

Board

Wed 29 November 2023, 09:30 - 15:00

Agenda

09:30 - 10:25
55 min

1. PRELIMINARY MATTERS

 Board_Agenda_29 November 2023 final.pdf (4 pages)

1.1. Welcome and Apologies for Absence

Oral Chair


1.2. Declarations of Interest

Oral All

1.3. Experience Story

1.3.1. Patient Experience Story

Attached Director of Nursing and Midwifery

 Board_1.3_Patient Story.pdf (9 pages)

1.3.2. Staff Experience Story

Oral Director of Workforce and Organisational Development

1.4. Update Reports of the

Committee Chairs

1.4.1. Chair

Attached Chair

 Board_1.4a_Chair's Report to Board.pdf (4 pages)

1.4.2. Vice Chair

Attached Vice Chair

 Board_1.4b_Vice Chair's report Board.pdf (3 pages)

1.4.3. Chief Executive

To follow Chief Executive


 Board_1.4c_CEO Board paper Nov2023.pdf (7 pages)

1.5. Assurance Reports of the Board's Committees:

 Board_1.5_Committee Chair Reports_November_2023.pdf (4 pages)

1.5.1. Patient Experience Quality and Safety Committee

Attached

 Board_1.5a_App A_PEQS Chairs Assurance Report 24 Oct23.pdf (5 pages)

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1.5.2. Joint Patient Experience Quality and Safety Committee and Workforce and Culture

Attached

 Board_1.5b_App B_Joint PEQS with W&C Chairs Assurance Report 24 Oct23.pdf (2 pages)

1.5.3. Executive Committee

Attached

 Board_1.5c_App C_Executive Committee Chair's Assurance Report Nov 2023.pdf (14 pages)

1.5.4. Charitable Funds Committee

Attached

 Board_1.5d_App D_Charitable Funds Report September 2023.pdf (5 pages)

1.5.5. Delivery and Performance Committee

Attached

 Board_1.5e_App E_Delivery & Performance Chairs Assurance Report_17 October 2023.pdf (3 pages)

1.5.6. Planning Partnership and Public Health Committee

Oral

 Board_1.5f_App F_PPPH_Committee_Chairs Assurance Report_Nov23.pdf (1 pages)

1.5.7. Audit, Risk and Assurance Committee

Attached

 Board_1.5g_App G_ARA_Committee Chair's Assurance Report_10Oct23.pdf (5 pages)

10:25 - 12:05

100 min

2. ITEMS FOR APPROVAL/DECISION

2.1. Revised 2023/24 Financial Plan and Forecast

Attached

Chief Executive Officer

 Board_2.1_2023-24Revised Financial Plan.pdf (7 pages)

 Board_2.1a_2023-24 Revised Financial Position.pdf (16 pages)

2.2. 2023/24 Annual Delivery Plan Q2 Report and Partial Plan Reset

Attached

Director Planning, Performance and Commissioning

 Board_2.2_Q2 Progress & Partial Plan Reset.pdf (6 pages)

 Board_2.2a_Q2 Progress Against Plan_Partial Reset.pdf (66 pages)

2.3. Planning Approach 2024 Onwards

Attached

Director Planning, Performance and Commissioning

 Board_2.3_Plan Approach_Cover Paper_Board.pdf (4 pages)

 Board_2.3a_Plan Approach 221123 web version.pdf (20 pages)

2.4. South Powys Programme – Consultant Led Maternity and Neonatal Care

Attached

Director of Nursing and Midwifery

 Board_2.4_S Powys Programme Maternity and Neonatal care.pdf (9 pages)

 Board_2.4a_App 3_Readiness assessment for service transition.pdf (4 pages)

2.5. Director of Corporate Governance Report

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- Board_2.5_Director Corporate Governance report.pdf (5 pages)
- Board_2.5a_DCG report Appendix A.pdf (5 pages)

2.6. Minutes of Previous Meeting: 27 September 2023 (for approval) and Action Log

Attached Chair

- Board_2.6a_Minutes 27 September 2023 unconfirmed.pdf (22 pages)
- Board_2.6b_Action Log November 2023.pdf (1 pages)

12:05 - 14:25 3. ITEMS FOR BOARD ASSURANCE

140 min

3.1. Escalation and Intervention Status Report

Presentation Director of Corporate Governance and Board Secretary

3.2. Financial Performance Month 7

Attached Deputy CEO, Director of Finance, Information and IT

- Board_3.2_Financial Performance Report Mth 07.pdf (16 pages)

3.3. Integrated Performance Report month 6

Attached Director of Planning, Performance and Commissioning / All Directors

- Board_3.3_IPR Cover Sheet Board.pdf (6 pages)
- Board_3.3a_20231101_IPR_23-24_Month 6.pdf (51 pages)

3.4. Gilwern Branch Closure Assurance Report

Attached Deputy CEO, Director of Finance, Information and IT

- Board_3.4_Belmont Branch Surgery.pdf (5 pages)
- Board_3.4a_Belmont Branch Surgery - Mitigation Plan Tracking Web Version.pdf (19 pages)

3.5. Winter Resilience Plan 2023/24

Attached Director of Planning, Performance and Commissioning

- Board_3.5_Winter Plan 23.24 Cover.pdf (5 pages)
- Board_3.5a_Powys Winter Plan 23.24.pdf (14 pages)

3.6. Assurance Reports of Board Partnership Arrangements incorporating RPB progress Report

Attached Chief Executive Officer

- Board_3.6_Summary of Partnership Board Activity Nov 23.pdf (3 pages)
- Board_3.6a_App 1 NWSSPC Assurance Report 21 September 2023.pdf (4 pages)
- Board_3.6b_App 2_PTHB_Board_Powys RPB Progress Report_Nov23 cover paper.pdf (8 pages)
- Board_3.6bi_Appendix 1_Powys RPB Investment Plan 23-24.pdf (1 pages)
- Board_3.6biii_Appendix 3. RPB Strategic Capital Plan.pdf (174 pages)

3.7. Assurance Report of Joint Committees

Attached Chief Executive Officer

- Board_3.7_Joint Committee Reports_Nov 23.pdf (3 pages)
- Board_3.7a_App1_JC Briefing (Public) 19 September 2023 vFinal.pdf (6 pages)
- Board_3.7b_App2_EASC Summary from 19 September 2023.pdf (9 pages)

3.8. Assurance Report of Local Partnership Forum

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Attached Director of Workforce and Organisational Development

Board_3.8_Report of the Board's Local Partnership Forum_November 23.pdf (2 pages)

Board_3.8a_App A_Chairs report_LPF_2 October 2023.pdf (3 pages)

3.9. Llais Regional Director Report

Attached Regional Director Llais

Board_3.9_Regional Director Llais Report Nov 2023.pdf (8 pages)

14:25 - 14:45 4. OTHER MATTERS

20 min

4.1. Board Work Programme

Attached Chair

Board_4.1_2023-24 Board work plans.pdf (2 pages)

4.2. Any other Urgent Business

Oral Chair

4.3. Close

4.4. Date of the Next Meeting: 31 January 2024 Via Microsoft Teams

14:45 - 14:45 5. CONFIDENTIAL MATTERS

0 min

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
Chair

5.1. Welcome and apologies for absence

Oral Chair

5.2. Declarations of interest

Oral All

5.3. COVID-19 Public Inquiry preparation and readiness update

Attached Director of Corporate Governance and Board Secretary

5.4. Minutes from the In-Committee meetings held on 27 September 2023 and Action Log

Attached Chair

5.5. Close

Patterson, Liz
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**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 29 NOVEMBER 2023
09:30 – 15:20
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
09.30	1.1	Welcome and Apologies for Absence	Oral	Chair
09.35	1.2	Declarations of Interest	Oral	All
09.40	1.3	Experience Story a) Patient Experience Story b) Staff Experience Story	Attached	Director of Nursing and Midwifery Director of Workforce and Organisational Development
09:50	1.4	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
10.05	1.5	Assurance Reports of the Board's Committees: <ul style="list-style-type: none"> • Patient Experience Quality and Safety • Joint Patient Experience Quality and Safety and Workforce and Culture • Executive • Charitable Funds • Delivery and Performance • Planning Partnership and Public Health (oral) • Audit, Risk and Assurance 	Attached	Committee Chairs
2: ITEMS FOR APPROVAL/DECISION				
10.25	2.1	Revised 2023/24 Financial Plan and Forecast	Attached	Chief Executive Officer

Patricia.Liz
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11.05	2.2	2023/24 Annual delivery plan Q2 report and partial plan reset	Attached	Director Planning, Performance and Commissioning
11.20	2.3	Planning Approach 2024 onwards	Attached	Director Planning, Performance and Commissioning
11.25	BREAK (15mins)			
11.40	2.4	South Powys Programme – Consultant Led Maternity and Neonatal Care	Attached	Director of Nursing and Midwifery
11.55	2.5	Director of Corporate Governance Report	Attached	Director of Corporate Governance and Board Secretary
12.00	2.6	Minutes of Previous Meeting: 27 September 2023 (for approval) and Action Log	Attached	Chair
3: ITEMS FOR BOARD ASSURANCE				
12.05	3.1	Escalation and Intervention Status Report	Attached	Director of Corporate Governance and Board Secretary
12.15	3.2	Financial Performance month 7	Attached	Deputy CEO, Director of Finance, Information and IT
12.35	3.3	Integrated Performance Report month 6	Attached	Director of Planning, Performance and Commissioning / All Directors
	LUNCH 13.05 - 13.35			
13.35	3.4	Gilwern Branch Closure Assurance Report	Attached	Deputy CEO, Director of Finance, Information and IT
13.40	3.5	Winter Resilience Plan 2023/24	Attached	Director of Planning, Performance and Commissioning
13.50	3.6	Assurance Reports of Board Partnership Arrangements incorporating RPB progress Report	Attached	Chief Executive Officer
14.10	3.7	Assurance Report of Joint Committees	Attached	Chief Executive Officer

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14.15	3.8	Assurance Report of Local Partnership Forum	Attached	Director of Workforce and Organisational Development
14.20	3.9	Llais Regional Director Report	Attached	Regional Director Llais
4: OTHER MATTERS				
14.25	4.1	Board Work Programme	Attached	Chair
14.30	4.2	Any Other Urgent Business	Oral	Chair
	4.3	Close		
	4.4	Date of the Next Meeting: ▪ 31 January 2024 Via Microsoft Teams		
5.04_ The Chair, with advice from the Director of Corporate Governance / Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> <i>"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"</i>				
Time	Item	Title	Attached / Oral	Presenter
1: FOR APPROVAL				
14.45	5.1	Welcome and Apologies for Absence	Oral	Chair
	5.2	Declarations of Interest	Oral	All
14.50	5.3	COVID-19 Public Inquiry preparation and readiness update	Attached	Director of Corporate Governance and Board Secretary
15.00	5.4	Minutes from the In-Committee meetings held on 27 September and Action Log	Attached	Chair
15.05	5.5	CLOSE		

MESSAGE TO THE PUBLIC:

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. At present Board

meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

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

Patterson Liz
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GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Stori Claf/Patient Story

Maldwyn Ward

Bwrdd / Board – 29 Tachwedd 2023 / 29 November 2023

Patterson, Liz
28/11/2023 17:15:57

Stori Claf

Fy mhrofiad cyntaf fel claf ar y ward hon oedd ym mis Ebrill 2021, yn fuan ar ôl dychwelyd adref, datblygais boen difrifol yn fy mhen-glin dde, o bosibl trwy wthio ffrâm simmer dros garpedi gosod. Cefais gyngor i ffonio 111 a awgrymodd fy mod yn mynychu'r Adran Achosion Brys yn ysbyty'r Amwythig, ni chafodd unrhyw achos ei nodi dros y boen ac ar ôl tridiau cefais fy rhyddhau i ysbyty cymunedol ym Mhowys i Adfer.

Trwy gydol fy arhosiad ym Mhowys am bron i 3 wythnos, dywedais wrth y staff am y boen yn fy mhen-glin dde a aeth yn waeth yn raddol. Doeddwn i ddim yn gallu rhoi pwysau ar fy nghoes dde ac roeddwn i'n cerdded gyda fy mhen-glin wedi troi i mewn ac yn y pen draw gyda fy ffêr bron ar y llawr. Dw'i ddim yn meddwl roedd y staff yn credu pa mor boenus oedd o i mi, na'i fod yn boen oherwydd fy llawdriniaeth ddiweddar ar fy mhen-glin.

My first experience as a patient on this ward was in April 2021, soon after returning home I developed a severe pain in my right knee, possibly through pushing a zimmer frame over fitted carpets. I was advised to phone 111 who suggested I attend the Emergency Department at Shrewsbury hospital, no cause for the pain was identified and after three days I was discharged for Rehabilitation to a community hospital in Powys.

Throughout my stay in Powys for almost 3 weeks I told the staff about the pain in my right knee which became progressively worse. I could not put weight on my right leg and walked with my knee turned sharply inwards and eventually with my ankle virtually on the floor. I don't think the staff believed how painful it was for me or that it was pain due to my recent hip operation.

Stori Claf

Dywedodd ffisiotherapydd fy mod yn mynd yn rhy ddibynnol ar fod yn yr ysbyty, a doeddwn i ddim am fynd adref. Dwi'n cofio syfrdanu'n llwyr oherwydd yr Ysbyty oedd y lle olaf roeddwn i eisiau bod!

Wrth i'm poen waethygu, gofynnais sawl gwaith i weld meddyg neu ffisiotherapydd ond yn hytrach, daeth nyrs iechyd meddwl i weld fi. Pan ofynnais iddo pam y daeth ef, atebodd fod rhai o'r staff yn meddwl fy mod wedi mynd yn or-bryderus. Dywedais "Os ydw i'n ymddangos yn or-bryderus mae hynny oherwydd fy mod i mewn cymaint o boen". Gofynnodd a oeddwn i wedi derbyn unrhyw driniaeth seiciatryddol.

I was told by a physiotherapist that I was becoming too reliant on being in hospital, and that I didn't want to go home. I remember my jaw dropping because Hospital was the last place I wanted to be!

As my pain became worse I asked several times to see a doctor or physiotherapist but instead was visited by a mental health nurse. When asked why he came he replied that some of the staff thought I had become over-anxious. I said "If I appear over – anxious it is because I am in so much pain." He asked if I had received any psychiatric treatment.

Stori Claf

Dywedais wrtho fy mod i wedi derbyn cwnsela ar ôl i fy ngŵr farw ond yn meddwl bod hynny'n digwydd yn aml ar ôl profedigaeth. Roedd y digwyddiad hwn fel petai'n cryfhau agwedd feirniadol llawer o'r staff bod fy mhroblemau yn fy meddwl, nid fy nghorff!

Cymerodd ymwelydd anfeddygol ychydig funudau i sylwi faint o boen roeddwn i mewn a pha mor wael roeddwn i'n cerdded. Fe wnaeth hi fy mherswadio i siarad eto gyda nyrs, a oedd yn deall yn well na llawer o'r nyrsys eraill, a'r tro hwn fe wnaeth meddyg ymweld â mi yn y bore. Wnaeth o ddim fy archwilio i ond dywedodd bod poen yn y pen-glin yn aml yn deillio o broblemau'r glun, ac fe drefnodd i mi gael sgan pelydr-x dri diwrnod wedyn.

Patient Story

I told him that I had received counselling after my husband had died but thought that often happened after bereavement. This incident seemed to epitomise the judgmental attitude of many of the staff, that my problems lay in my mind, not my body! .

It took a non-medical visitor a few minutes to notice how much pain I was in and how badly I was walking. She persuaded me to talk again to a nurse, who was the most understanding of the nurses, and this time a doctor did visit me in the morning. He did not examine me but said that knee pain often resulted from hip problems and arranged for me to have an x-ray three days later.

Stori Claf

Yn hwyrach y diwrnod hwnnw, pan oeddwn gartref, dywedodd meddyg arall wrtha i fy mod i wedi torri asgwrn y fforddwyd distal ac y byddai'r clinig torri esgyrn yn yr Amwythig yn fy ngweld i mewn tridiau.

Cefais brês wedi gosod a dysgais wedyn y gallai fod angen i mi wisgo un trwy'r amser oherwydd gallai'r anffurfiad valgus achosi i'm pen-glin gwympo hebdo. Pe bawn i wedi cael y brês dair neu bedair wythnos ynghynt, efallai na fyddai'r anffurfiad wedi cael ei farcio mor amlwg ac efallai byddai fy nyfodol wedi bod yn wahanol iawn. Mae fy mhen-glin yn dal yn boenus a byddaf bob amser angen rhywun arall i roi fy mrês ymlaen a'i dynnu i ffwrdd. Efallai y bydd angen brês ar fy ffêr a llawdriniaeth bellach arnaf.

Patient Story

Later that day, when I was at home, another doctor told me that I had a distal femur fracture and that the fracture clinic in Shrewsbury would see me in three days.

I was fitted with a brace and later learnt that I might always need to wear one because the valgus deformity could cause my knee to collapse without it. Had I had the brace three or four weeks earlier the deformity might not have been so marked and my future might have been very different. My knee is still painful and I shall always need someone else to put my brace on and take it off. I might also need an ankle brace and further surgery.

Stori Claf

Rwy'n credu efallai bod angen ymagwedd wahanol at y ddealltwriaeth a'r disgrifiad o boen. Ar wahanol adegau gofynnodd nyrsys i mi raddio fy lefel o boen rhwng 1 a 10, lle mai 10 yw'r boen fwyaf difrifol. Roeddwn i'n meddwl mai 10 oedd dioddef o losgiadau difrifol neu ddamwain ddinistriol. Gall graddfeydd rhifau fod yn oddrychol iawn ac yn agored i gamddehongli. Mae gan bobl wahanol drothwyon poen a hefyd lefelau gonestrwydd os ydyn nhw am gyflawni canlyniad penodol! Onid yw'n fwy priodol gofyn am lefelau poen ar raddfa ysgafn, cymedrol, difrifol neu arteithiol ac yna trafod effaith poen o'r fath?

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Patient Story

I think there could be a different approach to the understanding and description of pain. At different times nurses asked me to rate my level of pain between 1 and 10, where 10 is the most severe. 10 I thought would be when suffering from severe burns or a devastating accident. Numerical ratings can be very subjective and open to misinterpretation. People have different thresholds of pain and also levels of honesty if they want to achieve a certain result! Would it be more appropriate to ask about levels of slight, moderate, severe or excruciating pain and then discuss the impact of such pain?

Stori Claf

Doedd dim byd yn ormod o drafferth i un o'r glanhawyr, ac fe wnaeth rhai o'r gofalwyr helpu gyda hylendid personol. Gwenan oedd y mwyaf gofalgar a chymwynasgar. Gan Gwenan ges i'r unig gynnig am gawod a'r unig gawod go iawn i olchi fy nghorff a'm gwallt a gefais yn y bron i dair wythnos.

Cefais amrywiaeth o feddyginiaeth, gan gynnwys Oramorph i leddfu poen bob pedair awr os oedd angen, ond yn aml roedd yn rhaid imi aros yn llawer hirach. Ar un achlysur roeddwn i'n crynu oherwydd roeddwn i mewn cymaint o boen.

Nothing was too much trouble for one of the cleaners, and some of the carers did help with personal hygiene. Gwenan was the most caring and helpful. She offered and provided the only shower and hair wash I had in the nearly three Weeks.

I was prescribed a variety of medication, including Oramorph for pain relief every four hours if needed, but often had to wait much longer. On one occasion I was shaking because I was in so much pain.

Patterson, Liz
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Stori Claf

Patient Story

O'r 11eg Mai, pan oedd fy mhoen yn gwaethygu, dywedodd staff wrthyf yn aml y byddwn yn mynd adref yn fuan ac yn gwneud i deimlo fy mod i'n cadw gwely rhag rhywun arall. Trwy gydol y cyfnod hwn gofynnodd neb sut y byddwn i'n ymdopi gartref ac a oeddwn i wedi cael gofal digonol. O'r blaen roedd cwmni gofal lleol yn gwneud dau ymweliad byr y dydd ond roeddwn i'n gwybod bod angen mwy o amser arna i, ond doedden nhw ddim yn gallu ei chynnig nes i mi gael fy asesu a chytuno ar gyllid. Ar ben hynny, doedd fy ngofalwr preifat ddim yn gallu helpu oherwydd ei bod yn gwella ar ôl llawdriniaeth.

From May 11th, when my pain was getting worse, I was frequently told that I would be going home soon and made to feel like a 'bed-blocker'. Throughout this time no one asked how I would cope at home and whether I had adequate care. A local care company had previously made two short visits a day but I knew I needed more time which could not be given until I had been assessed and finances agreed. Moreover, my private carer was unable to help because she was recovering from an operation.

Revised by Liz
28/11/2023 17:15:57

Stori Claf

Roedd mwy o oedi cyn i mi adael oherwydd roedd angen gwirio nad oedd gen i unrhyw ymateb niweidiol i'r feddyginiaeth seiatica yr oeddwn i'n ei chael. Yna am 6yh un noson dywedodd aelod o staff wrthyf "Rwyf ti'n mynd adref yfory." Unwaith eto, gofynnodd neb sut y byddwn yn ymdopi gartref a pha help y gallai fod ei angen arnaf.

Roedd oedi pellach gan fod angen mwy o rybudd ar y cwmni gofal ac yn y pen draw roedd fy ngofalwr preifat yn teimlo ei bod yn gallu delio â phopeth pan oeddwn i'n dychwelyd adref.

Mae annog annibyniaeth yn agwedd bwysig iawn ar adsefydlu ond mae'n rhaid ei wneud ar yr adeg iawn a gyda chymorth a dealltwriaeth briodol.

Patient Story

For a while departure was delayed by the need to check that I had no adverse reaction to the sciatica medication that I was receiving. Then at 6pm one evening I was told "You're going home tomorrow." Again no one asked how I would cope at home and what help I might need.

Further delay was bought about by the care company's need for more notice and eventually my private carer felt she was able to deal with whatever I needed on returning home.

Encouraging independence is a very important aspect of rehabilitation but it must be done at the right time and with appropriate help and understanding.

AGENDA ITEM: 1.4

BOARD MEETING		Date of Meeting: November 2023
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in September 2023.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

CHAIR'S REPORT:

Mark Taylor

It is with great sadness that I report the death of Mark Taylor, our Independent Member (Estates) colleague, following a relatively short period of ill health. Mark made a very significant contribution to the work and life of the Board, not only in his area of expertise, estates management, but also drawing on his wide knowledge and experience of public services and the health sector. He chaired the Delivery & Performance Committee and took on the additional chair of the Audit & Risk Assurance Committee.

It was a privilege for some of us to attend Mark's funeral and assure his family of our heartfelt gratitude for Mark's friendship and collegueship, and for the lasting impact he has made to the governance and leadership of the Health Board.

Chief Executive Officer

As has been previously reported, our substantive Chief Executive Officer (CEO), Carol Shillabeer, is on a period of secondment to Betsi Cadwaladr University Health Board (BCUHB) as their interim CEO. BCUHB recently recruited to their substantive CEO role and Carol emerged as the successful candidate.

I would like to congratulate Carol on her appointment, which is testimony to her impressive leadership skills and substantial knowledge and expertise. We have been fortunate enough to benefit from the breadth and depth of Carol's

experience for many years. She will continue her secondment before taking up her new role in the New Year.

I am very grateful to Hayley Thomas and to Pete Hopgood for agreeing to continue in their respective roles as interim CEO and interim deputy CEO until such time as a new, substantive CEO is appointed. The smooth transition to new arrangements following Carol's secondment, and the effective leadership exercised over recent months, are due to the high calibre of all executive colleagues and the cohesion of the whole executive team.

Committee Chairs

I am grateful to Rhobert Lewis and Ronnie Alexander for serving as interim chairs of the Audit and Risk Committee and the Delivery and Performance Committee respectively during the final months of Mark Taylor's ill health. I am equally pleased to report that both Rhobert and Ronnie have agreed to continue as chairs of these committees. Please see the Director of Corporate Governance report for further information.

Independent Member (IM) Recruitment

We currently carry two IM vacancies within the board, finance and estates. This clearly creates some gaps in our skills and knowledge. I am pleased that Steve Elliot has joined us as a temporary external advisor and will support our work, particularly via the Delivery and Performance and Audit and Risk committees. Steve has a distinguished professional background in NHS finance. We are exploring interim and substantive options regarding the IM (Estates) vacancy.

Director of Performance and Commissioning

Congratulations to Steve Powell on his appointment to the substantive role of Director of Performance and Commissioning. Steve's contribution during his time as interim Director has been greatly valued and we look forward to continuing to benefit from his skills, knowledge and experience.

NHS Confed Policy Committee

I am delighted to report that our vice-chair, Kirsty Williams has been appointed the chair of the NHS Wales Confederation Policy Committee. The committee will greatly benefit from Kirsty's extensive skills, experience & expertise.

GP Out of Hours – Shropdoc

I and Pete Hopgood, our Executive Director of Finance, IT & Primary Care, met recently with the chair and CEO of Shropdoc. We currently commission Shropdoc to provide much of our GP Out-of-Hours care across Powys, and they have recently started running the GP practice in Presteigne. I have agreed to visit Presteigne Practice with the Shropdoc Chair in the near future.

Team Wales

Chairs of health bodies in Wales were invited to be with executive colleagues for an NHS Team Wales Event in October. We considered a number of

important aspects facing NHS services currently such as the quality and safety of services, future public health trends and financial constraints. It was good to see NHS Wales leadership operating and learning together.

Llais Chair and CEO

The CEO and I held a positive and productive meeting with the Chair and CEO of Llais, the new citizens voice body for health and social care in Wales. Among other matters, we considered the benefits of 'listening together' and the effectiveness of the hyper-local engagement that has been pioneered by Llais in Powys.

Rural Health Conference

I attended the first day of the annual rural health conference organised by Rural Health and Care Wales. It was useful and interesting to listen to presentations that focused on the distinctiveness of delivering health care in a rural setting. Colleagues from our Health and Care Academy delivered an impressive and thought-provoking presentation on the effective work being carried out with High Schools in Powys.

Listening and Learning

As a Board, we continue to develop ways in which we listen to and engage with people, both staff and patients. I greatly appreciated the generous and open discussions with colleagues during recent visits to Newtown, Knighton and Welshpool. We have also reshaped our board development sessions to create time and opportunity to engage with colleagues and strategic partners. An inaugural session was delivered by our Learning Disability Team whose liaison project is clearly having a very positive impact and improving the experience of people with learning disabilities within the healthcare system.

Staff Excellence Awards

It is currently greatly encouraging and inspiring to host some of the online awards events that celebrate staff excellence. Without exception each of the finalists deserve our thanks and appreciation for their dedication, creativity and skilled professionalism. The person-centred focus on improving the quality and safety of our services across the organisation has been nothing short of humbling. Despite the significant pressures on individuals and teams, and the seemingly relentless critical stories in the media, it is refreshing to be reminded that, day in day out, staff colleagues are engaged in exemplary practice that delivers good outcomes for patients.

AGENDA ITEM:1.4b

BOARD MEETING		Date of Meeting: 29 th November 2023
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in September 2023.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

VICE CHAIR'S REPORT:

Mental Health

I was very honoured to be invited by the Powys CAHMS School In Reach team to address a regional conference on the development of this service since it was first launched as a pilot project by Welsh Government in 2018. South Powys was a part of that first pilot and it was a matter of real pride to hear about the impact that service is having supporting educators and children alike.

The Power of Discharge Committee met recently and our independent hospital managers were satisfied with the Health Board's application of its powers under mental health legislation. They were pleased to learn also of service developments that were outlined by PTHB staff.

Quality and Safety

I recently met with my counterparts from other Health Boards and Trusts who Chair their Quality Committees. The main topic of discussion was how we can share experiences to improve assurance systems around quality and safety. There was also a focus on how the quality of commissioned services can be developed.

I also attended the WHSSC Quality Development Day. Again, this explored how WHSSC (and any future organisation) can best provide assurance to their members on the quality and safety of the services they commission.

Community

I was very pleased to join the members of the Llangynidr Discussion Group and deliver a talk on the role of Powys THB and to listen to the local resident's views on what they believe to be the challenges facing health services now and in the future.

Listening to Staff & Visits

Since my last report I am grateful to have had the opportunity to visit a number of services, to learn more from frontline staff and on occasion to talk to service users. This includes visits to the Mass Vaccination facility at Bronllys and an outreach vaccination clinic at Builth Wells. At both venues members of the public expressed their satisfaction with the service they had received.

Kaleidoscope Powys, hosted an event entitled "Anyone's Child" at Brecon Cathedral. It gave me the opportunity to meet those who both manage and deliver the service as well as those who have benefitted from their support. As always issue of meeting demand and case load dominated the conversation.

I would like to thank Clare Madsen for organising a visit to the Level 3 Weight Management Service based at Bronllys. It was an extremely useful session to learn more about the ethos that underpins the Teams approach to supporting people to meet their goals.

Finally, I was able to visit the "Safer Accommodation Project", a partnership with the Local Authority which has seen the purchase of a property that will provide in county accommodation, care & support to young people who previously would have found themselves in secure accommodation. Work at the property and recruitment and training of staff is complete and it hoped that the first young person will move in once registration is complete.

Partnership

I have had several meetings related to the Regional Partnership Board (RPB) with Welsh Government officials as well as officers. I have also contributed to research and evaluation projects relating to the effectiveness of Regional Investment Fund (RIF) and the Board as a whole.



BOARD MEETING

DATE OF MEETING:
29 November 2023

Subject:

CHIEF EXECUTIVE REPORT

**Approved and
Presented by:**

Hayley Thomas, Interim Chief Executive

Prepared by:

Helen Bushell, Director of Corporate Governance
Adrian Osborne, Deputy Director Communications
and Engagement
Wayne Tannahill, Associate Director Capital and
Estates

**Other Committees
and meetings
considered at:**

Elements of this report may have been considered at
various committees or meetings prior to being
presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through Board reports.

The report specifically covers:

- Executive team appointment – Director of Performance and Commissioning
- Update from Joint Executive Team meeting with Welsh Government
- Capital and Estates Update
- Food Hygiene Rating – Bronllys Hospital
- National Commissioning / Joint Committee Developments
- Putting PTHB on the national map: NHS Wales Awards
- Shaping the Future of Health Services
- Powys County Council CEO

RECOMMENDATION(S):

The Board is asked to **RECEIVE** the report and **DISCUSS** any key issues.

Approval/Ratification/Decision¹

Discussion

Information

✓

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

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

EXECUTIVE SUMMARY:

Executive Team Appointment – Director of Performance and Commissioning

I am delighted to confirm that Stephen Powell has been appointed to the substantive role of Director of Performance and Commissioning. Steve will continue in his interim role of Executive Director Planning, Performance and Commissioning until the 31 March 2024.

Update from Joint Executive Team (JET) meeting with Welsh Government

The mid-year 2023/24 Joint Executive Meeting (JET) took place on Friday 3 November 2023. The Health Board's submission to Welsh Government in

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

advance of the meeting followed the directions set by the NHS Wales Chief Executive and covered:

- Reflections in the first six months of the year
- Progress against the Ministerial priorities
- Maternity and Neo-natal services
- Governance and risk management
- Board stability and succession planning
- Workforce and recruitment challenges and solutions
- Planning and Finance
- Plans for Winter 2023

In summarising the meeting, Welsh Government colleagues acknowledged progress and achievements made in 2023/24 and also the challenging years ahead for finance and delivery against our priorities. Welsh Government welcomed the improvements targeted which will continue to be the subject of discussion at future Improvement, Quality, Performance and Delivery meetings (IQPD) and the end of year JET review.

The development of our submission was a collective endeavour and I am grateful for all the work that our teams across the organisation and Directors put into this meeting which is a significant milestone for the health board and for their support with presenting our submission at the JET meeting.

Capital and Estates Update

North Powys Wellbeing Programme

The Programme Business Case for the campus has been endorsed and Welsh Government are approaching the end of the review process for the Strategic Outline Case submission, which was made in 2022. Welsh Government have funded some initial work to progress the Outline Business Case and this has been used to further develop the Masterplanning and site investigation for the campus and to look in more detail at the service provision and Target Operating Model. Should the Strategic Outline business Case be approved by Welsh Government, we will seek funding support for the continuation of the OBC development, with the current intension of submitting this alongside the Education OBC in the Summer of 2024.

Llandrindod Wells (War Memorial) Hospital

Following on from the successful investment to upgrade services at the front of the hospital, a Programme Business Case has been endorsed by Welsh Government for a second phase of works to improve and reconfigure the remainder of the hospital. The initial scope of work for phase two will include infrastructure improvements to the envelope of the building, including roof

and windows, with a Design and Build partner identified and business case progression being discussed with Welsh Government.

National Commissioning / Joint Committee Developments

Since the last Board meeting, I have continued to attend the national Commissioning Implementation Board established to ensure the effective integration of WHSSC, EASC, NCCU, 111 services and SARC to form one single joint committee April 2024.

Progress is being made to confirm the accountability arrangements for the new joint committee, to this effect new Standing Orders and Directions will be issued and will need to be adopted by Health Boards.

A new Memorandum of Understanding and the agreement of a Scheme of Delegation will also need to be agreed between the new joint committee and Health Boards.

Work is being undertaken to define the tier 1 and tier 2 Committee structure to enable consultation with affected staff within the existing joint committees to commence.

Food Hygiene Rating - Bronllys Hospital

The food hygiene rating for the Bronllys Hospital kitchen has been downgraded from the highest rating (5) to a 1. As a Health Board we fully accept the findings of a recent food hygiene inspection. We take our responsibilities for food safety extremely seriously, and the findings of this inspection do not reflect the high standards we expect in our organisation. Robust measures have already been put in place to address the issues identified in the report.

The Health Board manages nine kitchens across Powys, and all other facilities have the highest food hygiene rating.

Putting PTHB on the national map: NHS Wales Awards

I am delighted to confirm that the national Health Disability Activity Partnership – which includes our Health Disability Activity Practitioner Suzanne Williams – was a winner in the NHS Wales Awards presented on 15 November. This Health Disability Activity Pathway supports disabled people accessing health services to be directed to their local sports development teams in order to become more physically active. Due to the success of the initial pilot project in Betsi Cadwaladr Health Board, it is now a National pathway with a Health Disability Activity Practitioner in every Health Board and a team leader: <https://www.hdapathway.co.uk/>

Suzanne says: "This signposting pathway is very quick and simple to use but can have a huge impact on patients' lives. Anyone working with a disabled person can complete the form. We work in partnership with local authority sport development teams and Disability Sport Wales so that patients find a suitable physical activity/sport opportunity in their local community. I am grateful for the support of the Sport Powys team, ensuring that the pathway creates positive outcomes for our patients."

PTHB Staff Excellence Awards 2023

Since my last report we have now announced the finalists in all eight categories of our Staff Excellence Awards.

Our virtual award ceremonies began earlier this month, and the winners have been announced in three of our categories:

- Rising Star:
 - Joint Winner: Lloyd Morgan, Capital Projects Manager
 - Joint Winner: Carys Jones, Welsh Translator
 - Special Recognition: Alice Chappell, Trainee Emergency Nurse Practitioner
- Great Place To Work:
 - Winner: Staff Engagement and Wellbeing Programme
- Quality and Excellence in Practice:
 - Winner: Occupational Health and Wellbeing Team
- Partnership and Working Together: 23 November 2023
 - Winner: Powys Living Well Service Digital Facilitators
- PTHB Supportive Colleague sponsored by UNISON: 23 November 2023
 - Joint Winner: Michelle Mitchell, Community Palliative Care Nurse
 - Joint Winner: Tracey Spooner, Health Care Support Worker

The five remaining categories will be announced by 8 December 2023:

- Improving Health and Wellbeing: 4 December 2023
- Leadership and Taking Responsibility: 5 December 2023
- PTHB Team of the Year: 8 December 2023

A series of public and partner announcements is planned for the coming weeks to celebrate our winners, and all our finalists and nominees.

Shaping the Future of Health Services

Minor Injury Unit Services in Gwent

The period of engagement in Gwent on the future model of their minor injury unit (MIU) services, including those at Nevill Hall Hospital (NHH) in Abergavenny, will end on 1 December 2023. Their proposals include changing the opening hours for the NHH MIU from 24 hours to 18 hours (0700 to 0100).

A further engagement session takes place at Nevill Hall Hospital on 27 November 2023. More information is available from <https://abuhb.nhs.wales/about-us/engagement/public-engagement-consultation/current-opportunities/provision-of-minor-injury-unit-services-12-week-engagement/>

Alongside this, work is also under way on the future model for cataract services in South East Wales: <https://abuhb.nhs.wales/about-us/engagement/public-engagement-consultation/current-opportunities/planning-future-cataracts-services-in-south-east-wales/>

EMRTS / Welsh Air Ambulance Service

Phase 2 engagement ended on 12 November 2023 and the next steps for this review were discussed at a meeting of the Emergency Ambulance Services Committee (EASC) on 21 November 2023 where it was agreed that recommendations on the next steps will be discussed at meeting of EASC in December and will then be taken back to meetings of respective Health Boards for individual Board consideration before a collective Joint Committee decision is made.

Bevan Commission Future of Health and Care

In light of the challenges faced in the Welsh health and social care sector, the Bevan Commission have been hosting a series of public conversations in each Welsh Health Board's locality.

Phase One of this work is now almost complete, and consisted of an online survey and event, speaking to members of the public on the streets of Wrexham, Swansea and Pontypridd as well as 'townhall' style conversations in Llandudno, Brecon, Carmarthen, Newbridge, Barry, Swansea/Neath Port Talbot, and Merthyr Tydfil. During these events, the Commission talked through the challenges that the health and social care sector is facing, and discussed how things could be improved and sustained in the future. The health board's engagement and communication team has supported this programme within Powys.

We understand that they will be sharing the report from Phase One of this work soon.

Hospital Transformation Programme in Shrewsbury and Telford

The Shrewsbury and Telford Hospital NHS Trust is continuing their work to deliver the model of care agreed through the NHS Future Fit programme.

As part of their current programme of engagement a series of online and face-to-face events are taking place which will include an information event

in Newtown on 13 December 2023 to provide Powys residents with the opportunity to find out more about the current position and next steps. Details of the event will be confirmed shortly.

More information is available from the SATH website at

<https://www.sath.nhs.uk/about-us/improving-care-for-everyone/>

Alongside this, the health board has also provided information to support the current review of the programme by the Independent Reconfiguration Panel in England.

Powys County Council

Emma Palmer has been appointed as the Chief Executive of Powys County Council, on behalf of the Health Board I wish Emma every success in her new role and look forward to continuing to work closely together for the people of Powys. More information here - [New Chief Executive - Powys County Council](#)

The Board is asked to receive the Chief Executive Report.



Agenda Item: 1.5

BOARD MEETING		DATE OF MEETING: 29 NOVEMBER 2023
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Committee Chairs Director of Corporate Governance / Board Secretary	
Prepared by:	Interim Head of Corporate Governance	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the summary assurance reports appended to this covering paper taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

Approval/Ratification/Decision	Discussion	Information
✓	✓	

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

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

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Patient Experience Quality and Safety Committee:

- The Committee Chair's report of the meetings held on 24 October 2023 is attached at **Appendix A**

Joint Patient Experience Quality and Safety Committee and Workforce and Culture:

- The Committee Chair's report of the meetings held on 24 October 2023 is attached at **Appendix B**

Executive Committee:

- The Committee Chair's report of the meetings held from 20 September to 15 November 2023 is attached at **Appendix C**

Charitable Funds:

- The Committee Chair's report of the meetings held on 18 September 2023 is attached at **Appendix D.**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 17 October 2023 is attached at **Appendix E**.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 16 October 2023 is attached at **Appendix F** (detail to be given orally).

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 10 October 2023 is attached at **Appendix G**.

Escalation and Information to the Board

A summary of the position of items escalated/communicated to Board from the Committees during 2023/24 is outlined below to support the Board in keeping track of these items:

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023)	PEQS 24 Oct 2023: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) Nothing further to escalate to the Board at this stage.
PEQS 4 July 2023	Infection Prevention and Control (Reported to Board IC July 2023)	PEQS 24 Oct 2023: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and• agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board) Nothing further to escalate to the Board at this stage.
Executive Committee (9 August 2023)	Tawe Ward (Reported to Board In-Committee September 2023)	Considered at Board IC 11 August 2023 Executive Committee 20 Sept 2023:

		<ul style="list-style-type: none">• update on safe staffing and estate options, advised of enhanced monitoring of staffing levels and recruitment efforts, and• Director of Operations to further develop options with support of CEO and Deputy CEO. <p>(see Executive Committee Chair's Report to Board for 20 September 2023).</p> <p>Nothing further to escalate to the Board at this stage.</p>
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NEXT STEPS:

Further oral updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 November 2023.



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	24 October 2023
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Patient Experience, Quality and Safety Committee took place on 24 October 2023.</p> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 24 October 2023:</p> <ul style="list-style-type: none">• Medicines Management Annual Report• Integrated Quality Report including<ul style="list-style-type: none">◦ PSOW Annual Report 2022/23◦ Infection Prevention and Control Plan Progress• Maternity Services• Mental Health Services Presentation• 111p2 – 12 week review• Implementation of Welsh Government guidance on Transition and Handover from Children’s to Adult’s Health Services• Medical Devices and Point of Care Testing Annual Report• Statement of Commitment to Infection Prevention and Control• Clinical Audit Internal Audit (for information) <p>The papers from this meeting can be accessed at: 24 October 2023 - Powys Teaching Health Board (nhs.wales)</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received and discussed the Committee Action Log.</p> <p>-----</p>	

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28/11/2023 17:15:57



MEDICINES MANAGEMENT ANNUAL REPORT

The Committee received the report on the Health Board's Medicines Management and Pharmacy arrangements, an update on progress, an outline of key challenges and areas of concern, and information regarding plans for the service for the next 12 months.

The Committee heard of the constraints the team are operating within including:

- only being able to offer fixed term appointments which had been unattractive to applicants and resulted in an inability to recruit,
- the lack of an Antimicrobial Stewardship Pharmacist due to funding constraints and
- a less than adequate level of pharmacy support to Mental Health Services. This was also an issue of funding constraints and a difficulty in attracting staff to Powys.

A potential opportunity to ease the situation was being explored and the Committee asked for an update on Pharmacy support to Mental Health Services. The Committee also asked for an update on Electronic Prescribing and Medicines Administration to be included in the next Medicines Management Report.

INTEGRATED QUALITY REPORT

The Committee received the report particularly noting the following areas raised by the Director of Nursing and Midwifery:

- Work assessing potential nosocomial cases of Covid-19 has been completed ahead of schedule with no cases of harm or death identified. The national Interim Learning Report was provided with the Final Learning Report anticipated Spring/Summer 2024. The learning identified locally will be shared via the Infection Prevention and Control group to ensure learning is embedded throughout the organisation.
- The target of compliance of response to concerns within 30 days continues to be met with a challenge of maintaining this target. The themes and trends relating to concerns for provided and commissioned services were outlined.
- There have been eight Duty of Candour cases triggered in Q1 and Q2 of which four have been closed with no harm identified and four remain under investigation.

Patterson, Liz
28/11/2023 17:15:57



- The Public Services Ombudsman for Wales (PSOW) Final Report 2022/23 had been received. A relatively high number of concerns had been forwarded to the PSOW. This had been expected as a series of long overdue concerns had been closed, triggering the opportunity to complain to the PSOW. Now the backlog has cleared it is expected this figure will fall.
- The number of pressure ulcer incidents was provided and the processes in place to manage this was outlined.
- The Patient Experience system continues to evolve with the implementation of District Nurse feedback arrangements.
- The Infection Prevention and Control Improvement Plan developed in response to matters raised at Executive Committee and PEQS In-Committee in July 2023 was shared with Committee. Of the 24 actions identified, six had been completed and 18 were on-track with none behind schedule.

MATERNITY SERVICES

The Committee received the report which provided the first six monthly update on progress in maternity service following local de-escalation.

The Committee took ASSURANCE that the Maternity Services improvement actions are being delivered to plan.

MENTAL HEALTH SERVICES PRESENTATION

The Committee received a presentation which outlined potential areas for a deep dive in the February 2024 Committee meeting. It was agreed that the deep dive into Mental Health Services would be undertaken with a focus on quality and safety under the remit of the Integrated Quality Report.

111p2 – 12-WEEK REVIEW

The Committee received the report particularly noting the service had gone live in May 2023 initially with a 12hr/day service moving to 24/7 service in June 2023. Local care is provided via a national number giving parity of care to mental as well a physical health.

The Committee welcomed the presentation and looked forward to receiving further updates as the service becomes embedded.



IMPLEMENTATION OF WELSH GOVERNMENT GUIDANCE ON TRANSITION AND HANDOVER FROM CHILDREN'S TO ADULT'S HEALTH SERVICES

The Committee received the report which provided an update and assurance on work being undertaken to implement the Welsh Government guidance on transition of Children and Young People to Adult health services published in 2022 for implementation from 2024/25.

An Annual Report on transition will be published and an implementation of the guidance will be shared with Committee within the Integrated Performance Report.

The Committee RECEIVED the progress report NOTING the progress to date in Implementation of Welsh Government guidance on Transition and Handover from Children's to Adults health services, took ASSURANCE that the Health Board has an effective system in place to implement the guidance and AGREED that further updates on Transitions would be included within the Integrated Quality Report.

MEDICAL DEVICES AND POINT OF CARE TESTING ANNUAL REPORT

The Committee received the report which provided an overview of the medical Devices and Point of Care Testing Services and its ambitions for 2023-2024. The report set out how the service has performed during 2022-2023, highlighted key achievements and reviewed of the challenges and risks.

The Committee REVIEWED the attached report and accepted it as an accurate overview of the service and took ASSURANCE that the Medical Devices and Point of Care Testing requirements have been fulfilled.

STATEMENT OF COMMITMENT TO INFECTION PREVENTION AND CONTROL

The Committee APPROVED the following Board level statement on behalf of the Board as part of the requirements under the Code of Practice for the Prevention and Control of Healthcare Associated Infections:



"Powys Teaching Health Board recognise the significant impact and harm Healthcare Associated Infections (HCAIs) have on service users, carers, and staff. Effective infection prevention and control is the responsibility of all our people and integral across all our services. Where infections occur, we will learn and take action to improve. We therefore commit to preventing HCAIs and meeting the standards, as set out in the Code of Practice for the Prevention and Control of Healthcare Associated Infections".

CLINICAL AUDIT INTERNAL AUDIT (FOR INFORMATION)

The Committee received the report for information and noted that The Audit, Risk and Assurance Committee (ARAC) receive all Internal Audit reports and monitor implementation of recommendations.

WORK PROGRAMME

The Committee received the Work programme for Information.

ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD

The Board are asked to note the following:

- The impact of resource constraints outlined within the Pharmacy and Medicines Management Services Report – the Committee will continue to monitor this at future meetings.
- The Board level statement on Infection Prevention and Control – for the Boards awareness.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 23 January 2024.

Patterson, Liz
28/11/2023 17:15:57



Reporting Committee:	Joint Patient Experience, Quality and Safety Committee and Workforce and Culture Committee
Committee Chairs	Kirsty Williams and Ian Phillips
Date of last meetings:	24 October 2023
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The first meeting of the Joint Patient Experience, Quality and Safety Committee and Workforce and Culture took place on 24 October 2023. This is not anticipated to be a regular meeting but will be formed when the agenda requires both Committees to meet.</p> <p>The Board is asked to note that the following matters were discussed at the Joint Patient Experience, Quality and Safety Committee and Workforce and Culture Committee on 24 October 2023:</p> <ul style="list-style-type: none">• Duty of Quality and Candour – Focus on workforce culture, quality and safety.• Speaking Up Safely Draft Self-Assessment <p>The papers from this meeting can be accessed at: 2023 10 24 Joint PEQS and WC - Powys Teaching Health Board (nhs.wales)</p> <p>-----</p> <p>DUTY OF QUALITY AND CANDOUR - FOCUS ON WORKFORCE CULTURE, QUALITY AND SAFETY.</p> <p>The Joint Committee received the report which provided an opportunity for both Committees to come together to discuss cross cutting matters of importance such as the Quality and Engagement Act, the citizen voice and the important role staff play in delivering good, quality services.</p> <p>-----</p> <p>SPEAKING UP SAFELY DRAFT SELF-ASSESSMENT</p> <p>The Joint Committee received the report outlining the following documents which had been shared with members.</p>	

<ul style="list-style-type: none"> • Speaking Up Safely Framework • Letter from Director General • Draft Implementation Plan against Self-Assessment <p>The Joint Committee received and discussed the update and draft action plan and agreed to receive an update on the implementation of the Speaking Up Safely Framework in March/April 2024.</p> <p>Members queried the reference for the Board to appoint a Speaking Up Safely Champion and asked that the Board examines the role and expectation of Board Champions to enable Champions to understand their role.</p> <p>-----</p>
<p>ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD</p>
<p>The Joint Patient Experience, Quality and Safety Committee and Workforce and Culture Committee wish to advise Board that the first joint meeting had taken place, and that Board were asked to note the query regarding Board Champions. The action has been added to the Board action log.</p>
<p>NEXT MEETING</p>
<p>The next meeting of the Joint Patient Experience, Quality and Safety Committee and Workforce and Culture is anticipated to take place in March/April 2024.</p>

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Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Interim Chief Executive
Date of last meeting:	1 November 2023
Paper prepared by:	Senior Administrator

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meetings in private due to the practical nature of the day to day management and operations of the organisation.

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 20th September, 4th October, 11th October, 19th October and 1st November 2023

20th September 2023

1. Llandrindod Wells Hospital -Phase 2 timelines

The Committee received an update regards the anticipated outline business case (OBC).

Next steps: Capital Review Meeting required with Welsh Government to explore capital expenditure, review priorities, and determine next steps.

2. Tawe Ward

The Committee received an update on the safe staffing and estate options. Stringent, regular enhanced monitoring of Tawe Ward staffing levels are being undertaken as well as ongoing efforts to recruit to vacancies.

The Committee RECEIVED and NOTED the update.

3. Cancer Improvement Plan

The Committee received the Cancer Improvement Plan summary put together in response to the All Wales Cancer Improvement Plan, which contained nine key points across all services.

The Committee RECEIVED and NOTED the plan.

4. Finance Report

The Committee receive the Finance Report for Month 5 which the Committee was asked to discuss and note.

5. Welsh Health Circular (WHC) Tracker

The Committee received the bi-annual report. A number of WHC's had been closed, there were approx. 40 in partial progress, ranging from 2018 to the current time. Executive Directors continue to work on ensuing implementation.

The Committee RECEIVED and NOTED the paper.

6. All Wales Mass Casualty Exercise: Preparation Update

The Committee noted an overview of the forthcoming All Wales Mass Casualty Exercise arrangements across Wales. The Exercise Planning Group is being led by Welsh Government Planning Group.

It was highlighted that this exercise will not fully test Local Health Board Major Incident Plans. There are Plans to test those fully, later in the year; these will require a small emergency response team or their hospital equivalent to participate in these schemes, as live operational information is required.

The Committee SUPPORTED the All Wales Mass Casualty Exercise, and AGREED to fully participate.

4th October 2023

1. Staff and Visitor Meals

The Committee received the information paper outlining a 10% increase in catering prices. The Unions had accept the proposed increase.

The Committee DISCUSSED and APPROVED the paper.

2. Brecon Project Adult Mental Health

The Committee received the report which sought approval for the Health Board to work in equal partnership with Powys County Council to accomplish the provision of specialist residential accommodation for adults of working age within Powys.

The Committee DISCUSSED and APPROVED the paper.

3. Recruitment and Retention Premia

The Committee received the item, the organisation has not utilised what is available through the All Wales Recruitment and Retention premia. There was currently no facility to consider anything over and above the grade of the role, should it be a difficult to recruit or retain staff post.

Other Health Boards have this process for difficult to recruit posts, in place. It is a rigorous process requiring consultation with neighbouring Health Boards. It is then signed off by the Welsh Partnership Forum. The process primarily for medical posts.

The Committee DISCUSSED and APPROVED the paper.

4. North Powys District Nursing Evening Service.

The Committee noted three District Nursing teams in Powys. South and Mid teams operate from 09.00 to 20.00, the North operate from 09.00 to 21.00. This raises inconsistency and lone working issues across the service. It was proposed to standardise the start and finish times across the County, closing the North team one hour earlier at 20.00, which will prevent lone working situations and the need for extra TOIL or flexi time.

Health Care Assistants are rostered after 20.00. All staff have been involved in discussions and Shropdoc informed of the proposal.

The Committee DISCUSSED and APPROVED the paper.

5. Estate Rationalisation

The Committee noted reference to a letter received from Welsh Government in August requesting a response in relation to estates rationalisation of non-clinical space. Looking at three categories of information; quick wins – releasing costs this financial year, medium term and longer term projects. Modest funding was available where we are able to demonstrate significant financial or non-financial benefit.

The Committee received and DISCUSSED Estate Rationalisation agreeing the Associate Director Capital, Estates and Property would respond to Welsh Government as per the paper and discussion.

6. Update on 2023-2024 GMS Premises Improvement Grant Applications.

The Committee noted several applications had been considered by a panel, a number had been approved, and two had been rejected. Each practice has to contribute 34% of the proposal with a 66% contribution from PTHB.

The Committee DISCUSSED and APPROVED the paper.

7. Face-to-face interpreters in favour of the Language Line

The Committee noted the current arrangements for face-to-face interpreters, for languages except Welsh, at a cost of £100k. The Health Board have already invested in Language Line, which is app based and allows for an interpreter to be present via video link. This has been through the Level 2 impact assessment process and estimated to provide a £30,000 saving.

The Committee DISCUSSED and APPROVED the move to offer language interpretation via Language Line.

In-Committee Items

The Committee discussed the Section 33 agreement on ICT in place with Powys County Council.

8. Accessibility Regulations

The Committee received the report which provided an update on actions taken in response to the UK Government website accessibility regulations and recent audit.

The action plan submitted in August to the UK Government team, had been accepted with the following risks accepted by PTHB:

- Patient focus material is widely accessible.
- Level of risks in the levels of checks to be undertaken, due to capacity.

The Committee took ASSURANCE from the report in relation to the accessibility regulations, NOTED the inherent risks and SUPPORTED re-enforcing the importance of accessibility when re-releasing the guidance.

9. National Commissioning Implementation Programme

The Committee noted all NHS Health Boards had received the paper for internal information. All Health Board CEOs have a role within the programme structure. The meeting discussed a number of significant issues including the programmes governance arrangements and the need for a more cost-efficient effective service from April 2024,

The Director of Corporate Governance noted a Board Development session had been scheduled for further discussion.

10. Gifts and Hospitality Register

The Director of Corporate Governance presented the item to provide ASSURANCE the appropriate systems are in place. There is a need to re-promote the declaration process and reinforce the organisations policy and approach to gifts and hospitality in the coming period.

The Committee DISCUSSED and took ASSURANCE from the paper noting the additional actions required to promote the policy.

11. Nationally Reportable Incidents – Concerns Position – October 2023

The Committee received an overview of open Nationally Reportable Incidents within the Health Board, which will be included in the Integrated Quality Report reported to PEQs. There are eighteen open incidents. Two of which are historic (2022). The report would be brought to the committee monthly.

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The Committee RECEIVED and NOTED the Concerns Position – October 2023.

11th October 2023

1. Maternity Services Improvement Plan

The Committee received the report on maternity services, since being deescalated earlier this year, detailing the progress the maternity services are making in relation to the governance arrangements instigated in the service.

All improvements implemented during the period of escalation, strong on maintaining all of those improvements alongside engagement and inclusion across the service.

The Committee RECEIVED the Maternity Services Improvement Plan, taking ASSURANCE against progress and noting it would be submitted to PEQs.

2. Transition and Handover from Children to Adult's Health Services

The Committee noted that two years ago Welsh Government published guidance on the transition of children and young people to adult health services. As of February 2024, the organisation must be fully compliant with the guidance.

A Task and Finish Group had been established to standardise the approach to achieve maximum efficiency in service and identify the gaps in the service. A gap analysis has been completed, which was recommended to be handed over to Children's Service as business as usual.

The Committee ACCEPTED the recommendation subject to AGREEMENT of the final details around the medical element.

3. Overseas Nurses

The Committee received the paper previously considered by the Workforce Steering Group.

The background paper submitted to the Workforce Steering Group laid out all the costs and requirements for implementation.

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The Committee ENDORSED the decision for the additional cohort and AGREED to the requested flexibility around the start date for the last cohort to between Feb and April 2024.

4. Workforce and OD Operating Model

The Committee noted this had been discussed as part of the Business as Usual discussions within the informal Executive meeting, for which the origins sat in a previous independent review. This latest paper sets out details in relation to the volumes of operational, front line work undertaken by HR Business partners in terms of writing standard letters, when there are already templated letters, attending meetings and the turnover of work is considerable given there are recruitment issues.

The Committee SUPPORTED the proposals, noting the risk assessment would be undertaken and change to service support may be required pending the outcome of those assessments.

5. Integrated Performance Framework

The Committee noted the four main areas of concern, with A&E and cancer have the highest level of concern.

PTHB performance still have 6 areas in escalation, which have been investigated and are developing remedial action plans. Some failure on Ministerial Measure targets;

The Committee RECEIVED the Integrated Performance Framework, DISCUSSING areas of escalation and required action and NOTED the paper would go onto the D&P Committee.

6. Finance Report

The Committee received the Month 6 Finance Report. The following was discussed:

- circa of £500,000 off the deficit plan
- Pressure in all the areas previously discussed
- Emergency admissions in our commissioning position
- Primary care prescribing
- Agency
- Variable pay

The organisation was still forecasting to meet the deficit plan and the need to ensure delivery of the 0% savings are actioned was reinforced.

The Committee RECEIVED the Finance Report for Month 6, DISCUSSED the continued need for focus and reinforcement of the actions to meet the deficit budget plan and NOTED the report would go onto the D&P Committee.

7. Integrated Quality Report

The Committee reviewed the report noting it remains in continual development. Key areas discussed were as follows:

- The decision not to attend the safer collaborative event, in September lead by Improvement Cymru and the reasons for the non-attendance as laid out in the report.
- Progress within the colonial framework, now completed all cases received ahead of time.
- PTR maintaining performance, the compliance should be above 75% Over the past 3-4 months have either been at that level or above.
- Many concerns are now being dealt with at early resolution level, so there is a balance in drawing out themes and trends, and making sure something cannot be identified.

The Committee RECEIVED the INTEGRATED QUALITY REPORT, DISCUSSING the areas above and NOTED the report would go onto PEQs.

8. Board Level Statement

The Committee noted the report for recommendation to the PEQs Committee. As part of the IPC improvement plan, and the Welsh Government Infection Control standards all organisations should have a statement outlining their intent. This paper outlines the Proposed statement for approval and for onward to PEQs and Board.

The Committee ENDORSED the recommended statement for PEQs consideration, agreeing the word 'minimum;' would be removed.

19th October 2023

1. Child Immunisation Annual Report

The Committee received the report noting it would go onto the Planning, Partnerships and Population Health Committee on 16th November. The paper updated the Committee regarding the uptake of

childhood vaccinations across Powys Teaching Health Board (PTHB) from 01 April 2022 to 31 March 2023.

The Committee was asked to consider the uptake in childhood immunisations and take assurance of the actions being undertaken to maintain and/or further increase the uptake of childhood immunisations, including targeted catch-up campaigns.

The Committee DISCUSSED and NOTED the Child Immunisation Annual Report.

2. Speaking up Safely Framework

The Committee received an update on the self-assessment which has been created to help inform development of the framework and an accompanying action plan for the Health Board.

The Committee RECEIVED and NOTED the update on the Speaking Up Safely Framework.

3. Clinical Lead for Planned Care Role

The Committee received the SBAR in support of the request for approval for the appointment of a Clinical Lead for Planned Care for PTHB.

The Committee DISCUSSED and APPROVED the request for a clinical lead for planned care role.

4. Llandrindod Wells Phase 2 Project.

The Committee received the paper for consideration of approving submission of an SBAR to Welsh Government for the funding of roof, window and external works improvements at Llandrindod Wells War Memorial Hospital in the value of £2.6M.

The cost of the SBAR work is acknowledged to be higher than previously estimated.

The Committee DISCUSSED and APPROVED the submission of an SBAR to Welsh Government for the additional works at Llandrindod Hospital.

5. CLINICAL CODING POLICY

The Committee note the updated Clinical Coding Policy for Approval.

The new document considers the updated coding standards while at the same time ensuring clear lines of responsibility and scope definitions to ensure staff involved with Clinical Coding have clear and concise guidance.

The Committee DISCUSSED and APPROVED the updated clinical coding policy.

6. Print Management and Rationalisation Project

The Committee received the paper, and were asked to:

- Review the Print Management Solution (PMS) proposal provided for the operation of the PMS across the estate
- Review the identified risks and mitigation recommendations.
- Consider the cost saving financial figures over the three-year timeline.
- Direct award to Konica Minolta as supplier of the PTHB Managed Print Solution.

The Committee DISCUSSED and APPROVED the proposal.

7. Continuing Health Care – Care Home Costs

The Committee received the paper aiming to:

- Inform the Executive of further uplift requests by CHC Providers in addition to the agreed 9.20% uplift for 2023-2024
- Provide relevant information to enable the Executive team to consider proposals from CHC providers
- Inform the Executive team of the financial risk in regard to agreeing to increased CHC rates above the 9.20% uplift

The Committee RECEIVED and DISCUSSED the paper, acknowledged the risks, and AGREED that broader national conversations would be held urgently and to be held with the local authority before a decision is made.

8. Body Store Options

The Committee received the paper which for approval

- To cease the use of any PTHB body store for coronial cases
- To cease to offer spare body storage capacity to local Funeral Directors
- To commence arrangements to close the four remaining body storage facilities at Ystradgynlais, Brecon, Llandrindod and

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Llanidloes Hospitals and replace with a Direct-to-Director model for all areas

The Committee AGREED that evaluation work would return to the Committee as part of the ongoing audit in addition to implementation of a Standard Operating Procedure for Ward Managers to follow.

The Committee DISCUSSED and APPROVED the proposal for the preferred option, subject to confirming the outstanding query with the Board Chair.

9. Executive Governance Meeting Structure

The Committee received the item outlining the proposed changes to the Executive Governance meeting structure resulting in a change of sub groups reporting to the Committee.

The Committee RECEIVED and APPROVED the proposed arrangements to be implemented from 1 December 2023 and NOTED the response to the Enhanced Monitoring status of the Health Board.

10. Annual Delivery Plan Progress Report Update Q2 (Jul – Sept).

The Committee was presented with the report outlining the PTHB position against the Annual Delivery plan at the end of Q2.

The Committee RECEIVED and APPROVED the report.

11. Cleaning Standards and Financial Savings Paper

The Committee received the paper to provide an update on the Support Services savings plans relating to Catering, Domestic and Porter services.

The Committee DISCUSSED and APPROVED the implementation of the recommendations outlined in the paper through the preferred second option.

12. Gold on call rota – Principles

The Committee was presented with the paper seeking approval which suggests a proposed pathway to strengthen existing Gold On-Call arrangements.

The Committee DISCUSSED and APPROVED the paper and its recommendations which would see the introduction of reduced cleaning in non-clinical areas of the estate.

13. Media Policy and Procedure

The Committee noted the updated Media Policy and Procedure. The main challenge for PTHB in relation to this policy is out of hours emergency comms planning, although the likelihood for this is small and the policy has been developed with the size and capacity of the organisation in mind.

The Committee DISCUSSED and APPROVED the Media Policy and Procedure.

14. Joint Executive Team Meeting (3 Nov) Preparation

The Committee noted that as per the agenda, a presentation was being prepared on eight key areas of focus. Progress against internal audit reports and risk registers will also be discussed. There is also an item on the agenda to review learning from BCU Board Effectiveness report from earlier in 2023.

The Committee DISCUSSED and NOTED the JET meeting preparation.

15. Joint Executive Team Meeting (25 Oct) with Powys County Council preparation.

The Chair noted that the agenda items for this meeting, taking place at Bronllys, will include:

- Next steps on the accelerated sustainable model
- Winter resilience planning and response
- A verbal update on CHC historical cases
- Conversation on the role of the joint partnership board and section 33 work

The Committee DISCUSSED and NOTED the Joint Executive Team meeting with PCC preparation.

1st November 2023

1. Additional Learning Needs (ALN) Report

The Committee received this paper outlining the ALN Act has been live since September 2021, with a phased implementation. The aim is to improve outcomes and experience for children and young people aged 0-25 with additional learning needs and their families, through

earlier identification of needs, whilst allowing the wishes of children and young people to be at the forefront of any decisions about them, plus collaboration between Education and Health professionals to address children's learning needs.

The Committee RECEIVED and SUPPORTED the paper for submission to the PPPH Committee noting the areas the organisation needs to focus and increase resilience.

2. Independent Reconfiguration Panel – Shropshire, Telford and Wrekin ICS Hospitals Transformation Programme

The Committee noted receipt of a letter from the UK Government regards the position on SATH.

The Committee NOTED and DISCUSSED the letter reiterating PTHBs support for the transformation programme.

3. Winter Plan 2023/2024

The Committee noted there is no specified obligation this year from Welsh Government to create a Winter Plan, although it is considered good practice given the potential surge requirements. This was devised with colleagues from Operations, RPB, PAVO and Powys County Council.

The Committee NOTED and DISCUSSED the Plan.

4. UK Covid-19 Public Inquiry Preparations – progress report

Paper 1 – readiness assessment

The Committee received an update about progress towards readiness for PTHB to participate in and contribute appropriately to the Covid-19 Public Inquiry Update.

The Committee took assurance from the report and noted it would go on to the Board in November.

Paper 2 – Covid 19 Pandemic Inquiry Module 5 Core Participant Status

The Committee received a paper which provided an analysis of PTHBs role and interest in the module content (procurement).

The Committee NOTED the update and APPROVED the assessment of the organisations role not to apply for Core Participant Status. The final decision would be made by the Board.

5. Cluster Planning Progress

The Committee received the paper which provides an update on key project within the Primary Care Cluster Planning Progress against delivery for 2023/2024.

The Committee NOTED the update and APPROVED submission to the PPPH Committee.

6. JET preparation (6 monthly review – 3 Nov)

The slides were discussed ahead of the meeting on 3 November.

ITEMS TO BE ESCALATED TO THE BOARD

No specific items for escalation, a number of items considered by the Executive Committee do appear on the Board agenda for the 29 November.

The decisions with regards to Core Participant status for module 5 of the UK Covid—19 Inquiry was taken via Chair’s Action and is reported to the Board in the Director of Corporate Governance report.

NEXT MEETING

The Executive Committee continues to meet fortnightly.

Reporting Committee:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of meeting:	18 September 2023
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board).

The Charitable Funds Committee met on 18 September 2023, the following matters were discussed:

- General bids for approval
- Expenditure approved under delegated authority
- Reserves policy
- Charity activity report
- Charitable Funds financial summary report
- Investment manager update report
- Project evaluation updates

The following matters were received for information:

- Investment Managers Report
- Project Evaluation Updates

General Bids for Approval

The Charity Manager presented the following bids to the Committee for approval:

- PAVO small health grant scheme (£82,500 in total over a period of three years)

The proposal asked for an allocation of £25,000 per year which would be distributed in small grants to community groups and third sector organisations for a period of three years (beginning in 2024). In addition to this, an additional administration fee of £2,500 per year (10%) would be required for PAVO to administer and evaluate the programme.

The scheme will aim to provide funding to enable voluntary sector groups, community groups and communities of interest to buy equipment and/or to set up/extend or sustain small scale innovative activities that address the specific objectives of the scheme in relation to health and wellbeing (cost of living, transport to wellbeing, wellbeing at home, loneliness and isolation).

- PTHB audiology vestibular assessment equipment (£29,532)

The PTHB Audiology request for funding aims to purchase equipment to enable the service to carry out vestibular assessments and improve the patient experience in South Powys. Vestibular assessment is currently outsourced to neighbouring Health Boards in the South of Powys. The PTHB Audiology service is looking to implement their own audiology-led vestibular pathway to improve the current service, but also to repatriate patients to PTHB. This will create equity across Powys, improve (reduce) the patient pathway and provide care closer to home and introduce cost-savings for the Health Board.

- WOD wellbeing hub resources (£26,000)

This proposal is aiming to re-introduce the refreshment provision for staff that existed during the Covid-19 pandemic (funded via the Charity and funding received from NHS Charities Together). It is proposed that this support is delivered in three areas over a period of two years:

1. Providing refreshments (tea, coffee, water and biscuits) to all of the wellbeing hubs (see below).
2. Providing tea and coffee making facilities during face-to-face training.
3. Manage a small pot of funding accessible by Assistant and Deputy Directors, and Heads of Profession, to help buy refreshments when running team away days.

Staff in nine hospital sites who will access the wellbeing hubs will benefit, as well as at 24 smaller outreach centres across Powys. Part of the request also includes a training/development budget which can be utilised by staff wishing to hold training/development days.

The following bids were also reviewed:

- Llanidloes dementia garden (£9,800)

- Chat to Change request (£6,000)
- Felindre ward pottery sessions (£7,000)

The Committee DISCUSSED and APPROVED all of the above proposals.

Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)

The Head of Financial Services presented a summary of the projects approved under delegated authority during the period of May 2023 – August 2023. A number of requests from various local funds with a combined value of £20,733.

The Committee DISCUSSED and RATIFIED the expenditure.

Reserves Policy

The Head of Financial Services updated the committee in regard to the Charity's reserves policy. The financial figures are assessed using a three-year rolling average. The currently proposed reserves level is £850k.

The calculation of the target level of reserves is as follows:

- The reserves should include one year's administration costs (support costs, fundraising costs and investment management costs).
- the reserves should include 20% of the three-year rolling average value of the investments.

25% of the grant funded activity expenditure should be included in reserves.

The committee was asked to approve and agreed that the policy would be reviewed every two years.

The Committee DISCUSSED and APPROVED the reserves policy.

Charity activity report

The Charity Manager presented that charity activity report for the period between May – August 2023.

Key items to highlight were:

- The NHS 75 grant scheme – this scheme was positively received with over 43 applications being successful. The Charity Team hope

to build on the learning and use the framework for future schemes.

- League of Friends afternoon tea – this was positively received by League of Friends members and the team are looking to host more similar events in the future to continue to build on that connection. The addition of a Board level lead and liaison with the Leagues of Friends is also being reviewed.
- Workplan tracker – The Charity has updated its review and reporting system for its annual workplan. There are some objectives at risk of successful completion before the end of the year, this includes social media impression targets for the Charity's digital channels (although engagement rates remain high) and progressing a new service bursary scheme to provide additional opportunities for training and employment.
- Communications report – this report covered the Charity's communications activity between May – August 2023.

The Committee DISCUSSED and NOTED the report.

Charitable funds financial summary report

The Head of Financial Services presented the financial summary report the key messages included:

- GENERAL FUNDS: From an amount of £2,803,914 held within General Purposes or designated funds at the 1 April 2023, income of £121,256 has been received and £226,825 of expenditure has been paid. This equates to 8% of funds held at 1 April 2023 have actually been spent.
- LEGACY FUNDS: From an amount of £1,644,991 of funds held within legacies at the 1 April 2023, £0 income has been received and £22,246 of expenditure has been paid. This equates to 1.35% of funds held at 1 April 2023 have actually been spent.
- BANK BALANCE - The Balance held within the bank account at 31 March 2023 is just over £0.797M. Discussions with the investment manager (Brewin Dolphin) as to whether a short-term investment option was available has been undertaken but they advised that they could not guarantee any short-term investments would repay the amount invested over the shorter term. They advised the Charity to retain this within the bank over the short term. There are some larger items of expenditure expected in the coming months which should reduce the balance closer to the target cash balance of £0.5M.

The Committee DISCUSSED and NOTED the report.

The following items were presented for Information and Assurance:

- **Investment Manager's Report**

The investment manager report was DISCUSSED and NOTED by the Committee.

- **Project Evaluation Updates**

The project evaluation update was taken as read. The Committee RECEIVED and NOTED the project evaluation updates.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items noted for escalation to Board.

NEXT MEETING

07 December 2023



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Ronnie Alexander
Date of last meeting:	17 October 2023
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 17 October 2023 where the following items were considered:

- Integrated Performance Report Month 04
- Finance Performance Report: Month 6
- Primary Care Out of Hours Assurance Report
- IT Infrastructure and Asset Management (Update against audit report and progress)

The papers from this meeting can be accessed at:

[17 October 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

The Board is asked to note that the following matters were discussed at the In-Committee on 17 October 2023.

- Financial Sustainability

A summary of the key issues discussed at the meeting is provided below.

INTEGRATED PERFORMANCE REPORT MONTH 04

The Committee received the report which provided the latest available performance update against the new 2023/24 NHS Wales Performance Framework.

The Committee sought assurance on matters including the effects of budget and finance of other Health Boards on the ability to tackle the backlog, the impact of in-reach cancellations, oversight of primary care,



challenges to meeting the Ministerial Priorities and what progress can be made to tackle very long waits.

The Committee DISCUSSED and NOTED the content of the report, CONSIDERED any areas for further discussion or action, and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

FINANCE PERFORMANCE REPORT MONTH 04

The Committee received the report with an update on the September 2023 (Month 06) Financial Position, including progress with savings delivery. At Month 06, a £17.240m over-spend was reported against the planned deficit of £16.737m giving an operational overspend of £0.503m.

The Committee sought assurance on matters including the increase of commissioning costs, variable pay and the degree of confidence that the operational overspend would be brought back into balance.

The Committee DISCUSSED and NOTED the Health Board Month 06 2023/24 financial position and the 2023/24 financial forecast deficit position.

PRIMARY CARE OUT OF HOURS ASSURANCE REPORT

The Committee received the report with assurance around the Out of Hours (OOH) Service provision for Powys patients during 2022/2023.

The Committee sought assurance regarding the procurement process for this service and the potential to regularise the position in Ystradgynlais. A further update in relation to OOH in Ystradgynlais was requested for a future meeting.

The Committee RECEIVED the update provided and took ASSURANCE that the OOH Commissioning Assurance Framework monitoring process provides effective assurance to PTHB on OOH contract management

IT INFRASTRUCTURE AND ASSET MANAGEMENT (UPDATE AGAINST AUDIT REPORT AND PROGRESS)



The Committee received the report which provided the updates against actions from the Infrastructure and Asset Audit recommendations.

The Committee RECEIVED the report taking ASSURANCE against progress.

ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD

The Committee bring to the ongoing attention of Board the financial situation recognising this is also an item on the Board agenda. The Committee will continue to monitor and seek assurance as per its role.

DATE OF NEXT COMMITTEE MEETING:

The next meeting of the Delivery and Performance Committee will be held on 19 December 2023.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following item was discussed in private session.

FINANCIAL SUSTAINABILITY

A verbal update was received in relation to the Scenario planning.

- The Committee NOTED the update on financial sustainability.

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Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	16 November 2023
Paper prepared by:	Interim Corporate Governance Business Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Planning, Partnerships and Population Health Committee took place on 16 November 2023.</p> <p>The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 16 November 2023:</p> <ul style="list-style-type: none">• IMTP – draft planning approach 2023/24• Strategic Change Report• Primary Care Cluster Planning Reporting against delivery• NWSSP Performance (Mid-Year Report)• Accelerated Sustainable Model (planning and approach)• Health Protection Summary Report• Child Immunisation Annual Report• Additional Learning Needs• Winter respiratory Plan Update 2023/24• Potential items for a deep dive <p>The Chair will give an oral update to Board with a written update provided to the next meeting of Board. This is due to the close proximity of the PPPH meeting to the Board meeting.</p> <p>The papers from this meeting can be accessed at: 16 November 2023 - Powys Teaching Health Board (nhs.wales)</p>	
ITEMS TO BE ESCALATED TO THE BOARD	
There were no items noted for escalation to Board.	
NEXT MEETING	
The next meeting of the Planning, Partnerships and Population Health Committee will be held on 20 February 2024.	

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	10 October 2023
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk and Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 10 October 2023. The papers of this meeting can be accessed at: [10 October 2023 - Powys Teaching Health Board \(nhs.wales\)](https://nhs.uk/10-October-2023-Powys-Teaching-Health-Board)

The Board is asked to note that the following matters were considered by the Committee on 10 October 2023:

- Applications for Single Tender Waiver
- Internal Audit Progress Report 2023-24
- Internal Audit Report
- External Audit Progress Report 2023-24
- Counter Fraud Update
- Losses and Special Payments Report
- Post Payment Verification (PPV) Update
- Risk Management Arrangements
- Welsh Health Circular Tracking
- Register of Gifts and Hospitality
- Committee Work Programme

APPLICATION FOR SINGLE TENDER WAIVER

The Committee received one application for single tender waiver which had been received during the period of 1 August to 30 September 2023.

The Committee RATIFIED the use of Single Tender Waiver in respect of one item during the period of 1 July 2023 and 30 September 2023.

INTERNAL AUDIT PROGRESS REPORT 2023-24

The Committee received the report which provided information regarding the progress of Internal Audit work in accordance with the agreed plan; including details and outcomes of reports finalised since the previous meeting of the committee. The following matters were highlighted for the committee's attention:

- Two audits had been finalised since the previous meeting of the Committee.
- There are 24 audit reviews contained within the 2023/24 Internal Audit Plan. At the time of reporting one has been finalised with a further two at the draft report stage and two audits were currently work in progress with a further 13 at the planning stage.
- The progress report also included details of a proposed adjustment to the timing of the additional learning needs legislation audit. It was requested that the timing of this audit be changed from Q2 to Q4 due to reviews being undertaken within the service.

The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports and APPROVED the proposed adjustment to the timing of the Additional Learning Needs Legislation audit.

INTERNAL AUDIT REPORTS:

- SLAs for In-reach Medical Staff (*Reasonable Assurance*)
- Clinical Audit Final Internal Audit Report (*Reasonable Assurance*)

It was highlighted that this Audit had been included in the 2022/23 plan initially but was not finalised in time to feed into the opinion for last year. It has been finalised during this year and the outcome will feed into the 2023/24 opinion.

The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports and APPROVED the proposed adjustment to the timing of the Additional Learning Needs Legislation audit.

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EXTERNAL AUDIT PROGRESS REPORT 2023-24

The Committee received the item which provided an update on current and planned areas of audit work at Powys Teaching Health Board. The planned areas of work were outlined as follows:

- Review of unscheduled care – Part 1 field work is complete, and the report is in draft -Part 2 is due to start in September 2023
- Primary Care follow-up review – this audit is slightly delayed and will be brought to January 2023 Audit Committee
- Workforce Planning review will be out for clearance in October and will be brought to the January 2023 Audit Committee.
- Structured Assessment the draft report has been prepared and will be discussed with the Interim Chief Executive, Director of Finance, Information and IT, Director of Corporate Governance and Chair.
- The External Audit deep dive into Digital will be deferred and replaced with a review of financial efficiencies. Financial efficiencies were originally planned for 'local work'. The team will revisit what local work will take place instead, and it may be that this digital is looked at under local work. This will be confirmed in the next External Audit report to Audit Risk and Assurance Committee.

The Committee DISCUSSED and NOTED the Report.

COUNTER FRAUD UPDATE

The Committee received the item which provided an update on the key areas of work undertaken by the Counter Fraud Specialists during 2023/24.

There has been reduced resource this year due to long-term sickness. Alternative arrangements have been utilised prior to the return of the specialist. It was highlighted that focus has been on informing involving counter fraud awareness work. The Committee noted the ongoing support that had been provided by the wider Counter Fraud service in the absence of a Local Counter Fraud Specialist.

The Committee RECEIVED the report for discussion and took ASSURANCE that appropriate counter fraud systems are in place.

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LOSES AND SPECIAL PAYMENTS REPORT

The Committee received the item which provided the Interim Report of Losses and Special payments for the period 1 April 2023 to 31 August 2023. Payments fall into the following key areas:

- Clinical negligence and personal injury
- Redress
- General Medical Practice Indemnity
- Other Special Payments

The Committee RECEIVED the Interim Report on Losses and Special payments covering the period 1 April 2023 to 31 August 2023 taking ASSURANCE relevant systems are in place to report losses and special payments.

POST PAYMENT VERIFICATION (PPV) UPDATE

The Committee received the item which provided an overview of how practices have been performing over the current Post Payment. PPV claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP), it was highlighted that assurance is not provided in relation to General Dental Service (GDS).

The Committee RECEIVED and took ASSURANCE that appropriate systems are in place to implement and monitor the Post Payment Verification (PPV) cycle.

RISK MANAGEMENT ARRANGEMENTS

The Committee received the item which provided an update on the risk management approach, outlining some key actions in the coming months including the proposed focus for Audit, Risk and Assurance Committee.

The Committee RECEIVED the update and took ASSURANCE that the Risk Management Arrangements were appropriate.

Note: Training in Risk Management and Appetite was provided to Board Members on 9 November 2023.

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WELSH HEALTH CIRCULAR TRACKING

The Committee received the report which provided an overview of the current position relating to the implementation of Welsh Health Circulars (WHCs) and Ministerial Directions.

The Committee DISCUSSED the current position, taking assurance that the Health Board has a system in place to receive, manage and report against Welsh Health Circulars.

REGISTER OF GIFTS AND HOSPITALITY

The Committee received the item which provided the latest position for the Register of Gifts and Hospitality for Board members and employees of September 2023. It was noted that the Standards of Behaviour Policy enables the Board to ensure that its employees and Independent Members of the Board practice the highest standards of conduct and behaviour.

The Committee was reminded that all items received above the value of £25 need to be declared and that communication would be shared with the organisation to remind colleagues of the Standards of Behaviour Policy.

The Committee RECEIVED the contents of Register of Gifts and Hospitality for PTHB Board of September 2023 and took ASSURANCE that the organisation has appropriate processes to support the collection, management and reporting of declarations of gifts, in line with the Standards of Behaviour Policy.

COMMITTEE WORK PROGRAMME

The Committee RECEIVED and NOTED the Committee Work Programme

ITEMS FOR ESCALATION/INFORMATION TO THE BOARD

There were no items for escalation to the Board

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 16 January 2024.

Board	Date of Meeting: 29 November 2023
Subject:	Revised 2023/24 Financial Plan and Forecast
Approved and Presented by:	Chief Executive
Prepared by:	Deputy CEO / Executive Director of Finance, Information and IT Executive Director Workforce and OD Deputy Director of Finance Deputy Director (Engagement and Communication)
Other Committees and meetings considered at:	Proposals to support the financial improvement control total have been developed and discussed through Executive Committee, In-Committee meetings of the Board, and Board Development sessions

PURPOSE:

This paper updates the Board on the national financial context for the NHS and the implications of this for Powys Teaching Health Board (PTHB), and the work that has been taking place in PTHB to respond to this. It proposes a revised financial plan for 2023/24 to achieve the financial improvement control total of £12m set by Welsh Government.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the financial improvement required of the Health Board, in the context of its current financial performance; and
- **APPROVE** the revised financial plan for 2023/24.

Approval	Discussion	Information
✓	✗	✗

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

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

EXECUTIVE SUMMARY:

National Context

In common with other public services across the UK, the financial position for the NHS in Wales has been affected by a range of external factors including increased inflation and energy costs, the cost-of-living crisis, demand on services following the pandemic, and staff recruitment and retention.

With a significant gap between the growth in healthcare demand and the ability to respond fully in the short to medium term, within certain fiscal constraints, all Health Boards in Wales had forecast a deficit in this financial year (2023-24).

The key drivers contributing to the increased deficits across Wales for 2023-24 have included:

- Underlying deficits from 2022/23
- Workforce cost pressures including pay awards, variable pay expenditure including agency
- Inflation including energy price fluctuations
- Social care availability to support safe and timely transfer of care
- Rising expenditure on hospital and primary care prescriptions linked to patient need & demand and increased cost of drugs
- Capital and infrastructure demands of maintaining an ageing estate
- COVID legacy

(source: <https://www.nhsconfed.org/publications/briefing-minister-finance-and-local-government-statement-2023-24-financial-position>)

As at 8 November 2023, Welsh Government reported that the initial planned deficit for 2023/24 across the health boards in Wales was £648.0m.

(source: <https://www.gov.wales/written-statement-lhb-allocations-and-target-control-totals>)

Responding to these challenges in Powys Teaching Health Board

The initial PTHB plan for 2023/24, approved by the Board in March and then May 2023, would achieve a £33.5m deficit based on the achievement of a £7.5m savings target.

In July 2023, Welsh Government asked all NHS organisations in Wales to identify potential additional savings plans in support of the financial pressures across NHS in the current financial year.

In Powys Teaching Health Board, we rapidly established a financial improvement process to develop scenario schemes that could potentially deliver a further savings against our planned deficit of £33.5m. This process is discussed in more detail in the attached presentation.

At the heart of the process has been a clear framework of principles for decision making (slide 4) that aims to support us to ensure a value-based approach to financial improvement that balances the requirement to live within our means with our duties for improving health and providing & commissioning health services.

Principles for Board

Decisions will:

- Be informed by evidence and / or data
- Maintain commitment to minimising & mitigating detrimental impact as far as possible, focus on quality as well as safety, maximising efficiency via partnership/collaboration, staff welfare
- Focus on maintaining as much of our patient focussed service as possible
- Ensure a focus on clinical, patient safety, patient experience and outcomes
- Stay as aligned as possible to our strategic direction (health and care strategy 2017-27)
- Not be led by local political pressures or views
- Be as aligned as possible to national policy and Welsh Government direction
- Be based on ethically informed principles to avoid further unfairness / inequity for the population of Powys

It has also incorporated an integrated approach to Quality and Equality Impact Assessment (slides 5 and 6) to determine and understand the risk and impact of potential schemes and provide a framework for shortlisting to the most viable schemes with the minimum adverse impact.

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Ideas generation drew on a wide range of sources including issues and themes from patient feedback, an open call to all-staff, and detailed review within directorates and terms.

There has been an ongoing and iterative programme of review and assurance, including discussion at Board development and in-Committee sessions (slide 3).

Updated Health Board Allocations and Target Control Totals for 2023/24

On 8 November 2023, Welsh Government published revised Health Board allocations with Target Control Totals for 2023/24

(<https://www.gov.wales/written-statement-lhb-allocations-and-target-control-totals>)

This confirmed that additional funding of £460.2m had been allocated from Welsh Government to Health Boards in 2023/24 to support the significant cost pressures being incurred, proportionately according to the established Local Health Board resource allocation formula. This includes non-recurrent and conditionally recurrent elements.

All Health Boards have been set a financial control total in 2023/24, which, after the additional funding, requires an improvement in financial performance equivalent to 10% of its initial planned financial deficit.

For PTHB, £18.3m additional funding has been allocated (£14.2m conditionally recurrent and £4.1m non-recurrent) with a target control target of £12m. Achieving this requires a further financial improvement of £3.2m is required.

Strategic Cash Request for 2023/24

In a technical advice note, PTHB had to submit an Accountable Officer letter to Welsh Government by the 23 November 2023 outlining the strategic cash requirements for the months 11 and 12 of the financial year. A decision was taken on behalf of the Board, via Chair's Action to request £15.050m, in line with the revised 2023/24 forecast deficit of £15.173m reported at Month 7.

Current Position

Based on this additional funding and target control total, this paper presents a revised financial plan for consideration and approval.

The development of the revised financial plan has included careful consideration of financial improvement opportunities identified through the process summarised below and discussed in more detail in the attached presentation.

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The majority of financial improvement will be delivered through measures that improve back office efficiencies or utilise slippage without direct impact on patient facing services. A small number of schemes involve a pause to proposed investments to reduce additional pressures on the 2023/24 financial position and/or where delivery confidence was low and expenditure was unlikely to be incurred (e.g. delay to dental investments). Other opportunities ideas with greater potential for patient impact that were submitted and considered for 2023/24 have been discounted, including reduction in MIU opening hours and bed base reductions.

The overall package of measures therefore represents an appropriate balance between achievement of financial improvement whilst maintaining services in line with the principles set out above.

Future planning

This paper sets out the proposals for 2023/24, but is clear from the national financial context that a continued focus on financial improvement will be needed. The Health Board has therefore put in place a programme of work to plan ahead for 2024/25 that will be fully aligned with our work on the future Accelerated Sustainable Model to ensure a sustainable model of health and care in Powys for the next ten years and beyond.

Given the shared challenges across the public and third sector, it is essential that this work takes place through a partnership approach with key partners including Powys County Council (Sustainable Powys:

<https://en.powys.gov.uk/article/14975/Sustainable-Powys>), Powys Association of Voluntary Organisations, Powys Regional Partnership Board and Powys Public Service Board. This includes developing an aligned approach to engagement across partners to build awareness and support for the challenges we collectively face and the solutions that will enable a sustainable future.

DETAILED BACKGROUND AND ASSESSMENT:

The attached presentation provides further information on the financial improvement process that has been undertaken in PTHB and the revised Financial Plan, including:

- Further detail on the Health Board's financial position and Target Control Total
- The approach undertaken since the summer to including Quality and Equality impact assessment processes for some schemes
- An update on the status of the 10% schemes, particularly emphasising
 - schemes implemented
 - schemes recommended not to pursue in 2023/24
- Further opportunities and risks

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- The proposed revised financial plan for 2023/24, which seeks to achieve the £12m target control total.

CONCLUSIONS:

Approval of the revised financial plan would reflect the board's commitment to the achievement of the revised control total, which would secure the conditional funding on a recurrent basis which would be a significant step forward towards our future sustainability.

The delivery of the revised £12m controlled total signifies a substantially increase from previous savings delivery target and requires focused management of risk including potential winter pressures as well as the identified risks to delivery of the existing savings programme.

NEXT STEPS:

Subject to the views of the Board, the next steps include:

- Implementation of revised financial plan
- Finalisation of the revised corporate risk register
- Ongoing monitoring and assurance through Executive Committee, Delivery and Performance Committee and Board and through the existing monthly finance reporting cycle
- Continued work to develop financial opportunities for 2024/25 and beyond aligned with the development of the Accelerated Sustainable Model.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board’s Equality Impact Assessment Policy (CGP009):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
<div>Statement</div> <p>It is recognised that achieving financial improvement in 2023/24 may impact on the achievement of the Health Board’s other objectives. Integrated impact assessment encompassing Quality Impact and Equality Impact has been embedded in the financial improvement process. It is considered that the recommendations made in this paper would not have a significant adverse impact on protected characteristics.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial		X		
Corporate		X		
Operational			X	
Reputational			X	
<div>Statement</div> <p>The revised financial plan includes specific financial improvement recommendations that are designed to improve the financial performance of the organisation. Individual schemes may have an impact on the reputation and operation of the Health Board, and consideration of these impacts has formed part of the embedded integrated impact assessment approach.</p>				

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Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board

Revised Financial Plan 2023/24

Board - 29 November 2023

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Presentation Contents

- Background
- Financial position and Target Control Total
- Approach taken including Quality impact assessment processes
- Update on schemes
- Further opportunities and risks
- Summary

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Journey to date

20 July 2023	Request from Welsh Government to identify additional savings schemes. Formal request (letter) received 31 July 2023.
25 July 2023	In-committee meeting of PTHB Board Local governance arrangements established.
3 August 2023	Board Briefing
8 August 2023	Board Development Session to review progress and next steps
By 11/08/23	Finalisation of short list of options across 10%, 20% and 30% scenarios
11/08/23	In-Committee Board to consider / agree submission of draft scenarios to Welsh Government
11/08/23	Completion of WG templates and submission of draft scenarios to Welsh Government
24/8/23	Board Briefing
20/10/23	Response from Welsh Government for 23/24 Financial Position
09/11/23	Board Development Session to review progress and next steps

Principles for Board

Decisions will:

- Be informed by evidence and / or data
- Maintain commitment to minimising & mitigating detrimental impact as far as possible, focus on quality as well as safety, maximising efficiency via partnership/collaboration, staff welfare
- Focus on maintaining as much of our patient focussed service as possible
- Ensure a focus on clinical, patient safety, patient experience and outcomes
- Stay as aligned as possible to our strategic direction (health and care strategy 2017-27)
- Not be led by local political pressures or views
- Be as aligned as possible to national policy and Welsh Government direction
- Be based on ethically informed principles to avoid further unfairness / inequity for the population of Powys

Impacts

Assessing impact on

- ❖ Our patients
- ❖ Our performance against our plans and ministerial targets
- ❖ Our staff morale, recruitment and retention
- ❖ Our stakeholders & partners
- ❖ Our reputation

In order to maintain public confidence, we must take steps to demonstrate that we are being as efficient as possible in our own corporate and administrative processes.

Tough Decisions Ahead

Our current Board Risk Appetite states that we are **averse** to proposals that compromise the **safety** of any staff members and patients, and we have **minimal** appetite for issues that affect the delivery of **high quality care**.

Careful assessment of immediate and long-term risks to enable the longer-term sustainability of NHS services by addressing the pressing financial risks we face.

Level 2 Assessment

- ❖ High level impact assessment:
 - ❖ Legal / Statutory
 - ❖ Strategic Alignment and Health Outcomes
 - ❖ Market and Partnerships
 - ❖ Operational Deliverability
 - ❖ Ethics, Reputation, Social Responsibility
 - ❖ Workforce
- ❖ Detailed impact assessment
 - ❖ Quality (12 health and care standards)
 - ❖ Equality (protected characteristics, Welsh Language, socio-economic duty)
- ❖ Deep dive for significant adverse impacts on quality and equality
- ❖ Pilot approach for this process, with learning and review



Reported Financial Position and Target Control Total

- As at Month 6, Health Board £0.5m off Plan, forecasting achieve £33.5m deficit financial plan
 - Over achieving in year against £7.5m savings target; bolstered by supplementary schemes
 - Balanced view with risks and opportunities surrounding this
- In month 7 additional funding of £18.3m for 2023/24:
 - £14.2m conditionally recurrent and £4.1m non-recurrent
 - Revised financial forecast of £15.2m
- As at Month 7, Health Board £0.3m off Plan, forecasting achieve £15.2m revised plan
- WG expectation of £3.2m further financial improvement to achieve £12m Target Control Total
 - substantial improvement >40% of existing £7.5m savings programme
 - assisted by flexibility to retain underspends on some specific WG funding streams

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Approach taken to respond to financial challenge

- Immediate mobilisation of Deputy Director/ Assistant Director cohort and programme governance
- Comprehensive set of ideas put forward – nothing off the table
- Thorough evaluation process
- Board workshops – strong engagement
- Submission of schemes to meet Planning Scenarios
- Quality Impact and Equality Impact assessments
- Implementation of some schemes – to get a head start

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Update on schemes

- Actions underway to achieve £1.6m financial improvement
 - 15 schemes delivering forecast £500k in 2023/24
 - Underspend of £1.1m on specific funding streams in accordance with letter from Welsh Government
- There are schemes which will not be pursued before year end in 2023/24
- For completeness, there were options which were identified for national decision making consideration.

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Progress on schemes

10% schemes	Estimated savings @July23 (£000s)	Progress update	Estimated savings @Nov23 (£000s)
Remove 1% from corporate budgets	130	Implemented	130
Slippage on WG funding	500	In progress and being assessed	1,100
Greater scrutiny of vacancies and fixed term posts	200	In progress. Weekly process in place. Support achievement 1% corporate savings	Contributes above
Promote salary sacrifice, reduced hours etc	10	Implemented. Rolling promotion of the opportunities	10
Temporary closure to buildings/ wings (back office)	100	In progress	100 (WG saving)
Increase canteen meal costs	7	Implemented	7
End Face to Face translation services	30	Implemented	20
Using Sysaid instead of FMFact logging solution	5	In progress. Awaiting Estates decision	5
3 rd sector inflation uplift	122	Implemented	122

Progress on schemes (continued)

10% schemes	Estimated savings @July23 (£000s)	Progress update	Estimated savings @Nov23 (£000s)
IPFR review	50	Policy being progressed nationally. Local panel robustly reviewing referrals	30
Inreach services – theatres etc	6	WG Elective Optimisation Group in place. PTHB reviewing SLAs. GIRFT plans in place across some specialties	6
WHSSC – delay investments	64	Being progressed through Management Group/ Joint Committee	64
Delaying dental investments with low confidence of delivery	180	Completed	180

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Schemes discounted for 2023/24

Discounted Schemes	Estimated savings @July23 (£000s)
Reduction in hours of Minor Injury Units after 8pm	35
Reduce bed base	50
Stop off-contract agency for Health Care Support Workers	476
Reduction in Radiography provision	15
Slow down planned care treatment	1,140
TOTAL	1,716

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Further Opportunities and Risks

- Usual range of risks and opportunities to be managed, e.g. performance of provider organisations in Wales and England, winter pressures, number of Continuing Healthcare packages, staff retention, unforeseen events

Specific Opportunities discussed with WG

- Value and Sustainability Board
- Additional input offered to test delivery across areas of Continuing Healthcare; Agency; Medicines & Prescribing; Non Pay & Procurement.

Recommended Options (and delivery risk level)

- VAT rebate – £0.4m **LOW**
- Dental contract underperformance – £0.4m **LOW**
- Commissioned services – £0.4m **MEDIUM / HIGH**
- Agency expenditure – £0.4m **HIGH**
- Continuing Healthcare – £0.1m **HIGH**
- Further underspends on WG funding streams – £0.2m **HIGH**

Summary Position

Original Financial Plan

£33.5m

Additional Funding

£18.3m

Interim Position @M7

£15.2m

Actions underway

- | | |
|-------------------------------------|-------|
| • Slippage WG funding | £1.1m |
| • 10% schemes | £0.5m |
| • VAT rebate | £0.4m |
| • Dental contract under performance | £0.4m |

£2.4m

£12.8m

Stretch

- | | |
|---|-------|
| • Commissioned services – | £0.4m |
| • Agency expenditure – | £0.4m |
| • Continuing Healthcare – | £0.1m |
| • Further underspends on WG funding streams – | £0.2m |

£0.8m

£12.0m

Revised
Financial Plan

Delivery Approach

Steps to increase delivery confidence:

- **Level 2 Assessment** of schemes
- Consideration of **engagement and/or consultation** requirements
- Release and redirection of **organisational capacity and expertise**
- **Re-phasing of “business as usual”** areas with lower impact on corporate risk and **annual plan reset**
- Agile changes to **governance and assurance** arrangements
- Assessing **neighbouring plans** by health boards and trusts to understand impact on Powys
- Planning for **2024 onwards** and engage public on scale of change and the **future**
- **Accelerated Sustainable Model**
- Working with Powys County Council to ensure alignment with **Sustainable Powys**
- **Build wider buy-in** across the organisation, partners and stakeholders (at local, regional and national levels)

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Conclusion

- Improve confidence in delivery of approved actions to achieve 2023/4 Financial Plan
 - Maintenance of enhanced financial control processes
 - Actions mainstreamed into existing delivery mechanisms
- Recommend Board supports a revised financial plan to aim to achieve target control total of £12m deficit
- Acknowledge actions underway to reach £12.8m with stretch and associated high risk to close remaining £800,000 gap to £12.0m
- Some specific options discounted to pursue in 2023/24
- Decisions agreed by the Board will be incorporated into Month 8 financial reporting (next week) followed by the routine regular monthly monitoring
- Planning for 2024 onwards and engaging public to deliver Accelerated Sustainable Model

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Board		Date of Meeting: 29 th November 2023
Subject :	Progress Against the Integrated Plan 2023-2026, for the Year One, Quarter 2 Period, July to September 2023, incorporating a partial Plan Reset	
Approved and Presented by:	Director of Performance and Commissioning	
Prepared by:	Assistant Director of Planning Planning Managers Director of Corporate Governance (risk section)	
Other Committees and meetings considered at:	<ul style="list-style-type: none">• First stage of the Plan Review was considered at Board Development on 7 September 2023• Executive Committee on 18th October considered the Draft Report of Progress against Plan for Q2• Executive Committee 15th November - Final Draft Report incorporating the second stage of the partial Plan Reset exercise	
PURPOSE:		
This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2023), incorporating a partial Plan Reset exercise.		
RECOMMENDATION(S):		
The Board are asked to:		
<ul style="list-style-type: none">• Receive ASSURANCE that the organisation has appropriate mechanisms in place to monitor delivery against the Annual Plan;• Receive ASSURANCE against delivery of the plan at the end of quarter 2;• APPROVE the reset to the Annual Delivery Plan for the remainder of 2023/24.		

Approval/Ratification/Decision ¹	Discussion	Information
✓	✓	☒

EXECUTIVE SUMMARY:

This report provides the Executive Committee with an update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2023), incorporating a partial Plan Reset exercise.

This report was collectively moderated at Executive Committee on 18th October 2023 and further refined in November 2023 to reflect a partial Plan Reset, following a review of areas which will be deprioritised, rescope or rescheduled, to support further actions identified by the Health Board through the work commenced in August 2023.

This is set in the context of delivery against required performance measures (including Ministerial priorities), a revised financial control total and the designation by Welsh Government of enhanced escalation and intervention statuses for all health boards.

This report will be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, following consideration at PTHB Board.

¹Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Executive Committee with an update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2023), incorporating a partial Plan Reset exercise.

It reflects a two-stage consideration of the delivery priorities which forms a partial Plan Reset which will take effect from the Quarter 3 period through to year end.

Stage One

Stage One was carried out in the context of the PTHB Executive Opportunities work initiated in the Health Board in August 2023, in response to a request from Welsh Government to all Health Boards to identify areas of potential further improvements in financial positions.

A Plan Review exercise was carried out to capture any potential impacts on the existing plan priorities that may result in further actions to improve the financial position. The outputs of this initial Plan Review were shared in detail at a Board Development session on 7th September 2023. This output was reflected in the version of this report that was collectively moderated at Executive Committee on 18th October 2023.

At that stage, the Executive Committee agreed that any change requests would be considered as performance narratives rather than changes to the plan priorities, given the final confirmation of the ask from Welsh Government had not yet been received and the impacts remained theoretical.

Stage Two

Confirmation was received from the Welsh Government in correspondence dated 20th October 2023, of the outcome of the budget review undertaken by Welsh Government. This included confirmation of an increase in funding in recognition of the financial pressures this year. It also confirmed further actions required to achieve financial balance and the application of target control totals for each health board. (Further detail on the financial aspects of this are included in separate item to be considered by the Board in item 2.1 – revised 2023/24 financial plan and forecast).

This version of the annual delivery plan report therefore reflects a further review of the priorities in the plan and comments have been added into the change commentary box reflecting those areas which will be deprioritised, rescoped or rescheduled, to support further actions identified by the health board.

This is set in the context of delivery against required performance measures (including Ministerial priorities), a revised financial control total and the designation by Welsh Government of enhanced escalation and intervention statuses for all Health Boards.

Continuous Improvement and Feedback

This report is an important component of the enhanced monitoring requirements for the health board. Welsh Government confirmed in September 2023 that all health boards in Wales are subject to enhanced escalation and intervention statuses, given the scale of financial challenges across the system this year. PTHB has been allocated a status of enhanced monitoring for planning and finance. This is an escalation from routine monitoring status.

Continuous improvements have been made to the process, format and content of the report, intended to produce a more consistent and meaningful overview across a complex and multi-dimensional plan.

Positive feedback was received from the Welsh Government Planning Team on the presentation of the information in this report at a recent Planning Touchpoint meeting on 21 November 2023.

Corporate Risk

As reported to the Board in September, the Corporate Risks have been subject to review and are currently being developed in light of the content of this paper. At this stage, corporate risks are being developed in the following areas:

Models of care – are unaffordable and unsustainable
--

Primary care - Demand and capacity pressures in primary care services lead to unsustainability

Quality of services – fragility of provider services leads to disruption to patients

Demand and supply - Demand outstrips supply in both provider and commissioned services

Inequality - Planned, secondary and specialised care fail to deliver access targets widening inequalities for Powys residents
--

Workforce - Failure to recruit and retain an appropriate workforce results in an inability to sustain high quality services
--

Finance – fails to manage deficit plan and achieve the target control total
--

Cyber - Cyber attack results in significant disruption

Estate – patient care and patient safety is compromised due to the health boards estate
--

Service disruption / national emergency - national power outage results in significant disruption to services and the quality of patient care
--

The Corporate risks will be fully developed, including levels of assurance against key controls, and presented to the January 2024 Board meeting.

NEXT STEPS:

This report will be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, following consideration at PTHB Board. The reset of the plan will then continue to be reported to Committees and to the Board for quarters 3 and 4 of 2023/24.

The Corporate risks will be fully developed, including levels of assurance against key controls, and presented to the January 2024 Board meeting.

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

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

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	x			
<p align="center">Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial		X		
Corporate		X		
Operational			X	
Reputational			X	
<p align="center">Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Plan Progress Report

Quarter 2 2023/ 2024

July to September 2023

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey - Not due yet

- *Entries in pink are reflecting those areas which will be deprioritised, rescoped or rescheduled as part of the reset work in November 2023.*



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Plan on a page 2023 > 24



1. Population health improvement including health inequalities
2. Health Protection including vaccination
3. Health protection – Infection Prevention and Control



4. Primary Care
**Ministerial Priority*
5. Diagnostics
**Ministerial Priority*
6. Admission Avoidance
7. Planned Care
**Ministerial Priority*



8. Cancer
**Ministerial Priority*
9. Circulatory
10. Respiratory
11. Mental Health
**Ministerial Priority*



12. Frailty and Community Model
**Ministerial Priority in relation to DTOC*
13. Urgent and Emergency Care
**Ministerial Priority*
14. Specialised Care

Wellbeing Objectives:
providing the bridge to the medium term and longer term ambition

In Year Strategic Priorities:
(incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



WORKFORCE FUTURES

- Transformation & sustainability of our workforce
 - A great place to work
- Employee health and wellbeing
- Joint workforce futures programme



DIGITAL FIRST

- Digital strategic framework
- Implement clinical digital systems
- Resilient, cyber secure infrastructure
- Electronic document management and digitalisation
- Modernise data architecture and business intelligence



INNOVATIVE ENVIRONMENTS

- Capital and estates programme
- Environmental management and decarbonisation



TRANSFORMING IN PARTNERSHIP

- Governance
- Quality Governance
- Engagement and Communication
- Strategic Commissioning and Performance
 - Strategic Planning
 - Innovation and Improvement
- Strategic Equalities and Welsh Language

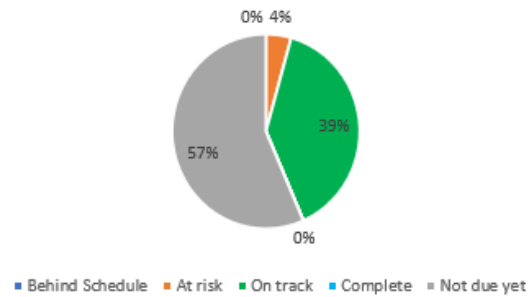
Enabling Priorities 2023-2026

Quality and Value (Patient Safety, Outcomes and Experience) are fundamental across the whole plan

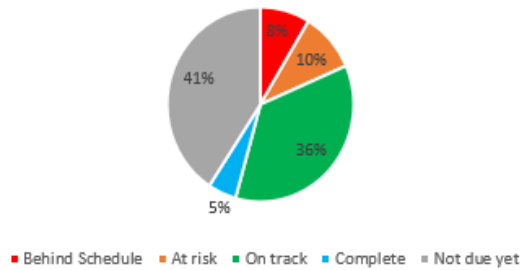
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SUMMARY OVERVIEW

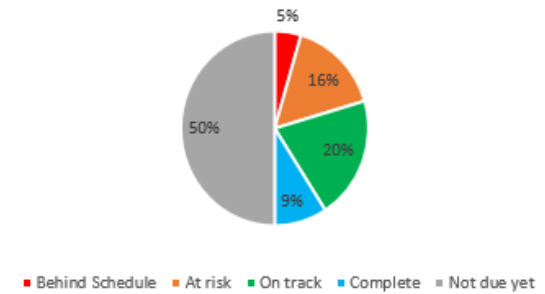
Focus on Wellbeing



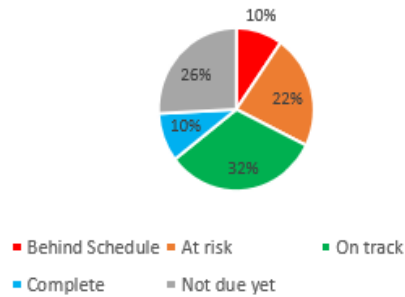
Early Help and Support



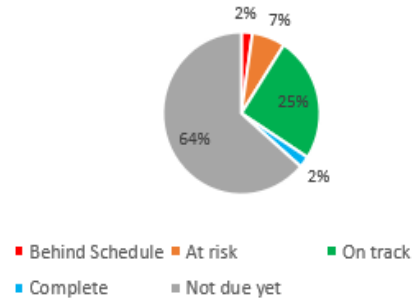
Tackling the Big Four



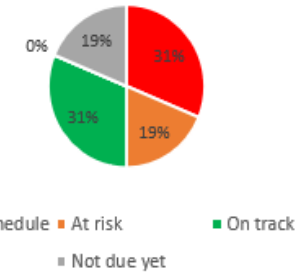
Joined Up Care



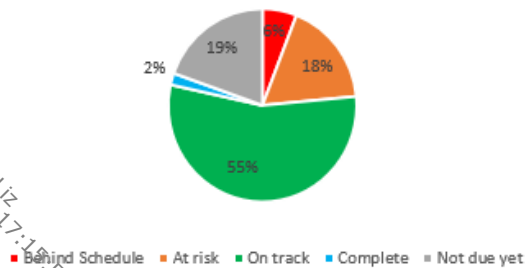
Workforce Futures



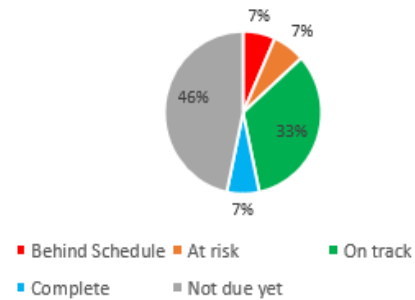
Digital First



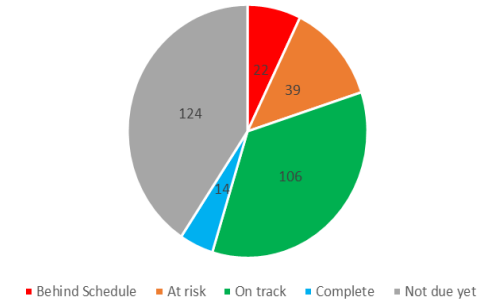
Transforming in Partnership



Innovative Environments



Overall



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Focus on Wellbeing

Strategic Priority 1 – Population Health improvement including Health Inequalities

Executive Leads – Director of Public Health / Director of Nursing and Midwifery/Director of Operations/Director of Community and Mental Health

Commentary on Progress in this Quarter:

- There has been a step change in number of smokers accessing support in quarter 1 2023/24 with the number of quits attempts 77% higher than the same period last year. A text messaging project for identified smokers is being rolled out through GP practices, targeting areas with higher deprivation first.
- Healthy Child Wales Programme and Flying Start being delivered and regular review.
- Pathfinder early years integration pilot commenced 1st April 2023 - reports to Start Well Early Help and Play workstream and Board.
- Nyth/Nest programme- partnership engagement with workstream, principles embedded in all start well workstreams.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	Status				Year End Delivery Confidence Assessment			
			BRAG ('not due' already greyed out)				0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Patterson, Liz 28/11/2023 17:15:57	• Healthy Child Wales Programme Q1 – Q4	DoNM	Green	Green			H	H	H	
	• Designed to Smile Q1 – Q4	D Ops	Green	Green			H	H	H	

Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic)	<ul style="list-style-type: none">Expand the offer of Just B smoking prevention programme to targeted secondary schools in conjunction with Public Health Wales Q3 – Q4	DPH					M	H	H
	<ul style="list-style-type: none">Work in partnership to improve awareness of and access to NHS Stop Smoking Service Q1–Q4	DPH	Green	Green			M	M	H
	<ul style="list-style-type: none">Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/D Ops	Green	Green			H	H	H
	<ul style="list-style-type: none">Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/D Ops	Green	Green			H	H	H
	Work in partnership to develop a Whole System Approach to Healthy Weights programme by: <ul style="list-style-type: none">Planning and delivering stakeholder engagement workshops Q1	DPH	Blue				H	H	H
	<ul style="list-style-type: none">Undertaking mapping and analysis at sub-system level to identify specific system areas for action Q3						H	H	H
	<ul style="list-style-type: none">Developing an action plan Q4						H	H	H
Formal change request									
N/A									
Executive Director Sign Off	Mererid Bowley (Director of Public Health) Joy Garfitt (Director of Operations/Director of Community and Mental Health) Claire Roche (Director of Nursing and Midwifery)								

Strategic Priority 2 – Health Protection including vaccination

Executive Lead – Director of Public Health

Commentary on Progress in this Quarter:

- Covid-19 autumn booster programme developed in line with Welsh Government directives. Vaccinations commenced 11th September with care home residents, followed by severely immunosuppressed, care home staff, and those who are aged 80+.

- An MMR catchup campaign was undertaken during July/August; 1688 children aged 4-16 recorded as not fully vaccinated were sent an appointment letter. This resulted in 83 vaccines being administered and the immunisation records for another 228 children being updated as fully vaccinated.
- Bowel Cancer screening is being promoted on digital displays in mass vaccination centres. Links made with Lingen Davies Cancer Fund Powys Cancer Champion initiative who have recruited and trained 50 champions.
- Hepatitis B and C Elimination Plan developed. Multi-agency Steering group and task and finish groups established, local pathways mapped to inform development of plan

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework	• Implement revised mass vaccination model in line with agreed OCP Implementation Plan Q1	DPH	Blue				H	H	H	
	• Deliver covid-19 booster campaigns in line with WG directives Q1, Q2, Q4		Green	Green			H	H	H	
	• Develop a vaccine equity plan to reduce variation in uptake Q3						H	H	H	
	• Promote uptake of immunisation for all ages Q1 - 4		Green	Green			H	H	H	
	• Implementation of immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars Q3 - Q4						M	H	H	
	• Promote uptake of national cancer screening in partnership with Public Health Wales Q1 - Q4		Green	Green			H	H	H	
Delivery of local component of Health Protection response aligned with National Health Protection Review including	• Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales Q4	DPH					H	H	H	
	• Annual review of civil contingency response plans, participation in training and exercises Q4						H	H	H	

communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees	<ul style="list-style-type: none"> Work with partners to develop a joint recovery plan for Hepatitis B and C – delivery Q2 			Green			H	H	H	
	<ul style="list-style-type: none"> Work with Public Health Wales and Local Authority to evolve a transitional health protection service to respond to public health threats within allocated funding Q1 - 4 		Amber	Amber			M	M	H	
Formal change request										
N/A										
Executive Director Sign Off		Mererid Bowley (Director of Public Health)								

Strategic Priority 3 – Health Protection – Infection Prevention and Control										
Executive Lead – Director of Nursing and Midwifery										
Commentary on Progress in this Quarter: Nil return										
Commentary on red rated actions: N/A										
Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver improvements in Infection Prevention and	<ul style="list-style-type: none"> Diagnostic phase: Gap analysis of Infection Prevention and Control Q1 	DoNM	Blue				H	H	H	

Control, building on and strengthening learning from the Covid-19 pandemic and beyond	<ul style="list-style-type: none"> Implementation of Improvement Programme, "Journey to Excellence" informed by diagnostic assessment above, to include objective setting for year 1 – Q3 						H	H	H	
	<ul style="list-style-type: none"> Completion and embedding of immediate "make safe" actions, as identified in "Infection Prevention and Control: Journey to Excellence" Q4 						H	H	H	
	<ul style="list-style-type: none"> Completion of Year 1 objectives Q4 						H	H	H	
Formal change request										
N/A										
Executive Director Sign Off		Claire Roche (Director of Nursing and Midwifery)								

Early Help and Support

Strategic Priority 4 – Primary Care *Ministerial priority

Executive Lead – Director of Finance, Information and IT

Commentary on Progress in this Quarter:

- Dental – Llandrindod Wells contract fully implemented. Milestone kept as green as not up to full capacity to date.
- Dental – Milestone of 200 patients to be transferred from waiting list was over-achieved.
- GMS – Practice sustainability matrix distributed, for return Q3. New General Medical Services 'Unified Contract' due for launch 1st October 2023 – awaiting guidance from Welsh Government.

Commentary on red rated actions:

- Optometry – Pre-reg Optometrist appointed to post, but candidate withdrew. Due to timeframes involved, project to be tabled at Mid Cluster meeting for discussion.
- Community Pharmacy - Work is ongoing at a national level, this is largely outside health board control. Local contractors are struggling to sustain support during contracted day time hours. There are serious workforce challenges in community pharmacy and it will be a significant challenge, particularly in light of the financial challenge faced by the health board, to secure Out of Hours (OOH) provision

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Increased access to GP and Community Services	• GP Practice Sustainability and contract reform Q1 - 4	DFIT	Green	Green			H	H	H	
	• Data analysis and review, including review of additional investment Q1 - 4		Green	Green			H	H	H	
	• Analysis of feedback and lessons learnt Q1 - 4		Green	Green			H	H	H	
	• Quality Improvement Data Activity Project will conclude Q1 - 4		Green	Green			H	H	H	
	• Engagement with patients and stakeholders on the perception and experience of access Q1 - 4		Green	Green			H	H	H	
	• Maturing Clusters and GP Collaboratives in line with Cluster plans Q1 - 4		Green	Green			H	H	H	
Improved use of Community Pharmacy	• Development of a workforce model including out of hours model Q1 - 4	DFIT	Red	Red			M	L	L	
	• Community Pharmacy Service contract implementation to be monitored Q1 - 4		Green	Green			H	H	H	
	• Systematic tracking of access and compliance with contractors (including emergency medicine service and prescribing) Q1 - 4		Green	Green			H	H	H	
	• Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 - 4		Green	Green			M	H	H	

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	<ul style="list-style-type: none"> Scoping, viability assessment, business case and skill development for identified opportunities Q2 - 4 			Red				H	L	L	
	<ul style="list-style-type: none"> Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters Q1 		Amber					M	M	M	
	<ul style="list-style-type: none"> Evaluate patient use of rota services and consider improvements Q1 		Red					H	M	H	
	<ul style="list-style-type: none"> Refine and develop promotional opportunities Q1 - 4 		Green	Green				H	H	H	
	<ul style="list-style-type: none"> Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges Q1 - 4 		Green	Green				M	H	H	
	<ul style="list-style-type: none"> Support increased take up of non-medical prescribers Q2 			Green				M	H	H	
Improved use of Optometry	<ul style="list-style-type: none"> Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1 	DFIT	Red					H	H	H	
	<ul style="list-style-type: none"> Medical retina referral refinement and data capture Q2 			Red				M	M	M	
	<ul style="list-style-type: none"> Legislative change implementation Q3 							H	H	H	
	<ul style="list-style-type: none"> Glaucoma referral refinement and data capture with virtual review Q3 							H	M	M	
	<ul style="list-style-type: none"> Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation Q1 - 2 		Green	Red				M	H	L	
	<ul style="list-style-type: none"> Establish systematic tracking of access in relation to Independent Prescribing Optometric Services hours of operation Q1 		Green					M	H	H	
	<ul style="list-style-type: none"> Establish inter-practice referral for urgent cases Q1 		Amber					M	H	H	
	<ul style="list-style-type: none"> 1 optometrist qualified as prescriber in North Powys; inter-practice referral in this area; second role with inter practice referral Q2 - 4 			Green				M	M	H	

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	<ul style="list-style-type: none"> School vision and eyecare access improvements Q1 - 4 		Amber	Amber			M	M	M	
	<ul style="list-style-type: none"> Scope and develop health board led domiciliary service Q4 						L	L	L	
	<ul style="list-style-type: none"> Agree and implement 'The Eyes Open' communication campaign Q2 			Green			M	M	H	
Increased use of Dental	<ul style="list-style-type: none"> Implementation of new Llandrindod Wells contract with full operational capacity up to contract value Q1 - 4 	DFIT	Green	Green			H	M	M	
	<ul style="list-style-type: none"> Rural enhancement offer for Foundation Dentists – two posts in place Q3 - 4 						H	H	H	
	<ul style="list-style-type: none"> Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner Q1 - 4 		Green	Green			M	M	H	
	<ul style="list-style-type: none"> Procure dental service in Newtown (North Powys Cluster) Q1 - 4 		Amber	Green			M	H	H	
	<ul style="list-style-type: none"> Recruit additional dental officer for sedation Q4 						M	H	H	
	<ul style="list-style-type: none"> Recruit dental therapist in Mid Powys Cluster Q4 						M	M	M	
	<ul style="list-style-type: none"> Rescoped mobile dental services operational in areas with limited or no access Q4 						H	H	H	
	<ul style="list-style-type: none"> South Powys Cluster dental provider fully operational Q3 						M	M	M	
	<ul style="list-style-type: none"> Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end Q1 - 4 		Green	Green			M	H	H	
	<ul style="list-style-type: none"> Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 						L	M	M	

Formal change request

Commentary provided for Plan Reset exercise November 2023:

Increased access to GP and Community Services:

- Data analysis and review, including review of additional investment Q1 – 4 - Reduction focussing on mandatory and contractual obligations

- Analysis of feedback and lessons learnt Q1 – 4 - Reduction focussing on mandatory and contractual obligations
- Engagement with patients and stakeholders on the perception and experience of access Q1 – 4 - Reduction focussing on mandatory and contractual obligations

Improved use of Community Pharmacy:

- Development of a workforce model including out of hours model Q1 – 4 - Request to postpone until next 24/25 due to conflicting pressures
- Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 – 4 - Request to postpone until next 24/25 due to conflicting pressures

Scoping, viability assessment, business case and skill development for identified opportunities Q2 – 4 - Request to postpone until next 24/25 due to conflicting pressures

Improved use of Optometry

- Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation Q1 – 2 - Deferred to next financial year
- School vision and eyecare access improvements Q1 – 4 - Deferred to next financial year due to recruitment not being successful in year

Increased use of Dental:

- Recruit additional dental officer for sedation Q4 - Delayed – won't be in post until new financial year
- Recruit dental therapist in Mid Powys Cluster Q4 - Delayed to next financial year – will not start until April 2024
- Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 - Delayed until next financial year – estimated start September 2024

Executive Director Sign Off

Pete Hopgood (Director of Finance, Information and IT)

Strategic Priority 5 – Diagnostics *Ministerial priority

Executive Lead – Director of Operations/ Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Transnasal Endoscopy (TNE): Full charitable funding has been secured for the equipment and maintenance and procurement is being progressed. Patient information leaflets and Standard Operating Procedures approved and signed off by Medical Director. Cwm Taf Morgannwg University

Health Board was unable to provide the training as planned due to capacity issues and this is now being undertaken in collaboration with Shrewsbury and Telford Hospitals NHS Trust and an honorary contract is being put in place. An issue in relation to the use of a nasal spray is yet to be resolved and work is underway with Medicine Management Department to find a solution.

- Dermatology: A GP with Extended Role has been appointed and is in place. A readiness assessment for implementation in order to progress “go live” is due to take place on 27th September 2023. Swansea Bay University Health Board has agreed in principle to support the clinical governance arrangements required and with this to be confirmed within Commissioning arrangements.
- Rapid Diagnostic Clinics: Betsi Cadwallader UHB has agreed to accept referrals for mid Powys patients to the Rapid Diagnostic Clinics at Wrexham Maelor Hospital. The PTHB Cancer Clinical Lead and Wrexham RDC Cancer Nurse Specialist shared guidance and the referral pathway with mid Powys General Practices at the Powys GP Collaborative meeting. PTHB and BCUHB Commissioning teams are now finalising the commissioning arrangements.
- Rapid Diagnostic Clinics: The initial findings from a research project undertaken in collaboration with the Wales Cancer Network were discussed at the Cancer Programme Board Meeting on 6th June 2023 and final conclusions and recommendations were presented at the Cancer Programme Board Meeting on 19th September 2023. The outcome at this stage show that further changes to the RDC model would not be sustainable at present the actions for this year are complete. However, in a future plan there could be the exploration of a hybrid model.
- Regional Diagnostics is key to a number of systems across Wales but limited progress has been made so far this financial year

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Access to additional regional diagnostics capacity	<ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access Q2 - 4 	D Ops		Green			M	M	M	
	<ul style="list-style-type: none"> Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2 			Amber			H	M	M	
	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements Q3 - 4 						H	H	H	

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	<ul style="list-style-type: none"> Adjust in year Long Term Agreements where solutions can be expedited Q3 						M	L	L	
Implementation of Transnasal Endoscopy	<ul style="list-style-type: none"> Readiness assessment, capital installed, pilot initiated in Mid and South Powys, review, Plan for North Powys developed Q1 - 4 		Green	Green			H	H	M	
Implementation of Community Cardiology	<ul style="list-style-type: none"> Implementation of plan for first phase of Community Cardiology and transition to business as usual in North Powys; tracking activity, patient outcomes and experience Q3 						M	M	M	
	<ul style="list-style-type: none"> Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) Q4 						M	M	M	
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 						M	M	M	
Implementation of Dermatology	<ul style="list-style-type: none"> Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) Q1 - 4 		Green	Green			M	M	H	
Complete access to Rapid Diagnostic Clinics	<ul style="list-style-type: none"> Interim access for Mid Powys Q1 		Amber				H	H	L	
	<ul style="list-style-type: none"> Research potentiality of rural model Q1 - 2 		Green	Blue			H	H	H	
	<ul style="list-style-type: none"> Agree longer term model Q2 			Blue			H	M	H	
Straight to Test Model	<ul style="list-style-type: none"> Work with commissioned services on straight to test models Q1 - 2 		Amber	Amber			M	M	M	
	<ul style="list-style-type: none"> Review impact on outpatient delivery, business case development, implementation Q3 - 4 						M	M	M	
Implement Regional Image Sharing Platform & capital review of diagnostic equipment	<ul style="list-style-type: none"> Regional Image Sharing Platform implementation plan Q4 						M	L	L	
	<ul style="list-style-type: none"> Capital bid complete Q3 						H	L	L	
Formal change request										
Commentary provided for Plan Reset exercise November 2023										

Access to additional regional diagnostics capacity

- Identify potential to repatriate low complexity activity and clarify basis of access Q2 – 4 - Partially deferred to next financial year due to challenges and capacity across NHS providers. Significant delays are currently experienced by DGH partners in interpreting and reading scans. Plans to work up insourced provision e.g. Medinet is being worked up for Q4 to achieve the 36 week and 14 week targets.

Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

Strategic Priority 6 – Admission Avoidance

Executive Lead – Director of Operations/ Director of Community and Mental Health

Commentary on Progress in this Quarter:

- A workstream was established reporting to the Planned Care Programme Board and the potential for admission avoidance explored and included within the design phase of the Accelerated Sustainable Model.

Commentary on red rated actions:

- During August and the beginning of September Assistant Director, Analyst and other capacity including Workforce and Finance was redirected to other immediate work related to the financial context. Therefore, the timescale of developing a business case and implementation plan need to be reset.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)	<ul style="list-style-type: none"> Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for admission avoidance in Powys Q1 - 2 	D Ops	Blue	Blue			H	H	H	
	<ul style="list-style-type: none"> Develop a business case, with phased and costed implementation plan, including capital, Digital, 			Red			H	M	L	

	workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2											
	<ul style="list-style-type: none">Secure approval for business case and implement Phase 1 – Q3							Blank	M		M	
	<ul style="list-style-type: none">Implement Phase 2 – Q4							Blank	M		M	
Formal change request												
N/A												
Executive Director Sign Off		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)										

Strategic Priority 7a) – Planned care (Transformation / Accelerated Sustainable Model) Executive Lead – Director of Operations/ Director of Community and Mental Health												
Commentary on Progress in this Quarter: <ul style="list-style-type: none"> Interim arrangements have been secured for a Clinical Lead for Planned Care, however these were delayed as the first round of recruitment was not successful. Getting it Right First Time: extensive work has been underway through the Planned Care Programme Board on the response to a series of GIRFT recommendations including for theatre activity. In addition Welsh Government and GIRFT has launched in Q2 a specific Elective Optimisation Programme including theatres. As GIRFT reviews were undertaken on Ophthalmology for Glaucoma and Cataracts this has been combined with the work previously undertaken in Powys in relation to Value and in addition to the work on Wet AMD to prevent duplication. The development of the plan for Musculoskeletal was completed. 												
Commentary on red rated actions: N/A Utilising the opportunities identified in the Mid Wales Colorectal Services Group, the Health Board are working alongside Hywel Dda general surgery team to identify additional clinic and surgical sessions which will support the increase in repatriation for low complexity activity.												

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strengthen existing infrastructure and governance	<ul style="list-style-type: none"> Gap assessment of Planned Care infrastructure inc. Operational Management; Clinical Leadership and supervision; quality and safety governance Q2 - 4 	D Ops		Green			H	M	M	
Deliver improvements in line with Getting It Right First Time reviews	<ul style="list-style-type: none"> Delivery of Theatre Efficiencies Plan Q2 - 4 Implement Getting It Right First Time recommendations for orthopaedics, general surgery and gynaecology including repatriation of L complexity day cases Q4 Detailed exploration of Insourcing to provide additional capacity extended Q4 			Green			H	H	H	
							H	H	H	
							M	H	H	
Deliver benefits of Outpatient Transformation	<ul style="list-style-type: none"> Appoint Planned Care Clinical Director Q3 Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1 - 4 						H	M	H	
			Green	Amber			M	M	M	
Access to additional regional planned care capacity	<ul style="list-style-type: none"> Identify potential locations across five regions for PTHB flow; equality impact assessment and identify related engagement and consultation requirements Q2 Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer Q2 Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2 			Amber			M	L	L	
				Red			M	H	L	
				Amber			H	M	M	

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	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited Q3 						M	H	H	
Improve Value in key specialties	<ul style="list-style-type: none"> Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement, commissioning intentions, Long Term Agreements / Service Level Agreements Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Musculoskeletal - Develop Action Plan Q1 - 2 		Green	Blue			H	H	H	
Formal change request										
Commentary provided for Plan Reset exercise November 2023										
<u>Access to additional regional planned care capacity</u>										
<ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access e.g. second offer Q2 - Partially deferred to next financial year in terms of access to NHS Unit additional capacity due to commissioned capacity challenges. Actively exploring Medinet to provide managed service to clear waiting lists prior to year end. 										
Executive Director Sign Off		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)								

Strategic Priority 7b) – Planned Care (Women and Children)

Executive Lead – Director of Operations/ Director of Community and Mental Health

Commentary on Progress – Quarter 2:

- Digital Maternity Cymru (DMC) - Project plan and risk register developed in support of local and national activities for 2023/24 and implementation supported by the new Senior Lead Maternity Clinical Informaticist. Project board including Digital Health and Care Wales (DHCW) national DMC team representation, continues to steer Powys delivery. National system procurement delayed to November 2023 whilst the outline business case (OBC) is developed.
- Maternity Continuous Improvement Plan – continues to progress. Reviewed monthly and reports to Maternity Matters.
- Implement recommendations of All Wales Maternity Neonatal Report – awaiting national steer but local gap analysis underway.
- All Wales HIV Plan – PTHB sexual health attendance at national meetings, however, local progress requires input from Public Health to support implementation.
- Gender Identity – Service Level Agreement (SLA) revised for approval and work in progress to formalise a sustainable model.

- Community Paediatric Remodel – steering group and respective work streams established including alignment to the Neurodevelopment (ND) service redesign. Project plan developed and implementation progressing. Business case to be developed in Quarter 3.

Commentary on red rated actions:

- There is a GIRFT (Getting It Right First Time) action plan in draft, however, a number of key actions such as the demand and capacity exercise and the required clinical expertise and input into delivering the work have been delayed due to ongoing resource issues. Therefore, until these can be resolved, we are not able to progress some of the actions as defined in the plan. The position remains the same as at Quarter 2.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of the Maternity Assurance and Safety Improvements	<ul style="list-style-type: none"> Implement the Digital Maternity Cymru solution with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan Q1 - 4 	D Ops	Green	Green			H	H	H	
	<ul style="list-style-type: none"> Implement PTHB Maternity Continuous Improvement Plan Q1-4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Implement recommendations of All Wales Maternity Neonatal Report Q2 - 4 			Amber			H	M	M	
	<ul style="list-style-type: none"> Review establishment against Birth Rate Plus Recommendations and develop response Q2 - 3 			Green			M	M	M	
	<ul style="list-style-type: none"> Deliver the transfer from South Powys Maternity Pathways from Aneurin Bevan University Health Board to Cwm Taf Morgannwg Q3 - 4 						H	H	H	
	<ul style="list-style-type: none"> Implement Healthcare Inspectorate Wales (HIW) recommendations for birth centre environments including CAD designs and works for Llanidloes/Knighton Q3 - 4 						M	L	L	

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Delivery of the Women's and Sexual Health Improvement Plans	<ul style="list-style-type: none"> Implement All Wales case management system Q3 					M	L	L	
	<ul style="list-style-type: none"> Implement the All Wales HIV Plan Q1 - 4 	Amber	Amber			M	M	L	
	<ul style="list-style-type: none"> Develop sustainable model for Gender Identity Service Q1 - 4 	Amber	Amber			M	M	M	
	<ul style="list-style-type: none"> Delivery of All Wales Women's Health Implementation Group Priorities and Getting it Right First Time Gynaecology recommendations Q1 -4 	Red	Red			M	L	L	
	<ul style="list-style-type: none"> Delivery of recommendations of the demand and capacity exercise Q3 - 4 					H	L	L	
	<ul style="list-style-type: none"> Scale up Endometriosis & Menopause pilots, based on evaluation outcomes Q2 - 3 		Green			H	H	H	
Implementation of Paediatric Remodel including Paediatric Therapies	<ul style="list-style-type: none"> Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management including cross border Q1 - 4 	Green	Green			H	H	H	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Delivery of the Women's and Sexual Health Improvement Plans

- Develop sustainable model for Gender Identity Service Q1 – 4 - Work on this area continues as part of the national programme. Unable to deliver this year as will require additional funding to expand the number of GI sessions required in Powys to meet current need.

Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

Tackling the Big Four

Strategic Priority 8 – Cancer *Ministerial priority

Executive Director – Medical Director

- Cancer Improvement Plan: The mapping of the Cancer Improvement Plan for NHS Wales 2023-2026 has been undertaken (informed by ongoing benchmarking) and reviewed at a workshop held on 23rd June, which informed the production of the PTHB Cancer Improvement Plan. The PTHB Cancer Improvement Plan was presented at the Cancer Programme Board Meeting on 19th September and approved by the Executive Committee on 20th September. The Plan will be reviewed annually.

- RDC Access: BCUHB has agreed to accept referrals for mid Powys patients to the Rapid Diagnostic Clinics at Wrexham Maelor Hospital. The PTHB Cancer Clinical Lead and Wrexham RDC Cancer Nurse Specialist shared guidance and the referral pathway with mid Powys General Practices at the Powys GP Collaborative meeting. PTHB and BCUHB Commissioning teams are now finalising the commissioning arrangements.
- RDC Research Project: The initial findings from a research project undertaken in collaboration with the Wales Cancer Network were discussed at the Cancer Programme Board Meeting on 6th June and final conclusions and recommendations were presented at the Cancer Programme Board Meeting on 19th September. The outcome at this stage show that further changes to the RDC model would not be sustainable at present the actions for this year are complete. However, in a future plan there could be the exploration of a hybrid model.
- Transnasal Endoscopy (TNE): Full charitable funding has been secured for the equipment and maintenance and procurement is being progressed. Patient information leaflets and Standard Operating Procedures approved and signed off by Medical Director. Cwm Taf Morgannwg UHB was unable to provide the training as planned due to capacity issues and this is now being undertaken in collaboration with Shrewsbury and Telford Hospitals NHS Trust and an honorary contract is being put in place. An issue in relation to the use of a nasal spray is yet to be resolved and work is underway with Medicine Management Department to find a solution.
- Cancer Tracker: Community Services Group have appointed Cancer Tracker. Non-recurrent funding allocation of £29,773 transferred to Patient Services budget. Work has been undertaken to review patients on the suspected cancer pathway for PTHB as a provider, including targeted work on the long waiters with active follow up of histology. Cancer Tracker is working with Quality & Safety team to review and improve processes and liaising with other Health Board to understand pathways. Histology long waits have been escalated to Commissioning team. Cancer Tracker is carrying out pathway mapping exercise and participating in fortnightly meetings with Quality and Safety colleagues.
- Quality Statement and Pathways: It has been confirmed that the three pathways of focus will be Lower Gastrointestinal, Urology and Gynaecology. The Wales Cancer Network is no longer providing project manager support to the health board to work on the optimal pathways and quality statement. The health board is currently reviewing how this piece of work will be undertaken.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Patterson, Liz 28/11/2023 17:15:57	<ul style="list-style-type: none"> • Map, benchmark and agree actions for nine themes; implementation, Review and plan next year Q1 – 4 	MD	Green	Green			H	H	H	

Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)	<ul style="list-style-type: none"> Single Cancer plan for Powys agreed Q1 – 2 		Green	Blue			H	H	H	
Rapid Diagnostic Clinics	<ul style="list-style-type: none"> Review solution in place for access for Mid Powys patients Q1 - 2 		Green	Blue			H	H	H	
	<ul style="list-style-type: none"> Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 – Q2 			Blue			M	H	H	
	<ul style="list-style-type: none"> Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 - 2 		Green	Blue			M	H	H	
Delivery of Key Initiatives to improve access: <ul style="list-style-type: none"> Cancer tracking 	<ul style="list-style-type: none"> Transnasal Endoscopy pilot Q2 – 4 			Green			H	H	M	
	<ul style="list-style-type: none"> Pilot the use of Cytosponge Q3 – 4 						M	H	H	
	<ul style="list-style-type: none"> Set up Cancer tracking pilot approach within PTHB as a provider Q1 – 3 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Evaluation and approval for the way forward Q4 						H	M	M	
Quality Statement and Pathways	<ul style="list-style-type: none"> Work with the Wales Cancer Network on optimal pathways and quality statement Q1 - 4 		Green	Amber			H	M	L	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Rapid Diagnostic Clinics

- Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 – 2 - Request to pause given additional competing priorities this will be taken next year. This action was marked as blue in Q2 as it was completed, with the following wording: *RDC Research Project: The initial findings from a research project undertaken in collaboration with the Wales Cancer Network were discussed at the Cancer Programme Board Meeting on 6/6/23 and final conclusions and recommendations were presented at the Cancer Programme Board Meeting on 19/9/23. The outcome at this stage show that further changes to the RDC model would not be sustainable at present, the actions for this year are complete. However, in a future plan there could be the exploration of a hybrid model.* The action was to consider the research project, which was done, and it was determined that there

was nothing further to progress in this financial year. There is an arrangement for the Mid Powys patients to access BCUHB in the interim which will remain in place

Quality Statement and Pathways

- Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 - The pathways element is unlikely to be achieved as WCN has withdrawn support for the work. This element will be delayed and considered 24/25

Executive Director Sign Off

Kate Wright (Medical Director)

Tackling the Big Four

Strategic Priority 9 - Circulatory *Ministerial priority

Executive Director – Director of Public Health, Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Implementation of the community cardiology service is underway. A GP with a Special Interest has been secured on a permanent basis working with a team including cardiac physiology. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to 2 outpatient clinics are held in Newtown per week. The service is now receiving 50-60 referrals per month. Of the 306 patients seen to date only 13 have required onward referral to a DGH consultant. 243 patients have received an echocardiogram in Powys and 21 an ECG. Treatment plans have been put in place for 163 patients locally.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3

Quality statement and pathways	<ul style="list-style-type: none"> In partnership with the All Wales Strategic Clinical Networks work towards compliance with Quality Statements for Stroke, Diabetes and Cardiac Q4 	DPH/ DP&C					M	M	M	
Cardiac	<ul style="list-style-type: none"> First phase of Community Cardiology; transition to business as usual in North Powys; tracking activity, outcomes and experience Q3 						M	M	M	
	<ul style="list-style-type: none"> Commence roll-out of the next phase of the community cardiology service to mid and south Powys (subject to successful recruitment) Q4 						M	M	M	
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 						M	M	M	
	<ul style="list-style-type: none"> Work with primary care on use of NT-proBNP blood test and clinical guidance for referral Q3 - 4 						H	H	H	
	<ul style="list-style-type: none"> Review national prescribing indicators for Atrial Fibrillation and explore improvements Q4 						H	H	H	
Diabetes	<ul style="list-style-type: none"> Review The National Institute for Health and Care Excellence (NICE) care processes and treatment targets for Diabetes and explore improvements Q3 - 4 						H	H	H	
Stroke	<ul style="list-style-type: none"> Participation in All Wales and Herefordshire and Worcestershire strategic change programme Q1 - 4 		Green	Green			H	H	H	
Formal change request										
N/A										
Executive Director Sign Off	Mererid Bowley (Director of Public Health) Stephen Powell (Director of Performance and Commissioning)									

Strategic Priority 10– Respiratory *Ministerial priority
 Executive Director – Director of Therapies and Health Science

Commentary on Progress in this Quarter

- Respiratory attendance at the Start Well meeting and presentation about the Asthma for Parents Apps. Reminded Children and Young People leads about App at every Leadership meeting. The National Respiratory Toolkit Health Board Report has demonstrated an increase in update on the AshtmaHub for parents and the AsthmaHub Apps for PTHB practices. There is a risk however as these national Apps may not be funded in next financial year. When Asthma nurse starts in December, she will prioritise linking in with Primary Care and the asthma interface nurse for Hywel Dda.

Commentary on red rated actions:

- Start date for the asthma specialist post now confirmed- 4 December 2023

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implementation of the Respiratory Quality statement	• Asthma Specialist Post and Primary Care roles recruitment Q1; Operational Q2	DoTHS	Red	Red			M	M	H	
	• Compliance to be achieved by Q4						M	L	M	
	• Review of Medical Model Q4						L	L	M	
The use of Asthma plans for children and young people	• Continued Promotion of The Institute of Clinical Science and Technology (ICST) All-Wales App - Annual Delivery Q1 – Q4		Green	Green			H	H	H	
	• Implementation of plan for use of asthma plans for children and young people to be progressed as part of new roles Q1 – Q4		Amber	Amber			H	M	M	
	• Plans in place by Q4						H	M	M	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Implementation of the Respiratory Quality statement

- The asthma specialist post is recruited to, but not yet started and so we will not be compliant by Q4 and so needs deferring to next year due to recruitment challenges
- The medical model for respiratory care will not be completed in 23/24 and needs deferring to next financial year

The use of Asthma plans for children and young people

- Whilst the promotion of the ICST App continues and is successful and on target, there is a risk as to whether this App will continue to be supported by WG and so this whole priority may need review.
- The children's asthma plans will not all be in place by Q4 due to the delayed recruitment of the asthma specialist and needs deferring to next year

Executive Director Sign Off

Claire Madsen (Director of Therapies & Health Sciences)

Strategic Priority 11– Mental Health *Ministerial priority

Executive Director – Director of Operations/ Director of Community and Mental Health

Commentary on Progress in this Quarter:

- There is no ongoing agreed support infrastructure for the programme at present.

Commentary on red rated actions:

- In Q1, a Change Request was requested for revised wording as it was known that the Sanctuary project would not be going to tender. The Service Specification has been developed during Q2, but will not be going to tender within this financial year due to the financial situation.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3

Mental Health Service Transformation	<ul style="list-style-type: none"> Design stage of the accelerated sustainable model to confirm scope of mental health transformation Q2 – Q4 	D Ops		Amber				H	H	M	
	<ul style="list-style-type: none"> Interim sustainability improvements Q1 - 2 		Green	Green				H	H	H	
	<ul style="list-style-type: none"> National peer and clinical pathway review Q3 							M	H	H	
	<ul style="list-style-type: none"> Implementation Q4 							M	H	H	
	<ul style="list-style-type: none"> 111 press 2 implementation Q1 		Blue					H	H	H	
	<ul style="list-style-type: none"> Demand and capacity review Q4 							H	H	H	
Pathway design and development	<ul style="list-style-type: none"> Sanctuary service specification and tender Q2 			Red				H	H	L	
	<ul style="list-style-type: none"> Contract award Q3 – 4 							H	H	L	
	<ul style="list-style-type: none"> Perinatal mental health key posts Q1 		Green					H	H	L	
	<ul style="list-style-type: none"> Training, service user focus groups and outcome measures, online platform Q1 - 3 		Green	Amber				M	H	M	
	<ul style="list-style-type: none"> Peer review Q1 		Green					M	M	M	
	<ul style="list-style-type: none"> Update operational policy in line with all Wales pathway Q4 							M	M	M	
CAMHS	<ul style="list-style-type: none"> Update part 1 scheme no wrong door panel Q1 - 2 		Green	Green				H	H	H	
	<ul style="list-style-type: none"> Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) Q1 - 4 		Green	Green				H	H	H	
	<ul style="list-style-type: none"> Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3 			Amber				M	M	L	
	<ul style="list-style-type: none"> Develop as a trauma informed service (Incorporating TSW, ACE, HUB, NEST/NYTH) Q3 							H	H	H	

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	<ul style="list-style-type: none"> Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 			Amber				M	M	L	
	<ul style="list-style-type: none"> Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); create a DBT service Q4 							H	H	H	
	<ul style="list-style-type: none"> Improve physical health monitoring for young people being prescribed medication Q2 - 4 			Amber				H	H	M	
	<ul style="list-style-type: none"> Increase service user involvement especially with recruitment and service development Q1 - 4 		Green	Green				H	H	H	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Pathway design and development:

- Contract Award Q3-4 - Sanctuary Service specification and tender will be complete this year but contract award will now be deferred to next year

CAMHS:

- Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 – 3 - Will do next year - some interim arrangements have been put in place for extended rapid access to CAMHS
- Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 - Focusing on training of staff in this financial year - will go live next year. EMDR remains a priority due to presentations of YP who have experienced complex trauma.

Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

Joined Up Care

Strategic Priority 12 – Frailty and Community Model - *Ministerial priority

Executive Lead – Director of Operations/ Director of Community and Mental Health

Commentary on Progress in this Quarter:

- First phase of implementation; detailed scheduling determined at Design stage: The overarching frailty model has been agreed previously and implementation is underway through the Accelerated Sustainable Model Frailty & Community Model Major Programme Board – see further updates.
- Community hospital model and ward design including East Radnorshire and Out of County bed use: The community hospital model and ward design is being taken forward through the Accelerated Sustainable Model. Proposing that Community hospital model and ward design including East Radnorshire and Out of County bed use is amended to 2 separate new actions: Community hospital model and ward design developed and Implementation of revised model for East Radnorshire. The rationale for this is that the community hospital model and ward design will be for Powys as a whole, which will then include East Radnorshire. The out of county bed use is duplicated with an existing action Reduce use of out of county community hospital beds through escalation and tracking.
- Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters: a multi-professional workshop was held on 03/08/2023 with health board, cluster and third sector attendees (social care colleagues were unable to attend). The workshop enabled the alignment of cluster frailty proposals to the agreed PTHB Overarching Frailty Model. The cluster proposals will enable frailty scoring to take place. The Frailty Workstream is now in place to implement the overarching frailty model. The interview for the Clinical Director for Frailty Medicine post takes place on 06/10/2023. Proposing that Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters is amended to: Define Powys approach to Frailty Scoring, rollout and review. This work will still continue to involve the clusters but the rollout will be different to the original wording.
- Reduce use of out of county community hospital beds through escalation and tracking: Escalation and tracking is in place. In April-July 2023, there were 875 bed days at out of county community hospitals, compared with 1,350 bed days in April-July 2022, representing a 35% reduction to date.
- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay: PTHB engaging with the national deconditioning work. Length of stay continues to be tracked remains high.
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life: Workshop planned for 9th October 2023 to expand the scope of the existing End of Life Group into a broader Last Year of Life Workstream under the programme.

Commentary on red rated actions: N/A

Progress against key actions and milestones				
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment 0 = Original

			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of an Accelerated Sustainable Model	<ul style="list-style-type: none"> First phase of implementation; detailed scheduling determined at Design stage Q1 - 4 	D Ops	Green	Green			H	H	M	
	<ul style="list-style-type: none"> Community hospital model and ward design including East Radnorshire and Out of County bed use Q1 - 4 		Amber	Amber			M	M	M	
Improve key pathways and interventions	<ul style="list-style-type: none"> Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 - 4 		Amber	Amber			M	M	M	
	<ul style="list-style-type: none"> Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111 - Q3 						M	M	M	
	<ul style="list-style-type: none"> Reduce use of out of county community hospital beds through escalation and tracking Q1 - 4 		Amber	Green			H	H	H	
	<ul style="list-style-type: none"> Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 - 4 		Green	Amber			M	H	H	
	<ul style="list-style-type: none"> Improve co-ordination in the last year of life and the support available at home and in the community at the end of life Q1 - 4 		Amber	Green			M	M	M	

Formal change request

Commentary provided in October 2023

Design and delivery of an Accelerated Sustainable Model

- Proposing that Community hospital model and ward design including East Radnorshire and Out of County bed use is amended to 2 separate new actions: Community hospital model and ward design developed and Implementation of revised model for East Radnorshire. The rationale for this is that the community hospital model and ward design will be for Powys as a whole, which will then include East Radnorshire. The out of county bed use is duplicated with an existing action Reduce use of out of county community hospital beds through escalation and tracking.
- Proposing that Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters is amended to: Define Powys approach to Frailty Scoring, rollout and review. This work will still continue to involve the clusters but the rollout is likely to be different to the original wording.

Commentary provided for Plan Reset exercise November 2023

Design and delivery of an Accelerated Sustainable Model

- Community hospital model and ward design including East Radnorshire and Out of County bed use Q1 – 4) - Community Hospital Model continuing however a stock taking exercise on Knighton Hospital and potential for rehabilitative care being considered. This is part of the ASM programme.

Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

Strategic Priority 13 – Urgent and Emergency Care - *Ministerial priority

Executive Lead – Director of Operations/ Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Swift transaction of out of county repatriation requests Q1 – 4: Additional Care Transfer Coordinators in place to provide additional support to out of county sites, continued targeting of patients in acute beds. Continued engagement with out of county escalation processes, including daily review of discharge planning at flow meeting. Work underway to review All-Wales Repatriation Policy in conjunction with Goal 5 Action Group, Six Goals for Urgent and Emergency Care.
- Cluster led risk stratification, care co-ordination Q1 – 4: Work underway to review existing Enhanced Service offer in collaboration with Primary Care Department. Further development awaiting impending national communication.
- Propose amendment to the wording of *Embed improved whole system approach to Delayed Transfer of Care* to *Embed improved whole system approach to Pathways of Care delays* in order to align with Six Goals wording and the move away from the term DTOC.
- Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 – 4: D2RA Pathways embedded and recorded for each patient at ward level. Work underway to develop digital initiative to enhance Health Board wide Pathway allocation. Proposal in consideration for adaptation of Pathway 1 Home First service.
- Explore and complete benefits analysis of an Integrated Brokerage Process development Q2: Options for delivery of brokerage being considered, including option to join with the local authority or deliver within PTHB. Local authority now appointed Project Lead.
- Patient level pathway assignment and tracking Q2 – 3: D2RA Pathways embedded and recorded for each patient at ward level. Work underway to develop digital initiative to enhance Health Board wide Pathway allocation. Interim solution of WPAS utilisation for identification of patient level pathway assignment, input compliance improved from 23% (end of Q1) to 60% (end of Q2).
- Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 – 3: Proposal in consideration for adaptation of specification of Home First and rehabilitation bridging team as part of Section 33 agreement with Powys County Council.
- Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2: Scoping exercise conducted as part of development of Home First adaptation proposal.
- Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 – 4: Red to Green days beginning to be monitored. Work underway to develop digital initiative to enhance input and monitoring of Red to Green days including aim to capture full extent of Pre-Clinically Optimised Red Codes in line with Goal 5, Six Goals for Urgent and Emergency Care.

- Implementation of guidance to prevent deconditioning Q1 – 4: PTHB engaging with the national deconditioning work. Length of stay continues to be tracked remains high. Local work continues to focus on implementation of good practice in the prevention of deconditioning.

Commentary on red rated actions:

- Additional Discharge Liaison Officers Q2: Previous request to change of timescale. Through control process delivery of additional posts was identified as not achievable by 30th September 2023, as such this action is now red. Business case for additional Discharge Liaison Officers has been approved with recruitment being implemented but individuals will not be in post by 30th September 2023.
- Roll out Trusted Assessor Q1 – 2: Previous request to change of wording and timescale. Through control process delivery of model was identified as not achievable 30th September 2023, as such this action is now red. Collaborative governance process with Powys County Council in development. Planned pilot of Trusted Assessment, aimed to commence Q4.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver alternatives to Urgent and Emergency Care	• Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1	D Ops	Green				M	M	M	
	• Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model Q3 - 4						M	H	H	
	• Swift transaction of out of county repatriation requests Q1 - 4		Green	Green			M	M	M	
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan	• Cluster led risk stratification, care co-ordination Q1 – 4		Amber	Amber			Tb c	M	M	
	• Phone First embedded in Minor Injury Units		Blue				H	H	M	
	• Embed improved whole system approach to Delayed Transfer of Care (DTOC) Q1		Green				M	H	H	

	<ul style="list-style-type: none"> Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 - 4 	D Ops	Amber	Amber			M	M	M	
	<ul style="list-style-type: none"> Additional Discharge Liaison Officers Q2 			Red			H	H	H	
	<ul style="list-style-type: none"> Roll out Trusted Assessor Q1 - 2 		Green	Red			M	H	L	
	<ul style="list-style-type: none"> Explore and complete benefits analysis of an Integrated Brokerage Process development Q2 			Blue			M	M	H	
	<ul style="list-style-type: none"> Patient level pathway assignment and tracking Q2 - 3 			Blue			M	M	M	
	<ul style="list-style-type: none"> Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 - 3 		Amber	Amber			M	H	H	
	<ul style="list-style-type: none"> Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2 			Blue			M	M	H	
	<ul style="list-style-type: none"> Implementation of 111 Press 2 on track for delivery Q1 		Blue				H	H	H	
	<ul style="list-style-type: none"> Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 - 4 			Green			M	M	M	
	<ul style="list-style-type: none"> Implementation of guidance to prevent deconditioning Q1 - 4 		Green	Green			M	M	M	
	<ul style="list-style-type: none"> Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1 		Green				M	M	M	

Formal change request

Commentary provided in October 2023

Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan

- Propose amendment to the timescale for *Additional Discharge Liaison Officers* from Q2 to Q2-Q4 due to a delay in the business case being approved.
- Propose amendment to the wording and timescale of *Roll out Trusted Assessor* to Develop the model for Trusted Assessor Q1 and Q2, and Pilot and Roll Out Trusted Assessor Q3 and Q4. Delivery has commenced in secondary care settings. This is due to seeking to ensure that a full

model of Trusted Assessor is rolled out across community services in Powys in addition to facilitating transfers of care from hospitals to care agencies.

Commentary provided for Plan Reset exercise November 2023

Deliver alternatives to Urgent and Emergency Care

- Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1 - Scoping exercise complete by year end and will expand next year.

Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan

- Implementation of guidance to prevent deconditioning Q1 – 4 - Duplication from SP 12

Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

Strategic Priority 14– Specialised Care

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- A number of items were noted during the review of the current plan carried out in early September 2023, as being areas that would 'stop now' in relation to PTHB activity, as these are predominantly led by WHSSC; PTHB will continue to have participation and oversight through the WHSSC management and leadership mechanisms.

Commentary on red rated actions:

- Work on reducing unwarranted variation has been delayed during quarter 2 but will be complete during quarter 3. WHSSC have overall responsibility for this role but the Health Board wishes to understand and improve unwarranted variation across all commissioning portfolios.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment 0 = Original
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			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value. It will work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost.	<ul style="list-style-type: none">Equitable access; reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the population Q1 - 4	DP&C	Red	Red			M	M	M	
	<ul style="list-style-type: none">Reviewing Parenteral Nutrition pathways		Green	Green			M	M	H	
	<ul style="list-style-type: none">Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements Q1 - 4		Green	Green			M	M	H	
	<ul style="list-style-type: none">Reviewing specialised psychology services		Green	Green			M	M	H	
	<ul style="list-style-type: none">Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms Q1 - 4		Green	Green			M	M	H	
	<ul style="list-style-type: none">Evaluating investments over 3 years to test and map benefits and to re-target as appropriate		Red	Amber			M	M	H	
	<ul style="list-style-type: none">Welsh Health Specialised Services Committee (WHSSC) - Appoint to specialised pathway lead Q3						M	M	H	
	Formal change request									
N/A										
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)									

Workforce Futures

Strategic Priority 15 – Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made against milestones of 'incentivise of Bank take up with more flexible arrangements for accessing wages' and the '4 overseas nurse fully onboarded'. All preparatory work for Wagestream has been concluded and subject to final Digital Security clearance, is scheduled to go live from the first week of October. All 4 overseas nurses having successfully passed their OSCE exams with 1 nurse already having received their NMC registration and the remaining 3 expecting to receive theirs imminently. Further plans are in place for an additional cohort of 4 overseas nurses, with a scheduled arrival at the end of October.

Commentary on red rated actions:

- Due to the delays in the Accelerated Sustainable Model programme, no organisational change support or processes have been required for implementation.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Workforce Planning	• All prioritised service areas to have a workforce plan Q4	DWOD					H	M	L	
	• Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4						H	L	L	
	• Organisational Change approach to support Accelerated Sustainable Model Q2			Red			H	M	L	
Recruitment redesign	• Direct Sourcing Model in place Q4						M	H	M	
	• All appropriate marketing material bilingual Q4						H	H	H	
	• 4 Overseas Nurses fully onboarded Q2 - 3			Green			H	H	H	

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	<ul style="list-style-type: none"> Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3 - 4 						M	H	H	
Variable Pay Reduction	<ul style="list-style-type: none"> Reduce on and off contract agency spend by increasing Bank shift take up rates as well as successful recruitment and retention activities to increase those on the Bank Q4 						M	M	M	
	<ul style="list-style-type: none"> Incentivise Bank take up with more flexible arrangements for accessing wages Q1 - 2 		Green	Green			H	H	H	
Education and Role Development	<ul style="list-style-type: none"> Develop Aspiring Nurse Programme with Health Education and Improvement Wales and Bangor University by year end Q4 						M	H	H	
	<ul style="list-style-type: none"> Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year Q4 						M	M	L	

Formal change request

Commentary provided in October 2023

Workforce Planning

- Organisational Change approach to support Accelerated Sustainable Model Q2 – The delivery date for this milestone will need to be amended due to the inter-dependency on the completion of new clinical models.
- Recruit 20 Reservists (NHS Pilot) Q4 – Although not scheduled for delivery until Q4 request to withdraw this milestone as the Reserves programme has been stopped by Welsh Government.

Commentary provided for Plan Reset exercise November 2023

Workforce Planning

- Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4 - Timing adjusted. The work will be dependent on the emerging service model.
- Organisational Change approach to support Accelerated Sustainable Model Q2 - Interdependencies and alignment with sustainable Powys and plans for 24/25

Education and Role Development

- Recruit 20 Reservists (NHS Pilot) Q4 - Stop. National withdrawal of funding.

Executive Director Sign Off

Debra Wood Lawson (Director of Workforce and Organisational Development)

Strategic Priority 16 – A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track with high levels of confidence against each milestone for delivery by year end. PTHB information is now loaded onto the system in preparation for the launch of the National Staff Survey with staff communication planned for release for the first week of October with the survey due to go live later that month. Team climate surveys are currently out for completion with Mental Health and Learning Disabilities services, with returns due by end of September. A draft approach to team health metrics has been developed.
- Tier 1 of the clinical leadership programme has designed with Tier 2 in draft. A pilot cohort is due to commence in October; following evaluation of pilot Tier 2 will be developed further. Works continues to promote the simulation suite and has been used by Cwm Taf for simulation CPD day and Joint Health & Social Care induction sessions.
- The National Speaking up Safely Framework was published as a Welsh Health Circular by Welsh Government in September. A self-assessment against the framework is currently under way, led by the Nursing Directorate, with an implementation plan to be developed from the findings of the self-assessment. A revised all Wales Staff Raising Concerns procedure was published by the Welsh Partnership Forum at the end of September and is scheduled to go to WPRG and Executive Committee for adoption in October.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3

Temperature Checks and Analytics Capability	<ul style="list-style-type: none">Promotion and utilisation of outputs of National Staff Survey Q1 - 4	DWOD	Green	Green			M	H	H		
	<ul style="list-style-type: none">Conduct Team Climate Survey (targeting one service area per quarter) Q1 - 4		Green	Green			H	H	M		
	<ul style="list-style-type: none">Develop team health metrics; apply by year end Q4			Green			H	H	H		
	<ul style="list-style-type: none">Review and relaunch Chat 2 Change Q3 – 4						H	H	H		
Leadership Development	<ul style="list-style-type: none">Design and deliver a two-tiered Clinical Leadership Programme Q2 - 3			Green			M	M	M		
	<ul style="list-style-type: none">Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4						H	H	H		
Professional Development	<ul style="list-style-type: none">Promote and increase self-sufficient use of simulation space in Health & Care Academy Q1 - 4		Green	Green			M	M	M		
Employee Support	<ul style="list-style-type: none">Achieve Employers for Carers accreditation, identifying and offering signposting Q4						H	H	H		
	<ul style="list-style-type: none">Adopt All Wales approach to ‘Speaking Up Safely’ about concerns or issues by end of year Q1 - 4		Green	Green			H	H	H		
	<ul style="list-style-type: none">Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on ‘stay’ interviews Q3 - 4						H	H	M		
	<ul style="list-style-type: none">Workforce Policies Caseload review; social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, workshops Q2 - 3			Green			H	H	M		
Formal change request											
Commentary provided for Plan Reset exercise November 2023											
Temperature Checks and Analytics Capability											

- Temperature Checks and Analytics Capability - Timing adjusted. Work will continue but will conclude in 24/25.

Leadership Development

- Design and deliver a two-tiered Clinical Leadership Programme Q2 – 3 - Adjusted. This Programme will be trialled initially as a pilot.
- Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4 - Timing adjusted. Action to be deferred to next financial year

Executive Director Sign Off Debra Wood Lawson (Director of Workforce and Organisational Development)

Strategic Priority 17 – Employee Health and Wellbeing

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Outdoor Events; E Bike wellbeing/resilience sessions developed in North, Mid and South locations with a total of 13 participants
- Wellbeing Roadshows revisits have now been planned for all sites across the remainder of the year and delivery has commenced.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Gold Corporate Health Standard	• Regain Gold Corporate Health Standard Q1	DWOD	Blue				H	H	H	
	• Create development plan from the feedback received from the reassessment Q1		Blue				H	H	H	
Wellbeing Roadshows & Other Events	• Undertake a wellbeing roadshow at each hospital site Q1		Blue				H	H	H	

	<ul style="list-style-type: none"> Revisit each site by year end Q4 						H	H	H	
	<ul style="list-style-type: none"> 2 Outdoor Events per month for up to 20 participants Q2 – 3 		Amber				M	M	L	
Occupational Health	<ul style="list-style-type: none"> Implement the new all-Wales Occupational Health Management System Q4 						H	H	H	
Employee Assistance Programme (EAP)	<ul style="list-style-type: none"> Increase usage of the Employee Assistance Programme platform by 40% Q4 						M	M	M	
Anti-Racist Action Plan	<ul style="list-style-type: none"> Establish staff networks Q1 - 2 	Green	Blue				M	M	H	
	<ul style="list-style-type: none"> Implement PTHB Anti-Racist Plan Q1 - 4 	Green	Green				H	H	H	
	<ul style="list-style-type: none"> Ensure Equality Impact Assessment for all policy revision or renewal Q4 						H	H	H	
Mentoring	<ul style="list-style-type: none"> Set out mentoring and reverse mentoring plan, with each Executive and Deputy matched with staff / volunteers Q4 						H	H	L	

Formal change request

Commentary provided in October 2023

- Outdoor Events –2 per month – Request to pause this approach/ offer due to financial savings pressures

Commentary provided for Plan Reset exercise November 2023

Wellbeing Roadshows & Other Events

- Wellbeing Roadshows & Other Events - 2 Outdoor Events per month for up to 20 participants Q2 – 3 - Pause of the outdoor events element. This will be reconsidered in the next financial year.

Mentoring

- Mentoring - Set out mentoring and reverse mentoring plan, with each Executive and Deputy matched with staff / volunteers Q4 - Pause. This will be reconsidered in the next financial year.

Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)
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Strategic Priority 18 – Joint Workforce Futures Programme

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Progress has been affected in a couple of milestones due to the knock on effect of inter-dependencies. The Joint Health and Social Care induction milestone has been affected by lower-than-expected numbers being recruited and therefore the joint induction has not been delivered in July and August Following the pilot courses and evaluation the current workbook is being reviewed on an all Wales basis with plans to significantly streamline this with an expected release in Q3. Further inductions will be planned based on demand for the rest of the year.
- The slower take up of the joint induction has allowed for more progress to be made on the Powys Health and Care Academy Careers and Education Enterprise Scheme. A total of 10 secondary, 2 special schools and 2 Further Education colleges are now taking up the new programme offer.
- A number of introductory/awareness sessions have been delivered on compassionate leadership with 55 staff across the partnership attending between July and September. However, this milestone has been affected by delays nationally in the final production of the full 4 modules programme.
- An Experience and Wellbeing survey was undertaken in partnership with PCC Social Care and PAVO. Face to face sessions are being held across all HB sites during September and October to share high level findings and capture additional feedback and conversations with our staff.

Commentary on red rated actions: N/A

Progress against key actions and milestones											
Key Actions <div>Patterson Liz 28/11/2025</div>	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	

Designing, Planning and Attracting the Workforce	<ul style="list-style-type: none">Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people Q4	DWOD					H	H	H		
	<ul style="list-style-type: none">Upscale the Health and Social Care Schools training programme to two further schools Q4						H	H	H		
	<ul style="list-style-type: none">Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4						H	H	H		
Leading the Workforce	<ul style="list-style-type: none">Compassionate Leadership Programme trial Q2			Amber			M	L	L		
	<ul style="list-style-type: none">Rollout 4 a month (12 per cohort) Q4						M	M	L		
Engagement and Wellbeing	<ul style="list-style-type: none">Understand the lived experience of the workforce Q2, Q4			Green			M	H	H		
	<ul style="list-style-type: none">RPB action plan to improve wellbeing and engagement across the sector Q4						H	H	H		
Education Training and Development	<ul style="list-style-type: none">After an initial pilot, deliver one joint induction programme per month by year end Q1 - 4		Green	Amber			M	M	L		
	<ul style="list-style-type: none">Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4						M	M	M		
Partnership and Citizenship	<ul style="list-style-type: none">Carers strategic framework by year end to increase support to paid and unpaid carers Q4						H	H	H		
	<ul style="list-style-type: none">Increased volunteering opportunities Q4						H	H	H		
Formal change request											
Commentary provided in October 2023											
<div>Deliver one per month joint induction programmes : Request to adjust to : plan joint induction delivery based on demand for the rest of the year</div>											
Commentary provided for Plan Reset exercise November 2023											
Designing, Planning and Attracting the Workforce											

- Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4 - Timing adjusted. Deferred to next financial year as part of Workforce Futures reset work and being considered by the RPB on the 8th December 2023

Leading the Workforce

- Compassionate Leadership Programme trial Q2 - National programme dependency
- Rollout 4 a month (12 per cohort) Q4 - Awaiting national programme content

Education, Training and Development

- Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4 - Timing adjusted. Some activity in Q4, remaining actions will be for the next financial year

Partnership and Citizenship

- Carers strategic framework by year end to increase support to paid and unpaid carers Q4 - Timing adjusted. Deferred to next financial year as part of Workforce Futures reset work and being considered by the RPB on the 8th December 2023

Executive Director Sign Off

Debra Wood Lawson (Director of Workforce and Organisational Development)

Digital First

Strategic Priority 19 – Digital Strategic Framework

Executive Lead – Director of Finance, Information and IT

Commentary on Progress in this Quarter:

- Reasonable progress has been made against the priorities with the main area of concern in relation to digitalisation of records. Given the current financial position work is being completed to understand the potential of current systems to deliver a solution as required.

Commentary on red rated actions: N/A

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients	<ul style="list-style-type: none">Develop and agree the Digital Strategic Framework to prioritise delivery Q2	DFIT		Green			H	H	H	
Formal change request										
N/A										
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)									

Strategic Priority 20 – Implement clinical digital systems									
Executive Lead – Director of Therapies & Health Sciences									
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> Map functional requirements – Staffing issues have led to delays in this piece of work being addressed Implement standardised processes – work has commenced. Will be further supported once the Deputy CCIO is appointed. The Electronic Prescribing and Medicines Administration (ePMA) project is in its pre-implementation phase. Discovery work onto phase 2 to fulfil the requirements of the business case. Invite to Tender document almost complete in readiness for Q3. Stakeholder engagement continues with community hospital teams to ensure requirements are scoped in preparation for implementing ePMA across Powys by mid-2025. Regional Information Sharing Platform – A PACS Manager has been appointed who is commencing in post December 2023. The Health Pathways is a national challenge and there is very little guidance about this to date. <p>Commentary on red rated actions:</p>									

- Staffing issues have led to delays in this piece of work being addressed. There has been no recruitment yet to the deputy CCIO post and this is still waiting in Trac and so therefore no clinical capacity.
- The Health Pathways is a national challenge and there is very little guidance about this to date.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare	• Map functional requirements for service areas Q2	DoTHS		Red			H	M	L	
	• Assessment, review and gap analysis of all clinical applications to rationalise and avoid duplication Q3						M	M	M	
	• Support secondary care information flow into commissioned NHS Trusts in England Q4						M	M	M	
	• Implement standardised processes using policy, SOPS and staff training and support Q2 - 4			Amber			H	M	M	
	• Support national digital system implementations e.g. Regional Imaging Sharing Platform, Electronic Prescribing and Medicines Administration Q1 - 4		Green	Green			M	M	H	
	• Health Pathways implementation - scoping Q1 - 2		Red	Red			M	M	L	
	• Health Pathways - recruiting, implementing Q2 - 3			Red			M	L	L	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare

- The CCIO role is overseeing the review and development of multi-disciplinary accessible systems led by Digital Transformation & Informatics

- Gap analysis is completed, the landscape assessment to map duplication is ongoing – 75% will be completed Q3
- Standardisation exercises are being developed, this would benefit from a dedicated clinical service lead to engage which will be reviewed in the next financial year.
- Health Pathways work is currently the responsibility of the Medical Director, and the work has not started due to resource capacity.

Executive Director Sign Off

Claire Madsen (Director of Therapies and Health Sciences)

Strategic Priority 21 – Resilient, Cybersecure Infrastructure

Executive Lead – Director of Finance, Information and IT

Commentary on Progress in this Quarter:

- Upgrade Network/Cabling/Wi-Fi – work continues to engage with contractors to support the work and dealing with asbestos challenges. Working with estates.
- Improved resilience and capacity – constant progress with available resource

Commentary on red rated actions:

- Full Telephony upgrade – Undertaking second tender as the first did not provide adequate assurance. Still waiting on Welsh Government to release funds.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Patterson, Liz 28/11/2023 17:15:57	<ul style="list-style-type: none"> • Upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity. Pace of delivery subject to additional funding Q1 - 4 	DFIT	Amber	Amber			M	M	L	

Deliver a resilient, cyber secure infrastructure within the PTHB buildings	<ul style="list-style-type: none"> Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording The pace of delivery will be subject to availability of additional funding Q1 - 4 	Amber	Red			M	M	L	
	<ul style="list-style-type: none"> Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans Q1 - 4 	Green	Green			M	M	H	

Formal change request

Executive Director Sign Off

Strategic Priority 22 – Electronic Document Management and Digitisation

Commentary on Progress in this Quarter:

Commentary on red rated actions:

Progress against key actions and milestones

Key Milestones

Lead
Executive

BRAG ('not due' already greyed out)

*Year End Delivery
Confidence
Assessment*

0 = Original

Q1

Q2

	Q3
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Q4

	C
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Q1

	Q3
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Develop and implement electronic document management policies and processes, digitalisation of paper records	<ul style="list-style-type: none"> Pace of delivery will be subject to availability of additional funding Q1 – 4 	DFIT	Red	Red			M	L	L	
Formal change request										
Commentary provided for Plan Reset exercise November 2023										
<p><u>Develop and implement electronic document management policies and processes, digitalisation of paper records</u></p> <ul style="list-style-type: none"> Pace of delivery will be subject to availability of additional funding Q1-4 – deferred to next financial year due to pressure resource and financial availability. 										
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)									

Strategic Priority 23 – Modernise Data Architecture and Business Intelligence

Executive Lead – Director of Finance, Information and IT /Director of Performance and Commissioning

Commentary on Progress in this Quarter:

This quarter the Data & BI Team have begun to adopt the newly built Cloud Data Platform as our default storage location for Data storage. This has enabled a number of additional benefits and enhancements to the service including the exploration of Robotic Process Automation & Data Cataloguing.

The adoption of a 'cloud first' approach to our technology has meant we have future proofed our Data capabilities in a number of additional areas such as a Machine Learning/AI Capability and Interoperability (FHIR) standards which ensures alignment with National programmes as well.

Progress that has not moved as quickly as we'd like is the acquisition of Datasets in the realms of Risk management & Workforce. Having these type of datasets within our platform will ensure a true 'one source of the truth' for data within the Health Board, while at the same time bringing that data into the aforementioned future proofed architecture. The lack of progress in this area is unfortunately related to delays in National discussions and/or National Systems and while we are pro-actively working with the relative forums to resolve these issues, they are for the most part out of our hands.

Commentary on red rated actions: N/A

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Provide a modern data architecture and improved business intelligence and knowledge for informed decision making	• Creation of Health & Care Data Platform Q3	DFIT/ D&PC					M	L	L	
	• Explore opportunities Robotic Automation (RPA) to release administrative time Q2			Green			M	H	H	
	• Workforce collaboration to make the best use of the workforce resource data available Q2			Amber			M	M	M	
	• Explore and develop the platforms to support PROMS, PREMS and the Integrated Performance Framework Q1 - 4		Amber	Green			M	M	H	
Formal change request										
N/A										
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT) Steve Powell (Director of Performance and Commissioning)									

Innovative Environments

Strategic Priority 24 – Capital and Estates Programme

Executive Lead – Associate Director of Estates and Property

Commentary on Progress in this Quarter:

- Capital: delivery of project/programme activity is progressing well generally. Some challenges in relation to market costs for Llandrindod Phase 2 which are being reviewed by consultants alongside offer from Welsh Government to undertake some advance works via an SBAR submission for the front of the hospital (roof, windows, external works). North Powys is progressing well but has multiple complex dependencies * the BJC referenced in the action is no longer required by Welsh Government and target would now be production of updated Masterplan by end 2023. Machynlleth hospital focus is on building snags and community interactions for use of garden and meetings spaces.
- Estates: Estates Strategy work dependant on outcome of 6 Facet Survey – awaiting receipt from consultants. Due to workload, will need external consultant support for Strategy which is currently unfunded. Regional Partnership Board Strategic Capital Plan complete and awaiting sign off. Estates maintenance contracts progressing well.

Commentary on red rated actions:

- Llanfair Caereinion project is paused whilst awaiting confirmation from Third Party Developer that the project is affordable. Welsh Government have been informed and understand the issues – consideration being given to alternative means of progression of the project if required.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of major capital programmes including:	• Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development – Business Justification Case; work to commence Q1 - 3	ADoEP	Green	Green			H	H	M	
	• Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth Q1 - 4		Green	Green			H	H	H	
	• Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2			Green			M	M	M	

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	<ul style="list-style-type: none"> Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 - 4 			Red				M	L	L	
Delivery of Estates Strategy including:	<ul style="list-style-type: none"> Develop and agree an Estates Strategy to prioritise delivery Q2 			Amber				M	M	M	
	<ul style="list-style-type: none"> Delivery of urgent compliance capital projects including EFAB (Estates Funding Advisory Board) schemes, focussing on essential improvements to infrastructure, fire safety and decarbonisation Q1 - 4 		Green	Green				H	H	H	
	<ul style="list-style-type: none"> Delivery of Regional Partnership Boards (RPB) Innovative Environments Capital Plan in support of the RPB Area Plan Q2 			Green				M	H	H	
	<ul style="list-style-type: none"> Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services Q4 							H	H	H	
Implementation of 'Soft' Facilities Management	<ul style="list-style-type: none"> Cleaning Standards review Q1 		Green					M	M	H	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Delivery of major capital programmes including:

- Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2 - North Powys: the BJC for Infrastructure is no longer required by Welsh Government. The next major milestone will be OBC submission in Q2 2024/25 subject to confirmation of continued business case development from WG in December 2023.
- Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 – 4 - Work has paused with an affordability issue raised by the Third Party Developer - if this approach becomes unviable, then Capital funding will need to be sought from RPB IRCF monies and a project team appointed.

Delivery of Estates Strategy including:

- Develop and agree an Estates Strategy to prioritise delivery Q2 - Work continues to produce key enabling data such as 6 Facet Survey to enable the strategy document to be produced – timescale will be Q4 or Q1 2024/25

Executive Director Sign Off Wayne Tannahill (Associate Director of Estates and Property)

Strategic Priority 25 – Environmental Management and Decarbonisation

Executive Lead – Associate Director of Estates and Property

Commentary on Progress in this Quarter:

- Welsh Government Energy Service / Re:fit progressing well with High Level Assessment data received and work being undertaken to confirm Investment Grade Proposal option and secure Salix, invest to save funding of between £2.5M and £4.9M. Carbon Literacy Training has been paused. Tracking of Welsh Government Strategic Delivery Plan actions progressing well. Agile working move to Bronllys from Neuadd Brycheiniog paused but intention is to complete activity in Q3/4.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q3	Q4
Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act	<ul style="list-style-type: none"> Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1 	ADoEP	Blue				H	H	H	
	<ul style="list-style-type: none"> Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3 						H	H	H	

Strategic Priority 26a - Corporate Governance

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter

- Progress remains on target for most of the actions within the strategic priority. The Board Development programme is not as advanced as originally planned due to the financial scenario planning and the need to focus August to October on this area (at time of writing the outcome from Welsh Government is awaited). The Board development programme is in place and will continue to be delivered, the reason for amber relates to the fact the full alignment to the high performing agenda is not as planned at this stage in the year.

Commentary on red rated actions:

- The Board Advisory Structure has not progressed during quarter 2, largely due to the additional pressure to the organisation as a result of scenario planning. It is proposed to now postpone the action for the 2023/24 year.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of the Annual Programme of Governance and Corporate Business Plan Further improve the effectiveness of the Board and its committees	<ul style="list-style-type: none"> Reviewing and recreating a revised Board Assurance Framework (design, delivery) Q2 - 4 	DCG		Green			H	H	H	
	<ul style="list-style-type: none"> Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Further improving the quality of information to the Board and its Committees Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Design and Delivery of a Board Development programme that underpins the High Performing Board programme Q1 - 4 		Green	Amber			H	H	M	
	<ul style="list-style-type: none"> Reviewing the Board's Advisory Structure and implementing relevant changes Q1 - 2 		Green	Red			M	M	L	

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Formal change request	
Commentary provided in October 2023 <ul style="list-style-type: none"> The Board Advisory Structure is proposed to be paused for the remainder of 2023/24. 	
Commentary provided for Plan Reset exercise November 2023	
<u>Delivery of the Annual Programme of Governance and Corporate Business Plan</u>	
<u>Further improve the effectiveness of the Board and its committees</u>	
<ul style="list-style-type: none"> Reviewing the Board's Advisory Structure and implementing relevant changes Q1 – 2 - Propose to remove for 23/24 and implement in 2024/25. It is recognised the action is linked to an external audit action within the Structured Assessment report that will also need to be updated to reflect the change of date. 	
Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

Strategic Priority 26b - Quality Governance	
Executive Lead – Director of Nursing and Midwifery	
Commentary on Progress in this Quarter: <ul style="list-style-type: none"> Continued robust monitoring of the requirements aligned to the Duty of Candour, progress to continue within Q3/4 to ensure engagement with primary care colleagues to inform end of year reporting. Further actions required to ensure QMS is aligned to PTHB IPF and clearly reflects the Quality domains and enablers. Resource implications on progressing with patient experience stories 	
Commentary on red rated actions:	
N/A	
Progress against key actions and milestones	

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)	<ul style="list-style-type: none"> Continue implementation of PTHB's Duty of quality and Duty of Candour Implementation Plan Q1 	DoNM	Blue				H	H	M	
	<ul style="list-style-type: none"> Monitoring of the actions aligned to the implementation plan Q2 			Amber			H	H	L	
	<ul style="list-style-type: none"> PTHB governance framework aligned to Duty of Quality, completion of the Implementation plan Q3 						H	H	M	
	<ul style="list-style-type: none"> Production of annual report aligned to Duty of Candour. Continued monitoring of the Quality Management System Q4 						H	H	H	
	<ul style="list-style-type: none"> Deliver Patient Stories project Q1 – 4 	DoNM	Green	Amber			TB C	M	L	
Formal change request										
N/A										
Executive Director Sign Off		Claire Roche (Director of Nursing and Midwifery)								

Strategic Priority 27 – Engagement and Communication

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter:

- During the quarter the strategic engagement infrastructure has been strengthened through the successful recruitment to the role of Engagement Manager, which will support the health board with the delivery of strategic and service change priorities. During Q2 this has included the launch of engagement by ABUHB on proposals affecting minor injury unit services (including Nevill Hall Hospital) as well as preparation for local support

for phase 2 engagement on NHS EMRTS / Wales Air Ambulance (expected from October 2023) and for a nation-wide conversation on the future of health and care being led by the Bevan Commission (also from October 2023).

- Key priorities for the communications team have included a wide-ranging programme of staff and community participation for the NHS75 celebrations in July, readiness for COVID and flu vaccination programmes, and planning for our revised approach for the Staff Excellence Awards.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of a programme of marketing and communications	<ul style="list-style-type: none"> • Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks Q1 – 4 	DCG	Green	Green			H	H	H	
Design and delivery of a programme of continuous and/or targeted engagement	<ul style="list-style-type: none"> • Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance / Citizen Voice Body Q1 – 4 		Green	Green			M	M	H	

Formal change request

N/A

Executive Director Sign Off

Helen Bushell (Director of Corporate Governance)

Strategic Priority 28 – Strategic Commissioning

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Reasonable progress has been achieved during Q2 with the exception of identifying the revised process for IPFR and savings required for commissioning budget to assist overall delivery of health board financial plan.

Commentary on red rated actions:

- IPFR process review has been delayed during quarter 2 but will be undertaken in quarter 3.
- Financial savings on commissioning budgets have not fully been identified at the end of quarter 2. Work is ongoing on the savings schemes including monthly finance and commissioning activity and budget to understand the year to date position and forecast outturn. Given the financial outlook of the NHS, this will have to be a constant piece of work to ensure a pipeline of savings ideas being generated.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Commissioning	• Develop commissioning intentions and manage any in year adjustments Q1 - 2	DP&C	Amber	Blue			H	M	H	
	• Implementation of Getting It Right First Time (GIRFT) recommendations Q1 - 4		Green	Green			M	M	H	
	• Refinement of baseline activity against contract and targets Q1 - Q4		Green	Green			H	H	H	
	• Develop external and internal commissioner / provider relationship Q1 - 4		Green	Green			H	H	H	
	• Review sustainability of secondary care in-reach provision Q2			Amber			M	M	H	
	• Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken Q2			Red			H	H	H	
	• Deliver commissioned services financial savings plan Q1 - 4		Amber	Red			L	L	M	

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	<ul style="list-style-type: none"> Review of Service level Agreements (SLAs) with third sector organisations Q2 - 3 			Green			M	H	H	
Formal change request										
N/A										
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)									

Strategic Priority 29 – Integrated Performance Executive Lead – Director of Performance and Commissioning										
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> Capacity constraints within the Performance team have hampered progress during Q2. We have not achieved Demand and Capacity planning and the rollout of the Integrated Performance Framework as planned. The resourcing of the Performance Team is part of a current discussion about resource alignment in the health board, particularly in the context of enhanced monitoring requirements. <p>Commentary on red rated actions:</p> <ul style="list-style-type: none"> The creation of Remedial Action Plans for performance improvement was delayed in Quarter 1. They have been created in quarter 2 and are now in actual usage. 										
Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Integrated Performance	<ul style="list-style-type: none"> Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) Q1 - 4 	DP&C	Green	Green			H	H	H	

	<ul style="list-style-type: none"> Preparation and delivery and production of annual report Q1 	Blue				H	H	H	
	<ul style="list-style-type: none"> Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers Q1 - 4 	Green	Green			H	H	H	
	<ul style="list-style-type: none"> Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) Q1 - 4 	Green	Green			H	H	H	
	<ul style="list-style-type: none"> Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) Q1 - 4 	Amber	Amber			H	H	M	
	<ul style="list-style-type: none"> Implement and rollout the Integrated Performance Framework from both a governance and system perspective for all commissioned services. (As per Implementation plan) Q1 - 2 	Green	Amber			H	H	M	
	<ul style="list-style-type: none"> Develop Demand & Capacity Model Q1 	Amber				H	H	H	
	<ul style="list-style-type: none"> Roll out use of Demand & Capacity Model Q1 - 3 	Amber	Amber			H	M	M	
	<ul style="list-style-type: none"> Develop Performance Escalation and Exception reporting Q1 	Blue				H	H	H	
	<ul style="list-style-type: none"> Implement Remedial Action Plan regime for services failing targets Q1 	Red				H	H	H	
Formal change request									
N/A									
Executive Director Sign Off		Stephen Powell (Director of Performance and Commissioning)							

Strategic Priority 30 - Strategic Planning Executive Lead – Director of Performance and Commissioning									
Commentary on Progress in this Quarter:									

- Q1 reporting cycle finalised during Q2 with three stage process involving moderation at Executive Committee, consideration at Delivery and Planning Committee and final presentation at PTHB Board (outputs then shared onwards with Welsh Government as part of accountability mechanisms)
- Q2 reporting cycle commenced just prior to the end of the quarter, following stages as noted above - will be finalised in Q3
- Planning Team fully deployed to support Executive Opportunities work during Q2 - August 2023
- Review across NHS Wales financial savings submissions carried out August 2023 as part of above work
- Plan Reset exercise carried out with rapid turnaround during first week September 2023 to capture potential impacts of above on current plan, outputs presented to Board Development 7 September 2023
- An approach to forward planning for 2024 onwards also presented to Board Development 7 September 2023
- Involvement through peer networks to the emerging thinking on the NHS Wales approach to planning during August and September, including a paper led by Directors of Planning on a comprehensive approach to planning, which recommended a longer term view was necessary in order for plans to show progress and egress through current challenges
- RPB System Resilience (Winter Plan) progressed during September 2023 (to be finalised Q3 - October 2023)
- Plan uploaded to corporate webpages in English and Welsh, with note that other formats could be requested (in line with Plan Reset exercise which identified that any work on other formats would stop now)

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Planning	• Development of the Integrated Plan for the organisation: co-ordinating internal and external processes and providing support and guidance to teams and Directorates Q3 - 4	DP&C					H	H	H	
	• Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2			Green			H	H	H	
	• Management of monitoring of progress against plan Q1 - 4		Green	Green			H	H	H	

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	<ul style="list-style-type: none"> Leading Strategic Change horizon scanning, surveillance, tracking and production of management information Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Delivery of Planning module of PTHB Managers Training Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes Q1 - 4 		Green	Green			H	H	H	

Formal change request

Commentary provided for Plan Reset exercise November 2023

Strategic Planning

- Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2 - Rationalisation of additional formats to ensure Planning capacity is deployed on immediate priorities. This does not fully deliver against accessibility standards; however alternative formats can be produced if specifically requested.

Executive Director Sign Off

Stephen Powell (Director of Performance and Commissioning)

Strategic Priority 31 – Innovation and Improvement

Executive Lead – Medical Director

Commentary on Progress in this Quarter:

- Steady progress continues to be made against all areas.
- Positive collaborative discussions continue with NHS, industry and academic partners.
- A range of tools are available online to help staff with research, innovation and Quality Improvement
- QI training has been delivered to a number of teams across PTHB
- The Bright Ideas App which provides a searchable repository of Research Innovation & Improvement work across Powys together with the opportunity to request help, support of coaching has been launched. Discussions are taking place with other innovation leads about rolling this out across other health boards.

- Reasonable assurance was received from Internal Audit in relation to Clinical Audit

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Innovation and Improvement	<ul style="list-style-type: none"> Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model Q2 - 4 	MD		Green			H	H	H	
	<ul style="list-style-type: none"> Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2 			Green			H	H	H	
	<ul style="list-style-type: none"> Develop School of Research Innovation and Improvement activity, launch of Fund, suite of tools and training, embed community of practice Q1 - 3 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Embed Quality Improvement approach Q1 - 4 		Green	Green			H	H	H	
	<ul style="list-style-type: none"> Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle Q3 						H	H	H	
	<ul style="list-style-type: none"> Develop research participation and Powys led studies with academic and industry engagement; Cascade learning Q1 - 2 		Green	Green			H	H	H	

Formal change request

Commentary provided in October 2023

- It has previously been requested that the milestone 'Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2' be changed to 'Provide Quality Improvement support to the Safer Patients Care collaborative'. The work with WAST did not proceed in favour of some local project areas.

Executive Director Sign Off

Kate Wright (Medical Director)

Strategic Priority 32 - Strategic Equalities and Welsh Language

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made against the Clinical Consultations Plan an Anti-Racist Wales Action Plan and the initial consultation phase for the strategic Equality Plan has been completed and work is underway to draft the strategic equality objectives. Confirmation has been received that the follow up Welsh Language audit will be in 2024 and the vast majority of actions have been completed with work underway with the remaining departments requiring action plans.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of Strategic Equality Plan and Welsh Language Standards:	Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan Q1 - 4	DWOD	Green	Green			H	H	H	
	Roll out Trans Awareness training for Staff Q1 - 2		Amber	Green			H	H	H	
	Consultation, draft and approval of Strategic Equality Plan (for 2025-29) Q1 - 4	DWOD	Green	Green			H	H	H	

	<ul style="list-style-type: none">Welsh Language Standards Audit response Q1 - 2		Green	Amber			H	H	H	
	<ul style="list-style-type: none">Consultation, draft and approval of Clinical Consultations Plan 2024-28 and More than Just Words Plan Q1 - 4		Green	Green			H	H	H	
	<ul style="list-style-type: none">Approve Welsh Language Policy (Standard 79) Q1		Green				H	H	H	
	<ul style="list-style-type: none">Welsh Language Service Leads Group to drive improvements Q1 - 4		Green	Green			H	H	H	
	<ul style="list-style-type: none">Design of Welsh Language Managers' training and incorporation into Management Training Program Q2 - 3			Amber			H	H	H	
Formal change request										
N/A										
Executive Director Sign Off		Debra Wood Lawson (Director of Workforce and Organisational Development)								

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Agenda item: 2.3

PTHB Board

**Date of Meeting: 29th November
2023**

Subject:	Planning approach 2024 onwards
Approved and presented by:	Director of Performance and Commissioning
Prepared by:	Assistant Director of Planning, Planning Managers
Other Committees and meetings considered at:	Board Development 9 th November 2023; Planning, Partnerships and Population Health Committee 16 th November 2023

PURPOSE:

The attached presentation provides an update on the planning approach for 2024 onwards. This has been fully considered at the Planning, Partnerships and Population Health Committee who supported the approach for presentation to PTHB Board.

RECOMMENDATION(S):

- **CONSIDER** the approach set out to develop the next 5-year plan, as supported by the Planning, Partnerships and Population Health Committee.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

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

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

EXECUTIVE SUMMARY:

The attached presentation provides an update on the planning approach for 2024 onwards. An overview was shared at the Board Development session on 9th November and a fuller consideration took place at the Planning, Partnerships and Population Health Committee on 16th November. The Committee made a recommendation to support the approach set out in the paper to the Board.

DETAILED BACKGROUND AND ASSESSMENT:

Please refer to attached presentation.

It should be noted that this information is being provided prior to receipt of the NHS Wales Planning Framework and Ministerial Priorities for 2024 onwards, as this is still awaited. Therefore the approach is based on best intelligence and assumptions at this current time. These will be reviewed once the national framework is received.

NEXT STEPS:

- The attached presentation provides the key dates

- This assumes a Plan Submission date of the end of March 2024 - this is the current working assumption in line with advice given by Welsh Government
- An update on the development of the Plan will be considered at the Board Development session on 12 December 2023. *This will include a review of the approach and assumptions in light of the NHS Wales Planning Framework, if it has been received at this point.*

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				
<p style="text-align: center;">Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
<p style="text-align: center;">Statement</p>				

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Financial					
Corporate					
Operational					
Reputational					

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Planning Approach for 2024 onwards

Board – 29 November 2023

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Context: Recap and Reflections on this year's Plan

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Recap – current year's plan



A three year Integrated Plan was submitted in March 2023 – this was not a full statutory IMTP as it was not balanced over three years.

The [strategic framework](#) was shaped by the Health and Care Strategy for Powys/ Powys Area Plan 2017 – 2027.

This has a number of [‘fixed points’](#):

- Four ‘Wellbeing Objectives’
- Four ‘Enabling Objectives’
- Six Guiding Principles

[32 Strategic Priorities](#) were identified within this framework which enabled:

- Prioritisation in line with NHS Wales Financial Allocation for PTHB
- Alignment with NHS Wales Planning Framework; Ministerial Priorities; Partner / System Plans
- Action planning / triangulation and trajectory setting for performance/ activity/ finance/ workforce

A three year Integrated Plan was submitted this year.

32 Strategic Priorities were identified which enabled:

- Alignment with NHS Wales Planning Framework / Ministerial Priorities.
- Prioritisation in line with NHS Wales Financial Allocation for PTHB.
- Triangulation and trajectory setting for performance/ activity/ finance/ workforce.
- Consideration of the plans and trajectories of other NHS Wales and NHS England organisations (provider plans and regional / system plans).



A detailed report of Progress against Plan in Q2 has been completed (Summary shown to the left; full report in PTHB Board papers November 2023)

The report for Q2 incorporates a partial Plan Reset exercise which was carried out in two stages. Stage One was carried out in the context of the PTHB Executive Opportunities work initiated in the health board in August 2023 and Stage Two was carried out in November in the context of the confirmation of the outcome of the Welsh Government Budget Review; an increase in funding for NHS Wales in recognition of the financial challenges across the system in year and additional actions required to improve financial positions of health boards.

Reflections (first 6 months) / Focus for the remainder of the year			
Area	Reflections	Key Focus Areas	Expected Deliverables
Finance	<ul style="list-style-type: none"> ▪ Deficit plan set for the year. ▪ Largely on track after 6 months. ▪ Pressure in known cost driver areas. 	<ul style="list-style-type: none"> ➤ Assessing revised financial settlement. ➤ Financial Scenario Savings deployment. ➤ Pipeline of opportunities. 	<ul style="list-style-type: none"> ✓ Progress Towards Delivery of Control Total. ✓ Reduction in delivery lead time for savings. ✓ Action to deliver benefit in 24/25
Workforce	<ul style="list-style-type: none"> ▪ Integrated plan priorities being delivered. ▪ Deep dives where necessary. ▪ Greater emphasis on listening to staff and visibility across sites. 	<ul style="list-style-type: none"> ➤ Managing the messages and relationships whilst implementing service/process changes lined to the financial scenario implementation ➤ Scaling up overseas recruitment, aspiring nurses programmes 	<ul style="list-style-type: none"> ✓ Creating an environment where staff still want to join/stay ✓ Stabilising teams and care and reducing reliance on agency staff
Activity	<ul style="list-style-type: none"> ▪ Provider activity on plan but demand pressures in some specialties and services. ▪ Commissioned activity higher than planned for emergency activity, backlog reduction slow. 	<ul style="list-style-type: none"> ➤ Provider - Targeted use of Insourcing, adherence to INNU, ensure in-reach SLA sessions delivered. ➤ Commissioned – deep dive into emergency activity & WAST performance, pro-active winter plan & system resilience. ➤ Commissioned – detailed activity forecasts required from providers. 	<ul style="list-style-type: none"> ✓ Provider – deliver activity plan, demand & capacity planning for 24/25. ✓ Commissioned – clarity on outturn position as the basis for 24/25 planning.
Performance	<ul style="list-style-type: none"> ▪ Provider - performance not fully compliant but benchmarks well compared to other health boards. ▪ Commissioned – performance as predicted given demand and system pressures. Improvement and recovery slow. 	<ul style="list-style-type: none"> ➤ Provider - Remedial Action Plans in place for Escalated performance concerns. ➤ Understanding the actions of other Health Boards in relation to the financial ask of the current financial year (impact on LTA performance & expenditure). 	<ul style="list-style-type: none"> ✓ Provider – likely to have some year end breaches. ✓ Commissioned – need realistic recovery trajectories.

Reflections (first 6 months) / Focus for the remainder of the year			
Area	Reflections	Key Focus Areas	Expected Deliverables
Quality & Safety	<ul style="list-style-type: none"> Monitoring of BAU post de-escalation of Midwifery services Introduction of Duty of Quality and Candour Engagement with Safe Care Collaborative Implementation of new Incident Management Framework (IMF) Learning from incidents Planned Care Increased HIW unannounced visits: welcomed and supported learning Joint Inspection of Child Protection Arrangements (JICPA) 	<ul style="list-style-type: none"> ➤ IPC Improvement Plan ➤ Clinical Leadership Planned Care ➤ Incident review Mental Health ➤ Maintaining performance with PTR and delivering effective person-centred responses ➤ Embedding IMF ➤ Strengthening Quality in our IPF through the Quality Management System ➤ Maintaining improvements in Midwifery 	<ul style="list-style-type: none"> ✓ Delivery of Year 1 Actions IPC Improvement Plan ✓ Delivery of Duty of Quality and Duty of Candour Implementation Plan
Governance	<ul style="list-style-type: none"> Process of service change given financial challenges. Some current local challenges taking longer to resolve than planned. Greater stability and maturity – Unitary Board and executive team Number internal developments linked to ‘High Performing agenda’ 	<ul style="list-style-type: none"> ➤ Work at pace with some Urgent Service change required. ➤ Board Assurance. ➤ Enhancing resilience operationally. ➤ Board performance and governance alignment. ➤ Identification and management of risks. 	<ul style="list-style-type: none"> ✓ Design and deliver an engagement and consultation process. ✓ Manage stakeholder expectations. ✓ Board Assurance Framework.
System Working	<ul style="list-style-type: none"> Substantive CEO appointment in PCC and strengthening working relationships as a system. RPB function and coherence improved. System resilience / winter preparedness. 	<ul style="list-style-type: none"> ➤ Joint Executive meetings PTHB & PCC. ➤ Agile use of RPB funds and slippage. ➤ As per plan developed but winter period will be challenging given the current position. 	<ul style="list-style-type: none"> ✓ Quicker, joint decision making. ✓ RPB funds - Target high areas of operational need.
Planning for 24/25	<ul style="list-style-type: none"> Good Board engagement, longer timeframe, MDS based 5-year plan. Cluster and RPB alignment improvement. Extra-ordinary complexity; busy planning context and extreme system challenges. Achieving a sustainable, deliverable plan will require local planning supported by national policy solutions. 	<ul style="list-style-type: none"> ➤ Balancing short term and medium to long term planning. ➤ Developing an integrated aligned plan as a Health Board. ➤ Ensure alignment with Powys County Council’s transformation plan (Sustainable Powys). 	<ul style="list-style-type: none"> ✓ Maintain Board oversight and engagement ✓ Target timescale to exit Enhanced Monitoring ✓ Greater local system alignment and opportunity
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A two stage consideration of the Integrated Plan – Delivery Plan 2023/24 has been carried out which forms a partial Plan Reset.

Stage One

- Set in the context of the PTHB Executive Opportunities work commenced in August 2023, in response to a request from Welsh Government to all health boards to identify areas of potential further improvements in financial positions.
- A Plan Review exercise was carried out to capture potential impacts on Delivery Plan priorities. The outputs were shared at a Board Development session on 7th September 2023 and collectively moderated at Executive Committee on 18th October 2023.

Stage Two

- Confirmation was received from Welsh Government, in correspondence dated 20th October 2023, of the outcome of the budget review undertaken by Welsh Government.
- This included confirmation of an increase in funding in recognition of the financial pressures this year and to support agreed pay award commitments.
- It also confirmed further actions were required to achieve financial balance and the application of target control totals for each health board. (Further detail on the financial aspects of this are included in separate item to be considered by the Board).
- A further consideration was therefore carried out of any impacts on the Delivery Plan priorities – the outputs have been included in the report submitted to PTHB Board 29 November 2023 updating on Progress against Plan for Quarter 2 and Partial Plan Reset

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Plan Approach: Recap and Updates on Key Requirements and Evidence

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Recap: Core Purpose (of the Plan and the Health Board)

The core purpose of the plan (and the health board) is set out in the NHS (Wales) Act 2006: to improve the health of the population of Powys; the purpose of the plan is to set out how healthcare services will be delivered to achieve this.

NHS (Wales) Act 2006 set out:

- the promotion of a comprehensive health service, to secure improvement in the physical and mental health of the people of Wales and the prevention, diagnosis and treatment of illness

"Health Boards need to uphold organisational values and standards of behaviour; comply with all relevant regulatory, accreditation, licensing requirements, essential standards, directions and instructions; secure efficient effective and economic use of resources; safeguard and protect all assets, including its people; and ensure good governance when working in partnership with others."

Health Boards are subject to a range of **statutory duties** in addition the NHS (Wales) Act 2006:

- Children Acts and Measures
- Mental Health Acts and Measures; Mental Capacity Acts
- Protecting Vulnerable Groups Act 2006
- Social Services and Wellbeing Act 2014; the Well-being of Future Generations (Wales) Act 2015
- Nurse Staffing Levels (Wales) Act 2016
- Human Rights Act 1998; Equality Act 2010
- Civil Contingencies Act 2004
- Disability Discrimination Acts
- Medicines, Medical Devices, Blood, Ionising Radiation, Health and Safety at Work and employment legislation
- Data Protection Act 1998
- Freedom of Information Act 2000
- Welsh Language Acts
- New duties include the Duty of Quality, Candour and Socioeconomic Duty
- Professional Codes of Conduct and Registration requirements/ Nolan Principles for Standards in Public Life

A **cross border statement** has been agreed, recognising the differences in the respective countries' legislation and rights of patients:

- A shared commitment to delivering high quality care
- Agreement to act in the best interest of patients at all times
- Recognition that safety and well-being of patients is paramount
- Agreement that no treatment will be refused or delayed due to cross border financial ambiguity
- Agreement to adhere to the Equality Act 2010 and Public Sector Equality Duty
- Provision of emergency care without regard to the border
- Mutually supportive Emergency Planning / Preparedness, Resilience and Response
- Consideration of cross border issues in service reconfiguration including consultation

In this context we will need a planning approach that:

- Is based on a **clear understanding** of the complex and challenging environment
- Acknowledges the busy and **imperfect planning landscape** and suboptimal 'system wiring'
- **Sets boundaries** based on realistic circles of influence and control as a health board
- Delivers **clarity** on what are we trying to achieve
- Sets the '**red lines**' parameters that the Board / System / Government are not prepared or able to cross
- Is **open and transparent** – enabling **meaningful engagement** with the public(s) about the challenges faced
- Enables the health board to construct its '**best offer**' and be able to explain what **choices** are being considered and will need to be made

Recap: NHS Wales Planning Guidance 2023 – 2026

Expected to be updated for 2024-27 – Planning Framework yet to be received

Statutory requirement for **approvable plans** which comprises the duty to break even, whilst improving the health of the population for whom the organisation is responsible and provision of healthcare to those people

General Requirements (Director General & Minister's Letters)

- ❑ Plans targeted to challenges
 - ongoing response to pandemic
 - demand pressures
- ❑ Core health care
 - universal services delivered in proportionate way
- ❑ Recovery and sustainability
 - building foundations for population health and wellbeing
- ❑ Golden threads including
 - quality of care
 - prevention
 - reducing health inequalities
 - climate change
 - health outcomes
 - regional approaches
 - reducing inequity and burden of disease longer term
- ❑ Improving efficiency, effectiveness and optimising service delivery

Recognition of volatile planning environment and external factors

Plans to include in year priorities with routemap to medium term, in 3 year context, with longer term ambitions.

Ministerial Priorities for Year One (Planning Framework)

Delayed Transfers of Care

- Closer relationship with local government; reduction of backlog; early joint discharge planning and co-ordination; monthly reporting of Pathways of Care

Primary and Community Care

- Access to GP/ Community / Dental/ Optometry and Pharmacy Services

Urgent and Emergency Care

- 24/7 Urgent Care service accessible via 111, Same Day Emergency Care (compliant with criteria), handovers

Planned Care, Recovery, Diagnostics, Pathways of Care

- Outpatients and Follow Ups and Repurposing of activity; Treatment Recovery; RTT; Capacity gaps in specialties; delivery of targets; regional diagnostic hubs; pathway redesign, straight to test and onward referral

Cancer Recovery

- Reduce backlog; cancer treatment and pathways

Mental Health and CAMH Services

- Recover waiting time performance for all age LPMHSS assessment/ intervention and specialist CAMHS; implement 111 press 2 for urgent mental health

CORE SUPPORTING FUNCTIONS & TRIANGULATION

- Digital, innovation, technology and transformation
- Workforce and wellbeing
- Financial sustainability
- Workforce, finance and activity planning: completion of Minimum Data Set (MDS) technical templates and financial returns

Further Requirements & Considerations (Director General & Minister's Letters)

- NHS Executive Structure and Governance context
- NHS as anchor institutions including Foundational Economy; response to cost of living crisis
- Future Generations Act including Decarbonisation; Net Zero; Social Value
- Working with Regional Partnership Boards (Area plans), Public Services Boards (Wellbeing Plans) - working with Partners, Third Sector and Community Involvement
- Alignment with Cluster Planning
- Pathway development, reducing waiting lists and improving patient experience
- Prevention and improvements on healthy weight, tobacco control, vaccination, screening, disease elimination
- National Clinical Framework, Quality Statements/ Six Domains
- Specific clinical areas such as Stroke, Cardiac and maternity and cross cutting such as women's health
- Value Based Healthcare
- Duty of Candour and Duty of Quality
- Covid 19 Prevention/ National immunisation framework/ response to surges in covid
- Other communicable diseases
- Contingency and business continuity planning for threats/ incidents / seasonal demands (including winter respiratory viruses / extreme weather)
- Strategic Equality Plan and Anti Racist Wales Action Plan
- More than just words (Welsh Language)

NB. This is last year's Planning Guidance

- Welsh Government have produced a Draft Planning Framework 2024/ which was shared with the Health Minister at the end of October and it is expected to be issued shortly.
- Welsh Government have indicated that there is likely to be a higher level of expectancy of performance particularly in relation to Ministerial Measures and the outputs of the Value and Sustainability Board. Diabetes will also get a special mention.

- Additional correspondence received in year including confirmation of outcome of Welsh Government Budget Review in October 2023
- This confirmed an increase in funding to NHS Wales in recognition of the financial pressures this year and to support agreed pay award commitments.
- It also confirmed further actions were required to achieve financial balance and the application of target control totals for each health board.

Update: PESTLE Factors

Political

Pandemics historically are linked to periods that follow characterised by **civic change**
Changes in UK Government with new **prime minister**; and in **monarchy** with passing of Her Majesty the Queen and new King Charles III
Impact of **Russia's action in Ukraine** in particular humanitarian needs and refugee support; impact of sanctions / consequential of the conflict on **supply chain** (in addition to changes in supply chain in relation to **European Union exit**)
Differences in approaches between UK and Wales governments in relation to Covid/ **health and care backlogs and recovery of access**
Inequalities exist where there are variations in the pace of recovery
Changes in **Powys County Council** leadership and portfolios and changes in management posts following local elections in 2022

Economic

Global and UK **economic challenges**; inflation and associated interest rate increases; fluctuating position of sterling in response to UK Government changes and policy directions
Complex factors driving **cost of living** and energy cost increases – impacts for businesses, public sector, consumers and domestic costs
Particular impacts for **rural community** with comparatively low household incomes
Changes in the **employment** landscape, fragility and scarcity across **workforce** for all sectors in health and care
Emergence of **multiple trade union industrial actions** across health and care and other sectors such as transport
Opportunities exist in training the doctors of the future and rural health and care
Value Based Healthcare opportunities across health and care

Social

Evidence of **growing inequality** arising from the impact of Covid and cost of living
Increases in **excess mortality** and reductions in **life expectancy** across Europe
Evidence of **syndemic impact** for those with existing health conditions and chronic illness
Evidence of **greater impact** for those who are already disadvantaged economically
Certain groups experiencing specific impacts such as **children, young people and families** where education and the first 1000 days were disrupted
Changing **population behaviours** in relation to Covid and associated prevention measures / transmission
Complexity of **public perception** / experience with public and healthcare sector
Changes in **media** reporting from 'heroes' to more grounded and challenging reporting

Technological

Opportunities and challenges presented by **new technologies** and significant innovation, accelerated during the pandemic
Whole population vaccination approach; becoming more targeted **endemic response** with surge potential although it remains difficult to model health and care demand medium and longer term whilst trends are atypical
Legacy issues with **infrastructure, equipment and connectivity** with newer issues arising from increased scale of use
Plurality of digital platforms in health and care which are not inter-operable
Need to ensure **equitable and value-based** use of high cost /resource intensive technologies / medicines, for greatest benefit and improved outcomes
Syndemic impact of the pandemic will require innovative evidence and value-based responses

Legislative

Existing (pre Covid) **legislative requirements** remain and require action including the Future Generations (Wales) Act; Social Services and Wellbeing (Wales) Act; Environment Act, A Healthier Wales and National Clinical Framework
Major legislative reform in England with **Integrated Care Systems** following implementation of Health and Care Act
New legislation in Wales notably the Health and Social Care (Quality and Engagement) (Wales) Act (new Citizens Voice body; Duty of Candour and Quality)
NHS Wales **ministerial priorities** include joint working and alliances across health and care
Complex **system architecture**; new NHS Executive, Regional Fora, Regional Partnership Boards and Public Service Boards, Accelerated Cluster Development
Emerging policy around **regional collaboration** (e.g., regional diagnostic centres / centres of excellence) presents opportunities and challenges for Powys

Environmental

Growing urgency on **climate change** is a key focus in UK and Wales governments
Challenging set of targets and efforts required to achieve **decarbonisation** by 2030
Opportunities in relation to **sustainability and carbon zero** approaches
Growing evidence base in relation to environmental **sustainability** and high impact changes
Infrastructural development and investment needed to support greater scale and pace of environmental changes such as electric vehicle charging
Changes to infrastructural requirements also to be taken into account in health care settings with **changing Covid response** and changes in associated funding
Challenge of balancing environmental impacts/ staff wellbeing / productivity and agility as **workplaces** are able to return to office-based working

Key developments of note for this year's plan:

- **Political**: significant and new global conflicts; debate on the NHS and its funding; Welsh Government providing additional funding and requiring further savings in October 2023; pre-election activity commencing and will increase
- **Economic**: Continued cost of living challenges; inflation stabilised in recent months but remains high; challenging public sector financial position; Powys County Council £20m deficit this year increasing to £44m over next years; launch of 'Sustainable Powys'
- **Social**: Impacts of the pandemic continuing to be seen with greater demand in physical and mental health services; impact of Covid inquiry; public perception of government and public life
- **Technological**: first AI Summit held in UK November 2023; cyber security risk in context of significant global conflicts; DHCW recently published new Data and Digital Strategy
- **Legislative**: no health boards meeting statutory financial / plan duties resulting in escalations in monitoring statuses; refresh of A Healthier Wales is a key policy consideration
- **Environmental**: Extreme weather events causing flooding and transport difficulties; challenges with aerated concrete on some NHS sites (not Powys); fiscal impact on access to capital and revenue to improve estates



NHS in 10+ Years

Population Projections	Long-Term Conditions (LTCs)	Risk Factors	Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty	Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities	Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37	Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg, buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time	Burden on GPs and community/ social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs	Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
	Deprivation is a risk factor for many preventable LTCs		Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

* By 2030-31 to deliver 2018-19 rates of care **EU-14 are countries who were members of the EU prior to 2004
 Science Evidence Advice (SEA) Providing evidence and advice for Health and Social Services Group on behalf of the Chief Scientific Adviser for Health

Science Evidence Advice (SEA)

“NHS in 10+ Years
 An examination of the projected impact of Long – Term Conditions and Risk Factors in Wales”

September 2023

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Recap: the Health and Wellbeing of the Powys Population

Economy

- 79.2% of people are economically active and 17.8% are self-employed
- Unemployment has grown in all localities, 5% of working-age people are unemployed
- Weekly full-time earnings in Powys are lower than Wales and UK at £519 (Wales £542, UK £586)
- Average household income is also lower in Powys at £33,458 (Wales £34,700, UK £40,257) and 55% of households in Powys earn below the Powys average
- Powys has the lowest gross value added per hour worked in the UK since 2008
- 93% (8,030) of businesses are micro-businesses (0-9 employees)
- 6% are small business, 1% medium-sized and less than 1% (10) large businesses
- Powys has the worst quality of broadband coverage in Wales, with 12% unable to receive 10mb/s

Social

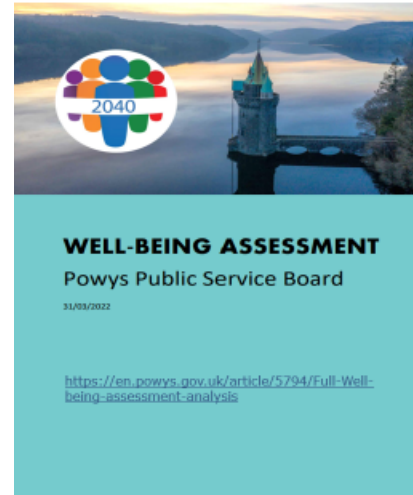
- 4,088 families live in absolute poverty, 31% (1,248) are lone parent households
- 16% increase in homelessness between 2019 and 2020 (from 527 to 621)
- 20% of people contacting Powys Association of Voluntary Organisations due to loneliness and isolation, increasing in the winter months
- There are 3,500 people on the housing demand register
- 48% of homes have a poor energy EPC rating
- 12% (16,154) are unpaid carers

Culture and Community

- 19% can speak Welsh in Powys; ranging from 54% in Machynlleth and 8.6% in Knighton and Presteigne
- Most Welsh speakers are 5-15 years old
- Most of Powys falls into the category of poor access to services; just under half is in the worst 20% in Wales
- Newtown East ranks 31st most deprived area in Wales (of 1,909 areas) in Wales (Welsh Gov, 2019)
- 6 areas are in the worst 20% in Wales for community safety (Llandrindod East/West, Newtown East, Newtown South, St Mary's Brecon, Welshpool Castle and Welshpool Gungrog)

Environment

- All of Powys is within 300m "buffer area" of greenspace and half of residents live within 10km of accessible greenspace
- Climate changes are being experienced with more frequent flooding, higher temperatures and wind speeds recorded
- There are energy efficiency issues in relation to old and inefficient housing stock, reliance on solid fuel and multiple car use (linked to rurality and limitations of public transport)
- River quality issues include nutrient pollution, with two water pollution incidents per week.
- Ammonia pollution from intensive agricultural units is a key issue for air quality



Population Size and Density

- There are approximately 133,000 people living in Powys
- Powys covers a quarter of the landmass of Wales with a relatively small population of just 26 people per square km (compared to Wales 153 per km2 and Cardiff 2620 per km2)
- The highest population numbers are Welshpool and Montgomery (14%) Newtown (13%) and Brecon (11%)
- Over half of people in Powys live in villages, hamlets or smaller settlements

Population Age and Ethnicity

- The average age of the population is higher than Wales and UK, with a further growth in average age predicted
- 28% of the population is over 65 years old (compared to 21% Wales and 19% UK)
- 24% (32,376) is aged between 0 and 24 years this is projected to fall by 6% (to 29,634) by 2043 (this is an improved prediction compared to 18% in the previous population assessment in 2018)
- 94% of residents were born in the UK and latest available census data (2011) for ethnicity shows 98% (130,827) White; 0.86% (1,142) Asian/Asian British; 0.57% (760) Mixed/multiple ethnic groups; 0.1% (132) Black/African/Caribbean/Black British; 0.09% (115) are other ethnic groups

Households / Income and Deprivation

- Powys has 58,345 households with an average size of 2.2 persons; there is a predicted rise in households in Powys to 60,034 by 2026 and additional housing units will be needed to meet social and private housing need
- The Housing Demand register indicates current unmet need for affordable housing of the right size and in geographies that people come from and wish to remain living in
- Powys has a greater proportion of single person households (20085) than the Wales average, and this is predicted to increase 4.2% over the next ten years
- 75% of areas in Powys are in the top 30% most deprived in Wales

Health

- Life expectancy for men and women is higher than the Wales average but there are variations in the County
- The UK lags behind several other developed nations and evidence is emerging of a plateau in life expectancy in Wales (which is also being seen in other countries in Western Europe and was occurring prior to the pandemic); this halting of improvement in mortality rates is mainly driven by deaths in the over 85 age range
- People in Powys live longer in good health than the population of Wales and the UK overall, however there are inequalities in life expectancy between groups
- A girl born in the least affluent parts of Powys can expect to live 5.6 years less than if born in the most affluent areas and a boy brought up in the least affluent areas can expect to live 6.5 years less in good health

Powys County Council “Sustainable Powys”

Powys County Council have communicated that they have a £17million savings requirement this year.

From 2024 over the next three years they have modelled three scenarios as below:

- 3.1% uplift: this would create a £30m Gap
- Flat cash: this would create a £50m gap
- Reduction by 2% - this would create a £67m

This is against a budget of circa £326million. This means the current service provision, as a local authority, is not affordable and cannot continue. When funding reductions have been anticipated previously, services have been reviewed to be more efficient and innovative. This is not sustainable in the long-term and more radical approaches are required.

The council have commenced an exercise called “Sustainable Powys”, reviewing what services are provided and how they are provided to meet current needs whilst ensuring innovative solutions to provide the best services adapted for our future generations. “Sustainable Powys” is about working together to design a future for the local authority that delivers stronger, fairer and greener services whilst reducing costs.

Key Principles

- Outcomes and transformation, not just modifying services
- Engagement: engaging early with people in agreeing, designing and delivering outcomes
- Addressing the fundamental question: why do we do what we do?
- Having a strategic whole county view, not just the Council
- Innovation: being open minded and seeking innovative solutions, using all the expertise available
- Using evidence - if we aren't getting results, we should change
- It's a continual process to meet existing and long-term needs sustainably
- Delivering outcomes at lower or no costs

Process

The team are working on “**All Ideas for Sustainable Powys**” – a list of ideas that services are working through has been developed this August with prioritisation happening early September so that resources are aligned to deliver the largest opportunities for savings.

Stage 1: Identify the ideas

Stage 2: Review the ideas

Stage 3: Amalgamated all ideas and divide into “no savings”, “Under 50k”, “£50k-£100k”, “£100k+”

Stage 4: Executive Management Team review ideas

Stage 5: Executive Management Team agree priority list of ideas to work up business cases.

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“Better Together” - key to a sustainable approach in Powys

The increasing age of the population is driving growing needs for health and care, including in relation to conditions such as cancer, respiratory, circulatory conditions, frailty and dementia.

At a time when socio-economic pressures are impacting both the public purse and household incomes.

An increasing number of people are living with multiple conditions.

Waiting lists remain significant in the wake of the Covid-19 pandemic.

There are complex challenges to be faced in the years ahead.

Short term efficiencies are important but the scale of the challenges will require whole-scale system transformation.

The Discovery and Design Phases of the Accelerated Model of Care are complete have identified the next steps.

A Sustainable Model of Care

- A more fundamental shift to prevention, particularly in relation to obesity and diabetes and shifting to focus on people earlier in life
- Joined up physical and mental health
- Proactive, person centred approaches, joined up physical and mental health
- North Powys Programme to deliver third Rural Regional Centre
- Adapting to working with people with multiple conditions – with joined up approaches across major long term conditions
- A tiered approach to enhanced community care in geographical footprints that enable sustainable delivery at the right level
- Treatments which are the best value for investment and outcomes

Targeted intervention and pathway improvements

- A leading edge approach to frailty (including falls)
- Efficient local theatres focused on low complexity day cases in line with ‘Getting It Right First Time’ (GIRFT)
- Community diagnostics including cardiology and tele-dermatology and access to diagnostics at home
- Same day urgent care, refocusing minor injury /illness and step-up from enhanced community care
- Home first recovery, rehabilitation and reablement ethos; development of home support workers, particularly at end of life
- New techniques within Powys such as Transnasal endoscopy

Integrated multi-professional practice

- Rebalancing care and support; integrated primary, community and social care, new and flexible support worker roles
- Prizing and developing generalists, competency and hybrid roles
- Systematic use of “what matters to me”; proactive planned care and appropriate risk taking to prevent deconditioning
- Streamlining of multiple assessments and reviews; optimising medications
- A holistic approach to patients with cognitive impairment on general wards

Collaboration

- “No wrong door” to get the help needed
- Strong horizontal relationships between people, communities and professionals and a focus on co-creating solutions
- Cultural changes – true partnership and collaboration and trust building
- Quality as the golden thread, with proactive risk taking where appropriate
- Optimising digital and technological solutions

a sustainable approach for Powys

BETTER TOGETHER





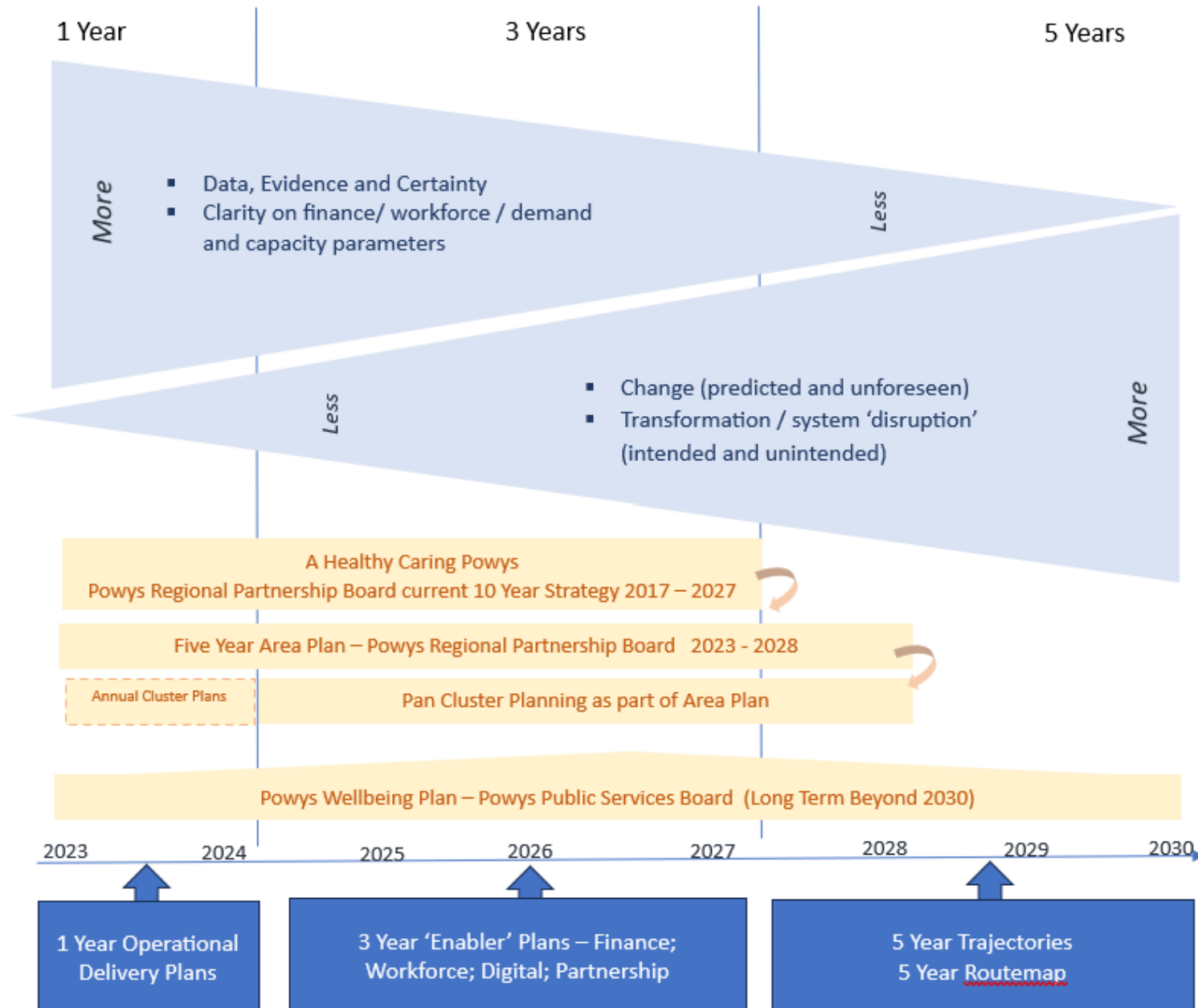
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Plan Approach: Five Year Horizon; Process & Timeline

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Plan Approach – Five Year Planning Horizon



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Key Strategic Planning Parameters and Assumptions
Core Purpose and Duties of Health Board/ Ministerial Priorities
Long Term Strategy – A Healthy Caring Powys (5 Year horizon)
Understanding of Powys population, demographics and needs assessment(s) (including reflection of work on 'NHS in 10 Years Time')
Understanding of the complex & challenging external environment or 'planning landscape' - 'PESTLE' factors
Understanding of the financial and performance position; informed by 'Executive Opportunities' work carried out in August / September 2023
Iterative and emergent identification of high impact strategic areas of transformation informed by: <ul style="list-style-type: none">National 'Keystone' pieces of work<ul style="list-style-type: none">NHS Wales in Ten Years TimeRefresh of A Healthier WalesWork of the NHS Wales Executive and NHS Wales Programmes (Planned Care; Six Goals; Primary Care; Accelerated Cluster Development)NHS Wales Value and Sustainability BoardNHS England developments including Integrated Care SystemsPartnership plans for Powys region<ul style="list-style-type: none">RPB Area Plan – encompassing Pan Cluster PlanningPSB Wellbeing Plan and strategic synergies with Powys County Council to address challenges across public sector for a 'Sustainable Powys'Accelerated Sustainable Model of CareNorth Powys Wellbeing Programme

Setting a Baseline which will enable scenario planning

- The start point (base year) and forecast outturn will be used to apply key planning parameters
- Activity**
 - Demographic growth
 - Activity growth
 - Pathway changes
 - Backlog reduction
 - Efficiency gain
 - Demand & Capacity Planning
 - Workforce**
 - Turnover rate; age profile
 - Agency usage (and reduction plan)
 - Sustainable services and developments
 - Finance**
 - Underlying financial position; Recurrent savings
 - Financial Allocation settlement / uplift
 - Price inflation; Known areas of annual high cost increase – prescribing, CHC
 - Performance and Quality**
 - Setting our outcomes, what we must / should achieve
 - Transformation & Savings**
 - Outcome focus
 - 'Safe' levels of savings as a % of Turnover (Kings Fund & Care Quality Commission Estimates)

Once parameters are identified, scenarios can be built, tested and flexed (supporting engagement internally, with the Board and with partners). Some parameters will be set on an all-Wales basis e.g. allocation growth

There are strategic considerations across all of these areas that will influence decision making in relation to plan development (and plan implementation from next year onwards).

Additional correspondence received in year confirmed outcome of Welsh Government Budget Review in October 2023 and an increase in funding to NHS Wales in recognition of the financial pressures this year and to support agreed pay award commitments. It also confirmed further actions were required to achieve financial balance and the application of target control totals for each health board.

These considerations will be factored into priority setting and associated engagement and consultation.

Plan Approach – Skeleton Plan on a Page



a sustainable approach for Powys

BETTER TOGETHER



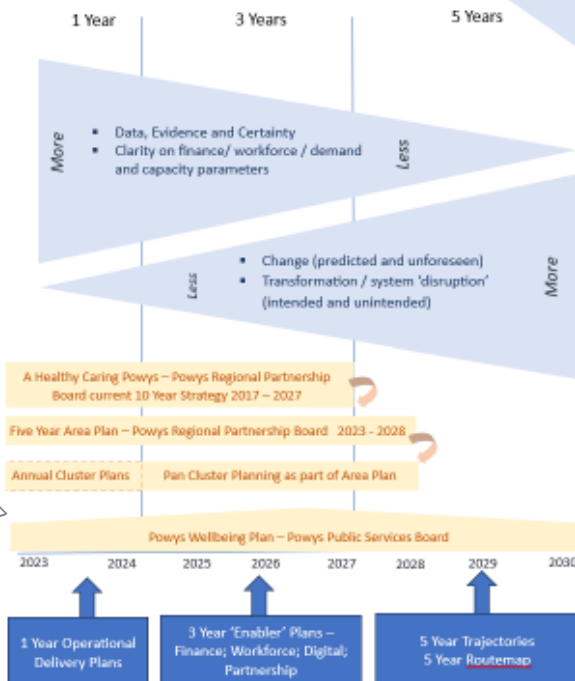
Long Term, Shared **Vision** – A Healthy Caring Powys
Delivered through a refreshed Five Year **Mission** 'Better Together'

**FIRST SKELETON
DRAFT PLAN ON
A PAGE**

'the problem' and 'the opportunity' - this is a plan in a time of challenge and complexity; setting out immediate and long term action

the evidence and the knowledge base - depth of research undertaken on Powys population needs and wellbeing approaches / model of care, Discover and Design Phases for 'Better Together' completed; strategic synergy being built across Powys in the face of growing fiscal and demographic challenges

the wider context, trends and influences - All Wales (and UK) analysis of the future of the NHS; refresh of A Healthier Wales; learning from GIRFT and other national programmes; Ministerial Priorities focused on recovering access to healthcare and addressing performance challenges; financial sustainability of public sector



A Strategic Plan for 2024 - 2029

A **baseline plan** informed by an analysis of activity, performance, workforce, finance, quality and transformation:

- Assumptions applied to develop trajectories in short and medium term, which can be extended up to five years
- Scenarios developed on this basis, to better deal with the complex variables and uncertainties
- A plan that can be tested, deployed and/or redesigned as the environment changes

A 5 Year '**Better Together**' Routemap with Priority Areas of high impact, high evidence and high value transformation

5 Year Strategic 'Routemap'
3 Year Integrated Enabler Plans
Detailed 1 Year Operational Plans



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Indicative Routemap



Board		29 November 2023
Subject:	South Powys Programme Consultant Led Maternity and Neonatal Care Update	
Approved and Presented by:	Executive Director of Nursing and Midwifery	
Prepared by:	Assistant Director of Performance and Commissioning Assistant Director Women and Children's Services Head of Midwifery and Sexual Health Assistant Head of Midwifery Women and Children Risk Governance Lead Assistant Director of Transformation and Value	
Other Committees and meetings considered at:	Executive Committee – 15 November 2023.	

PURPOSE:

This report provides the Organisations' completed readiness assessment and recommendation regarding the strategic pathway change for consultant led maternity and neonatal care for South Powys as consulted upon under the South Wales Programme.

The report also seeks to describe and explain the context that has informed the timeliness of this formal change.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the contents of the report; and
- **APPROVE** the recommendation for the strategic pathway change for consultant led maternity and neonatal services for South Powys to be provided by Cwm Taf Morgannwg University Health Board.

Approval/Ratification/Decision	Discussion	Information
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✓		
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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

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

EXECUTIVE SUMMARY:

Before the COVID-19 pandemic, the South Powys Programme Board was established, involving PTHB and partners, to prepare for changes anticipated under the South Wales Programme, namely the pathway change from obstetric led Maternity Services and Neonatal Services from Aneurin Bevan University Health Board to Cwm Taf University Health Board (CTMUHB)

In the intervening time, the publication of a critical report setting out the findings of a review conducted by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives into Maternity Services at CTMUHB, resulted in services there being placed in "special measures".

This paper provides an update on the most recent reports of the Independent Maternity Safety Oversight Panel (IMSOP) in relation to Cwm Taf Morgannwg University Health Board's (CTMUHB) maternity and neonatal services.

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In September 2022, IMSOP published the seventh progress report summarising progress of CTMUHB in improving its maternity and neonatal services with the recommendation that CTMUHB continue its improvement journey without independent external oversight and support from IMSOP, the services being de-escalated from 'Special Measures' to 'Targeted Intervention'. As at September 2023, further de-escalation has been agreed with 'Enhanced Monitoring' processes now in place.

Following the publication of the IMSOP report in September 2022, the South Powys Programme Maternity and Neonatal Workstream, led by PTHB Director of Nursing and Midwifery completed a readiness assessment for the strategic pathway change for consultant led maternity and neonatal services for South Powys, leading to the recommendation in this paper.

DETAILED BACKGROUND AND ASSESSMENT

Background

Following extensive public consultation, the South Wales Programme was approved by PTHB, other South Wales Health Boards and the Welsh Ambulances Services NHS Trust (WAST).

The outcome was an approved five site model for consultant led emergency medicine, maternity, neonatal and inpatient children's care, and the creation of three acute care alliances. Prince Charles Hospital (PCH) in Merthyr Tydfil was recognised as being of strategic importance offering the nearest District General Hospital (DGH) for the majority of the South Powys population, noting that women's choice would play a key role in service preference. Additionally, women requiring intra-partum transfer from home or a Midwifery Led Unit (MLU) would attend an obstetric unit associated with their booking, and in a category one emergency, to the nearest hospital.

In response to the unprecedented challenges of the COVID-19 pandemic, the opening of the Grange University Hospital in Aneurin Bevan University Health Board (ABUHB) was brought forward to 17th November 2020 and PTHB co-ordinated work with CTMUHB, ABUHB and WAST to implement the changes needed in emergency pathways for the South Powys population. When Nevill Hall Hospital ceased to provide a consultant led Emergency Department, PCH became the DGH of strategic importance for the majority of South Powys for consultant led Emergency Medicine and emergency and urgent admissions (including paediatrics), in line with the outcome of public consultation under the South Wales Programme.

Although obstetric services moved from Nevill Hall Hospital to the Grange during November 2020, a strategic transfer to consultant led maternity and neonatal services provided by CTMUHB was not activated at this stage. ABUHB

undertook to continue to provide the obstetric pathway for the majority of South Powys, whilst further work on the strategic change in pathway for the South Powys population was undertaken. Over time increasing numbers of pregnant women have received care in CTMUHB. The table below shows flows of women from Powys into CTMUHB and ABUHB as well as Wye Valley NHS Trust, Swansea Bay University Health Board and Hywel Dda Health Board.

Provider	2020/21	2021/22	2022/23	2023/24 (ytd)
Aneurin Bevan University Health Board	130	78	35	27
Cwm Taf Morgannwg University Health Board	20	69	77	57
Hywel Dda University Health Board	103	103	113	54
Swansea Bay University Health Board	60	62	51	22
Wye Valley NHS Trust	112	150	135	74

South Powys Maternity and Neonatal Workstream

The South Powys Maternity and Neonatal workstream's scope was approved by the Programme Board in January 2021, to inform the Board's decision about the timing of the strategic pathway change in relation to obstetric and neonatal care in line with the South Wales Programme.

The workstream has produced a readiness assessment for the strategic pathway change, underpinned by robust assurance arrangements and an implementation plan. The initial focus is the recommended timing of a strategic transfer of services in line with the approved outcome of the South Wales Programme, recognising this may create the platform for the future delivery of services closer to home in Powys, for example, Early Pregnancy Assessment.

Preparations for transfer (subject to Board approval of the timing of strategic pathway change) have included:

- Mapping of current and predicted service use and pathway changes for obstetric and neonatal services.
- Monitoring unplanned changes in service use for CTMUHB, ABUHB along with obstetric services in Shrewsbury and Telford NHS Trust (SATH) and Wye Valley NHS Trust, including development of interim clinical pathways. (Whilst attendance at CTMUHB and Wye Valley has increased slightly, it is well within manageable parameters).
- Consideration of contractual arrangements already in place with ABUHB.

- Working with Welsh Health Specialised Services Committee (WHSCC) to strengthen fetal medicine arrangements through the Integrated Commissioning Plan.
- A readiness assessment which will confirm when the strategic change can be made. This covers the services within the scope of the approved SWP model, revised and agreed clinical pathways, IT compatibility/accessibility, operational capacity and capability.
- Quality criteria which will provide assurance, rooted in the PTHB maternity assurance framework, covering safety, outcomes, women's experience and governance arrangements (which is part of the PTHB Integrated Performance Framework). Further development work will be undertaken to extend the maternity assurance framework to include neonatal care, following further information expected from Welsh Government.

The domains above have been reviewed through the maternity assurance framework, with verbal updates having been provided to the Internal Commissioning Assurance Meeting (ICAM) with formal quarterly reporting.

Independent Maternity Services Oversight Panel (IMSOP)

In April 2019, following the publication of a critical report setting out the findings of a review conducted by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, the then Minister for Health and Social Services announced that maternity services in Prince Charles and Royal Glamorgan Hospitals in the former Cwm Taf Health Board were being placed in 'special measures'.

As part of a wider package of measures designed to support this intervention, the Minister appointed an independent panel to provide the oversight which was necessary to ensure that CTMUHB addressed the failings identified by the Royal Colleges in a timely, open and transparent manner which placed the women and families most affected, at the heart of the process. The Panel has reported the Health Board's progress in addressing those failings on a regular basis since that time, reports can be accessed [here](#).

In September 2022 IMSOP published its [seventh report](#) covering the six-month period to 30 September 2022. The report summarises the progress that CTMUHB has made in improving its maternity and neonatal services and provides a focus on the achievement of thirteen 'conditions for sustainability' which have been jointly developed by IMSOP and CTMUHB.

These conditions for sustainability are closely aligned to CTM's longer term improvement plans and designed to provide assurance that the improvements which the Health Board has made are embedded in practice and sustainable in the longer term.

IMSOP have concluded that:

- The conditions for sustainability are in place.
- CTMUHB maternity services are now being delivered to the standards which women and families who use them are entitled to expect.
- The vast majority of the Royal Colleges' recommendations have been delivered in full with the few remaining (complex issues of staff culture, leadership, vision and strategy) are a work in progress and incorporated into CTMUHB longer term organisational improvement plans.
- Meaningful progress has been made to address the urgent and immediate recommendations which have emerged from the neonatal deep dive review.
- Assurance can be taken that the CTMUHB improvement journey is sustainable going forward.
- CTMUHB should continue its improvement journey without independent external oversight and support from IMSOP.

On the basis of the above conclusions, IMSOP recommended that the panel be stood down and that there was a requirement for ongoing mentoring and support to ensure that the remainder of the neonatal improvement plan is delivered. More recently, the Minister announced on 13th September that CTMUHB has also been de-escalated to enhanced monitoring. The Maternity and Neonatal Programme has been officially closed with arrangements for escalation and assurance being monitored through internal processes.

CTMUHB internal assurance arrangements

To support improvement CTMUHB until recently had a Maternity and Neonatal Safety Improvement Board (MNSB) governance and assurance mechanism to oversee improvement, which was attended by the PTHB Head of Midwifery. The MNSB reported to the CTMUHB Quality and Safety Committee. In view of the recent de-escalation the terms of reference (TOR) for the Maternity and Neonatal Safety Improvement Board have been amended to reflect this.

It is expected that the revised MNSB will report formally monthly through CTMUHB Targeted Intervention Programme Team to the Management Board which will in turn report to the Quality & Safety Committee which reports matters to the Health Board, Welsh Government & NHS Executive.

The Care Group Director of Midwifery & Nursing (with support from key individuals) will prepare timely reports to be submitted to Welsh Government & NHS Executive representatives utilising the Maternity Services Performance Dashboard which reflects the position reported to the MNSB.

Assurance will be gained through quarterly meetings between CTMUHB and PTHB maternity services whose membership includes the Head of Midwifery,

CTMUHB Director of Midwifery, and Governance Leads for each organisation, in addition to the Commissioning arrangements between PTHB and CTMUHB via the Integrated Performance Framework.

PTHB Readiness Assessment

As part of the South Powys Maternity and Neonatal Workstream, subgroups were in place reviewing and developing key requirements to support transition of services to CTMUHB, this included development of pathways and ensuring IT solutions were in place.

The readiness assessment can be found in Appendix Three detailing factors including quality and safety, people's experience, activity and outcomes, logistics, organisational requirements and communication and engagement. Some actions, whilst allocated on the readiness assessment are not deemed by the service to be essential for approval to happen and mitigations are in place.

RECOMMENDATION AND NEXT STEPS

The Board is asked to note that:

- The final IMSOP report from September 2022 has outlined that the conditions for sustainability are in place in CTMUHB and recommended that the panel be stood down with a requirement for ongoing mentoring and support to ensure that the remainder of the neonatal improvement plan is delivered.
- In September 2023 CTMUHB de-escalation to enhanced monitoring has taken place.
- CTMUHB have revised their Maternity and Neonatal Safety Improvement Board.
- The PTHB readiness assessment has been updated.

Based on the above, the Board is asked to approve the recommendation that the strategic pathway change for consultant led obstetric and neonatal care for the South Powys population from ABUHB to CTMUHB. This will be reflected in the commissioning and contracting arrangements with both ABUHB and CTMUHB, recognising that a number of women have already chosen to receive their care from CTM maternity services.

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Conditions for Sustainability



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CTMUHB Maternity and Neonates Assurance, Risk and Escalation Framework (Sept 2023)

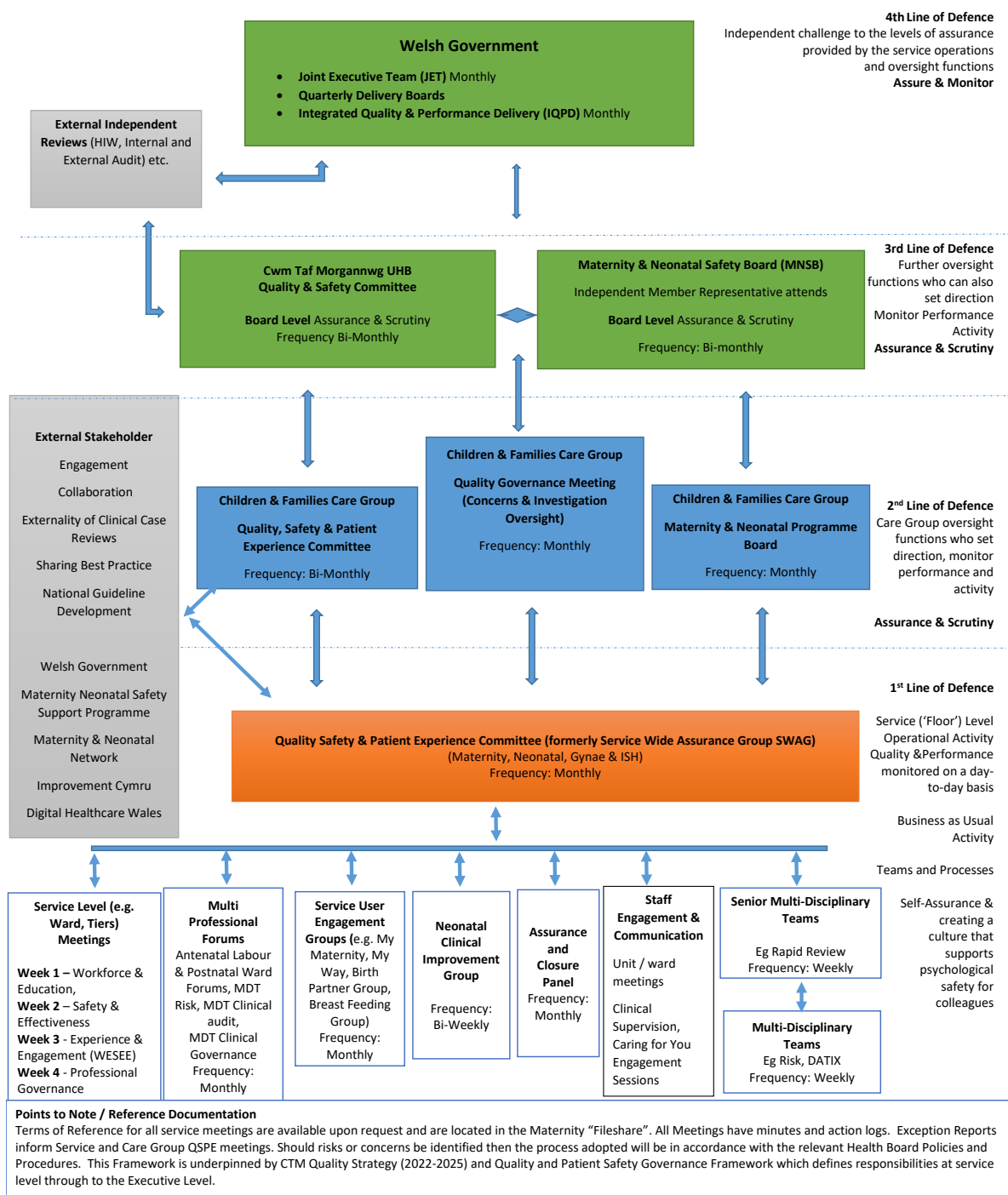


MATERNITY & NEONATES ASSURANCE, RISK & ESCALATION FRAMEWORK

SEPTEMBER 2023 V8.0

CHILDREN & FAMILIES CARE GROUP

The following structure outlines the "Floor to Board" Escalation, with two way communication which also flows from Board to Floor. The Framework aligns to a 'Four' Lines of Defence Model and has been updated to reflect The Duty of Quality Statutory Guidance and Quality Standards (Welsh Government 2023).



	Considerations	Risk	Mitigation	Lead PTHB	Progress	Comments/ ongoing monitoring
Quality and Safety	Ensuring ongoing assurance from CTMUHB as a commissioned service	Opportunity to miss themes and trends or escalating concerns	Head of Midwifery and Director of Nursing are invited to the monthly CTMUHB Maternity and Neonatal Improvement Safety Board. Papers received for meetings and any associated minutes Summary provided to PTHB Maternity Matters monthly meeting by exception which is one mechanism of assurance for provider and commissioned services. The cycle of business for maternity matters includes periodic updates about commissioned services.	HoM		
Quality and Safety	Ensuring a joint approach to incident reviews	Risk of lack of communication between services in a timely way to ensure a joint approach	Rapid contact between services when incidents occur. Quarterly meetings in place between PTHB and CTM senior midwifery teams - cases discussed there	AHoM/Risk & Governance		Will need ongoing monitoring but the process is in place
Quality and Safety	Mechanism for feedback between CTMUHB and PTHB maternity services from incidents, concerns and service user feedback	Potential for delay in feedback	Quarterly commissioned services meeting takes place between HoM/DoM and governance leads, agenda item about incidents. Regular contact between these meetings as required	Leadership & Management team		Mechanism is in place through quarterly meetings. CIVICA system use in both Health Boards will also support this
Quality and Safety	Ensuring compliance with GAP/GROW scanning pathways for PTHB women	If PTHB don't have capacity to scan in PTHB, women may not have scans at appropriate gestations	Women do have scans in PTHB wherever possible Pathway in place for women requiring growth scans - approved in 2021 initially - recirculated to PTHB USS and CTMUHB to ensure remain fit for purpose	AHoM - DAU Lead		Very rare that growth scans can't be completed in Powys pathways recirculated for review, but have been in use since 2021
Quality and Safety	Ensuring compliance with GAP/GROW reporting for PTHB antenatal provider	If antenatal provider is changed to CTM this skews PTHB data for monitoring of SGA for GAP-Score	Perinatal Institute amend antenatal provider when it has been reported as a commissioned service	AHoM - DAU Lead		This is an issue for the PI to pick up not CTMUHB - opportunity to compare GAP SCORE could be explored
Quality and Safety	Band 7/team lead links between services to ensure any issues are resolved at earliest stage	Without this communication may not be optimum	Quarterly meetings in place between HoM/DoM and Governance Leads Teams have contact details for team lead for ANC in PCH.	Team Leads and AHoM		To explore if cross border meeting can happen at Team Lead level with ANC in CTMUHB. NB this is not routinely in place in other commissioned services - aiming to have to enhance relationships - not essential to be in place Team leads have got a named contact in PCH to link with. In the interim they link with them as required.

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Pathways	DAU pathway still requires development to determine what care can be provided in Powys versus what will need to be provided in CTMUHB	Fragmented care, or women going to an inappropriate setting	Currently limited DAU provision in Powys - under review - women will be most likely to go to PCH for review if required	AHoM - DAU Lead		Women referred to PCH currently if reduced fetal movements. Have access to CTM new assessment unit for triage/assessment
Pathways	Development of pathways needed for EPAU.	Fragmented or variation in care for women depending on where they go - CTMUHB provides the opportunity for 1-stop shop which would provide optimum care	Some women are requesting EPAU assessment in CTMUHB and this is being supported when requested.	AHoM - DAU Lead		Referrals accepted into EPAU in all commissioned services. Some variations in opening hours and access.
Pathways	Agreement of pathways in readiness to start: approval required for OLC, MLC, Growth scanning and fetal medicine pathways.	Lack of clarity for staff in PTHB and CTMUHB on agreed pathways	Established links with ANC in CTMUHB and use them for central contact currently. Pathways have been drafted for OLC, MLC, Growth Scans and Fetal Medicine - require approval and will be ready for use	AHoM/Risk & Governance		Can go through PTHB guideline group for approval and to re-circulate to CTM
Activity/Outcomes	Availability of data for South Powys to support prediction of numbers requiring care in CTMUHB	Lack of ongoing 'live' assessment of cases to assess activity between services	Information can provide data by commissioned service attendances. Information may be able to provide detail by 'planned place of birth' at booking although this is often skewed for women who are MLC Out of county data is available (with time lag) for monitoring place of birth retrospectively. Also being built into the dashboard in development.	AHoM/Risk & Governance		This may not be required in the long term. Data has showed steady increase from ABUHB to CTMUHB.
Activity/Outcomes	Timely detail on outcomes of women who have birthed in CTM	There is a time lag with data being available through Power BI in PTHB, which could lead to a delay in identification of any issues or concerns Because of the time lag data is not reviewed frequently	Liaise with information team to assess if any other way of obtaining meaningful data - this applies to all obstetric services however. APP in development for timely data.	Leadership & Management team		Dashboard development underway, but some data available in BI to monitor where women give birth - service will be moving to an APP to record out of county births to ensure this is more timely. This is not a requirement for the strategic move to take place.
Activity/Outcomes	Intrapartum/early postnatal transfers from PTHB to CTMUHB - monitoring to ensure appropriateness of transfers and associated outcomes	Opportunity to miss themes and trends in transfers	All transfers are reviewed routinely and monitored on an weekly basis in Powys through the weekly safety meeting There is a mechanism in place where CTM Governance Lead links with PTHB Governance lead about any specific cases of concern Informal discussions through the consultant midwives Cymru network related to themes from transfers An annual report on all peripartum transfers is completed Individual cases picked up as and when any potential issues or concerns arise	Leadership & Management team		Exploration taking place of peer review process in the case of any NRI from midwife led setting - not related specifically to CTMUHB

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Activity/Outcomes	Readiness of fetal medicine pathways and of UHW Fetal medicine to receive PTHB clients. Agreement for all South Powys women requiring fetal medicine to be able to access this through UHW	If women go to ABUHB (which they frequently do for fetal medicine) they may end up on a pathway to Bristol currently, resulting in additional travel and further fragmented care, and ?potential in variation in level of care between UHW and ABUHB	WHSCC currently reviewing fetal medicine provision across South Wales Fetal Medicine Pathway has been drafted in 2021 - will need reviewing	AHoM - DAU Lead		Some women remain going to NHH fetal medicine. Referrals from Powys related to anomalies on ultrasound are sent direct to Cardiff fetal medicine and CTMUHB consultant is copied in. To clarify fetal medicine commissioned pathways with commissioning in PTHB.
Activity/Outcomes	Adequate promotion of Powys Birth Centres and home birth as an option for low-risk women for birth, ensuring referral back to MLC for labour/birth where possible when there has been obstetric involvement antenatally - to be in line with All Wales Midwife Led Care Guidelines	Risk of reduced number of Powys births	Risk assessment ongoing in pregnancy by Powys midwives. Assessment at 36 weeks to aid discussion around place of birth. Social media promotion of Powys birth environments and sharing of birth stories on social media. Ensure access to all Wales MLC guideline for staff to utilise to assess suitability for MLC throughout pregnancy	Consultant Midwife		
Peoples experience	Ensuring electronic mechanism for service user feedback add to this - CIVICA in use in both services	Potential to miss key service user feedback regarding either service	Civica in use in CTMUHB through automatic texting PTHB have launched CIVICA in May 2023 - automatic texting in place since October 2023 Surveys aligned as much as possible with CTMUHB to enable some comparative data	Consultant Midwife		Could pick up through quarterly meetings as comparisons. All Wales work commencing with WG and DU around gathering of service user experiences (from Dec 2023)
People's experience	Ensuring mechanism of feedback through relevant forums to commissioned services	Potential to miss opportunity for service user feedback provided to CTMUHB about PTHB and vice versa	Need to ensure promotion of 'My Maternity My Way' to women who use CTMUHB services as well as use of PTHB Maternity and parent vices partnership (MPVP). Mechanism in place between consultant midwives to ensure feedback is passed on.	Consultant Midwife		
Continuity of Care	To meet WG vision for continuity of care - named/link consultant for obstetrician agreement not yet in place	Risk of fragmented care for families, potential for reduced/sub-optimal communication between services.	Use of central antenatal clinic email for PCH in place for team as point of contact - women are divided by speciality rather than all Powys women having a named link consultant. They do have a named consultant however.	Midwifery management & Leadership Team		Point of contact is in place for obstetrics for Powys. Will need to ensure engagement is maintained as women are booked under various consultants so there is not one main consultant that looks after PTHB women.
Continuity of Care	Potential for remote consultations (Attend Anywhere) needs further work	Unnecessary travel for PTHB residents	Women expect to travel currently. This is a development idea to support care planning, travel and relationships. It is not essential for service provision to commence.	Consultant Midwife		The move isn't dependent on this happening

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Engagement and Communications	Patient engagement and communication re pathways changes - needs to be agreed	Risk of lack of smooth transition to services and clarity of options for service users	Can use Facebook page to offer further clarity on pathways. Development of resource for staff with pathways	Leadership & Management team		The move isn't dependent on this happening. Need to clarify with Comms what will be required as women already have the option to go there and ABUHB and essentially that remains the same. Women also already flow into CTMUHB so comms may not be required. To discuss with comms team - Nov 2023
IT / Infrastructure	Use of WCP communication across organisations	Failure to access results in a timely manner	Staff have access to WCP	AHoM/Risk & Governance		Need to ensure this remains in place. Staff in South can access blood results (apart from grouping/antibodies), and scans.
IT / Infrastructure	CTMUHB having difficulty viewing images despite transfer to server from PTHB (PACS issues)	Women may need repeat scans, could result in delay in care planning	Results are in the notes (images won't be), plan to follow up with PACS office regarding quarantine server access	AHoM - DAU Lead		Need to review status of this with CTMUHB. To be followed up with DAU and CTM - currently photos and reports are included in the records. Nov 2023 - There have been no issues to date with the existing process.
IT / Infrastructure	To be able to access WCP to view EPAU assessment outcome	Distress to client if PTHB are not informed that client has miscarried and attempt to contact them to arrange appointment	SBAR would be placed in tracer record so named midwife should see this before contacting client. Referring midwife to communicate to named midwife and team where follow up is required. Team communication diaries also in place.	AHoM - DAU Lead		Need to review status of this with CTMUHB. PTHB midwives can access WCP which will show scan or blood results and will indicate whether the pregnancy is viable, but the overall appointment summary won't be available.
IT / Infrastructure	All-Wales issue that Blood grouping results are not reported on WCP. Blood grouping result will only be hard copy in notes and not accessible for CTMUHB if booking/28 week bloods have gone to ABUHB or WVT	Re-bleeding of women	Women will need to have grouping bloods taken on arrival at transfer/labour or during pregnancy	AHoM/Risk & Governance		This is an all-Wales issue resulting in women often requiring to be bled on arrival at an obstetric unit. Hard copies are available in the records. PTHB have linked with Welsh Blood Service and it may be possible to have access to a separate system. The move is not dependent on this being resolved , but it will require ongoing work to review the options available.
Logistics	Sample transport - route currently to ABUHB for Brecon area	Blood grouping won't be available electronically for CTMUHB	Transport run agreed in 2020 - Need to review and provide commencement date. Hard copies of results are in all notes and women would be bled on arrival at PCH if required.	AHoM/Risk & Governance		Need to review status of this with CTMUHB and in PTHB. Meeting TBA with transport and shared services. This is not essential to be in place for strategic move as contingencies are in place and women have samples flowing into many different hospitals. Meeting with transport in place for December 2023.

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Board Meeting		Date of Meeting: 29 November 2023
Subject:	DIRECTOR OF CORPORATE GOVERNANCE REPORT	
Approved and Presented by:	Director of Corporate Governance / Board Secretary	
Prepared by:	Director of Corporate Governance and Board Secretary	
Other Committees and meetings considered at:	Standing Financial Instruction Authorisation levels - Innovative Environment group 10 October and endorsed by the Executive Committee on the 19 October 2023.	

PURPOSE:

The purpose of this paper is to provide the Board with a series of updates and request approval of various decisions in relation to Board related corporate governance.

RECOMMENDATION(S):

It is recommended that the Board:

1. **APPROVE** the amendments to the PTHB Model Standing Financial Instructions for Capital payments;
2. **RATIFY** the Chair's Actions taken on the 3 and 23 November 2023 to:
 - o approve the Powys Public Services Board Wellbeing Plan – Appendix D; and take
3. **RATIFY** the Chair's recommendations for Committee membership for the remainder of 2023/24.

Approval/Ratification/Decision	Discussion	Information
✓	x	x

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

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

BACKGROUND AND ASSESSMENT:

PTHB Model Standing Financial Instructions

Powys Teaching Health Board, as specified in the Local Health Board Regulations (2009) is required to adopt the model Standing Orders (SOs) and Standing Financial Instructions (SFIs). The current SFIs (v5) are dated September 2023 following the Board approval of them on the 27 September 2023.

Following discussion at the Audit and Risk Assurance Committee, a review has been undertaken, commissioned via the Executive Committee, in relation to the authorisation levels of Executive staff in relation to capital payments.

The current authorisation levels are as follows:

Capital orders and payment authorisation

Delegated authority	Variations to Discretionary Schemes	Variations to Capital Schemes funded by WG (within Approved Sum)	Financial monitoring and reporting responsibility	Enter lease arrangement (all types) total value
Up to £25k	Associate Director of Capital & Estates (and reported to IEG)	Associate Director of Capital & Estates	Associate Director of Capital & Estates and Head of Financial Services	Director of Finance and IT
Up to £50k	Associate Director of Capital & Estates (and reported at IEG)	Associate Director of Capital & Estates	Director of Finance and IT	
Up to £100k	Chief Executive through IEG	CEO and Director of Finance and IT	CEO and Director of Finance and IT	
Over £100k	Performance & Resources Committee All changes over £100k also need to	Associate Director of Capital & Estates and CEO/ Deputy CEO All changes over £100k also need to be reported to IEG and Performance & Resources Committee		

Model Standing Orders, Reservation and Delegation of Powers for LHBs

Proposed Delegation at future major projects:

Level 1 Internal Project Manager - £50,000

Level 2 Project Director - £100,000

Level 3 Senior Responsible Owner - £250,000

Level 4 Director of Finance and ICT - £500,000

Level 5 Director of Finance and Chief Executive/Deputy Chief Executive – Over £500,000

Attached as appendix A is the paper considered by the Innovative Environments Group and then endorsed by the Executive Committee,. The paper provides further context and assurance mechanisms.

The Board is asked to **APPROVE** the amendments to the Model Standing Financial instructions for Powys Teaching Health Board (current v5) for capital payments.

PTHB Chair's Actions

In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is no practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with matters on behalf of the board – after first consulting with at least two other Independent Members.

There have been two occasions since the last report where Chair's Action was taken on behalf of the Board.

Date	Decision	Approval
3 November 2023	UK Covid-19 Public Inquiry (module 5) – decision not to apply for Core Participant Status (decision was required by 17 November)	The Actions were supported by the Chair, Chief Executive and two other Independent Members, supported by the Director of Corporate Governance / Board Secretary.
11 November 2023	A formal request for Strategic Cash (from Welsh Government) for £15.050m, in line with the revised 2023/24 forecast deficit of £15.173m reported at Month 7 (decision was required by 23 November).	

In both instances where Chair's Action has been taken, the timescale for decision was in advance of the scheduled Board meeting on the 29 November.

The Board is asked to **RATIFY** the Chair's Action taken on the 3 and 23 November 2023 and take **ASSURANCE** that the action was taken in accordance with Section 2.1 of the Standing Orders.

Board Committee Membership

In line with the Standing Orders (section 3.4.5), the membership of Committees, including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the LHB Chair.

Over recent months, some changes have been made to both the Chairs and membership of Committees in light of the previous IM (Finance) postholder finishing full term and the sad passing of the IM (Estates), Mark Taylor.

The table below outlines current membership, including the Committee Chairs.

Committee	Chair	Members
Audit and Risk Assurance	Rhobert Lewis	Ronnie Alexander Chris Walsh
Charitable Funds	Carl Cooper	Rhobert Lewis Cathie Poynton
Delivery and Performance	Ronnie Alexander	Kirsty Williams Rhobert Lewis
Patient Experience, Quality and Safety	Kirsty Williams	Ian Phillips Jenn Owen-Adams Simon Wright

Planning, Partnerships and Populations Health	Rhobert Lewis	Kirsty Williams Ronnie Alexander Ian Phillips Jenn Owen-Adams
Remuneration and Terms of Service	Carl Cooper	Ian Phillips Rhobert Lewis Kirsty Williams
Workforce and Culture	Ian Phillips	Cathie Poynton Jenn Owen-Adams Chris Walsh

Members are asked to attend additional Committee meetings where there is a need, for example if apologies are received from other members – this flexibility will be maintained.

As per the Chair's report, Steve Elliott has been appointed as a Specialist Advisor and attends both the Audit and Risk Assurance and Delivery and Performance Committees.

As per the Chair's report, Independent Member recruitment is currently being planned with Welsh Government, once appointed these members will be appointed to relevant Committees.

The Board is asked to **RATIFY** the Chair's recommendations for Committee membership for the remainder of 2023/24.

NEXT STEPS:

If approved, the relevant documents will be embedded into the PTHB Standing Orders and made available, in full, on the PTHB website.

Innovative Environments Group (provided to the PTHB Board on 29 November to support the Director of Corporate Governance report)		Date of Meeting: 10th October 2023
Subject:	Capital Procedures regarding authorisation of capital payments	
Approved and Presented by:	Director of Finance and IT	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	None	

PURPOSE:

The purpose of this paper is to provide the Innovative Environment Group Committee with proposed increase to scheme of delegation limits in relation to major capital schemes over £5M in value.

RECOMMENDATION(S):

The Innovative Environment Group Committee is asked to: -

- to note the content of this report and proposed limits to be introduced for major capital schemes above £5 Million;
- to recommend to Board at its next iteration of the scheme of Delegation that these limits are included under Section 15 Capital investment, fixed asset registers and security of assets with regard to major capital schemes exceeding £5 Million.

Decision	Discussion	Information
✓		

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

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

EXECUTIVE SUMMARY:

Proposed increase to scheme of delegation limits in relation to major capital schemes over £5M in value.

DETAILED BACKGROUND AND ASSESSMENT:

Background

Currently within the Health Board Standing Orders Schedule 1 - Scheme of Delegation and Reservation of Powers approval duties operate at the following levels in relation to commitment of Capital Expenditure:

Table 15G(1)**Capital orders and payment authorisation**

Delegated authority	Variations to Discretionary Schemes	Variations to Capital Schemes funded by WG (within Approved Sum)	Financial monitoring and reporting responsibility	Enter lease arrangement (all types) total value
Up to £25k	Associate Director of Capital & Estates (and reported to IEG)	Associate Director of Capital & Estates	Associate Director of Capital & Estates and Head of Financial Services	Director of Finance and IT
Up to £50k	Associate Director of Capital & Estates (and reported at IEG)	Associate Director of Capital & Estates	Director of Finance and IT	
Up to £100k	Chief Executive through IEG	CEO and Director of Finance and IT	CEO and Director of Finance and IT	
Over £100k	Performance & Resources Committee All changes over £100k also need to	Associate Director of Capital & Estates and CEO/ Deputy CEO All changes over £100k also need to be reported to IEG and Performance & Resources Committee		

Model Standing Orders, Reservation and Delegation of Powers for LHBs

The approval process when relating to major projects can take significant time due to the relatively low value scheme of delegation in operation and number of approvers required where values are significant. Variation and change events can also be more significant in value in major schemes due to the nature and complexity of the projects.

Recognising Change is required

The THB seek external assurance around its management of capital projects and two recent externally assessed reports of the Machynlleth scheme have provided the following recommendations in regard to scheme of delegation for Major capital programmes. These are identified as follows:

1. Recommendation 1 of Gateway 4 review for Machynlleth Project the following recommendation was made:
 - The SRO and Finance Director should consider the use of a delegation framework for Capital Projects that supports prompt approvals for early warning events whilst providing an appropriate level of assurance.
2. Recommendation 2.1b of the Internal Audit report of Machynlleth Hospital Reconfiguration Project
 - Where the THB wishes to vary the delegated financial limits contained within the Standing Orders, a project-specific scheme of delegation should be defined and formally approved at an appropriate level for application at future projects.

This paper aims to propose a suggested limit to be applied to future major projects exceeding £5M and are attributable to governance roles within the THB Capital Procedures undertaken for major capital schemes.

Major schemes funding in totality will have been approved by Welsh Government and a purchase order raised for the contract amount with a specific level of contingency to be utilised as required as the scheme progresses. It is intended that the new proposed levels are mainly to be utilised for the approval of compensation events and contract variations which will reallocate the contingency element of the contract. These new proposed limits will not be utilised to agree items which will have impact on the agreed project financial out-turn or the overall project objectives

Proposed Delegation at future major projects:

Level 1 Internal Project Manager - £50,000

Level 2 Project Director - £100,000

Level 3 Senior Responsible Owner - £250,000

Level 4 Director of Finance and ICT - £500,000

Level 5 Director of Finance and Chief Executive/Deputy Chief Executive – Over £500,000

These limits should be applied to all items of expenditure which fall within the scheme's expected cash flow or total scheme allocation or the agreed project content/objectives. They should then be reported to the next available scheme project board meeting and Innovative Environment Group.

Any items which have impact on the agreed project financial out-turn or the overall project objectives will require Innovative Environment Group approval and subsequently reported to Delivery and Performance Committee and onto Board.

Any variations to Capital Schemes funded by Welsh Government that exceed the approved sum require further approval from Welsh Government
If further approval and funding is not provided by Welsh Government, the variations need to be discussed and approved at Innovative Environment Group and Delivery and Performance Committee from within the THB's own discretionary capital resources.

NEXT STEPS:

The Innovative Environment Group Committee is asked to: -

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- to note the content of this report and proposed approval limits to be introduced for major capital schemes above £5 Million;
- to recommend to Board at its next iteration of the scheme of Delegation that these limits are included under Section 15 Capital investment, fixed asset registers and security of assets with regard to major capital schemes exceeding £5 Million.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON TUESDAY 27 SEPTEMBER 2023

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Hayley Thomas	Interim Chief Executive
Ronnie Alexander	Independent Member (General)
Simon Wright	Independent Member (University)
Rhobert Lewis	Independent Member (General)
Ian Philips	Independent Member (ICT)
Cathie Poynton	Independent Member (Trade Union)
Jennifer Owen Adams	Independent Member (Third Sector)
Pete Hopgood	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell	Director of Planning, Performance and Commissioning
Claire Madsen	Director of Therapies and Health Sciences
Joy Garfitt	Interim Director of Operations/Community and Mental Health
Kate Wright	Medical Director
Mererid Bowley	Director of Public Health
Claire Roche	Director of Nursing and Midwifery

In Attendance

Mark McIntyre	Deputy Director Workforce and OD
Adrian Osborne	Assistant Director of Communications and Engagement
Chris Moss	Assistant Director Performance and Commissioning
Nina Davies	Powys County Council (Associate member)
Katie Blackburn	Regional Director Llais
Liz Patterson	Interim Head of Corporate Governance
Belinda Mills	Corporate Governance Officer

Apologies for absence

Mark Taylor

Chris Walsh

Debra Wood Lawson

Helen Bushell

Independent Member (Capital & Estates)

Independent Member (Local Authority)

Director of Workforce and OD

Director of Corporate Governance/Board
Secretary

PRELIMINARY MATTERS	
PTHB/23/070	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting, Apologies for absence were noted and recorded as above.</p>
PTHB/23/071	<p>DECLARATIONS OF INTEREST</p> <p>The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure application)</p> <ul style="list-style-type: none">• Ronnie Alexander, Independent Member (General) declared that several family members were registered with Crickhowell Group Practice, therefore it was he would not participate in the agenda item.• Kate Wright, Medical Director declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the item to that of her professional capacity as Medical Director; and• Katie Blackburn, Regional Director Llais declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the articulation of the perspective of Llais.
PTHB/23/072	<p>UPDATE FROM THE CHAIR</p> <p>The Chair presented his report.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented her report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented her report and drew attention to the following matters:</p> <ul style="list-style-type: none">• Speaking Up Safely Framework;

- National Commissioning arrangements;
- Winter Respiratory Virus/Keeping Powys Safe;
- Reinforced Autoclaved Aerated Concrete (RAAC);
- Putting PTHB on the National Map;
- Shaping the Future of Health Services;
- PTHB Staff Excellence Awards; and
- Joint Inspection of Child Protection Arrangements (JICPA)

The Interim Chief Executive highlighted that the Health Board monitoring status had been changed from routine monitoring to enhanced monitoring.

The escalation status will result in additional activity for parts of the Health Board. To what extent will this impact on frontline services for the people of Powys?

The Interim Chief Executive advised that work was underway on the financial situation and plan. The quarterly meetings with Welsh Government will increase to monthly meetings to enable Welsh Government to take assurance that the Health Board is taking the necessary actions to return to a balanced position. These meeting will be supported at Executive level to avoid additional impact on capacity elsewhere in the organisation.

Is it expected that the changed arrangements for National Commissioning will result in cost savings?

The Interim Chief Executive explained that the recommendations arose from the work related to consolidating the expertise and the capacity around commissioning nationally. A number of strategic principles had been set out to support that work to ensure the new Joint Committee operates as efficiently as possible including cost reduction programmes and work to achieve economies of scale.

Does the Health Board take up the offer of the Public Services Ombudsman for Wales (PSOW) to train staff on complaints handling?

The Director of Nursing and Midwifery explained that over the last 18 months the team has worked very closely with the PSOW to provide training to the Health Board staff and is open to any offers of additional training from the PSOW.

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	<p>There has been an increase in the number of concerns and complaints that are resolved early and a reduction in concerns and complaints progressing to formal complaints.</p> <p><i>Can assurance be given that proper contingency arrangements are in place to cope with a Covid-19 outbreak?</i></p> <p>The Director of Public Health explained the new variant was being closely monitored nationally. There had been an increase in the number of Covid-19 cases due to the multiple variants circulating. However, there are plans in place which include surveillance, case management and working closely with the local authority, Health Protection Service and Incident Management Team to monitor current cases. Proactive actions taken include vaccination programmes, where Care Homes are prioritised. Appropriate infection prevention and control precautions are being taken within the Health Board.</p> <p>The Interim Chief Executive noted that a Joint Inspection of Child Protection arrangements is underway in Powys which is an excellent opportunity to review, learn and improve the way children are protected and safeguarded in the county. It is a comprehensive inspection involving Education, Health Education and Improvement Wales (HEIW), Care Inspectorate Wales (CIW) and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services.</p> <p>The learning from the Joint Inspection will be brought to the Patient Experience and Quality Safety Committee and broader learning will be shared across the Board. It is expected the report will be received later this year or early in 2024.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/23/073	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <ul style="list-style-type: none"> • PTHB COMMITTEES <p>The following Chair's Assurance Reports were received:</p> <p><u>Delivery and Performance Committee</u></p>

	<p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 31 August 2023.</p> <p>The Board NOTED the report.</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee when it met on 19 July, 26 July, 9 August, 23 August, and 6 September 2023.</p> <p>There were no matters for escalation, relevant items have been considered by other Board Committees and communicated as appropriate.</p> <p>The Board NOTED the report.</p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

PTHB/23/074	<p>MINUTES OF PREVIOUS MEETING:25 JULY 2023 (FOR APPROVAL) AND ACTION LOG</p> <p>The minutes of the meeting held on 25 July 2023 were APPROVED as a true and accurate record subject to correcting a formatting error.</p> <p><i>Are the long waiting times for children in relation to cochlear implants and bone conduction services adversely affecting children?</i></p> <p>The Director of Planning, Performance and Commissioning explained these services were specialised in nature, but children were not disproportionately affected. All patients, both children and adults have to wait to receive these services. The service constantly reviews the position to identify where access can be improved.</p> <p>It was suggested that a report on the breakdown of the latest position by age be taken to the Delivery and Performance Committee.</p> <p>Action: Director of Planning, Performance and Commissioning.</p> <p>The Vice Chair advised that the issue of long waits for children was regularly discussed at the Welsh Health Specialised Services Committee (WHSSC) Patient Safety</p>
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	<p>and Quality Committee. At present the projection for services commissioned by WHSCC are expected to meet Government expectations.</p> <p>The Board RECEIVED and DISCUSSED the Action Log.</p>
PTHB/23/075	<p>DIRECTOR OF CORPORATE GOVERNANCE AND BOARD SECRETARY REPORT</p> <p>The Interim Chief Executive presented the item which provided an overview of a series of updates and requested approval of various decisions.</p> <p>It was highlighted that the Standing Orders and Standing Financial Instructions for the Emergency Ambulance Services Committee (EASC) and Welsh Health Specialised Services Committee (WHSSC) had been considered by EASC and WHSCC before being presented to the respective Health Boards for approval and will apply until the end of the financial year after which the National Commissioning Body will be in place</p> <p>It was confirmed the changes in relation to the Health Board's Model Standing Financial instructions were in common with the other Welsh Health Boards.</p> <p>The Common Seal had been affixed on one occasion since the last report to Board in July 2023 in relation to a lease extension at Llanfyllin Library.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. APPROVED the Model Standing Financial Instructions and Standing Orders for EASC - Appendix A; 2. APPROVED the Model Standing Financial Instructions and Standing Orders for WHSSC – Appendices A and B (further detailed recommendations are listed on page 4); 3. APPROVED the revised Model Standing Financial instructions for Powys Teaching Health Board – Appendix E; 4. RATIFIED the application of the Common Seal applied on one occasion since 25 July 2023 and received ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders.

ITEMS FOR BOARD ASSURANCE

PTHB/23/076

INTEGRATED PERFORMANCE REPORT

- 2023/24 Month 03

The Director of Planning, Performance and Commissioning presented the item which provided an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework to the end of June 2023 (month 3).

The report was longer than previously as it included the new performance measures for the 2023/24 performance framework that had been issued. The changes from last year's to this year's Reporting Framework were documented.

The following matters were highlighted for the Board's attention:

- key performance challenges remain in access to planned and unscheduled care;
- waiting times were a particular issue in both provider and commissioned service. Provider services are reliant on in-reach support and whilst waiting times in England have improved this has not been the case in Wales;
- Compliance against quadruple aims remains challenging with only two reporting a positive percentage of measures achieved; and
- Progress has been made against five of the nine Ministerial Priorities and, where progress has been identified as an issue, this is treated as an escalated matter with remedial actions in place to improve performance across the remaining of the year.

Independent Members sought assurance by asking the following questions:

In terms of long waiting times, how will Powys ensure that the neighbouring Health Boards that are commissioned to provide services include Powys patients in their long wait initiatives, ensure that they are treated fairly, and the Health Board is not charged twice?

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	<p>The Director of Planning, Performance and Commissioning explained that when providers schedule treatment, this is based on clinical needs rather than where they live.</p> <p>It was confirmed that Welsh Government had made available £50m to address long waiting times. The Health Board had received £1m of this. There was an expectation that Health Boards should not double charge patients treated at another Health Board, and there is a system in place to prevent double billing.</p> <p><i>What are the barriers to increasing theatre usage or has the Health Board reached the limit for the foreseeable future?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that staffing remains a constraint both locally and in commissioned services. This is an issue that is actively being addressed in order to increase access to day surgery. A national review on theatre utilisation had been called for.</p> <p><i>The pressures on Emergency Services at the District General Hospitals (DGH) are known. Aneurin Bevan UHB is considering downgrading their Minor Injury Units. Can assurance be given that the situation will be kept under review to prevent Powys residents from having to go to DGH for minor injuries?</i></p> <p>The Director of Planning, Performance and Commissioning advised that it was not possible to give this assurance until further detailed work was undertaken. However, Health Boards were in general looking to reduce opening hours of MIUs when usage is low which is typically out of hours.</p> <p>The Director of Operations advised that overnight use of Powys MIUs was extremely low.</p> <p><i>How confident are you that the Health Board is not surprised by decisions made by other organisations. How coordinated is the system?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that the system was generally well coordinated.</p>
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	<p>However, on occasions urgent service changes are announced which are unexpected.</p> <p>The Interim Chief Executive noted the scale of problems the NHS was facing meant that strategic change reporting will become ever more important. Changes in relation to MIUs was a small part of overall changes which affected the Powys population. Powys pathways were complex as residents were provided with care from a number of neighbouring Health Boards. Adjoining Health Boards were encouraged to consult their catchment population rather than resident population.</p> <p><i>How is the organisation learning as it develops its response to current pressures?</i></p> <p>The Director of Planning, Performance and Commissioning advised that for Powys provided services the team are spending more time with service managers to understand performance in greater detail. For commissioned services this is a standing agenda item to discuss performance in depth. The team has been asked to review the performance trajectories of neighbouring Health Boards and Trusts to assist in the planning process.</p> <p>The Llais representative advised that the Health Board has a strong system in place to monitor service change but there are instances where neighbouring Health Boards do not share information which will impact on Powys residents.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the content of this report. • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues. <p>Q1 ANNUAL DELIVERY PLAN</p>
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	<p>The Director of Planning, Performance and Commissioning presented the report which provided an update of the progress made against the Integrated Plan for Quarter 1 period (April to June 2023). It was noted that the plan had been submitted to Welsh Government, but it had not yet been approved as an endorsed plan. It remains the plan for the Health Board to deliver against.</p> <p>It was noted that a number of improvements have been made to the report this financial year in terms of overall visual presentation including a delivery confidence assessment on each of the actions within the plan.</p> <p>It was noted that this was an Executive-led process with each Executive signing off their areas. A review of each of the areas had taken place in light of the current position. If changes to deployment were necessary, this will be brought to Board for endorsement.</p> <p>Good progress against the plan was being made. At Q1 there were some challenges, but overall progress was positive.</p> <p>The Interim Chief Executive noted that Q1 period was when scoping and initial work was undertaken with delivery taking place in Q2 and beyond. The plan was therefore on track to deliver. However, changes may be necessary in light of, for example, winter pressures.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the report as an update of progress against the Integrated Plan delivery for 2023-24; in relation to progress tracking of Quarter 1 and forecasting of the year end position against plan; and • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance against the Integrated Plan.
PTHB/23/077	FINANCIAL PERFORMANCE

- **2023/24 month 05**

The Deputy CEO / Director of Finance, Information and IT presented the report which provided an update on the August 2023 (Month 05) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board's attention:

- As of month 5, there is a £14.277m overspend against the planned deficit of £13.948m giving the Health Board an operational overspend of £0.329m;
- The year end forecast is in line with the submitted plan at £33. 474m. The capital resource limit for 2023/24 is £3.656m. To date £0.513m has been spent;
- Budget pressures include an overspend in commissioning (due to an increase in emergency activity), primary care prescribing and agency spend;
- The report includes detail regarding the costs associated with Delayed Transfers of Care (£1.378m to date relating to 2,337 days of delayed discharge);
- Continuing Health Care is broadly within budget, but total costs have almost doubled since 2019/20; and
- £3.4m of green saving schemes have been identified to date. £4.2m amber saving schemes have also been identified, with a further £1.7m Red pipeline schemes.

It was noted that there was a push to move amber schemes to green to give a confidence of delivery.

Some savings has been delivered on a non-recurrent basis and budget holders were being pressed to reduce their expenditure on a recurrent basis to help the position in future years.

Due to the £33.5m planned financial deficit, the Health Board will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

The Interim Chief Executive noted the scale of deficit and level of service change that was required to bring the organisation back to a balanced position

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	<p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to agency spend are there any further increases in agency rates expected in year?</i></p> <p>The Deputy CEO / Director of Finance, Information and IT advised that he was not aware of any further increases. However, this was not within the Health Board's control and reinforced the focus was on using 'on contract agency' where there is greater certainty in relation to the cost element of control rather than 'off-contract agency'.</p> <p><i>What steps can be taken to address the emerging overspend in primary care prescribing, as this is partly driven by supply chain issues?</i></p> <p>The Director of Finance, Information and IT explained that it was difficult to control inflationary pressure and stock availability. The focus is on data and intelligence to identify prescribing patterns that can be improved through use of inexpensive alternative medicines. Additionally, this data is used to highlight any practices that may have different prescribing patterns. However, there are some factors that are outside the control of the Health Board.</p> <p>The Medical Director added that there was a lot of work being undertaken by the Medicines Management team measuring many prescribing metrics. The team were working with primary care prescribers and feedback information to encourage improvement in prescribing. However, cost pressures are extremely challenging. The Medicines Management team is involved in national programmes where learning takes place including on more efficient delivery methods.</p> <p><i>In terms of progress against savings target, what can be done to shift the red schemes to amber zones?</i></p> <p>The Deputy CEO / Director of Finance, Information and IT thanked the whole organisation for identifying ideas for schemes and stated there will always be a number of ideas and opportunities in the pipeline which were being</p>
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	<p>reviewed to help identify which opportunities to be taken forward or discounted.</p> <p><i>Has the provision of Revenue Working Capital Cash been agreed?</i></p> <p>The Deputy CEO / Director of Finance, Information and IT advised that this expected requirement had been reported to Welsh Government who will use this information for their planning assumptions.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 05 2023/24 financial position. • DISCUSSED and NOTED the 2023/24 financial forecast deficit position.
PTHB/23/078	<p>GILWERN BRANCH CLOSURE ASSURANCE REPORT</p> <p>The Deputy CEO / Director of Finance, Information and IT presented the report which provided an update on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire. It also updated the Board on ongoing liaison and correspondence with Llais in relation to the closure application.</p> <p>It was noted that the task and finish group (a multi-organisational set up with representatives from Llais, local authorities and Health Board Partners) was now meeting on a regular basis.</p> <p>Regular meetings with local community transport providers had taken place and the team was working through the potential impact of this change on residents, and how it meets their needs.</p> <p>Any changes in practice registration were being kept under review and no significant issues had been identified, although it is recognised that the closure in November may be a trigger for further re-registrations.</p> <p>It was noted that planning was under way for the community development and participation event to engage local stakeholders in the Gilwern area in confirming opportunities to strengthen health and social care provision in the area.</p>

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	<p>It was noted that a patient letter was due to be issued to households of registered patients living in Gwent postcode areas by mid-October, with plans also under way for community participation activities in the Gilwern area.</p> <p>The Board:</p> <ul style="list-style-type: none"> a) RECEIVED and NOTED the update on the mitigation plan and took ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan. b) RECEIVED and NOTED the correspondence with Llais in relation to the closure application.
PTHB/23/079	<p>WINTER RESPIRATORY VACCINATION PROGRAMME</p> <p>The Director of Public Health presented the item which informed Board Members of the plan for delivering the Winter Respiratory Vaccination Programme (Covid-19 and flu vaccines) to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.</p> <p>It was noted that the Winter Respiratory Vaccination Programme, began in early September with the focus this year on protecting the most vulnerable and supporting the resilience of our health and care systems.</p> <p>The Programme was guided by the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Government who set out the eligible groups for vaccinations.</p> <p>A blended delivery model had been adopted, including vaccination centres established in Bronllys and Newtown, GP practices, participating pharmacies, school nursing teams, mobile teams and many specialist teams such as midwives/nurses and occupational health teams.</p> <p>This autumn's delivery model has increased the availability of clinics in communities across Powys to improve access with the aim of increasing uptake of eligible groups with ambitious targets. Colleagues from Public Health Wales are running a public communications campaign to promote the uptake of the vaccine.</p>

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	<p>The deployment plan and blended delivery models will continue to be 'agile' and deployed to offer vaccines to eligible population groups as quickly as possible, throughout the autumn period in accordance with Welsh Government guidance.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>What is the status of Covid-19 vaccination and flu vaccination for staff groups and where do they fit in the programme schedule?</i></p> <p>The Director of Public Health confirmed invitations have been sent to eligible healthcare workers and social workers and scheduled appointments had been offered for the week commencing 11 October 2023. However, individuals at high risk may be called sooner from their GP practice. If they are unable to attend any appointment, it could be rescheduled.</p> <p><i>When considering the mixed approach adopted by Powys what determines why some GP practices take part while others do not?</i></p> <p>The Director of Public Health explained that all GP practices offer Influenza Vaccination and have done so for several years. However, the Covid-19 vaccine was a new addition to the programme. In terms of GP uptake, there were a number of factors including the availability of the vaccines and capacity to vaccinate. Where practices are not participating in the Covid-19 vaccination programme, the vaccine will be offered in the local community.</p> <p><i>What is the level of confidence that the Health Board will be able to deliver the winter respiratory vaccination programme?</i></p> <p>The Director of Public Health advised that in terms of delivery the flu programme was well-established with GP practices and pharmacies taking part. However, the Covid-19 programme was a blended delivery model. Uptake will be monitored, and the service will respond accordingly.</p>
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	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the eligible populations groups for flu and covid-19 vaccines forming part of the Winter Respiratory Vaccination Programme • NOTED the blended delivery models to deploy the Winter Respiratory Vaccination Programme in Powys • NOTED the complex logistics and that 'agile' planning will continue to be deployed to deliver the Programme to eligible population groups throughout the Autumn/Winter period in line with Welsh Government guidance. • Took ASSURANCE that the Winter Respiratory Vaccination Programme provides access to eligible population of Powys.
PTHB/23/080	<p>CORPORATE RISK REGISTER, SEPTEMBER 2023</p> <p>The Interim Chief Executive presented the August 2023 version of the Corporate Risk Register. It was noted that the development of a revised Corporate Risk Register was underway to ensure the register accurately reflects the organisation's current strategic risks following Board approval of the Integrated Medium-Term Plan 2023-26 in March 2023 and the Integrated Annual Plan 2023-24 in May 2023.</p> <p>Revised risks will be presented to the November 2023 Board.</p> <p>Two risks will be considered at the In-Committee meeting of the Board in relation to cyber security and planning around managing the impact of a national power outage.</p> <p>An emerging risk had been identified in relation to the capital and estates programme's capital costs, particularly in mid rural Powys. Further consideration will be given to this risk and any mitigating controls although it was noted that mitigations will be difficult for this risk.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the August 2023 version of the Corporate Risk Register included at Appendix 1, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks, recognising that a broader review of the organisation's risks is currently underway. • NOTED there are no proposed amendments set out to the Corporate Risk Register at this time.

	<ul style="list-style-type: none"> • NOTED the emerging risks in relation to costs associated with capital and estate development as set out in the paper. • NOTED that CRR 009 (Cyber Security) and CRR 012 (National Power Outage) will be reported to the In-Committee Board due to the confidential nature of its content.
PTHB/23/081	<p>ASSURANCE REPORTS</p> <ul style="list-style-type: none"> • BOARD'S PARTNERSHIP ARRANGEMENTS <p>The Interim Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent Partnership Board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC) held on 20 July 2023; • Regional Partnership Board (RPB) held on 18 September 2023, which is examining Winter Resilience arrangements which will be reported to Board in November 2023; and <p>The Board RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings</p> <ul style="list-style-type: none"> • JOINT COMMITTEES <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC) held on 18 July 2023 and 1 August 2023; and • Emergency Ambulance Service Committee (EASC) held on 18 July 2023. The engagement process in relation to changes in Emergency Medical Retrieval and Transfer Service (EMERTS) is due to start in October 2023. <p><i>Can assurance be provided that ambulance performance improvement is being investigated given Powys has been</i></p>

	<p><i>in the 'Red Response' zone for a substantial period of time?</i></p> <p>The Interim Chief Executive stated that this had been an ongoing problem and performance targets have consistently not been met. However, it was highlighted that the reports generated are generic and are circulated to all Health Boards across Wales including Powys. A deep dive into arrangements for Powys ambulance performance will be undertaken and discussed as part of the annual In-Committee session planned with the Chief Ambulance Commissioner. The findings of the deep dive will be reported to Board.</p> <p>Action: Director of Corporate Governance</p> <p><i>The Mid Wales Joint Committee for Health and Social Care had not met since the last meeting of Board. Given the alignment needed between Health and Social Care should this body be meeting more frequently?</i></p> <p>The Interim Chief Executive advised that whilst the Joint Committee met infrequently there had been work undertaken jointly between the three Health Board and three County Councils operating across the mid Wales area.</p> <p>The Director of Planning, Performance and Commissioning confirmed that at an operational level, meetings between the partners are taking place daily and the Medical Director confirmed that operationally partners were working together to share posts and avoid duplication.</p> <p>NOTED the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
PTHB/23/082	<p>REPORTS OF THE REGIONAL DIRECTOR OF LLAIS</p> <p>The Regional Director of Llais presented her report adding that, since the report had been written, the proposed changes to the MIU at Nevill Hall had become known. The lack of communication had been disappointing and the need to engage with patients using the service was highlighted. This need for communication has been shared with Llais colleagues. It is important to recognise the</p>

	<p>depth of feeling within local communities and the sense of another service being removed given the commitment of a 24/7 MIU when Emergency Services were relocated to The Royal Gwent. The extension of the engagement period was welcomed.</p> <p>The locality approach had proven effective with 750 people interviewed. The focused approach in Welshpool was positive and the focused approach at Ystradgynlais had recently been completed. The next focused approach will be undertaken in Builth Wells in November 2023. It was noted that the volume of feedbacks and rich data received from those sessions will be useful.</p> <p>It was highlighted that the issue for Llais in Powys, as well as the Health Board and local authorities, was how information was shared and how it was used to inform service development. It was noted that seven reports have been published and there were plans to make them more accessible using avatars and artificial intelligence to simplify these reports.</p> <p>Llais was keen to recruit volunteers and Powys has been divided into 13 localities which will need at least five or six volunteer members from each of these communities.</p> <p>The Interim Chief Executive welcomed the report acknowledging the strength of feeling of local communities in south Powys regarding potential changes in MIU opening times at Nevill Hall.</p> <p>The Director of Nursing and Midwifery noted the need to triangulate all intelligence and data collectively gathered through the Health Board and Llais. It is intended to scale up 'snap surveys' of people who have used commissioned services. There has been a shift from receiving feedback to actively seeking feedback from people who use multiple pathways.</p>
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OTHER MATTERS

PTHB/23/083

BOARD WORK PROGRAMME

	<p>The Interim Chief Executive presented the item. Clarity would be sought regarding the inclusion of Llandrindod Wells Hospital Phase 2 item on the work programme.</p> <p>It was highlighted that the Business Justification Case was due to come back to Board noting the increasing cost of construction that had previously been raised. It was noted that further rapid work was in progress to review the position and the Business Justification Case will be brought to the Board as soon as possible.</p>		
PTHB/23/084	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised</p>		
PTHB/23/085	<p>DATE OF THE NEXT MEETING:</p> <p>29 November 2023, via Microsoft Teams</p>		
PTHB IC/23/086	<p>The following motion was passed:</p> <p><i>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.</i></p>		
<table> <tr> <td>Present Carl Cooper</td><td>Chair</td></tr> </table>		Present Carl Cooper	Chair
Present Carl Cooper	Chair		
Hayley Thomas Kirsty Williams Jennifer Owen Adams Cathie Poynton Ian Phillips Rhobert Lewis Simon Wright Ronnie Alexander Mark Taylor Pete Hopgood Claire Roche Mererid Bowley Stephen Powell Kate Wright Claire Madsen	Interim Chief Executive Vice Chair Independent Member (Third Sector) Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Independent Member (University) Independent Member (General) Independent Member (Capital & Estates) Director of Finance, Information and IT Director of Nursing & Midwifery Director of Public Health Interim Director of Performance & Commissioning Medical Director Director of Therapies & Health Sciences		

Debra Wood Lawson Joy Garfitt	Interim Director of Workforce, OD & Support Services Interim Director of Operations, Community Care and MH
In Attendance Helen Bushell Wayne Tannahill Marie Davies Liz Patterson Chris Moss Katie Blackburn	Director of Corporate Governance Associate Director Capital and Estates Assistant Director Performance and Commissioning Interim Head of Corporate Governance Assistant Director Performance and Commissioning Regional Director Llais
Apologies for absence Mark Taylor Chris Walsh Debra Wood Lawson	Independent Member (Capital and Estates) Independent Member (Local Authority) Interim Director of Workforce, OD & Support Services
PRELIMINARY MATTERS	
PTHB IC/23/087	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/088	DECLARATION OF INTEREST No interests were declared in addition to those already declared within the published register.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/23/089	FINANCIAL SUSTAINABILITY/SCENARIO PLANNING Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future. The Interim Chief Executive gave a briefing to Board Members.
PTHB IC/23/090	CORPORATE RISK REGISTER • CYBER SECURITY AND POWER OUTAGE

	<p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future.</p> <p>The Board:</p> <ul style="list-style-type: none"> RECEIVED the <u>August 2023</u> extract of the Corporate Risk Register for CRR 009 (Cyber Security) and CRR 012 (National Power Outage) ensuring that these are a true reflection of the Health Board's current high-level risks.
PTHB IC/23/091	<p>MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 25 JULY 2023 AND 11 AUGUST 2023</p> <p>The minutes of the In-Committee meetings held on the 25 July 2023 and 11 August 2023 were agreed as a true record.</p>

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Board Action Log									
RAG Status:									
At risk	Red - action date passed or revised date needed								
On track	Yellow - action on target to be completed by agreed/revised date								
Completed	Green - action complete								
No longer needed	Blue - action to be removed and/or replaced by new action								
Transferred	Grey - Transferred to another group								
Board									
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 - NONE									
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING									
25-May-23	PTHB/23/06	DFIT	Belmont Branch Surgery closure	Progress on mitigations in relation to Gilwern Branch Surgery closure	27.09.23 update: Included on September Board agenda 25.07.23 update - included on the July Board agenda. Will remain on action log as an open action until item fully closed. A further update will be provided in Jan 2024.	Sept and Nov 2023 Board meeting			On track
27-Sep-23	PTHB/23/081	DCG	Partnership Assurance Reports	A deep dive into arrangements for ambulance performance to be undertaken at the annual In-Committee session with Chief Ambulance Commissioner	29.11.2023 update: The Delivery & Performance Committee is undertaking a deep dive into ambulance performance at its December meeting, this will report back to the Board through the Committee Chairs report in January 2024. In light of the new National Commissioning Arrangements it is unclear if an annual session will be held with the Chief Ambulance Commissioner. If it is then the topic will be added, if not assurance will be sought in a different way following the D&P Committee review and reported back to the Board.	Jan-24			On track
24-Oct-23	PEQS&WC/23/05	DCG	Speaking Up Safely Draft Self Assessment	Board to look at the role and expectations of Board Champions to enable Champions to understand their role. (Action transferred from the Joint PEQs and W&C Committee - Oct 2023)	29.11.2023 update - action on track	Jan-24			On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 29 NOVEMBER 2023)									
27-Sep-23	PTHB/23/074	DPC	Minutes of meeting 25 July 2023	Breakdown by age of waiting list for cochlear implants to be taken to D&P Committee	29.11.2023 update: This has been transferred to the Delivery and Performance Committee for the Committee to be updated at their December 2023 meeting	Jan-24			Transferred



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys THB Finance Department Financial Performance Report Board

**Period 07 (October 2023)
FY 2023/24**

Date Meeting: 29 November 2023

Item 3.2

Patterson, Liz
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Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 7 OF FY 2023/24
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
This paper provides the Board with an update on the October 2023 (Month 07) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Board is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place. Note that during the Board meeting, item 2.1 asked the Board to approve the revised financial forecast for 2023/24 and underlying deficit.

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
✓	✓	233/570

Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Revenue			Trend
	Original Plan	Revised Plan	Actual	
	£'000	£'000	£'000	
Reported in-month financial position – (deficit)/surplus	-2,789	7,886	8,101	↓
Reported Year To Date financial position – (deficit)/surplus	-19,526	-8,851	-9,138	↑
Year end – (deficit)/surplus	-33,473	-15,173	-15,173	↑

	Capital	
	Value	Trend
	£'000	
Capital Resource Limit	3,656	→
Reported Year to Date expenditure	0.950	→
Reported year end – (deficit)/surplus – Forecast	0	→

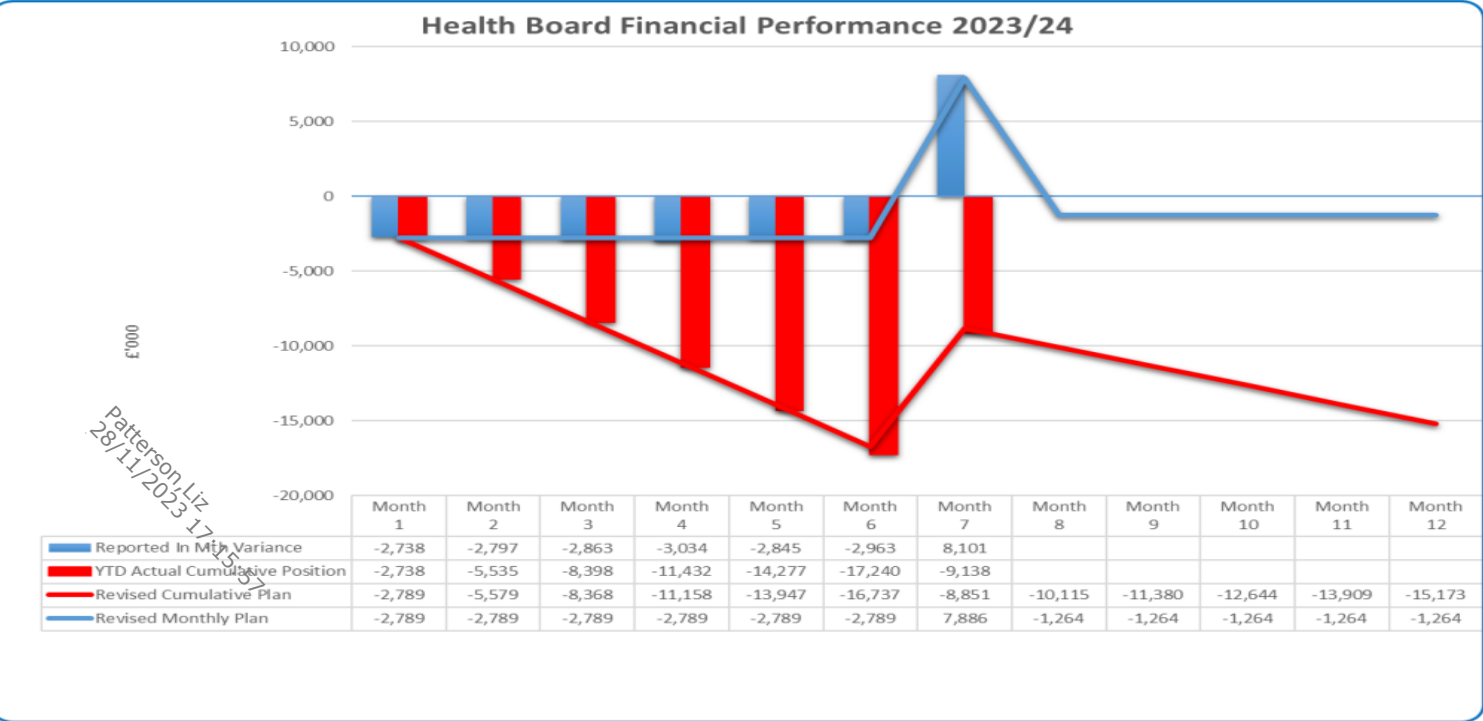
Powys THB’s 2023/24 Plan was agreed by the Board and submitted to WG on 31 March 2023. It included a financial deficit of £33.473m.

In Month 7, WG issued £18.300m additional funding to the Health Board. This has had the impact of revising the forecast deficit to £15.173m.

At month 7, there is a £9.138m overspend against the revised planned deficit of £8.851m giving the Health Board a year-to-date operational overspend of £287k.

The revised forecast deficit of £15.173m is in line with the original plan adjusted for the additional allocations. However, WG has given the Health Board a target £12.000m deficit control total. Opportunities to achieve this are being explored.

The capital resource limit for 2023/24 is £3.656m. To date £0.950m has been spent.



DAY FIVE – Flash

- Overspend on commissioning budget, due to increased emergency activity and cost at providers; plus transformational savings yet to be found by the organisation.
- Emerging overspend on primary care prescribing, given national price concession pressures.
- Agency expenditure of £853k in October, an increase of £56k on last month, and still high against 2022/23 levels.
- CHC has remained constant in month 7, a net decrease of 4 packages of care, giving a total of 312 clients.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(235,595)	(235,595)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(4,395)	(4,771)	(376)
Total Income	(240,065)	(240,442)	(376)
05 - Primary Care - (excluding Drugs)	25,593	25,139	(454)
06 - Primary care - Drugs & Appliances	20,273	20,791	518
07 - Provided services -Pay	62,417	63,580	1,163
08 - Provided Services - Non Pay	25,389	12,785	(12,604)
09 - Secondary care - Drugs	876	840	(36)
10 - Healthcare Services - Other NHS Bodies	95,387	96,867	1,480
12 - Continuing Care and FNC	16,885	17,058	173
13 - Other Private & Voluntary Sector	2,203	1,922	(281)
14 - Joint Financing & Other	5,487	5,516	29
15 - DEL Depreciation etc	2,899	2,899	0
16 - AME Depreciation etc	2,183	2,183	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	259,592	249,580	(10,012)
Reported Position	19,526	9,138	(10,388)
Additional £18.3m Allocations	(10,675)	0	10,675
Operational Position	8,851	9,138	287

At Month 07, there is a £9.138m overspend against the revised planned deficit of £8.851m giving the Health Board a year-to-date operational overspend of £287k.

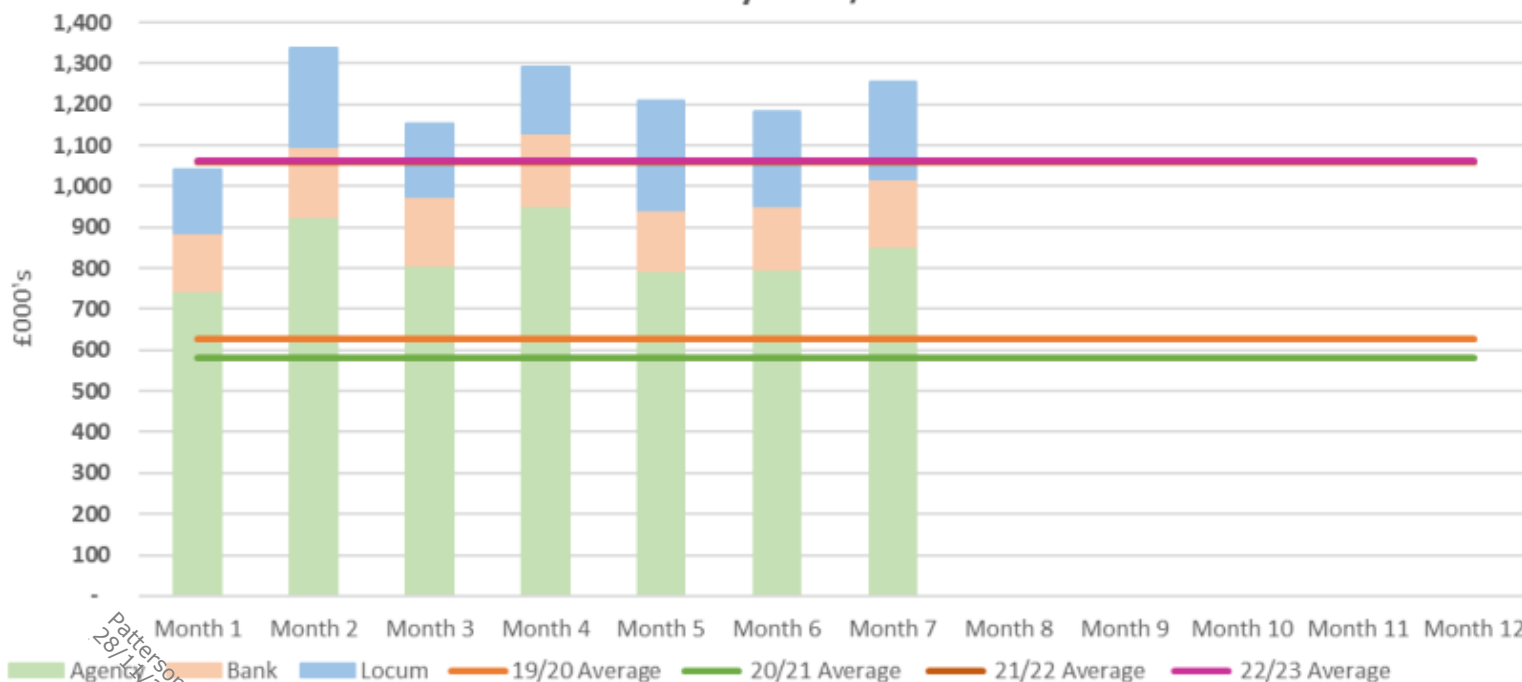
The most significant adverse variances are on:

- pay budgets at £1.163m - driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April to October than it was for the equivalent months last year; and
- commissioned healthcare services at £1.480m - combination of two factors:
 - Costs of emergency activity greater than had been planned for; and
 - Transformational savings, which are intended to reduce expenditure on commissioned healthcare services are having less financial impact.

We are focused on this because:

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

Total Actual Variable Pay 2023/24 vs Previous Years



Performance and Actions

- The Month 07 YTD pay is showing an overspend of £1.163m against the year-to-date plan. The current level of vacancies is 273 (12%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 7 months of 2023/24 compared to the average value from each of the last 4 financial years. The growth is particularly stark within our Mental Health services.
- Powys appears to be an outlier within NHS Wales as agency spend was 11.0% of total pay in Month 06, against the Wales average of 4.7%.
- The HB's Variable Pay Reduction group is implementing its action plan.

Risks

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

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

We are focused on this because:

Commissioning of 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 Accelerated Sustainability Model.

Status Update

At Month 07 overspend of £1.480m on year-to-date budget of £96.024m. This is £0.968m on transformational savings not achieved and increased expenditure with English providers. LTAs for 2023/24 are in the process of being agreed with our providers in England.

Commissioning Forecast 2023/24

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	40,659
English Providers	61,013	65,033	69,433
WHSSC / EASC	44,608	48,694	50,103
Other NHS Providers	4,374	4,501	4,897
Mental Health (LTAs Only)	742	851	933
Total	149,274	157,851	166,024

2023/24 forecast is less certain due to pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% to cover non-pay / English providers 3.4%.
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- A review of activity information has identified a trend of increased emergency presentations, which is under investigation. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.
- To date, the HB has experienced 3,760 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £2.217m to date.

Risks

- 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.

We are focused on this because:

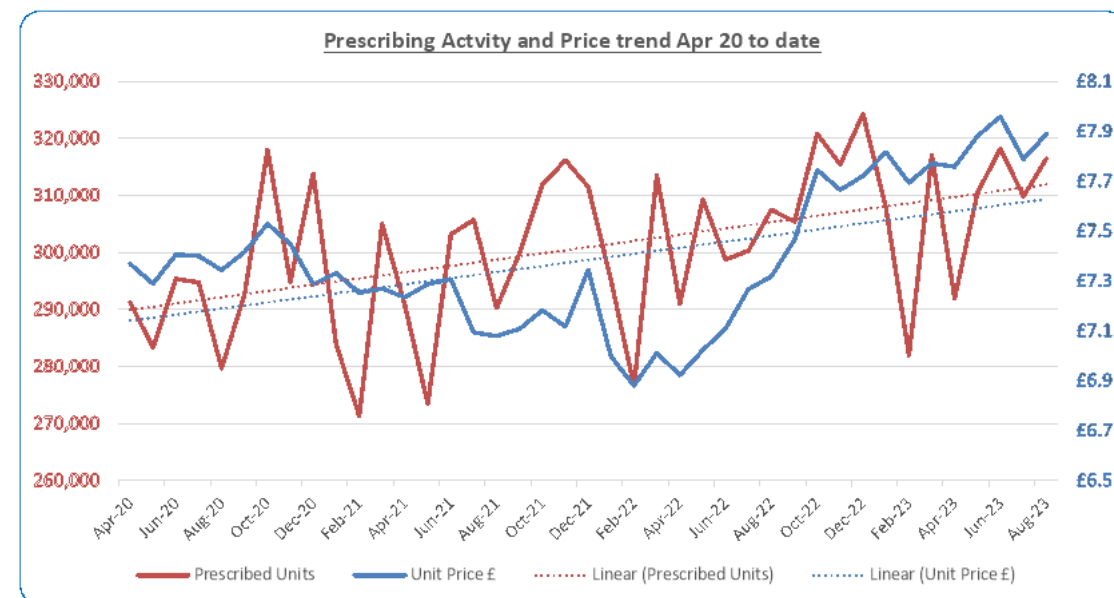
The costs of prescribing have risen significantly since April 2022. This has been driven by both price inflation and increased prescribing activity. Current adverse variance of £1.3m against the prescribing budget of £28.9m pa, will have a material impact on the Health Board's financial obligations.

Status Update

At Month 07 forecast overspend of £1.299m on 2023/24 budget of £28.831m. Prescribing costs are reported 2 months in arrears.

- YTD costs, M1-M5, are £1.410m higher than M1-5 in 2022/23 (13.1%).
- Unit price increase year on year of 9.8% to M5 2023/24, driven by NCSO/price concessions.
- Prescribing activity steady year on year increase of 2.6%.

Prescribing cost increases	19-20	20-21	21-22	22-23	23-24 (f'cast)
		£k	£k	£k	£k
Prescribing Budget	23,142	22,320	23,182	24,694	28,831
Prescribing Annual costs	24,867	25,953	25,610	27,469	30,131
Yr on Yr % increase/decrease		4.4%	-1.3%	7.3%	9.7%
Yr on Yr increase £ Total		1,086	-344	1,859	2,662
Yr on Yr increase £ Growth		-109	475	655	730
Yr on Yr increase £ Inflation		1,196	-819	1,204	1,932



Risks & Challenges

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

Medicines Mgt savings performance and actions

- Medicines Mgt savings scheme forecasting £1.3m against prescribing budget plus £0.3m of rebates.
- Guidance & support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and prescribing guidelines, audit, shared care agreements.
- Active involvement in NHS Wales pharmacy and finance fora.

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	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000
Children	267	151	157	296	324	303	7
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,294	833
Mental Health	7,344	7,801	10,611	13,949	16,487	15,481	1,532
Mid Locality	981	925	1,635	1,882	1,560	2,204	322
North Locality	1,365	1,537	2,098	2,646	2,907	3,469	823
South Locality	1,495	1,958	1,853	1,904	2,068	1,891	(13)
Grand Total	12,410	13,941	17,994	23,138	25,927	26,642	3,504
Number of active clients	236	252	294	307	324	312	5

D2RA				696	648	386	(310)
FNC	2,218	2,095	1,960	2,131	2,370	2,270	139
Total	14,628	16,035	19,954	25,966	28,945	29,298	3,332

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 2023/24 above that planned for.

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.

Performance and Action

The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 7, there is an overspend of £0.173m on year-to-date budget of £16,885m against Continuing Care and FNC. The number of CHC packages has reduced by 4 from 316 to 312 in October.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGHs, prior to full CHC assessment.

Across Wales, at Month 06, the forecast is for a 16.4% increase in costs in 2023/24 compared to 2022/23, with Powys currently showing 9.6% increase.

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.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Finance	610	47	2,428	2,475	368	(1,865)	406%
Medical	504	1,601	0	1,601	0	(1,097)	318%
Nursing	21	22	0	22	0	(1)	102%
Planning & Performance	2,570	943	50	993	246	1,577	39%
Primary & Community Care & MH/LD	1,464	250	837	1,087	914	377	74%
Therapies Directorate	211	117	0	117	203	94	55%
Public Health	2,089	2,089	0	2,089	0	1	100%
Workforce & Organisational Development	17	16	0	16	0	1	96%
Chief Executive	14	37	0	37	0	(23)	266%
Grand Total	7,500	5,122	3,315	8,436	1,731	(936)	112%

Performance and Actions

- The 2023/24 Financial Plan is a deficit of £33.5m, this is predicated on the Health Board achieving £7.5m savings.
- As shown in the table £8.4m schemes have been forecast (£5.1m Green and £3.3m Amber), with a further £1.7m Red pipeline ideas.
- The HB is underperforming against savings profiled to date by £695k.
- There are two key actions:
 - Develop increased certainty on amber schemes so that they turn green.
 - Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

Note: RAG rating is per WG’s guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Performance of Schemes

Green and Amber										RED		
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	8	2,110	2,156	47	2,420	2,475	55	640	700	4	368	418
Medical	7	270	783	513	687	1,601	914	687	1,780	0	0	0
Planning & Performance	5	1,415	488	(927)	2,797	993	(1,803)	2,301	1,341	1	246	493
Primary & Community Care & MH/LD	22	573	246	(327)	1,353	1,087	(266)	1,377	1,148	47	914	1,407
Therapies Directorate	4	46	46	0	117	117	0	59	59	6	203	367
Public Health	3	1,218	1,218	(1)	2,089	2,089	(1)	2,090	2,089	0	0	0
Workforce & Organisational Development	2	9	9	0	16	16	0	16	16	0	0	0
Chief Executive	1	37	37	0	37	37	0	0	0	0	0	0
Director of Environment	0		0	0	0	0	0	0	0	0	0	0
Nursing	7	10	10	0	22	22	0	22	22	0	0	0
Grand Total	59	5,688	4,992	(695)	9,537	8,436	(1,101)	7,192	7,155	58	1,731	2,684

Risks

Timescales and capacity of teams to deliver the schemes. This risk is currently quantified at £265k.

What the tables tells us

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

Summary:

- PTHB submitted a plan with a £33.5m planned deficit for 2023/24. However, in Month 7 WG issued £18.300m of funding to the Heath Board, revising the forecast deficit to £15.173m, before opportunities are explored to achieve a £12.000m deficit control total.
- At month 7, PTHB is reporting a £9.138m overspend. This comprises seven twelfths of the revised planned deficit £8.851m, with an operational overspend of £0.287m.
 - The £7.5m savings target is profiled into the position. Actions are progressing to deliver a greater value of savings in 2023/24 than the target.
 - The key operational pressure needing to be addressed is agency expenditure, especially within mental health services.
- The revised revenue forecast for 2023/24 is £15.173m in line with the original plan adjusted for the additional allocations.
- The underlying deficit of the Health Board is £19.620m, predominantly due to £4.1m of the additional funding being non-recurrent.
- The Health Board has a £3.656m capital allocation, which it will manage within.
- Due to the £15.173m revised forecast financial deficit, the THB will require additional cash in the latter part of the year (month 12). Welsh Government has asked that formal applications for strategic cash support are submitted by 23 November 2023.

Powys THB Finance Department

Financial Performance Report - Appendices

Patterson, Liz
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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th November 2023.

MMR Narrative



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

MMR Tables



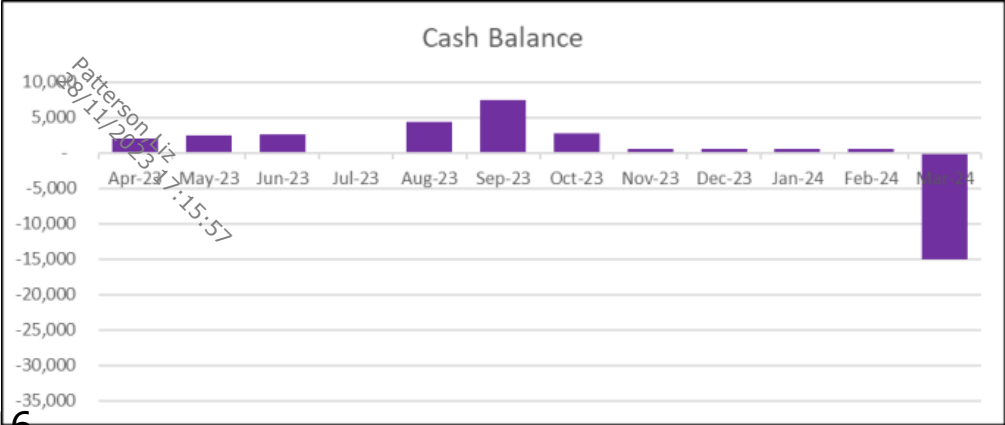
[https://
s365.sharepoint.co](https://s365.sharepoint.co)

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2023
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.993	0.993	0.585
EFAB Infrastructure	0.406	0.406	0.091
EFAB Fire	0.107	0.107	0.000
EFAB Decarbonisation	0.378	0.378	0.000
Llandrindod Fees	0.236	0.236	0.236
Replacement Roofing, Bronllys Hospital	1.468	1.468	0.038
IFRS16 Leases	0.068	0.068	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	3.656	3.656	0.950

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	1,268	2,011	2,438	2,598	118	4,335	7,397	2,756	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,921	35,913	29,385	33,320	36,654	31,622	33,293	17,442
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(106)	(198)	(237)	(145)	(130)	(130)	(130)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	19	19	1,135	5	21	1,109	1,074	1,514
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	176	472	518	751	545	849
Income from other Welsh NHS Organisations	1,137	509	489	875	687	363	867	600	600	600	600	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	229	549	854	274	600	600	600	600	600
Total Receipts	39,303	36,149	43,020	35,746	37,070	37,201	31,600	34,852	38,263	34,552	35,982	20,875
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	1,998	2,606	2,561	3,003	2,400	3,000	2,871	2,557	2,520
Primary Care Services : Pharmacy Services	904	0	845	0	366	815	0	450	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	0	1,534	2,985	0	1,500	3,000	0	1,500	1,500
Primary Care Services : General Dental Services	307	465	545	628	488	439	585	450	450	450	450	450
Non Cash Limited Payments	81	81	88	85	75	89	96	80	80	80	80	80
Salaries and Wages	8,918	8,647	9,864	9,261	8,715	8,109	8,407	8,200	8,200	8,200	8,200	8,200
Non Pay Expenditure	22,723	24,070	25,201	26,123	19,041	18,979	23,875	23,495	22,200	22,200	22,200	22,246
Capital Payment	53	73	228	131	28	162	275	533	433	751	545	979
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	38,226	32,853	34,139	36,241	37,108	38,263	34,552	35,982	36,425
NET CASH FLOW IN MONTH	743	427	160	(2,480)	4,217	3,062	(4,641)	(2,256)	0	0	0	(15,550)
Balance c/f	2,011	2,438	2,598	118	4,335	7,397	2,756	500	500	500	500	(15,050)



Due to the £15.173m revised forecast financial deficit, the THB will require strategic cash support in the latter part of the year (month 12).

	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr-22	Oct-23	Mar-24
	£'000	£'000	£'000
Tangible & Intangible Assets	104,855	105,973	105,973
Trade & Other Receivables	18,154	18,622	18,622
Inventories	147	147	147
Cash	1,268	2,756	(15,050)
Total Assets	124,424	127,498	109,692
Trade and other payables	49,845	26,797	44,749
Provisions	15,842	15,774	15,774
Total Liabilities	65,687	42,571	60,523
Total Assets Employed	58,737	84,927	49,169
Financed By			
General Fund	11,604	37,794	2,036
Revaluation Reserve	46,625	46,625	46,625
Total Taxpayers' Equity	58,229	84,419	48,661

Patterson, Liz
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Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

Core Financial Plan Year 1 2023/24

Financial Plan	(£m)
Underlying deficit	18.6
Inflationary pressures	8.9
Demand/ service growth	7.4
Net effect of allocation adjustments and COVID	6.1
Mitigating actions	(7.5)
TOTAL DEFICIT	33.5

The 2023/24 Financial Plan is a deficit of £33.5m

Range of significant risks to be managed

All Health Boards asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing/ providing greater assurance on the forecast financial deficit

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

Patterson, Liz
28/11/2023 17:15:57



Agenda item: 3.3

Board		Date of Meeting: 29 November 2023
Subject:	Powys Teaching Health Board Integrated Performance Report Position as at Month 6 2023/24	
Presented by:	Executive Director of Planning and Performance	
Approved by:	Executive Director of Planning and Performance Assistant Director of Performance and Commissioning	
Prepared by:	Head of Performance Administrative Officer, Integrated Performance	
Other Committees and meetings considered at:	Executive Committee –15 November 2023 (month 6 report) and Delivery and Performance Committee 17 October 2023 (month 4 report).	

PURPOSE:

This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework up until the end of September 2023 (month 6).

RECOMMENDATION(S):

The Board area sked to:

- **DISCUSS** and NOTE the content of this report;
- Take **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

EXECUTIVE SUMMARY:

This report provides the Board with the latest available performance update against the 2023/24 NHS Wales Performance Framework.

The month 6 position provided within the report remains in new format (which focuses on metrics in escalation/exception).

Summary of health board performance for month 6 (September 2023)

At the end of September 2023 (Month 6) the health board continues to report a significantly challenging position of increased breaches against key provider planned care targets (ministerial priorities), and many resident pathways who wait beyond targets in commissioned care services.

Key specialties in the provider such as General Surgery, Rheumatology, ENT, Orthopaedics, and Ophthalmology are seeing challenging wait times because of increased demand and challenged capacity. Positively the longest wait times have been reduced but overall, the provider mirrors the ongoing national challenge.

The provider pathways remain fragile especially for in-reach service provision. PTHB as a provider remains significantly reliant on acute centre complex diagnostics including CT, MRI, histology, and pathology which continue to impact on speed of provider pathways.

Other challenges include a relatively small and disperse clinical workforce with sickness and vacancies across a large geographical footprint. Positive key clinical recruitment has been achieved in September, this strengthens especially the day case and endoscopy units in Brecon and Llandrindod. Therapies services continue to be escalated but following a proactive remedial action plan are starting to see slow improvement against the 14-week target, and further recruitment is expected to result in accelerated recovery in Q3 & Q4.

For Powys residents the equity of access also remains a challenge with shorter RTT waits in England than Wales (although Welsh providers are seeing general improvement with the majority reporting special cause improvement across all key RTT wait bands).

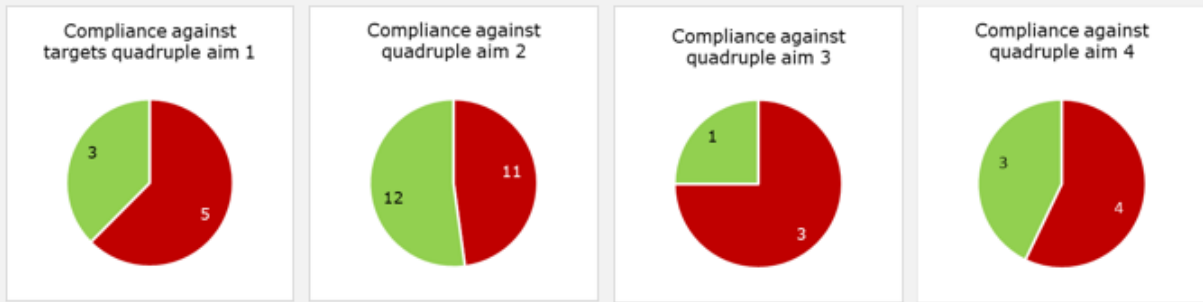
Cancer pathways and care remain challenging, those initial Powys provided cancer pathways have median wait times higher than Wales average for first outpatient and some diagnostics specialties (especially where reliant on out-reach diagnostics). Commissioned services in both Wales and England show a challenging picture with variation by geographical provider area and tumour type. Poor performance is predominately linked to complex diagnostic and reporting capacity or physical capacity within outpatient's clinics.

Unscheduled care access has been maintained in Q2 with Powys residents still reporting breaches against the 4hr and 12hr targets in Wales, however A&E units in England continue to report challenging performance with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows. As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs in department, and no ambulance handover delays have been reported. Another key area of concern is WAST response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0-8-minute calls, it should be noted that non-compliance for ambulance handovers <1hr is still a significant problem in key main commissioned care providers, especially in Wales.

Quadruple aim compliance

Compliance against quadruple aims remains challenging with only aim 2 reporting a positive percentage of measures achieved. Aim 1 has seen improvements with compliant measures now reporting 3 of 8.

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



Escalation & Exception

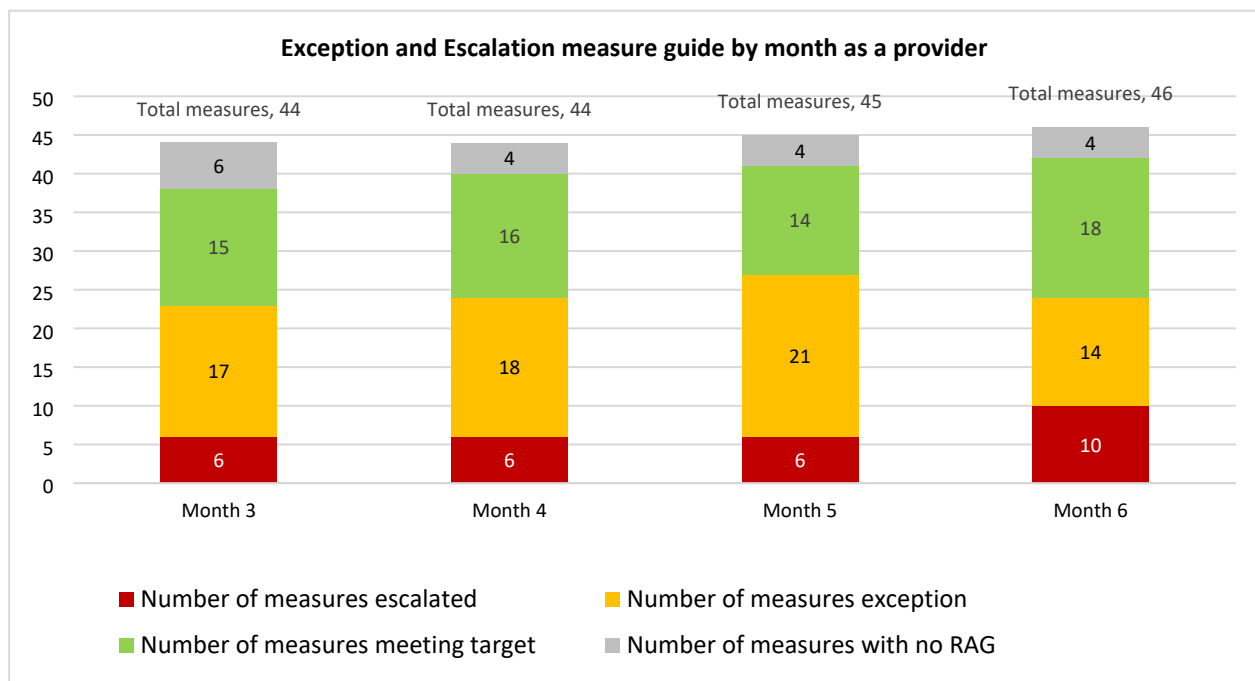
As part of the Integrated Performance Framework (IPF), process measures are now highlighted as escalations (*when a performance matter does not meet target and hits criteria for a higher level for resolution, decision-making, or further action*) or exception (*Referring to a deviation or departure from the normal or expected course of action*).

In Month 6 (September) 46 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework, with 10 of the measures escalated:

- Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment.
- Mental Health adult interventions.
- Patients waiting for diagnostics beyond 8 weeks.
- Percentage of children waiting under 14 weeks for a therapy.
- Patients waiting longer than 14 weeks for a therapy.
- Number of patients waiting over 52 weeks for a new outpatient appointment.
- Number of patients waiting more than 36 weeks for a new outpatient appointment.
- Patient follow-up (FUP) pathways delayed 100% and over.
- Number of patients waiting more than 52 weeks for treatment.
- Mental Health adult CTP compliance.

Through the IPF, remedial action plans have been developed to address these escalated measures, those plans with a red RAG rating have currently been unable to identify an estimated recovery time.

This graph below provides the relative performance of the health board against the 2023/24 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 IPR by exception.



Measures with no RAG rating are those with either insufficient data to determine compliance and those where PTHB reports but has no national target as a non-acute provider.

Ministerial Priorities 2023/24

At the end of September, the health board is not meeting six of the challenging set targets to drive performance improvement (33% compliant 3 of 9). Four planned care measures are now not expected to achieve their target as of March 2024. All escalated measures are discussed within the Performance and Engagement group with key service leads and remedial actions plans are in place or under development.

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	98	97	100	74	53	84						
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4	19	42	60						
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112	126	159	197						
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0	0	0	0						
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14	29	52	75						
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117	134	152	139						
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265	418	511	499						
Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667	1660	1683	1624						
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0	0	0	0						

NEXT STEPS

- Through the IPF, work continues to implement the required process to provide effective challenge, support and scrutiny of both provider and commissioned services, with the aim to improve patient outcomes including regular discussion at directorate performance review meetings.
- The Performance Team continues to work closely with commissioned service providers to understand referral demand, demand and capacity gaps, waiting list profiles at specialist level and model robust performance trajectories within the context of the NHS Wales Planning Framework and Ministerial Targets for 2023/24 for Powys provider, English and Welsh commissioned services.

Powys Teaching Health Board

Integrated Performance Report

Month 6 – Updated 01/11/2023

Select one of the below boxes to navigate to the required section of the report

[Introduction](#)

[Executive Summary](#)

[Escalated Performance Challenges](#)

[Exception Reporting](#)

[Appendix 1 – All metrics score sheet](#)

[Appendix 2 – Progress against Ministerial Priorities](#)

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What is the Integrated Performance Report (IPR)

This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.



Using statistical process control (SPC)

SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

Key facts for SPC

- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



NHS Improvement SPC icons

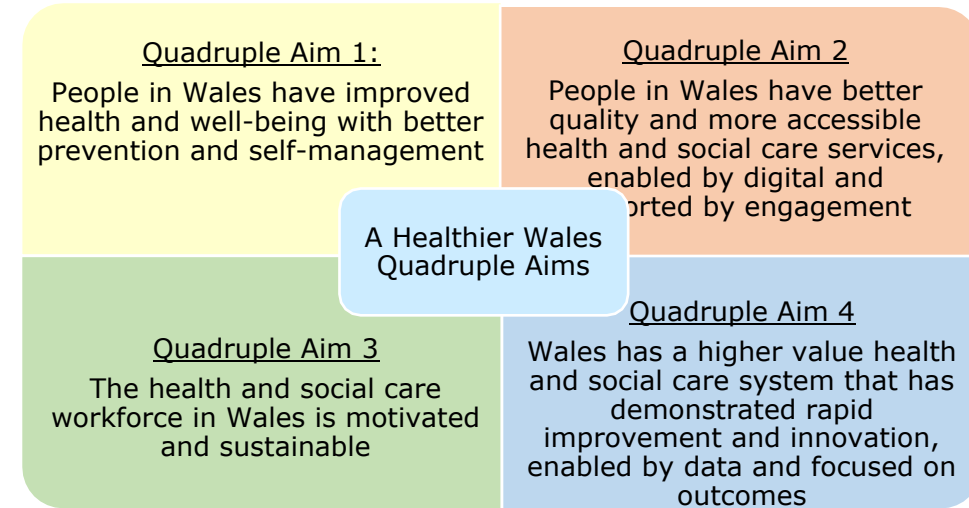




What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require health board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

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.

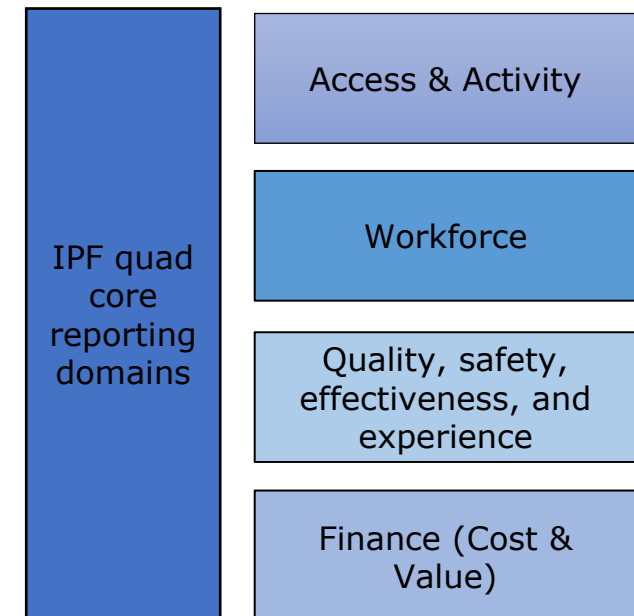


What is the Integrated Performance Framework (IPF) in Powys?

The Integrated Performance Framework (IPF) 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 IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and Ministerial priority trajectories. In the provider Performance and Engagement 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.





Narrative summary of performance at month 6 (September 2023)

This report provides the Executive Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. The IPR format for Month 6 highlights areas of escalation and exception as a priority. Detailed slides on compliant measures will only be included bi-annually.

At the end of September 2023 (Month 6) the health board continues to report a significantly challenging position of increased breaches against key provider planned care targets (ministerial priorities), and many resident pathways who wait beyond targets in Commissioned care services. Key specialties in the provider such as General Surgery, Rheumatology, ENT, Orthopaedics, and Ophthalmology are seeing challenging wait times because of increased demand and challenged capacity, positively the longest wait times have been reduced but overall, the provider mirrors the ongoing national challenge.

The provider pathways remain significantly fragile especially for in-reach service provision and maintenance of timely care remains hampered by the un-availability of private insource following national financial implications for the NHS. Further the provider remains significantly reliant on acute centre complex diagnostics including CT, MRI, histology, and pathology which continue to impact on speed of provider pathways. Other challenges include a relatively small and disperse clinical workforce with sickness and vacancy problems across a large geographical footprint. Positive key clinical recruitment has been achieved in September, this strengthens especially the day case and endoscopy units in Brecon and Llandrindod. Therapies services continue to be escalated but following a proactive remedial action plan are starting to see slow improvement against the 14-week target, and further recruitment is expected to result in accelerated recovery in Q3 & Q4.

For Powys residents the equity of access also remains a challenge with shorter RTT waits in England than Wales (although Welsh providers are seeing general improvement with the majority reporting special cause improvement across all key RTT wait bands).

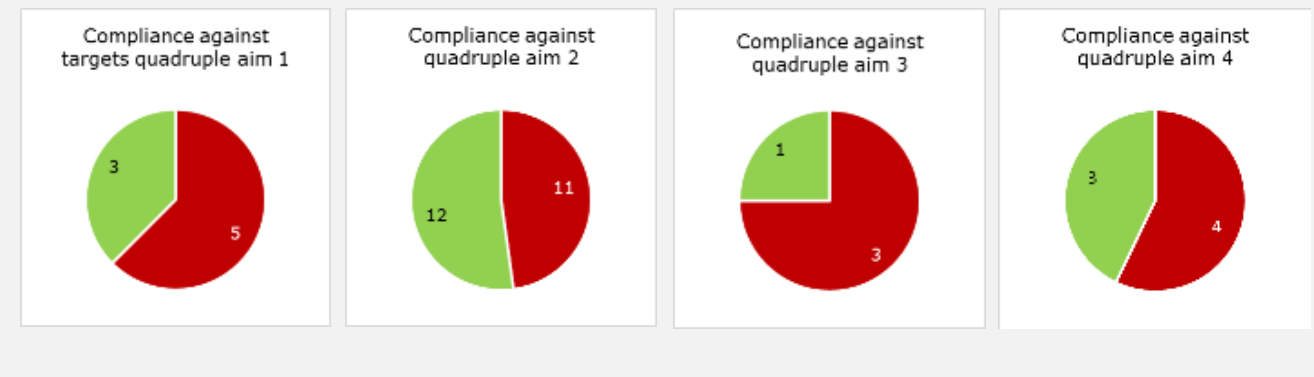
Cancer pathways and care remain challenging, those initial Powys provided cancer pathways have median wait times higher than Wales average for first outpatient and some diagnostics specialties (especially where reliant on out-reach diagnostics). Commissioned services in both Wales and England show a challenging picture with variation by geographical provider area and tumour type. Poor performance is predominately linked to complex diagnostic and reporting capacity or physical capacity within outpatient's clinics.

Unscheduled care access has been maintained in Q2 with Powys residents still reporting breaches against the 4hr and 12hr targets in Wales, however A&E units in England continue to report challenging performance with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows. As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs in department, and no ambulance handover delays have been reported. Another key area of concern is WAST response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0–8-minute calls, it should be noted that non-compliance for ambulance handovers <1hr is still a significant problem in key main commissioned care providers, especially in Wales.

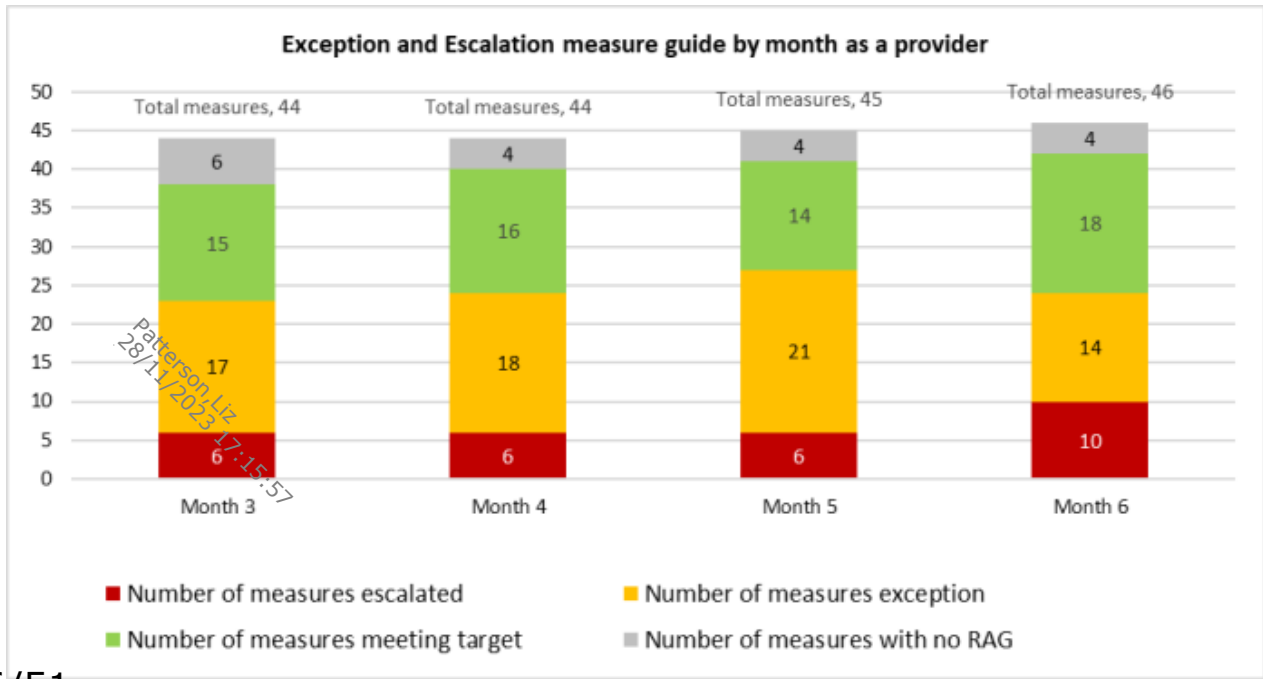
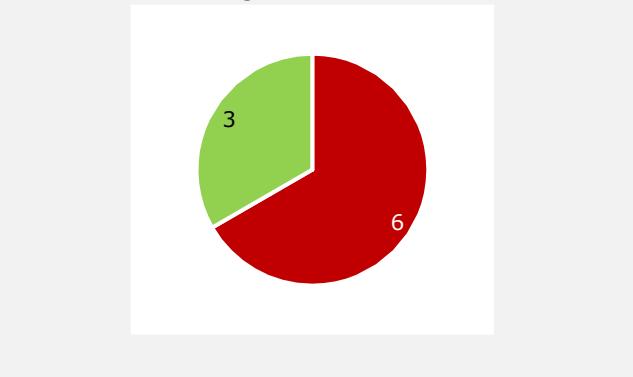
Visual summary of performance at month 6 (September 2023)

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 (e.g., resident view) are included

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






Compliance against Ministerial priority trajectories.






- In Month 6 (September) 46 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework.
- 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 IPR.
- It should also be noted however that any measure can be raised as an escalation, even if performance meets national target.
- Measures with no RAG rating 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.

Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
7	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	Jul-23	90%	0.0%	Never		TBC with remedial action plan
Why is this an escalated metric?		Escalated by Powys Performance team for historic and current poor target compliance.					
Key performance drivers		Key actions to recover					
Poor performance linked to the capacity for diagnostic endoscopy across Wales. Target is and has always been very challenging with low compliance across all providers.		Regular meetings between local operational leads and the Public Health led Wales screening team (BSW). Performance reported and reviewed monthly via LTA contract sheets.					
17	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people 18 years and over	Aug-23	80%	60.5%	Never		TBC with remedial action plan
Why is this an escalated metric?		This measure remains challenged, without intervention it will not meet target and has been escalated					
Key performance drivers		Key actions to recover					
Inconsistent data capture across the teams has led to problems with accuracy. System developed to ensure data consistent pan Powys and have co-ordinated weekly touch points to ensure maintain consistency of data capture.		A recovery and development plan confirmed in Spring 2023 continues to be implemented and includes the standardisation of services. Part 1b performance expected to improve but may be temporarily affected by the implementation of the standard operating procedure.					
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Sep-23	PTHB trajectory = <110	139	Jan-20		RAP in place – no estimated recovery time
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group.					
Key performance drivers		Key actions to recover					
Key capacity challenges for diagnostics especially in Cardiology, and Endoscopy where the waiting list position is degrading. Radiology although reporting breaches continues to see improvement as reported within their remedial action plan. All specialties are affected by in-reach fragility and increased demand that challenges current capacity.		Key actions include creation of multiple by specialty remedial action plans to assess and drive recovery with senior engagement, escalation of in-reach providers capacity via Commissioned contracting meetings. Appointment into key vacancies from August into senior clinical roles, and role out of new endoscopy sponge capsule (cyto-sponge) diagnostic starting in October to improve patient experience and service capacity.					
26	Percentage of children (under 18) waiting 14 weeks or less for a specified Allied Health Professional	Sep-23	12 month improvement trend	77.62%	New measure data not available	N/A	Mar-24
Why is this an escalated metric?		This measure has been escalated from month 6 as part of the larger therapies escalation as confirmed by service leads (key specialties like speech and language therapy (Paediatrics) is impacting on the overall therapies position of the health board.					
Key performance drivers		Key actions to recover					
Majority of breaches are within speech and language therapy linked to key challenged with staffing vacancies, unrecognised backlog of long waiting patients and a high caseload demand.		Remedial action plan undertaken by services for escalation as required. New standard operating procedure in place to improve service processes. Demand and capacity work has been undertaken to improve flow.					



Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
27	Number of therapy breaches 14+ weeks	Sep-23	PTHB trajectory = <70	499	Dec-21		Mar-24
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory. The waiting list and breach challenge is expected to grow into Q3.					
Key performance drivers		Key actions to recover					
Significant vacancies across key specialties including physiotherapy, dietetics, podiatry and audiology. For example, podiatry has 33% staffing vacancy pan Powys significantly challenging flow and patient wait times. Large FUP caseload backlog impacting new booking capacity. Ongoing challenge with core reporting which remains escalated with the Digital & Transformation team.		Key actions include creation of multiple by specialty remedial action plans to assess and drive recovery with senior engagement. Weekly Heads of Service waiting list meetings. Additional locum to support MSK physiotherapy, and new graduate from August 2023. Caseload reviews across all therapies. Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced.					
28	Number of patients waiting over 52 weeks for a new outpatient appointment	Sep-23	PTHB trajectory of 0	60	Jan-23		RAP in place – no estimated recovery time
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
Key performance drivers		Key actions to recover					
Significant capacity challenge, especially in Rheumatology, General Surgery, Orthopaedics, ENT, and Ophthalmology. Without additional NHS or private provider capacity the expectation is of an increasing breach position through 2023/24.		Key actions include creation of multiple by specialty remedial action plans to assess and drive recovery with senior engagement. Review of inter provider pathways with in-reach providers for General Surgery. Continued capacity issues flagged and under investigation for resolution with PTHB Commissioning team. Patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB. Key recruitments into staffing vacancies from Q3.					
29	Number of patients waiting more than 36 weeks for a new outpatient appointment	Sep-23	PTHB trajectory of 25	197	N/A		RAP in place – no estimated recovery time
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory. The waiting list and breach challenge is expected to grow into Q3.					
Key performance drivers		Key actions to recover					
As above (measure 28)		As above (measure 28)					
30	Patient follow-up (FUP) pathways delayed 100% and over	Sep-23	PTHB Trajectory = <900	1624	Not available	N/A	RAP in place – no estimated recovery time
Why is this an escalated metric?		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 Digital Transformation team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. To note currently in this document the health board is reporting all pathways both reportable and non-reportable (Welsh Government holds PTHB to account on only reportable specialties).					
Key performance drivers		Key actions to recover					
Ongoing validation reducing inaccurate pathways via data cleansing with service. Challenge to service capacity prioritising urgent suspected cancer/urgent whilst routine and FUP's in some specialties are required to wait longer.		D&T have continued validation with services and phase 4 resulted in 183 pathways being cleansed as incorrect. Phase 5 has highlighted a further 196 pathways for validation. From a service perspective Ophthalmology are to commence using patient-initiated follow-ups from November 2023 to improve care for frail patients and further capacity scoping is being carried out including insource and service level agreement discussions with NHS in-source.					



Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
32	Number of patients waiting more than 52 weeks for treatment	Sep-23	PTHB Trajectory of 0	75	Sep-22		Mar-24
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
Key performance drivers		Key actions to recover					
As per measure 28		As per measure 28					
45	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Aug-23	90%	81.0%	Nov-21		TBC with remedial action plan
Why is this an escalated metric?							
Key performance drivers		Key actions to recover					
Vacancies and sickness absence impact on the ability to meet this target however there has been a data quality challenge including post submission revisions which means that in the next reporting period there will be an impact on performance with improvement anticipated.		A new SOP has been rolled across the 5 Community Mental Health Teams with review meetings in place to ensure compliance. To note there will be an impact on performance data in the next reporting period. There has been success in recruiting to key vacancies and reduction in reliance on locums. Recruitment efforts will continue with the aim to improve capacity.					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1 23/24	5% Annual Target	1.29%	Never	N/A	TBC
Key performance drivers		Key actions to recover					
Q1 2023/24 has seen a step change in performance with Q1 reporting 1.29% significantly higher than 0.68% for the same period 2022/23		Health board to develop promotional campaign for Pharmacy L2 & L3 services inc additional training for technicians. Roll out of GP text message project to offer patient support, and other ongoing promotions of pathways to support smoking cessation.					
3	Percentage of children up to date with scheduled vaccinations by age 5	Q1 23/24	95%	91.7%	Never	N/A	Q2 23/24
Key performance drivers		Key actions to recover					
Significant improvement for Q1 2023/24 (91.7%) but known issues include data recording on uptake and linking of digital systems (data cleansing ongoing). And some practices struggling with capacity resulting in timeliness challenges.		Standard operating procedures (SOPs) have been developed to support primary care clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations. Lessons learnt from Polio/MMR catchup are being implemented.					
4	Percentage of girls receiving HPV vaccination by age 15	Q1 23/24	95%	84.7%	N/A new metric	N/A	TBC
Key performance drivers		Key actions to recover					
Change in the methodology of age group for reporting. Press reports around change of vaccination schedule, and negative press regarding HPV.		Vaccination promotion in schools appropriately via curriculum, and review implementation of NICE guidelines (NG218) particularly recommendations 1.3.24 to 1.3.39.					
6	Percentage uptake of COVID-19 vaccination for those eligible	Sep-23	75% (by end of campaign)	10.3%	Not applicable	N/A	Q4 23/24
Key performance drivers		Key actions to recover					
Data on COVID-19 vaccination uptake is sourced from PHW surveillance data which is based on total population, citizens only become eligible for a booster if they complete their primary course. National delay on data cleansing cohorts. BA.4.86 variant impact		Targeted interventions on immunosuppressed, ongoing work with care homes, and increasing local clinic offer to improve access. Supporting GP's to provide COVID vaccination clinics.					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
15	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people under 18	Aug-23	80%	78.9%	Jul-23		TBC
Key performance drivers		Key actions to recover					
Staffing challenges, exceptionally high demand for specialist CAMHS services requiring extra capacity from all clinical staff to complete assessments, which has impacted the intervention performance.		Review and staff engagement for required process compliance, and ongoing data quality/timeliness work.					
18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Sep-23	65%	48.3%	Feb-21		TBC
Key performance drivers		Key actions to recover					
Demand for 999 services increasing, handover delays impact the ability of an emergency conveyance to return to patch (be available), and rural geographical challenge for PTHB		All Wales urgent care system escalation calls being held daily (often more than once per day), most Health Board who run acute services have now deployed elements of service resilience, and action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.					
22	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 – Powys resident view	Sep-23	Powys – 95%	99.9%	Never met	TBC	TBC
Key performance drivers		Sep-23	Wales – 95%	59.9%	across all		
Autumn see's increased demand on services, emergency unit congestion because of bed capacity within hospitals especially in high dependency beds.		Aug-23	England – 95%	47.5%	residents		
Key actions to recover		To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.					
23	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 – Powys resident view	Sep-23	Powys – 0	0	Never met	N/A	TBC
Key performance drivers		Sep-23	Wales – 0	157	across all		
Narrative as measure 22.		Aug-23	England - 0	289	residents		
Key actions to recover		Narrative as measure 22.					



Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
34	Children/Young People neurodevelopmental waits	Aug-23	80%	68.9%	Aug-22		TBC
Key performance drivers		Key actions to recover					
The average referral rate of 20 per month pre COVID has drastically increased again during Qtr2 to 69 per month in 2023/24 thus far. This peaked to 108 in July 2023. Capacity remains insufficient to meet this ongoing demand, even with additional temporary funded work force colleagues.		During Q4 2022/23, first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position. The above action consequently also increased the 'assessments in progress' waiting list. A business case is in progress, and temporary staff positions have been extended until at least December 2023.					

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Exception Reporting - measures not meeting required performance

Local Measures and Assurance

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
Commissioning measures	Commissioned referral to treatment (RTT) – Powys resident	Combined Latest Performance – Aug 23	+104 weeks	356	Never	Please look to slide for detail	Commissioned service trajectories - unavailable
			52+ weeks	2230			
			+36 weeks	4779			
			< 26 weeks	62.4%			
		Commissioned RTT performance does not meet any set targets, please look to the slides for further details.					
Link	Powys commissioned private dermatology service (RTT)	Sep-23	< 26 week	74.7%	Not available	N/A	TBC
			+36 week	44			
Private provider outsource does not meet any set RTT targets in June, please look to the slide for further details.							
Cancer Measures	SCP - Commissioned Cancer Performance (Wales)	Aug-23	75% <62 days for treatment	60%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH - Aug	zero	4 Breaches	N/A		
		WVT - Jul		6 Breaches	N/A		
	Powys provider downgrade performance – 28 days best practice	Sep-23	TBC	25.93%	N/A		
		Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jun-23	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	17.8%	N/A	N/A	TBC
Key performance drivers		Key actions to recover					
Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology. It should be noted that HEIW have noted that current data has anomalies and ongoing work is required to resolve		Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. Workforce and OD directorate are working to develop good practice guides to support managers in working to improve retention					
38	Agency spend as a percentage of the total pay bill	Sep-23	12-month reduction trend	11.1%	Apr-23		TBC
Key performance drivers		Key actions to recover					
Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing and unregistered Nursing and remains an area of focus. Challenges include limited substantive professional workforce availability, rurality, sickness, and patient acuity & dependency.		Reviewing operational footprint to further reduce reliance on temporary staffing, negotiations with on-contract agencies for additional recruitment. Recruitment of 5 overseas registered nurses into Welshpool. Targeting bank over agency to help reduce spend.					
39	PADR Compliance	Sep-23	85%	79.0%	Never		TBC
Key performance drivers		Key actions to recover					
Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and recruitment challenges.		WOD Business Partners are discussing PADR compliance at senior management groups within services. Monthly detailed analysis of compliance is shared via Assistant Directors. Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	Aug-23	90%	80.0%	Never	N/A	Awaiting national fix
Key performance drivers		Key actions to recover					
Welsh Government have noted that this data is received from the DHCW and currently the DHCW have identified an error with the script used to create the data for this measures, it is expected that from October 2023 the data will be revised		DHCW are making changes to their scripts to prevent old errors being included in current months' performance and are ensuring any identified errors are visible to Health Boards.					
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
42	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Aug-23	17% or more	10.1%	Never	N/A	TBC
Key performance drivers		Key actions to recover					
No issues currently reported		No issues currently reported					
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
45	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Aug-23	90%	81.0%	Dec-22		TBC
Key performance drivers		Key actions to recover					
North Powys vacancies and sickness impacting performance, including the local authority challenge for capacity (office duties) which impact PTHB staff. Further ongoing data quality including post submission revisions challenge performance reporting.		Ongoing meetings with local council to resolved responsibilities and capacity challenge (change of duty model being scoped). Ongoing recruitment drive underway, and data cleansing work with review of WCCIS (patient administration system) underway.					
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
51	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Sep-23	95%	72.8%	Never		TBC
Key performance drivers		Key actions to recover					
In-reach fragility impacts available capacity for specialty. Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing and backlog following industrial actions. Further challenge linked to delays in National Digital Eye Care Rollout which is being reviewed Autumn 2023/24.		MDT led glaucoma management within planned care and community optometry – service opened Q4 2022/23. Working with WVT & Rural health care academy to formalise training opportunities in DGH. League of Friends supporting purchase of equipment for North Powys biometry to support repatriation of cataract pathway.					

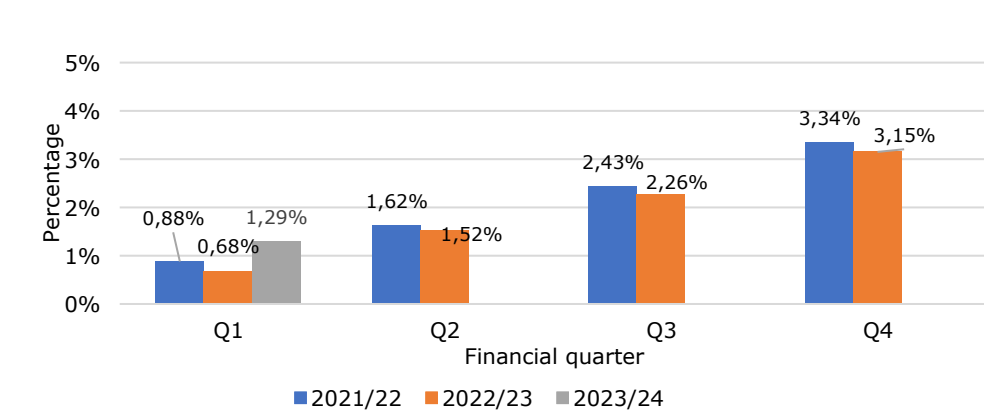


Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	2
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Latest available	Q1 2023/24		
Reported performance	1.29%	All Wales positional rank and performance.	4th (1.24%)
Target	5% cumulative annual target		
Variance	N/A		Exception
Data quality & Source		Welsh Government Performance Scorecard	

Percentage of adult smokers who make a quit attempt



What the data tells us

Note:
Performance in Quarter 1 2023/24 has seen a step change in performance with 77% year on year increase in smokers being supported by the service to quit.

In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

* This measure has had a retrospective data update (via Welsh Government Performance) for Q1 changing performance from 1.20% to 1.29%.

Issues

- 95.7% (22/23) pharmacies are delivering Level 2 service whilst 69.6% (16/23) pharmacies are delivering Level 3 services which matches pre pandemic levels. However, the activity in terms of quit attempts and successful quits within pharmacy service has not returned to pre-pandemic levels. Promotion of the service alongside training of pharmacy staff have been identified as needed in order to increase quit attempts and successful quits within pharmacy service.
- As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.

Actions	Recovery by	tbc
<ul style="list-style-type: none">Planning is underway to provide additional training for pharmacy technicians to increase their confidence in service delivery (training delivery dependant on availability of pharmacy staff).The Smoking Cessation Team has commenced delivering a GP Text message project to target identified smokers within practice population with offer of support, commencing with 3 GP Practices in areas of deprivation. This has resulted in an increase in referrals of individuals to the Smoking Cessation Service for support to quit.Smoking Cessation Team have increased availability of face-to-face clinics to seven clinics across Powys in community venues and some GP Practices. Telephone support continues to be available. Next step to recommence to group support.The communication and engagement plan continues to be delivered to raise awareness of support available to quit smoking, how to access this support with public, professionals and partner agencies.National advertising stop smoking campaign currently being delivered by PHW, linked to local services.		

Mitigations

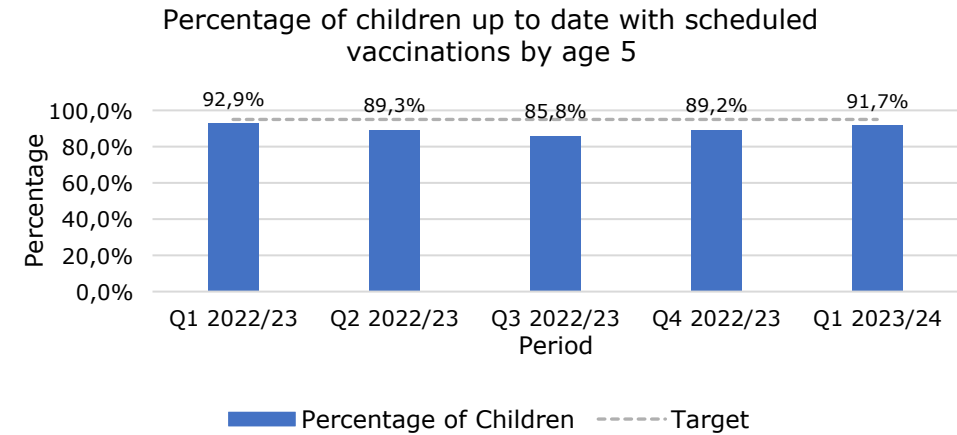
- Work continues to re-orientate services to reach groups in deprived areas.
- Service delivery model continues to reoriented to provided blended model of delivery to include: Telephone support, one-to-one and Group support.

Vaccinations – Percentage of children up to date with scheduled vaccinations by age 5

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q1 2023/24		
Reported performance	91.7%	All Wales benchmark	1 st (89.7%)
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measures for the 2023/24 NHS Performance Framework and replaces the prior 6 in 1 and MMR2 dose vaccination measures.

In 2022/23 there had been a steady decline across 2022/23, from Q1 to Q3, and this reflected a national picture, however this has reversed in Q4 and Q1 2023/24 although performance is slightly lower than the previous year at the same period.

Q1 2023/24 shows improvement to 92.7% and although below target, it is an improvement on the previous quarters and the health board ranks 1st in Wales. This performance improvement reflects the targeted work that's been implemented following decrease in uptake during Q2 & Q3 2022/23.

** This measure has had a retrospective update for Q1 changing performance from 92.7% to 91.7% by Welsh Government Performance*

Issues

- 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, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status, and people who reside in Powys.
- Vaccination uptake in under 5-year-olds decreased during the pandemic
- Some practices have queues due to staffing and working pressures resulting in delayed in timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.

Actions	Recovery by	Q2 23/24
<ul style="list-style-type: none">Lessons learnt from the Polio/MMR catch up campaign are being implement which include:<ul style="list-style-type: none">Data cleansingEnhanced monitoring of practice queues listsEncouraging GPs to offer 'other missed' vaccinationsSupporting Health Visitors to follow up where children have missed their vaccinations.Reviewing GP immunisation reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations.An equity review is being undertaken to identify areas of low uptake and any barriers to vaccination to inform targeted actions.		

Mitigations

-

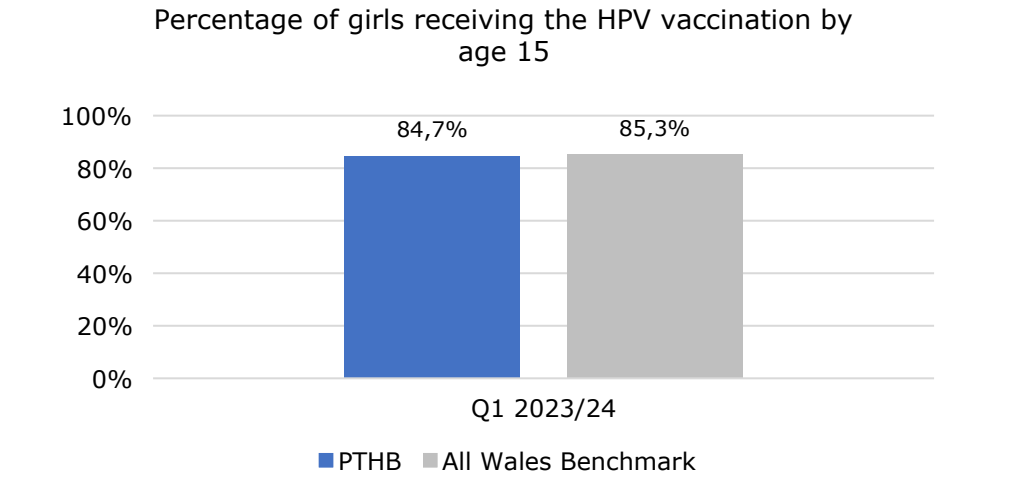


Vaccinations – Percentage of girls receiving HPV vaccination by age 15

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q1 2023/24		
Reported performance	84.7%	All Wales benchmark	4 th (85.3%)
Target	90%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

The health board reports 84.7% against the new 90% target for HPV vaccinations by age 15, this performance is slightly below the All Wales benchmark of 85.3% (ranked 4th).

Previous HPV reporting has been for all children ages and routinely Powys have been around the 75 to 80% uptake, usually achieving higher than the Welsh benchmark.

Issues

- Recent press reports around the change of the vaccination schedule and some of the negative press relating to the HPV vaccine.

Actions

Recovery by

Awaiting further data

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible.
- 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

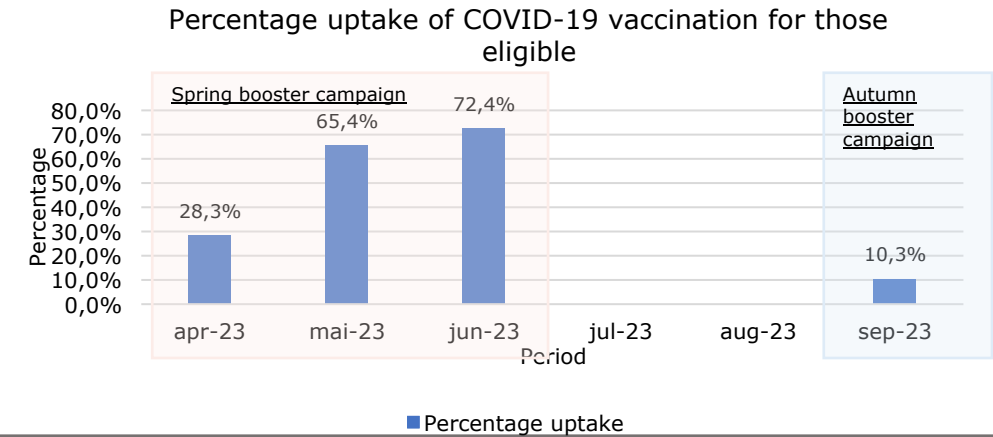
Mitigations

- New single dose vaccine is being implemented from academic year 2023/24 which should improve uptake further.

Vaccinations – Percentage uptake of COVID-19 vaccination for those eligible

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority
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Latest available	Sep-23
Reported performance	10.3% All Wales benchmark 1 st (6.1%)
Target	75% by end of autumn campaign
Variance	N/A Exception
Data quality & Source	Welsh Government Scorecard



What the data tells us

Powys Teaching Health Board is again leading Wales in the vaccination of eligible citizens at the start of the Autumn/Winter 2023/24 COVID-19 Booster Campaign. The Campaign started on 1st September 2023 and runs until 31st March 2024. Health Board performance will increase month on month until the end of the current campaign.

Powys Teaching Health Board lead Wales in the vaccination of eligible people for the Spring COVID-19 Booster Campaign. As of June 2023, 72.4% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

- Issues**
- Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total population, but citizens only become eligible for a booster vaccination if they have completed their primary course. Uptake in those who had completed a primary course was 85.5% in the Spring campaign.
 - There was a National delay in carrying out data cleansing exercises for the Immunosuppressed cohorts (delayed from 8th May until 16th June 2023). This led to complexity around invitations for the immunosuppressed groups in the Spring Campaign.
 - Vaccination Service underwent an OCP process between February and May 2023, which directly impacted the workforce. Workforce on Fixed Term contracts until March 2024, impacting on recruitment challenges.
 - Service redesign during the Spring Campaign with the move from 3 centres to 2 centre model with increased outreach clinics in areas of lower uptake, in line with substantial reduction in funding.
 - Four nation concern over new BA.4.86 variant impacted on late change and logistical implications in Health Boards delivery plans for the Autumn/Winter 2023/24 Campaign.

- | Actions | Recovery by | Q4 23/24 |
|---------|-------------|----------|
|---------|-------------|----------|
- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.
 - Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
 - 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.
 - Supporting GPs to provide COVID vaccination clinics for their patients.
 - Active offers to eligible citizens who have not completed their primary course during the Autumn campaign to increase the number of citizens in each cohort who will be eligible for a booster vaccination

- Mitigations**
- Utilising PTHBs community hospitals to offer increase in local clinics to outlying communities to improve accessibility to the covid-19 vaccination throughout the duration of the Autumn Campaign.
 - Primary course is being reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will allow us to invite a larger proportion of the population for a booster during the Autumn Campaign.

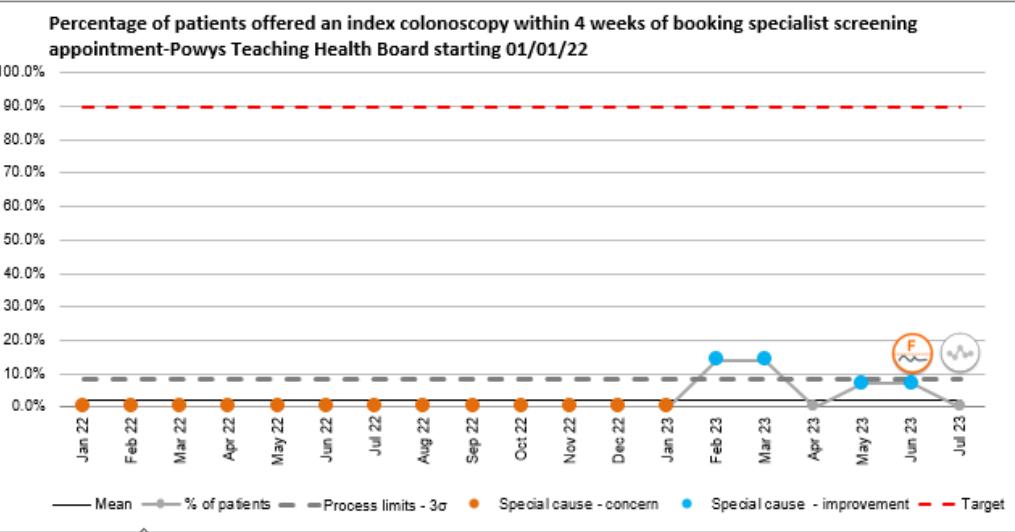


Screening – Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Officer lead	Senior Manager Planned Care	Strategic priority
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Latest available	Jul-23		
Reported performance	0.0%	All Wales benchmark	6 th (18.3%)
Target	90%		
Variance	Common cause		Escalated
Data quality & Source	Welsh Government Scorecard		



What the data tells us

This is a new measure for 2023/24 financial year

Powys performance against this measure is challenged reporting 0% in July 2023, All Wales performance is also significantly challenged against this measure.

Due to poor performance compliance this metric has been escalated by the Powys Performance team.

- Issues
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
 - As a large area Powys residents will attend screening outside of PTHB including cross border in England.
 - Powys is contracted to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.
 - No health board in Wales meets required targets.
 - Team leader recruitment under re-assessment following several unsuccessful recruitment rounds.

- | | | |
|---------|-------------|-------------------------------------|
| Actions | Recovery by | TBC – remedial action plan required |
|---------|-------------|-------------------------------------|
- Regular meetings between local operational leads and the Public Health led Wales screening team (BSW).
 - Interim assistant medical director planned care working in partnership with Public Health Wales and clinical leads to review selection criteria and standard operating protocols for endoscopy including bowel screening.
 - Requested capacity for bowel screening from commissioned health providers via the CQPRM.
 - The Powys Performance team have escalated this new measure, with a remedial action plan requested. This plan will engage with both the provider and commissioner aspects of bowel screening in Powys.

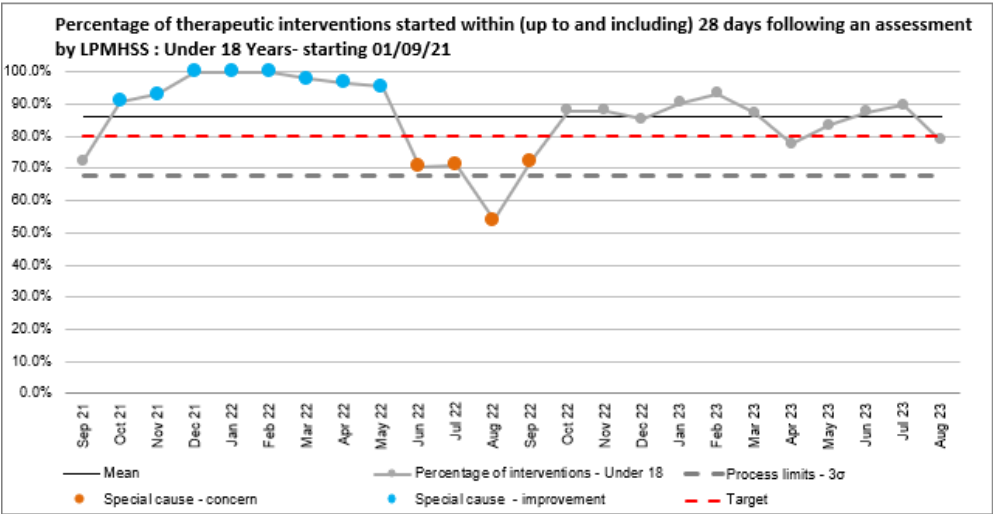
- Mitigations
- Successfully recruited to 2x band 6 bowel screening specialist nurses.
 - Work ongoing with regional partners around the provision of sustainable services going forward.
 - Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.



Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Aug-23		
Reported performance	78.9%	All Wales benchmark	2 nd (46.8%)
Target	80%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Health board performance for <18 interventions has not met the required target of 80% reporting a fall to 78.9% in August. PTHB below target for the first time since April.
- PTHB ranks well (2nd) against the All-Wales position of 46.8%, only one other health board has better performance.

Issues

- We anticipate that some of the dip in performance is associated with intervention reporting.
- This has arisen as a result of incoming new staff members.
- In addition, specialist CAMHS services were exceptionally busy in the most recent reporting period due to increased demand and all clinical staff were diverted to aid SCAMHS assessments (7 day follow ups).
- This reduced capacity elsewhere has resulted in an impact on intervention targets.

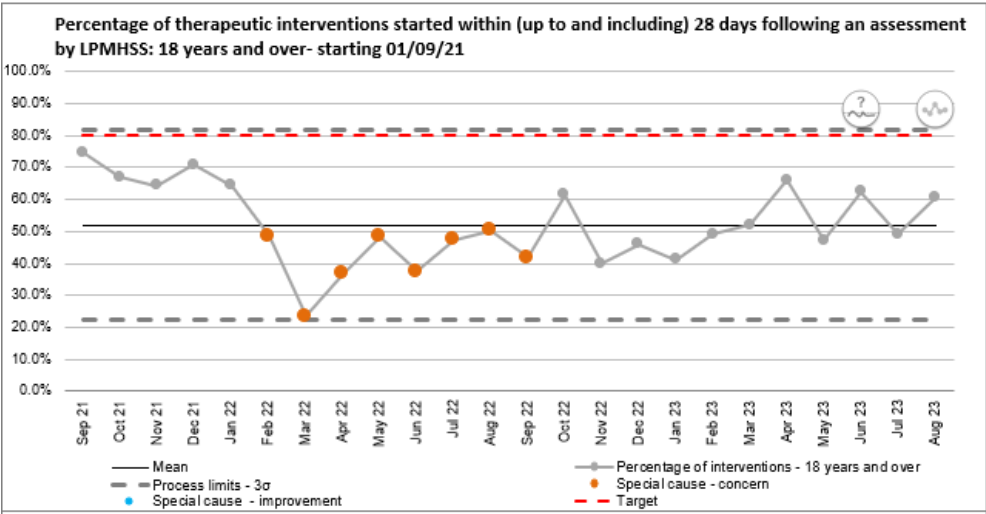
Actions	Recovery by	TBC
<ul style="list-style-type: none">Training has been undertaken with new staff to provide support in following interventions processes and recording requirements.Formal follow up communications were sent out to staff to reinforce standard operating proceduresChecks are in place to ensure staff are recording in a timely and accurate way. updated.		
Mitigations		
<ul style="list-style-type: none">- Further work is to be undertaken to review demand, case complexity and capacity in order to respond to the last quarter. This will also be supported by mitigation for sickness and remaining vacancies through both winter and workforce planning mechanisms.		



Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Aug-23		
Reported performance	60.5%	All Wales benchmark	6 th (74.2%)
Target	80%		
Variance	Common cause		Escalation
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Health board performance for adult interventions has not met the required target of 80% reporting 60.5% in August.
- This is an improvement on the 49% reported in July.
- This measure remains challenging with reported common cause variation, it is unlikely that this measure will routinely meet the national target without intervention and has been **escalated**.
- PTHB ranks poorly, 6th against the All-Wales position of 74.2%.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

- Inconsistent data capture across the teams has led to problems with accuracy but this has now been resolved.
- Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture.
- Practices are not yet fully standardised across Powys

Actions	Recovery by	TBC
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- Recovery and Development Plan being implemented; Actions include;
 - A SOP has been put in place to ensure consistent data capture and align capture of workflow across all areas with weekly touch points arranged to monitor consistency of reporting.
 - Newly trained administrators within the primary MH teams are also part of the solution to provide a consistent approach to recording data.
 - Ystradgynlais LPMHSS assessments are now being recorded centrally which should improve consistency.
 - A detailed data cleanse is being undertaken to remove historical waiters that are still showing.
- This measures has been escalated following the internal Integrated Performance Framework performance and engagement meeting with key service leads and clinical staff. A service recovery plan is in place and will be converted into a remedial action plan for Executive review and engagement.

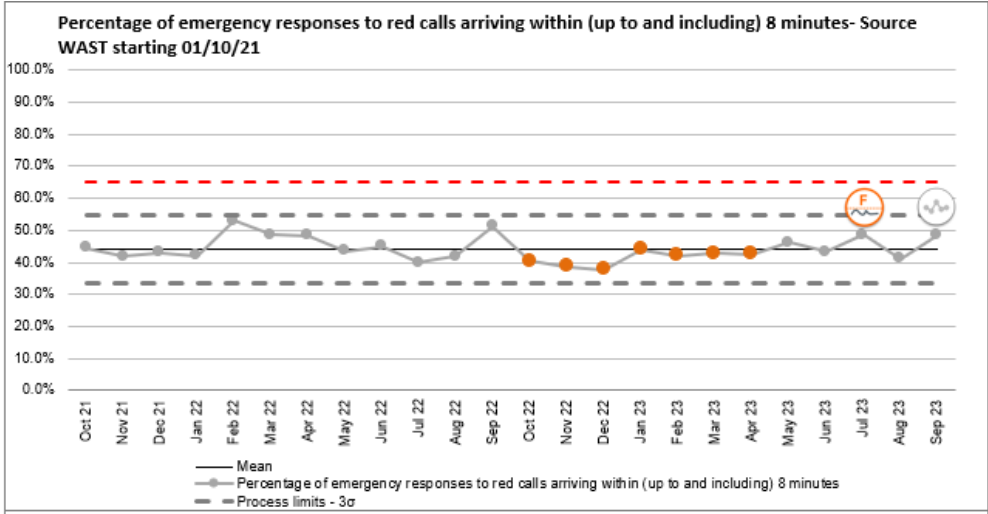
Mitigations

- We expect our Part 1b performance to improve but this may be temporarily affected by the implementation of the Standard Operating Procedures (SOP).

Red Calls- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Sep-23		
Reported performance	48.3%	All Wales benchmark	5 th (48.7%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source		WAST	



What the data tells us

- The reported performance in September remains poor with 48.3% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation with a shift above mean in September 2023.
- PTHB ranks 5th but the All-Wales position for the same period is also poor at 48.7%

Issues

- 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
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions

Recovery by

TBC

- 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 Board 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.

Mitigations

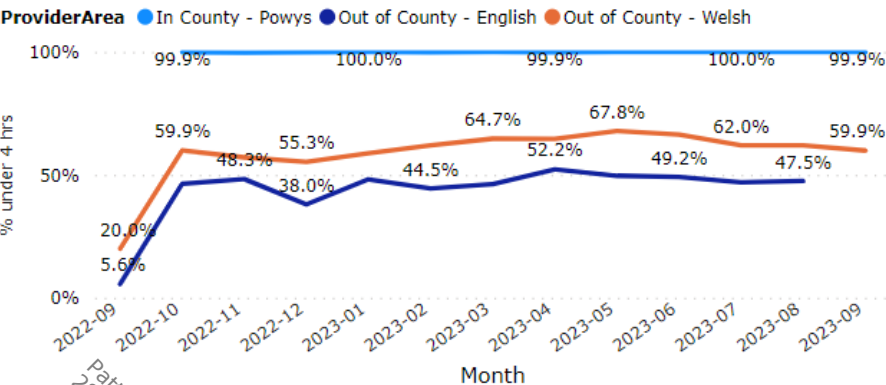
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission

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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Sep-23 – Wal Aug-23 - Eng		
Reported performance	Pow – 99.9%	All Wales benchmark	1 st as provider (69.9%)
	Wal – 59.9%		
	Eng – 47.5%		
Target	Wales & England- 95%		
Variance	Powys – Common cause variation		Exception
Data quality & Source		DHCW EDDS	

Percentage of patients who spend less than 4 hours in all major and minor emergency care



What the data tells us

- Powys as a provider of care via MIU’s continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Powys residents in Welsh emergency units have had 59.9% compliance against the 4hr target in September, falling slightly from the Q1 levels reported.
- Powys residents attending English emergency units see the longest wait with 47.5% (August 2023) meeting the 4hr target.

Issues		
<ul style="list-style-type: none">• No issues with the Powys MIU’s currently reported.• Powys residents attending English emergency departments generally wait longer to be seen.• Key issues for acute care providers include high levels of demand with variance across sites.• Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.		
Actions	Recovery by	N/A
<ul style="list-style-type: none">• Reinstatement of Delivery Coordination Group from Q2 2023/24 to focus on key areas of challenge because of increasing pressure.		
Mitigations		
<ul style="list-style-type: none">• Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.• The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.		

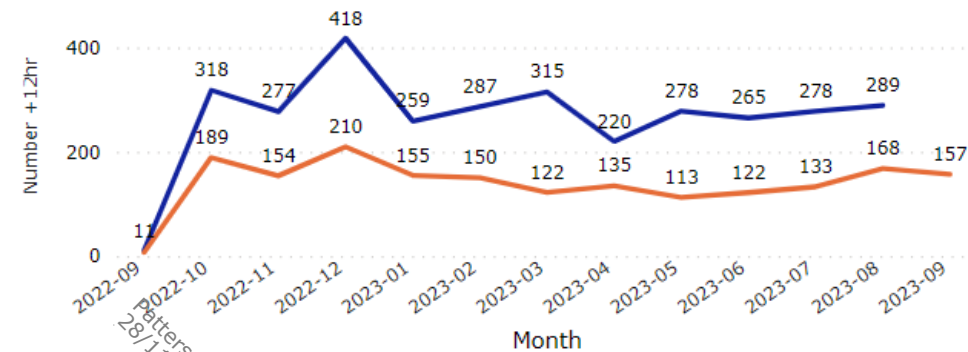
Emergency Access - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Sep-23 – Wal	Aug-23 – Eng	
Reported performance	Pow – 0		All Wales benchmark 1 st as provider (9,656)
	Wal - 157		
	Eng - 289		
Target	Zero		
Variance	N/A		Exception
Data quality & Source			

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities

ProviderArea ● Out of County - English ● Out of County - Welsh



What the data tells us

- Powys as a provider of care via MIU’s continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Welsh emergency departments are reporting a more stable position when compared to 2022/23 but remain challenged with slightly increasing breaches as pressure builds into the Autumn period.
- English emergency departments are reporting a slight decrease in September in the number of 12hr breaches.

Issues

- No issues with the Powys MIU’s currently reported.
- Significant performance variance by provider/unit attended.
- Key issues for acute care providers include high levels of demand with pressure currently building into autumn.
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions	Recovery by	N/A
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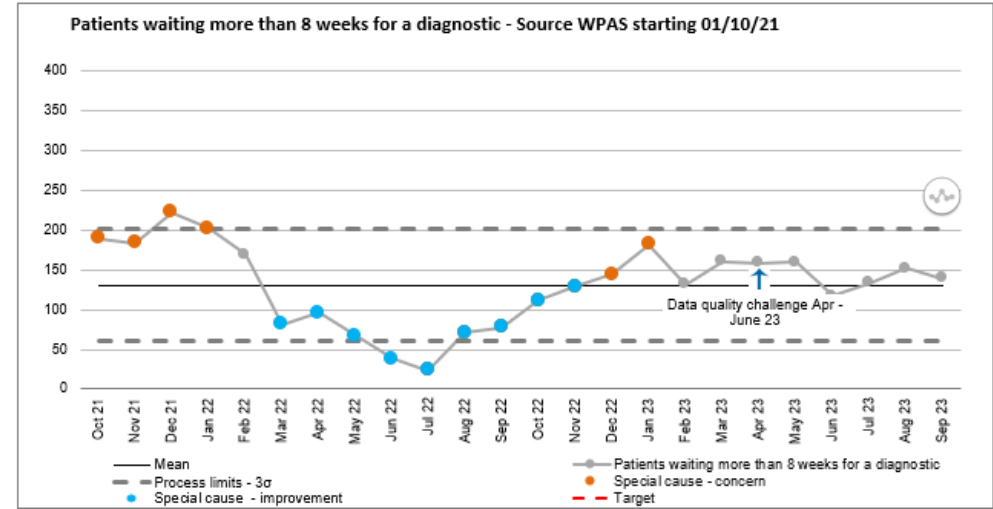
- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Mitigations

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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Sep-23	
Reported performance	139	All Wales benchmark 1 st (50,044)*
Target	PTHB trajectory target <110	
Variance	Common cause	Escalated
Data quality & Source		WPAS



What the data tells us

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

- The health board has reported 139 breaches in September 2023, 79 breaches are for Echo Cardiograms, 25 within Endoscopy, and a 35 reported for Non-Obstetric Ultrasound.
- This measure has not met the PTHB submitted trajectory and remains **escalated**.

Please note detail on Endoscopy detail is available on the next slide

Issues

- Non-Obstetric Ultrasound (NOUS)**
- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity as a result of only being able to provide alternate specialty for “lumps & bumps” vs Muscular Skeletal (MSK)
 - South Powys have a similar challenge with SBUHB effecting capacity type and resulting breaches.
- Cardiology**
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility (Aneurin Bevan University Health Board) and increasing demand

Actions	Recovery by	RAP in place – no estimated recovery time
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- Non-Obstetric Ultrasound (NOUS)**
- Remedial action plan undertaken 6/9/23, recovery on-track but still fragile for Q3/Q4.
 - Use of agency for breaching patients
 - Urgent referrals are routed to acute providers
 - Demand and Capacity workstream to assess system efficiency and implement improvements
 - PTHB have appointed own Sonographers
 - Training of sonographer underway for “lumps and bumps”.
- Cardiology**
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM)
 - Development of clinical waiting list validation within reach clinical team – On-going
 - Roll –out of GPSI cardiology transformation programme into South Powys, implementation plan in place – start TBC
 - Remedial action plan in place but capacity has not yet been identified to recover position.

Mitigations

- Non-Obstetric Ultrasound (NOUS)**
- Continuous monitoring of waiting list
- Cardiology**
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal

Diagnostics – Number of patients waiting more than 8 weeks for a specified diagnostic (Endoscopy specific narrative)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

When looking at Endoscopy specifically there has been a slight improvement from August (29 breaches of the 8-week target) with September reporting 25 breaches.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- 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
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.

Actions	Recovery by	RAP in place – no estimated recovery time
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- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action has leadership and Commissioning support to resolve.
- Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Repatriation of patients from Wye Valley NHS Trust to Llandrindod Wells Hospital (ongoing with ABUHB support).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24.
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023, successful appointment made candidate to commence 16th Oct 2023
- Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week for 3 months whilst substantive position is re-advertised.
- Start of sponge capsule (cytosponge) from 2nd October in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource.
- Remedial action plan in place and under regular review to enhance scrutiny and support of challenge, this action plan however is for general surgery specialty which is key demand driver in-reach specialty for endoscopy in south Powys.

Mitigations

- 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
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.

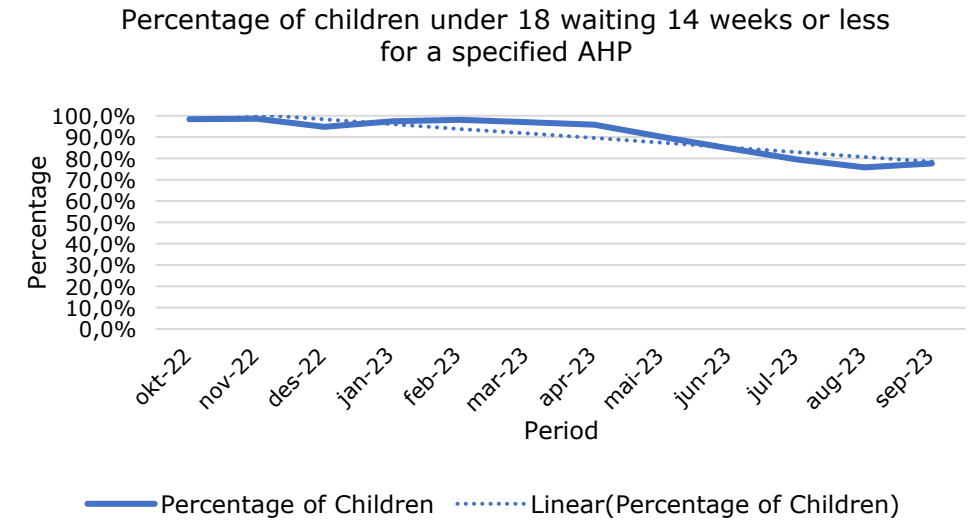


Percentage of children under 18 waiting 14 weeks or less for a specified Allied Health Professional (AHP)

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Sep-23		
Reported performance	77.6%	All Wales benchmark	6 th (83.7%)*
Target	12-month improvement trend		
Variance	N/A		Escalated
Data quality & Source		Welsh Government Scorecard	



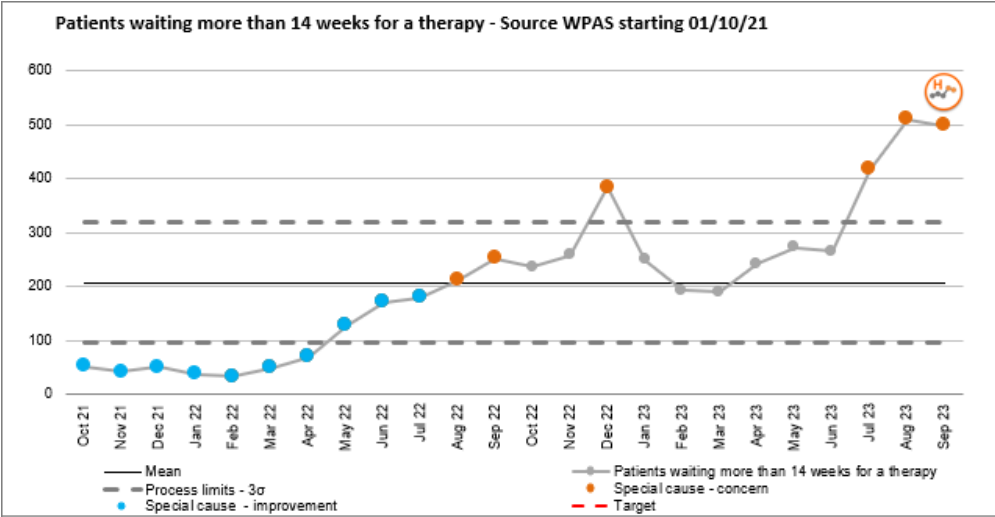
Issues	
<ul style="list-style-type: none">Majority of breaches are within speech and language therapy linked to the key challenges;<ol style="list-style-type: none">Significant staffing vacancyUnrecognised backlog of long waiting patientsHigh caseload demandGeneral challenge of staffing and sickness across all therapy's specialties.	
Actions	Recovery by March-24
<ul style="list-style-type: none">Remedial action plan undertaken by services for escalation as required.New standard operating procedure in place (SOP) to improve service processes.Demand and capacity work is being undertaken to improve flow.Recruitment plans underway:<ol style="list-style-type: none">3x 1.0 Whole time equivalent (WTE) band 5 staff now commenced1.2 WTE band 3 staff has started and are supporting delivery of therapy.Team working in more defined episodes of care to reduce cases open for extended periods of time.	
Mitigations	
<ul style="list-style-type: none">Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.	

What the data tells us
<ul style="list-style-type: none">This is a new measure for the 2023/24 framework. The measure is designed to provide greater transparency and improve timeliness for young people who require timely access to support their developmental requirements.The percentage of young people (<18s) who are waiting over 14 weeks for a specified allied health professional (AHP) has fallen not meeting the 12-month improvement trend reporting 77.6% in September.77 patients breach 14 weeks in total, predominately these breaches are within speech and language therapy (69 breaches), with a limited number in Occupational Therapy & Physiotherapy.This measures has been escalated from Month 6 as part of the larger therapies escalation as confirmed by service leads.

Number of patients waiting more than 14 weeks for a specified therapy (Inc. Audiology)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Sep-23		
Reported performance	499	All Wales benchmark	2 nd (9,699)*
Target	PTHB Trajectory – = <70 (Sep-23)		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 499 patients breached the 14-week target in September, this is a slight improvement on August (511 breaches).
- The last 3 months have flagged special cause concern and are above the upper control line.
- As the measure is has not met the required target since December 2021 and continues to indicate a poor trend it remains **escalated** to Service & Executive lead.
- This measure does not meet the submitted trajectory of 70 or less breaches failing the ministerial priority target set by the health board.
- Key breaching specialties include adult audiology, adult physiotherapy, routine podiatry, and speech and language therapy.

Issues

- Musculoskeletal (**MSK**), Podiatry, and Speech and Language Therapy (SALT) all have severe challenges to workforce and resultant capacity. These workforce problems are caused by both vacancies and long-term sickness in key subspecialties.
- MSK had 3 WTE equivalent staff unavailable due to sickness in May & June, and ongoing staffing retention challenges.
- MSK pelvic health service provided by 2 clinicians (pan Powys) 1 clinician is currently unavailable due to long term sickness.
- Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service.
- Speech and language therapy has 3 WTE positions vacant with limited agency availability.
- Follow-up (FUP) caseload backlog impacting on new booking capacity
- Challenges with core reporting support escalated with Digital Transformation team.

Actions	Recovery by	Mar-24 (details in mitigations)
<ul style="list-style-type: none">Weekly management of waiting lists by Heads of Service.Remedial action plan templates completed for all challenge specs for escalated with significant improvement expected by March 2024.Additional locum to support MSK physiotherapy, and new graduate (now commenced September 2023)Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areasSALT – Head of service reviewing on weekly basis. SALT –maternity leave in team, locum in place to cover; all long waits booked.		

Mitigations

Improvement planned for full recovery by *Mar-24

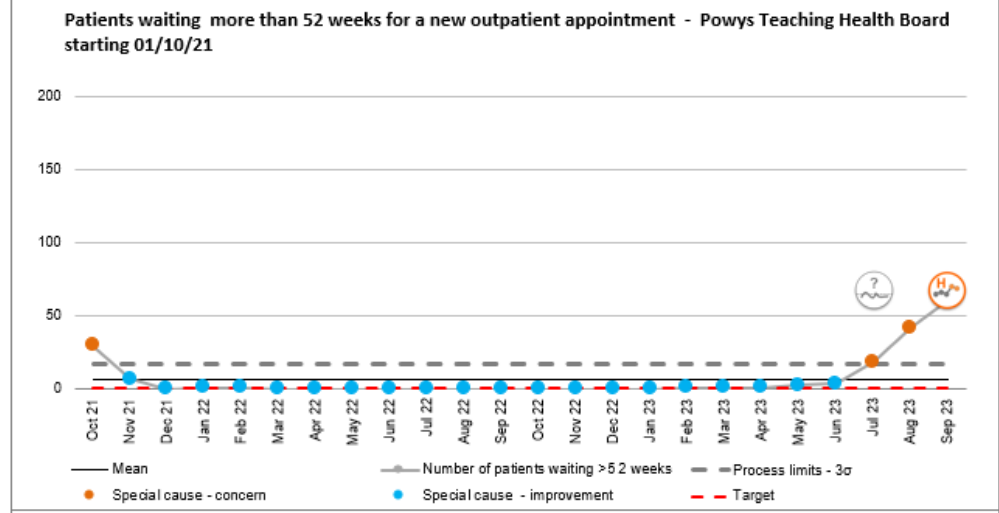
- MSK physiotherapy planned Q3 23/24
- Podiatry planned Q3 23/24
- Dietetics paediatrics Q4 23/24
- Speech and language therapy Q4 23/24

*Projections are based on recruitment plan/return to work, and that no other incidents of long-term sickness or maternity leave occur which results in capacity challenge/gaps in service.

New Outpatient – Number of patients waiting over 52 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Sep-23		
Reported performance	60	All Wales benchmark	1 st (52,623)*
Target	PTHB Trajectory – 0 (Sep-23)		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider is starting to see slippage against this measure and its target, September reports 60 pathways waiting over 52 weeks for a new outpatient appointment.
- This measure now shows special cause concern as breaches shift beyond the upper control limit.
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks and remains **escalated**.

Issues

- Specific issues for the Rheumatology breaches include increased demand from long COVID-19, consultant availability as a result of short notice in-reach fragility (patient was not suitable for alternative e.g., specialist nurse attendance or virtual solution)
- Ongoing risk of fragile in-reach consultant led pathways within the provider, General Surgery is particularly fragile with significant capacity deficit.
- Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals especially in General Surgery, this short fall of capacity will cause significant challenge in meeting planned care measures

Actions

Recovery by

RAP in place – no estimated recovery time

- Review of inter provider pathways with CTMUHB around general surgery, endoscopy and USC pathways commenced Q1 2023/4
- In reach service fragility and capacity issues flagged via Commissioning Assurance Framework (CAF) mechanisms
- Progressing additional in reach support with Commissioning
- Baseline assessment review of PTHB services against GIRFT OP recommendations undertaking with implementation plan under development
- OPD reviewing use of virtual Age-Related Macular Degeneration (AMD) group clinics
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023, successful appointment made candidate to commence 16th Oct 2023
- Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week for 3 months whilst substantive position is re-advertised.
- Remedial action plan templates created for senior escalation on key challenged specialties.

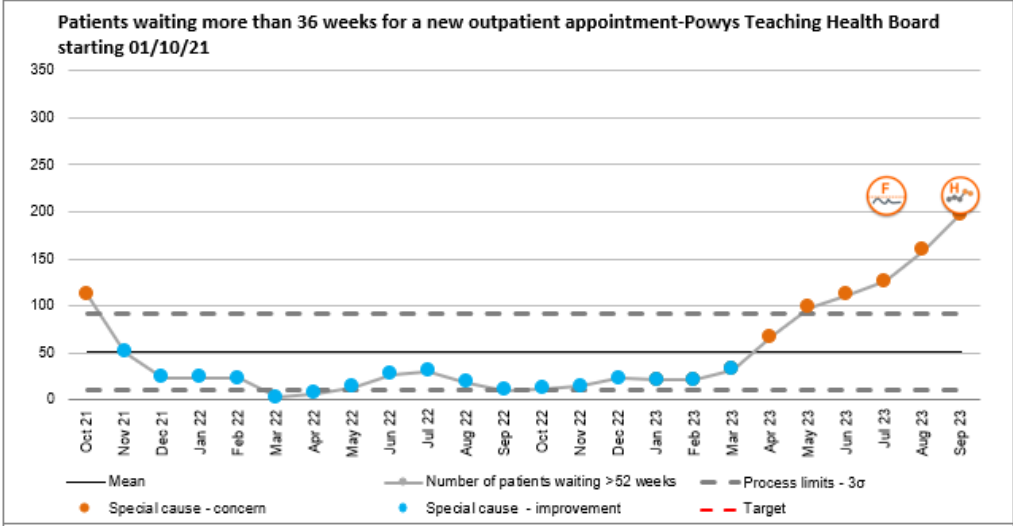
Mitigations

- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient-initiated follow-ups (PIFU) across specialties.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.



Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available Sep-23			
Reported performance	197	All Wales benchmark	1 st (111,099)*
Target	PTHB trajectory – 25 (Sep-23)		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- This is a new performance measure for the 2023/24 NHS Performance Framework with the aim to illustrate where organisations have improved their service planning and the ability to provide sustainable planned care services.
- Current performance has shifted away from expected trajectory with 197 patients waiting over 36 weeks for a new outpatient appointment (stage 1).
- This measure is flagging special cause concern and fails to meet the target of 25 or less breaches.
- The data is showing early indication of a system out of control without intervention.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source
- Fragility of PTHB staffing and recruitment challenges nationally

Actions	Recovery by	RAP in place – no estimated recovery time
<ul style="list-style-type: none">• Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.• Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.• Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023, successful appointment made candidate to commence 16th Oct 2023• Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week for 3 months whilst substantive position is re-advertised.• Measure has been escalated and waiting list challenges raised via the new Performance and Engagement group with remedial action plans created.		

Mitigations

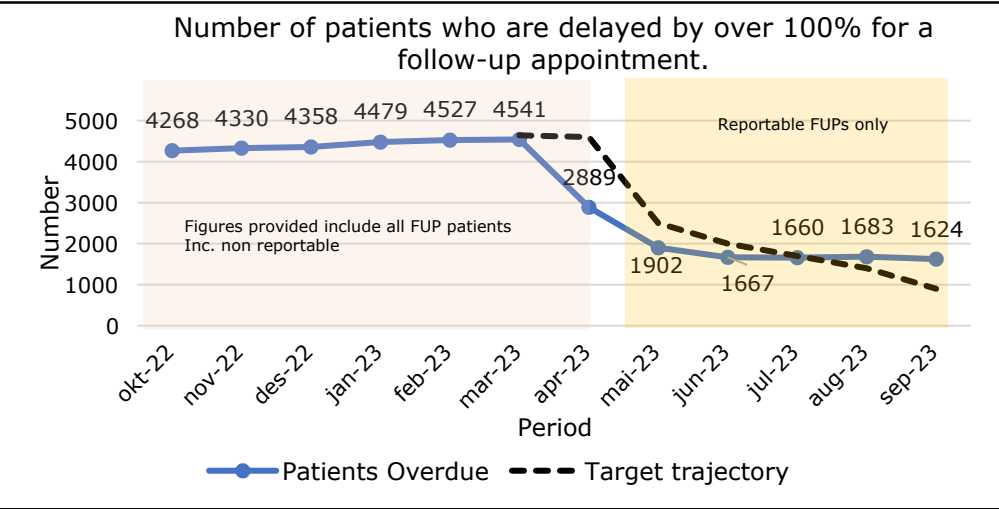
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.



Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health*	Officer lead	Assistant Director of Community Services*	Strategic priority	5
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Latest available	Sep-23		
Reported performance	1624	All Wales benchmark	1 st (247,555)
Target	PTHB set trajectory target equal or less than 900 (Sep-23)		
Variance	N/A		Escalated
Data quality & Source		WPAS	



What the data tells us

- PTHB is reports "reportable" only FUP's to Welsh Government (WG) from April as required by the national measure. Prior to this figures reported to board included all FUP pathways overdue.
- It should be noted that the recovery trajectory was set for 2023/24 included all FUP's within the calculation and is to be reviewed and re-submitted with health board/WG agreement.
- This measure remains in an **escalated** state as not meeting the submitted trajectory of 900 for September and until the data quality issues are satisfactorily resolved.

Issues

- Reporting was updated to use National teams digital reporting stored procedure which returned significantly more pathways 2021/22.
- Digital & Transformation (D&T) team capacity limitations required Performance & Ops service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later, ongoing phases of validation underway with services.
- Ongoing incorrect reported volumes result in challenges for service demand planning.
- Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical teams do not consistently use see on symptoms (SOS) and patient-initiated pathways (PIFU) which can result in overdue standard FUP pathways.
- Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this is an ambitious target and will not be achieved by March.
- Capacity challenges in planned care result in prioritisation of USC, urgent appointments with routine and FUP appointment timeliness impact.

Actions	Recovery by	Nov-23
<ul style="list-style-type: none">D&T team continue to progress with Phase 4 (183 records have been cleansed of 211 flagged). Phase 5 validation is currently underway with a further 196 records flagged for validation.Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.Operational services continue to support the validation of records and provide challenge identification for the D&T team to investigate.		

Mitigations

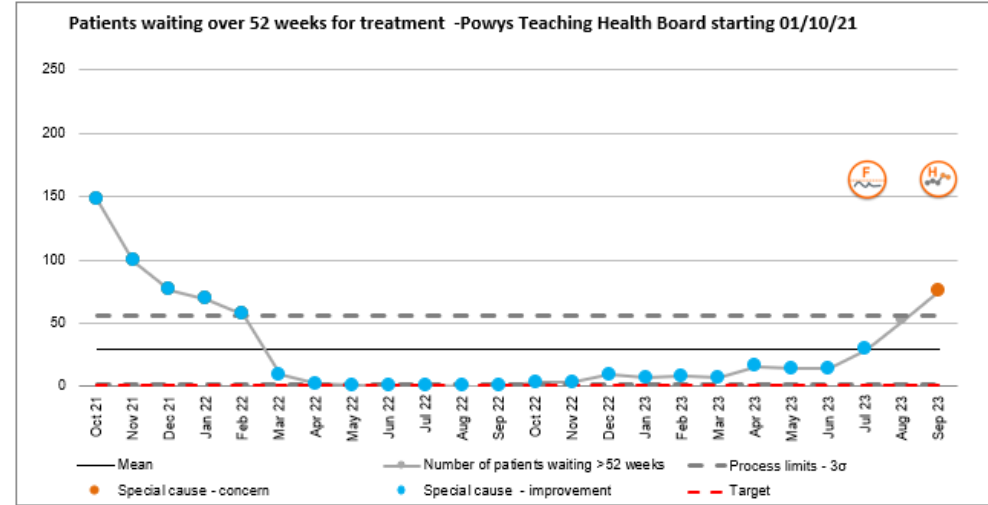
- Reportable waiting lists are clinically validated, and risk stratified in addition to administrative waiting list validation, this is carried out to reduce the risk to pathways.
- Work with services during 2023/24 to implement the correct use of see on symptoms (SOS) and patient initiated FUP (PIFU) pathways to reduce the incorrect usage of a "standard" FUP pathway resulting in +100% waiters who are actually a PIFU.

* This measure and they follow-up investigation, validation and recovery is currently led by the Interim Director of Performance & Commissioning and Director of Finance and ICT and Interim Deputy Chief Executive.

Referral to Treatment – Number of patients waiting more than 52 weeks for treatment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Sep-23		
Reported performance	75	All Wales benchmark	1 st (134,453)*
Target	PTHB Trajectory - 0		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services to improve outcomes.
- The health board has failed to meet the submitted trajectory of zero or less breaches in September with 75 patients waiting over 52 weeks for treatment.
- The measure still reports special cause concern and performance has shifted beyond the upper control limit.
- As a ministerial priority that is not meeting the PTHB set trajectory it remains **escalated**.
- The total number of provider breaches does not represent Powys residents care with multiple pathways in commissioned services waiting beyond 1 year.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source
- Fragility of PTHB staffing and recruitment challenges nationally

Actions

Recovery by

RAP in place – no estimated recovery time

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Capacity requirements provided for insourcing consideration corporately Q1 2023/4
- Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023, successful appointment made candidate to commence 16th Oct 2023
- Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week for 3 months whilst substantive position is re-advertised.
- Measure has been escalated and waiting list challenges raised via the new Performance and Engagement group with remedial action plans created.

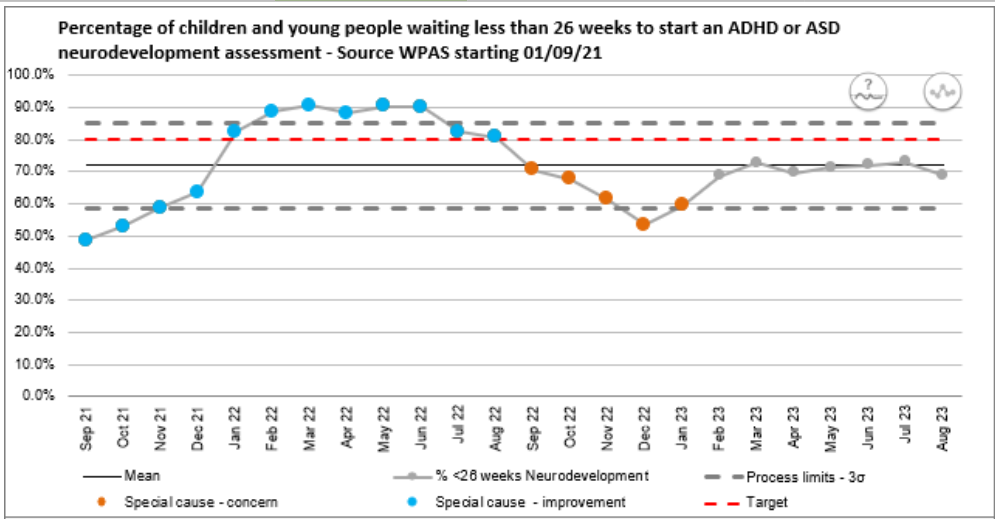
Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.

Neurodevelopment (ND) Assessment – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s	Strategic priority	10
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Latest available	Aug-23		
Reported performance	68.9%	All Wales benchmark	1 st (30.6%)
Target	80%		
Variance	Common cause variation		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment has fallen below average (mean) in August, compliance has been reported as 68.9%.
- Performance remains common cause variation
- Although not meeting target PTHB benchmarks positively against the All-Wales position routinely.
- This measure will be escalated if it reports special cause concern in the future.

Issues

- The average referral rate of 20 per month pre COVID has drastically increased again during Qtr2 to 69 per month in 2023/24 thus far. This peaked to 108 in July 2023.
- 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) (2022-26) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as of 30th September 2023.

Actions	Recovery by	TBC
<ul style="list-style-type: none">• During Q4 2022/23, first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position.• The above action consequently also increased the 'assessments in progress' waiting list.		

Mitigations

- A business case (BC) has been drafted to secure core recurrent monies beyond March 2024. This will support the essential capacity required to meet the increase in referral demand long term. It is anticipated this be presented to the IBG Scrutiny Panel October 2023.
- In the interim, ND temporary posts have been extended to December 2023 to support improving the waiting list position whilst the BC is being considered.
- Non recurrent grant funding streams are being applied for to support additional workforce for 2023-26.



Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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	Sep-23	No. long waits by cohort, with latest SPC variance						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		Total Waiting
Aneurin Bevan Local Health Board	66.1%	619		357		63		2523
Betsi Cadwaladr University Local Health Board	48.7%	278		193		60		727
Cardiff & Vale University Local Health Board	51.2%	143		86		21		402
Cwm Taf Morgannwg University Local Health Board	58.3%	198		117		14		619
Hywel Dda Local Health Board	57.0%	475		274		59		1568
Swansea Bay University Local Health Board	55.7%	615		360		128		1942
Total	58.7%	2328		1387		345		7781

	Aug-23	No. long waits by cohort, with latest SPC variance						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		Total Waiting
English Other	71.3%	43		12		0		279
Robert Jones & Agnes Hunt Orthopaedic & District Trust	60.7%	823		367		10		3185
Shrewsbury & Telford Hospital NHS Trust	67.9%	727		229		0		3903
Wye Valley Trust	64.1%	816		220		0		3703
Total	64.6%	2409		828		10		11070

What the data tells us

Commissioned services in Wales are reporting slow improvement across the long wait metrics of +104, over 36 weeks, and new OP 52+ weeks.

The table below is for Welsh providers and can be used to view relative improvement of waiting lists.

Wales Measures	Sep-22	Sep-23
Total pathways over 36 weeks	2653	2328
Pathways waiting +52 new outpatient	801	322
Pathways waiting 104+ weeks	653	345

English providers still report an improved position when compared to waiting pathways in Wales. Very long waits 104+ weeks are limited to RJAH consisting of complex spinal cases. It should be noted that Wye Valley Trust pathway size are flagged as special cause concern because of growth in the 36+ and over 52 week wait bands totals.

English Measures	Aug- 22	Aug-23
Total pathways over 36 weeks	2483	2409
Pathways waiting 104+ weeks	15	10

Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.

Return to provider RTT slides

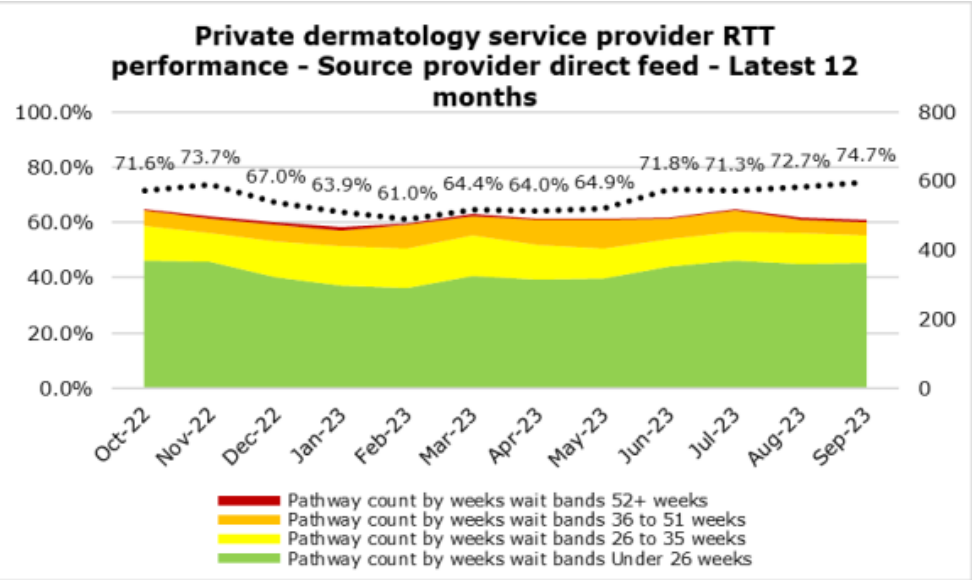
Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Issues		
<ul style="list-style-type: none">• PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with increased demand, and staffing fragility impacting through put.• English and Welsh providers reporting workforce challenges including clinical staff retirements, recruitment, industrial action.• Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients 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 who live within the southwest health economy have the poorest access times for treatment and wait the longest.• Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.		
Actions	Recovery by	Commissioned service trajectories - unavailable
<ul style="list-style-type: none">• Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.• Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.• Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service.• The health board continues 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.• Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.• Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment.• Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2023/24, the majority of PTHB patients in this cohort are sitting with commissioned providers.• PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.		
Mitigations		
All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.		

Insourcing/Outsourcing - Private dermatology service provider – Referral to Treatment (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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What the data tells us

In September 2023, the provider RTT performance has shown further improvement to 74.7% of the waiting list being under 26 weeks. Patients that wait over 36 weeks has reduced from 46 (August) to 44 in September but the number of pathways waiting over 1 year has increased to 8 with the longest wait currently reported as 56 weeks.

Issues

- Patients waiting > 52 weeks.
- Reduced NHS contract capacity for routine (Wye Valley NHS Trust). Currently exploring alternative providers including capacity commissioned from private provider.

Actions	Recovery by	N/A
<ul style="list-style-type: none">Private provider requested to confirm mitigating actions for patients waiting >8 weeks.Scoping exercise being undertaken to identify additional capacity requirements (routine).		

Mitigations

- None reported

Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Oct-22	71.6%	371	98	45	4	518
Nov-22	73.7%	367	83	41	7	498
Dec-22	67.0%	323	101	48	10	482
Jan-23	63.9%	297	113	47	8	465
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506
Apr-23	64.0%	315	98	75	4	492
May-23	64.9%	318	88	80	4	490
Jun-23	71.8%	354	79	58	2	493
Jul-23	71.3%	371	81	64	4	520
Aug-23	72.7%	359	89	41	5	494
Sep-23	74.7%	364	79	36	8	487

Please note that the RTT data has been updated for the 2023/24 financial year. Non-Powys responsible patients were included within the return and have now been validated and removed. This has improved the compliance for every single month from April for both percentage under 26 weeks and long waiters.

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

Provider	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08
Aneurin Bevan Local Health Board	65%	67%	48%	48%	56%	82%	85%	69%	55%	56%	69%	67%
Betsi Cadwaladr University Local Health Board	0%	30%	38%	53%	29%	20%	29%	100%	63%	57%	25%	100%
Cardiff & Vale University Local Health Board	50%		100%	0%	0%							
Cwm Taf Morgannwg University Local Health Board	22%	57%	0%	50%	20%	25%	33%	29%	75%	0%	50%	33%
Hywel Dda Local Health Board	50%	50%	57%	57%	20%	57%	20%	56%	17%	13%	63%	100%
Swansea Bay University Local Health Board	67%	67%	60%	100%	38%	67%	50%	33%	50%	25%	100%	50%
Total number treated within target (numerator)	22	22	26	26	19	20	29	17	16	15	33	30
Total pathways that started treatment (denominator)	48	41	52	50	51	37	46	32	31	39	20	18
Total monthly percentage compliance	46%	54%	50%	52%	37%	54%	63%	53%	52%	38%	61%	60%

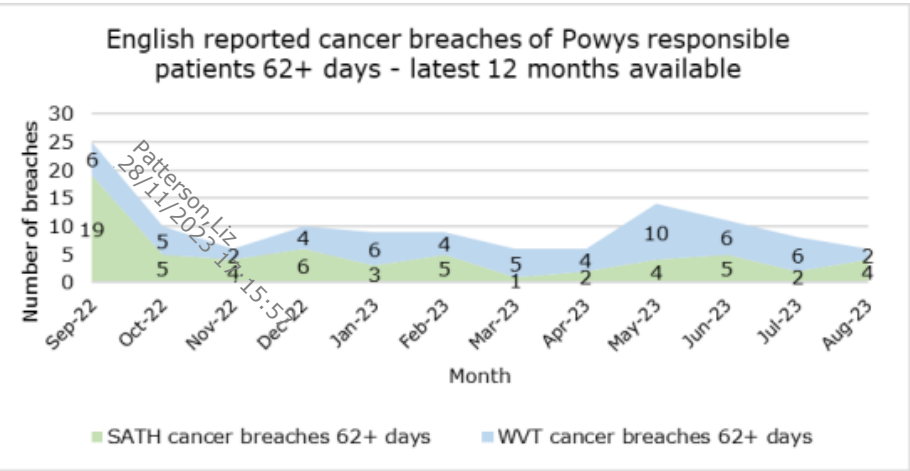
Data Quality & Source

DHCW - Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

What the data tells us

Wales

Performance in Wales remains challenging for cancer pathways, provisional data for August 2023 shows 62-day cancer compliance at 60% with 18 of 30 pathways treated within target. However key challenges reported include service flow, surgical, and diagnostic capacity in secondary care. Another challenge is the marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales. Finally, it should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales and this could impact target compliance).



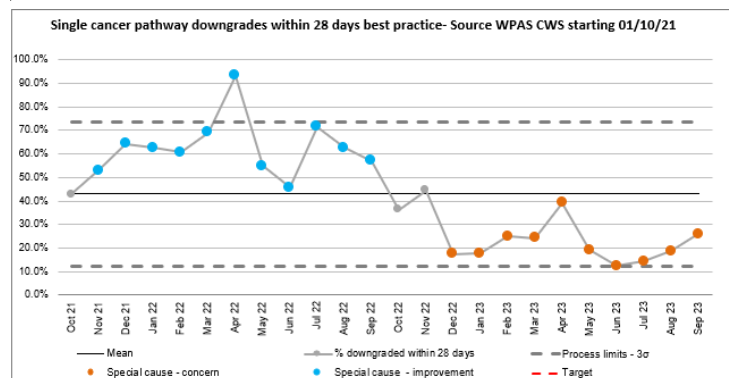
What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 4 breaches for Powys residents of their cancer pathways reported in September 2023. Both breaches were patients waiting over 104 days, and all breaches were because of inadequate capacity in outpatient and or diagnostic including reporting.
- Wye Valley NHS Trust (WVT) reports 2 breaches of their cancer pathway for Powys residents in August 2023. Both were reported over 104 days, and all reasons are linked to inadequate capacity in outpatient and or diagnostic including reporting.

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health
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5



- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. September reported 36 referrals into PTHB pathways. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has improved for the last 3 months and reports 25.9% in September.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB.

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Powys local red-card process is not compatible with CTMUHB in-reach clinical processes and capacity (e.g., some patients are clinical downgrades/discharged but their pathway remains “digitally” open until red card is completed, this adversely effects downgrade performance).

N/A

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24
- 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.
- Quality and Safety undertaking an audit on provider cancer pathways
- New cancer tracking post appointed to in operations from August 2023
- Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week for 3 months whilst substantive position is re-advertised, this post is key in review of pathways and process for the theatre/treatment room pathways.

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.
- Regional working on-going as part of National Diagnostic workstream

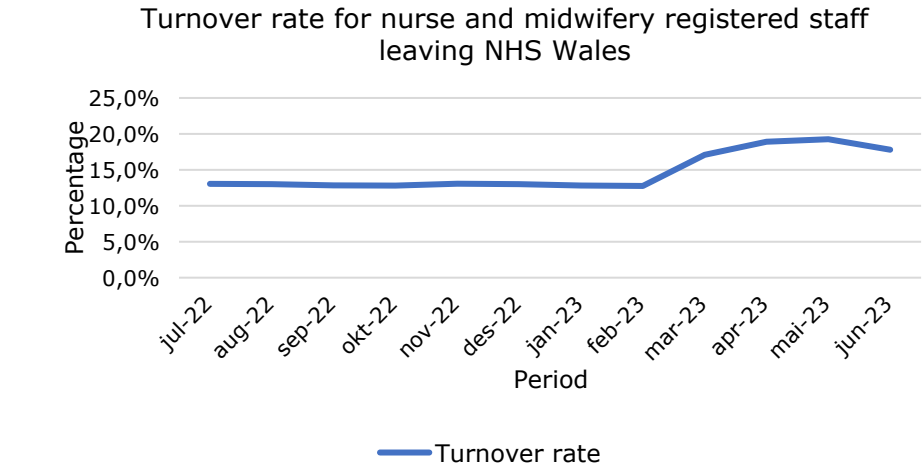


Workforce – Turnover rate for nurse and midwifery registered staff leaving NHS Wales

New measure for 2023/24

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Jun-23		
Reported performance	17.8%	All Wales benchmark	12th (9.94%)
Target	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This metric focuses on the measurement of staff leaving employment, and the identification of key causes and how best to tackle them. High staff turnover results in both high costs and a negative effect on services. It should be noted that this performance data is sourced from Welsh Government performance, and the data is classed as “experimental”.
- Performance is declining over the last 12 months (17.8% June-23) higher than the 2019/20 baseline of 9.5% for the equivalent period.

Issues

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

Actions

Recovery by

TBC

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and OD Directorate are working to develop good practice guides to support managers in working to improve retention.
- The Workforce and OD Directorate will be rolling out a Team Climate survey which will support managers and teams to identify actions which they can take to support retention.

Mitigations

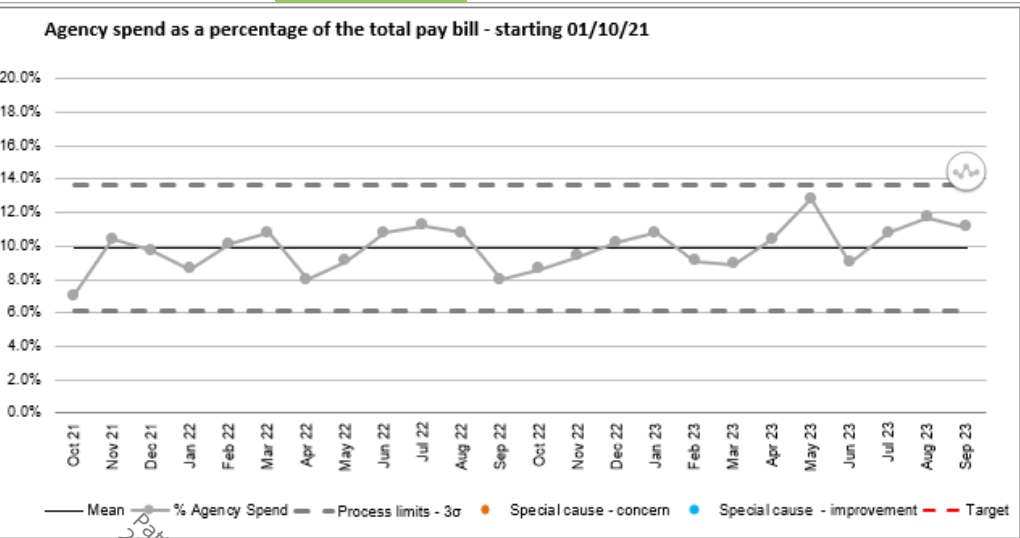
- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.



Agency Spend – Agency spend as a percentage of the total pay bill

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	13
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Latest available	Sep-23
Reported performance	11.1% All Wales benchmark 12 th (5.1%) (Jul-23)
Target	12-month reduction trend
Variance	Common cause Exception
Data quality & Source	PTHB Finance



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- No trajectory was required for 23/24 under the revised ministerial priorities, and as such the target defaults to 12-month reduction for the 2023/24 financial year.
- This reduction is not achieved and reported spend increased to 11.1% (September), this is above average for the 24 months although slightly reduced when compared to August.
- Variation remains common cause.

Issues
<ul style="list-style-type: none">• Limited substantive Professional workforce availability• Rurality• COVID & impacts of short-term Sickness absence• Patient acuity & dependency

Actions	Recovery by	TBC
<ul style="list-style-type: none">• Reviewing operational footprint to further reduce reliance on temporary staffing• Negotiating with on-contract agencies for additional recruitment and long-lining of staff• refresh of actions from establishment review• Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023		

Mitigations
<ul style="list-style-type: none">• Further tightening of operational processes including;• Earlier roster planning• Improved roster compliance and sign off• Targeting of Bank over agency• Targeted recruitment campaigns• Long lining of on contract agency• Establishment review• Recruitment of 5 overseas registered nurses into Welshpool• Roster scrutiny and accountability.• Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.• Conversion of agency to substantive in one setting• Conversion of Thornbury nurses to on framework agency in high-cost area.

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services			Officer lead	Head of Information, digital transformation and informatics		Strategic priority
Latest available				Aug-23			
Reported performance		80.0%	All Wales benchmark		3 rd (43.2%)		
Target		90%					
Variance		N/A			Exception		
Data quality & Source		Welsh Government Scorecard					
What the data tells us							
This measure reports 80.0% compliance in August 2023							
*Welsh Government have noted that this data is received from the DHCW and currently the DHCW have identified an error with the script used to create the data for this measures, it is expected that from October 2023 the data will be revised.							
Issues							
<ul style="list-style-type: none">We have been unable to reconcile the reported errors for August with PTHB's own internal data. DHCW have been unable to supply us with patient level data for the period, meaning we are unable to see which records are affected.							
Actions				Recovery by		TBC	
<ul style="list-style-type: none">DHCW are making changes to their scripts to prevent old errors being included in current months' performance and are ensuring any identified errors are visible to Health Boards.							
Mitigations							
<ul style="list-style-type: none">Errors from the reported period have been corrected and are not outstanding.DHCW have now included a target date column on the dashboardWe have asked DHCW to supply the logic used for each error type so that we can recreate them, and correct any errors at source.							

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 42

Powys as a provider

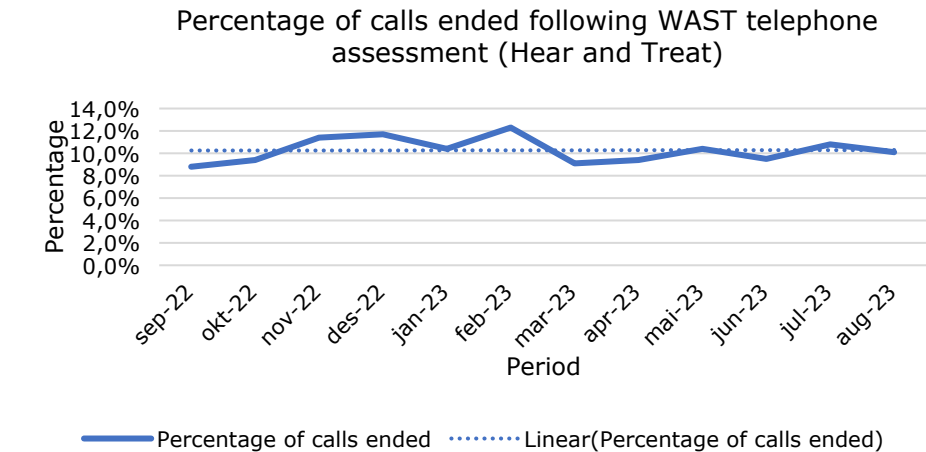


New measure for 2023/24

Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	
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Latest available	Aug-23		
Reported performance	10.1%	All Wales benchmark	7 th (12.5%)
Target	17% or more		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		



Issues		
• No issues currently reported		
Actions	Recovery by	TBC
-		
Mitigations		
-		

What the data tells us

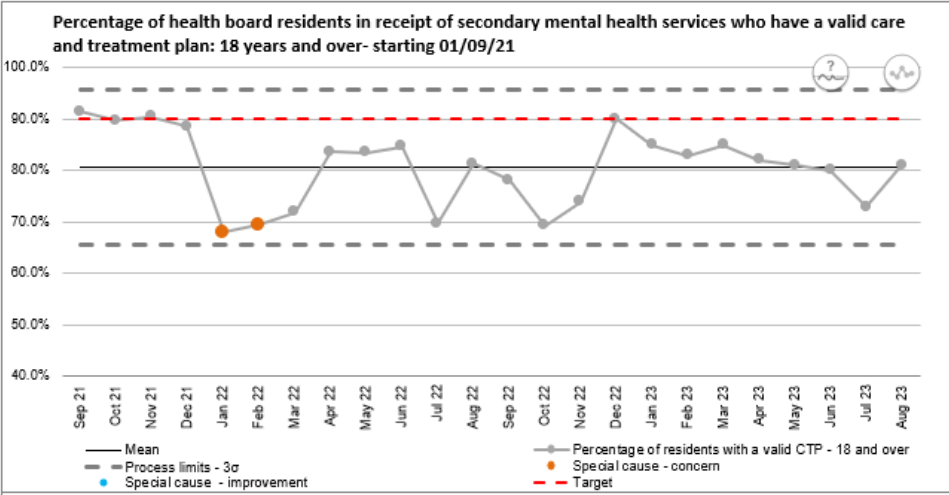
This is a new measure for the 2023/24 NHS Performance Framework. Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.

Powys has not met the national target in Aug-23 with 10.1% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 12.5%.

Mental Health CTP, 18 years+ Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Aug-23		
Reported performance	81.0%	All Wales benchmark	6 th (78.2%)
Target	90%		
Variance	Common cause		Escalated
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Adult and older CTP compliance has measured at 81% and reports common cause variation, this is an improvement from 73% in July.
- In August PTHB benchmarked 6th against an All-Wales position of 78.2%.
- This measure has been **escalated** because of poor compliance with service agreement.

Issues

- North Powys vacancies and sickness absence continue to impact.
- The service is further affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff.
- Data quality challenge including post submission revisions.

Actions

Recovery by

TBC – remedial action plan required

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council’s responsibilities in Community Mental Health Teams. However, this has not resolved PCC Social worker capacity challenges. A change to the duty model is being scoped.
- Continue to advertise recruitment positions.
- A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
- Remedial action plan is to be put into place by mid November 2023

Mitigations

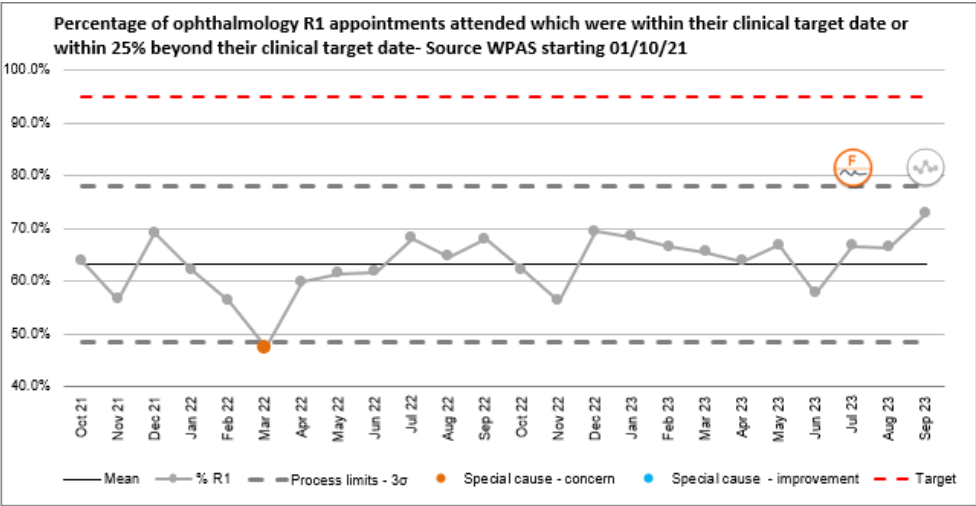
- Clinical assessment and prioritisation of caseloads.
- Prioritising data cleansing and data accuracy.
- Currently investigating a ‘MH Measure’ data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.



Ophthalmology - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Sep- 23		
Reported performance	72.8%	All Wales benchmark	1 st (62.8%)
Target	95%		
Variance	Common cause		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target reporting to 72.8% at the end of September, performance remains common cause variation. The health board benchmarked 1st in Wales against and All Wales position of 62.8%.
- The quality of this data is still subject to review as part of the waiting list and FUP reporting changes.

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4 (NHS England Industrial Action is having a particular impact on eyecare as majority of provision is from WVT).
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting outcome of DHCW Review of National Digital Eye Care Programme anticipated autumn 2023

Actions	Recovery by	TBC
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- 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.
- League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway
- Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.

Mitigations

- 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.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- 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



Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management	Executive Director of Public Health	Consultant in Public Health	1	% Attempted to quit smoking		5% annual target	Q1 2023/24	0.68%		1.29%	4th	1.24%
	Interim Executive Director of Operations / Director of Community and	Assistant Director of Mental Health	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend	Q1 2023/24	65.0%	62.1%	62.2%	5th	59.6%
	Executive Director of Public Health	Consultant in Public Health	3	% of children up to date with scheduled vaccinations by age 5		95%	Q1 2023/24	92.9%	89.2%	91.7%	1st	87.9%
	Executive Director of Public Health	Consultant in Public Health	4	% of girls receiving HPV vaccination by age 15		90%	Q1 2023/24			84.7%	4th	85.3%
			5	Flu Vaccines - 65+		75%	Data currently not available					
			6	% uptake of COVID-19 vaccination for those eligible		75%	Sep- 23		72.4% (Jun-23)	10.3%	1st	6.1%
	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Senior Manager - Planned Care	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	Jul- 23	0.0%	7.1%	0.0%	6th	18.3%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Women's and Childrens Services	8	% of well babies completing the hearing screening programe within 4 weeks		90%	Jul- 23	96.3%	94.4%	95.7%	7th	97.7%
			9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%	Aug- 23	100.0%	95.6%	96.3%	2nd	94.9%

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Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12m onth Previous	Previous Period	Current	Ranking	All 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	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Assistant Director of Primary Care	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
			11	% of primary care dental services (GDS) contract value delivered (new,new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24	Sep-23			37.8%	4th	37.9%
			12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 135	Aug-23	80	74	53	1st	6,507
	Medical Director	Chief Pharmacist	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Aug-23	166	410	463	7th	6,323
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	14	Assessments <28 days <18	✓	80%	Aug-23	93.9%	95.6%	100.0%	1st	73.4%
			15	Interventions <28 days <18	✓	80%	Aug-23	53.8%	89.7%	78.9%	2nd	46.8%
			16	Assessments <28 days 18+	✓	80%	Aug-23	80.2%	91.9%	97.9%	2nd	66.9%
			17	Interventions <28 days 18+	✓	80%	Aug-23	50.3%	49.0%	60.5%	6th	74.2%
	Interim Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Sep-23	51.2%	41.0%	48.3%	5th	48.7%
			19	Median emergency response time to amber calls	✓	12 month improvement trend	Sep-23	00:57:26	01:07:12	00:51:51	1st	01:23:55
			22	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	✓	compared to the same month in 2022-23, towards the national target of 95%	Sep-23	100.0%	99.9%	99.9%	1st	69.9%
			23	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	✓	PTHB Trajectory - 0	Sep-23	0	0	0	1st	9,656
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of < = 110	Sep-23	78	152	139	1st*	50,044
			26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Sep-23	96.5%	75.8%	77.6%	6th*	83.7%
			27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory - 70	Sep-23	252	511	499	2nd*	9,699
			28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory - 0	Sep-23	0	42	60	1st*	52,623
			29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - 25	Sep-23	10	159	197	1st*	111,099
			30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory - 900	Sep-23	523	1683	1624	1st	247,555
			31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory - 0	Sep-23	0	0	0	1st*	27,041
			32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory - 0	Sep-23	0	52	75	1st*	134,453
		Assistant Director of Mental Health	33	CAMHS % waiting <28 days for first appointment	✓	80%	Sep-23	100.0%	95.8%	100.0%	1st	83.1%
		Assistant Director of Women's and Children's	34	Children/Young People neurodevelopmental waits	✓	80%	Aug-23	80.8%	72.9%	68.9%	1st	30.6%
		Assistant Director of Mental Health	35	Adult psychological therapy waiting < 26 weeks	✓	80%	Aug-23	91.5%	96.5%	90.5%	2nd	63.9%

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Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Executive Director of Workforce and Organisational Development	Head of Workforce	36	(R12) Sickness Absence	✓	12 month reduction trend	Sep-23	6.0%	5.7%	5.6%	4th (Jul-23)	6.2%
			37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Jun-23	5.9%	19.3%	17.8%	12th	9.9%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services Group	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Sep-23	8.0%	11.7%	11.1%	12th (Jul-23)	5.1%
	Executive Director of Workforce and Organisational Development	Head of Workforce	39	Performance Appraisals (PADR)	✓	85%	Sep-23	70.1%	77.0%	78.9%	12th (Jul-23)	71.8%

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Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
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	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Head of Information-Digital Transformation and Informatics	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	Jun-23	100.0%	100.0%	100%	1st	75.2%
			41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	Aug-23		40.0%	80.0%	3rd	43.2%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Aug-23	8.9%	10.8%	10.1%	7th*	12.5%
			43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Sep-23		63	65	2nd	1,598
		Assistant Director of Mental Health	44	% residents with CTP <18	✓	90%	Aug-23	97.6%	95.0%	94.0%	3rd	90.1%
			45	% residents with CTP 18+	✓	90%	Aug-23	81.4%	73.0%	81.0%	6th	78.2%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Data currently not available					
	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target	Sep-23		0	0	PTHB is not nationally benchmarked for infection rates	
			48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target	Sep-23		3.6	3.01		
			49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target	Sep-23	7.5	10.79	10.52		
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Sep-23	64.6%	66.4%	72.8%	1st	62.8%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend	Sep-23	3	3	3	3rd	233

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Appendix 2

Progress against Ministerial Priorities 2023/24

Submitted trajectories vs Actuals

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	98	97	100	74	53	84						
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4	19	42	60						
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112	126	159	197						
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0	0	0	0						
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14	29	52	75						
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117	134	152	139						
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265	418	511	499						
Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667	1660	1683	1624						
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0	0	0	0						

Please note that retrospective changes have been made to the reported values for those patients referred from primary care for Ophthalmology in April & June 2023 the variance was <2.

PTHB BOARD		Date of Meeting: 29th November 2023
Subject:	To receive an update on the mitigation plan for Belmont Branch Surgery (Crickhowell Medical Practice)	
Presented by:	Director of Finance, IT and Information (as lead Executive Director for Primary Care)	
Prepared by:	Assistant Director of Primary Care Assistant Director (Engagement and Communication)	
Other Committees and meetings considered at:	Board Meeting 24 th May 2023 Task and Finish Group 7 th July 2023 Board Meeting 25 th July 2023 Task and Finish Group 1 st August 2023 Task and Finish Group 5 th September 2023 Task and Finish Group 3 rd October 2023 Task and Finish Group 7 th November 2023	

PURPOSE:

This paper updates the Board on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire. It also updates the Board on ongoing liaison and correspondence with Llais in relation to the closure application.

RECOMMENDATION(S):

The Board is asked:

- To **RECEIVE** the update on the mitigation plan and take **ASSURANCE** in relation to the progress being made on the further development and delivery of the mitigation plan.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Quality Standards:	1. Safe	✓
	2. Timely	✓
	3. Effective	✓
	4. Efficient	✓
	5. Equitable	✓
	6. Person Centred	✓

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1. MITIGATION PLANNING AND DELIVERY:

1.1 Background

On 24th May 2023 the Board gave conscientious consideration to an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern.

Given that no feasible alternatives were identified that satisfactorily address the twin challenges of both staffing and premises identified in the application from Crickhowell Group Practice, the Board agreed to approve the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30th November 2023.

The Board also approved a series of proposed mitigations, recognising that the mitigation plan would be further developed in continued partnership with Aneurin Bevan University Health Board (ABUHB). This included the establishment of a task and finish group, and a requirement for regular updates to the Board.

The first update was presented to the Board on 25th July 2023, the second updated was presented on 27th September, and this paper provides the third update.

1.2 Task and Finish Group

The task and finish group is now well established and has met on 7th July 2023, 1st August 2023, 5th September 2023, 3rd October 2023 and 7th November 2023. The next meeting will take place on 5th December 2023, post branch closure.

Membership continues to expand and includes representation from Powys Teaching Health Board, Aneurin Bevan University Health Board, Monmouthshire County Council, and Crickhowell Group Practice. Llais is represented in an observer capacity by the Llais Powys Region.

1.3 Progress on Development and Delivery of the Mitigation Plan

The attached Mitigation Plan Tracking document (Appendix 1) provides a summary of the current position and next steps.

Key highlights include:

- The community well-being and information event took place at Gilwern Community Hall on 3rd November. This was an opportunity for local stakeholders in the Gilwern area to confirm opportunities to strengthen health and social care provision in the area and to share information about local services and resources available to support health and wellbeing. Approximately 30 local residents attended.

A letter was distributed to all households of registered patients in the Gwent area of the practice catchment confirming closure of the Belmont Branch Surgery from 30th November 2023. The letter was developed

through partnership between Crickhowell Group Practice, PTHB, ABUHB and Llais, and included details of the community event on 3rd November (above) and detailed information about a range of alternative services.

- Regular meetings with local community transport providers keep the potential impact of this change under ongoing review and no significant concerns have been identified in relation to their capacity to accommodate any additional demand. These meetings will continue after the 30th November 2023 branch closure date.
- Changes in practice registration are being kept under review and no significant issues have been identified, although it is recognised that the closure in November may be a key trigger for further re-registrations. Information for patients on the process to achieve this, should they choose to, was included in the household letter.

1.4 Practice Sustainability

The application from the practice to close their premises in Gilwern reflected the twin challenges of staffing and premises.

- In relation to premises, it remains the case that no feasible alternatives have been identified.

Acceptance of the application therefore continues to remain critical to support the ongoing sustainability of general medical services in the area.

2. LIAISON WITH LLAIS

Llais has continued to be represented by the Llais Powys Region as an observer at the Task and Finish Group. This included involvement in drafting the letter sent to households, and attendance at the community event on 3rd November.

3. NEXT STEPS:

The Branch Surgery is scheduled to close from 30th November 2023.

The next meetings of the Task and Finish Group are arranged for 5th December 2023 and 9th January 2024 to continue to monitor any potential impact.

A further update on the development and delivery of the mitigation plan will be presented to the Board on 31st January 2024.

Further detail on the next steps can be found in the Mitigation Plan Tracking document at Appendix 1.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	x			
Disability	x			
Gender reassignment	x			
Pregnancy and maternity	x			
Race	x			
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p align="center">Statement</p> <p>Review and approval of this paper does not impact on equality protected characteristics or Welsh Language as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for Belmont Branch Surgery. The key impacts of the decision to accept the application from Crickhowell Group Practice to close Belmont Branch Surgery were identified in the paper to the Board on 24 May 2023.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Corporate	X			
Operational	X			
Reputational	X			
<p align="center">Statement</p> <p>Review and approval of this paper does not have further risk impact beyond the key impacts identified in the paper to the Board on 24 May 2023.</p>				

Appendices:

- Appendix 1: Mitigation Plan Tracking

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Belmont Branch Surgery Mitigation Plan Tracking

Updated based on discussion and review at
Task and Finish Group meeting on 7 November 2023
Presented to PTHB Board - 29 November 2023

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1. Explore options to improve the availability of transport between the Gilwern area and Crickhowell

Action	Responsibility	Timetable	Commentary at 25/05/23	Updates	Current position (with date of update)
1.1 Explore options to improve the availability of transport between the Gilwern area and Crickhowell.	PTHB Primary Care Department with Facilities Department	By 31 July 2023	A meeting is arranged between PTHB and the community transport schemes provided by Bridges and Crickhowell Volunteer Bureau for Monday 5 th June 2023 to discuss potential arrangements.	17 July 2023 Meeting took place on 5 June, where it was confirmed that Gilwern residents can access the car scheme to be taken to Crickhowell. A further meeting is arranged for 25 July, with ongoing touchpoints being arranged every 4-6 weeks to keep impact and demand under review. A “transport to health” community transport directory is also maintained between local partners to identify the range of transport support available. This can be accessed at TRANSPORT TO HEALTH PROJECT (ctauk.org) .	23 August 2023 Meeting held with MCC’s Grass Routes Transport scheme 21 August (see 1.3). Assurance that the scheme has the capacity to support Monmouthshire residents requiring transport to/from the War Memorial Health Centre. Wording to be included in the patient letter to signpost patients to community transport options has been agreed with the providers. Agreement made for regular touchpoint meetings with providers post November closure to monitor capacity.
1.2: ABUHB colleagues to explore option with GAVO and the Welsh Community Transport Association regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	ABUHB	By 31 July 2023	ABUHB have provided the following response: “Bridges Community Car Share Scheme have confirmed that residents of Monmouthshire are eligible to access the scheme which can accommodate transport requests to services outside of the borough i.e. to the main site in Crickhowell: Bridges Community Car Scheme “	1 August 2023 Review meetings are in place every 4-5 weeks with community transport providers. Brecon Dial-A-Ride has confirmed that they can support patients using wheelchairs with travel from the Gilwern area to War Memorial Health Centre. Given the relatively limited level of services provided at the branch surgery, patients with transport needs will often be aware of the transport options available and the reception team is already familiar with providing information, advice and signposting. Further details will be included in the patient letter (see 14.1). CGP has also reconfirmed their commitment to flexibility with appointment timings (see 6.3).	26 September 2023 Continuing monthly meetings with community transport providers to monitor capacity.
1.3 Work with public transport providers to identify feasible options for improving journey connections between Gilwern and Crickhowell Group Practice	PTHB	By 31 July 2023	A meeting is being arranged between PTHB and local authority transport teams, details to be confirmed.	This meeting has been rearranged for 2 August due to availability of relevant parties in June.	CLOSED 23 August 2023 - Meeting held between PTHB and PCC and MCC passenger transport teams 21 August. There is currently no scope to feasibly increase public transport between Gilwern and Crickhowell. Next retender exercise will be 2025. However discussions with community transport providers, including MCC’s Grass Routes Community Transport scheme, provide assurance that these schemes can support patients requiring transport (see 1.1/1.2)

2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
2.1: Review with the practice current use of online and telephone services, to understand potential development opportunity.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	Crickhowell Group Practice (CGP) have confirmed they will write to all households to confirm that the closure application has been accepted, that Belmont Branch Surgery will close from 30 November 2023, and that from 1 December 2023 all patients will remain registered with CGP and be able to continue to access services from the War Memorial Health Centre (WMHC). The letter will also provide information about the online and telephone services available to patients that will help reduce the need for travel to WMHC. Meeting arranged between PTHB and CGP to explore options further.	The position was reviewed between PTHB and CGP on 12 July. CGP have confirmed that they provide a range of services via their website (see below). The website is part of a cluster-wide initiative with scope to continue to expand and develop the range of online services available. Patients are able to use the telephone to book appointments and for all other queries that would otherwise be made at the reception desk. Patients can have appointments with all clinicians via the telephone where it is practicable, appropriate and safe to do so. The practice has multiple telephone appointment slots available each day. The Practice operates a 'call back' service whereby the patient is able to receive a return call from the practice in the event the line is busy. Although rarely needed, this reduces the need for patients to wait on the line at times of significantly high demand.	CLOSED 1 August 2023 <i>This transfers to business as usual as well as to the inclusion of information in the letter to patients (see 14.1).</i>

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Online services available via the Practice website: Self help advice; Advice on how to make an appointment; Requesting repeat medications; Requesting medication synchronisations; Requesting advice on medication; New patient registrations; Register a carer; Request medical report; Subject Access Requests; Ask reception a question; Change in personal details; Feedback and complaint submission; Wellbeing support services; Chronic disease management questionnaires."

2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services (continued)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
2.2: Promote use of My Health Online and practice website for appointment booking and repeat medication ordering	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	CGP will include information specifically relating to services available through My Health Online and the website, including how to access these services, in the letter to each household. Meeting arranged between PTHB and CGP to explore options further.	<p>The position was reviewed between PTHB and CGP on 12 July.</p> <p>The national direction of travel in Wales is towards the new NHS Wales App. This has completed its beta testing with 10 GP practices and more than 700 people across Wales. During 2023 it has entered its next phase of testing.</p> <p>The NHS Wales app will include a variety of useful features such as appointment scheduling, test result access, and prescription ordering.</p> <p>PTHB will continue to work with DHCW and CGP on the implementation of the NHS Wales App for CGP patients.</p>	<p>23 August 2023 The Practice have committed to exploring the opportunity of becoming an early adopter practice for the rollout of the NHS Wales app.</p> <p>3 October 2023 The Practice is progressing becoming an early adopter of the NHS Wales app. Go live date and training requirements are awaited. <i>Updates to be provided monthly to each T&F Group meeting.</i></p> <p>31 October 2023 Digital Health and Care Wales has confirmed CGP is live on the NHS Wales app. Internal training and procedures are being developed (target for completion January 2024) following which texts will be sent to notify current My Health Online users and instructions for access to new app will be placed on website and in practice leaflet, etc.</p>

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3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality (continued).

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
3.1: Liaise with the practice to understand current use with a view to promote/enhance current options to contact the practice	PTHB Primary Care Department	By 31 October 2023	<p>CGP will include information specifically relating to services available to Children and Young People, including how to access these services, in the letter to each household.</p> <p>Meeting arranged between PTHB and CGP to explore options further.</p>	<p>The position was reviewed between PTHB and CGP on 12 July.</p> <p>CGP have confirmed they will include the ABUHB list of wellbeing options in the letter to each household.</p> <p>The practice will also keep hard copies of the information available in the waiting room at Crickhowell for patients to take home opportunistically.</p> <p>CGP are planning to install digital display units in their waiting room, and will then be able to also display this information digitally, to include QR codes where available for digital capture.</p> <p>In addition, the Practice have offered to reach out to the local Schools (see actions 3.2 and 3.3) to ensure young people are aware of the practice services, and wellbeing options available to them.</p>	<p>23 August 2023</p> <p>Point of contact for the plan to engage with secondary schools has been identified, further arrangements will be made through September following return to school. In the meantime, arrangements are underway for CGP information to be included in the School wellbeing leaflets for pupils, and inclusion on the school website.</p> <p>CLOSED</p> <p>31 October 2023</p> <p>CGP information has been sent to local secondary schools to be included in well-being leaflets and on websites.</p>

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3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
3.2: ABUHB colleagues to confirm health promotion activities and understanding in the surrounding schools to Gilwern, particularly around the SPACE-Wellbeing project etc	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.	ABUHB is working to develop a clear list of wellbeing options available for children and young people (e.g. SPACE-Wellbeing and Healthier Together) and will undertake a period of targeted engagement and marketing in the Gilwern area working with Monmouthshire County Council and GAVO, with oversight to be provided by the Monmouthshire Integrated Service Partnership Board.	<p>1 August 2023 An invitation will be extended to Charlotte Drury from MCC to join the TFG.</p> <p>18 September 2023 Information specific to children and young people is included in the letter to households and will be available at the community well-being event on 2nd November.</p> <p>3 October 2023 ABUHB will explore the possibility of running sessions at local schools, and is continuing to use the stakeholder list to promote regular engagement events. The Chat Health texting service is being promoted through School Nurses, etc.</p>
3.3: Scope possibility to promote healthcare and wellbeing options available to children and young people in surrounding education facilities, leisure facilities, social media options and direct correspondence to home addresses	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.		

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4. Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
4.1: Obtain assurances from the practice regarding Home Visiting SOP (links with action 1.1)	PTHB Primary Care Department	By 31 October 2023	Crickhowell Group Practice have confirmed that all Home Visiting arrangements are currently made from the WMHC site, including those for patients living closer to the Belmont Branch site. CGP have confirmed these arrangements will continue unchanged post closure, and assure that all registered patients requiring a home visit will receive one where clinically appropriate.	COMPLETE Assurances have been provided by Crickhowell Group Practice that patients in the Gilwern area will continue to have access to home visits unaffected by the decision to close Belmont Branch Surgery. This action now transfers to routine monitoring through existing processes.	CLOSED 1 August 2023 <i>See left</i>

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5. Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
5.1: Review with NHSWSSP-Specialist Estate Services current parking provision.	PTHB Primary Care Department	By 30 June 2023	A meeting is being arranged between the health board, the GP Practice and shared services.	The position was reviewed between PTHB and CGP on 12 July. The Practice have confirmed that the current parking potential is maximised due to the size of the car park and spaces available. However, the car parking is not often full and the level of activity transferring from Belmont Branch surgery can be accommodated within normal usage. In addition to car parking spaces within the practice car park, other nearby parking is available with a one hour or two hour wait limit. These spaces are within a short walking distance from the practice. Some neighbouring businesses may have underutilised parking. The practice is exploring opportunities for partnership working to use neighbouring spaces for staff parking which would increase capacity for patients within the practice car park.	CLOSED 1 August 2023 <i>Conversations have taken place with neighbouring businesses but this has not identified options for use for staff parking by CGP.</i> <i>Beaufort Street Car Park is approximately 1/3 km on a 1.4% incline (source: Google Maps) with a charge of £2.50 for up to two hours.</i>
5.2: NHSWSSP-SES to scope improvements to current parking arrangements.	NHSWSSP-SES	By 30 September 2023	Meeting arranged with PTHB and CGP for initial discussion and scoping.		

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6. Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g., for ordering and collecting repeat prescriptions).

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
6.1: Review with the practice current arrangements and maximise opportunities for telephone and online options to book appointments.	PTHB Primary Care Department	By 31 October 2023	Meeting arranged between PTHB and CGP to discuss a transition plan to include maximising opportunities for telephone and online appointments where appropriate to the patient and their needs, in order to reduce unnecessary travel to WMHC.	See 2.1.	<i>TRANSFERRED</i> <i>The delivery of this action is covered under 2.1</i>
6.2: Explore options with community pharmacist for sample drop-offs and sample bottle collection, as Pharmacist already providing a daily prescription collection service from Crickhowell Practice.	ABUHB Pharmacy Contracting Team/PTHB Primary Care Department	By 31 October 2023	A meeting is being arranged between the health board and the community pharmacy. A new system of electronic transmission of prescriptions is also due to be launched in Wales. This will reduce the need for patients to travel to Crickhowell to pick up a physical prescription, as an electronic copy can be sent to the pharmacy of their choice.	There is ongoing communication with ABUHB and the community pharmacy, including discussion in relation to implementation timetable for electronic prescription systems. CGP has also committed to ensure Repeat Dispensing opportunities are maximised for patients.	CLOSED 23 August 2023 <i>NHS hearing aid battery supply now transferred from Gilwern Branch and provided from Gilwern Community Pharmacy.</i>
6.3 Explore options for appointment availability for patients reliant on public transport	PTHB Primary Care Department with Crickhowell Group Practice	By 31 October 2023	Meeting arranged between PTHB and CGP to discuss a transition plan to include appointment availability and inter-connectedness with travel options.	COMPLETE: The position was reviewed between PTHB and CGP on 12 July. CGP have confirmed they already accommodate (where safe and possible), appointment times to work around availability of patients (e.g. patient working hours, school run etc.). The Practice will ensure this process encompasses needs of those using public transport and car schemes. This will be reviewed through monitoring of the mitigation plan with CGP, and through routine monitoring of access standards.	CLOSED 1 August 2023 <i>This will be reviewed through monitoring of the mitigation plan with CGP, and through routine monitoring of access standards.</i>

7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services (continued overleaf)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
7.1. ABUHB to confirm existing Community Pharmacy services offered, identify whether scope for any expansion (within the parameters of the Regulations).	ABUHB Pharmacy Contracting Team	By 30 June 2023	<p>ABUHB have confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month and is commissioned to provide a range of additional clinical services including: Emergency Supply, Common Ailments, Contraception, Flu Vaccination, Medication Administration Records, Discharge Medicines Reviews, Supervised Consumption, Smoking Cessation, and the Waste Reduction Scheme.</p> <p>There are opportunities to promote these services to the local community as an alternative to some GP practice attendances. For example, the common ailment service provides access to free NHS treatment for a range of common ailments and the Emergency Supply Service may help patients who need their next dose of prescribed medication before they can obtain a prescription. Increased use of these services will also maintain the viability of the pharmacy.</p> <p>ABUHB has confirmed that where new services become available through the pharmacy contract, they will be offered for commissioning to all pharmacy contractors.</p>	There is ongoing communication with ABUHB and the community pharmacy.	<p>CLOSED</p> <p>1 August 2023</p> <p><i>Ongoing service delivery by the pharmacy is addressed through “business as usual” contract monitoring arrangements in ABUHB.</i></p>

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7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services (continued from previous page)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
7.2 Support & enable promotional activity to raise awareness of the services to the local community.	ABUHB	By 31 October 2023	<p>When Crickhowell Group Practice writes to all households regarding the forthcoming closure, the letter will include information about the services available from the community pharmacist in Gilwern.</p> <p>PTHB communication team will also work with ABUHB communication team on options for promotional activity for the Gilwern area outlining the range of local services available including alternatives to GP practice in line with the national primary care model.</p>	PTHB will ensure this is included in the patient letter (see 14.1)	<p>TRANSFERRED 1 August 2023 <i>The delivery of this action is covered in 14.1</i></p>
7.3: ABUHB to explore options if viability of pharmacy is affected	ABUHB	By 31 October 2023	<p>ABUHB has confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month, and should the closure of Belmont Branch Surgery affect the pharmacy to the extent that its prescription volume falls below 35,160 items per year (approximately 2,930 items per month), the pharmacy contractor can apply to ABUHB for inclusion in the Essential Small Pharmacies Scheme to ensure continued viability.</p> <p>As highlighted above, promotion of the range of services provided by the local pharmacy e.g. Common Ailments Scheme will help to maintain the viability of the pharmacy.</p>	There is ongoing communication with ABUHB and the community pharmacy.	<p>CLOSED 1 August 2023 <i>Ongoing viability of the pharmacy is addressed through business as usual contract monitoring arrangements in ABUHB.</i></p>

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8. Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in Northwest Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes

Action	Responsibility	Timetable	Commentary at 25 May 2023	Updates	Current position (with date of update)
<p>8.1: ABUHB to confirm opportunities to strengthen the health and social care provision in the area.</p>	ABUHB	By 31 October 2023	<p>ABUHB has provided the following response: “ABUHB are working with Monmouthshire County Council and GAVO to explore the potential for developing community wellbeing activities for older people, people with disabilities and carers in Gilwern and surrounding areas through the Monmouthshire Community Wellbeing Network. Oversight will be provided by the Monmouthshire Integrated Service Partnership Board.</p> <p>“The approach we would like to take with this initiative would be to work with local community to utilise participatory budgeting opportunities to provide services in line with an asset-based approach.”</p>	<p>17 July 2023 A range of schemes is in place to support the development of local events and activities.</p> <p>Communities & Well-being – Monmouthshire</p> <p>The Wellbeing Links Service GAVO</p> <p>Grant funding is also available for participatory budgeting.</p> <p>A community development and participation event is due to take place by the end of September to engage local stakeholders in taking this work forward.</p> <p>1 August 2023 A smaller task group reporting to the Integrated Service Partnership Board is proposed in order to plan and complete this work. A more detailed plan and confirmed timing will be confirmed at the next TFG meeting.</p> <p>It was proposed that examples be gathered from elsewhere of actions that had been taken following branch practice closure to strengthen local wellbeing options.</p> <p>Widespread publicity of the community event will help to ensure awareness of the forthcoming closure, ahead of the issue of the patient letter which is expected by late September 2023 (see Action 14).</p>	<p>5 September 2023 First meeting of smaller task group planned for 5 September with representatives from ABUHB, MCC, Monmouthshire Housing Association, Pobl, GAVO and PTHB Engagement. The community event will be publicised via the patient letter if details are confirmed before the print deadline.</p> <p>26 September 2023 Community Wellbeing and Information event confirmed for Thursday 2 November, 3.30pm to 7pm at Gilwern Community Centre. A planning event with partners will take place on 10 October.</p> <p>7 November 2023 Approximately 30 residents attended the Community Wellbeing and Information event on 2 November, and were provided with an opportunity to find out more about local services available to support their health and wellbeing.</p>

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9. Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
9.1: ABUHB to link in with relevant practices in the Abergavenny area to expand their practice area to include Clydach	ABUHB Primary Care Department	By 30 June 2023	<p>ABUHB has provided the following response: “All GP practices within ABUHB have an ‘open list’ and therefore patients can choose to register with the GP practice of their choice, subject to residing within the practice boundary/area, as per the GMS contract regulations.</p> <p>“It is acknowledged that the boundaries of the 3 local practices in Monmouthshire did not extend as far as Clydach. This area is covered by Crickhowell Practice and Brynmawr Medical Practice, therefore those individuals living in Clydach could re-register with Brynmawr Medical Practice if they so wish.”</p> <p>ABUHB has additionally confirmed that there have been no expressions of interest from the Abergavenny practices to extend their boundaries to include Clydach.</p>	<p>The position remains unchanged with all practices having open lists and no practices expressing an interest in extending their boundaries.</p> <p>This is kept under ongoing review by ABUHB primary care department.</p>	<p>1 August 2023</p> <p>The position remains unchanged with all practices having open lists and no practices expressing an interest in extending their boundaries.</p> <p><i>This is kept under ongoing review by ABUHB primary care department with monthly updates to the T&F Group meeting.</i></p>

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10. Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
10.1: ABUHB to consider the population needs assessments and any impact post closure	ABUHB	Ongoing	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.	This will transfer to “business as usual” through existing mechanisms in place in ABUHB.	CLOSED 1 August 2023 <i>Transferred to “business as usual” mechanisms</i>
10.2: ABUHB to confirm health impact reporting arrangements to the Monmouthshire Citizen Voice Body, Local Authority and the local community	ABUHB	By 30 November 2023	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.	This will transfer to “business as usual” through existing mechanisms in place in ABUHB.	CLOSED 1 August 2023 <i>Transferred to “business as usual” mechanisms</i>

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11. Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
11.1 ABUHB to identify and work with relevant partners	ABUHB	By 30 November 2023	ABUHB has provided the following response: “The Gwent Public Services Board, often called the PSB, have undertaken a Well-being Assessment to look at how to improve well-being across the region. ABUHB will continue to work with partners to deliver on the Gwent Well-being Plan, when published, which focuses on ensuring that decisions made today give consideration to economic, cultural and social vibrancy in the communities across Monmouthshire for future generations.”	When published, the Gwent Wellbeing Plan will provide the framework for taking this work forward through existing mechanisms.	<p>1 August 2023 The Gwent Wellbeing Plan is not yet published. An update will be provided to the next meeting.</p> <p>26 September 2023 Gwent Wellbeing Plan published August 2023.</p> <p>CLOSED</p> <p>7 November 2023 Ongoing partnership working through the Gwent Wellbeing Plan will be an opportunity to further support the Gilvern community.</p>

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12. Maintain ongoing viability of Crickhowell Group Practice to continue to provide GMS services for patients from South East Powys and North West Monmouthshire

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
12.1 PTHB to work with practice on ongoing sustainability	PTHB	Ongoing	This will be implemented through our existing practice sustainability framework	Practice sustainability continues to be kept under review through the existing PTHB practice sustainability framework arrangements.	<p>1 August 2023 The quantum of change in practice roll will be included below in the next report.</p> <p>5 September 2023 ABUHB confirmed low number of patients (27 since April) re-registering elsewhere. ABUHB, PTHB and CGP agree unlikely to cause sustainability issues. Keep action open and update November T&F meeting.</p> <p>31 October 2023 ABUHB confirmed minimal number of patients (48 since April) re-registered elsewhere which reflects normal movement of patients.</p>

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13. Monitor impact on neighbouring practices in ABUHB and take steps in response to significant increases in registration

Action	Responsibility	Timetable	New action added June 2023	Updates	Current position (with date of update)
13.1 ABUHB to work with practices on ongoing sustainability	ABUHB	Ongoing	This will be implemented through the existing practice sustainability framework.	17 July 2023 Since notification of the branch surgery closure, no concerns have been raised by any of the local GP practices. ABUHB Primary Care Department is monitoring increases in registrations and no significant changes have been identified. 1 August 2023 The latest update on re-registrations is included below. To date, no issues have been raised by any of the neighbouring practices. Whilst this quantum is within normal expected range for practice list fluctuations, ABUHB to be asked whether data can be identified at ward level to understand any specific patterns or trends associated with the Gilwern area. Sustainability of neighbouring practices continues to be kept under ongoing review through ABUHB sustainability framework.	5 September 2023 ABUHB confirmed low number of patients (27 since April) re-registering elsewhere. ABUHB, PTHB and CGP agree unlikely to cause sustainability issues. Keep action open and update November T&F meeting. 31 October 2023 ABUHB confirmed minimal number of patients (48 since April) re-registered elsewhere which reflects normal movement of patients.

Updated 31 October 2023. In relation to action 13.1, the table below details the patient list sizes for the neighbouring practices. These are total increases/decreases and do not identify registrations from any particular ward/area:

	01/04/23	01/07/23	01/10/23	Difference
Hereford Road	5010	5028	5017	+7
Old Station	10544	10603	10636	+92
Tudor Gate	8661	8697	8695	+34
Brynmawr	10718	10706	10744	+26

14. Write to patients in line with Stage 5 requirements and recommendation at the meeting of the Board on 24 May 2023

Action	Responsibility	Timetable	New action added June 2023	Updates	Current position (with date of update)
14.1 PTHB to work with CGP to prepare and issue letter	PTHB with CGP	30 September 2023	<p>Based on the mitigation plan, the patient letter to include:</p> <ul style="list-style-type: none"> Confirmation of timetable Reassurance that all patients remain registered with CGP and do not need to take action Information about how to register for online services, and the range of services available online and by telephone Information about the services provided by Gilwern pharmacy Useful about services for children and young people (including relevant local community provided by ABUHB) Information about alternative practices and their practice boundaries, and how people can re-register if they choose Information about transport options. 	<p>17 July 2023 Household letter distribution is suggested to be planned for end September 2023 in order to capture all relevant information patients may need, and also include any new patient queries which may arise due to seasonal influences. A draft will be reviewed by the Task and Finish Group prior to issue.</p> <p>1 August 2023 The TFG agreed with the principle that a single definitive letter to patients was the preferred approach but in the meantime there should be ongoing engagement and communication with local residents including through publicity for the proposed community event in September. No further changes to the proposed content of the letter were identified, and the TFG agreed that a draft letter would be prepared for review at next meeting.</p>	<p>5 September 2023 Draft letter received by TFG. PTHB and Llais will work with CGP to finalise the letter, with input from ABUHB. TFG agreed that the letter will be distributed to CGP registered households within the ABUHB area only. The community event will be promoted via the letter if details are confirmed before the print deadline.</p> <p>18 September 2023 Letter updated to reflect comments and finalised. Distribution to households of CGP registered patients in the Gwent area is being arranged by the practice.</p> <p>3 October 2023 The letter was sent for distribution on 29 September and distributed electronically to MSs, MPs, local County Councillors, Gilwern Community Councils, the community transport providers and made available through PTHB digital and online channels.</p> <p>CLOSED</p> <p>7 November 2023 Household letters have been distributed to CGP registered households within the ABUHB area. ABUHB Primary Care have received minimal enquiries as a result and PTHB haven't received any.</p>

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15. Extend notice period for branch closure to six months (compared with three month period in branch closure process) to support transition and mitigation

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023	Current position (with date of update)
15.1 PTHB to confirm six month notice period to CGP	PTHB with CGP	30 November 2023	Practice have been informed that a six month notice period will	Belmont Branch Surgery will remain open until 30 November 2023. However, the staffing challenges identified in the practices Branch Surgery Closure application continue to affect the ongoing delivery of services.	CLOSED <i>Six month notice period to 30 November 2023 is agreed and being implemented.</i>

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