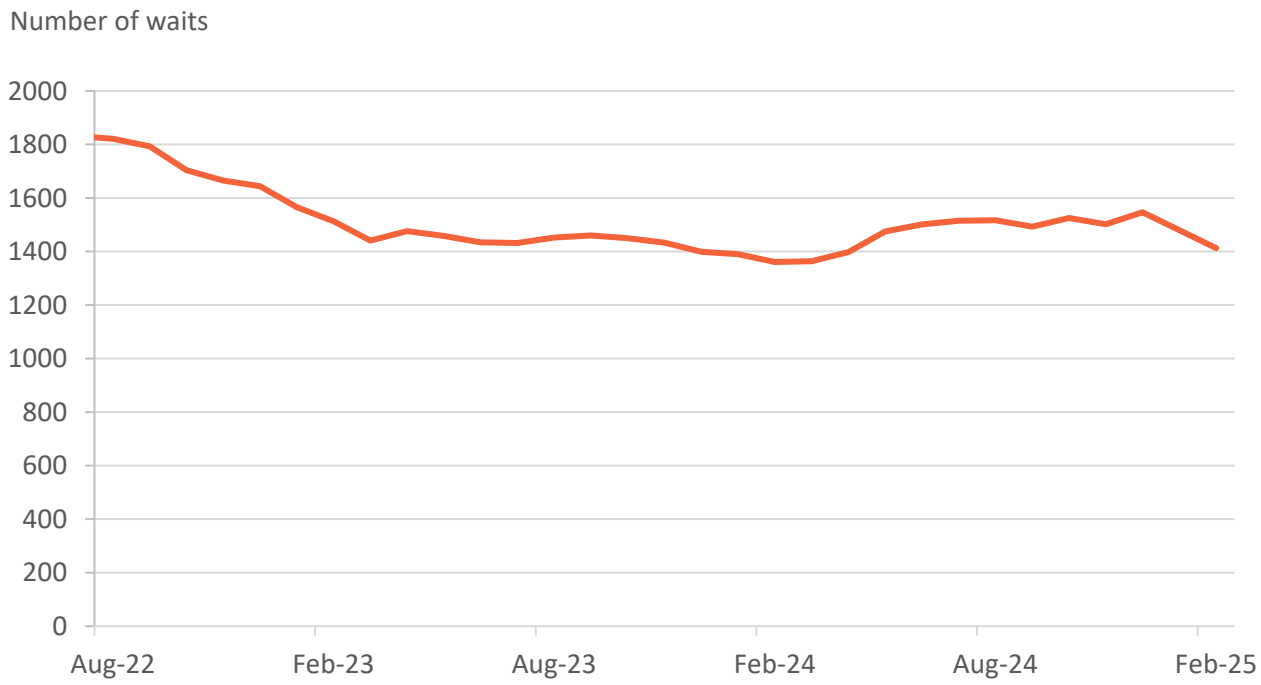


Source: The Welsh Government, Stats Wales

Eliminate the number of people waiting longer than one year in most specialties by Spring 2025

47 The Welsh Government's longer-term ambition was to eliminate waits over 1 year in most specialties by the Spring of 2025. **Exhibit 14** showed some improvement since 2022; however, performance improvements have since plateaued.

Exhibit 14: the number of pathway waits that are over a year, by Health Board of residence, Powys Teaching Health Board (Excludes NHS England providers)



Source: The Welsh Government, Stats Wales

Barriers to further improvement

48 We have considered the factors that are affecting the Heath Board's ability to tackle its waiting list backlog and secure sustainable improvements in planned care, together with actions that it is taking to address them.

49 We found that **the Health Board recognises its barriers to planned care recovery but will need to address a number of challenges if it is to secure sustainable planned care improvements.**

50 Our fieldwork has found challenges in the following areas:

- **Demand for planned care services** – There is increasing demand for planned care services which we expect to grow further. While the Health Board is reducing the number of long waits, the overall numbers of patients on the waiting list continues to grow. Since April 2022, the overall waiting list has grown by nearly 40 percent. The Health Board's referral levels (excluding the atypical pandemic period), shows a long-term trend of increasing demand (**Exhibit 16, Page 37**) which if it continued, will present an ongoing operational and financial challenge.
- **Financial pressures** - The Health Board is experiencing significant financial pressures and is currently in Level 4 Targeted Intervention (Level 4) for finance, strategy and planning. This has resulted in the organisation facing challenging decisions on the extent that it can afford to fund planned care to the levels needed. This is likely to slow the pace of recovery.
- **Fragility of locally provided services** – Our capacity analysis of the Health Board's locally provided elective admissions indicates that its surgical activity levels are lower than 2019 levels (**Exhibit 17, Page 37**). We understand that this is affected by challenges recruiting to key roles, particularly those within clinical leadership, staff unavailability and staff turnover.
- **Complex commissioning environment** – As highlighted earlier, external staffing of in-reach services is becoming increasingly problematic. This is resulting in fragility in outpatients, general surgery, echo-cardiogram procedures, diagnostic endoscopy, ENT and day case activity.
- **Complexity of contractual arrangements** - The Health Board identified that the complexity of the contracting approach in Wales is a challenge. It indicated that historical Long-Term Agreements, a lack of standardisation across contracts and inconsistencies within the payment system have caused inefficiencies.

51 The Health Board is taking action to address some of these barriers. It has strengthened transformation programme leadership through the appointment of a Director of Improvement and Transformation. To address issues with theatre capacity, it has created a new theatre transformation programme, theatre efficiency programme and is undertaking a theatre clinical workforce review as described in **Exhibit 6**.

52 To address the fragility of services, the Health Board is introducing increased ‘daily’ contact with operational teams across commissioned bodies, as well as the creation of an operational fragile services log. Where there are issues, it can now escalate services through its contract quality and performance review meetings. The Health Board is also considering insourcing further private provision to mitigate gaps within commissioned capacity, as well as weekend clinics and theatre sessions.

53 Several of these improvement actions are at their early stages and the Health Board will need to review and monitor progress to ensure positive results. Service transformation needs to be embedded in the Health Board’s long-term plans for improvement, with appropriate resource in place to drive the changes. The Health Board needs to continue to embed these arrangements, and review and monitor progress to ensure positive results and value for money.

Appendix 1

Audit methods

Exhibit 15 sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

Exhibit 15: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Annual Delivery Plan 2024-25 • Powys THB Integrated Plan 2024-2029 • Integrated Medium-Term Plan (IMTP) 2022-25 • The Health and Care Strategy for Powys, A Vision to 2027 and Beyond (2017-2027) • Planned Care Pathways Plan 24/25 • Designing a sustainable approach for Powys. Better Together. November 2023 • Powys THB Integrated Quality & Performance Framework • Powys THB Incident Management Framework • Planned Care & Diagnostics programme initiation document • Getting It Right First Time reviews • Planned Care Transformation Fund bid forms • Diagnostics, Ambulatory and Planned Care meeting papers • Delivery & Performance Committee papers • Patient Experience, Quality & Safety Committee papers • Public Board meeting papers • Planned Care performance update reports • Risk registers
Self-assessment	We issued and then analysed a self-assessment completed by the Health Board.
Interviews	We interviewed the following: • Assistant Director of Community Services

Element of audit methods	Description
	• Senior Planned Care Manager • Interim Assistant Medical Director for Planned Care • Senior Clinician Theatres/Endoscopy, Q & S Lead for Planned Care • Deputy Director of Therapies and Healthcare Science • Senior Nurse Outpatients Development • Assistant Director of Finance • Assistant Director of Performance and Commissioning
Observations	We observed the Performance and Business Meeting and the Delivery and Performance Committee in August and the Diagnostics, Ambulatory and Planned Care Programme Board in September 2024.
Data analysis	We analysed key data on: • waiting list performance; • financial spend; and • outpatient and inpatient efficiencies.

Appendix 2

Audit criteria

Main audit question: **Is the Health Board effectively managing its planned care challenges?**

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board's waiting list performance improving?	What is the scale of the challenge? Is the Health Board meeting Welsh Government targets/ambitions?	The Health Board has: • made progress reducing the overall number of referral to treatment waits for planned care services; and • met Ministerial priorities and national targets that were set by the Welsh Government.
Does the Health Board have a clear plan and a programme of action to support planned care waiting list recovery?	Does the Health Board have a clear, realistic, and funded plan in place for planned care recovery? Is there a clear programme structure to deliver planned care improvement?	The Health Board has: • clear, realistic and funded plan in place for planned care recovery in the short and longer term; and • a programme structure that appropriately supports the delivery of the plan.

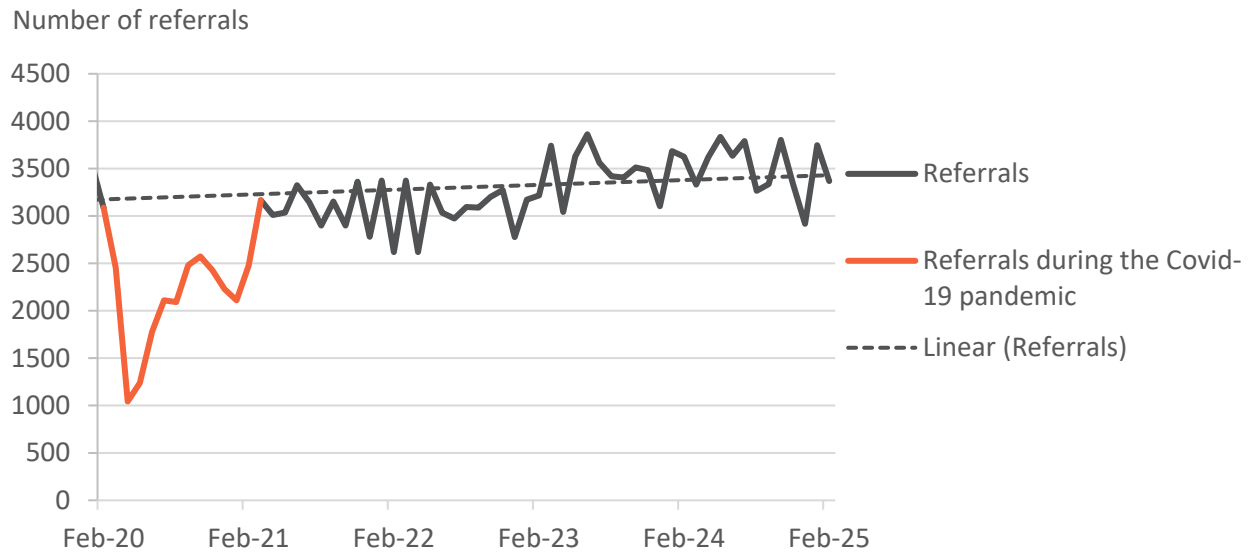
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board maximising the impact of its funding to address the planned care backlog?	Is it clear what additional monies have been received by the Health Board? Is it clear what the additional waiting list monies has been spent on? Did the Health Board aim to use all the money on planned care improvement? Can the Health Board clearly demonstrate that the money has resulted in performance improvement, enabled service efficiency and/or new ways of working? Is the Health Board's overall financial position affecting its ability to deliver sustainable planned care recovery?	• There is sufficient evidence that the Health Board spent the money as intended by the Welsh Government (i.e. addressing waits and transforming services). • The Health Board can clearly demonstrate that the spend has resulted in improvement. • The Health Board's overall financial position is not affecting its ability to support planned care recovery.
Does the Health Board have effective operational management arrangements to drive improvement and	Is the Health Board improving its operational management of planned care services? How does the Health Board capture information on clinical risk relating to long planned care waiting lists?	The Health Board is: • improving the operational management of planned care services; and • capturing information and managing clinical risks and harm related to long planned care waiting lists.

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
management of clinical risks?	How does the Health Board capture information on clinical risk relating to long planned care waiting lists? Is the Health Board sufficiently managing clinical risks resulting from delays to treatment? Is the Health Board proactively ensuring clear routes of communication when patients are concerned that they are deteriorating?	The Health Board: • has sound arrangements to identify, capturing, and report on clinical risk and harm associated with long waits; • is proactively managing clinical risks resulting from delays to treatment and effectively communicating with patients.
Does the Health Board sufficiently understand barriers to improvement and what needs to be done to address them?	Does the Health Board understand the barriers it has experienced to improvement in planned care performance? (Capacity, funding, recruitment & retention, estates/use of facilities, commissioning external healthcare?) What mechanisms and interventions have been put in place by the Health Board to address these barriers? Is the Health Board learning and sharing good practice where things have gone well?	The Health Board has: • identified its risk and barriers and acted on these to address long planned care waiting lists in the short term and sustainable service models in the longer term. • good arrangements for seeking good practice and sharing and applying learning to improve planned care services.

Appendix 3

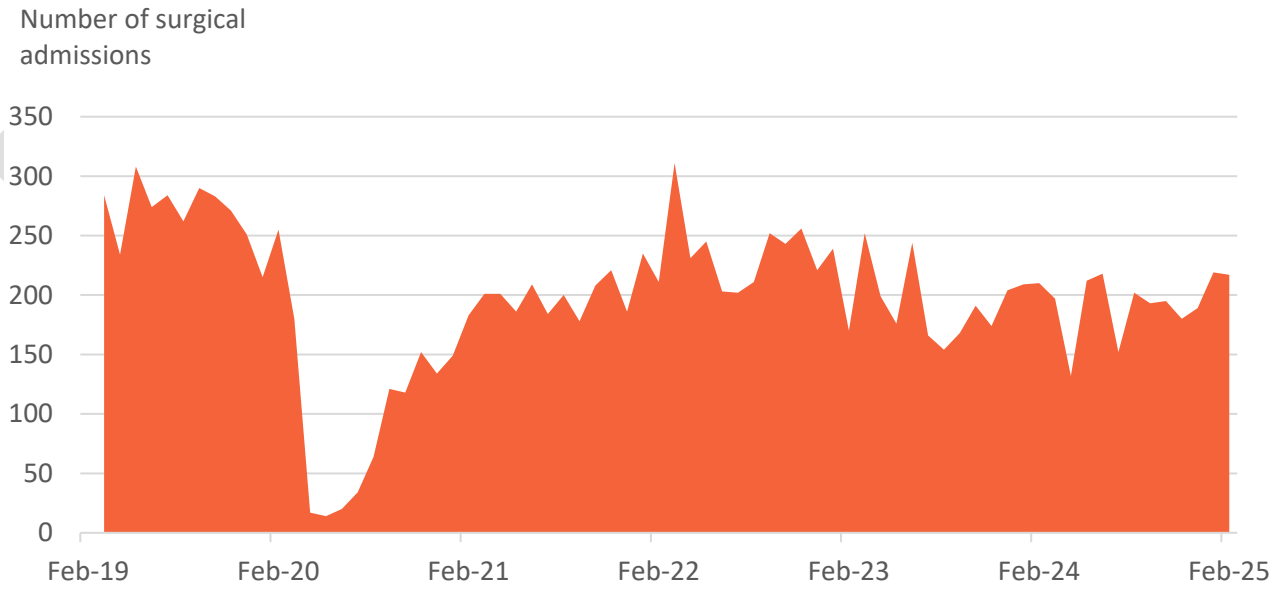
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Powys Teaching Health Board



Source: The Welsh Government, Stats Wales

Exhibit 17: monthly elective medical and surgical admission levels in Powys Teaching Health Board

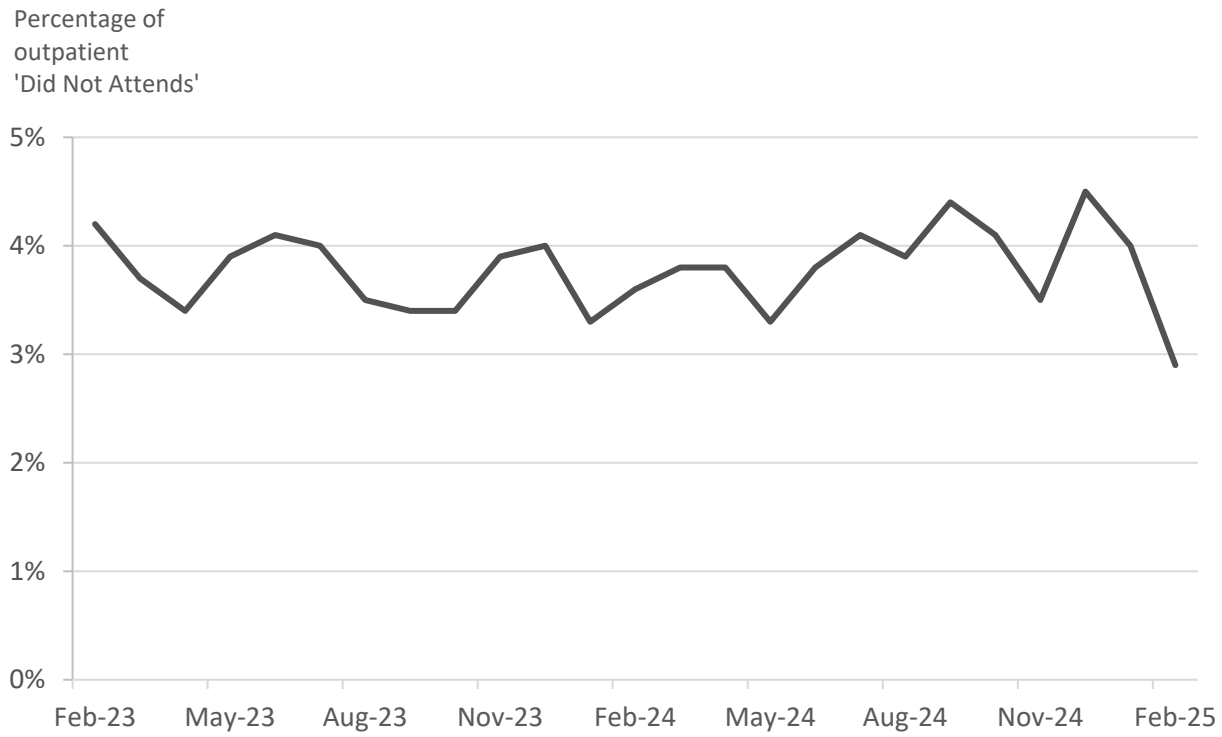


Source: Digital Health and Care Wales, secondary care dashboard

Outpatient services

54 Outpatient appointments where a patient 'did not attend' is inefficient. **Exhibit 18** shows that the Health Board's 'Did Not Attends' is around 3.8% of total outpatient clinic activity. This equates to around 2,110 lost patient appointments in the most recently reported 12-month period, March 2024 to February 2025. It represents a lost opportunity cost of around £0.3 million (£150 per appointment[14]). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £63,000.

Exhibit 18: the percentage of outpatient 'Did Not Attends' in Powys Teaching Health Board

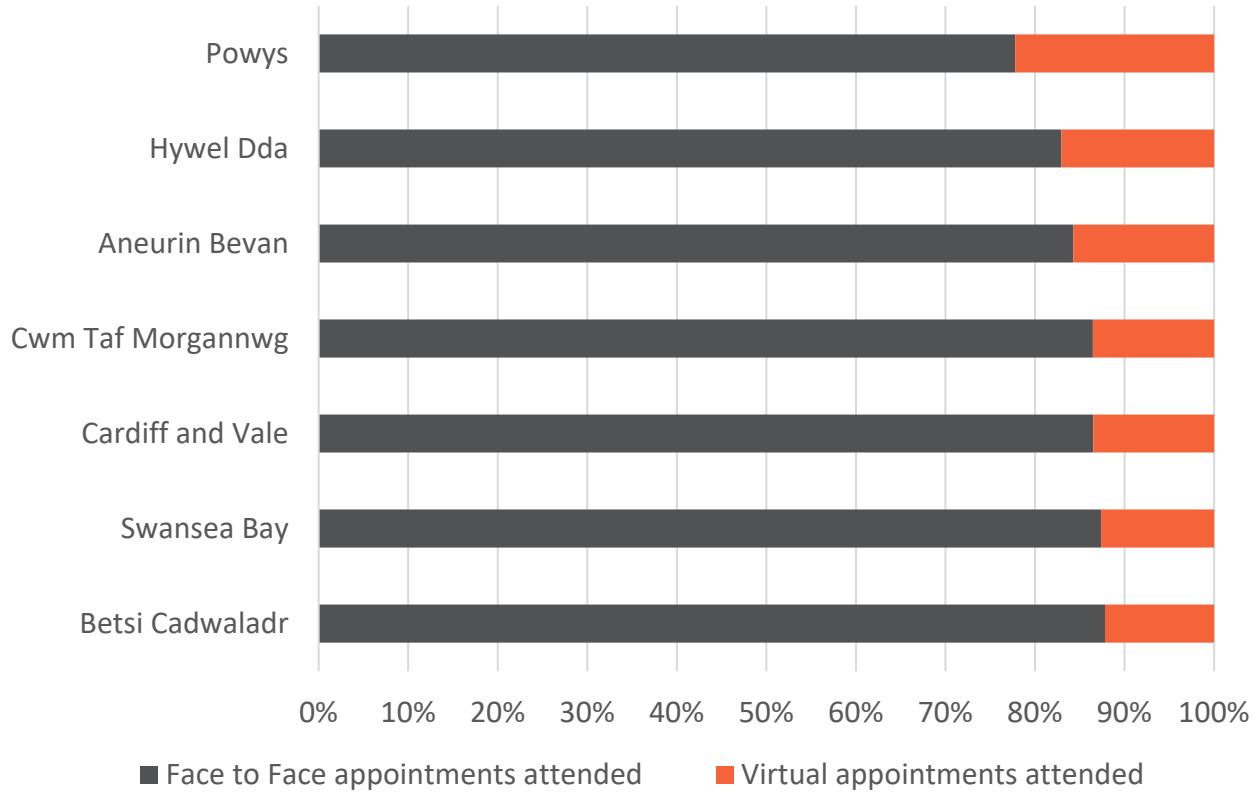


Source: Digital Health and Care Wales secondary care dashboard and datasets

[14] We have adjusted the 2018 NHS England cost of an outpatient appointment (£120) by Bank of England CPI rates to estimate current average outpatient costs in 2024.

56 NHS bodies can use virtual outpatient appointments for some but not all patients. **Exhibit 19** shows that the 'virtual' consultation approach is not well-adopted in most health boards. However, the take-up in Powys teaching Health Board is the highest in Wales.

Exhibit 19: proportion of elective outpatient attendances that are virtual appointments, for the period April 2024 to February 2025 (latest reported data)

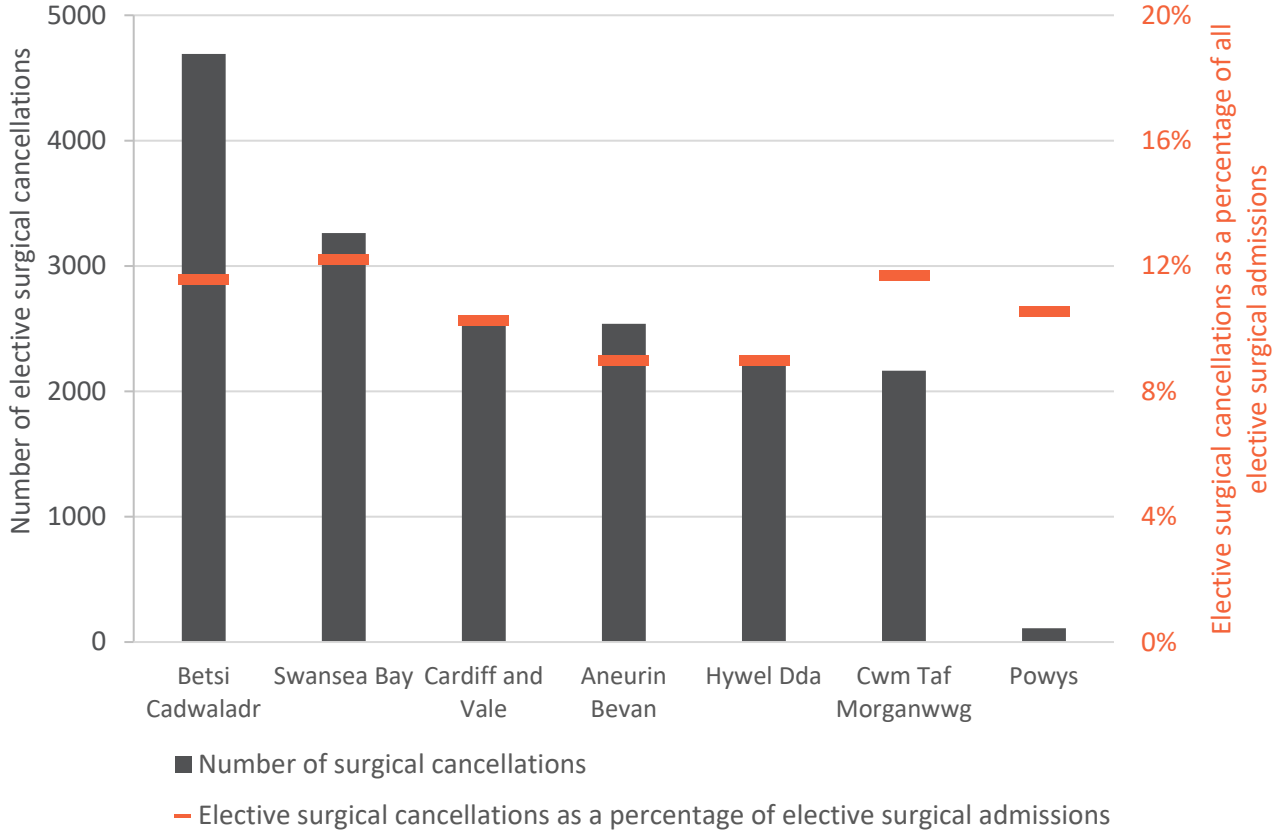


Source: Digital Health and Care Wales secondary care dashboard and datasets

Surgical cancellations

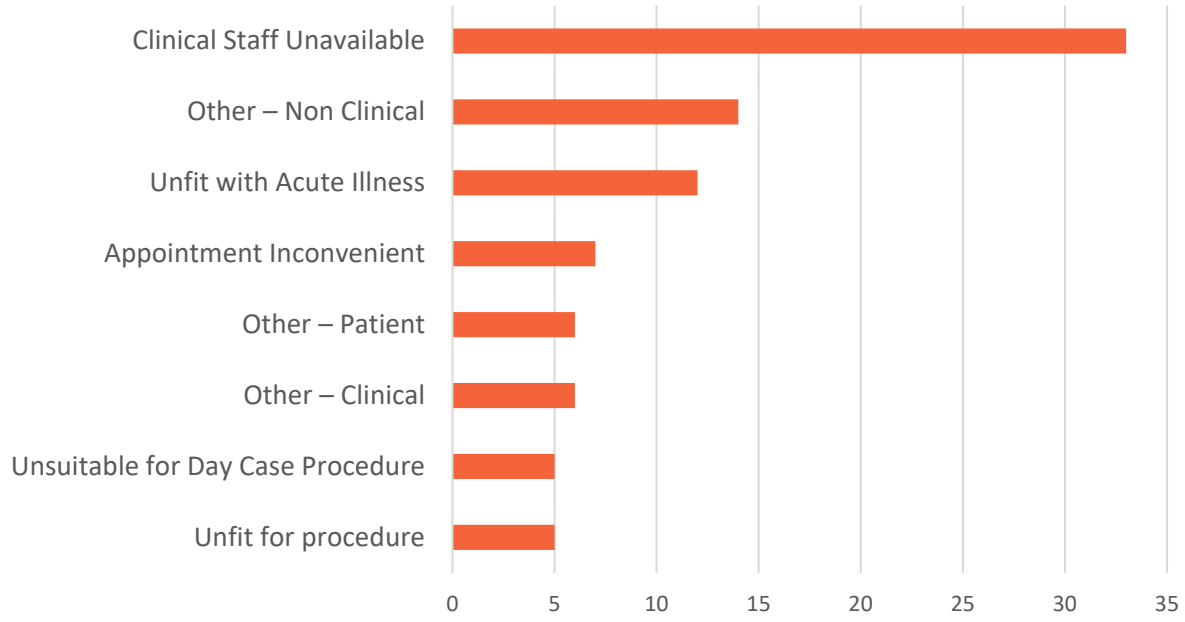
57 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for the Health Board was 110 for the 12-month period March 2024 to February 2025 (**Exhibit 20**). While the actual cancellation numbers are lower than other health boards, the overall proportion of cancellations is reasonably high. **Exhibit 21** identifies the cancellation reasons. Clinic staff unavailability is a key issue for the Health Board. Our analysis also indicates that ophthalmology surgical cancellations is the service where the highest number of cancellations occur.

Exhibit 20: the number of short notice (within 24 hours) surgical cancellations alongside cancellations as a percentage of all elective surgical admissions, March 2024 to February 2025



Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Exhibit 21: number of short notice (within 24 hours) surgical cancellations from March 2024 to February 2025, by reason in Powys Teaching Health Board



Source: Health Board submissions to the Welsh Government

Appendix 4

The management response to audit recommendations

Exhibit 22 below sets out the Health Board's response to our audit recommendations.

Recommendation	Management response	Completion date	Responsible officer
Longer term planning and costing R1 Over and above the commitments signalled in the Integrated Plan 2024-29 and Annual Plan 2024-25, the Health Board should develop a Planned Care improvement plan which aims to both design and deliver financially sustainable local services and affordable commissioning approaches in the medium to longer term. The plan should be costed, with realistic but	The 2025/26 Annual Plan contains more detailed Planned Care objectives with broader stakeholder involvement in the Plan development. A Strategic Assessment of Provided and Commissioned Planned Care will be undertaken as part of the Better Together Transformation Programme. "Better Together" is PTHB promise to work together with citizens to review how and where we provide services, to ensure safety, to improve quality, and to make best use of resources that we can. We want to talk to patients and service users, people and communities, health and care staff, and our partner organisations.	June 2026	Assistant Director Community Services/Assistant Director Performance Commissioning

Recommendation	Management response	Completion date	Responsible officer
challenging milestones within it (Exhibit 2).	During 2025 PTHB are focusing on adult physical and mental health community services. After this we focus on planned care followed by services which support children. Families and women's health.		
Demand and capacity planning R2 The Health Board should ensure that its demand and capacity modelling approach informs short-term service capacity planning and longer-term service design. This should fully consider continued growth or expected changes in population demand for planned care services (Exhibit 2).	A Strategic Assessment of Provided and Commissioned Planned Care will be undertaken as part of the Better Together Transformation Programme. Links Better Together Case for Change referenced in under R1 response.	March 2026	Assistant Director Community Services/Assistant Director Performance & Commissioning
Efficiency and productivity R3 To further improve efficiency and productivity, the Health Board should: • 3.1 Produce a progress report providing an update on the completion of recommendations arising from the Getting It Right	3.1 The Getting It Right First-Time actions now form part of the CIN Optimisation Frameworks and key transformation priorities reported/assured via the PTHB Planned Care Board. PTHB has agreed with NHS Executive that PTHB will focus on ophthalmology and orthopaedics as key priority areas identified in the PTHB. Key to progressing recommendations is speciality medical leadership and supporting clinical infrastructure which require investment proposals to resource.	December 2025	Assistant Director Community Services/Assistant Director Performance & Commissioning

Recommendation	Management response		Completion date	Responsible officer
First Time (GIRFT) reviews to be presented at Board. (Exhibit 6). • 3.2 Reduce the numbers of short notice surgical cancellations due to clinician unavailability (Exhibit 6). • 3.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85% (Exhibit 6).		Progress on key priority areas are provided to the Board as part of Transformation, Integrated Performance and Annual Plan Reporting. The HB is currently awaiting feedback from NHS Wales Planned Care Programme in terms of optimisation framework maturity matrix returns submitted in Q1 2025/26. Transformation Fund Bids were developed to support GIRFT progress within PTHB including speciality leadership, MDT infrastructure and Programme Management. A successful internal investment bid for MSK/Orthopaedics has provided funding to appoint a speciality consultant lead for orthopaedics and supporting MSK infrastructure a similar investment proposal is being developed in 25/26 for ophthalmology. Progress report on Optimisation Frameworks including GIRFT to be provided as part of Performance & Finance Committee update.		
	3.2	SLAs with all providers are under significant challenge due to DGH pressures. The Planned Care Team continues to develop an MDT approach to support service sustainability shift left from reliance on consultant led model with digital healthcare underpinning wherever possible this is a long-term	March 2026	Assistant Director Community Services/Assistant Director

Recommendation	Management response	Completion date	Responsible officer
	goal focus is currently on ophthalmology and orthopaedics. As part of Better Together workstream review of PTHB commissioning across Planned Care will be undertaken to review opportunities to mitigate in reach fragilities.		Performance & Commissioning
	3.3 Theatre Transformation Plan in place as part of key priorities within PTHB community context no DGH, medical model. Working with regional partners to explore opportunities for mutual maximising utilisation of PTHB theatre estate at regional level.	March 2026	Assistant Director Community Services/Assistant Director Performance & Commissioning
Managing clinical risks associated with long waits R4 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks resulting from long waits. • 4.1 Develop and implement a consistent methodology for assessing the risk of harm to	4.1 PTHB Planned Care appointed a Senior Nurse Quality & Safety lead in October 2023 to further develop and strengthened Quality & Safety Framework and reporting within Planned Care Powys Provider. Clinical governance and oversight arrangements were further strengthened in October 2024 with the appointment of an Assistant Medical Director for Planned Care. Planned Care has a weekly Incident Panel Reporting Panel chaired by Senior Nurse Quality & Safety to review incidents, actions and learning (reported via Datix as part of All Wales Incident Reporting). There is a formal Planned Care Quality & Safety Meeting which reports into the Community Services Quality & Safety and health board	March 2026	Assistant Director Community Services/Assistant Director Performance & Commissioning

Recommendation	Management response	Completion date	Responsible officer
patients caused by long waits across specialties (Exhibit 7). • 4.2 Routinely report harm resulting from delays in access to treatment to the Quality and Safety Committee. This should include data for all Powys residents i.e. whether they are treated in Powys or receiving care commissioned by the Health Board (Exhibit 7).	Quality & Safety Committees. Risk, harm incidents are reported via this Framework. Commissioning, quality, performance meetings are held with each in reach provider which including standing agenda item for Quality & Safety. Clinical governance is being further strengthened with the appointment of speciality lead consultant for orthopaedics Sept 2025 and general surgery/endoscopy June 2025. 4.2 PTHB commissioned waits are discussed as part of PTHB commissioning assurance process with Quality & Safety as a standing agenda item at formal HB meetings with LTA providers and reported to Board as part of PTHB Integrated Performance Framework. Enhanced Quality and Safety waiting times report is under development.	March 2026	Assistant Director Community Services/Assistant Director Performance & Commissioning

Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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