Board

Wed 20 March 2024, 09:30 - 15:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Apologies for Absence

Chair

1.2. Declarations of Interest

All

1.3. Experience Story

1.3.1. Staff Experience Story

Director of Workforce and OD

1.4. Agreement to operate a consent agenda

Oral *Chair*

1.5. Update Reports of the

1.5.1. Chair

Attached *Chair*

Board_1.5a_Board Chairs Report.pdf (4 pages)

1.5.2. Vice Chair

Attached *Vice Chair*

Board_1.5b_Vice Chair's report Board.pdf (3 pages)

1.5.3. Chief Executive

Attached *Chief Executive*

Board_1.5c_CEO Board paper March 2024 v2.pdf (6 pages)

1.6. Assurance Reports of the Board's Committees

Attached *Committee Chairs*

Board_1.6_Committee Chair Reports_January24.pdf (5 pages)

1.6.1. Patient Experience Quality and Safety Committee

Attached

Board_1.6a_App_A_PEQS Chairs Assurance Report 23 Jan24.pdf (6 pages)

1.6.2. Executive Committee

Attached

Board_5.3b_AppB_Executive Committee Chair's Assurance Report Mar24.pdf (10 pages)

1.6.3. Audit, Risk and Assurance Committee

Attached

Board_1.6c_App C_ARA_Committee Chair's Assurance Report_20 Mar.pdf (5 pages)
Board_1.6ci_App C_Annex 1_THB Structured Assessment 2023 Report.pdf (36 pages)
Board_1.6cii_App C Annex 2_ External Audit Annual Audit Report 2022-23.pdf (22 pages)

1.6.4. Planning, Partnership and Population Health Committee

Attached

Board_1.6d App D_PPPH_Committee Chairs Assurance Report_ 20 March 24.pdf (5 pages)

1.6.5. Delivery and Performance Committee

Attached

Board_1.6e_App_E_Delivery & Performance Chairs Assurance Report_29 February 2023.pdf (10 pages)

1.6.6. Charitable Funds

Attached

Board_1.6f_App F_Charitable Funds Report 04 March 2024.pdf (5 pages)

1.6.7. Workforce and Culture Committee

Attached

Board_1.6g_AppG_W&C Cttee Chairs Assurance Report 5 Mar24.pdf (6 pages)

09:30 - 09:30
0 min

2. CONSENT AGENDA BUSINESS

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1. 2024-2029 Integrated Plan

Chief Executive

3.1.1. Integrated Plan - cover paper

To follow *Director of Planning, Performance and Commissioning*

Board_3.1_Integrated Plan_PTHB Board_cover paper v2.pdf (11 pages)

3.1.2. Integrated Plan

Attached *Director of Planning,Performance and Commissioning*

Board_3.1a_Integrated Plan_FinalforBoard200324.pdf (107 pages)

3.1.3. Capital Programme

Attached *Associated Director Capital, Estates and Property*

Board_3.1c_Capital Programme 2023 to 2025.pdf (15 pages)

3.2. Strategic Equality Plan 2024-28

Attached *Director of Workforce and OD*

Board_3.2_Strategic Equality Plan 2024-28.pdf (4 pages)
Board_3.2a_Strategic Equality Plan 2024-28.pdf (26 pages)

3.3. Welsh Language Strategy in Healthcare 2024-29

Attached *Director of Workforce and OD*

Board_3.3_Welsh in Healthcare Strategy.pdf (3 pages)
Board_3.3a_Welsh in Healthcare Strategy.pdf (50 pages)

3.4. Emergency Medical Retrieval and Transfer Service (EMRTS) Attached

Attached *Chief Executive Officer*

Board_3.4a_PTHB cover paper - 240320-PTHB-EMRTS.pdf (11 pages)
Board_3.4b_App1 EMRTS Review Engagement Report (FINAL) EASC 19 Mar2024.pdf (71 pages)
Board_3.4c_App2 Issues raised by Llais following Phase3 engagement EASC 19 March 2024.pdf (4 pages)
Board_3.4d_App3 Further responses post engagement EASC 19 Mar 2024.pdf (4 pages)
Board_3.4e_App4 Picker Report EASC 19 Mar 2024.pdf (32 pages)
Board_3.4f_App5 EIA EASC EMRTS Service Review End Phase 3 EASC 19 Mar 2024.pdf (50 pages)
Board_3.4g_App6 EMRTS Final Report-compressed EASC 19 Mar 2024.pdf (86 pages)
Board_3.4h_EMERTS letter PtHB.pdf (4 pages)

3.5. Corporate Parenting Charter

Attached *Director of Nursing and Midwifery*

Board_3.5_Corprate Parenting Charter.pdf (6 pages)
Board_3.5a_ Corporate Parenting Charter - Annex 1 - Corporate-Parenting-Charter-a-promise-from-wales.pdf (7 pages)

3.6. Welsh Joint Commissioning Committee

Attached *Chief Executive*

Board_3.6_JCC Establishment_LHBs_March2024.pdf (8 pages)

3.7. Integrated Quality and Performance Framework including Escalation

Attached *Director of Planning, Performance and Commissioning/Director of Nursing and Midwifery*

Board_3.7_IQPF cover.pdf (5 pages)
Board_3.7a_IQPF March 2024.pdf (28 pages)

3.8. Minutes of Previous Meeting: 31 January 2024 (for approval) and Action Log

Attached *Chair*

Board_3.8a_Board UnConfirmed minutes 31 January 2024 LP.pdf (27 pages)
Board_3.8b_Board Action Log March 2024.pdf (1 pages)

09:30 - 09:30
0 min

4. ITEMS FOR ASSURANCE

4.1. Financial Performance Month 11 including Financial Savings Report

Attached *Deputy chief Executive, Director of Finance, Information and IT*

Board_4.1_Financial Performance Report Mth 11.pdf (18 pages)

4.2. Integrated Performance Report Mth 10

Attached *Director of Planning, Performance and Commissioning*

Board_4.2_IPR Cover Sheet_PTHB_Board_Final Draft.pdf (6 pages)
Board_4.2a_IPR Month 10_Draft_Full_Slides_Final.pdf (78 pages)

4.3. Annual Delivery Plan Q3

Attached *Director of Planning, Performance and Commissioning*

- Board_4.3a_Q3 Progress Report PTHB Board Final.pdf (71 pages)
- Board_4.3_Q3 Delivery Plan_Cover Paper_Board.pdf (4 pages)

4.4. Speaking Up Safely and Raising Concerns Report

Attached *Director of Workforce and Organisational Development*

- Board_4.4_Speaking Up Safely Update Raising concerns statement adoption March 2024_.pdf (7 pages)
- Board_4.4a_PTHB Policy Statement and Procedure for Staff to Raise Concerns.pdf (25 pages)
- Board_4.4b_new_Speaking Up Safely Implementation Action Plan PTHB.pdf (3 pages)

4.5. Health and Safety Annual Report

Attached *Director of Therapies and Health Science*

- Board_4.5_Health and Safety Annual Report 2024.pdf (6 pages)
- Board_4.5a_Health and Safety Report.pdf (34 pages)

4.6. Socio-Economic Duty Assurance report

Attached *Director for Public Health*

- Board_4.6_Socio-economic Duty.pdf (12 pages)

4.7. Corporate Risk Register, March 2024

Attached *Director of Corporate Governance and Board Secretary*

- Board_4.7_Corporate Risk Report_Feb2024.pdf (4 pages)
- Board_4.7a_Corporate Risk Register Feb 2024 (Public).pdf (35 pages)

4.8. Report of the Regional Director Llais

Attached *Chief Officer of CHC*

- Board_4.8_RDs Report PtHB March 2024.pdf (7 pages)
- Board_4.8a_Llais Volunteer Newsletter - Issue 7 (2).pdf (10 pages)

09:30 - 09:30
0 min

5. CONSENT AGENDA

Attached

5.1. Assurance Report of the Board’s Joint Committees

Attached *Chief Executive*

- Board_5.1_Joint Committee Reports_20 March 2024.pdf (3 pages)
- Board_5.1a_App 1 JC Briefing (Public) 30 January 2024.pdf (5 pages)
- Board_5.1b_App 2 Chair's EASC Summary from 21 December 2023.pdf (12 pages)
- Board_5.1c_App 3 EASC Confirmed minutes __EASC_21 Dec 2023 EASC 30 Jan 2024.pdf (13 pages)

5.2. Assurance Report of the Board’s Partnership Arrangements

Attached *Chief Executive*

- Board_5.2_Summary of Partnership Board Activity March 2024.pdf (3 pages)
- Board_5.2a_ App 1 SSPC Assurance Report 18 January 2024.pdf (5 pages)
- Board_5.2b_App 2 Powys RPB Terms of Reference - Adopted 08.12.23 - Review 09.12.24.pdf (23 pages)
- Board_5.2c_JLT ToR Approved 11Mar2024.pdf (9 pages)
- Board_5.2d_BCF terms of ref APPROVED 12Mar2024.pdf (7 pages)

5.3. Assurance Report of the Board’s Local Partnership Forum (written)

Attached *Director of Workforce & OD*

09:30 - 09:30
0 min

6. OTHER MATTERS

6.1. Any Other Urgent Business

Oral *Chair*

6.2. Close

6.3. Date of the Next Meeting: 22 May 2024 via Teams

09:30 - 09:30
0 min

7. CONFIDENTIAL ITEMS

Oral *Chair*

"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"

7.1. Welcome and Apologies for Absence

Oral *Chair*

7.2. Declarations of Interest

Oral *All*

7.3. Historic Continuing Health Care cases update

Oral *Chief Executive/Interim Director of Operations, Community Care and MH*

7.4. Corporate Risk Register – Cyber Security Risk & National Power Outage

Attached *Director of Corporate Governance*

7.5. Minutes from the In-Committee meetings held on 31 January 2024 and Action Log (no outstanding In Committee actions)

Attached *Chair*

7.6. Any Other Urgent Business

Oral *Chair*

7.7. Close

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

Agenda item: 1.4

BOARD MEETING	**20 March 2024**
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 January 2024.

RECOMMENDATION(S):

The BOARD is asked to RECEIVE the Chair's Report.

Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Chair's report provides information across the breadth of the health board's wellbeing objectives
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

CHAIR'S REPORT:

Chief Executive Officer Recruitment

I am delighted to report the appointment of Hayley Thomas as our substantive Chief Executive Officer (CEO) following the conclusion of the recent recruitment process.

As the CEO of Powys Teaching Health Board (PTHB), Hayley will lead the operational implementation of our strategy and the realisation of our vision for excellent health services in Powys. She is no stranger to managing change and improvement, having joined the health board in 2013 as Head of Programme Management, and then held the roles of Executive Director of Planning and Executive Director of Primary Care, Community Care and Mental Health. She has been our interim CEO following the secondment of Carol Shillabeer to Betsi Cadwallader Health Board some months ago.

I have no doubt that Hayley's considerable skills, knowledge, experience and expertise will underpin her effective leadership and management of healthcare in Powys. She is a person of creative vision and strategic clarity with a focus on implementation and delivery. The NHS in Powys, as elsewhere, faces many challenges. I look forward to working with Hayley, alongside PTHB colleagues, partners and the people of Powys, as we respond to these challenges with hope and confidence.

Independent Member (IM) Recruitment

It is with great pleasure that I report the Minister's appointment of Mick Gianassi as a fixed-term member of our board pending the recruitment of a substantive independent member in due course. Mick had a distinguished career in the police service and held several senior positions in Wales and England. Since leaving the police he has held senior governance roles in health, care and local government, and is currently chair of Social Care Wales. His obvious expertise and knowledge will help to further strengthen the good governance of our organisation.

We have recently concluded the recruitment process for a new independent member with financial expertise. A recommendation has been made to the Minister and we await a decision.

Accountability Review

The Minister for Health and Social Care recently made a written statement providing an update regarding the ongoing review of accountability arrangements within NHS Wales. The findings and recommendations of the Ministerial Advisory Group will be published later in the year for consideration by the Minister for Health and Social Care.

Powys Health Charity Alliance and Leagues of Friends

In my last board report I mentioned the intention to establish a Leagues of Friends Forum to improve our engagement with and support for the hospital leagues of friends across Powys. Having considered this further, it would be

more effective and efficient to establish a Powys Charity Alliance that will include all leagues of friends. This will provide an opportunity for leagues of friends to work closely with PTHB's Powys Health Charity and other partners in order to better maximise each agency's contribution and participation.

The first meeting of the Powys Health Charity Alliance is being organised and will be held as soon as possible during the spring or summer.

Listening and Learning

As a board we continue to prioritise engaging with patients and staff members in order that we may hear directly about people's experiences. Alongside the data and information we receive in many reports, the lived experience of people helps to paint a holistic picture of reality within PTHB and Powys.

Each monthly board development session includes an opportunity to engage with different, front-line colleagues. It was particularly encouraging recently to learn from and converse with colleagues from the Stop Smoking Team and the Clinical Education Team.

Our development sessions are now complemented by monthly board briefings. These are short, online sessions that will build an accessible digital library of information sessions for board members. The first was delivered in February and built on the valuable presentation on Allied Health Professionals at our January board meeting.

Kirsty Williams, the vice-chair, and I continue to develop our 'Out and About' programme of visits to different teams, individuals and services across our sites and communities. Independent Member colleagues accompany us on these visits according to their availability. I'm particularly grateful to colleagues for their warm welcome and useful conversations since our last board meeting, namely the support services team, the Welsh Language team and those that attended the fabulous Healthy Schools Conference.

Ministerial Away Day

All chairs of health bodies in Wales were recently invited to spend the day with the Minister for Health and Social Care, together with the Deputy Ministers for Social Care and Mental Health.

During the day we held discussion on a number of important topics including transformation via digital improvements, increasing productivity and NHS Exec developments. The feedback from these discussions has helped to inform our discussions regarding our plans for the future.

Integrated Plan 2024-2029

As a board, we have spent considerable time and given substantial attention over recent months to the development of our Integrated Plan for the coming period. As set out in papers for this board meeting, we are needing to carefully balance our legal duties as regards providing safe, high-quality services alongside securing a financially balanced budget.

How we do this is of fundamental importance to us. We have agreed a set of principles that shape the very difficult decisions required of us. Central to these principles is the commitment to delivering the best possible, sustainable care for and with our population. We are also ensuring that the plan is both realistic and, whilst ambitious, able to be delivered. For this reason, we are pro-actively establishing a five-year plan that provides a hopeful and reliable way forward for healthcare in Powys.

This does mean that we are not in a position currently to meet our statutory duty of submitting a financially balanced plan. However, as a board, we are confident that we are making the best decisions for Powys and will carefully scrutinise and monitor our path to greater excellence and sustainability over the next months and years.

Partnership with Powys County Council (PCC)

Following our decision to dissolve the Joint Partnership Board, a bilateral partnership arrangement between PCC and ourselves, I'm pleased to report that new arrangements are now in place to facilitate and govern our important working relationship with PCC colleagues.

Terms of Reference have been agreed for a PTHB Board / PCC Cabinet arrangement that will set the direction and monitor the progress of our joint working. The work will be taken forward by the Joint Leadership Team, a new group comprising members of our respective executive teams.

These new arrangements will focus exclusively on the issues that our two organisations need to progress together and will not duplicate or conflict with the statutory requirements relating to the Regional Partnership Board or the Public Services Board.

Equality Diversity and Inclusion (EDI)

We are committed to ensuring that all people, without exception, are treated equally and fairly. This commitment is not only to secure compliance with legislation and policy but, crucially, because it's the right thing to do and seeks to nurture the kind of world we want to be part of.

There are both formal and informal ways in which we demonstrate our commitment to EDI. All steps are taken to recruit board members that reflect the diversity of the Powys population. Each board member has an EDI related objective within their annual objectives. Moreover, a range of EDI training and development is required of members.

We scrutinise the effectiveness and consistency of our EDI commitment by approving a strategic equalities plan, as seen on today's agenda, and monitoring its implementation via our Workforce and Culture Committee.

AGENDA ITEM:1.5b

BOARD MEETING	**Date of Meeting: 20 March 2024**
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 January 2024.
RECOMMENDATION(S):
It is recommended that the Board **RECEIVES** this report.

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. 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:

Primary Care:
To broaden my knowledge and understanding of the issues around Accelerated Cluster Development I attended the National Programme's Peer Review Sessions for Betsi Cadwaladr and Cardiff & Vale Health Boards. It has been extremely useful to see how ACD is working in other areas and reassuring to know that we have shared challenges with other parts of Wales.

Regional Partnership Board (RPB):
The RPB held a development afternoon in February reflecting on the findings of a Partnership Reflection exercise. The Board will now draw up a plan to address the issues of how we can develop and improve the operation of partnership going forward.

The RPB also hosted a visit by Julie Morgan MS, Deputy Minister for Social Services, to the Safer Accommodation Project. I and Claire Roache (Executive Director of Nursing and Midwifery) represented the Health Board and were pleased to see the high standard of accommodation that has been developed at this much needed resource.

Listening to Staff:

Staff Excellence Awards
I was delighted on behalf of the Board to present in person a number of the Staff Excellence Awards including to the Therapies Team in Welshpool

Hospital, the Learning Disability Team at Bronllys Hospital and to Lloyd Morgan at Llandrindod Wells Hospital. To have their work and dedication recognised has meant a great deal to all the winners I have met and it has been a very valuable opportunity to thank them in person.

Spa Road Llandrindod
Following the presentation of the award to Lloyd Morgan I accompanied him and colleagues from the Estates Team to see the work that has commenced at the Spa Road building. It was great to hear the vision of the estates team and how they are working with clinical colleagues to provide a better patient and staff experience as well as develop facilities we currently do not have in the County**.**

Early Years Pathfinder
Joint working between PTHB staff and Powys County Council was very much on display at the Knighton Community Centre that hosts a parent and toddler group with input from a variety of professionals providing advice, guidance, early help and support. I was grateful to colleagues from the Health Visiting Team for their invitation to visit and listen to the impact their work is having.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.5c

BOARD MEETING	**DATE OF MEETING: 20 March 2024**
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
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:

- Health Protection
- Junior Doctors Industrial Action
- Senedd Reform
- Staff Excellence Awards
- Staff Wellbeing Roadshows
- Long Service Awards
- Putting Powys on the Map
- Belmont Branch Surgery Task and Finish Group

RECOMMENDATION(S):

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

Approval/Ratification/Decision[1]	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:

Health Protection

MMR Vaccination Catch-up

Targeted action is being undertaken to continue to work to increase MMR rates with the aim of preventing measles outbreaks. The Health Board has stood-up a MMR Vaccination Co-ordinating Group with representatives from the Health Board, Local Authority and Public Health Wales. The Group is implementing a Measles, Mumps and Rubella (MMR) Vaccine catch-up which includes:

- Drop-in MMR vaccination clinics for children and young people at Bronllys and Newtown Vaccination Centres
- Targeted action to offer MMR vaccination catch-up through schools up to June 2024
- Guidance to education sector
- Letters to healthcare staff to offer MMR vaccination through Occupational Health Clinics and Vaccination Centres.

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

There are measles outbreak in areas of England and action is being undertaken across Wales and England to increase MMR rates.

Spring Covid Vaccination
The Spring Covid Vaccination programme will commence early April, inviting the following eligible individuals in accordance with JCVI and WG Ministerial Guidance:

- residents of care homes for older adults
- immunosuppressed individuals aged 6 months and over
- over 75's.

Junior Doctor Industrial Action
Preparation is underway for the forthcoming strikes by Junior Doctors which are scheduled for Monday 25th March and will last 96 hours. Whilst the health board does not employ Junior Doctors, we have been participating in the planning and the lessons from the previous industrial action which took place in February. Following a recent ballot of Consultants and SAS Doctors (Specialist/Associate Specialist and Specialty Doctors) the BMA have now issued the required 6 weeks notification for industrial action which will be for 48 hours and will commence on the 16th April. All health boards services will be required to plan for rotas similar to Christmas day service and will be reviewed by a national system resilience group. PTHB is also working through it own assessment on preparedness and service planning.

Senedd Reform
Welsh Government has set out plans for changes to the Welsh Parliament through the Senedd Cymru (Members and Elections) Bill and the Senedd Cymru (Electoral Candidate Lists) Bill.

The key proposals in the Senedd Cymru (Members and Elections) Bill are:

- Increasing the size of the Senedd to 96 Members.
- Changing the electoral system to one fully based on the principle of proportional representation. From the 2026 Senedd election, the D'Hondt formula will be used.
- Making 16 new Senedd constituencies, which will be created by pairing the 32 new UK Parliamentary constituencies for the 2026 Senedd election.
- Six Members will be elected, from closed lists, in each of the 16 constituencies.
- Increasing the limit on the number of Welsh Ministers who can be appointed from 12 to 17 (plus the First Minister and the Counsel General). Welsh Ministers will have the ability to further increase the number to 18 or 19, but only with the Senedd's approval.
- Giving Members of the Senedd the flexibility to elect a second Deputy Presiding Officer.

- Making it law that all candidates for Senedd elections must live in Wales.
- Holding Senedd elections every 4 years from 2026 onwards.

In addition, the second bill proposes to make the Senedd more representative of the gender make-up of the people of Wales.

If each Bill is passed it is anticipated that the changes will take effect from the 2026 Senedd Election.

Welsh NHS Confederation recently held a helpful seminar setting out the details of the Bill and discussing the potential implications for the interface between health boards, members and the Welsh Parliament.

In Powys, the new UK parliamentary constituencies are as follows:

- Montgomeryshire & Glyndwr: this includes all of the current Montgomeryshire constituency and extends to the outskirts of Wrexham including Chirk, Ruabon and Rhosllanerchrugog
- Brecon, Radnor and Cwm Tawe: this includes all of the current Brecon & Radnorshire constituency and extends along the Tawe valley to include Pontardawe.

We will keep the Board updated on further developments.

Staff Excellence Awards
Since my last report we have concluded our visits by Board members to present our Staff Excellence Awards winners with their trophies and certificates. The Vice Chair met with Rising Star Lloyd Morgan from our capital and estates team, the Chair presented Leadership and Taking Responsibility winner Kate Prothero with her award during one of my all-staff briefings, the Chair met with representatives of joint Team of the Year - Support Services - in Newtown, and our visits concluded with the Chair's meeting with Rising Star Carys Jones who is our Welsh Language translator. The Board will recall that we took a revised approach to our Staff Excellence Awards, and one benefit has been to extend the awards to a six month period of celebration from the announcement of our nominees in September, through to the announcement of finalists by October, online events to announce our winners in November and December and visit to our winners between December and February.

We expect that nominations for our next awards will begin during Q4 2024/25.

Staff Wellbeing Roadshows
Our latest round of Wellbeing Roadshows at hospital sites has concluded, and the team has been reaching out to our wider workforce in clinics and offices

through a series of "road runs" to take wellbeing information and support across the county.

Our Wellbeing Roadshows will re-commence in September, and I strongly encourage members of the Executive Team to join these as a valuable opportunity to meet with staff across the county and help promote our wellbeing offer.

Long Service Awards
During COVID we moved our Long Service Awards to an online event alongside our Certificate of Appreciation. Later this spring we will resume face-to-face recognition with a thank you event in Llandrindod Wells on 14 May. All members of the Board are welcome to attend. Our next online Certificate of Appreciation event will be in June.

Putting Powys On the Map
Aspiring nurse Abbey Williams has been putting Powys on the national map. Abbey joined our aspiring nurse programme in 2019 and received national recognition in January winning the "Inspirational Achievement" award from the Open University's Faculty of Wellbeing, Education and Language Studies. She was nominated for her innovative work setting up an anxiety management group in her local Community Mental Health Team and was commended for her 'inspiring professionalism and motivation for nursing'.

In addition to this, Abbey is also shortlisted for a Student Nursing Times Award for "Student Innovation in Practice". We wish every success to Abbey in the national awards on 26 April.

Belmont Branch Surgery Task and Finish Group

The Belmont Branch Surgery Task and Finish Group met on 12 March 2024 with representation from ABUHB, PTHB and Crickhowell Group Practice with observer status from Llais.

The meeting reviewed the feedback and process so far. Members recognised the strength of feeling that had been shared during the engagement period, and noted the strong partnership process to develop and deliver a wide ranging mitigation plan to respond to the issues that had been identified.

Given the current assurances in place regarding complaints, concerns, practice sustainability, community transport availability, re-registrations, ongoing community engagement and other matters identified in the mitigation plan it was agreed that ongoing monitoring would move to "business and usual" arrangements and the task and finish group meeting would be stood down.

In order to ensure that cross-border oversight remains in place during a transition period, task and finish group members will be contacted by end June to identify whether any new and different highlight and escalation issues have been identified that merit a further meeting being arranged or whether assurance remains in place to continue monitoring through business as usual arrangements.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 1.6

BOARD MEETING	**DATE OF MEETING: 31 JANUARY 2024**
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
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 23 January 2024 is attached at **Appendix A** (written report).

Executive Committee:

- The Committee Chair's report of the meetings held from 17 January 2024 – 6 March 2024 is attached at **Appendix B**.

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 16 January 2024 (written) and 11 March (oral) is attached at **Appendix C**.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 20 February 2024 is attached at **Appendix FD**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 29 February 2024 is attached at **Appendix E**.

Charitable Funds:

- The Committee Chair's report of the meeting held on 4 March 2024 is attached at **Appendix F.**

Workforce and Culture:

- The Committee Chair's report of the meetings held on 5 March 2024 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:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. 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:** • 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) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee 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:** • 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. (see Executive Committee Chair's Report to Board for 20 September 2023). Nothing further to escalate to the Board at this stage.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 22 May 2024.

Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Kirsty Williams
Date of last meetings:	23 January 2024
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Patient Experience, Quality and Safety Committee took place on 23 January 2024.

The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 23 January 2024:

- Integrated Quality Report including
  - Mental Health Deep Dive from a quality and safety perspective
- Mental Health Power of Discharge six monthly compliance with legislation
- Joint Inspection of Child Protection Arrangements
  - Including Update on Level 3 Safeguarding Training
- Cancer Improvement Plan
- Annual Report for Accountable Officer for Controlled Drugs
- WHSSC Quality and Safety Committee Chairs Report – October 2023
- Annual Assessment of Committee Effectiveness
- Infection Prevention and Control Improvement Plan progress report (contained within the Integrated Quality Report)
- Incident Management Final Internal Audit Report
- Committee Risk Register

The papers from this meeting can be accessed at: Patient Experience Quality and Safety Committee 25 April 2023 - Powys Teaching Health Board (nhs.wales)

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

INTEGRATED QUALITY REPORT

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

- Putting Things Right (PTR) management of concerns - Quarter 1 to quarter 3 compliance was 76%.
- Duty of Candour – an increase in cases being triggered. A rise in cases was anticipated, as the process embeds in the organisation and confidence in the Duty of Candour increases.
- Reporting returns to the Public Service Ombudsman for Wales (PSOW) – a high number of reports from Powys had been referred to the PSOW in the previous year, partially due to a significant number of backlog complaints being closed. The PSOW referrals have now reduced as the backlog of complaints has been cleared.
- Incident management – the number of patient safety incidents remains stable and work is ongoing to ensure timely management and closure of incidents.
- Patient experience – work is being undertaken to allow service users/patients and their families voices to be heard via Civica.

Infection Prevention and Control - good progress is being made implementing the Year 1 improvement plan with 29 actions completed, 8 on track, 9 where progress has been made and they are likely to be achieved and 1 which will be addressed in Q4. The improvement plan for Year 2 is in development.

The Committee RECEIVED the report and take ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting.

MENTAL HEALTH DEEP DIVE FROM A QUALITY AND SAFETY PERSPECTIVE

The Committee received the report in response to a request for a deep dive into the Mental Health incident management.

Nationally reportable incidents are taken to the Executive Committee monthly providing a breakdown of where in the organisation those incidents occurred and what they relate to.

An exercise was undertaken on fifty randomly selected incidents on the Datix system, these were reviewed, along with the reporting arrangements for identifying and reporting nationally reportable incidents. The review identified some gaps with the management of incidents and the NRI incidents, in

addition to identifying some opportunities for improvement, these are being captured in an improvement plan.

The next step is to develop a Mental Health Quality and Safety Improvement Plan which will include the findings of the review and emerging improvements, this will be reported through the Executive Committee.

The Committee NOTED that an Incident Management Quality and Safety review has been undertaken in Mental Health Services, and took ASSURANCE that an improvement plan is being developed which will be received and monitored by the Executive Committee, and an update will be provided to this Committee at its next meeting in April 2024.

MH POWER OF DISCHARGE SIX MONTHLY REPORT INCLUDING MH COMPLIANCE WITH LEGISLATION

The Committee received the technical report concerned with the processes and legality of how powers are discharged under the Mental Health Act.

Attention was drawn to the Health Board's compliance against the majority of measures. There has not been a significant difference in activity compared to previous years, although there have been minor variations which show a slight increase. This is believed to relate to the acuity in Mental Health.

The Committee RECEIVED the report and took ASSURANCE in relation to administration of the Mental Health Act and compliance with legislation.

JOINT INSPECTION ON CHILD PROTECTION ARRANGEMENTS (JICPA)

The Committee received a verbal update on the final report for the Joint Inspection of Child Protection arrangements led the Care Inspectorate of Wales and supported by Health Inspectorate Wales, Inspectorate for the Police and Estyn. The full report will be considered at the April meeting of the Committee.

Key learning from the process was the Level 3 Safeguarding training compliance. The safeguarding team have an action plan to address this, which was in development prior to JICPA, and will be monitored through the Safeguarding Steering Group.

The Committee NOTED the update.

CANCER IMPROVEMENT PLAN

The Committee noted and took take assurance that a plan is in place, for the period 2023-2026. The national Cancer Plan was approved in 2023 covering all aspects from early diagnosis to living with cancer. Services have been mapped against the national plan. Reporting arrangements are under consideration, but it is likely that reporting will take place in Executive Committee with an Annual Report to Committee.

The Committee took ASSURANCE that the Cancer Improvement Plan 2023-2026 is in place and will RECEIVE updates on quality safety and patient experience of the plan.

ANNUAL REPORT OF ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS

The Committee received the Annual Report which summarised the work of the Accountable Officer for Controlled Drugs, the Controlled Drugs local intelligence network, and the multi-agency network where learning from incidents to improve safety in the system takes place. It highlighted the standards, the Standard Operating Procedures in place and monitoring and audit arrangements.

There is ongoing work with Primary Care to prevent and reduce the numbers of controlled drugs prescribed.

The Committee RECEIVED the report recognising the progress that has been made during the last 12 months, took ASSURANCE that an annual report is in place and that systems exist to capture, record and report the information, and NOTED that there is still considerable work to be done to strengthen governance arrangements across the Health Board.

WHSSC QUALITY AND SAFETY COMMITTEE CHAIRS REPORT OCTOBER 2023

The Committee received the report that highlighted two news risks within the Women and Children's portfolio, particularly in neonatal and paediatrics at Cardiff and Vale UHB. This has been escalated to the Joint Committee at WHSSC.

Regular updates on key matters are being received from the Director of Nursing and Quality at WHSSC.

The Committee NOTED the report from WHSSC Quality and Safety Committee.

ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS

The Committee received the presentation which demonstrated the individual views of the effectiveness of the Committee. Reviews are be held annually. The main areas for consideration were:

- Composition and establishment
- Effective functioning
- Assurance
- General comments

A collective report with all Committee actions and feedback will be shared with the Board in due course.

The Committee NOTED the presentation.

REVIEW OF TERMS OF REFERENCE

The Committee noted the Terms of Reference dated 2021, when the Committee met bi-monthly. Fundamental changes were not needed, although some areas need to be added including The Duty of Quality; Duty of Candour and Speaking up Safely. Consideration also needed to be given to the frequency of the meetings which are currently held quarterly. Reviewed Terms of Refence will be brought to Board in May 2024.

INFECTION PREVENTION AND CONTROL IMPROVEMENT PLAN PROGRESS REPORT (contained within the INTEGRATED QUALITY REPORT)

The Committee noted this had been considered as part of the Integrated Quality Report (see above).

COMMITTEE RISK REGISTER

The Committee were not presented with the Risk Register to this meeting as it was in the process of being updated for presentation to Board.

WORK PROGRAMME

The Committee received the Work programme for Information.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES

The Committee will update Board on Infection Prevention and Control (see above).

The following items will be taken to the Workforce and Culture Committee

- Training – Understanding the priorities for essential training, which links with 'Powys – a better place to work'.
- Fixed Term Contracts – given the high vacancy rates should the Health Board be adopting a more calculated risk in temporary funded posts.

ITEMS TO BE ESCALATED TO THE BOARD

The Committee will update Board on Infection Prevention and Control (see above).

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 16 April 2024.

Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	21st February 2024
Paper prepared by:	Director of Corporate Governance / Corporate Business Manager

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 meets within In-Committee sessions 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 10th January, 24th January, 7th February, 14th February and 21st February 2024. Meetings following these dates will be reported to the Board in May 2024.

10th January 2024

1. Mental Health Power of Discharge Annual Report, including MH compliance with legislation

The Committee received the annual report on the performance of the service in relation to the administration of the Mental Health Act 1983 has been compliant with legislation. It demonstrated the power of discharge that is delegated to hospital managers, and how the Health Board's duties are discharged as a division.

The Committee RECEIVED and took ASSURANCE from the report.

2. Deep Dive on Agency Spend – Mental Health

The Committee received an extensive deep dive report, exploring the reasons for agency spend and the reasons for variants. Consideration was asked to be given to value and future shape of MH services and place the service on a more sustainable footing. The report would go onto the D&P Committee.

The Committee RECEIVED and DISCUSSED the report.

3. Workforce & OD Policies

The Committee APPROVED the policies and noted the following updates:

- HR 096 Secondary Employment and Voluntary Emergency Callers Policy – move from authorisation to declaration
- HR111 Recruitment and Retention Payment Policy
- HR070 Domestic Abuse and Sexual Violence Policy.

4. Integrated Quality Report

The Committee received the quarterly Integrated Quality Report, noting that concerns are continuing to be managed informally, patient experience has been strengthened and Infection Control and Improvement Plan is on track in terms of actions. The Committee discussed supporting service groups to focus on closing the backlog of outstanding incidents. The report would go onto PEQs.

The Committee NOTED and DISCUSSED the Report.

5. Annual Report of the Accountable Officer for Controlled Drugs

The Committee received the annual assurance report on the work of the AO for the control of drugs and the work in progress; and progress since Covid-19. The report would go onto PEQs.

The Committee NOTED and took ASSURANCE from the paper.

6. Annual Review of the PTHB Severe Weather Arrangements

The Committee APPROVED the updated severe weather plan, which included two changes to reflect comms and terminology and updated Standard Operating Procedure. It was noted that in the last 12 months the plan had not been activated, although some local responses had been required.

<u>24th January 2024</u>

1. Finance Report – Month 09

The report provided a high-level summary of the revenue position. At month 9, there was a £10.7M overspend against revised planned deficit of £10.111M. The financial impact from the Industrial action not yet known.

The Committee RECEIVED and CONSIDERED the Finance report and noted it would be considered at next week's Board; with the Agency Deep Dive being considered at Delivery & Performance Committee.

2. Business cases – Neurodevelopmental and RISP (Radiology programme)

The Committee RECEIVED the draft business cases for both services, feedback was provided against both for further development. It was also confirmed that all business cases would be considered in the context of the next Integrated Plan so prioritisation could be effectively considered.

3. Workforce & OD Policies

The Committee APPROVED the following policies:

- HR054 Induction of New Staff Policy
- HR036 NHS Wales Flexible Working Policy.

4. Approval of Policies

The Committee APPROVED the following policies, both of which were All Wales drafted:

- PEP001 Putting Things Right' Policy for the Effective Management and Resolution of Complaints and Concerns.
- PEP 003 Management of Compensation Claims – Clinical Negligence and Personal Injury.

Managing disruptive, aggressive and vexatious behaviours - the Committee APPROVED the policy seeking to establish a clear framework within the Health Board to effectively manage disruptive, aggressive and vexatious behaviours presented by members of the public, when accessing health board services. It was agreed to monitor the policy carefully to ensure effective application.

5. **Issuing of FIT Notes update**

The Committee received an update on the issuing of FIT notes, noting there is no significant change to service configuration or improved access to electronic patient records to support any change at this stage. The Professional Head of Physiotherapy to work with WOD colleagues to ensure FIT note training can be recorded on ESR.

The Committee RECEIVED this update and took ASSURANCE.

6. Welsh Language Commissioner Investigation and Action Plan

The Committee received the initial framework action plan following the Welsh Language Commissioner investigation.

The Committee APPROVED the proposed written response for submission to the Welsh Language Commissioner. The Welsh Language action plan would be reported back to Executive Committee in a couple of months to review compliance.

7. Strategic Change Report

The Committee received the report which outlined the appropriate processes in place to monitor and review the strategic change programmes that have an impact on Powys. It was noted:

- Mid Wales Planning Regional Group – shared resource and mutual aid.
- Aneurin Bevan Health Board will be closing Minor Injury Units 1:00-7:00am.
- Working with Powys County Council on the Better Together model.
- Llais will be briefed and updated.

The Committee NOTED the report and its onward consideration by PPPH Committee.

8. AHP Annual Update

The Committee received the presentation on the AHP annual update. Following discussion, consideration to be given to how this information can be shared across the organisation and how this format and discipline can be replicated across other teams.

The Committee RECEIVED the presentation noting it would be shared at the Boad on the 31 January.

9. Update on National Power Outage Planning

The Committee received an update on the current status of internal planning for the risk of a national power outage. This work had been delayed due to pressures, but risks and established areas to move forward have been established.

The Committee RECEIVED the update noting the work would continue to be progressed though the designated Assistant Directors group.

10. Corporate Risk Register

The Committee considered the increased risk scoring for CRR012: A national power outage results in significant disruption to services and the quality of patient care.

The Committee APPROVED the amendments proposed by the Director of Public Health.

11. Integrated Performance Report – Month 08

The Committee RECEIVED an update on the latest performance position for month 8 and the below items were brought to their attention:

- Improved position for planned care, compared to month 7 (with exception of diagnostics)
- Key Ministerial trajectories continue to not be off track
- Working with operations teams to get a better understanding of forecast with Planned Care

- Secured extension to Mendip Services, that would improve performance of Planned Care
- Therapies moving in the right direction, but noted there are some dietary and audiology issues raised today, so will work with the appropriate leads to forecast that and check what mitigation can be put in to deliver those targets.

The Committee DISCUSSED and NOTED the content of the report agreeing relevant actions to be taken. The report would go onto D&P.

12. Nationally Reportable Incident Update

The Committee received an update on open National Reportable Incidents within the health board. It as acknowledged that it is difficult to benchmark against other Health Boards due to Powys' blend of provided and commissioned services.

The Committee NOTED the content of the report.

13. Workforce Performance Report

The Committee received the regular workforce performance report, noting the improved performance of PADR compliance; but still not meeting the national target and also a downward trend in absence levels (both short and long term). Staff turnover and staff retention was discussed.

The Committee NOTED this latest performance report. The report would go onto W&C Committee.

7th February 2024

1. Continuing Health Care Report – 6 month costs

The Committee received the report which noted an improvement in performance around the overdue reviews. There is a recognition that the quality component of CHC and FMC has now been moved into acuity which will give an opportunity to seek assurance around some outcomes.
The Committee NOTED and DISCUSSED the report.

2. Planned Care Insourcing

The Committee APPROVED the commissioning request and AGREED the procurement approach.

3. Socio Economic Duty Report

The Committee received the report which provided assurance of the Health Board's compliance with the duty. The Duty is cross cutting predominately linked for strategic decision making.

The Committee took ASSURANCE from the report. The report would go onto PPPH Committee.

4. North Powys Wellbeing Programme, including Models of Care

The Committee received an update on the target operating model, outlining examples of some of the work that has been developed with the Better Together programme. The Committee AGREED further work was required and would return to Committee the following week.

5. Mental Health Quality and Safety Review Update

The Committee received an update on progress again the open incidents and the remedial plan in the immediate term to effectively manage, and close, where appropriate.

The Committee NOTED the verbal update and was REASSURED on progress. Monitoring would continue, the PEQS Committee had also been briefed.

6. Health and Safety Annual Report

The Committee receive the H&S annual report and DISCUSSED and took ASSURANCE from the report that the organisation implemented its 2022/23 work plan and is implementing the programme for 2024. The report would go onto D&P Committee.

7. Summary of Screening Programmes

The Committee received a summary report on the adult screening programmes; overall Powys performance is good, all programmes have caught up from the backlog following the pandemic. It was noted there is a delay for in-county appointments for patients for diabetic eye screening in Mid-Wales

The Committee took ASSURANCE from the report. The report would go onto PPPH Committee.

14th February 2024

1. Month 10 Finance Flash Report

The Committee received the flash report providing a high-level update on the month 10 financial position – noting that in-month position is slightly improved but year to date position is still behind.

The Committee RECEIVED and CONSIDERED the Finance flash report.

2. Age Well

The Committee received an update on progress of delivery and work to date of the Age Well Partnership. The Committee discussed the need to

understand the outcomes and measure of progress of the partnership and work.

The Committee NOTED the report and the changes that would be made ahead of submission to PPPH Committee to reflect and monitor progress against outcomes.

3. Integrated Plan Q3 Update

Progress made against the Integrated Plan for Quarter 3 was presented at the Committee. The Committee SUPPORTED and APPROVED the change request included in the report.

The Committee NOTED that moderation of the plan was to be discussed further on the 21st February. The report would go onto D&P Committee.

4. Community Pharmacy Performance Report

The Committee received the report which provided an account of activities undertaken, progress to date and areas of concerns during 2023/24. Discussion took place around what governance arrangements or oversight responsibilities the health board has with community pharmacies and interesting to understand the detail what element of the Common Ailments Scheme in pharmacy is driving the spend.

The Committee took ASSURANCE from the report. The report would go onto D&P Committee.

5. **Mental Health Quality and Safety Review update**

The Committee received a position statement in response to the desktop Quality and Safety review of the incidents within the MH service. The Committee agreed a number of actions.

The Committee DISCUSSED the report noting the actions agreed. PEQS Committee would be updated at its next meeting.

21st February 2024

1. Internal Audit Annual Plan

The Committee REVIEWED and PRIORITISED the content of the 24/25 draft Internal Audit plan. The report would go onto ARAC.

2. Finance Report – Month 10

The Committee received the Finance report providing an update on the month 10 financial position, noting there is a £11.140M overspend against the revised planned deficit of £10.740M. It was noted that agency spend had marginally improved however continuing to see pressures in emergency admissions. Some pressures had been offset with improvements in Prescribing and Dental.

The Committee RECEIVED and CONSIDERED the finance report. The report would go onto D&P Committee.

3. Integrated Performance Report – Month 09

The Integrated Performance report was presented to the Committee and noted the continuation of poor performance in commissioned services and the Junior Doctor's Strike had affected operational and commissioned performance.

The Committee RECEIVED and CONSIDERED the finance report. The report would go onto D&P Committee.

4. Continuing Health Care Costs (Month 06)

The Committee received the updated report following the feedback at the previous Executive Committee.

The Committee NOTED the report for its onward consideration at D&P Committee.

5. Capital and Estates Compliance

The Committee received a report on Capital and Estates compliance and noted the need to work across departments for solutions to fundamental barriers in the organisation.

The Committee RECEIVED the report and took ASSURANCE on the approach to Estates Compliance, noting it would be considered at D&P Committee.

6. Strategic Equality Plan 2024-29

The Committee REVIEWED and RECOMMENDED the Strategic Equality Plan to be considered at Workforce and Culture Committee.

7. Approval of Policy

The Committee APPROVED the HSP025 Personal Protective Equipment Policy.

8. Strategy for Welsh in Healthcare 2024-29

The Committee REVIWED and RECOMMENDED the Strategy to be considered at Workforce and Culture Committee.

9. Chat2Change Group

The Committee considered the proposal of future activity and a refresh of focus and rebranding for the Chat2Change group. The group is a staff voice approach to supporting development of organisational culture and proposed that areas of activity to be agreed and aligned to the workforce element within the Workforce Futures work.

The Committee DISCUSSED and APPROVED the proposed activities.

10. Quality and Governance Structure

The Committee received the proposed structure for quality governance in alignment with a robust Quality Management System – updating the name of the Integrated Performance Framework to Integrated Quality and Performance Framework and proposal for IPF meetings are changed to an Integrated Quality and Performance Group.

The Committee were SUPPORTIVE of the continuation of this work and agreed the next steps for developing.

11. Sexual Safety

The Committee received an update on the national review that had been undertaken regarding Sexual Safety and the implications for the Health Board.

The Committee NOTED the points for consideration and APPROVED the establishment of a cross department Task and Finish group to undertake a gap analysis that will inform an action plan for Sexual Safety.

12. Nationally Reportable Incident (NRI) Update

The Committee received the report noting no new NRIs since the last month's report; that a very small number of concerns are open – many being managed through the early resolution process and the highest area of concerns is in the Mental Health team.

The Committee NOTED the report.

13. Digital Strategic Framework update

The Committee received the Digital Strategy Framework update discussing progress against the Framework. The Committee SUPPORTED the report for submission to the D&P Committee.

14. Report following Radiation Protection Committee

The Committee received the report NOTING progress and taking ASSSURANCE the appropriate mechanisms were in place for the service.

ITEMS TO BE ESCALATED TO THE BOARD

A large number of topics from this report are reported either to the full Board or one of its other Committees.

There are no specific topics to escalate that have not already been reported to or addressed by the Board or a Board Committee.
NEXT MEETING The Executive Committee generally meets fortnightly with additional meetings held if urgent matters arise. The Committee will continue to report to the Board.

Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Rhobert Lewis
Date of last meeting:	16 January 2024 and 11 March 2024
Paper prepared by:	Interim Head of Corporate Governance

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 16 January 2024 and 11 March 2024.

The Board is asked to note that the following matters were considered by the Committee on 16 January 2024:

- Application of Single Tender Waiver – including re provision of Orthodontic Treatment
- Internal Audit Report Progress Report 2023-24
- Internal Audit Report
- Internal Audit Themes and Reflections
- Audit Recommendation Tracking
- External Audit Progress Report 2023-24
- Counter Fraud Update
- Register of Interests and Register of Gifts and Hospitality
- Committee Work Programme

---

16 January 2024

APPLICATION FOR SINGLE TENDER WAIVER

The Committee received one application for single tender waiver which had been received during the period of 1 October to 31 December 2023.

The Committee RATIFIED the use of Single Tender Waiver in respect of one item during the period of 1 October to 31 December 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:

- Five audits had been finalised since the previous meeting of the Committee:
  - Business Continuity Planning (Substantial Assurance)
  - Clinical Education – HCSW Induction Programme (Reasonable Assurance)
  - Health and Safety Arrangements (Reasonable Assurance)
  - Incident Management (Reasonable Assurance)
  - Information Governance (Limited Assurance)
- There are 22 audit reviews contained within the 2023/24 Internal Audit Plan. At the time of reporting six had been finalised with a further two at the draft report stage and three audits were currently work in progress with a further 11 at the planning stage.
- The progress report also included details of a proposed changes including the removal of the Efficiency Framework/Value Board (due to overlap with existing audits), removal of Staff Recruitment and Retention audit (due to focus on reducing staff costs in current and next financial year), to be replaced with a national audit on decarbonisation plans, and deferral of Partnership Governance Audit to 2024/25.

The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports and APPROVED the proposed changes to the Internal Audit Work Programme.

INTERNAL AUDIT THEMES AND REFLECTIONS

The Committee received a presentation on the themes and trends identified through the analysis and review of the outcomes of previous internal audits over the last six years with some comparison to the work completed for all NHS Wales organisations. The themes and trends identified were broadly similar to the all Wales results with slightly more Limited than Substantial outcomes although this could have been skewed due to the low number of audits undertaken in the Health Board.

AUDIT RECOMMENDATION TRACKING

The Committee received the item which provided the Committee with an overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services as of 30 November 2023. There were 57 overdue internal audit recommendations, 8 outstanding external audit recommendations and no outstanding counter fraud recommendations. Executive Committee had instructed colleagues to focus on closing overdue recommendations.

The Committee CONSIDERED the current position of outstanding Audit Recommendations and took ASSURANCE that the organisation has an appropriate system for tracking and responding to audit recommendations.

EXTERNAL AUDIT PROGRESS REPORT 2023-24

The Committee received the item which provided an update on current and planned Audit Wales work. The Committee NOTED the updates:

- Audit of the 2022-23 Accountability Report and Financial Statements –Audit completed.
- Audit of the Charitable Funds Financial Statements – there has been some delay in obtaining an assurance report from Fund Managers which may affect the ability to meet the statutory deadline of 31 January 2024.

<u>Performance audit update:</u>

- Review of unscheduled care – Part 1 Field work is completed, and the report is in draft with a final report due to Committee in March 2024. Part 2 project brief issued due to commence in March 2024.
- Primary Care Services Follow-up Review – Report will be issued next week and will be brought to Committee in March 2024
- Workforce Planning - Report will be issued this week and will be brought to Committee in March 2024
- Structured Assessment - Core Comments on the draft report are due in shortly and the final report will be brought to Committee in March
- Structured Assessment 2023 - Deep Dive – Fieldwork is underway, and the report will be brought to Committee in March 2024
- The All-Wales thematic review of planned care is in the planning stage
- Local work has not yet started.

The Committee DISCUSSED and NOTED the Report.

COUNTER FRAUD UPDATE

The level of activity had been impacted by long term sickness absence with the postholder returning to work in January 2024. The service has continued to receive reports of fraud with no particular pattern emerging, examples included working whilst on sick leave, and contractor fraud. Consideration is being given to strategic governance arrangements for counter fraud services in Wales which would be consulted upon.

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

REGISTER OF INTEREST AND REGISTER OF GIFTS AND HOSPITALITY

The Committee RECEIVED the contents of Register of Interests and Register of Gifts and Hospitality for PTHB Board Members at 31 December 2023, and took ASSURANCE that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.

REVIEW OF COMMITTEE PROGRAMME OF BUSINESS

The Committee RECEIVED and NOTED the Committee programme of business.

---

11 March 2024

The Board is asked to note that the following matters were considered by the Committee on 11 March 2024:

- Application of Single Tender Waiver
- Internal Audit Annual Plan 2024/25
- Counter Fraud Annual Plan 2024/25
- Approach to the Annual Accounts
- Internal Audit Report
- External Audit Report – including Structured Assessment attached at **Annex 1** and Audit Wales Annual Report attached at **Annex 2**.
- Audit Recommendation Tracking
- Welsh Health Circular Tracking
- Board Assurance Framework
- Committee Effectiveness

- Terms of Reference Review
- Committee Work Programme

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 ARAC meeting to the Board meeting.

The papers of the meeting held on 16 January 2024 can be accessed at: 16 January 2024 - Powys Teaching Health Board (nhs.wales)

The papers of the meeting held on 11 March 2024 can be accessed at: 11 March 2024 - Powys Teaching Health Board (nhs.wales)

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 14 May 2024.

Archwilio Cymru
Audit Wales

Structured Assessment 2023 – Powys Teaching Health Board

Audit year: 2023

Date issued: December 2023

Document reference: 4075A2024

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Summary report

About this report

1 This report sets out the findings from the Auditor General's 2023 structured assessment work at Powys Teaching Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

2 Our 2023 Structured Assessment work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies are also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe, and responsive services, and that public money is being spent wisely.

3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness, corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. We have not reviewed the Health Board's operational arrangements as part of this work.

4 Our work has been informed by our previous structured assessment work, which has been developed and refined over several years. It has also been informed by:

- Model Standing Orders, Reservation and Delegation of Powers
- Model Standing Financial Instructions
- Relevant Welsh Government health circulars and guidance
- The Good Governance Guide for NHS Wales Boards (Second Edition)
- Other relevant good practice guides

We undertook our work between September 2023 and November 2023. The methods we used to deliver our work are summarised in **Appendix 1**.

5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

6 Overall, we found that **the Health Board has generally effective arrangements to ensure good governance which have strengthened since our last review. However, opportunities exist to improve these arrangements further with a particular focus needed on public access to policies, increasing a focus on primary care, hearing from patients and developing the Board Assurance Framework.**

Board transparency, effectiveness, and cohesion

7 We found that **the Board and Committees generally operate well, there is commitment to improved cohesiveness and transparency but public access to some key documents continues to need improvement. Board and committee papers are generally good quality, with increasing use of data and graphics but oversight of primary care needs strengthening and more could be done to get a broader spectrum of patient experience.**

8 The Board remains committed to conducting its business openly and transparently, with opportunities to enhance arrangements further. The Health Board makes good use of its website, but more could be done to ensure social media and other communication routes are used effectively to promote and encourage engagement in Board business. It would also be beneficial to have unconfirmed minutes publicly available soon after meetings, to avoid long waits between committee meetings.

9 There are good arrangements in place for updating and monitoring compliance with core control frameworks, although opportunities remain to increase public accessibility of policies and ensure the Health Board website has the most recent versions of documents uploaded. The Board and committees are operating well with a balanced and appropriate level of scrutiny. Papers are generally of a good standard, with data and graphics increasingly being used to communicate information. However, the Board could benefit from increased oversight of Primary Care to be assured it is focussing on areas which have significant impact on its population.

10 The Board is committed to hearing from patients and staff, but more could be done to get a broader spectrum of feedback. The Board and committees need to hear both positive and negative experiences. While it positive that the Health Board has reintroduced walkarounds, there is scope for the Health Board to formalise this process. The Board is cohesive after a period of flux and demonstrates a positive commitment to continuous improvement, although there remains scope to strengthen committee effectiveness.

Corporate systems of assurance

11 We found that **the Health Board still does not have an updated Board Assurance Framework, as a result cannot be assured that risks are aligned despite there being risk management arrangements. Updated performance management arrangements make better use of data but updates on the Clinical Quality Framework and tracking of audit recommendations tracking need to be more consistently scrutinised.**

12 The Health Board has not yet completed its update to its Board Assurance Framework (BAF) which is the mechanism to bring together all the relevant information on the risks to achieving the organisation's strategic priorities. This is an ongoing gap in governance. The Health Board is making progress and has developed all the relevant components, but this is yet to be developed into the relevant overarching framework. The Health Board needs to complete this activity.

13 There are good risk management arrangements, and a refresh of the corporate risk register has been undertaken. However, the Health Board needs to ensure its transition from holding risk registers on spreadsheets to a specific risk software happens at pace. The Health Board continues to have robust performance management arrangements and the updated Integrated Performance Report allows for easy identification of challenges and progress.

14 The Health Board has appropriate arrangements in place to oversee implementation of the new duties of candour and quality, and to maintain oversight and scrutiny of quality and safety. But there is a gap in the oversight of the Clinical Quality Framework Implementation Plan which has not been received for some months. There are also good arrangements for tracking progress against audit recommendations, however a delay in presenting the recommendation tracker to Audit, Risk and Assurance Committee (ARAC) could limit the timeliness of information.

Corporate approach to planning

15 We found that **while the Health Board's corporate planning arrangements are good, it has been unable to produce an approvable IMTP.**

16 The Health Board has strengthened its approach to developing its plans. The 10-year strategy continues to be in place which has been used to set the framework for the three-year plan. Progress has been made to increase the involvement of Independent Members in the production of plans and strategies, with good use of Board development sessions. However, despite these arrangements, the Health Board has been unable to produce an approvable IMTP for 2023-26. Instead, it has an Integrated Plan for 2023-26 and is working to an Annual Delivery Plan for 2023-24 approved by Welsh Government.

17 The Health Board continues to have good arrangements in place to monitor delivery of its plans and strategies, with the refreshed Integrated Performance Reports provided bi-monthly and the Quarterly Integrated Plan Progress Reports

providing robust assurance to Board and its committees. Scope continues to exist however for the Health Board to make clearer links between the 'Powys Outcomes' in its three-year plan and measurable impacts in its Annual Delivery Plan.

Corporate approach to managing financial resources

18 We found that **although the Health Board has robust arrangements in place for managing and monitoring its finances, its financial position is increasingly challenging.**

19 The Health Board did not meet its revenue financial duties for 2022-23 and is predicting to not meet them again in 2023-24. Working to a revised deficit control total of £12 million by the end of the year, the Health Board was forecasting it would meet its control target at year-end at Month 10.

20 The Health Board has a robust approach to financial planning, with good engagement with the Board. The Health Board requires a savings target of £7.5 million. At Month 10, the Health Board had identified potential saving schemes totalling £11.5 million, although the recurring impacts was forecast to be only £5.8 million.

21 The Health Board has good arrangements for overseeing and scrutinising financial management. Robust arrangements also continue to be in place for monitoring and scrutinising its financial position, with comprehensive reports which allow for easy identification of challenges and risks.

Recommendations

22 **Exhibit 1** details the recommendations arising from our work. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2023 recommendations

Recommendations
Transparency of Board business R1 The Health Board should: 1.1. promote all Board meetings and other events, such as the Annual General Meeting, via the Health Board's social media channels and other communication mechanisms. 1.2. make unconfirmed minutes available on the Health Board website soon after meetings to promote more timely transparency of Health Board business.

Recommendations

Board commitment to hearing from patients, service users and staff

R2 The Health Board should introduce patient stories to the Patient Experience, Quality and Safety Committee to enable a broader spectrum of both positive and negative experiences to be heard.

Board Walkarounds

R3 The Health Board should strengthen its board walkaround arrangements by:

3.1. developing a forward programme which involves both Independent Members and Executive Directors and covers a broad range of Health Board services.

3.2. develop a framework setting out how the walkaround should operate, and the mechanisms for reporting key themes.

Committee effectiveness

R4 The Health Board should undertake its committee effectiveness reviews as soon as practically possible, to ensure continuous development in the way in which the committees operate.

Corporate approach to overseeing corporate risks.

R5 The Health Board should increase the pace in which risks currently recorded on spreadsheets are moved across to the Datix risk module.

Corporate approach to overseeing the quality and safety of services.

R6 The Health Board should ensure that the Patient Experience, Quality and Safety Committee has timely updates throughout the year on progress against the Clinical Quality Framework 2020-23 Implementation Plan.

Corporate approach to tracking recommendations

R7 The Health Board should ensure that the Audit, Risk and Assurance Committee regularly receives the recommendation tracker throughout the year.

Detailed report

Board transparency, effectiveness, and cohesion

23 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.

24 We found that **the Board and committees generally operate well, with a commitment to improved cohesiveness, and transparency but public access to some key documents continues to need improvement. Board and committee papers are generally good quality, with increasing use of data and graphics but oversight of Primary Care needs strengthening and more could be done to get a broader spectrum of patient experience.**

Public transparency of Board business

25 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:

- meetings that are accessible to the public;
- papers being made publicly available in advance of meetings;
- business and decision-making being conducted transparently; and
- meeting minutes being made publicly available in a timely manner.

26 We found that **the Board remains committed to conducting its business openly and transparently, with opportunities to enhance arrangements further.**

27 Board meetings continue to be held virtually and livestreamed, with recordings available to view via the Health Board website shortly after. All committee meetings also continue to be held virtually. Committee meetings are not livestreamed, but the public may request to attend virtually via email. Items discussed in private Board and committee meetings are kept to an absolute minimum and reserved for sensitive items only. Items for discussion in private meetings are set out at the end of the public Board meeting agenda.

28 Although meetings are promoted via the website, more could be done using social media and other communication mechanisms to encourage public participation and awareness of Health Board business. Despite the Annual General Meeting receiving promotion on social media, none of the other Board meetings are advertised in this way **(Recommendation 1.1).**

29 Minutes of meetings are made available on subsequent agendas, and these are reviewed by the Chair as a standing item for accuracy and tone. However, opportunities remain to further enhance transparency of Board business. With some committees only meet a few times a year, ensuring unconfirmed minutes are available on the Health Board website soon after meetings would promote more timely transparency of Board and committee business **(Recommendation 1.2).**

30 Board and committee papers are usually publicly available 7 days in advance of meetings, but we did find examples[1] where committee papers were not published within the 7-day time frame. We understand that this is due to resource constraints.

Arrangements to support the conduct of Board business

31 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of a formal, up-to-date, and publicly available:

- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
- Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
- policies and procedures in place to promote and ensure probity and propriety.

32 We found that **there are good arrangements in place for updating and monitoring compliance with core control frameworks, although opportunities remain to increase public accessibility of policies and ensure the Health Board website has the most recent versions of documents uploaded.**

33 There are formal, up-to-date SOs and SFIs in place. The Board approved these and the Scheme of Delegation in September 2023. The Scheme of Reservation and Delegation of Powers document is available publicly on the Health Board website and reflects the interim arrangements since the secondment of the Chief[2]Executive. At the time of our work, the Standing Financial Instructions on the website however were dated March 2021. This has since been updated to the most recent version **(**see **Appendix 2 R5b 2022).** In previous years we have highlighted that the Health Board does not have a Stakeholder Reference Group or a Healthcare Professionals Forum in line with Standing Orders. The Health Board has indicated that it does not intend to have these groups although there remains reference to them on its website (see **Appendix 2 R8 2022**).

34 The Audit, Risk and Assurance Committee considered and approved the Register of Interests 2023-24 in July 2023. However, this is not published on the Health Board website. Furthermore, this register only focuses on Board Members. To enhance transparency, the Health Board may want to consider how it captures the interests held by other senior staff in line with other Health Boards. As identified

[1] Joint Patient Experience, Quality and Safety Committee and Workforce and Culture Committee meeting, October 2023; Board, July 23; Audit, Risk and Assurance Committee, July 2023, Workforce and Culture Extraordinary Committee, July 2023; Patient Experience, Quality and Safety Committee, July 2023

[2] In April 2023, the Chief Executive was seconded to Betsi Cadwaladr University Health Board for a period of 6-9 months, subsequently being appointed as the substantive Chief Executive in November 2023

last year, the Health Board's policies (both clinical and non-clinical) are still not available to the public **(**see **Appendix 2 R5a 2022)**. Although there is reference to them on the Health Board's website, they can only be accessed by those with an NHS Wales account.

Effectiveness of Board and committee meetings

35 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:

- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
- Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
- well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
- committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.

36 We found that **the Board and committees are operating well with a balanced and appropriate level of scrutiny. However, the Board could benefit from increased oversight of Primary Care to be assured it is focussing on areas which have significant impact on its population.**

37 The committees are now well-established following changes to their structure in 2021. However, the Health Board may not meet the required frequency of meetings set out in the Terms of Reference for some committees. For example, the current Terms of Reference requires the Planning, Partnerships and Population Health Committee to meet no less than quarterly. However, for 2023-24 there will only be three meetings due to a postponed meeting. This is the same with the Patient Experience, Quality and Safety (PEQS) Committee which should meet bimonthly, but for 2023-24 PEQS will only meet four times. The Health Board will need to reflect on whether the scheduled meetings are sufficient to satisfy the Committee Terms of References. If so, an amendment to the meeting frequency may be required.

38 The new Chair and Director of Corporate Governance have brought an increased focus on reinforcing the roles and responsibilities of the Board and its committees, as part of a wider programme of Board development. This has strengthened the nature and frequency of challenge by Independent Members in meetings.

39 Committee agendas are mature with Chairs owning their agendas and agenda refinement being an ongoing process. The Board and committees are chaired well, and we observed increasingly appropriate levels of scrutiny, support, and challenge. Chairs' assurance reports from each of the committees are provided to

Board, which give a good overview of key committee business and issues for escalation. Since our previous report, a Chairs forum has been established which includes all Committee Chairs, the Chief Executive, and the Director of Corporate Governance. This arrangement is early in its development and does not have a Terms of Reference but does have a Statement of Purpose and an agenda. The Health Board hopes this arrangement will help drive assurances across committees and contribute to Board development, however it is too early to say how impactful this arrangement has been **(**see **Appendix 2 R6a and R6b 2022)**

40 Agendas and work plan items are broadly aligned to the committee structures, committee terms of reference and the corporate risk register. However, there is still no Board Assurance Framework in place. As a result, it is difficult for the Board to be assured that the committee structure in place is completely aligned to key strategic priorities and risks, and that workplans reflect these areas.

41 One example of a lack of alignment is the Health Board's limited oversight of primary care services at Board and committee level. This is despite primary care services being a significant part of the Health Board's delivery. Only one item under the theme of 'Primary Care' is listed on the Board workplan for 2023-2024 and only four items in the Delivery and Performance Committee for 2023-2024. We are currently undertaking a follow-up review of primary care, which we will be reporting in early 2024.

Quality and timeliness of Board and committee papers

42 We considered whether the Board and committees receive timely, high-quality information that supports effective scrutiny, assurance, and decision making. We were specifically looking for evidence of:

- clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.

43 We found that **papers are generally of a good standard, with data and graphics increasingly being used to communicate information.**

44 Information presented to the Board and its committees remain of a good standard, with previous issues with timeliness largely resolved (albeit agendas are not always published 7 days in advance). Since last year, the amount of time spent presenting items has been reviewed. More time is now spent scrutinising and discussing the topics on agendas. Board and committees are now hearing more from operational staff, and we heard how this is providing useful insights. Executive Directors are still being held to account, but Board and committees are receiving a more rounded view of activity. Reports to Board and committees are making more use of trends, data, and graphics to communicate information. For example, reports to the Delivery and Performance Committee on Continuing Health Care and Variable Pay contain visual information to communicate findings.

45 Independent Members are proportionate in what they ask from officers It is evident the Health Board can demonstrate continuous development in response to the needs of the Board regarding quality and timeliness of committee papers. However, scope remains to more prominently evidence the extent to which the Sustainable Development (SD) Principle is considered as part of papers and subsequent discussions. This would help ensure that the Health Board is applying the SD Principle in a meaningful way to support effective decision making and promote improvement.

Board commitment to hearing from patients/service users and staff.

46 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:

- the Board using a range of suitable approaches to hear from patients/service users and staff.

47 We found that **the Board is committed to hearing from patients and staff, but more could be done to get a broader spectrum of feedback.**

48 The Board continues to receive patient stories which provide useful insight into individual experiences. Although stories at Board tend to be complimentary and positive, some Board Members have reflected whether the full spectrum of patient experience is really being presented to the Board. Opportunities exist for the Patient Experience, Quality and Safety (PEQS) Committee to also hear patient stories **(Recommendation 2)**.

49 The PEQS Committee receives the Integrated Quality Report which includes information on patient experience. Despite implementation of a new patient feedback system (CIVICA), the Health Board's limited resources are impacting its ability to realise the systems full potential. Whilst the Health Board recognise this is a developing area, it will need to assess how patient experience information is being robustly gathered in a balanced way to inform decision making.

50 The Workforce and Culture Committee now periodically hears from staff (see **Appendix 2 R7 2022**). Feedback from staff roadshows and Team Climate surveys [3]are also reported to the Workforce and Culture Committee and an implementation plan to support the new 'Speaking Up Safely' framework has recently been scrutinised in a joint session between the Workforce and Culture, and PEQS Committees.

51 Independent Members are now undertaking walkarounds of Health Board sites to get a better understanding of challenges and opportunities for both patients and

[3] Staff were asked to undertake a survey of 32 questions with 6 themes; Purpose and Objectives; Accountability; Wellbeing; Psychological Safety; Learning and Innovation; Collective Leadership and Management

staff (see **Appendix 2 R7 2022**). This includes spending time with service areas such as GPs to understand the patient journey. This is a significant improvement in the Health Board's arrangements to help Independent Members understand patient and staff experience, and to help triangulate information presented in Board and committees.

52 To maximise the impact and benefit of walkarounds, the Health Board should develop these arrangements further by providing a forward programme of walkarounds which involve both Independent Members and Executive Directors and cover a wider range of services. The Health Board should also develop a framework setting out how the walkarounds should operate, and the mechanism for reporting key theme **(Recommendation 3).**

Board cohesiveness and commitment to continuous improvement

53 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:

- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
- the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
- a relevant programme of Board development, support, and training in place.

54 We found that **the Board is cohesive after a period of change and demonstrates a positive commitment to continuous improvement, although there remains scope to strengthen committee effectiveness.**

55 The Board works collaboratively with a diverse portfolio of skills and experience. Although gaps exist in Independent Member roles, these have been mitigated where possible. Since the retirement in May 2023 of the previous ARAC Chair, there has been a long-standing gap on the Board for an Independent Member for finance, which given the financial pressures the Health Board faces has been unfortunate. The Health Board has appointed a financial specialist to provide support to the ARAC and Delivery and Performance committee, whilst recruitment of a substantive Independent Member takes place. A further gap exists in the Independent Member (Estates) post. The Health Board is currently reviewing its skills across the Board, in light of its strategic objectives and key areas of assurance to consider how best to address this gap.

56 Changes in the Executive team have been managed well. Last year, we reported that the Health Board was holding several interim appointments. Following the secondment of the Chief Executive in April 2023, further interim appointments were made. The Board appointed:

- the Deputy Chief Executive and Director of Strategy, Partnerships and Primary Care as Interim Chief Executive; and;
- the Director of Finance, IT, and Information as the Interim Deputy Chief Executive.

57 The Health Board has however been able to make some substantive appointments across the Executive team. Progress is also underway to recruit substantively into the Chief Executive role **(**See **Appendix 2 R10 2022).** During the year, a new Chair and Director of Corporate Governance have been appointed, both of whom have had a positive impact on culture and Board development.

58 Much work has been done internally on the development of the Board. Board Development sessions have encouraged self-reflection to understand, amongst other things, learning from governance challenges in other Health Boards and approaches which support integrated team working. Individual support has also been made to Independent Members, with new members offered a corporate induction. Although we heard that they would benefit from a tailored induction allowing them to get up to speed on the way in which the Health Board operates.

59 The Board Development Programme has a diverse range of briefings for the forthcoming year including 'Board Effectiveness' and 'Scrutiny, Challenge and Assurance'. We noted previously that the Health Board undertook a Board effectiveness review in April 2022, which also included a broad review of the committees following changes made to the committees' structure in 2021. Committee effectiveness reviews were due to be undertaken earlier in 2023 but these have not yet taken place (**Recommendation 4**) (see **Appendix 2 R9 2022**). At the time of our work, opportunities also still existed to build in some time at the end of agendas to allow reflections of Board and committee meetings **(**see **Appendix 2 R9b 2022).**

Corporate systems of assurance

60 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.

61 We found that **the Health Board still does not have an updated Board Assurance Framework, as a result cannot be assured that risks are aligned despite there being risk management arrangements. Updated performance management arrangements make better use of data but updates on the Clinical Quality Framework and recommendation tracking need to be more consistently scrutinised.**

Corporate approach to overseeing strategic risks

62 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks. We were specifically looking for evidence of:

- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
- the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.

63 We found that **the Health Board still does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans.**

64 We reported in 2021 and in 2022 that the BAF had not been updated to reflect the priorities set out in the Health Board's strategy and that the BAF had not been presented to the Board since January 2020. The Health Board had intended to update the BAF by 31 March 2022, but this has still not been done **(**see **Appendix 2 R3 2022)**.

65 The lack of an updated BAF is a key gap in ensuring that risks to delivering the Health Board's strategy are clearly identified, that appropriate assurance mapping has taken place to identify and address gaps in assurance, and that controls are in place to mitigate the risks. In June 2023, Internal Audit undertook a review of Risk Management and Board Assurance Framework and gave limited assurance on the BAF objective within the report. A draft BAF was due to be completed by September 2023, but this has not happened.

66 Whilst we recognise work has been undertaken to ensure the components of the BAF are in place, these need to be brought together in one cohesive framework to strengthen the Board's system of assurance.

Corporate approach to overseeing corporate risks

67 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising corporate risks. We were specifically looking for evidence of:

- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;
- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system; and
- the Board providing effective oversight and scrutiny of corporate risks.

68 We found that **despite risk management arrangements being in place, Health Board risks are still not aligned to an updated BAF, and systems for recording risk need updating at pace.**

69 The Health Board's Risk Management Framework and Risk Appetite was last updated and approved by the Board in November 2022 and was reviewed by Audit, Risk and Assurance Committee (ARAC) in November 2023. The Health Board's Risk Appetite is also published on the Health Board website. In its review

of Risk Management and Board Assurance Framework, the June 2023 Internal Audit report gave overall reasonable assurance.

70 The Risk Management Framework states that risks contained in the Corporate Risk Register (CRR) should align to the BAF. However, as previously noted, the BAF is still not up to date. This creates a gap in risk governance.

71 The Health Board revised its Corporate Risk Register in early 2023 to refresh the current risks and ensure alignment with the updated Integrated Plan 2023-26. This review was led by the Director of Corporate Governance in collaboration with Executive Leads. Executive workshops and Board Development sessions have been held to drive engagement. The review was reported to Board in July 2023.

72 The Corporate Risk Register continues to be considered at every Board meeting and emerging risks are highlighted in the cover reports for ease. Committee Risk Registers are presented at the majority of PEQS Committee meetings and until recently were presented at every Workforce and Culture Committee, however no risk register has been presented to the Workforce and Culture Committee since May 2023. Considering recruitment and retention is a significant risk to the Health Board, it seems prudent to consider whether this frequency arrangement is sufficient.

73 The Risk and Assurance Group has now been reestablished, and the intention is this group will play a wider role looking at patterns of risk across risk registers. One area which needs improving is the system for recording risks. Health Board risks are currently recorded on spreadsheets which requires a manual assessment across directorates. There is some progress moving these risks onto an updated Datix software module but this needs to happen at pace. This would allow the Health Board to hold all risks centrally, making risk scoring easier and alignment to the updated CRR more transparent **(Recommendation 5) (**see **Appendix 2 R4 2022).**

Corporate approach to overseeing organisational performance

74 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:

- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
- the Board and committees providing effective oversight and scrutiny of organisational performance.

75 We found that **the Health Board continues to have robust performance management arrangements and the updated Integrated Performance Report allows for easy identification of challenges and progress.**

76 The Health Board continues to have robust arrangements for performance management. In July 2023, an Internal Audit report on performance management and reporting gave a substantial assurance rating. The revised Integrated Performance Management Framework (IPMF) was approved by the Board in September 2022 and incorporates the Health Board's Commissioning Assurance Framework. This covers the period 2022-2026 with an annual review. It also aligns with the NHS Wales Performance Framework including ministerial priorities. Performance review mechanisms are in place within the IPMF, from personal appraisals through to assurance at Board. Committee roles and responsibilities in relation to performance are also clearly outlined and this has been well received by Independent Members.

77 The Integrated Performance Report (IPR) continues to provide a good overview of the Health Board's performance against national delivery measures, ministerial priorities, and local quality and safety measures. The report is clear to read and allows for easy identification of performance issues. A summary section and a dashboard of 'Escalated Performance Challenges' is at the start of the report, allowing for exception reporting and more focussed discussion on areas of concern.

78 The Health Board intends to move its performance reporting into Power BI and is actively working with other health bodies to learn from their experience. It is intended this digital format will include actual progress against plans and integrate finance and trend data. There is evidence that some benchmarking information is being used to add context to areas such as strategic planning. This is in response to Independent Members expressing a desire to have more data and benchmarking information available to understand how information applies to the Powys population.

Corporate approach to overseeing the quality and safety of services

79 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:

- corporate arrangements in place that set out how the organisation will deliver its requirements under the new Health and Social Care (Quality and Engagement) Act (2020);
- a framework (or similar) in place that supports effective quality governance;
- clear organisational structures and lines of accountability in place for clinical/quality governance; and
- the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.

80 We found that **the Health Board has appropriate arrangements in place to oversee implementation of the new duties and to maintain oversight and**

scrutiny of quality and safety but needs to ensure it has timely updates on the Clinical Quality Framework Implementation Plan.

81 The Health Board has appropriate arrangements to ensure compliance with the new duties set out in the new Health and Social Care (Quality and Engagement) Act (2020). Comprehensive training has been provided to the Board regarding the Duties of Quality and Candour, including Board Development sessions and organisational away days. The Health Board has a webpage dedicated to the Duty of Quality. An implementation group was established, and updates have been provided to the PEQS Committee, setting out progress being made and any associated challenges.

82 The Health Board developed a Clinical Quality Framework in 2020, which is accompanied by an implementation plan. The PEQS Committee has received updates on the progress against the implementation plan. The latest update shows many areas where progress has been made including implementing the revised 'Putting Things Right' policy. However, more work remains in several areas, such as refreshing the patient experience framework, clinical leadership in quality improvement projects, and benchmarking. However, no further update on the Clinical Quality Framework 2020-23 implementation plan has been to PEQS Committee since September 2022. The committee will require more regular updates to ensure the Health Board has sufficient oversight on the progress of the implementation plan **(Recommendation 6).**

83 The Integrated Quality Report to the PEQS Committee provides a comprehensive overview of quality and safety across the Health Board, including complaints, concerns, and mortality reviews. A comprehensive update on the clinical audit plan is also presented to the committee.

Corporate approach to tracking recommendations

84 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations. We were specifically looking for evidence of:

- appropriate and effective systems in place for tracking responses to audit and other review recommendations in a timely manner.

85 We found that **the arrangements for tracking recommendations are generally good although there needs to be more regular oversight of the tracker report by ARAC.**

86 The Health Board has generally good arrangements in place for tracking audit and review recommendations. In July 2023 Internal Audit gave reasonable assurance on the tracking of Internal Audit Recommendations.

87 A comprehensive update report setting out progress against recommendations relating to internal and external audit, and counter fraud is due to be reported twice yearly to ARAC meeting. This report flags the number of recommendations implemented and those that are overdue. However, this report has not been

presented to ARAC since March 2023. This has been due to scheduling to accommodate for a number of Internal Audit Reports on the agenda. The Health Board is aware of this scheduling issue but needs to ensure it has sufficient and appropriately spaced regular oversight of recommendation tracking at ARAC. **(Recommendation 7).**

Corporate approach to planning

88 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.

89 We found that **while the Health Board's corporate planning arrangements are good, it has been unable to produce an approvable IMTP.**

Corporate approach to producing strategies and plans.

90 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:

- a clear Board approved vision and long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
- an appropriate Board approved long-term clinical strategy;
- appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
- the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.

91 We found that **despite being unable to submit a balanced plan, the Health Board has strengthened its approach to developing its plans.**

92 The Health Board continues to work towards delivery of its 10-year strategy, which was used to set the framework for the development of the Health Board's IMTP for 2023-26, along with the Population Needs Assessment and the Powys Well-being Assessment. However, the Health Board recognises that the 10-year strategy would benefit from being updated in response to the changing environment and to reflect financial pressures.

93 The Health Board has strengthened its approach to planning. Before being reported at Board, an Integrated Planning Approach, Framework and Parameters 2023-2026 presentation was delivered to the Planning, Partnerships and Population Health Committee in November 2022. This provided a clear timeline to produce the IMTP for 2023-26 and the key messages from relevant strategies to inform the planning process. This is a useful and accessible document which

provided a comprehensive analysis of Powys needs, including but not limited to workforce and estates challenges, and the financial position.

94 Much progress has been made to increase the involvement of Independent Members in the production of plans and strategies. Board development sessions were used to share the findings of a SWOT[4] analysis undertaken as part of the planning process, as well as key insights from the Population Needs Assessment and Powys Well-being Assessment. In addition, an updated detailed presentation to Board in January 2023 outlined the purpose, approach, and next steps for the IMTP, and draft iterations of the plan were considered at Board Development sessions (see **Appendix 2 R1 2022**). Future Board sessions include a focus on Strategic Objectives for 2024-29 and the Strategic Plan 2024-29.

95 However, despite these arrangements the Health Board was unable to produce a Welsh Government approved IMTP for 2023-26 due to the planned financial deficit. Instead, a draft Integrated Plan for 2023-26 was approved at Board in March 2023 and an underpinning Annual Delivery Plan for 2023-24 was approved by Board in May 2023, prior to submission to the Welsh Government. The Annual Delivery Plan was approved by Welsh Government in July 2023.

96 The Strategic Digital Framework was also approved at the July 2023 Board following Board Development sessions in October 2022 and June 2023. The Framework supports the Health Board's 'Digital First' ambition set out in its 10-year strategy.

Corporate approach to overseeing the delivery of strategies and plans.

97 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:

- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART[5] milestones, targets, and outcomes that aid monitoring and reporting; and
- the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.

98 We found that **the Health Board continues to have good arrangements in place to monitor delivery of its plans and strategies.**

99 The Integrated Plan 2023-26 sets strategic priorities and key areas of delivery which have a quarterly timeframe allocated to them. It is supported by the Annual Delivery Plan which mirrors these strategic priorities and key actions but does not have the expected delivery or implementation quarter which would be helpful.

[4] Strengths, Weaknesses, Opportunities and Threats

[5] Specific, measurable, achievable, relevant, and time-bound

There needs to be a clear link between the 'Powys Outcomes' in the Integrated Plan 2023-26 and how these are translated into measurable impacts in the Annual Delivery Plan **(**see **Appendix 2 R2 2022).**

100 Progress on delivery against each of the priorities is reported quarterly to the Delivery and Performance Committee, and the Board via the Quarterly Integrated Plan Progress Reports 2023-24. This report sets out when the Board can expect the actions and plans to be delivered, the responsible officers, and the route through which it can expect to receive appropriate assurance. This report also includes a 'Year End Delivery Confidence Assessment' which is noted as High, Medium, or Low. This is a particularly useful indicator as it provides a perspective from the organisation on its deliverability.

101 The refreshed Quarterly Integrated Plan Progress Reports are more explicit about performance than previous years. The reports are easier to read, make it easier to track key milestone progress and make more use of data in the commentary sections than previous years.

102 Progress against delivery of the Strategic Digital Framework is maintained through bi-annual updates to the Delivery and Performance Committee, with annual updates provided to the Board.

Corporate approach to managing financial resources

103 We considered whether the Health Board has a sound corporate approach to managing its financial resources.

104 We found that **although the Health Board has robust arrangements in place for managing and monitoring its finances, its financial position is increasingly challenging.**

Financial objectives

105 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the Health Board:

- meeting its financial objectives and duties for 2022-23, and the rolling three-year period of 2020-21 to 2022-23; and
- being on course to meet its objectives and duties in 2023-24.

106 We found that **the Health Board did not meet its revenue financial duties for 2022-23 and is predicting to not meet them again in 2023-24.**

107 Despite submitting a financially balanced plan, the Health Board did not meet its financial duties for revenue for 2022-23. The Health Board reported a year-end deficit of £7.0 million, and a cumulative deficit of £6.8 million for the rolling three-

year period 2020-23. The Health Board reported a small surplus of £68,000 against its capital resource limit.

108 The Health Board has been unable to submit a balanced financial plan for the three-year period 2023-26 and instead is working to an Annual Plan which sets out a predicted deficit of £33.4 million for 2023-24. As in previous years, the areas of pressure remain as Continuing Health Care (CHC) costs, costs associated with commissioned activity (particularly by English providers), and variable pay costs particularly in relation to agency expenditure within mental health services. Since April 2022, there is also increasing cost pressures from primary care prescribing. The increase in costs has been attributed to higher inflation and increased prescribing activity.

109 In Month 7, Welsh Government allocated an additional £18.3 million to offset some of the Health Board's cost pressure. The Health Board revised its forecast deficit to £15.2 million, however Welsh Government have issued the Health Board with a revised deficit control total of £12 million to achieve by the end of the year. At Month 10, the Health Board was forecasting that it will achieve its control total at year-end. The Health Board is also forecasting that it will remain within its capital resource limit of £3.7 million.

Corporate approach to financial planning

110 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:

- clear and robust corporate financial planning arrangements in place;
- the Board appropriately scrutinising financial plans prior to their approval;
- sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
- the Board appropriately scrutinising savings and cost improvement plans prior to their approval.

111 We found that **the Health Board has a robust approach to financial planning.**

112 The Health Board has a clear process for developing its financial plan which is regularly reviewed throughout the year. Board members have had good engagement with the development of the plan, and the Board was engaged fully in the scrutiny of the plan prior to submission to Welsh Government.

113 To deliver its agreed deficit, the Health Board requires a savings target of £7.5 million. At Month 10, the Health Board had identified potential saving schemes totalling £11.5 million. Delivery of savings however were ahead of profile by £2.2 million. The detailed savings plan is set out in the financial plan. Savings plans have been developed and are owned jointly by both the operational and finance teams. In addition, there has been renewed collaboration with the Workforce and

Organisational Development team. The Health Board recognises that to deliver the savings will require transformation change by some services. A significant proportion of the Health Board's identified savings are recurring, although the full year effect falls short of the £7.5 million requirement at £5.8 million.

114 The Auditor General will be commenting further on the Health Board's approach to identifying, delivering, and monitoring financial savings in a separate piece of work that we will report in the early part of 2024.

Corporate approach to financial management

115 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:

- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
- the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
- effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
- the organisation's financial statements for 2022-23 were submitted on time, contained no material misstatements, and received a clean audit opinion.

116 We found that **the Health Board has good arrangements for overseeing and scrutinising financial management.**

117 The Health Board has robust arrangements in place to ensure compliance with statutory instruments, and to report breaches. As mentioned in **paragraph 33**, the Standing Financial Instructions and Schemes of Delegation have been reviewed and approved by the Board. The number of Single Tender Actions (STAs), and losses and special payments continue to be routinely scrutinised by the ARAC. The Health Board also continues to have a proactive counter fraud arrangement with updates provided to every ARAC meeting.

118 The Health Board is aware of its cost drivers, and controls are in place to manage the financial position. As the Health Board's biggest area of spend, the Health Board has increased its scrutiny on commissioned services. Monthly meetings with providers are taking place and finance teams are ensuring financial processes are robust. Detailed reports are also presented to the Delivery and Performance Committee and Executive Committee, setting out work to reduce and address challenges with variable pay, medicines management and prescribing, and Continuing Health Care.

119 The Health Board submitted good quality draft financial statements as per the required timeline. Our audit identified no material misstatements but did identify

some areas where corrections should be made. Our audit also made one recommendation in relation to year-end payable balances. We issued an unqualified opinion in respect of the true and fairness of the accounts, but a qualified regulatory opinion due to the Health Board breaching its duty to deliver a break-even position over the three-year rolling period 2020-23.

Board oversight of financial performance

120 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:

- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
- appropriately scrutinising the ongoing assessments of the organisation's financial position.

121 We found that **the Health Board continues to have robust arrangements for monitoring and scrutinising its financial position, with comprehensive reports in place which allow for easy identification of challenges and risks.**

122 The Health Board continues to have comprehensive and clear financial reports which are presented to both the Board and Delivery and Performance Committee. Work has been done to continually reflect on the layout and presentation of the reports to ensure key messages are relayed and key risks identified. These reports have been well received and support effective scrutiny and challenge from members. The financial reports set out a clear overview of revenue, the forecast position, performance against required savings, capital spend, and includes the monthly monitoring returns. Detailed information is also provided on the key areas of financial pressure, and agency spend is also included in the routine Integrated Performance Report to Board.

123 Risks associated with achieving the financial plan are included on the Health Board's Corporate Risk Register, with the risk increasing since the Health Board reported a forecast deficit position for 2022-23. The financial corporate risk is split into two subsections, one aspect for the failure to manage its financial resources in line with statutory requirements in the current financial year, and the other for the medium term. This is helpful as it allows the Health Board the space to focus on the shorter term and the longer-term financial planning.

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: • Audit, Risk and Assurance Committee; • Delivery and Performance Committee; • Patient Experience, Quality and Safety Committee; • Planning, Partnerships and Population Health Committee; and • Workforce and Culture Committee.
Documents	We reviewed a range of documents, including: • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality; • key organisational strategies and plans, including the IMTP; • key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement;

Element of audit approach	Description
	• relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	We interviewed the following Senior Officers and Independent Members: • Director of Corporate Governance/Board Secretary; • Chair; • Interim Chief Executive Officer; • Interim Deputy Chief Executive and Executive Director of Finance, IT & Information Services; • Interim Director of Performance & Commissioning; • Vice-Chair of Audit, Risk and Assurance Committee; and • Vice-Chair.

Appendix 2

Progress made on previous year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structured assessment reports

Recommendation		Description of progress
R1	Opportunities exist to engage Independent Members in the early stages of the IMTP planning process to enable the Board to fully discharge its duty to set the strategic direction for the organisation. The Health Board should put appropriate arrangements in place to ensure appropriate Independent Member involvement in all IMTP planning stages.	Complete – see paragraph 94
R2	Delivery reports for monitoring progress against the priorities and actions set out in the IMTP are largely narrative and lack a focus on measures and impact. The Health Board should revisit its delivery reports to ensure they are succinct, less narrative, and have an increased focus on measures and impact.	In progress – see paragraph 99
R3	The Health Board does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans. The Health Board needs to update its Board Assurance Framework.	In progress – see paragraph 64

Recommendation		Description of progress
R4	There is currently a disconnect between directorate risk registers and the Corporate Risk Register (CRR). The Health Board needs to review all high risks on directorate risk registers to ensure the relevant ones are escalated to the CRR, and that the Board is aware of wider risks that may materialise.	In progress – see paragraph 73
R5	Opportunities exist to improve public access to key Health Board documents. The Health Board should ensure that: a) policies and procedures, and the register of interest on the public website are accessible; and b) key documents, including Standing Orders, on the public website are the most recently approved version.	No action – see paragraph 34 Complete – see paragraph 33
R6	There are no mechanisms for committee Chairs to meet formally outside of committee meetings to share concerns and good practice, and there are also no mechanisms in place to track issues and actions referred between committees. The Health Board should put in place a mechanism to enable: a) committee chairs to come together on a regular basis; and b) issues and actions referred between committees to be tracked and feedback provided when completed.	Complete – see paragraph 39 In progress – see paragraph 39
R7	The Board and its committees do not hear from staff, and Board walkarounds have not been reinstated since the pandemic. The Health Board should increase opportunities for Board members to hear from staff. This should include making use of staff stories in Board and committee meetings, and the urgent reinstatement of Board walkarounds.	Complete – see paragraphs 50 - 51

Recommendation		Description of progress
R8	Despite Standing Order requirements, the Health Board still does not have a Healthcare Professionals Forum or a Stakeholder Reference Group. The Health Board should establish both groups as a matter of urgency.	Closed – see paragraph 33
R9	Opportunities exist to improve self-reviews of Board and committee effectiveness. The Health Board should: a) ensure areas for improvement are captured and monitored via an action plan; and b) include a standing agenda item in all Board and committee meetings to allow for a review of the meeting.	No action – see paragraph 59 In progress – see paragraph 59
R10	The Health Board is carrying several interim posts at a senior level which can cause instability for both services and staff. The Health Board should seek to appoint substantively to the interim posts within the Executive team as soon as practical to do so.	In progress – see paragraphs 56 - 57

Appendix 3

Organisational response to audit recommendations

Exhibit 4: Health Board response to our audit recommendations

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
Transparency of Board business R1 The Health Board should: 1.1. promote all Board meetings and other events, such as the Annual General Meeting, via the Health Board's social media channels and other communication mechanisms.	**Recommendation 1.1 accepted** The Health Board acknowledges the importance of promoting meets and relevant events and already uses mechanisms including its website and social media for the AGM given the public meeting nature of the event. Other Board and Committee meetings will continue to be made available through the website and through relevant other mechanisms including public briefings and other public engagement communications. We do not consider social media to be the most effective channel for promoting meetings such as these.	N/A	Director of Corporate Governance

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
1.2. make unconfirmed minutes available on the Health Board website soon after meetings to promote more timely transparency of Health Board business.	**Recommendation 1.2 acknowledged but not accepted.** Unconfirmed minutes – we recognise the good practice this recommendation carries. At this time we do not have the resources available to fulfil this recommendation but will review this again in due course. In the meantime Board meetings livestream videos will continue to be available via the website and summaries of each Committee meeting reported to the next available Board meeting – a maximum of 2 months apart.		
Board commitment to hearing from patients, service users and staff R2 The Health Board should introduce patient stories to the Patient Experience, Quality and Safety Committee to enable a broader spectrum of both positive and negative experiences to be heard.	**Recommendation accepted.** A schedule of patient stories will be planned, aligning (where possible) to key agenda items from April 2024.	From April 2024 and then ongoing	Director of Nursing and Midwifery
Board Walkarounds	**Recommendations accepted**		

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R3 The Health Board should strengthen its board walkaround arrangements by: 3.1. developing a forward programme which involves both Independent Members and Executive Directors, and covers a broad range of Health Board services; 3.2. develop a framework setting out how the walkaround should operate, and the mechanisms for reporting key themes.	Programme is in place for Chair, Vice Chair and CEO, this is being expanded to Independent Members and Executive Directors. A coordinating mechanism is also in place. A framework will be developed that can be deployed and reported to both the Patient Experience and Quality Committee and the Workforce Committee. These Committees are in the process of undertaking joint committees and this will provide an opportunity to capture key messages from patients, service users and staff	May 2024 May 2024	Director of Corporate Governance Director of Nursing and Midwifery / Director of Workforce and OD
Committee effectiveness R4 The Health Board should undertake its committee effectiveness reviews as soon as practically possible, to ensure continuous development in the way in which the committees operate.	**Recommendation accepted** At the time of writing, three Committee reviews have been completed. All others are scheduled and will be reported to the Board in May 2024.	30 May 2024	Director of Corporate Governance

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
Corporate approach to overseeing corporate risks. R5 The Health Board should increase the pace in which risks currently recorded on spreadsheets are moved across to the Datix risk module.	**Recommendation accepted** The RL Datix system is currently being piloted and staff recruitment is underway to support the project roll out. An action plan for full roll out will be developed.	30 Sept 2024	Director of Corporate Governance / Director of Nursing and Midwifery
Corporate approach to overseeing the quality and safety of services. R6 The Health Board should ensure that the Patient Experience, Quality and Safety Committee has timely updates throughout the year on progress against the Clinical Quality Framework 2020-23 Implementation Plan.	**Recommendation accepted** The Clinical Quality Framework will be revised as it has exceeded its date. This will be a key action for Year 2 of the Duty of Quality Implementation Plan. This may result in a different approach given the maturity of the Integrated Performance Framework (which is aligning to the Duty of Quality). The progress and plan to address this will be presented to the Patient Experience and Quality Committee in July 2024	30 July 2024	Director of Nursing and Midwifery
Corporate approach to tracking recommendations R7 The Health Board should ensure that the Audit, Risk and Assurance	**Recommendation accepted and completed** The tracker will be reported to the Committee in May, September, and January of each year.	Complete	Director of Corporate Governance

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
Committee regularly receives the recommendation tracker throughout the year.	The schedule has been added to the Committee forward plan.		

Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Archwilio Cymru
Audit Wales

Annual Audit Report 2023 – Powys Teaching Health Board

Audit year: 2022-23

Date issued: February 2024

Document reference: 4076A2024

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Contents

Summary report

About this report

1 This report summarises the findings from my 2023 audit work at Powys Teaching Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- Audit of accounts.
- Arrangements for securing economy, efficiency, and effectiveness in the use of resources.

3 This year's audit work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies were also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.

4 I aimed to ensure my work did not hamper public bodies in tackling the post-pandemic challenges they face, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible using technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.

5 The delivery of my audit of accounts work has continued mostly remotely. Auditing standards were updated for 2022-23 audits which resulted in some significant changes in our approach. The specific changes were discussed in detail in my 2023 Audit Plan. The audited accounts submission deadline was extended to 31 July 2023. The financial statements were certified on 27 July 2023, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.

6 I also adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the post-pandemic challenges facing the NHS in Wales. I have commented on how NHS Wales is tackling the backlog of patients waiting for orthopaedic treatments. I have also published an NHS Workforce Data Briefing that brings together a range of metrics and trends to help illustrate the challenges

that need to be gripped locally and nationally. The data briefing complements my assessments of how the workforce planning arrangements of individual NHS bodies are helping them to effectively address current and future workforce challenges. My local audit teams have commented on the governance arrangements of individual bodies, as well as how they are responding to specific local challenges and risks. My performance audit work is conducted in line with INTOSAI auditing standards[1].

7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1)**. I also include a summary of the status of work still underway, but not yet completed.

8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2023 Audit Plan.

9 **Appendix 3** sets out the audit of accounts risks set out in my 2023 Audit Plan and how they were addressed through the audit.

10 The Interim Chief Executive, Director of Finance and Director of Corporate Governance have agreed the factual accuracy of this report. We presented it to the Audit, Risk and Assurance Committee on [date]. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

12 I issued an unqualified true and fair audit opinion on your accounts on 27 July 2023. The audit opinion in respect of the regularity of expenditure was qualified because the Health Board breached its resource limit by spending £6.8 million over the £1,133 million that it was authorised to spend in the three-year period 2020-23.

13 My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit Committee for improvement.

[1] INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

14 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

15 My programme of Performance Audit work has led me to draw the following conclusions:

- Urgent and sustainable action is needed to tackle the long waiting times for orthopaedic services. There's a clear commitment to improve waiting times, however, it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels.
- Despite an increasing NHS workforce, there remain vacancies in key areas, high sickness and staff turnover resulting in over-reliance on agency staffing. More positively, NHS Wales is becoming a more flexible and equal employer.
- The Health Board is taking appropriate action to address its significant workforce challenges, with good oversight of its Workforce Futures ambitions. However, there are opportunities to strengthen the Workforce Futures implementation plan and focus more on the impact of actions that the Health Board is taking to reduce its workforce risks.
- The Health Board has generally effective arrangements to ensure good governance which have strengthened since our last review. However, opportunities exist to improve these arrangements further with a particular focus needed on public access to policies, increasing a focus on primary care, hearing from patients and developing the Board Assurance Framework.

16 These findings are considered further in the following sections.

Detailed report

Audit of accounts

17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.

18 My 2023 Audit Plan set out the key risks for audit of the accounts for 2022-23 and these are detailed along with how they were addressed in **Appendix 3 Exhibit 4**.

19 My responsibilities in auditing the accounts are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2022-23 accounts

20 I issued an unqualified true and fair audit opinion on your accounts on 27 July 2023. The audit opinion in respect of the regularity of expenditure was qualified because the Health Board breached its resource limit by spending £6.8 million over the £1,133 million that it was authorised to spend in the three-year period 2020-23.

21 I must report issues arising from my work to those charged with governance (the Audit Committee) for consideration before I issue my audit opinion on the accounts. My audit team reported these issues on 21 July 2023. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors' comments
Uncorrected misstatements	The Health Board chose not to correct for several issues identified from our audit of payables and post year end payments (see other significant issues below). The cumulative value of these errors is not material.
Corrected misstatements	There were initially other misstatements in the accounts that were corrected by management, and we brought the more significant of these to the attention of the Audit Committee in our report.

Issue	Auditors' comments
Other significant issues	Our initial testing of **Payables and Post Year End Payments** both identified initial misstatements. **Payables (Note 18 - £44.2 million)** We tested an initial sample of £10.3 million (29 sample items), and found 8 errors of classification of £1.6 million, but also an overstatement of £119k. As a result of these findings the Health Board undertook its own review of this balance and identified a further misclassification of £740k. Our additional sample of £8million (10 items), identified no further errors. **Post Year End Payments** Our initial sample of £10.2 million (22 payments) identified 2 misstatements. 1 overstatement of £15k and 1 understatement of £ 93k. Our additional sample of £2 million (10 payments) identified no further errors. Whilst we were satisfied the balances were materially correct, we made a recommendation for improvement in this area which was accepted by management.

22 My separate audit of the charitable funds accounts is ongoing. I anticipate issuing my opinion in January 2024.

Regularity of financial transactions

23 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.

24 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.

25 The audit opinion in respect of the regularity of expenditure was qualified because the Health Board breached its resource limit by spending £6.8 million over the £1.133 million that it was authorised to spend in the three-year period 2020-23.

26 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issue set out above, I issued a substantive report setting out the factual details.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

27 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- commenting on how NHS Wales is tackling the backlog of patients waiting for orthopaedic treatments.
- publishing an NHS Workforce Data Briefing that brings together a range of metrics and trends to help illustrate the challenges that need to be gripped locally and nationally.
- reviewing the effectiveness of the Health Board's workforce planning arrangements.
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.

28 My conclusions based on this work are set out below.

Orthopaedic Services in Wales

29 In March 2023, I commented on orthopaedic services across Wales. My national report 'Orthopaedic Services in Wales – Tackling the Waiting List Backlog' sets out the scale of orthopaedic waits, changes in demand, aspects of service capacity and some of the nationally co-ordinated work to modernise services. My report also set out key actions NHS Wales needs to take to tackle the challenges in orthopaedic services.

30 My work found that securing timely treatment for people with orthopaedic problems has been a challenge for the NHS in Wales for many years, with the COVID-19 pandemic making this significantly worse. Previous monies allocated by Welsh Government have resulted in short term improvements but have not achieved the sustainable changes to services that were necessary with orthopaedic waiting list targets not met since they were first established in 2009.

31 Since the impact of the pandemic has lessened, orthopaedic services have been slow to restart, and while necessary infection control regimes will continue to have an impact on throughput, there is scope for current capacity to be used more

efficiently. My scenario modelling indicates that it could take between three to five years to return orthopaedic waits to pre-pandemic levels across Wales. This is based on both a significant drive on community-based prevention and an increase in capacity and activity. Without this, services may never return to pre-pandemic levels.

32 My work found that there is a clear commitment to improve orthopaedic services. NHS Wales commissioned efficiency and effectiveness reviews both nationally and locally, which set out a suite of recommendations. A national clinical strategy for orthopaedics was also commissioned which sets out service options and a clear clinical voice on what needs to be done. However, urgent action is needed to secure short-term improvements in waiting times to minimise how long people wait in pain and discomfort, as well as creating more sustainable longer-term improvements.

33 In addition to my national report, my team set out how the Health Board's orthopaedic services compare to other health boards across Wales. My comparative report highlighted that the Health Board has:

- the lowest waits in Wales, including patients waiting longer than a year for a first outpatient appointment, and the second lowest proportion of patients on the waiting list for longer than two years;
- the lowest level of potential latent 'lost' demand as an impact of patients not going to their GP during the pandemic;
- higher than average waits for radiology services and physiotherapy; and
- good uptake of 'see on symptom' pathways to reduce unnecessary follow-up outpatient demand.

34 My scenario modelling indicates that optimistically the waiting list for the Health Board could return to pre-pandemic levels by 2026, but without concerted effort may take many years to return to pre-pandemic levels, if at all.

35 My local report sets out a series of prompts and questions for Board members to inform debate and obtain assurance that improvement actions at a local level are having the desired effect.

NHS workforce data briefing

36 In September 2023, I published a data briefing which set out key workforce data for NHS Wales. My briefing highlighted continued growth of NHS Wales, and reflected that in some instances, the growth in staff levels, particularly in nursing and some medical specialties hasn't kept up with increasing demand.

37 The pandemic clearly had an impact on staff and the workforce remains under significant pressure. The recent key trends show increased staff turnover, sickness absence and vacancies. This has resulted in greater reliance on external agency staffing and notably increased agency costs to £325 million in 2022-23. Wales is growing its own workforce, with increased nurses and doctors in training.

38 Despite this, there is still a heavy reliance on medical staff from outside of Wales, demonstrating a need to both ensure that education commissioning is aligned to demand, but also that health bodies can recruit sufficient graduates once they have completed their training. My report also highlights some positive trends that show that the NHS is becoming a more flexible and equal employer. The data briefing provides context for the local review of workforce planning my team are currently undertaking at the Health Board.

Workforce planning

39 My review examined whether the Health Board has effective arrangements to support workforce planning. It focussed on the strategic and operational workforce planning, how it uses workforce information and how it works with its stakeholders to develop solutions. The work also considered the organisation's capacity and capability to identify and address key short and long-term workforce challenges and how it monitors whether its approach is making a difference.

40 My work found that the Health Board is taking appropriate action to address its significant workforce challenges, with good oversight of its Workforce Futures ambitions. However, there are opportunities to strengthen the Workforce Futures implementation plan and focus more on the impact of actions that the Health Board is taking to reduce its workforce risks.

41 The Health Board is facing significant workforce challenges owing to its rurality and large geographic footprint, which is further compounded by poor public transport, and a limited supply of qualified staff because the region is sparsely populated, has an aging population, and does not have a university. Despite the Health Board steadily increasing its workforce over the last decade, staff retention is an issue. The Health Board has the highest rate of staff turnover (15%) and one of the highest rates of vacancies (11.7%) in Wales. Agency spend increased to £10.7 million in 2022-23.

42 The Health Board is working proactively with its regional partners to collaboratively address current and future workforce challenges and it has a good understanding of current demand with forecasts based on current service models. Whilst there is an implementation plan to support delivery of its Workforce Futures ambitions, there is scope to have a greater focus on impact, and the Health Board needs a greater understanding of the future shape of services.

43 The Health Board is addressing the fragility of its Workforce and Organisational Development Directorate by strengthening the directorate's operating model and enabling operational service leads to take ownership of their workforce planning. The Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date. Despite the Health Board's proactivity, there remains significant recruitment, retention, and education commissioning challenges, which is resulting in high reliance on agency staff.

44 The Workforce and Culture Committee receives comprehensive workforce performance information and has good oversight of the Workforce Futures Programme, but there is a need to better understand the impact of its delivery, and opportunities to benchmark with similar organisations.

Structured assessment

45 My 2023 structured assessment work took place at a time when NHS bodies were continuing to deal with the legacy of the COVID-19 pandemic in terms of recovering and transforming services and responding to the additional demand in the system that built up during the pandemic. Furthermore, they were also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate.

46 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.

Board transparency, effectiveness, and cohesion

47 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:

- public transparency of Board business;
- arrangements to support the conduct of Board business;
- Board and committee structure, business, meetings, and flows of assurance;
- Board commitment to hearing from staff, users, other stakeholders; and
- Board skills, experiences, cohesiveness, and commitment to improvement.

48 My work found that the Board and Committees generally operate well, there is commitment to improved cohesiveness and transparency but public access to some key documents continues to need improvement. Board and committee papers are generally good quality, with increasing use of data and graphics but oversight of primary care needs strengthening and more could be done to get a broader spectrum of patient experience.

49 The Board remains committed to conducting its business openly and transparently, with opportunities to enhance arrangements further. The Health Board makes good use of its website, but more can be done to ensure social media and other communication routes are used effectively to promote and encourage engagement in Board business. It would also be beneficial to have unconfirmed minutes publicly available soon after meetings, to avoid long waits between committee meetings.

50 There are good arrangements in place for updating and monitoring compliance with core control frameworks, although opportunities remain to increase public accessibility of policies and ensure the Health Board website has the most recent versions of documents uploaded. The Board and committees are operating well with a balanced and appropriate level of scrutiny. Papers are generally of a good standard, with data and graphics increasingly being used to communicate information. However, the Board could benefit from increased oversight of Primary Care to be assured it is focussing on areas which have significant impact on its population.

51 The Board is committed to hearing from patients and staff, but more could be done to get a broader spectrum of feedback. The Board and committees need to hear both positive and negative experiences. While it positive that the Health Board has reintroduced walkarounds, there is scope for the Health Board to formalise this process. The Board is cohesive after a period of flux and demonstrates a positive commitment to continuous improvement, although there remains scope to strengthen committee effectiveness.

Corporate systems of assurance

52 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:

- overseeing strategic and corporate risks;
- overseeing organisational performance;
- overseeing the quality and safety of services; and
- tracking recommendations.

53 My work found that the Health Board still does not have an updated Board Assurance Framework, as a result cannot be assured that risks are aligned despite there being risk management arrangements. Updated performance management arrangements make better use of data but updates on the Clinical Quality Framework and recommendation tracking need to be more consistently scrutinised.

54 The Health Board has not yet completed its update to its Board Assurance Framework (BAF) which is the mechanism to bring together all the relevant information on the risks to achieving the organisation's strategic priorities. This is an ongoing gap in governance. The Health Board is making progress and has developed all the relevant components, but this is yet to be developed into the relevant overarching framework. The Health Board needs to complete this activity as soon as possible.

55 There are good risk management arrangements, and a refresh of the corporate risk register has been undertaken. However, the Health Board needs to ensure its transition from holding risk registers on spreadsheets to a specific risk software happens at pace. The Health Board continues to have robust performance

management arrangements and the updated Integrated Performance Report allows for easy identification of challenges and progress.

56 The Health Board has appropriate arrangements in place to oversee implementation of the new duties of candour and quality, and to maintain oversight and scrutiny of quality and safety. But there is a gap in the oversight of the Clinical Quality Framework Implementation Plan which has not been received by the Patient Experience, Quality and Safety Committee for some months. There are also good arrangements for tracking progress against audit recommendations, however a delay in presenting the recommendation tracker to Audit, Risk and Assurance Committee (ARAC) has meant that this committee has not been fully sighted of progress in implementing audit recommendations.

Corporate approach to planning

57 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:

- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan; and
- overseeing the delivery of corporate strategies and plans.

58 My work found that while the Health Board's corporate planning arrangements are good, it has been unable to produce an approvable IMTP.

59 The Health Board has strengthened its approach to developing its plans. The 10-year strategy continues to be in place which has been used to set the framework for the three-year plan. Progress has been made to increase the involvement of Independent Members in the production of plans and strategies, with good use of Board development sessions. However, despite these arrangements, the Health Board has been unable to produce an approvable IMTP for 2023-26. Instead, it has an Integrated Plan for 2023-26 and is working to an Annual Delivery Plan for 2023-24 approved by Welsh Government.

60 The Health Board continues to have good arrangements in place to monitor delivery of its plans and strategies, with the refreshed Integrated Performance Reports provided bi-monthly and the quarterly Integrated Plan Progress Reports providing robust assurance to Board and its committees. Scope continues to exist however for the Health Board to make clearer links between the 'Powys Outcomes' in its three-year plan and measurable impacts in its Annual Delivery Plan.

Corporate approach to managing financial resources

61 My work considered whether the Health Board has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:

- achieving its financial objectives;
- overseeing financial planning;

- overseeing financial management; and
- overseeing financial performance.

62 My work found that although the Health Board has robust arrangements in place for managing and monitoring its finances, its financial position is increasingly challenging.

63 The Health Board did not meet its revenue financial duties for 2022-23 and is predicting to not meet them again in 2023-24. Working to a revised deficit control total of £12 million by the end of the year, the Health Board was forecasting it would meet its control target at year-end at Month 10.

64 The Health Board has a robust approach to financial planning, with good engagement with the Board. The Health Board requires a savings target of £7.5 million. At Month 10, the Health Board had identified potential saving schemes totalling £11.5 million, although the recurring impact was forecast to be only £5.8 million.

65 The Health Board has good arrangements for overseeing and scrutinising financial management. Robust arrangements also continue to be in place for monitoring and scrutinising its financial position, with comprehensive reports which allow for easy identification of challenges and risks.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2023.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	July 2023
Opinion on the Financial Statements	July 2023
Opinion on Charitable Funds Financial Statements	January 2024 (tbc)
Performance audit reports	
Orthopaedic Services in Wales – Tackling the Waiting List Backlog	March 2023
Orthopaedic Services in Wales – Tackling the Waiting List Backlog: A comparative picture for Powys Teaching Health Board	March 2023
NHS Workforce Data Briefing	September 2023
Review of Workforce Planning Arrangements	February 2024
Structured Assessment 2023	February 2024

Report	Date
Other	
2023 Audit Plan	May 2023

My wider programme of national value for money studies in 2023 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Primary Care Follow-up Review	March 2024
Unscheduled Care: Flow out of Hospital – Powys Region	March 2024
Discharge Planning: Progress Update	March 2024
Review of Financial Efficiencies	March 2024
Unscheduled Care: Arrangements for Managing Access	July 2024
Review of Planned Care Services Recovery	September 2024

Appendix 2

Audit fee

The 2023 Audit Plan set out the proposed audit fee of £301,850 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2023 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2022-23 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for bias; • evaluate the rationale for any significant transactions outside the normal course of business.	Having undertaken the proposed audit work, we found no significant issues.
There is a significant risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 12 shows a forecast year-end deficit of £7.5 million. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.	We will focus our testing on areas of the financial statements which could contain reporting bias.	Our testing did not identify any reporting bias.

Audit risk	Proposed audit response	Work done and outcome
The quinquennial valuation of the NHS estate took place as at 1 April 2022. There is a risk that assets are not valued on appropriate bases and that movements in the carrying values of assets are not appropriately accounted for and disclosed. Given the current economic climate, there is a further risk that the carrying values of assets have changed during 2022-23 and that 1 April 2022 valuations are materially misstated at the balance sheet date.	My audit team will: • consider the appropriateness of the work of the Valuation Office as a management expert. • test the appropriateness of asset valuation bases. • review a sample of movements in carrying values to ensure that movements have been accounted for and disclosed in accordance with the Manual for Accounts. • consider whether the carrying value of assets at 1 April 2022 remains materially appropriate or whether additional in-year adjustments are required due to the impact of current economic conditions.	No material issues were found.
There is a risk that the Health Board fails to disclose certain related party transactions and disclosures or discloses these transactions at the incorrect value.	We will review the completeness and accuracy of the disclosures.	Our audit work identified two organisations which had been correctly disclosed by two individuals on their Declaration of Interest form, but which had been incorrectly excluded from the note to accounts. We also identified input error between transactions and balances included for organisations within the

Audit risk	Proposed audit response	Work done and outcome
		relate party note, and the transactions and balances included within the ledger. All issues were amended prior to the accounts being signed.
There have been historic errors in the Health Board's draft financial statements, when disclosing Senior Officers and Non-Executives Pay within the Remuneration Report.	We will review the completeness and accuracy of the disclosures	Our audit identified several amendments relating to senior officer remuneration, to ensure that disclosures complied with the requirements of the underlying accounting framework.

Archwilio Cymru
Audit Wales

Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Reporting Committee:	**Planning, Partnerships and Population Health Committee**
Committee Chair	Rhobert Lewis
Date of last meeting:	20 February 2024
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the new Planning, Partnerships and Population Health Committee took place on 20 February 2024.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 20 February 2024:

- Deep Dive-Diabetes
- Strategic Change Report
- Endoscopy Services
- Socio Economic Duty
- Regional Partnership Board update - Age Well
- Population screening programme uptake
- Annual Assessment of Committee Effectiveness
- Review of Terms of Reference

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

The papers from this meeting can be accessed at:
20 February 2024 - Powys Teaching Health Board (nhs.wales)

---

20 February 2024

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

DEEP DIVE – DIABETES

The Committee received the report which gave a preliminary outline of this piece of work and planned outcomes.

The aim of this piece of work is to look in detail the potential implications of the increase of people with this condition to the Health Board. The work has been divided into three sections:

- What might happen in terms of the number of people in our population that have diabetes – this underpins the implications.
- Finance.
- Prevention.

The Committee CONSIDERD the scoping exercise and will RECEIVE regular updates as the exercise progresses.

STRATEGIC CHANGE REPORT

The Committee received the report which provided an update on the Strategic Change programmes.

Welsh Government has commissioned a new piece of work on the fragile services in the NHS. The output from this work will be reflected in this report.

Information for this report come from a variety of sources and is as comprehensive as it can be although on occasion proposed changes may be picked up a little later than preferred.

The Committee RECEIVED the report and took ASSURANCE that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.

ENDOSCOPY SERVICES

The Committee received an update noting work is ongoing in Brecon to further strengthen the quality and safety measures and looking at how best to select patients for care within the Community Hospital environment.

Endoscopy services in Powys are provided by in-reach consultants and delivered in Llandrindod and Brecon Hospitals. A backlog had built up due

to in-reach fragility and a vacancy, the shortfalls have been met utilising an insourcing provider and plans are in place to continue this arrangement subject to renewal/finance. All Health Boards have backlogs and national shortfalls are reported to Welsh Government. Brecon Hospital has JAG accreditation which will be reinspected in March 2024 when Llandrindod Hospital will receive an initial assessment.

Concern was expressed regarding the waiting times for histology which has been escalated via the Commissioning Assurance Framework. Wait times have reduced but are still outside target.

The Committee NOTED and DISCUSSED the report.

SOCIAL ECOMONIC DUTY

The Committee received the report which provided assurance of the Health Board's compliance with the duty, which became law in March 2021.

The duty places a legal responsibility on the Health Board to have due regard to the need to reduce the inequalities in outcomes resulting from socioeconomic disadvantage when making strategic decisions.

The Committee NOTED the contents of this briefing and took ASSURANCE of the Health Board's compliance with the Socio-economic Duty

---

REGIONAL PARTNERSHIP BOARD UPDATE - AGE WELL

The update was presented by the Interim Executive Director of Operations/Director of Community and Mental Health on progress of delivery and work to date of the Age Well Partnership and highlighted some of the key priority areas to the Committee including:

- Home Support
- Community Connectors
- Befriending Service
- Dementia Care
- Virtual Wallet
- Integrated Health and Social Care Brokerage Function
- Extra Care Housing Scheme

The Committee WELCOMED and DISCUSSED the update.

POPULATION SCREENING PROGRAMME UPTAKE

The Committee received the report which introduced the annual report for the uptake screening programs delivered by Public Health Wales, which included the adult screening programmes.

- Breast Screening
- Abdominal Aortic Aneurysm Screening
- Diabetic Eye Screening Wales.

Overall screening in Powys is in-line or slightly higher than the Welsh average and compares favourably with England.

There is a delay for in-County appointments for patients for diabetic eye screening in mid Wales. Appointments are being offered out of county, which means patients are having to travel some distance. The Diabetic Eye Screening Wales are keen to set up a hub in Mid-Wales and appoint staff to the hub. This will increase capacity moving forward.

The Committee ACCEPTED the report and took ASSURANCE that the work is being undertaken.

ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENES

The Committee received the report which provided a summary of the responses received to the Committee Effectiveness questionnaire. The annual assessment forms part of the governance standards within the standing orders.

The findings were generally positive with some areas identified for improvement. An action plan will be developed in partnership with the Committee Chair and the feedback and actions will be incorporated into a summary report with other Committees' feedback and shared with Board in due course.

The Committee NOTED the presentation.

REVIEW OF TERMS OF REFERENCE

The Committee received the paper presented by the Director of Corporate Governance confirming the that Terms of Reference were last

reviewed in 2021, when the current committee structure was put in place.

The Chair and the Director of Corporate Governance will formalise any recommendations for submission to the main meeting of the Board, to provide the revised terms of reference.

The Committee CONSIDERED the Planning, Partnerships and Population Health Committee Terms of Reference.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items noted.

NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 16 May 2024.

Reporting Committee:	**Delivery & Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meeting:	29 February 2024
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 29 February 2024 where the following items were considered:

- Finance Performance Report Month 10 (including savings report)
- Integrated Performance Report Month 09
- Quarter 3 Delivery Plan Progress Report
- Six monthly report on Continuing Health Care costs
- Agency Spend deep dive
- Digital Strategic Framework
- Primary Care Services:
  - GMS
- Primary Care:
  - Community Pharmacy
- Health and Safety Annual Report
- Capital and Estates Compliance Report
- Information Governance Monitoring Report
- Organisation Escalation and Intervention Status
- Internal Audit Information Governance Report
- Committee Risk Register
- Committee Work Programme
- Annual Assessment of Committee Effectiveness
- Review of Committee Terms of Reference

The papers from this meeting can be accessed at:
29 February 2024 - Powys Teaching Health Board (nhs.wales)

The Board is asked to note that the following matters were discussed In-Committee on 29 February 2029.

- Cyber Security and Power Outage Risk
- IT Infrastructure and Asset Management Action Plan

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

FINANCE PERFORMANCE REPORT MONTH 10 (including savings report)

The Director of Finance, Information and IT presented the report which provided an update as of Month 10. Attention was drawn to the following areas:

- the additional capital allocation to the Health Board of circa £2m-£3m,
- on track to deliver against the capital resource limit,
- holding the revenue forecast of £12m to meet the control total,
- variance against the plan of £399k, hence slightly off profile to deliver that £12m, this will be managed with the risks and opportunities,
- agency spend remains an area of concern,
- continuing pressures against the commissioning budget,
- good performance against the savings target,
- an impact between the recurrent and non-recurrent element of savings, and
- a need to ensure the right decisions are made to minimise spend across the organisation.

It was noted that against the saving programme with an original target of £7.5m, the Health Board is delivering a total of £11.4m green and amber schemes, which are being actioned as part of the overall financial plan. A significant element (£5.8m) of those savings plans is non-recurrent, which will impact on the financial plan next year.

The Committee:

- RECEIVED and took ASSURANCE the organisation has effective financial monitoring and reporting mechanisms in place, and
- CONSIDERED and DISCUSSED the contents of the report.

INTEGRATED PERFORMANCE REPORT (IPR) MONTH 09

The Director of Planning and Commissioning presented the report to the end of December 2023, Month 09. Attention was drawn to the following areas:

- Commissioned Services – for planned care the waiting position in Wales is improving, particularly for patients waiting over 3 years. Swansea Bay have eradicated all patients waiting over 52 weeks for a new outpatient appointment, including Powys patients. As a result, inpatients continue to experience elongated waits for procedures or diagnostics. There are:
  - 260 Powys patients waiting more than two years across Welsh providers.
  - 12 Powys patients waiting over two years for spinal procedures at Robert Jones and Agnes Hunt Hospital (RJAH).
  - Option to commission further activity from Northwest England, to expedite those patients.
  - No improvement in the commissioned performance for cancer patients.
  - A&E performance in all commissioned providers is below the performance standard.
  - A&E services at Wye Valley Trust had a CQC rating that 'requires improvement'.

- Planned Care - the previously set ministerial targets for this financial year are not being achieved. It is anticipated:
  - Diagnostics - 246 breaches by the end of March, mainly in cardiology.
  - Therapies - breaches will reduce to 86, mainly in audiology.
  - Number of patients waiting more than 36 weeks for an outpatient appointment will reduce to 149.
  - Number of patients waiting more than 52 weeks for treatment, 62.

The reason targets are not being met include ongoing fragility in in-reach provision, strike action and Consultant turnover in some services.

A recovery plan is to be developed, as part of the Integrated Plan submission to deliver the target in a sustainable manner.

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

QUARTER 3 DELIVERY PLAN PROGRESS REPORT

The Director of Planning, Performance and Commissioning presented an update to the Integrated Plan progression of the current submitted plan. The plan was altered last year, to tackle the increased ask of the financial requirements in for 2022, 2023, and 2024. This is the first report against the revised plan for 2023-2024.

The report is for onwards submission to Welsh Government and provides an oversight of the progress, milestones and actions taken within the organisation towards the Welsh Government planning requirements.

The Committee:

ACKNOWLEDGED the work put into this report.
RECEIVED and took ASSURANCE the organisation has the appropriate mechanisms in place to monitor delivery against the annual plan.

SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS

The Committee noted the report focusing on Complex Care, which historically sat across the Mental Health and Community Services group. The report gives a breakdown of performance, and an indication that whilst applications for support are reducing, but the activity is rising. The position on reviews has improved.

The recovery plan will drive greater efficiency within the teams. There is ongoing dialogue with the Local Authority looking at providing a single brokerage and contracting opportunity, to help stabilise the market. This will be a key element in managing costs.

The organisation is moving towards a reliance on interim placements with a potential to increase costs. There have been some opportunities with interim placements at Cottage View, Knighton using beds to accommodate patients waiting for domiciliary care packages.

The overspend has continued to increase in CHC, due to provider challenges such as cost of living rises and staffing issues necessitating the need for agency staff which has driven up baseline costs.

There is pressure on the Mental Health and LD services, some costs have been contained and are levelling off. With better engagement with the Local Authority it has be possible to determine where some of these costs sit, and given more opportunities for alternative care.

Of the twelve CHC dispute cases, seven have been resolved, five are outstanding and will be presented through the escalation process.

The Committee
REVIEWED and DISCUSSED the report, and
NOTED the actions in place to manage service demand, improve performance and control spending.

AGENCY SPEND DEEP DIVE

The Committee received the paper which showed the unprecedent challenges of 2023/24 and the actions taken, highlighting the actions taken:

- greater roster scrutiny,
- enhanced governance procedure,
- bed management process introduced,
- increased options on-contract agencies,
- funding secured for urgent care duty model,
- recruitment strategy in place,
- income from 111 press 2 to cover Band 6 agency workers,
- staff recruited substantively to facilitate the 'All Wales' contract for Silver Cloud Service.

The Committee:
- RECEIVED and CONSIDERED the paper.
- NOTED the actions taken and further mitigations in place.
- Took ASSURANCE the moderate financial risk continues to be realised and progress is being made to reduce the use of agency staff.

DIGITAL STRATEGIC FRAMEWORK

The Committee received the paper demonstrating the progress on the portfolio of projects in the digital arena, how that fits into the Digital Strategic framework and the work around a maturity model, noting

- Implementation of the Maturity Model
- Progress on efficiencies against the national programme
- Improvement in infrastructure priorities and plans.

The detailed actions in the plan will fall into the Integrated Plan and will be part of the delivery plan moving forward.

The Committee:

- RECEIVED the report and took ASSURANCE that the Health Board is progressing and delivering against the Digital Portfolio of Projects and Plans that underpin delivery of the Digital Strategic Framework.
- NOTED the implementation of the maturity model.
- NOTED the efficiency to delivered.
- NOTED national programmes, updates and challenges impacting the delivery of digital enablers.
- NOTED a way forward in relation to reporting mechanisms from this point onwards.

PRIMARY CARE SERVICES – General Medical Services

The Committee noted the detailed paper reporting on the 2022/2023 contract year and highlighting the key elements. All 16 practices are in level one routine monitoring. There are no contractual or regulatory compliance targets.

The Committee

- RECEIVED the update provided.
- Took ASSURANCE that the commissioning framework monitoring process is providing ASSURANCE to the Health Board on General Practice contract management.

PRIMARY CARE SERVICES – COMMUNITY PHARMACY

The Committee received the summary of the Pharmaceutical Needs Assessment published in 2021, to be updated in 2026. The key elements highlighted were

- Opening Hours/Rota Services
- Reduction in temporary closures
- Good control over the finances – ring fenced funding
- Community Pharmacy Contracts
- Clinical Community Pharmacy Services
- Increase in independent pharmacist prescribers.
- Increase monitoring visits to every Pharmacy in Powys
- Developed a Contract Assurance Framework to support monitoring.
- Developing working relationship with the National team.

- National drive to move from 28 day prescribing to 56 day prescribing.
- Lack of Pharmacy leads in the Mid or South cluster areas.
- Possible closures, such as Lloyds Pharmacy

The Committee:

- RECEIVED the Community Pharmacy Report.
- Took ASSURANCE that a Community Pharmacy Contractual Framework is in place and performance is appropriately monitored.

HEALTH AND SAFETY ANNUAL REPORT

The committee noted the report which highlighted the progress made to improve Health and Safety within the organisation. A Health and Safety Group has been established. There is reasonable assurance from internal audit in respect to the policy framework and the delivery of the Health and Safety Group.

- No Health and Safety Executive interventions or improvement notices in 2023.
- Health and Safety data is received from the Datix system, which provides two years of data.
- Limited ability to develop trend lines.
- Developed a table showing the improvements over the past two years.
- Changes in terms of reporting arrangements.
- Identifies key risks
    - Training Compliance
    - Management of violence and aggression

The Committee

- DISCUSSED and took ASSURANCE from the report that the organisation has implemented it 2022-23 work plan and implementing the programme for 2024.

CAPITAL AND ESTATES COMPLIANCE REPORT

The Committee received the report which gave an overview of the Estates compliance broken down in three areas legislation, Support from Shared Services for Health Care, compliance with Health and Safety. Attention was drawn to the following matters:

- No Health and Safety Executive interventions or improvement notices in 2023.

- Health and Safety data is received from the Datix system, which provides two years of data.
- Limited ability to develop trend lines.
- Developed a table showing the improvements over the past two years.
- Changes in terms of reporting arrangements.
- Identifies key risks
    - Training Compliance
    - Management of violence and aggression

The Committee RECEIVED the report and took ASSURANCE appropriate actions are in place.

INFORMATION GOVERNANCE MONITORING REPORT

The Director of Finance, Information and IT presented the report for Assurance of compliance with IG standards, highlighting the key areas for compliance

- Freedom of Information, against a target 90% the Health Board is achieving 82% compliance.
- Subject Access Request, against a target is 90% the Health Board's compliance is 95% an increase from 92%
- Mandatory training for Information Governance, against a target of 85%, the Health Board is achieving 88%

The Committee:

- RECEIVED the compliance statistics and took ASSURANCE from the report.

ORGANISATIONAL ESCALATION AND INTERVENTION STATUS

The Committee received the report, the Health Board continues to be in escalated monitoring in relation to finance and planning. Regular meetings are taking place with the NHS Executive and with the Financial and Delivery side of the NHS Executive. There has been an increase in the level of scrutiny of financial actions and performance.

The Committee NOTED the update.

INTERNAL AUDIT INFORMATION GOVERNANCE REPORT

Received for information.

COMMITTEE RISK REGISTER

The Committee received the current version of the Committee Risk Register, which summarised the seven risks attributed to this Committee's remit and terms of reference.

The Committee

- CONSIDERED the December 2023 version of the Committee Risk Register

---

COMMITTEE WORK PROGRAMME

The Committee RECEIVED the Committee Work Programme for information.

ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVNESS

The Committee received the report which provided a summary of the responses received to the Committee Effectiveness questionnaire. The annual assessment forms part of the governance standards within the standing orders.

The findings were generally positive with some areas identified for improvement. An action plan will be developed in partnership with the Committee Chair and the feedback and actions will be incorporated into a summary report with other Committees' feedback and shared with Board.

The Committee NOTED the presentation.

REVIEW OF COMMITTEE TERMS OF REFERENCE

The Director of Corporate Governance presented the paper noting it is a requirement of the standing orders to review terms of reference on an annual basis.

The agendas and work programme for 2024/2024 are in development, there is a need to manage the volume of work that is undertaken in this Committee.

The Committee:

RECEIVED the terms of reference review and AGREED that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.

DATE OF NEXT COMMITTEE MEETING:

The next meeting of the Delivery and Performance Committee will be held on 7 May 2024.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following items were discussed in private session.

Cyber Security and Power Outage Risk
A verbal update was provided.

The Committee NOTED the update on Cyber Security and Power Outage Risk

IT INFRASTRUCTURE AND ASSESSMENT ACTION PLAN

A verbal update was provided.

The Committee NOTED the update on Cyber Security and Power Outage Risk.

Reporting Committee:	**Charitable Funds Committee**
Committee Chair	Carl Cooper
Date of meeting:	04 March 2024
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).

The Charitable Funds Committee met on 07 December 2023, the following matters were discussed:

- General bids for approval
- Expenditure approved under delegated authority
- Draft annual accounts and report 2022/23
- Charity activity report
- Charitable funds financial summary report

The following matter were received for information:

- Investment manager update report
- Project evaluation updates

04 March 2024

General Bids for Approval

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

Newtown Hospital Brynheulog Ward quiet room (£9,600)

The quiet room is a facility that is needed for the ward to provide a confidential space for families and also a space for staff/patients/families to pray and seek reflection. Brynheulog Ward is currently the only ward without such a space. This request has been reviewed and approved by the capital control group.

The Committee DISCUSSED and APPROVED the Newtown Hospital Brynheulog Ward quiet room.

Wellness with WNO programme (£8,000)
Wellness with Welsh national Opera is a programme designed to support people with Long COVID in Wales. This six-week singing and breathing programme takes place online and is designed to support people who may be experiencing feelings of breathlessness, anxiety and fatigue that may continue longer term after the initial symptoms of the COVID-19 virus have passed. 50 participants from Powys took part in these courses across 2023.

Alongside partner health boards, WNO would like to continue to deliver this programme for individuals with Long COVID whilst ensuring its high standard and reputation for safety and reliability. The WNO would also like to develop this model for patients with other long-term conditions experiencing similar symptoms of breathlessness and anxiety, such as ME/CFS and fibromyalgia.

The Charity was asked to support £8,000 of costs, while the total project cost is £106,000, with half of the costs being covered by Arts Council Wales (confirmed funding) and the remaining costs divided equally amongst Health Boards.

The Committee DISCUSSED and APPROVED the Wellness with WNO programme.

RITA digital therapy system (£14,400)
This request was for the Committee to consider support for the upgrade of a previously implemented digital therapy system which would support hospital patients at four sites in Powys. In 2016, a system called DRTS (A digital touch screen therapy system) was purchased for all the Community Hospital Wards and has been used extensively for group activities and to help calm agitated and anxious patients whether they have cognitive impairment or at the end of life.

The system was purchased on a one-off cost basis and has been supported for several years. However, many of the legacy systems are now not functioning and are at 'end of life'. The DRTS system has since been superseded by a new system called RITA (Reminiscence/rehabilitation Interactive Therapeutic Activities).
The previous iteration was funded with support from Charitable Funds. This request is seeking support to upgrade those systems at four hospital sites, with a view to training staff and closely monitoring and

evaluating its use in order to establish a long-term succession plan for the system.

The Committee DISCUSSED and APPROVED the RITA digital therapy system on the condition that the appropriate outcomes and impacts being measured will help to demonstrate the benefits realisation for onward learning and development.

Movement for Health (£3,000)
This request was for the Committee to consider supporting the pilot for the Movement for Health project, which is a series of sessions aimed at people within the local community of Clatter and neighbouring villages who wish to improve health and well -being through simple arts-based movement interventions. The project will deliver an 8-12 week movement for wellbeing programme for adults. These weekly movement for health classes will be designed for people who wish to increase strength, mobility, remain socially connected in older age and to find ways to stay well.

The Committee DISCUSSED and APPROVED the Movement for Health on the condition that the appropriate outcomes and impacts being measured will help to demonstrate the benefits realisation for onward learning and development.

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 November 2023 to January 2024 A number of requests from various local funds with a combined value of £5,652.

The Committee DISCUSSED and RATIFIED the expenditure.

2024/25 charity workplan/follow up from workshop (for approval)

The Charity Manager presented the papers to committee, these papers included a summary of the strategic workshop held in January 2024 and the Charity's workplan for 2024-25.

The summary of the strategic workshop was previously circulated and was brought to committee for any additional comments and further discussion.

The workplan was influenced by the strategic workshop, it helped to outline the deliverables of the Charity's strategy as well as key performance indicators which the Charity aim to prioritise during the financial year April 2024 - March 2025.

The Committee DISCUSSED and APPROVED the Charity Workplan.

2024/25 charity team operational budget (for approval)

The Charity Manager presented an anticipated budget of up to £8,200 for the charity team to utilise over the next financial year to help to achieve strategic objectives.

The Committee DISCUSSED and APPROVED the Charity team operational budget.

Charity activity (communications and engagement report)

The Charity Manager presented that charity activity report for the period between December to February 2024.

Key items highlighted included:

- Powys Creates grant scheme was launched in January.
- The website development procurement process
- `Panel y Ddraig innovation grants programme in partnership with the RIC Hub was launched.
- Charity's plans for new marketing materials
- Significant donations received over the last quarter.
- Social media summary for the period December 2023 to February 2024.

The Committee DISCUSSED and NOTED the Charity activity 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 £2,629,327 held within General Purposes or designated funds at the 1st April 2023, income of £251,090 has been received and £129,940 of expenditure has been paid. This equates to 5% of funds held at 1st April 2023 have actually been spent.

- LEGACY FUNDS = From an amount of £1,628,923 of funds held within legacies at the 1st April 2023, £18,223 income has been received and £24,286 of expenditure has been paid. This equates to 1.49% of funds held at 1st April 2023 have actually been spent.

- BANK BALANCE - The Balance held within the bank account at 31st March 2023 is just over £0.820M. Discussions with the Charity's investment advisors 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. A minimum term of investment for 3 years would be advised for any investments. Therefore, they advised the Health Board to retain this cash balance within the bank over the short term due to current interest rates. Several large items of expenditure expected in the coming months should reduce the balance closer to the target cash balance of £0.5M.

The Committee DISCUSSED and NOTED the report.

Information and Assurance items:

The Charitable Funds Committee received information on:

- Investment Manager's Report

The Assistant Director from Brewin Dolphin presented the investment manager report for the period ending 31 January 2024 to the Committee. The report included outline to the revised risk figures for portfolio risk categories, revised expectations of returns which are trending in a positive direction, and a summary of the financial/economic context surrounding the Charity's investment portfolio. In addition to the report, a new ESG risk score and RBC Brewin Dolphin's fund stewardship examples where included.

The Committee AGREED that a W-8BEN-E form would be completed in order to allow RBC Brewin Dolphin to purchase and hold individual overseas investments on behalf of the Charity and maximise the Charity's investment portfolio.

- Project Evaluation Updates
  - Welsh National Opera (WNO) wellness programme
  - Dementia Conference

NEXT MEETING: 10 June 2024

Reporting Committee:	**Workforce and Culture Committee**
Committee Chair	Jennifer Owen Adams
Date of last meeting:	5 March 2024
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at meetings of the Workforce and Culture Committee which took place on 5 March 2024:

- Staff Story – Staff Excellence Award Winner – Rising Star
- Strategic Equality Plan
- Welsh Language Strategy in Healthcare
- Director of Workforce and OD Summary Report
  - Including Staff Health and Wellbeing
  - Joint Workforce futures programme
  - Flexible working policy
- Workforce Futures: Transformation and Sustainability
- Workforce Futures: Great Place to Work
- Communication and Engagement Programme relating to Workforce and Culture Committee matters
- Agile Working
- Workforce Performance Report
- Committee Risk Register
- Committee Work Programme
- Annual Self-assessment of Committee Effectiveness
- W&C Terms of Reference Review and Committee Effectiveness Review

A summary of key issues discussed on the 5 March 2024 is provided below:

Experience Story – Staff Excellence Award Winner – Rising Star

The Welsh Language Translator gave an insight into her experience as the first translator to be directly employed by the Health Board. Bringing this service in house brought the following benefits:

- Financial savings,
- Part of a newly formed team with the freedom to develop the translation process locally, and a
- More personal element – staff more eager to have work translated and offer services in Welsh.

As there is only one Welsh Translator for the Health Board, priority is given to work which impacts on the patients.

Strategic Equality Plan 2023-2027

The Committee received the plan which spans the 2024-2028 period, setting out how the Health Board will meet the Public Sector Duty and the Equality Act

The Committee REVIEWED and RECOMMENDED the plan goes forward to the Board for consideration on the 20 March 2024.

Welsh Language Strategy in Healthcare

The Committee received the plan, which highlighted that the Welsh language standard 110 is a statutory responsibility. The plan spans the five-year period 2024-2029 and includes an action plan and how the strategy will be monitored for inclusion in the Annual Plan.

The Committee REVIEWED and RECOMMENDED the Welsh Language Strategy going forward to the Board for their consideration on the 20 March 2024.

Director of Workforce and OD Report

The Director of Workforce and OD presented the report gave an update on activity since the previous report, key elements included:

- Staff Health and Wellbeing
  - The Wellbeing at Work Group has been reestablished,
  - Participating in Local Health and Wellbeing events linking to the national calendar of activities,
  - Have gone 'Live' with a new Occupational Health system,
  - Support being offered for individuals dealing with issues of death or dying, and
  - 'You said, We did' update available on social media.

- Joint Workforce Futures Programme
  - Reset the 40 plus priorities down to 14. All workstreams has a project plan and a lead in place,
  - Considerable external interest in and opportunities to showcase the Grow our Own scheme,
  - Using UK shared Prosperity Funding working collaboratively with Neath Port Talbot College Group on upskilling staff in Health and Social Care,
  - All Wales Healthcare Support Worker Induction Training – 38 staff participating, all at different stages of completion,
  - Piloted a joint Health and Social Care Induction,
  - Working on creating a workable book and record keeping system for use across Wales,
  - Employee relations cases – there has been little change for formal cases, although a slight increase in initial assessments, and
  - Ongoing work to reduce the impact of harm on individuals who find themselves subject of an investigation where there is no case to answer.

- Flexible Working Policy
  - The All-Wales flexible working policy has been launched. It has a series of supporting toolkits, work is ongoing with managers so that they understand the options and subtle changes within the policy. This has been signed off at Executive Committee.

This Committee:

- RECEIVED the report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee's agenda; and
- took ASSURANCE against delivery of those priorities.

Workforce Futures:

Transformation and Sustainability

The Committee noted the report which drew attention to the following key elements:

- Aging Workforce,
- Gaps in Nursing and Midwifery,
- Workforce modelling and projection exercise,
- Upskilling of staff – training courses offered,
- Aspiring Nurses programme,
- International Educated Nurses,

- All-Wales programme to recruit RMNs from overseas,
- Improvements to on-boarding process, and
- Workforce Retention Lead

The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.

Great Place to Work
The Committee noted the update, attention was drawn to

- 498 staff have completed the team climate survey, the outcome gives a healthy snapshot of the organisational, which will be built on during 2024,
- Focus on the work of 'Chat to Change'; this will align with the Integrated Plan,
- An increase in Leadership training courses offered to staff – there has been a good uptake,
- 74 staff have participated in the level 5 Leadership and Management conversation and training,
- In-house clinical leadership programme has started at tier one. Feedback from the course has been positive,
- The simulation site at Bronllys has been used for joint induction, 6 school simulation days, the immersive day for clinical leadership programme and preceptorship training,
- The first working carers workshop was held in February 2024
- Speaking up safely – About to launch 'Our Voice' platform, which will signpost staff to where/how to raise a concern, and
- The on-line staff retention guide is a menu of activities and check list that Managers can work through to consider the key areas which affect workforce retention.

The Committee REVIEWED and RECEIVED the report and took ASSURANCE there is delivery against the plan.

Communication and Engagement Programme relating to Workforce and Culture Committee matters.

The Committee received the quarterly impact and delivery assurance report, which focused on staff engagement and internal communication, the progress made during the year, and the priorities for the year ahead.

One of the biggest achievements, Staff Excellence Awards which was changed from a single evening event to a celebration spread over several months.

The Committee NOTED, DISCUSSED and took ASSURANCE from the Engagement and Communication Team Q3 Impact and Delivery Assurance Report.

Agile Working

The Committee received the update which focused on the relocation of staff from Neuadd Brynchienog, Brecon to the Bronllys site, with the benefit of relinquishing the lease with Powys County Council. Attention was drawn to the lessons learnt:

- Cultural challenges such as ownership of desks,
- No standard system for booking meeting rooms,
- Digital/Connectivity - IT looking at the Halo system,
- Structural challenges with the layout of the building – no open spaces, and
- No breakout spaces.

Welsh Government are focused on agile working, and offering a monitoring system called Occupy, to build up data to make managerial decisions which can be implemented across the estate.

The Committee RECEIVED the update on Agile Working.

Workforce Performance Report

The Committee received the report, which provided an insight to the impact from the actions taken. The results from the national survey will give a sense of staff morale regarding the Sustainability and Transformation projects. Attention was drawn to:

- There has been an increase in staff turnover, potentially due to the aging workforce taking retirement, this makes retention difficult,
- Increase in statutory and mandatory training compliance,
- A slight improvement seen on PADR compliance rates, and
- Downward trend in sickness absence, and better than the All-Wales position.

The Committee RECEIVED the Workforce Performance report and NOTED the progress being made.

Committee Risk Register

The Committee received the Risk Register, noting the single risk that falls under the remit of this Committee's Terms of Reference. This version of the register was presented to Board in January 2024, a further update will be due to Board in March 2024.

The Committee CONSIDERED the December 2023 version of the Committee Risk Register.

Committee Work Programme

The Work Programme was received for information.

Annual Self-Assessment of Committee Effectiveness 2023/2024.

The Committee noted the outcome of the effectiveness survey. This exercise has been carried out across the whole cycle of Committee meetings and a requirement in the Standing Orders.

There is a consistent level of positivity, although a few actions will be taken forward.

The Committee NOTED the contents of the presentation.

Committee Terms of Reference Review

The Committee noted there are no significant changes required to the Terms of Reference.

It was proposed moving the Health and Safety and Fire Safety Standards Regulations from the Delivery and Performance Committee to the Workforce and Culture Committee. The Committee had no objection to this proposal.

The Committee AGREED that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.

NEXT MEETING:

The next meeting of Workforce and Culture Committee will be held on 4 June 2024

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

Agenda item: 3.1

PTHB BOARD	**20th March 2024**
Subject:	Integrated Plan
Approved and presented by:	Chief Executive Officer Director of Performance and Commissioning Deputy CEO / Director of Finance, Information and IT
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	There has been a six month Plan Development process which has included Board Development and Local Partnership Forum Sessions; Committee consideration of key components (Planning, Partnerships and Population Health Committee and Delivery & Performance Committee in particular), and Executive Committee engagement and moderation throughout.

PURPOSE:

This report provides the Board with the Draft Integrated Plan for 2024 – 2029 ahead of submission to Welsh Government by 28th March 2024.

The paper will be supported by a presentation to the Board during the Board meeting on the 20th March 2024.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the Five-Year Integrated Plan for April 2024 to March 2029 (the plan);
- **RECOGNISE** that as the Plan sets out a £24.9m deficit in 2024/25, it does not meet the statutory financial duty to break even over a three-year period;
- **RECOGNISE** the plan seeks to balance all statutory and other duties placed on the Health Board to deliver health services and improve the health and wellbeing of our local population and reduce health inequalities;
- **RECOGNISE** that further work will continue, both locally and nationally, on options to improve the financial plan position;

- **APPROVE** the Integrated Plan 2024-2029 for the organisation that sets out to address the challenges we face. Year 1 is well defined and years 2 to 5 will be informed further by the first year of delivery, which will include engagement and consultation with patients, residents, staff and a range of other stakeholders;
- In approving the plan, the Board **RECOGNISES** a series of other component parts of the Plan, for example the Joint-Committees including WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulance Services Committee), which are both meeting on 19th March to finalise their plans, therefore a verbal update will be given during the Board meeting and relevant plans will be provided to the Board at a future date;
- **DELEGATES** the final sign off of the plan to the CEO and Chair recognising minor amendments will be made prior to submission to Welsh Government.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The PTHB Integrated Plan is framed around these objectives – refer to the plan document for detail.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This paper presents the Five Year Integrated Plan (April 2024 to March 2029). This plan sets out the work of the health board in the short, medium and longer term, to create 'A Healthy, Caring Powys', delivering against the shared long term health and care strategy for the County.

It covers the whole range of responsibility for the health board in planning and providing healthcare for the people of Powys, both as a provider and a commissioner of those services, in line with the NHS Wales Planning Framework.

The plan responds to one of the most challenging periods in the recent history of the NHS. Those challenges, along with opportunities to transform and improve healthcare, are set out in detail in the plan.

This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. Instead, it sets out how this will be achieved over the period of the plan during which we will work with communities, staff and stakeholders to build a sustainable future for the County's health services.

The plan seeks to balance all statutory and other duties placed on the Health Board to deliver health services and improve the health and wellbeing of our local population and reduce health inequalities.

The plan sets out the Vision, Objectives and Strategic Priorities for this five year period. There is a firm level of detail for Year 1 in relation to key areas of delivery and quarterly milestones. It is also agile and dynamic enough to enable the health board to engage with its communities and adapt its approach.

The plan includes the work to date on building an 'Accelerated Sustainable Model', which has progressed from the Discovery and Design phases and will move into Delivery from 2024. Not all the solutions have been determined in detail and co-production with all of those with a stake in the future of healthcare in Powys will be important over the course of the plan.

Conversations have begun with Powys communities through a series of thirteen locality workshops in February and March 2024 on a future health and care model that truly enables us to be 'Better Together'. We will also work in partnership with trade union representation in relation to any changes that will have an impact on staff.

This Five Year Plan will require courage, collaboration and candour to deliver. There is a difficult balance to be achieved, moving *from* a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges *to* a system designed for a healthy, caring future.

A number of key outputs are described which capture exactly what the plan is intending to achieve, in the light of this complex balance of factors.

CONTEXT:

This paper presents the Five Year Integrated Plan (April 2024 to March 2029). This plan sets out the work of the health board in the short, medium and longer term, to create 'A Healthy, Caring Powys', delivering against the shared long term health and care strategy for the County.

It covers the whole range of responsibility for the health board in planning and providing healthcare for the people of Powys, both as a provider and a commissioner of those services, in line with the NHS Wales Planning Framework. It is therefore an umbrella plan with considerable breadth and complexity, as it seeks to encompass all the requirements and duties placed on the health board.

The plan responds to one of the most challenging periods in the recent history of the NHS. Those challenges, along with opportunities to transform and improve healthcare, are set out in detail in the plan.

Demographic changes which have been noted nationally are particularly acute in the rural county of Powys, which is at the forefront of the ageing population, with evidence of a growing burden of ill health and increases in those facing multiple health challenges.

There are complex components to the plan which are therefore finely balanced. There are multiple statutory requirements to be met, notably the duty to produce a financial breakeven plan; the duty to deliver healthcare that meets the needs of the population and the newer duties of Quality and Candour.

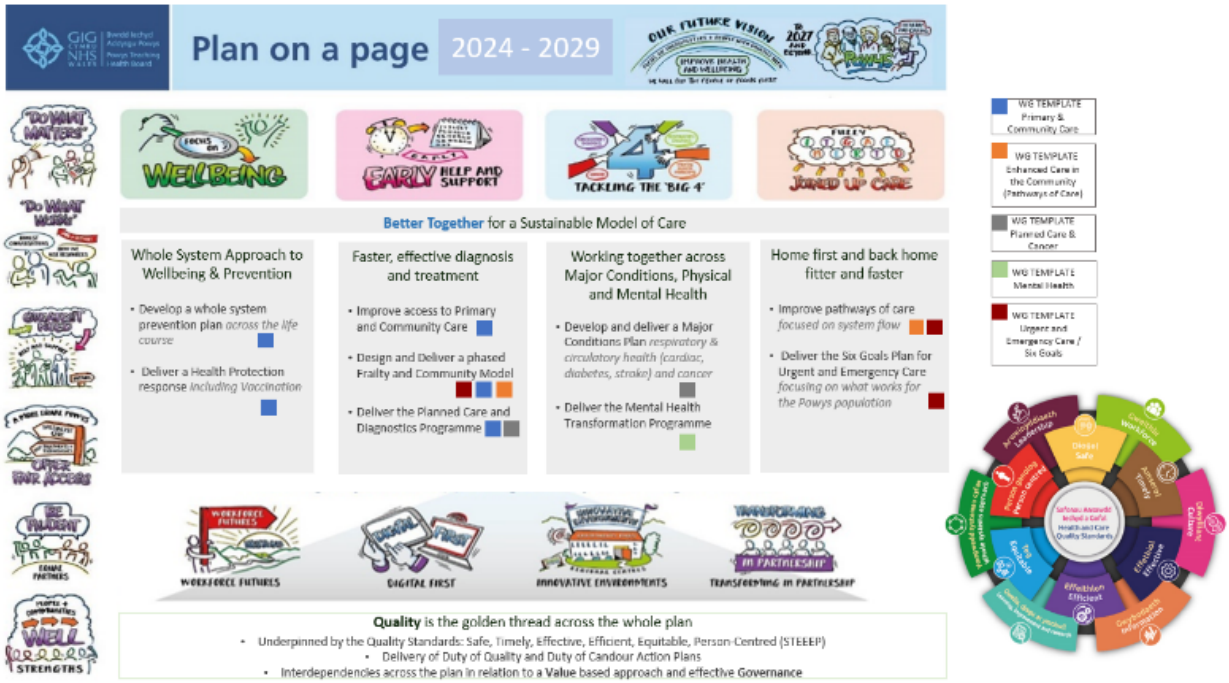
This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. Instead, it sets out how this will be achieved over the period of the plan during which we will work with communities, staff and stakeholders to build a sustainable future for the County's health services.

The plan seeks to balance all statutory and other duties placed on the Health Board to delivery health services and improve the health and wellbeing of our local population and reduce health inequalities.

VISION, OBJECTIVES, STRATEGIC PRIORITIES AND ENABLERS

Whilst the plan is not being submitted as a full IMTP for the reasons noted above, it remains a full Integrated Plan, based on the vision and objectives of the shared long term health and care strategy, A Healthy Caring Powys. The Board have agreed the strategic direction and priorities which ensure the plan represents an acceptable balance of risk, ambition and deliverability.

A Plan on a Page has been produced which brings together the vision and objectives for the Plan based on the agreed long term health and care strategy, A Healthy Caring Powys and the Strategic Priorities:



There remains great effort and determination within the health board to build on successes to date and recommit to the vision for A Healthy, Caring Powys, which is the long term health and care strategy overseen by the Powys Regional Partnership Board.

The plan sets out immediate, short, medium and long term actions over five years, firm in detail in the first year but agile and dynamic enough to enable the health board to engage with its communities and adapt its approach.

It is a plan that acknowledges that the current healthcare system is not perfect and change is required. Some of this can be driven through transformation work led by the health board, working in partnership with local, regional and national partners. (Further detail on these can be found throughout the plan itself).

The plan sets out to be clear on exactly what the challenges are and what the health board can do, on its own and in collaboration with others, to build a more sustainable approach.

The plan sets out a clear case for change, to find a better way to deliver health and care to best meet the future needs of the people we serve, within the resources available to us. The plan therefore includes the work to date on building an 'Accelerated Sustainable Model', which has progressed from the Discovery and Design phases and will move into Delivery from 2024.

Not all of the solutions have been determined in detail and co-production with all of those with a stake in the future of healthcare in Powys will be important over the course of the plan. We will also work in partnership with trade union representation in relation to any changes that will have an impact on staff.

It is recognised that difficult decisions may well be needed and will be guided by the six domains of quality to ensure safe, timely, effective, efficient, equitable and person centred care that meets the needs of the population of Powys.

Conversations have begun with Powys communities through a series of thirteen locality workshops in February and March 2024 on a future healthcare model that truly enables us to be 'Better Together'.

This Five Year Plan will require courage, collaboration and candour to deliver. There is a difficult balance to be achieved, moving *from* a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges *to* a system designed for a healthy, caring future.

FINANCIAL POSITION

There are continued significant inflationary and demand growth pressures on healthcare which are set out in detail in the plan. This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period.

It was requested that health boards communicate the likelihood of their financial position to Welsh Government via an Accountable Officer letter by 15th February, if it would not be a break-even plan. This has been sent and a response received, which has been considered by the Board at briefing sessions in March as part of the final stage of development of the Plan.

The financial position which is included in the Integrated Plan is as follows:

- The Health Board is planning to incur a deficit of £24.9m in 2024/25. In broad terms this has been derived as follows:
    - The health board is assessed as having an underlying deficit of £25.4m, which has developed over time largely driven by a growth in people requiring continuing healthcare and the commissioning of secondary care, alongside pressures in primary and community care. (This would be £39.6m, without £14.2m of conditionally recurrent funding from Welsh Government).
    - Adding to this are cost pressures of £8.0m for secondary healthcare providers to cover inflation and increased activity, plus

other cost pressures of £9.4m – including £2.9m for continuing healthcare and £2.6m for prescribing drugs in primary care.

- There is a net positive effect of allocation adjustments from Welsh Government of £10.0m.

There are a series of mitigating actions, evaluated as having a £7.9m impact in 2024/25, such as by reducing expenditure on agency staff and medicines and transformational change underpinned by the Accelerated Sustainability Programme.

The plan therefore puts forward the very best offer to maximise the use of the resources and strive to deliver safe, timely, effective, efficient, equitable and person centred care that meets the needs of the population of Powys.

This incorporated an integrated approach to Quality and Equality Impact Assessment and at the heart of the process has been a clear framework for decision making 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.

The Board agreed a set of principles to guide the appraisal of financial improvements which have been applied to the development of the Plan:

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 focused service as possible
- Ensure a focus on clinical, patient safety, patient experience and outcomes
- Stay as aligned as possible to our strategic direction (A Healthy, Caring Powys, the long term health and care strategy 2017-27)
- 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

There has been a series of eight 'Board Development' sessions up to the submission of this plan in March 2024, to fully interrogate and understand the complexity, setting out the strategic priorities. Ideas generation in relation to financial improvements 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.

It is recognised that it cannot be submitted as a full 'IMTP' (Integrated Medium Term Plan) at this point given the financial position. It is similarly recognised that this may result in further escalation of the health board's monitoring status by Welsh Government.

WORKFORCE POSITION

National workforce shortages, especially for clinical and specialist roles, continue to impact on recruitment for the Health Board. This is further compounded by our rurality, the working age population (within our communities) and our aging workforce profile which are also contributing factors to our levels of workforce turnover.

The impact of these workforce challenges is having a significant impact on not only our capacity, but our over reliance on agency workers to support service delivery.

The focus therefore remains on improving our workforce sustainability by building on the successes of our Aspiring Clinician programmes as part of a strategy of 'growing our own', as well as accelerating our Internationally Trained Clinicians programmes.

Allied to this will be ensuring that the health board is seen to be a great place to work for our existing staff, as well as an attractive employer for new recruits.

Working in partnership with our staff and Trade Unions, the emerging workforce plans to support the Better Together programme of Accelerated Sustainable Models (ASM will require innovative approaches to workforce models, roles and deployment options on a more integrated approach across the whole health and care system.

A strong commitment to local partnership working with Powys County Council, the third sector and other partners has been strengthened through a reset of the Workforce Futures Programme.

These partnership arrangements include working on a regional level to widen employment access through pioneering education pathways, enhancing service delivery through new models of working, increased opportunities for volunteering, the digital learning experience to reduce the carbon footprint and a range of wellbeing initiatives for the people who contribute to the delivery of health and care services.

GOVERNANCE AND RISK MANAGEMENT

There are continued significant and complex challenges and opportunities to be managed in the year ahead, as the plan sets out in some detail. These have been carefully considered by the Board during the production of the plan.

The organisation will continue to require robust corporate and partnership governance to be able to optimise delivery and support transformation in the year ahead, given significant and complex system pressures.

Governance and assurance arrangements are well established, with a track record of positive Structured Assessments from Audit Wales, in the 2023 report Audit Wales note that "the Health Board has generally good governance arrangements in place".

The Board has undertaken a thorough consideration of risk management including setting and reflecting on its risk appetite throughout the Plan Development process. The Corporate Risk Register will continue to be developed in line with the new Integrated Plan Strategic Priorities.

The new Board Assurance Framework will be embedded in the year ahead, ensuring the Board has a robust and comprehensive view of the required assurances on the Plan and Strategic Priorities, supporting the Board to fulfil its responsibilities

KEY OUTPUTS OF THE PLAN

1) Key outputs of the Plan

1. As the Plan sets out a £24.9m deficit in 2024/25, it does not meet the statutory financial duty to break even over a three-year period; there will be a period of the plan with a financial performance with known in year deficits. This may not be acceptable to Welsh Government and may impact on the health board's escalation status.
2. Quality standards will underpin our business as a fundamental core thread, with the Integrated Quality and Performance Framework being central to quality control, quality planning and quality improvement.
3. PTHB Provider performance is forecast to deliver against the NHS Wales performance framework by the end of year 1 and remain compliant thereafter (set out in detail in the concluding section of the plan).
4. We are awaiting final delivery plans from providers the health board commissions from and given current and predicted performance, there are projected to be periods of continued under-delivery against a key number of urgent and planned care access targets (set out in detail in the concluding section of the plan).

5. To meet the forecast healthcare need in the next 10 years, with a significant increase in patients living with multiple conditions, and to match workforce and financial resources available, service change including the method and place of delivery will have to change.
6. Our 5 year plan sets out the direction to address these challenges. Year 1 of our plan is well defined and years 2 to 5 will be informed by the further workup that is part of the first year of delivery, which will include engagement and consultation with patients, residents, staff and a range of other stakeholders.

We continue to strive to improve the health and wellbeing for the residents of Powys and believe this plan gives us every chance of success.

NEXT STEPS:

28th March 2024	• Submission of Plan to Welsh Government: • Final Integrated Plan • Technical appendices • Ministerial Templates (populated from the Final Integrated Plan) • Minimum Data Set (MDS) – aligned to Financial, Delivery and Performance assumptions in the Final Integrated Plan • Accountable Officer Covering Letter • Cluster Plans will also be appended
April – June 2024	• Welsh Government review of plans and feedback to organisations • PTHB's review of provider plans across Wales & England to gauge impact on Powys residents and our commissioning / financial plan • End of May Board – PTHB Annual Delivery Plan sign off
End June 2024	• Final detailed Directorate Plans based on approved Strategic Plans

IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe			X		It is recognised in the PTHB Integrated Plan that there is a balance of risk across the with potential areas of both positive and negative impact however there is no current identified impact on the enablers. The Plan aims to have a positive impact on the quality domains. Full Impact Assessments have been carried out on areas already included in the plan, including those associated with the financial improvements work carried out in the Summer / Autumn 2023 which are available separately. For areas not yet fully scoped or not yet reaching decision points, Impact Assessments will be carried out on a Programme / Project basis as appropriate.
Timely			X		
Effective			X		
Efficient			X		
Equitable			X		
Person Centred			X		
Workforce	X				
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	X				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	X				It is recognised in the PTHB Integrated Plan that there are potential areas of both positive and negative impact – none have yet been identified in relation to protected characteristics but it is known that those who are already experiencing socio-economic inequalities and social exclusion are experiencing health inequalities and therefore those categories are marked as both negative impact to reflect the current state and positive impact to reflect the ambition in the long term health and care strategy. Full Impact Assessments have been carried out on areas already included in the plan, including those associated with the financial improvements work carried out in the Summer / Autumn 2023 which are available separately. For areas not yet fully scoped or not yet reaching decision points, Impact Assessments will be carried out on a Programme / Project basis as appropriate.
Disability	X				
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity	X				
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status				X	
Social exclusion				X	
Carers	X				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical		X			It is recognised in the PTHB Integrated Plan that there is a balance of risk to be managed over the period of the plan. These are complex and multiple. Some risks are already occurring in relation to the financial position and therefore that is marked as High. Others are areas of potential likelihood where the difficult decisions referred to in the Plan are yet to be fully scoped, working with all stakeholders, but are likely to have some impact on corporate and reputational domains. Refer to the Corporate Risk Register for a fuller description of key strategic risks and mitigations in place
Financial				X	
Corporate			X		
Operational		X			
Reputational			X		


GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board
Integrated Plan
2024 - 2029
Final Draft for Submission to PTHB Board for its meeting on 20th March 2024
Patterson Liz 19/03/2024 08:27:05

Foreword

We are pleased to present this Integrated Plan for Powys Teaching Health Board. This is a Five Year Plan for the period April 2024 to March 2029. It sets out the work of the health board in the short, medium and longer term, to create 'A Healthy, Caring Powys', the shared long term health and care strategy for the County.

It covers the health board's whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. It is therefore a broad, complex umbrella plan that seeks to encompass all the requirements and duties placed on the health board.

The plan responds to one of the most challenging periods in the recent history of the NHS in Powys. Post pandemic waiting times for diagnosis and treatment are too long, and inflationary pressures have contributed to a deficit financial position. This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. The financial position resulted in the health board's escalation and intervention status increasing to enhanced monitoring for planning and finance in 2023.

The plan therefore sets out the very best offer to maximise the use of our resources and strive to deliver safe, timely, effective, efficient, equitable and person centred care that meets the needs of the population of Powys. It also sets out how we will work with communities, staff and stakeholders to build a sustainable future for the County's health services.

This is also a plan that acknowledges that the current healthcare system is under significant stress and substantial change is required.

Some of this can be driven through transformation work led by the health board, working with local, regional and national partners. The plan clarifies exactly what the challenges are and what the health board can do, on its own and in collaboration with others, to build a more sustainable approach for Powys.

It is clear from the analysis set out in this plan that we will need to review and change our model of care in order to best meet the future needs of the people we serve, and within the resources available to us. This is based on a thorough appraisal carried out over a six month period, informed by extensive engagement with staff, the communities in Powys and our stakeholders.

The Board has met frequently and regularly in briefings and formal meetings, including eight development sessions, engaging in the development of strategic priorities and comprehensively scrutinising the plan and process. This has provided assured that the plan is realistic, and represents the best offer in the current and foreseeable circumstances.

On this basis, the Board supports the submission to Welsh Government to meet the deadline of the end of March 2024, acknowledge that given the financial position, it cannot be submitted as a full 'IMTP' (Integrated Medium Term Plan) and there will be a particular focus on the delivery of the first year of the plan.

Hayley Thomas, Chief Executive Officer

Dr Carl Cooper, Chair

CONTENTS	Page
Foreword from Chief Executive and Chair	2
Introduction:	4
Powys and its Population:	7
Powys Population and Wellbeing	7
Health Inequalities	8
NHS in 10+ Years	10
Strategic Context:	11
Strategic Framework	11
Better Together	12
Key Insights	13
Duty of Quality and Candour	17
NHS Planning Framework	18
Baseline and Assumptions:	19
Baseline/Current Position	19
Key Planning Assumptions	19
Financial Assumptions	19
Demand and Capacity Assumptions	20
Workforce Assumptions	21
Performance Assumptions	21
Plan on a Page:	22
Strategic Priorities	22

Delivery Section:	Page
Focus on Well-being	24
Early Help and Support	28
Tackling the Big Four	47
Joined Up Care	56
Enabling Plans:	
Workforce Futures	63
Digital First	71
Innovative Environments	77
Transforming In Partnership	83
Financial Plan:	99
Conclusion:	103
Key Measures and Trajectories:	104

Introduction

This plan sets out immediate, short, medium and long term actions to deliver 'A Healthy Caring Powys' and the national goal of 'A Healthier Wales'. It is a five year plan, firm in detail in the first year but agile and dynamic enough to enable the health board to engage with its communities and adapt its approach.

There is a significant financial challenge to face over the period of this plan, but this cannot be seen in isolation or allowed to dampen the drive for progress. There remains great effort and determination within the health board to build on successes to date and recommit to the vision for A Healthy, Caring Powys.

There are complex components to this plan which are finely balanced. There are multiple statutory requirements to be met, all of equal and considerable importance, notably the duty to produce a financial breakeven plan; the duty to deliver healthcare that meets the needs of the population and the newer duties of Quality and Candour.

There are continued significant inflationary and demand growth pressures on healthcare, arising from a combined and complex set of challenges that are recognised in the NHS Wales Planning Framework and explored in the strategic context of this plan.

These include the impact of the pandemic on access to healthcare; significant backlogs in treatment; cyclical system pressures and growth in demand and difficulties recruiting and retaining the workforce needed across health and care.

Demographic changes which have been noted nationally are particularly acute in the rural county of Powys, which is at the forefront of the ageing population, with evidence of a growing burden of ill health and increases in those facing multiple health challenges.

These challenges are impacting on the ability of the health board to achieve a financial breakeven plan and it has been determined by the Board that it is not possible to do so in the current circumstances. It is recognised that this is likely to mean that the health board will remain in an escalated monitoring status and may be subject to greater targeted intervention from Welsh Government in relation to finance. It is recognised that the health board will therefore not be compliant with all the statutory and technical requirements of the NHS Wales Planning Framework.

There has been a serious and significant interrogation of the drivers of the financial position in this context, to agree a position which represents an acceptable balance of risk. The position is subject to continuous focus and action by the Board and strong proactive management of the risks and opportunities.

There has been a thorough and lengthy appraisal to ensure the plan is setting the necessary level of service delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformational work to build a more sustainable approach.

Delivering that goal begins from a clear understanding of the population of Powys:

- Powys is a sparsely populated area where a third of people live alone; and loneliness can increase the risk of dementia and other conditions and is a key reason why people seek help
- The increasing age of our population means there are growing needs for health and care; people are experiencing a greater burden of ill health and more people have multiple conditions
- This includes the 'big four' reasons for ill health in Powys: cancer, respiratory conditions, circulatory diseases, and mental health
- The proportion of people of working age is reducing and we already see significant workforce gaps in areas such as home support
- The workforce and financial challenge require strategic and systematic change to enable sustainable services into the future, at national, regional and local level

These challenges are not unique to Powys, nor to the NHS or even to the public sector. Local Authorities and the third sector are also experiencing the same pressures and challenges.

It is therefore important to understand the pressures on all sectors in the round, together with the experience for the communities and residents of Powys who are facing increases in the cost of living due to the impacts of significant global events and the current economic recession.

And we also need to build on our strengths:

- We have vibrant and supportive communities, bringing their creativity and assets to find new ways to meet local needs
- We work with innovative and committed colleagues across the health & care sector and beyond
- As a provider and a commissioner of healthcare for the Powys population, working with partners in both Wales and England, we have a strong track record in taking a 'whole system approach'
- We have clear commitment across partners in the Public Service Board and Regional Partnership Board to work together for the common benefit for the people of Powys

Notwithstanding these strengths, it is clear from the analysis set out in this plan that the current healthcare system is not working as well as it should. There is a clear case for change, to best meet the future needs of the people we serve, within the resources available to us.

We have already begun a conversation with Powys communities through a series of thirteen locality workshops in February and March 2024. We will build on those conversations through wider community, staff and stakeholder discussions to coproduce a future model that truly enables us to be 'Better Together'. We will also work in partnership with trade union representation in relation to any changes that will have an impact on staff.

The health board therefore continues to focus on its work to build an Accelerated Sustainable Model of healthcare, utilising value-based principles to support long term sustainability and to help identify priority areas for focus and improvement as part of our plans:

- focusing on wellbeing including through a fundamental shift to prevention
- providing early help and support, which requires a leading-edge approach to frailty, diagnostics and treatment closer to home
- responding holistically to support those with major conditions and tackling the 'big four'
- delivering joined up care to help people stay at home, or come back home faster and fitter

This local work will be in parallel with regional and national work to strengthen the healthcare system and recover access and waiting time backlogs.

This will include the implementation of the 'Getting It Right First Time' programme which is identifying opportunities to improve value and effectiveness. The health board continues to work closely with provider Trusts in England as well as Health Boards in Wales, to explore these opportunities, particularly where it maybe possible to make better use of resources closer to home for greater benefit to the Powys population.

Welsh Government have also commissioned a review of those services which are considered 'fragile'. Some of those will include services used by Powys residents and will require more immediate and urgent attention.

In moving *from* a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges *to* a system designed for a healthy, caring future, we recognise that difficult decisions may well be needed.

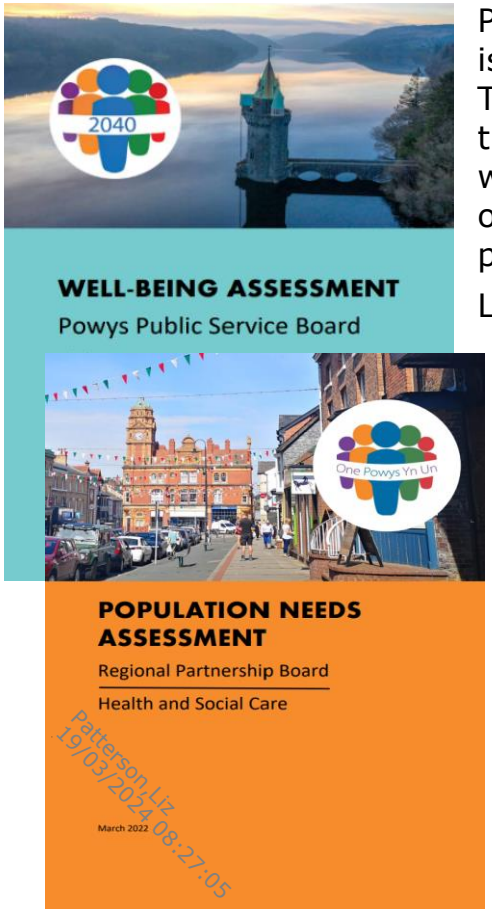
We will work with all those with a stake in that future to weigh up those decisions and design our future, to move from a year in which the NHS celebrated its 75th anniversary, to the 80th year and beyond. This will be in parallel with national conversations building on the work of the Bevan Commission which provided insight into public perspectives on wellbeing and health.

This Five Year Plan will require courage, collaboration and candour to deliver. There is a difficult balance to be achieved over the coming years and the health board is thankful to all those who work for us and with us in this endeavour.

We would like to take this opportunity to thank the Third Sector, Primary Care Clusters, Powys County Council, the Independent sector, Neighbouring Health Boards and Trusts for working in partnership with us. We look forward to keeping you updated on progress.

Powys Population and Wellbeing

There are around 133,000 people in Powys which covers a quarter of the landmass of Wales. The Powys Population Assessment and Powys Wellbeing Assessment have been updated and provide a refreshed understanding of life in the County.



Powys is at the forefront of the issue of an ageing population. The average age is higher than the rest of Wales and the UK, with 28% of the population over 65 years old and this is predicted to increase.

Life expectancy for men and women is higher than the Wales average and people in Powys live longer in good health than Wales and the UK, however there are inequalities between groups.

75% of areas in Powys are in the top 30% most deprived in Wales. This is in a rural low income employment context. 12% of the population are unpaid carers.

The average household income is lower in Powys compared to Wales.

55% of households in Powys earn below the County average. Most concerning is that 4,088 families live in absolute poverty.

48% of homes have a poor energy rating. The Housing Demand Register indicates unmet need for affordable housing of the right size and geographies. Powys has the worst quality of broadband coverage in Wales.

Surveys of wellbeing often show high levels of people feeling happy and in good health. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.

However, 20% of those seeking support from PAVO (Powys Association of Voluntary Organisations) described loneliness and isolation. A third of households are single occupants; this is predicted to rise by 4.2% over ten years.

Powys has a low population density of 26 people per square km (compared to Wales 153 per km^2 and Cardiff 2620 per km^2). All of Powys is within 300m of greenspace. However, there are energy efficiency issues with a reliance on solid fuel and multiple car use linked to rurality.

The full findings can be found at www.powysrpb.org (Population Needs Assessment) and https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis

Health Inequalities

Based on recent evidence from Public Health Wales, health inequalities have not been improving over recent years. There is evidence that even in the decade before the pandemic, there was a stalling of life expectancy improvement.

A growing evidence base demonstrates that health inequalities have been worsened by the impact of the pandemic and other global and domestic issues in recent years. A Senedd research report notes for example that 30,000 extra cases of cancer can be attributable to socio-economic deprivation. The NHS Confederation have raised the threat to public health of energy price increases and fuel poverty and pointed to 'the unequal impact of Covid-19'.

The World Health Organisation have published research on the impacts of the pandemic on mental health. Whilst there have been positive innovations, others have experienced serious issues and there is a concern about a rise in suicides.

There are specific areas of note for Powys, building on the context noted in the previous page:

- There are significant variances between the least and most deprived areas and life expectancy.
- There are issues of inequity of access, exacerbated by the impact of the pandemic on waiting lists.
- There is variation in different geographies in Powys, both for those services provided in the county or those accessed from neighbouring providers. There is a faster pace of recovery in waiting list backlogs in England than Wales.
- The number of elderly people in Powys is projected to rise by 15%, whilst the working age population is projected to fall by 3,200 (4%).
- The population change over 10 years will create a gap between those who need help and support, and those of working age who will be providing it.
- The key causes of illness and deaths of Powys people are the 'big four' - cancer; circulatory conditions; respiratory illness; and mental health. Given the ageing population these are growing concerns (and this relates to the challenges raised in the Science Evidence Advice paper on 'NHS in 10+ years' which is summarised to follow.
- There are particular impacts for children following the pandemic and successive lockdowns with associated disruption in education and care. This is noted in the NHS Wales Planning Framework.

The health board and wider health and care sector are major employers and as such, significant contributors or 'Anchor Institutions' in the community, with an important role as part of the 'Foundational Economy' which is "the part of our economy that creates and distributes goods and services that we rely on for everyday life'.

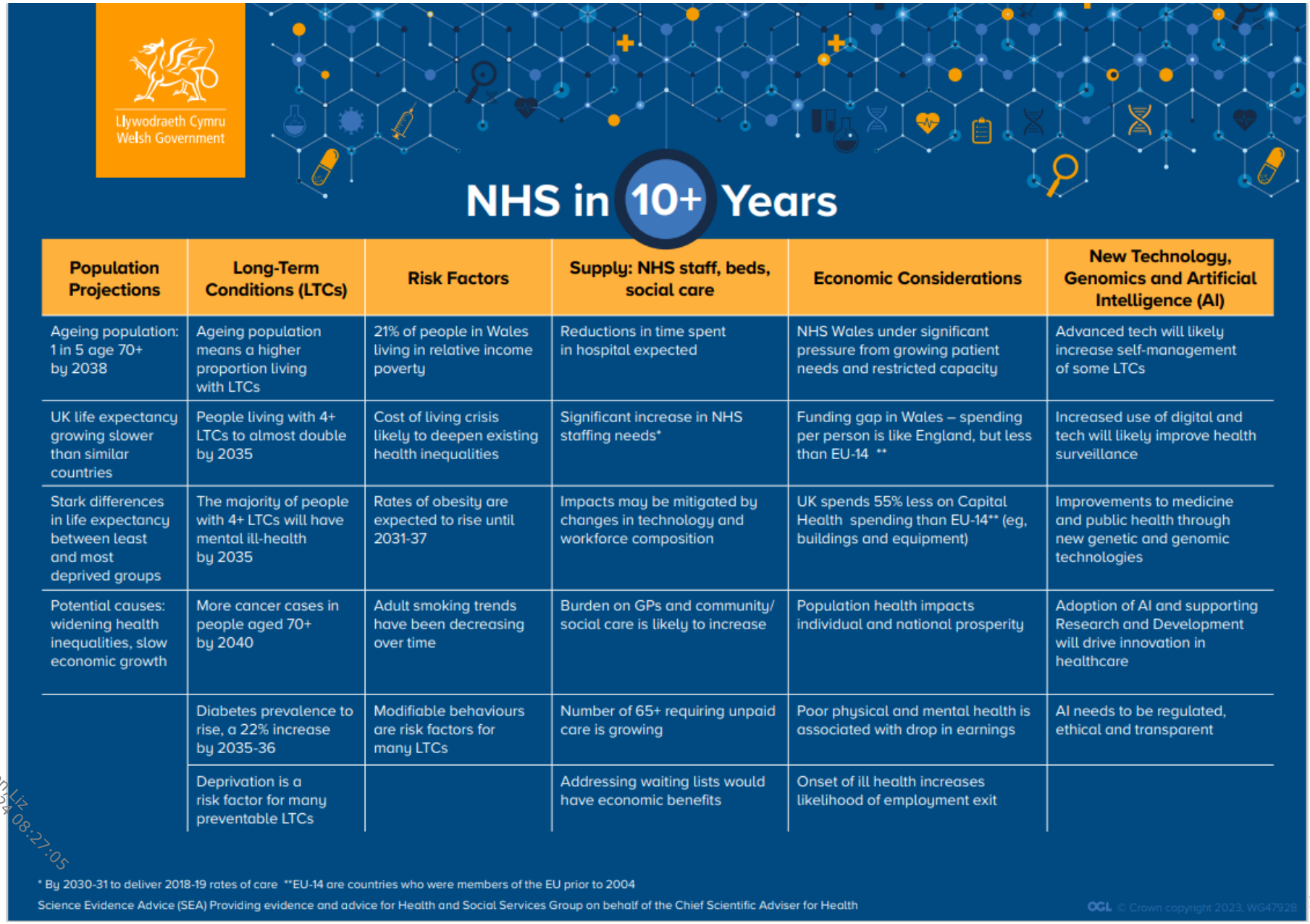
Powys and Its Population

In September 2023 Welsh Government published a Science Evidence Advice paper on 'NHS in 10+ years, an examination of the projected impact of Long Term Conditions and Risk Factors in Wales' (known as the 'Orford report').

This sets out the Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years, reinforcing 'the problem we are trying to solve':

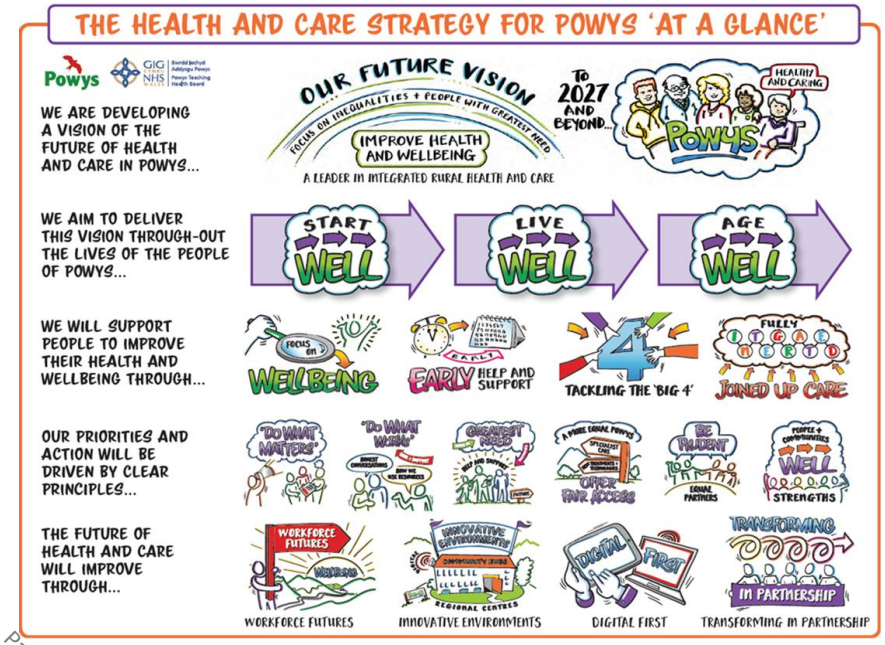
- Think about the future, and what is coming down the track, not just immediate pressures
- As people live longer, so will the prevalence of certain conditions increase
- Greatest increases are likely to be for stroke, heart conditions and neurological conditions including dementia
- Some conditions will rise faster (Atrial Fibrillation; Dementia; Heart Failure; COPD; osteoporosis; inflammatory bowel disease; peripheral vascular disease; asthma; hypertension; anxiety disorders; diabetes)
- Particular focus on multi-morbidity, frailty, reablement & rehabilitation
- There is a need to focus on interventions of greatest value and allocate resources to maximise benefit relative to population need
- This requires a shift to the "health of the public", i.e. prevention (which is often more cost effective) and modifiable risk factors (particularly obesity)
- Doing as much as possible outside secondary care; and additional capacity in primary (including diagnostics), community and social care
- Addressing waiting times for elective treatments would likely result in increased productivity and reduce future consumption of medical care
- New technology and treatments will likely reduce time in hospital for care, but will require digital upskilling, gaps in data also need to be addressed
- There is likely to be a need for increases in staff to provide care and support required for workers to have a longer healthy work-life
- The join up between care and health remains key, with collaborative, integrated and outcome focused care required
- Inequalities are key and further work required to understand unique impacts of rural/urban and high/low deprivation.

Powys and Its Population



Strategic Framework

There are fixed points which provide a foundation for the plan. These look forward several years ahead (and therefore are not contingent upon the annual Planning Guidance). Notably, all partners have recommitted to "A Healthy Caring Powys", the long term shared health and care strategy and basis for the refreshed Powys Area Plan.



This is overseen through strengthened Regional Partnership Board mechanisms that include alignment with the Powys Clusters and Pan Cluster working.

A similar refresh of the Powys Wellbeing Plan has been led by the Public Services Board, all parties agreed longer term objectives and steps for wellbeing in the County. This incorporates local steps consistent with the 'sustainable development' principle in the Future Generations Act and the Five Ways of Working:

The local 'fixed points' continue to align strongly with the NHS Wales Planning Framework and "A Healthier Wales". There is a strong direction emerging locally from the work on 'Better Together' as shown overleaf.

Strategic Context

"Better Together" – " Gwella Gyda'n Gilydd" - 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 cancer, respiratory & circulatory conditions, frailty and dementia.

More people are living longer with multiple conditions, in a highly rural area, where a third of people live alone. Loneliness can increase the risk of dementia and other conditions. It's a key reason people seek help.

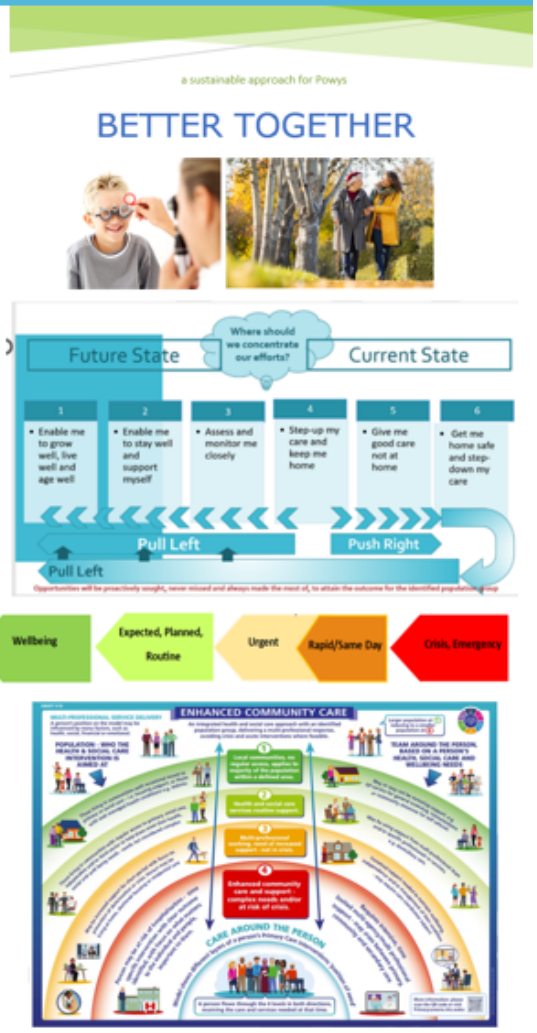
The health, care and third sector workforce is aging – and there are significant gaps such as home support.

Post pandemic waiting times for diagnosis and treatment remain too long. Many people are delayed in hospital at risk of deconditioning (losing muscle strength and becoming confused).

These complex challenges require both a response to immediate pressures and transformation to ensure sustainability.

Key to a sustainable approach in Powys is improving people's chances of living their "best life" at home in their community connected to what matters to them most. This means working together to promote wellbeing and to prevent difficulties escalating to a crisis through:

- A leading-edge approach to frailty – including falls prevention
- A more fundamental shift to prevention, particularly in relation to obesity and diabetes - to focus on people earlier in life
- Adapting to working with people with multiple conditions
- Joined up physical and mental health
- Improved co-ordination in the last year of life
- Strengthened primary and community care (including the join up with social care)
- A tiered approach to enhanced community care, with same day urgent care and step-up in geographical footprints that enable sustainable delivery at the right level
- Improved access to diagnostics within Powys (new services such as community cardiology are being rolled out)
- Proactive planned care
- Efficient local theatres focused on low complexity day cases
- Treatments which are the best value for investment and outcomes
- Proactive, person centred, co-ordinated approaches
- No "wrong door" when seeking help
- Home first recovery, rehabilitation and reablement ethos across the system
- Re-balancing care and support
- People, communities and professionals co-creating solutions
- Intergenerational 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
- Developing generalists, hybrid roles and flexible support worker roles
- Understanding how best to retain and support older workers



Key Insights

The impact of an ageing population together with significant external shocks (including earlier waves of the once-in-a-century pandemic immediately followed by the invasion of Ukraine and an economic crisis with rising inflation) have resulted in backlogs in treatment, pressures on ambulances and emergency departments, people delayed in hospital, growing gaps in the workforce including support at home, and major budget deficits.

The problem is complex but well understood and significant work has already been undertaken in the health board to harness the learning and insights, to begin to design potential solutions.

There are significant opportunities to improve outcomes and the experience of local people, using resources wisely. This is a shared challenge, now and for future generations in Powys.

Financial recovery and associated escalation / intervention mechanisms are key considerations in relation to the plan from April 2024 onwards given the context set out earlier in this paper and the socio-economic challenges facing the population, the NHS and the wider public sector.

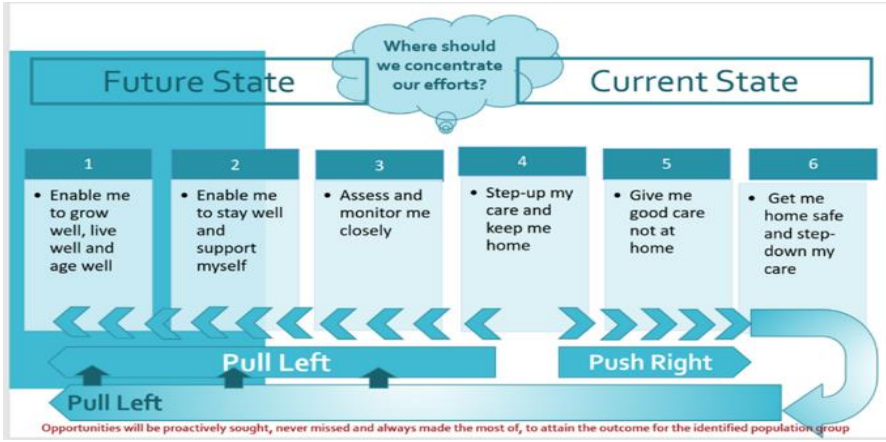
There is a need therefore to balance work on immediate pressures, with longer term work to ensure sustainable solutions.

- There is learning from the flagship North Powys Well-being Programme including insights gathered through engagement with the public, staff and stakeholders on a model of care for that area, with application Pan Powys.
- The GIRFT (Getting It Right First Time) reviews have provided evidence based intelligence, with work locally to identify those that are of most importance and applicability to Powys.
- The Regional Partnership Board has developed as a Pan Cluster mechanism and progressed a collaborative approach to 'Further Faster' (a Welsh Government initiative to promote enhanced community care).
- The Public Services Board are leading on a whole system approach to address obesity and promote Healthy Weights.
- Significant strides have also been taken in developing 'Better Together', building on both the North Powys work and Accelerated Sustainable Model (ASM) as a partnership approach to transformation, with a greater strategic alliance between the health board and the local authority.

Strategic Context

In light of these key insights, the Discovery phase of the PTHB Accelerated Sustainable Model has identified what will be required in Powys in the medium and longer term. This provides a depth of knowledge of 'the solution' as well as the problem:

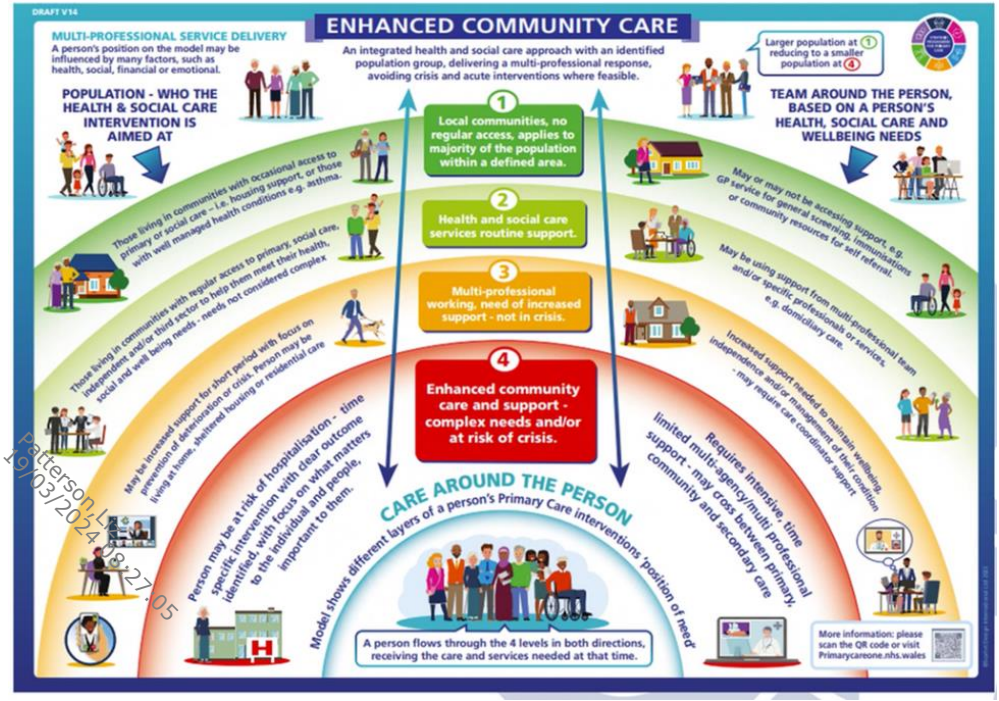
- A leading edge approach to frailty (including falls)
- Adapting to working with people with multiple conditions and across major long term conditions
- A more fundamental shift to prevention, particularly in relation to obesity and diabetes – and earlier in life
- Joined-up physical and mental health
- Proactive, person centred, co-ordinated approaches based on what matters to people
- Strong relationships between people, communities and professionals, co-creating solutions
- "No wrong door" to get the help needed
- Strengthened, primary and community care (including the join up with social care)
- Better access to diagnostics at home, through primary care and in the community
- Proactive planned care
- A "home first", recovery, rehabilitation and reablement ethos across the system
- Same Day Urgent Care as part of a tiered approach locally with step up from enhanced community care and enhanced minor injury and illness provision in Rural Regional Centres
- Rebalancing care and support
- Improved co-ordination for those at end of life
- Efficient local theatres and diagnostics in Rural Regional Centres, low complexity day cases
- The development of the third Rural Regional Centre in North Powys
- Treatments which are the best value in terms of investment and outcomes
- A tiered, shared geographical footprint to offer services sustainably at the right level
- Optimisation of digital solutions
- Cultural changes – true partnership, collaboration, quality as the golden thread, with proactive risk taking where appropriate
- Intergenerational solutions
- New flexible support workers, particularly for those in the last year of life
- Prizing and developing generalists, competency and hybrid roles
- Understanding how to retain and support the older workforce



Strategic Context

The high level design describes what should be available at home, through joined up solutions in the community and in Rural Regional Centres. This seeks to drive a shift towards people living their best life at home in their community, connected to things which matter most to them. At its core is the concept that we can make things better together, through people, communities and services collaborating to improve wellbeing and care.

The model is a tiered approach to sustainability. It takes into account the intensity, frequency and complexity of the response needed together with the underlying population and geography:



Taking this as the launching point, a Board Development session held on 12 December 2024 took a deep dive using the 'MOSCOW' prioritisation technique (Must Do, Should Do, Could Do, Would or Won't Do). This reinforced a number of key drivers:

- A strong message to strengthen prevention
- Clarity on what prevention means, to individuals and community, the organisation and partners
- An ambition to shift investment 'upstream' to enable prevention to become a greater focus
- Clarifying and understanding the role of the health board as a single organisation and in partnership / as an enabler in the system
- Collaboration will be key, with robust commissioning relationships and partnerships
- Use of Artificial Intelligence and technology will be increasingly important to enable more innovative, value based and effective care
- A public conversation about outcomes, quality, access and experience is necessary to understand what works and what matters
- This will inform how we build a sustainable community based model of care for Powys
- Core principles and values must be upheld and any difficult choices made robustly and openly; reducing inequalities is fundamental
- Greater clarity on the impact of actions – a strong focus on what difference will be made

Strategic Context

Locally, the key external drivers have been appraised, building on the PESTLE approach taken in previous years (PESTLE is an analysis of Political, Economic, Social, Technological, Legislative and Environmental factors). This is a means of capturing and giving due attention to the multiple and intersecting influences, constraints and opportunities that inform the plan.

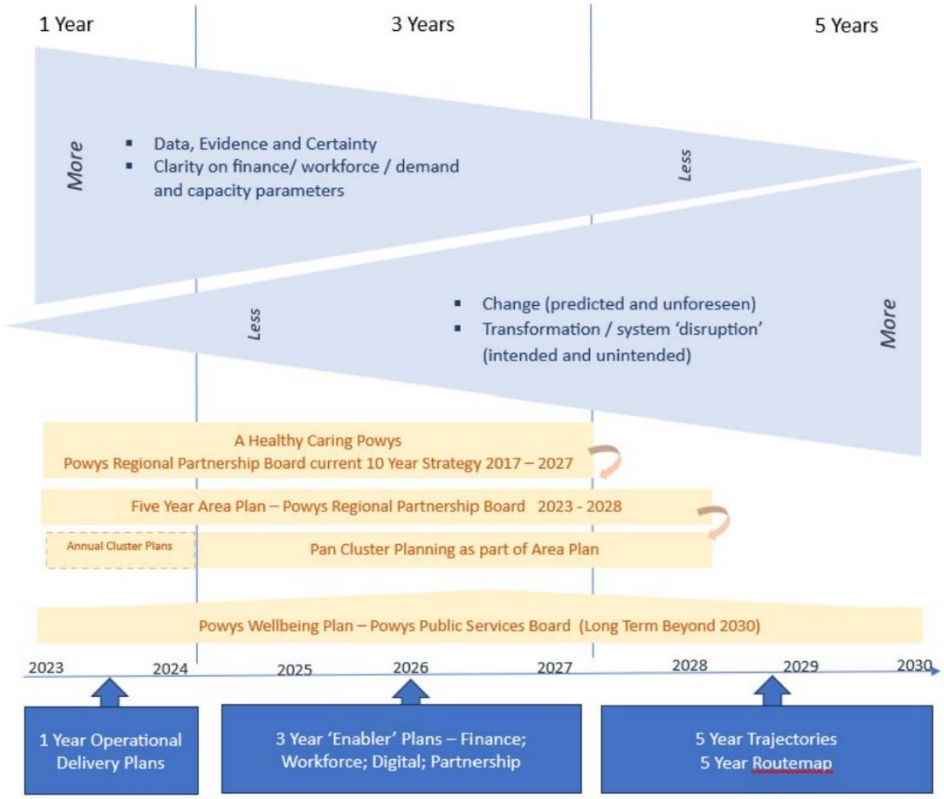
There have been significant global and national events and developments, which have impacted on the population, the public sector and health and care.

Key legislative and policy drivers include the Future Generations Act and Social Services and Wellbeing Act, as reflected in 'A Healthier Wales: long term plan for health and social care 2018' which remains a keystone publication for NHS Wales.

Whilst complex and not in its entirely resolvable at a local organisation level, this plan aims to achieve the best offer that can be made for the population, with an immediate focus on delivery and a longer term view towards a realistic timescale for financial and performance recovery.

This represents an extra-ordinary challenge and will require transformation and structural change at a national and supra-national level to move from the current state to the desired future state of a sustainable approach to health and care.

Given the complexity and longevity of both the ambitions and the action that are required, the Board supported a Plan approach spanning a Five Year period, with alignment to the long term plans of the Powys partnerships as shown below:



Strategic Context

The Duty of Quality and Duty of Candour came into effect in 2023 as part of the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act (2020). This requires improvement in the quality of services, leading to better outcomes. There is a focus on six domains: Safe, Timely, Effective, Efficient, Equitable, Person-centred (STEEEP).

Implementation plans are in place to ensure Quality is increasingly upheld as the 'golden thread', with development of the Quality Management System, Patient Experience Framework and Safeguarding.

Work to date has focused on Implementation Plans for the new duties, including measuring, monitoring and reporting performance and quality.

Further work is underway to develop an Integrated Quality and Performance Framework (IQPF) and operationalise a Quality Management System. This includes greater maturity in 'Floor to Board reporting'.

From April 2024, there will be a clearly articulated Quality and Performance escalation framework. This will enable better monitoring of the quality of services (Quality Control), identification of areas that require improvement (Quality Improvement) and action where services require additional support and scrutiny (Quality Assurance).

Central to the duty of quality is listening and engaging with people and communities who use our services. In 2024/25 there will be further development of the patient experience and citizen voice framework, working in partnership with Llais and third sector organisations. This will take forward opportunities for the rich and informative intelligence, with continuous feedback that enables person centred health and care.

Strategic Context

The NHS Wales Planning Framework acknowledges that plans are set in "the most challenging circumstances since the inception of the NHS" and that "planning for the longer term helps organisations to align to their strategic objectives and provide a strong sense of direction for staff to work cohesively. This will supplement the Planning Framework."

A set of National Programmes are set out in the guidance, which equate to Ministerial Priorities:

- Enhanced Care in the Community: Focus on reducing delayed pathways of care
- Primary and Community Care: Focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care: Focus on delivering the 6 Goals Programme
- Planned Care and Cancer: Focus on reducing the longest waits
- Mental Health, including CAMHS: Focus on delivery of the national programme

NHS Wales Value and Sustainability Board themes are also included in the Planning Guidance:

- Workforce
- Medicines Management
- Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
- Procurement and non-pay
- Clinical Variation / Service Configuration

Other requirements are noted:

- Population health; burden of disease; prevention including weight management and diabetes
- Inequalities; emphasis on children and young people; access to specific and universal care
- Quality and value based approaches required to achieve reduction in waste, harm and variation
- Duty of Quality & Candour; Anti Racism Plans
- Shift to primary and community care to optimise resources for population health and prevention
- Role of the NHS as an Anchor institution in the Foundational economy
- Maximise opportunities for regional working
- Increasing administrative efficiency
- Future Generations Act and Five Ways of Working; Climate change and decarbonisation
- Social Partnership and Public Procurement Wales Act (2023)

A number of key interdependencies are also noted:

- Review of "A Healthier Wales"
- NHS Wales Accountability Review underway
- NHS Wales Executive – Phase 2
- NHS Wales Value and Sustainability Board – themes and emerging requirements reflected in guidance as noted above
- Accelerated Cluster Development and Regional Partnership Board Plans; "Further Faster"
- 'Once for Wales' arrangements for digital

Baseline / Current Position

Alongside the ambitions and drivers for healthcare in Wales, it is necessary to note that the current financial and performance position of the NHS, across the UK is challenging, as a result of the cumulative impact of the pandemic and other global events on inflation, costs and demand for health and care.

There remains the pressures of both inflationary and demand growth, seasonal demand factors and significant backlogs and waiting lists across the NHS to be addressed.

Key Planning Assumptions

The planning process has been based on a number of assumptions which have been devised utilising activity and performance data, workforce modelling and financial forecasts both as a provider and as a commissioner of services. This has ensured that the plan is based on a clear baseline, enabling the development of trajectories which give an overall 'direction of travel' over five years.

These assumptions have enabled an informed discussion about the scope and scale of provision of health care services for the population, the status of the health board in relation to planning and finance and its escalation status and the fundamental importance of Quality – across all domains (Safe, Timely, Efficient, Effective, Equitable, Person Centred).

Financial Assumptions

A detailed consideration of the key assumptions in relation to the health board's financial position has been made during the six month period of Plan Development,

This has included a series of 8 Board Development sessions (from September 2023 up to March 2024) at which the financial drivers, notably the key inflationary pressures and areas of demand and service growth have been appraised.

Key areas of this appraisal have included:

- Inflationary pressures in relation to pay growth including agency uplifts
- NHS Wales and NHS England Provider and Commissioner uplift arrangements
- Inflationary growth in relation to Continuing Healthcare and Funded Nursing Care provision
- Other non pay inflation considerations impacting on PTHB Provider and Commissioned Services (utilising Consumer Price Indices intelligence)
- Inflation in relation to Prescribing and High Cost Drugs (utilising All Wales PAR report)
- Changes in energy pricing / supply and provision (including the impact of global conflicts on this area of inflation)

Baseline and Assumptions

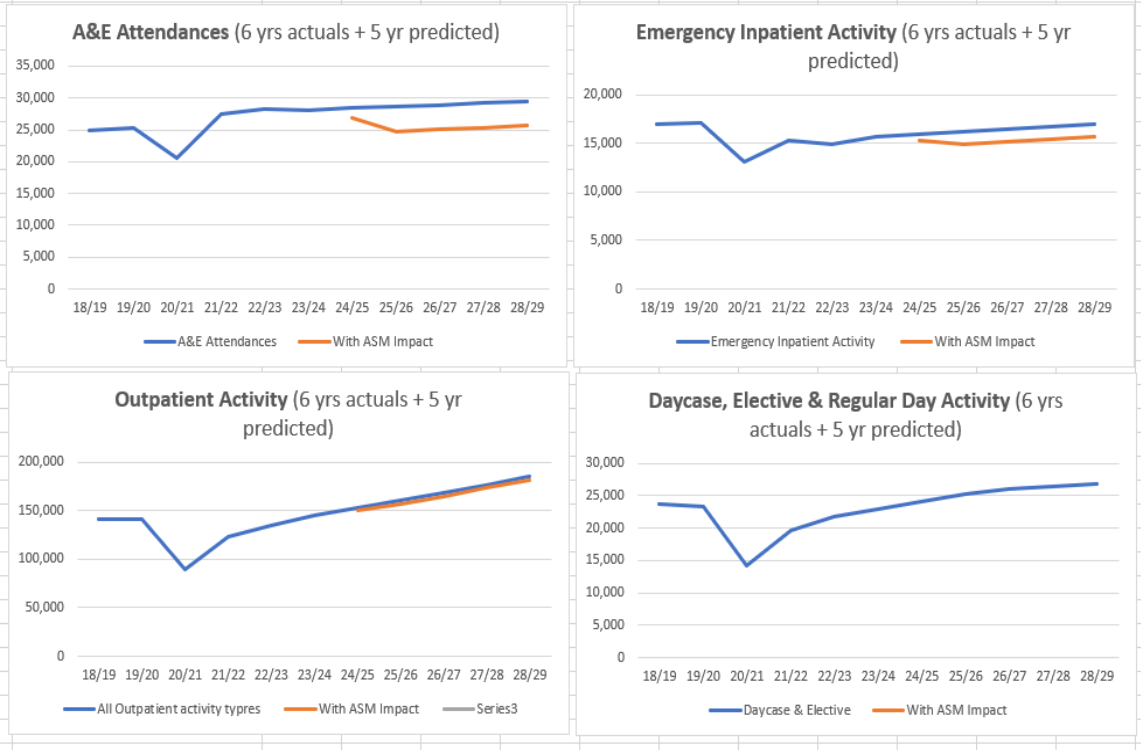
Demand and Activity Assumptions

PTHB has developed a number of assumptions across the next 5 years, accounting for changes in demand, seasonal variance and historic trends. Key headlines are included below:

- Actual activity is rising for all services commissioned, with backlogs due to the combined impact of the pandemic, demand growth and system pressures
- Emergency Activity is expected to rise as demand is unlikely to reduce unless / until capacity increases in community alternatives (indicatively at 1.5%)
- It is expected to see a higher number of Same Day Emergency Care (SDEC) suitable presentations year on year (estimated 2.5%)
- In terms of Elective activity, a substantial increase of both urgent (+10%) and routine referrals (+5%) is expected each year – continuing the trend seen post pandemic
- Despite increases in planned care activity, the imbalance between those on a waiting list and those treated is widening; those waiting 3 to 5 years are reducing in number but those waiting under 2 years are growing in number

There are opportunities to mitigate demand and growth through transformation. A reduction in waiting times is anticipated, dependent on growth in new and follow up outpatients and increases in daycase activity in line with GIRFT findings (both in PTHB Provider for applicable services and in commissioned services.

The graphs show the potential impact that could be achieved, being explored as part of the Accelerated Sustainable Model of Care. These are early and indicative analyses and do not encompass all areas of potential impact.



Workforce assumptions

PTHB has worked up a baseline 5-year workforce profile split by staff group. This breakdown can be seen in the key measures and trajectories section.

- The budgeted establishment has been assumed as a steady state within the projection model
- Resourcing numbers are based on the average recruitment for each area over the last 2 years
- Turnover is based on average turnover rates for each staff group from the last 2 years
- Retirement projections are based on those who are at average retirement age for that staff group
- Aspiring Registrant numbers are included in the modelling based on the year of output
- Projections include future cohorts of Internationally Educated Nurses
- Sickness absence is projected to decline, but not return to pre-pandemic levels
- Based on current assumptions, it is anticipated variable pay for Registered Nursing will significantly reduce, or be eliminated by 2027-28
- Modelling reflects additional recruitment activity to reduce the vacancies and go above budgeted establishment to reduce agency staffing

Performance Assumptions

Performance trajectories have also been developed split between provider and commissioned services as well as a focus on ministerial priority measures. Refer to the key measures and trajectories section of the plan for more detail.

There are a number of assumptions associated with the forecasted performance: -

- Performance assumes minimal or no further strike action
- An assumption has been included to recognise that further use of insourcing will be used in some service areas
- Further Demand and Capacity planning is required in some areas
- There will be continued use of Remedial Action Plans to monitor and manage delivery

A detailed Workforce, Performance and Finance Technical return is submitted as part of the Minimum Data Set (MDS) which is returned to Welsh Government as part of the Plan Submission at the end of March 2024.

Strategic Priorities

A set of priorities have been developed from an appraisal of the context, requirements, evidence and assumptions noted above. These are set out in the Plan on a Page and provide continuity from the current plan, whilst building on the learning and insights gained through the year.

DELIVERY SECTION

Whole System Approach to Wellbeing and Prevention

Better Together for a Sustainable Model of Care

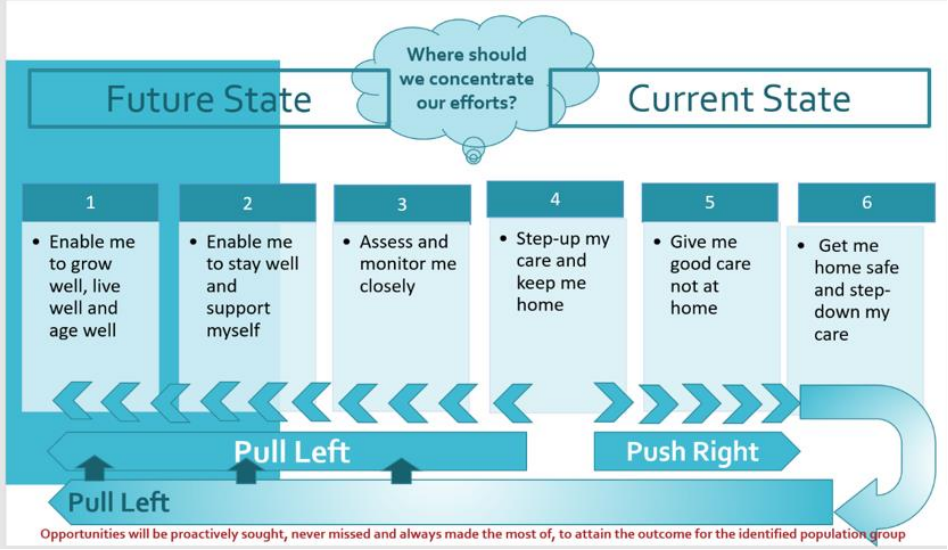
Strategic Priority 1: Develop a whole system prevention plan across the life course

A more fundamental shift to prevention is the foundation for wellbeing and applies across the life course, starting earlier in life. The *"Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years"* (summarised earlier in this plan) reinforced that prevention is key to a sustainable approach, as it is often more cost effective than treatment.

There needs to be a shift to the health of the public, prevention and modifiable risk factors (particularly in relation to obesity) and a less siloed approach. For example, tackling obesity will also address other challenges such as diabetes. And the preventative approaches for diabetes will also address other major conditions such as cancer, cardiac conditions, stroke, dementia and respiratory illness which are key causes of morbidity and mortality in Powys.

"All roads lead to Rome" in terms of the importance of prevention: being smoke free, physically active, maintaining a healthy weight, controlled blood pressure, not misusing alcohol and substances, and immunisation against disease.

The health board will work with partners, particularly the Public Services Board and the Regional Partnership Board, to develop and implement a whole system plan. In year one capacity will be enhanced through the Regional Partnership Board to drive a shift to prevention across Start Well, Live Well and Age Well, including building a shared understanding; ensuring resources and activity are effectively focused where there will be maximum impact on improving outcomes; ensuring a joined up plan is in place; and improving measurement.



The work in relation to frailty is predominantly described in the Early Help & Support section, however the awareness of and prevention of frailty are key to maintaining wellbeing.

It is important that there is general awareness raising as there are positive steps people can take earlier in their life to help prevent or reduce the risk of developing frailty and to "age well".

In collaboration with the Regional Partnership Board, a systematic approach to building public understanding and awareness will be developed.

The National Institute for Health and Care Excellence indicates that 50% of adults aged over 80 will fall at least once a year and falls account for 12% of all calls to the Welsh Ambulance Service Trust.

Through work with partners in social care, the third sector and the Welsh Ambulance Service Trust, the health board has strengthened the falls prevention pathway in Powys.

A single point of access for referrals from professionals or for self-referrals, for individuals who are at risk of a fall has been created, with a multi-disciplinary team triaging referrals. The MDT triages referrals and determines if a multifactorial assessment is required and this assessment has been built into an app for professionals to complete. Once completed, the assessment identifies which services the individual may benefit from to reduce the falls risk. As set out in Early Help and Support the prevention of falls and frailty will remain a key focus of the health board.

Strategic Priority 2: Deliver a health protection response, including vaccination

The Covid-19 pandemic underlined the importance of prevention and protection in relation to population health. It also brought significant challenges, for each household, and for the NHS and other partners. But with this there was also great learning and innovation. In Powys the community response was immediate and inspiring, with new ways of working across partners and sectors to reach individuals and provide support.

Welsh Government have recognised the greater integration and cross discipline working achieved over the past two years but also that the system needs to recover, to ensure a stronger, more equitable and sustainable routine public health service. Health boards were asked to transition from Test, Trace and Protect approaches to more agile health protection to respond to future threats. A national framework is being developed to clarify local roles, responsibilities and resource requirements.

There will be a need to protect the most vulnerable as we continue to learn to live with Covid-19 alongside other public health issues and determinants.

Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems. Delivery of other vaccinations across the life course is also key to protecting the population from other infections.

A blended delivery model has been implemented over winter 2023/24 for covid, flu and respiratory health. This blended model ensures different routes for vaccination for different groups. Central to this is an agile deployment plan, to offer vaccines to eligible population groups as quickly as possible in line with Welsh Government guidance, including the National Immunisation Programmes.

This has been successfully achieved to date, with deployment in Powys spanning vaccination centres, some GP Practices, community hospital clinics, mobile teams, District Nursing teams and community pharmacies for the flu vaccination. Health board staff were offered dual vaccination for flu and covid where appropriate, through a combination of the Vaccination Service and Occupational Health Team. The PTHB Midwifery Service is also noted as best practice for its work in offering the flu vaccination to pregnant women. PTHB also had the highest uptake across Welsh health boards of the flu vaccine for children aged 2 and 3 last year but continued to take additional actions to increase awareness, uptake and support through 'child friendly' clinics in GP practices. Delivery to school age children has also proven to be successful through the School Health Nursing Service in the school setting, with uptake being above the Wales average.

The Covid vaccination programme began with in-reach into Care Homes and invitation to eligible residents in priority group order, ensuring those most at risk were reached as early as possible. District Nursing staff offered vaccination to those who were not able to leave their own homes.

There was a specific focus on promoting equity in the uptake of vaccinations, with increased availability of clinics in communities in Powys to improve accessibility and reduce travel distances.

It is guided by the latest clinical and scientific evidence and the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI).

This is underpinned by the key principles of:

- Protecting those at greatest risk
- Protecting children and young people
- Protecting frontline health and social care workers
- Protecting the NHS.

The blended model of delivery has proven successful in managing the complex logistics of the Winter Respiratory Vaccination Programme, and therefore will continue to be used to ensure efficient and adaptable protection for the population.

Equity of uptake will remain a key focus and will be monitored, including uptake between the most and least deprived areas of the County. This will inform the planning of service delivery.

Focus on Wellbeing – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 1: Develop a whole system prevention plan across the life course	Work with partners to develop a whole system approach to address common modifiable risk factors	Framework for whole system approach developed	Q4	A vision for a joined-up preventative approach is developed
	Delivery of health board-led population level health improvement programmes	Implement the Powys Whole System Approach to Healthy Weights action plan, working in partnership	Q1-Q4	Conditions are being created that support people to maintain a healthy weight
		Improve awareness of and access to NHS Stop Smoking services	Q1-Q4	Work towards meeting national smoking cessation targets
Strategic Priority 2: Deliver a Health Protection response, including vaccination	Ensure PTHB emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	Review of civil contingency response plans. Implement required actions, including participation in training and exercises	Q1-Q4	Plans are up-to-date, and PTHB is compliant with legal duties.
	Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	Continue transition to a regional health protection service to enable a local response to health protection threats and contribute to Health Protection, Framework, in partnership with Powys County Council and Public Health Wales	Q3	PTHB is able to provide a local health protection response that aligns with the Communicable Disease Outbreak Plan for Wales
	Implement respiratory vaccination programme in line with Welsh Government directives	Plan and deliver respiratory vaccination programmes	Q1, Q3, Q4	Eligible Powys population is offered vaccination, and narrow the uptake in inequities between groups
	Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars	Plan and deliver vaccination programmes	Q4	Eligible Powys population is offered vaccination, and narrow the uptake in inequities between groups
	Promote uptake of national screening programmes in partnership with Public Health Wales	Analyse data published and develop and implement action plan	Q4	Screening uptake rates are above targets

Strategic Priority 3: Improve access to primary and community care

There are significant challenges facing the NHS which are set out in the earlier part of this plan. Whilst the complex challenges cannot be entirely addressed at a local level, there is an important role for the health board as a predominantly primary and community provider.

In the immediate and medium term, this involves efforts to improve access to primary and community care. And in the longer term, to make the shift to a 'future state' model (which is set out in Strategic Priority 4). PTHB is well placed to design a model of care that will shift healthcare to earlier help and support.

In relation to the current state in primary and community care, the starting point for both the immediate and longer term plans, it is a mixed picture – across the UK as it is locally.

Whilst compliance against the access measures for General Practice is good in Powys, there is feedback from stakeholders and the public, including that received through Llais, that there are difficulties with the perception and experience of access.

General Medical Services (GMS) regulations have been updated to reflect the new Unified Contract and Contract Assurance Process, and contract variation notices being worked through nationally.

There are some challenges in dentistry, with individual contractors experiencing issues in sustaining access; this also generates public concern. However, 73% of contractors are progressing with contract reform and it is anticipated there will be a new General Dentistry Services (GDS) contract in place for 2025/26, with a focus on workforce development.

There have also been difficulties for some community pharmacy contractors. Across the UK, Boots and Lloyds pharmacies closed a number of their stores during 2023/24 and there is a risk that this trend could continue. There is also an increasing trend of requests to reduce opening hours. More positively, all Community Pharmacy contractors in Powys have transferred to the new national contract, resulting in more consistent services across the County.

All have committed to provide access to Clinical Community Pharmacy Services (Emergency contraception, Common Ailments, Emergency Medicines Supply, Seasonal Influenza Vaccination).

There are also six sites in Powys with trained independent prescribers.

The Powys Pharmaceutical Needs Assessment (PNA) guides current and future pharmacy provision and will be updated in 2026 or sooner if there are changes.

Progress has been made with monitoring community pharmacy, helping to address variations and further review is planned focusing on the benefits of the investment in this area including efficiency in rotas.

The Medicines Management Team is also working closely with Welsh Government to take into account unique factors for the Powys region (including those relating to the implementation of 56-day prescribing).

Optometry contract reform came into effect in October 2023 and an Independent Prescribing service (IPOS) is now in place across North and South Powys. There are practitioners with higher qualifications ready to support more specialist primary eye care services, upon the final issue of the national Clinical Manual.

Cluster Plans recognise the need to improve timely access with alternative services and pathways provided within the community and have made significant progress working with professional collaboratives. Improving services for vulnerable patient groups, particularly our frail patients, is a priority.

There is work underway between clusters, the health board and partners to deliver the agreed model. Key staff were recruited to the new service this year.

Key Areas of Delivery

Drive the Accelerated Cluster Development Programme

- Collaborative engagement and develop maturity
- Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group)
- Implementation of Dental Collaborative (pending national negotiation outcome)
- Develop the Professional Nursing Collaborative
- Continue to identify a range of services best delivered at cluster or pan-cluster level

Primary and Community Care Access

Cross cutting areas of work:

- Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS PLT (Protected Learning Time) programme; evaluation
- GMS Practice Sustainability analysis, review and action planning
- Engagement with patients and stakeholders on perception and experience of access
- Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan and the PTHB Frailty and Community Model
- Roll out of multi-professional workforce tool

Optometry

- Systematic tracking of core hour service provision
- Support and track access in relation to IPOS
- Pre-registration optometrist working between primary and secondary care in Cluster(s)
- Establish inter-practice referral for urgent cases
- School vision and eyecare access improvements
- Scope Special School Primary Care Eyecare
- Publicise occupational health services offer
- Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways

Dental

- Maintain urgent access in General and Community Dental Service to balance of demand and capacity
- Increase capacity of Llandrindod Wells contract
- Secure future dental access in Newtown
- Rural enhancement offer for Foundation Dentists
- Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform
- Undertake dental waiting list cleansing to support accurate waiting list numbers
- Recruit additional dental officer for sedation by end of Year 1
- Rescope mobile dental services in areas with limited or no access
- Develop undergraduate dental therapy placement programme with Cardiff Dental School

Community Pharmacy:

- Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of pharmacies in Year 1); implement contract breach process by year end
- Provision of the Clinical Community Pharmacy Service (CCPS) and "additional pharmacy services" with monthly monitoring of access
- Review and update of service specifications for locally commissioned services
- Pharmacy opening hours and 'rota services' to ensure value to our population Q2
- Work with Welsh Government on unique factors to Powys (e.g. 56-day prescribing)
- Review Datix reporting process and quality of incident reporting and sharing of learning
- Promote and support pharmacists to become independent prescribers – ambition to roll out across Powys over longer term (of this plan)

Women and Childrens services

50.6% of the Powys population is female and known health challenges include cardiovascular disease, screening for cancers and other major health conditions, gynaecology, menopause (peri and post with frailty more likely post), polycystic ovarian syndrome and premenstrual syndromes. Women are also more at risk of dementia than men and the top issues identified in "A Healthier Wales for Women and Girls survey" (2022) included access; gender equality, support from General Practice, Menopause, Endometriosis, Stress and Mental Health.

A GIRFT Gynaecology review was completed in 2023. An Endometriosis/Women's Health Service in Powys has been fully operational since September 2023. The service is working towards embedding an integrated multidisciplinary approach from existing service providers; these include continence, pelvic health physiotherapy, The Powys Living Well Service and Planned Care.

Childrens services

Since the greatest gains for population health are to be achieved by supporting health in the early years, there is a greater focus on family health, building a wellbeing offer that is wrapped around the individual and their home, in an increasingly integrated way. There is also evidence of a significant impact on health and wellbeing for the most vulnerable children, young people and their families following the pandemic.

The Women and Children's teams in the health board have a key role in partnership work particularly through the RPB 'Start Well' programme board and in supporting organisational developments such as universal access to childhood screening, immunisation and vaccination.

Key priorities for 2024/25 will be:

- Maternity including Delivery of the Maternity Assurance and Safety Improvement Plan and Birth Centre Environments
- Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context
- Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities
- Implementation of key service / pathway developments including Community Paediatrics; multi agency Neurodevelopment Strategic Action Plan for Powys; Additional Learning Needs Strategy for Powys including partnership delivery plan

(Additional reference is made to Women and Children's Services in the Focus on Wellbeing, Mental Health and Transforming in Partnership sections of this Plan).

Strategic Priority 4: Design and Deliver a phased Frailty and Community Model

There is considerable work noted in the previous Strategic Priority in relation to maintaining and improving access to primary and community care in the immediate term. Whilst this is important, it will not deliver a fully sustainable model of care in the longer term.

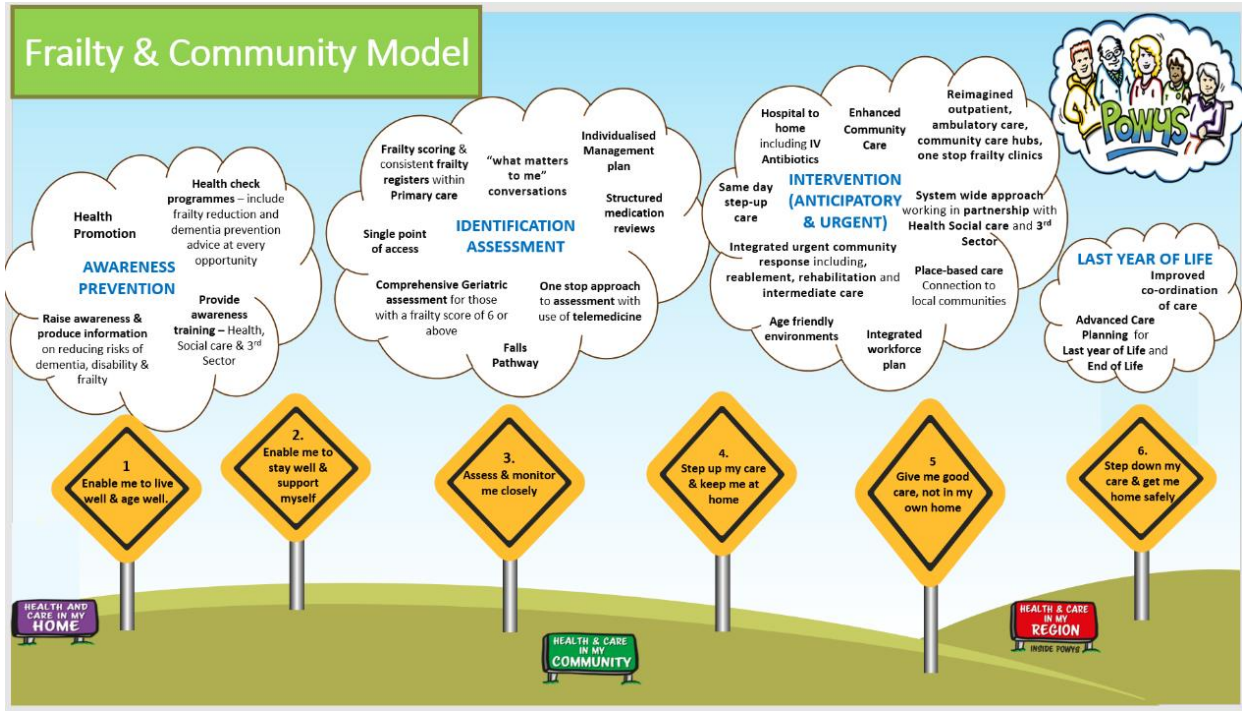
Powys has the oldest population in Wales and research indicates that, of those aged 65+, approximately 52% (19,255 people) will be fit; 33% (12,220) will have mild frailty; 12% (4,444 people) will have moderate frailty; 3% (1,111 people) will have severe frailty.

It is important to maintain a balance between immediate actions in the 'current state' and transformation to a more sustainable 'future state'.

The Overarching PTHB Frailty & Community Model has been agreed as below. It aligns to the Ministerial Priorities in "Further Faster". It is an evidence based, primary and community orientated model which includes community nursing (detail in the 'Joined Up Care' section).

There are important interdependencies in relation to awareness and prevention; major conditions, physical frailty and memory, rapid response in the community to urgent needs and the last year of life.

This is a long term ambition, with complex dependencies across healthcare systems in England and Wales. There are finite resources and difficult discussions will sometimes need to be held with the communities of Powys to find the right way forward, in line with the Values and Principles of 'A Healthy Caring Powys'.



The whole system pathway in Powys encompasses awareness, prevention, falls pathway, frailty scoring and registers, a tiered community response based on severity and urgency, one stop multidisciplinary assessment, phlebotomy, geriatric assessment for more severe needs, co-ordinated future care planning, including the response to deterioration or a crisis; and improved co-ordination in the last year of life.

Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation and institutionalisation.

Frailty is a loss of resilience that means people do not recover quickly after a physical or mental illness, an accident or other stressful event. A relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact. It is multi-dimensional and can include physical, psychological, cognitive, and social impairment. Key symptoms are falls; immobility; delirium; incontinence; and susceptibility to side effects of medication.

The key evidence in relation to prevention of frailty highlights the importance of encouraging health behaviours, such as preventing tobacco use, promoting physical activity, reducing alcohol related risks and supporting healthy eating. Loneliness and social isolation increase the risk of poorer health and early mortality and also need to be addressed.

Delivering services to promote behaviour change and providing advice are key. Connection to local communities is a key part of the response, to enable individuals, families, communities and organisations to plan ahead.

Proactive case finding using frailty scoring and indexes is underway and consideration of assessing frailty in people identified with multiple conditions. Where there is opportunistic identification there should be clear routes to a single point of access.

The scoring tools will enable us to risk stratify into four population groups with the appropriate level of support and intervention:

- Fit: population intervention with information and advice on ageing
- Mildly Frail: Personalised advice on ageing (including exercise and nutrition)
- Moderately Frail: As above, plus holistic care planning, structured medication review and Comprehensive Geriatric Assessment by a Multidisciplinary Team
- Severely Frail: as above, plus case management and end of life support

Residents in care homes are three times more likely to fall than their counterparts. The health board has created new Falls Prevention Assistant Therapy Practitioners roles to provide falls prevention advice and support embedded in the community, including within care homes in Powys.

How would this look in the future?

- Consistent messaging around the awareness of frailty and frailty prevention
- A frailty approach encompassing physical frailty and frailty of memory

- Proactive case finding with consistent scoring and frailty registers within primary care
- Comprehensive Geriatric Assessment embedded within primary and community care
- A frailty MDT established and operational in Powys with a single point of access
- An individualised management plan including care coordination and how to access urgent care
- Enhanced Community Care and Same Day Step-up within Powys to prevent DGH admission
- Care Planning in place including End of Life

Key Areas of Delivery

Continue to implement the Frailty Model Q1 – 4

- Including optimisation and join up for frailty of memory
- Powys approach to Frailty scoring
- Finalise the approach to the Comprehensive Geriatric Assessment and care planning
- Later stages following the above will also include a review of access to fracture liaison service
- Continue to strengthen the District Nursing Service workforce, including improved access out of hours

Improve coordination of the End of Life Q1 - 4

- Development of the approach for the End of Life with major conditions, with further stages subject to identification of funding

Implement the community hospital model Q1 - 4

- Including transformation of admitted care for cognitive impairment
- Scope the improved approach to cognitive impairment on general wards commencing Q1 with further stages subject to internal approval
- Consideration of the current and future community ward and bed model and associated workforce design, ensuring the approach is framed using the STEEEP domains of Quality

Support Admission Avoidance Q1 - 4

- Including the implementation of revised cellulitis and Urinary Tract Infection pathways for Powys patients
- Explore the Powys opportunities arising from the National Cellulitis Improvement Programme
- Develop Phase 1 Urinary Tract Infection (UTI) pathway transformation commencing Q2 with further stages (including recruitment) subject to internal approvals

The Year 2 and Year 3 actions for the Frailty and Community Programme related to urgent care are presented in the Joined Up Care section of this plan.

Strategic Priority 5: Deliver the Planned Care & Diagnostics Programme

There are complex challenges for Powys as there are nationally, with demand for health care outweighing core capacity. Powys as a provider continues to perform comparatively well in the recovery of planned care; the measures set out in the NHS Wales Delivery Framework and Ministerial Priority Areas.

Activity rates across commissioned providers have been rising in all points of delivery for all services commissioned.

However, despite these increases in planned care, the imbalance between those on a waiting list and those treated is widening.

There are known and significant risks for patients with potential harm occurring for those waiting for care. This applies not only to planned treatment but also those waiting for urgent responses (the latter being covered in the Joined Up Care section of this plan).

Based solely on demand, the level of care commissioned would need to be set at a far higher rate than is currently being delivered. And this is higher than providers are able to deliver given the complex constraints set out in this document and acknowledged in the NHS Wales Planning Framework. There are also a number of fragile services, national workforce shortages and differing systems and processes across England and Wales.

Therefore, improving the output and outcomes of care being provided and commissioned, to achieve greater value in the short through medium term, and a more sustainable offer longer term, is fundamental as the foundation for this plan.

PTHB has a unique position as a commissioner of healthcare for its residents, across multiple providers both in England and Wales. This means a reliance on services outside of the County, as well as a reliance on those clinicians from other organisations who come into Powys to provide care.

Also important are the findings and standards set by GIRFT reviews of Orthopaedics, Ophthalmology, General Surgery, Gynaecology and Urology.

GIRFT (Getting It Right First Time) is a national programme to improve treatment and care through in-depth review and benchmarking, and data-driven evidence to support change. It is a key tool in reducing waiting times and waiting lists. It is helping to identify unwarranted variation, to improve outcomes and value.

Key themes are increasing elective surgery as day case; the separation of elective and unscheduled work and improving utilisation of assets, such as theatres.

There is evidence from the national Elective Optimisation Programme showing potential for a shift to 85% day case activity across providers over the next 5 years. 63% of patients waiting for treatment are 'high volume low complexity' (HVLC) activity. There are opportunities for Powys in relation to this potential shift of day case and HVLC services delivered in county and commissioned out of county.

The transformation of diagnostics is a key element of the sustainable model, strengthening access in primary and community services for conditions with the greatest impact on the population and focused in the three Rural Regional Centres for one stop assessments, same day urgent care and step up.

All three Powys Clusters have identified diagnostics as a priority, supporting the design of in county services.

This will include Endoscopy (including transnasal endoscopy); X-ray; ultrasound; and non-obstetric ultrasound. There will be further exploration of suitability for CT and MRI on a mobile in-reach basis in Powys, including memory assessment.

What has been achieved so far:

- The first phase of the community cardiology service delivered in North Powys: of the 422 patients seen (by early January 2024) only 18 required onward referral to a district general hospital. 348 received an echocardiogram and 242 have new treatment plans, to prevent urgent and emergency care. The roll out to mid Powys is underway.
- Faecal Immunochemical Testing has been implemented across primary care. All patients in Powys with vague symptoms now have access to Rapid Diagnostic Centres.
- The repatriation of sleep studies and lung function testing became business as usual for respiratory diagnostics.
- New technologies are being introduced such as new types of camera in primary care to streamline referrals of dermatology patients. Transnasal Endoscopy is being introduced.
- GIRFT reviews have highlighted good practice in Powys such as bilateral cataract surgery and topical anaesthesia. PTHB has used new roles as part of multi-professional teams.

There is an important interdependency with the North Powys Wellbeing Programme, initiated prior to the Covid-19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, 'A Healthy Caring Powys'.

This is a flagship initiative for the Regional Partnership Board, taking forward a Campus development which will provide a Regional Rural Centre for the North of the County in Newtown, which will address inequity within the county.

It is a once in a generation opportunity to improve population health and wellbeing, delivering integrated care, closer to home in line with the Health and Care Strategy. The key ambitions are to:

- Strengthen people's ability to manage their own health and wellbeing to make healthier choices
- Increase focus on prevention and health promotion
- Increase independence and participation within communities
- Increase emotional and behavioural support for families, children, and young people to build resilience and support transition into adulthood
- Improve integration of services, partnership working and confidence in leadership
- Improve accessibility to services and community infrastructure that meets the needs of the population
- Improve the opportunity for people to access education, training and learning opportunities

The programme is progressing several accelerated areas of change, in addition to longer term work in relation to the campus model for North Powys, which is the least developed of the three Rural Regional Centres in Powys.

A Strategic Outline Case has been submitted to Welsh Government following engagement with the population, staff, partners and stakeholders. This included schools, town councils, providers of 'wellbeing' services such as third sector groups, the Community Health Council and members of the Powys People's Panel, the Mid Wales Joint Committee for Health and Care, Clusters and neighbouring providers.

The next stage will progress the Business Justification Case, to develop the Infrastructure for the Campus development (this is also noted in the section in Innovative Environments in this Plan).

Key Areas of Delivery:

Key to the way ahead will be progression of the tiered model of local community and admitted patient care services and networked regional solutions.

- Continued implementation of GIRFT, improving value in key specialties including Wet Age-Related Macular Degeneration (AMD) and Cataracts; scoping of solutions such as Community Urology
- Efficiencies in Powys theatres and endoscopy suites; with potential as system wide assets, together with the North Powys development, for one stop assessments
- Referral management solutions including first contact practitioners, building on evidence and learning in muscular skeletal therapies, audiology, orthopaedics and primary care dermatology;
- Further implementation of community cardiology
- Modernised Outpatients including virtual appointments; See on Symptom; Patient Initiated Follow-up; clinical guidance for primary care and other referrers; triage and risk stratification; advice and support
- Surgical & Medical Low Complexity Day Case & including virtual pre-op (focused on Orthopaedic; Ophthalmology; General Surgery) within Powys
- Commissioned providers making the shift to 85% day case in the best practice pathways for High Volume Low Complexity cases and revised regional arrangements over the long term
- Improved access to diagnostics at home, in primary care and the community
- Diagnostics in the three Rural Regional Centres: Endoscopy (including transnasal endoscopy); X-ray; ultrasound; and non-obstetric ultrasound; some capability on a North/South basis (where patients need to access certain equipment)
- Radiology provision across Powys (aligned to implementation of national 'RISP' programme), including review of x-ray equipment replacement, scope to enhance sonography scope of practice; further exploration of the extent to which CT and MRI could be provided on a mobile in-reach basis
- Scoping use of Minor Injuries Unit and phlebotomy solution (also see the section on Urgent and Emergency Care/ Six Goals later in this Plan)
- Further development of point of care testing
- Development of key strategic relationships, exploration of jointly funded and regional posts, appropriate governance and medical leadership in Powys and commissioned externally

This is a phased programme over the five years of the plan, to develop the tiered model of care, embedding a holistic frailty approach; earlier, faster diagnostics; repatriation of low complexity activity, tested and refined via the North Powys Wellbeing Programme, and optimising the configuration of local community and admitted patient care services and networked regional solutions.

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 3: Improve Access to Primary and Community Care	Accelerated Cluster Development	Collaborative engagement and develop maturity	Q1-Q4	Coherent and engaged Cluster groups across Powys working together to provide quality and timely services for patients closer to home.
		Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group)	Q3	
		Implementation of Dental Collaborative (pending national negotiation outcome)	Q2	
		Develop the Professional Nursing Collaborative	Q2	
		Develop the Optometry Collaborative	Q1	
		Continue to identify services best delivered at cluster or pan-cluster level	Q4	
	General Medical Services	Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS PLT (Protected Learning Time); evaluation	Q1	Committed Primary Care workforce working to top of competencies leading to resilient, sustainable and engaged Primary Care Services.
		GMS Practice Sustainability analysis, review, and action planning	Q2	
		Engagement with patients and stakeholders on perception and experience of access	Q4	
		Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan & PTHB Frailty and Community Model	Q3	
		Roll out multi-professional workforce tool	Q3	

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Optometry	Systematic tracking of core hour provision	Q2	General Optometry services established in line with new General Ophthalmic Services Regulations with focus on clinical activity. Investing in the future of Primary Care Ophthalmic Services for Powys.
		Support and track access in relation to IPOS	Q1	
		Pre-registration optometrist between primary and secondary care in Cluster(s)	Q2	
		Establish inter-practice referral for urgent cases	Q1	
		School vision and eyecare access improvements	Q2	
		Scope Special School Primary Care Eyecare	Q1	
		Publicise occupational health services offer	Q1	
		Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways	Q1-2	
	Dental	Maintain urgent access in General and Community Dental Service to balance of demand and capacity	Q1	Building resilient Dental workforce for those committed to rural lifestyle and develop ongoing sustainability with experience via placement programmes. Maximise dental care and bring to those areas with current limited access.
		Increase capacity of Llandrindod Wells contract	Q2	
		Secure future dental access in Newtown	Q2	
		Rural enhancement offer for Foundation Dentists	Q4	
		Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform	Q1	
		Undertake dental waiting list cleansing to support accurate waiting list numbers	Q1	
		Recruit additional dental officer for sedation by end of Year 1	Q4	
		Rescope mobile dental services in areas with limited or no access	Q1	
		Develop undergraduate dental therapy placement programme with Cardiff Dental School	Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Community Pharmacy	Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of pharmacies in Year 1); implement contract breach process by year end	By end of Q4 2024/25	Assurance of compliance with contractual obligations. Fair process to manage contract breaches.
		Provision of the Clinical Community Pharmacy Service (CCPS) and "additional pharmacy services" with monthly monitoring of access	Ongoing (monthly)	Assurance that CCPS is being delivered in line with contractor's declaration.
		Review and update of service specifications for locally commissioned services	By end of Q4 2024/25	Ensure that locally commissioned services meet the needs of the population.
		Pharmacy opening hours and 'rota services' to ensure value to our population	By end of Q4 2024/25	Ensure that rota services are appropriately commissioned to meet the needs of the population.
		Work with Welsh Government on unique factors to Powys (e.g. 56-day prescribing)		
		Review Datix reporting process and quality of incident reporting and sharing of learning	Ongoing	Support the implementation of 56-day prescribing, ensure learning is shared and that the current health board workload associated with community pharmacy Datix incident reports is reduced
		Promote and support pharmacists to become independent prescribers – ambition to roll out across Powys over longer term (of this plan)	Ongoing	Ambition is to have a pharmacist independent prescriber in every community pharmacy across Powys.

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Women & Children's - Maternity	Delivery of the Maternity Assurance and Safety Improvement Plan	Q1-4	National clinical standardisation of maternity datasets and pathways
		Implementation of Digital Maternity Cymru (DMC) appropriate to PTHB	Q1-4	
		Review workforce and implement the revised workforce review	Q1-4	
		Implementation of Health Inspectorate Wales recommendations including birth centre environments	Q1 - 4	Improvement to birth centre environments
	Women & Children's – Women's Health	Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities	Q1-4	Delivery in line with national policy and plans, appropriately adapted for PTHB
	Women & Children's – Pathway Development	Implementation of key service / pathway developments: - Develop and deliver Community Paediatric Remodel action plan - Implementation of the multi agency Neurodevelopment Strategic Action Plan for Powys - Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan	Q1-Q4	Improved outcomes for children, young people and families through earlier, targeted interventions for those in need of support

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 4: Design and Deliver a phased Frailty and Community Model	Continue development of tiered community model	Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas	Q1-4	Stakeholder understanding of the challenges facing the system. Continued engagement from stakeholders and staff informing the development of the model
		Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care	Q2-3	
		Identification of service development	Q3	
		Minimum 12 Week Consultation for areas of significant service change	Q3-4	
	Continue to implement Frailty Model, including optimisation and join up for frailty of memory	Develop Frailty scoring	Q1-Q3	Risk stratifying the population Reduction in emergency admissions Improved equity of access and prevention of fractures Delivering WG requirements
		Develop the approach to Comprehensive Geriatric Assessment and care planning	Q1-Q3	
		Review access to Fracture Liaison Service	Q3-Q4	
		Implement National Community Nursing Framework in Powys	2024/25	
	Improve coordination of the Last Year of Life	Finalise approach to planning for the Last Year of Life with major conditions	Q1-Q2	Improve the coordination of the Last Year of Life
		Commence implementation including liaison with out of county providers	Q3-Q4	
	Review and refine the Community Hospital model	Scope an improved approach to cognitive impairment on general wards	Q1-Q2	Prevention of deconditioning and ensuring join up of physical and cognitive frailty
		Pilot the approach	Q3-Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Support Admission Avoidance	Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post	Q1 Q2–Q3	Reduction in emergency admissions (see IBG case for Cellulitis) (UTI work is being scoped during Q1 2024/25)
		Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation	Q2–Q3	
		Review the impact of the PTHB-element of the National Cellulitis Improvement Programme	Q4	
Strategic Priority 5: Deliver the Planned Care & Diagnostics Programme	GIRFT Recommendations	Continue implementation of GIRFT recommendations for General Surgery, Orthopaedics and Ophthalmology to include repatriation of low complexity day cases	Q1–Q4	Improved resilience of provider services Greater utilisation of provider services capacity GIRFT as a default method of operation Delivery of planned care strategy with as many patients treated in Powys as possible Delivery of 3 Rural Regional Centres (phased across 5 year timescale) Delivery of planned care 'system asset' usage Go-live of NPWP during latter stage of 5 year plan
		Seek Consultant Urologist sessions to scope community urology service	Q2-Q4	
	Key Strategic Relationships	Explore Opportunities for jointly funded or regional post	Q1	
		Recruitment	Q3	
		Evaluation	Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Referral Management Solutions	Scope a (Provider) interface triage pilot for Orthopaedic Referrals	Q1	Improved resilience of provider services Greater utilisation of provider services capacity GIRFT as a default method of operation Delivery of planned care strategy with as many patients treated in Powys as possible Delivery of 3 Rural Regional Centres (phased across 5 year timescale) Delivery of planned care 'system asset' usage Go-live of NPWP during latter stage of 5 year plan
		Pilot interface triage solution for Orthopaedic Referrals	Q2	
		Evaluate interface triage solution for Orthopaedic Referrals and any associated Business Case through the Investment Benefit Group	Q3	
		Subject to approval implementation of interface triage solution for Orthopaedic Referrals; Evaluation	Q3-Q4	
		Scope a referral management solution for Dermatology; Pilot subject to any associated Business Case support; Evaluate; begin phased roll-out	Q1	
		Develop referral management solution for dentistry in relation to oral cancer	Q2	
		Further develop phlebotomy service	Q3-Q4 Year 2	
	Improve Value in Key Specialities	Continued implementation of Wet Age-Related Macular Degeneration (AMD) and Cataracts improvement plan in alignment with GIRFT	Q1-Q4	
	Implement the Outpatient Transformation Plan	Appoint permanent Assistant Medical Director for Planned Care	Q1	
		Continued implementation of outpatient transformation plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms)	Q1-Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Radiology Provision across Powys (enabling implementation of RISP)	Submit capital business case for replacement of X-ray equipment to enable implementation of RISP	Q1	
		Review x–ray provision across Powys as part of work on sustainable model	Q1	
		Develop x-ray implementation plan and implement phase 1	Q2-Q4	
	Enhance the provision of Point of Care Testing throughout Powys	Review and develop existing POCT provision and governance: Establish QA Compliance framework, analyse asset registry, monitoring initiation and training development	Q1-Q2	Improved assurance and governance
		Expand availability of POCT provision in support of clinical pathway development and governance: identify opportunities in primary & community care, prepare for internal audit	Q3-Q4	Improved access to Point of Care Testing
		Identify ongoing funding for the POCT Co-ordinator role	Q3-4	

Working together across major conditions, physical and mental health

Better Together for a Sustainable Model of Care

Strategic Priority 6: Develop and Deliver a Major Conditions Plan

The 'Big Four' in Powys are those areas of greatest impact to health and wellbeing - Respiratory, Circulatory disease and Cancer and a joined-up approach across physical and mental health.

The work locally on "Better Together" to find a sustainable approach in Powys, was reinforced through the messages in *"Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years"* and the work of the REAL Centre/University of Liverpool showing the projected increases in conditions including cancer, respiratory, circulatory and dementia between 2019 and 2040 for the English population (with comparable applicability to Wales).

The biggest rates of increase are expected to be in chronic pain and diabetes. In most cases these are driven by the population aging rather than a rise in age-specific rates or earlier onset. Rates of illness rise with age, for example 1 in 5 people aged 80 to 84 has type 2 diabetes, more than double the rate of those aged 55-59. (Of the 20 conditions examined only asthma is projected to increase in incidence).

Long term condition	Projected prevalence/incidence from published literature	SEA incidence projection for Wales
Coronary heart disease	Uncertain	Increasing
Stroke/TIA	Increasing	Falling
Atrial Fibrillation	Increasing	Increasing
Heart Failure	No evidence found	Increasing
Hypertension	Increasing	Increasing
Cancer (all cancers)	Increasing	Increasing
Bowel Cancer	Increasing	Not produced
Lung Cancer	Increasing	Not produced
Breast Cancer	Increasing	Not produced
Prostate Cancer	Increasing	Not produced
Dementia	Increasing	Increasing
Type 2 Diabetes	Increasing	Increasing
Depression	Uncertain	Increasing
Anxiety	No evidence found	Increasing
Severe Mental Illness	No evidence found	Not produced
Multimorbidity	Increasing	Increasing
Asthma	No evidence search undertaken on these conditions	Increasing
Rheumatoid Arthritis		Falling slightly
COPD		Increasing
Epilepsy		Falling
Inflammatory Bowel Disease		Increasing
Peripheral Vascular Disease		Increasing
Chronic Kidney Disease		Increasing slightly
Risk factor		
Obesity	Increasing	Increasing
Smoking	Falling	Falling

As Powys is at the forefront of an ageing poulation there will be more people living longer with mutiple conditions.

The extent to which people are living with multiple conditions has been changing rapidly. One in three patients admitted to hospital as an emergency has five or more conditions, up from one in ten patients a decade ago. Some combinations of mental and physical diseases are associated with especially poor outcomes. People with multiple conditions may have reduced mobility, chronic pain, shrinking social networks and lower mental wellbeing.

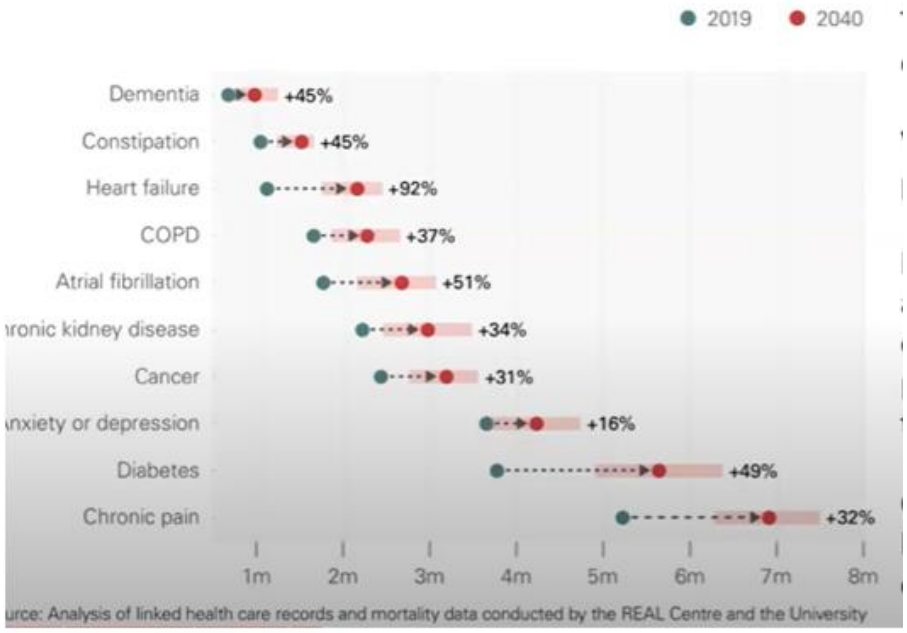
There is a need to develop holistic approaches; reduce the treatment burden (multiple appointments, assessments, tests, admissions and reviews) through improved co-ordination and information sharing. (Those with four Long Term Conditions average one Outpatient appointment per month, which is two thirds higher than those with one Long Term Condition).

Irrespective of people's age, multiple conditions drive increased healthcare costs. People with multiple conditions may be on multiple medications and this can be associated with a range of adverse health outcomes. There are higher rates of multiple conditions in older people. Better understanding is needed to drive risk stratification and preventative strategies.

Evidence shows the importance of "whole person" and psychosocial approaches that promote independence and well-being and which bring services together.

Improved intelligence on outcomes, experience and cost is key to ensuring a value-based approach. This will also involve cultural development such as home first ethos and proactive risk taking (with safety nets).

This is an area where more research is being undertaken. As summarised by the National Institute for Health and Care Research, there is growing evidence that having multiple conditions is a more important driver of costs in the health and care system than other factors such as age alone.



"Better Together" and Welsh Government's *"Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years"* show the importance of*:*

- Undertstanding what is coming down the track - as people live longer, the prevalence of certain conditions increases, which will affect Powys earlier at the forefront of an aging population
- A long term view and shift to prevention, including earlier in life, to address the common modifiable risk factors through a system approach, to have the greatest impact on many major conditions
- Adapting to working with people who have multiple conditions, rather than in a siloed condition-based approach (streamlining multiple assessments, appointments, care plans and the prescribing of multiple medications)
- Joining up physical health and mental health
- Tacking inequalities, such as the physical heath of mental health patients
- Focusing on interventions that demonstrate value in terms of investment and outcomes
- Allocating resources to areas which maximise benefit relative to population need
- Strengthening primary and community services, to prevent and reduce escalaton to secondary care
- Diagnosis at earlier more treatable stages
- Focus on frailty, reablement, rehabilitation (across physical frailty and frailty of memory)
- Improved co-ordination in the last year of life
- Supporting workers to enjoy a longer healthy work-life
- Working across the system and in partnership, ensuring approaches are collaborative, integrated and outcome focused; addressing gaps in data
- Working on solutions appropriate to a highly rural area with no District General Hospital, working cross-border with other NHS organisations

Key areas of Delivery

A co-ordinated, consistent approach will be taken across the **major conditions** with the development of a phased delivery plan. This will take into account partner plans and regional / national collaborative programmes of work. The scope will encompass the shift to prevention and common risk factors.

Reduction in the burden of care for patients by streamlining assessments, plans and reviews, with opportunities to address the adverse consequences of polypharmacy across physical and mental health.

Key optimal pathways (such as those for diabetes, heart failure, bone health, hips and knees), with a common core approach to prehabilitation and rehabilitation and improved co-ordination at the end of life and in the last year of life for those with multiple conditions.

Next phases of implementation of the major conditions plan to deliver the agreed core approach with improved population risk stratification and segmentation and outcome measurement.

Strategic Priority 7: Deliver the Mental Health Transformation Programme

Over the next five years the health board will work with people using services, carers and partner agencies to ensure a better join-up across physical and mental health. The goal is to offer a range of support which can be accessed in a straightforward and timely way, close to home, based on need; of an improved consistency and quality. The work aligns with, and will help to take forward, Welsh Government's vison for 'Together for Mental Health'.

The Powys approach will be person centred: recognising patients are the best guardians of their own lives wherever possible; helping people to live their best life at home, so people can live, learn, work and enjoy home and community life where possible.

Working in partnership and co-producing solutions will require a culture of trust building, collaborative leadership and a shared approach to value to improve outcomes, experience and the wise use of resources.

Mental health patients have higher rates of cardiovascular disease (such as heart disease and stroke), diabetes, obesity and lung conditions (chronic obstructive pulmonary disease and asthma). This is particularly true for young people with severe mental illness; those aged 15-34 years are five times more likely to have three or more physical health conditions. On average the lives of those with severe mental illness are 15 to 20 years shorter, mostly because of preventable physical illnesses.

Evidence highlights the need for:

- Personalised support
- Improved physical health care
- Annual health checks and improved uptake
- A healthy lifestyle; targeting single versus multiple health behaviours e.g. smoking
- Addressing clusters of multiple health conditions
- Extra support after an in-patient stay
- Improved end of life care

There needs to be pan-Powys approaches, broadly similar for people of equal need, with clear pathways with "No Wrong Door"; Team around the Person /Family and care navigation where needed.

Key areas of focus for the transformation programme:

- Building understanding and literacy around mental health and having an informed approach across a wide range of services
- Access to community solutions to prevent crisis where possible and associated admissions
- Multi competency teams and a tiered provision dovetailing more closely into enhanced care
- Home treatment for dementia and crisis resolution available across Powys
- Recovery, rehabilitation and reablement
- Develop the approach to sanctuary in a rural area and improve co-ordination across urgent and emergency care
- Join up of memory and physical frailty
- Appropriate approaches for adults and children and the transition period between age groups
- More sustainable specialised mental health

Specialised admission where needed will be provided more sustainably, including the developments planned in one of the rural regional centre sites. This encompasses:

- In-patient assessment and treatment centre
- Section 136 suite
- Support for crisis and community teams through step up
- Shared care model for physical health needs of mental health patients
- Age-appropriate Admitted Care
- A culture of recovery, rehabilitation and reablement
- Greater use of the competencies of Allied Health Professionals

The development of **step-down** accommodation and support for people living with complex needs due to severe mental illness will be scoped with Regional Partnership Board partners with further stages dependent on investment and benefits appraisal.

In **2024-25** the priorities will be:

- Transformation of Adult and Community Model Phase 1 (scoping redesign of community and admitted patient care model; referral approach; workforce model redesign; medicines optimisation; optimise dementia home treatment team and ensure equivalent offer South Powys & North Powys, develop outcomes measurement)
- Taking account of emerging guidelines and policy such as expected Welsh Health circular for Dementia pathways in audiology
- Work in collaboration with the programme for Frailty, the Community Model and Urgent Care on the approach for patients with multi-conditions including cognitive impairment.
- Work within a major conditions approach to improve the physical health of mental health patients (particularly circulatory conditions)
- Explore further the approach to sanctuary in a rural area for adults and children in line with investment opportunities and national strategy
- Take forward the next phase of work to enable access to a step-down solution for those with complex needs by 2027
- Next Phase of Development of 111press2 subject to investment and wider work / sequencing of transformation (scope expansion of "front door" role)
- Redesign of the duty and assessment approach
- Next phase of Neurodiversity pathway development

In the following years, it is intended that there will be implementation of further phases of the Mental Health Transformation. This is likely to include the components noted above for scoping, subject to investment and benefits appraisal. This is a long term partnership programme of work with complex interdependencies, which will be scheduled over the full five years of the plan.

Tackling the Big Four – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 6: Develop and Deliver a Major Conditions Plan Circulatory	Development of a transformative Major Conditions Plan	Development of a phased major conditions transformation plan to develop: a less siloed approach; streamline appointments, diagnostics, assessments, care and treatment plans, reviews and polypharmacy; and to improve co-ordination in the last year of life	Q1- Q3 development of the plan	A shift to prevention to improve population health Improved population risk segmentation and prevalence forecasting
	Optimal Pathways	Map and develop key optimal pathways for Diabetes (in liaison with national Value and Sustainability Work)	Q2 confirm baseline and gap analysis	Reduction in the burden of care Key optimal pathways Compliance with quality statements A better join up across physical health and mental health Improved physical health of people with mental health conditions A core approach to rehabilitation Improved co-ordination in the last year of life Improved outcome measurement
			Q3-Q4 first phase improvement	
	Stroke	Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Incorporation of guidelines for stroke rehabilitation	Q3	
	Diabetes	Delivery of All Wales Diabetes Prevention Programme (AWDPP)	Q1-Q4	
	Cardiac	(Community cardiology is covered in the diagnostics section)	Q4	

Tackling the Big Four – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Cancer	Cancer Improvement Plan	Deliver the PTHB Cancer Improvement Plan	Q1- Q4	Improved patient experience and outcomes
	Single Cancer Pathway	Review variation of Single Cancer Pathway performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment	Q1 – Q4	Improvement in performance for SCP resulting in improved outcomes, efficiency and improved patient experience
	Implement improving Cancer Journey	Implement Improving Cancer Journey Programme Phase 2 Annual review of PTHB Cancer Improvement Plan and update for 2024-25 at year end	Q4	Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care
Respiratory	Ensure equitable and standardised MDT services across the whole of PTHB	Continue to explore options for medical cover across PTHB	Q1-3	Equitable access to services Care closer to home
		Provide support to Primary Care to implement Asthma plans for the asthma population	Q2-4	Better asthma management

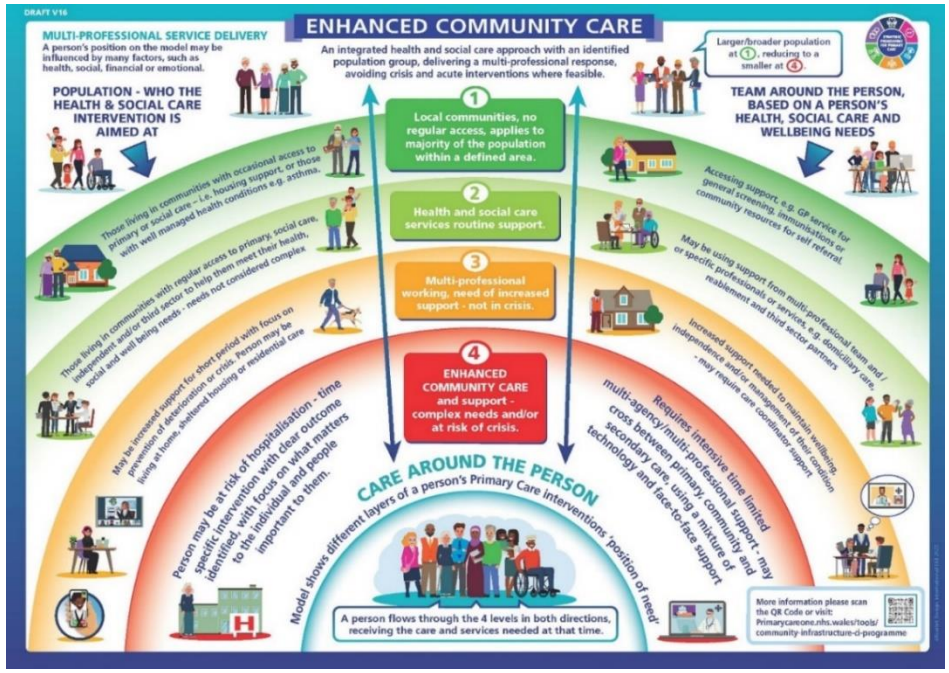
Tackling the Big Four – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 7: Deliver the Mental Health Transformation Programme	Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model)	Refining the baseline. Refining the modelling for the new model. Continuous engagement.	Q1	Increased efficiency and integration of the duty and assessment model
		Public engagement and consultation	Q2	
		Workforce design and further consultation	Q3	
		Phase 1 implementation	Q4	
	Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model	Scope model. Refine baseline including urgent referral information. Continuous engagement. Scope expansion of "front door" role including development to align other referral processes.	Q1	To improve sustainability, navigation and alignment of access and referral points
		Develop phased delivery plan	Q2	
		Phase 1 implementation including administrative single point of access	Q3	
		Phase 2 implementation including commencing development of referral routes for Secondary Care referrals	Q4	
	Ensure access to provision for sanctuary for children	Engagement with children and young people, families, and carers (i)Workforce design	Q1	Reduced inappropriate urgent and emergency attendances and referrals for children
		(ii) Recruitment	Q2	
		(iii) Implementation of rapid response and outreach service	Q3-Q4	

Tackling the Big Four – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Develop access to provision for sanctuary for adults	i) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting	Q3-4	Reduced inappropriate urgent and emergency attendances and referrals for Adults
		(ii) Assess impact of right care, right person	Q3 Year 2 Phased Delivery Plan	
	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	Continuous engagement	Q1-Q4	10% of the cohort of patients with complex Mental Health needs, out of county requiring step down accommodation solution able to return to Powys by 2027
		Explore and develop advisory options appraisal	Q1	
		Design and workforce planning	Q2	
		Preparation for procurement	Q3-Q4	
	Next phase of neurodiversity pathway development	A revised pathway for neurodiversity pathway	Q1-Q4	Reduction in waiting time

Strategic Priority 8: Improve pathways of care *focused on system flow*

The challenge

- Increasing demand and an ageing population
- Frailty and falls driving urgent and emergency activity
- The gaps in services in the home and the community – including same day responses
- The pressure on emergency services; ambulances delayed in reaching new patients, due to waits outside Emergency Departments
- Overcrowded Emergency Departments, as new patients cannot be admitted to wards swiftly
- Admitted patients being delayed, including community hospitals, for assessments which should take place outside hospital
- Older people at risk of harm from deconditioning (losing muscle strength and becoming confused) and not able to remain stable or return home.
- The need for improved co-ordination in the last year of life
- Adapting to working with multiple conditions including across physical and mental health.



PTHB has worked with the national Strategic Programme for Primary Care on the development of a tiered community model, including enhanced community care, which forms part of the sustainable solution being implemented in Powys. PTHB has the following Enhanced offer in Powys:

- Community Therapies (Home First)
- Reablement – further integration with Home First to be progressed
- Continuing Healthcare (Home Care only)
- Specialist Palliative Care
- Mental Health Home Crisis Response Teams
- Dementia Home Treatment Teams
- Bed based intermediate care
- Virtual wards
- Phased development of a frailty service, which is set out in "Early Help and Support"
- "Early Help and Support" includes the work to strengthen the earlier tiers working with people, communities and partners, such the Regional Partnership Board
- Key to a sustainable approach in Powys is improving people's chances of living their "best life" at home in their community connected to what matters to them most
- This means working together to promote wellbeing and prevent difficulties escalating

How would this look in the future?

- Tiered support in the community based on levels of severity and urgency of need, spanning wellbeing and prevention through to crisis responses for those who are severely unwell to help them remain at home where possible
- Person centred, holistic care and improved co-ordination (especially for multiple conditions)
- Development of workforce with particular skill sets & further discussion on role of 'generalists'
- Right sized teams with right competencies
- Joined up physical and mental health
- A consistent pan-Powys approach to Enhanced Community Care, aligned to national approaches (a multi-professional response to a person where they live, focusing on what matters to the individual, to avoid crisis and escalation)
- Stronger community services enabling people to remain and recover safely and comfortably at home, preventing admission
- New flexible support roles, particularly for those requiring palliative care, that can move across people's homes, the community and hospitals
- Individuals have access to graduated advice, support and prehabilitation
- A culture of rehabilitation and reablement
- Rehabilitation increasingly takes place in the patient's own home and virtually
- Rebalancing of care and support to enable more individuals to live at home whenever possible, with a greater variety of accommodation options
- Improved Advanced Care Planning in the End of Life for those with multiple conditions

The Key Areas of Delivery are set out in "Early Help and Support" or are combined in the next section.

Strategic Priority 9: Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*

Powys residents access urgent and emergency care from a large network of providers in both Wales and England and the health board has a complex and pivotal role in supporting resilience and flow across multiple healthcare systems.

There are important points of connection with national and regional systems and the work of the Emergency Ambulances Services Committee (EASC) and the Welsh Ambulance Services NHS Trust (WAST).

Powys Teaching Health Board directly manages Minor Injury Units (MIUs) in Llandrindod Wells, Welshpool, Ystradgynlais and Brecon. There are also minor injury services delivered within Primary Care settings. Powys does not have a District General Hospital with an Emergency Department.

Therefore the focus in this area is a bespoke implementation of Welsh Government's Six Goals for Urgent and Emergency Care. Delivery is embedded across the whole integrated plan and delivered through a number of strategic priorities.

For example, through 'Tackling the Big Four' and the Mental Health transformation programme; and the work on frailty and community model, noted in 'Early Help and Support'.

This joining up across domains is crucial to deliver what works for Powys - addressing needs driven by the aging population, identifying those at risk; preventing deterioration, same day responses and supporting people to return home fitter and faster where admission has been necessary.

Same Day Urgent Care spans rapid responses in the community and the backup/step-up needed for this; Minor Injury and Illness Units; and same day assessment and treatment.

How would this look in the future?

- Primary Care Out of Hours including pharmacy
- Enhanced Minor Injury and Illness as part of Same Day Urgent Care
- Rapid Response (Same Day Urgent Care)
- Step-Up Community Assessment and Treatment (CATU) (Same Day & Short Stay)
- Rural Regional Centres with enhanced MIIU provision; Same Day Urgent Care and Step-Up Community Assessment and Treatment (CATU).
- Minor Injury and Illness Units as walk ins or with direct referral from a GP, ambulance service, or NHS 111.

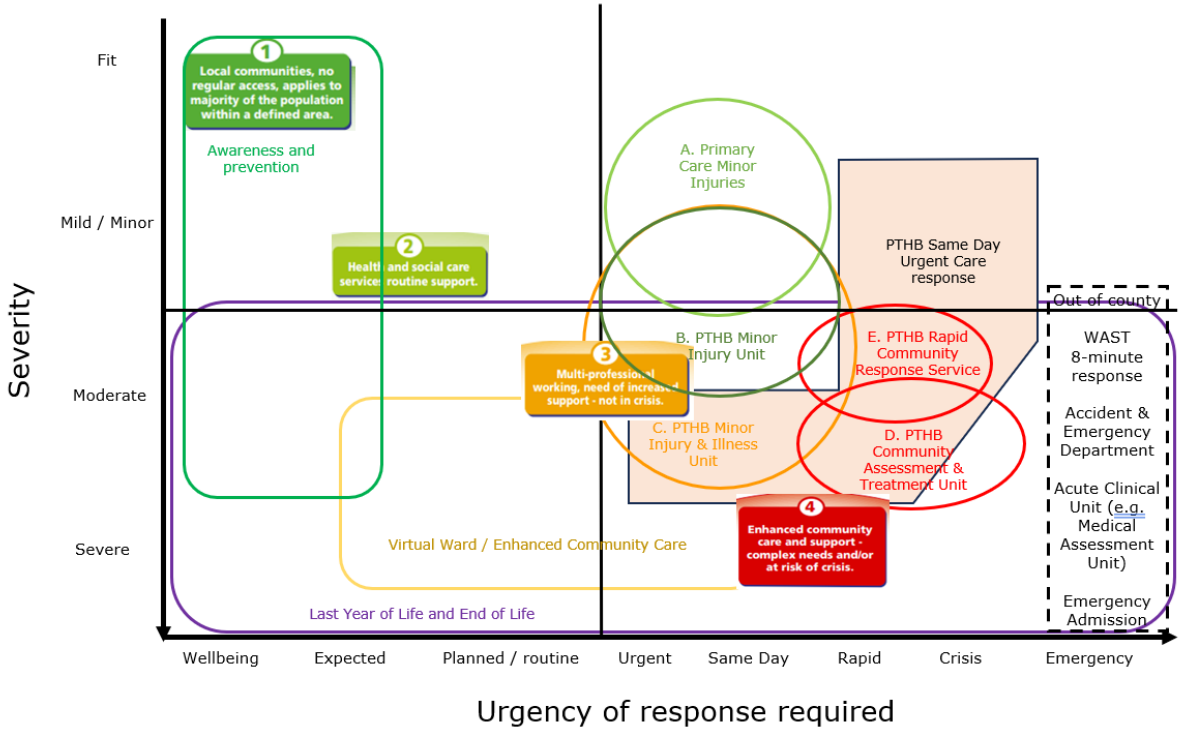
Patients would be assessed, diagnosed and start treatment on the same day, improving patient experience and reducing hospital admissions.

This would avoid unplanned and longer than necessary stays in hospitals, with lower risk of infections and de-conditioning for patients.

A Community Assessment and Treatment Unit to provide a step-up unit for frailty and a back-up for virtual wards/enhanced community care.

The unit would provide a "one stop" assessment or multiple diagnostics for rapid assessment, enhanced therapy, intravenous services, management of exacerbations of long-term conditions and end of life support for symptom palliation.

The diagram below shows where these developments sit within the continuum of urgency and severity:



N.B. the scale of severity is intended to be interpreted differently between the Planned and Unscheduled sections of the diagrams, e.g. a patient may be severely frail from a planned care perspective, but not severely unwell from an Unscheduled perspective.

Joined Up Care – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 8: Improve pathways of care focused on system flow	Implement a Digital Patient Flow System	Complete test and pilot phases of newly developed Digital Patient Flow System	Q1	Improved Patient Flow Efficiency and Monitoring Reduction in average length of stay
		Launch and roll-out of Digital Patient Flow System	Q2	
		Embed Digital Patient Flow System into standard practice and broaden user operability	Q3	
		Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product	Q4	
	Improved Approach to Pathways of Care Delays (POCD)	Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking	Q1-Q4	People Home Fitter and Faster Reduction in average length of stay
		Reduce the number of super-stranded patients through escalation and tracking	Q1-Q4	
	Improved Approach to Supporting People to Leave Hospital Fitter and Faster	Embed discharge liaison officer posts throughout Powys	Q1-Q2	People Home Fitter and Faster Reduction in average length of stay
		Consider Expansion of Discharge Liaison Officer	Q3-Q4	
		Reduce average length of stay throughout Powys, through escalation and tracking	Q1-4	

Joined Up Care – Delivery Plan				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Priority 9: Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*	Implement Enhanced Community Care Phase One, including the Rapid Response in the community	Scope the need for a Rapid Response service	Q1	Broadening the knowledge and skills of MIU staff in Powys
		Broadening the knowledge and skills of MIU staff in Powys	Q1-Q4	
	Expand Therapy Led Rehabilitation	Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon)	Q1	Increased efficiency of bed base utilisation People home fitter and faster Care closer to home
		Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation	Q2	
		Implement optimised model as part of winter response strategy	Q3	
		Review of SOP and operational model including PROMS to inform the way forward	Q4	
	Enhance and expand D2RA Pathway utilisation	Commence monthly aggregate reporting of D2RA Measures	Q1-2	Improved patient flow efficiency and monitoring
		Improve data quality and confidence of D2RA Measure reporting	Q3-4	
		Expansion of dedicated pathway capacity	Q1-4	

ENABLING PLANS

Workforce Futures

Workforce shortages, especially in clinical and specialist roles, continue to be a challenge, affecting capacity and impacting on variable pay spend. The Nursing and Midwifery Council (NMC) has reported that 27,000 nurses and midwives in the UK have left the profession in the last year. Projections show continued instability over the next 10 years. This is particularly stark for Registered Nurses (RN's) and Medical staffing.

Vacancies for RNs in Powys is the highest in Wales and there has been a deteriorating picture locally, with a vacancy rate of 12.71% in 2020, rising to 19.6% in Sep 2022. Recruitment continues to be a significant challenge for the organisation. Student streamlining was introduced in Wales however analysis of local education numbers versus actual recruitment indicates that this national approach does not prove successful for PTHB, with an average conversion rate of only 8% over the last 3 years.

The focus is therefore to improve our workforce sustainability. This will be aligned to national strategies such as the National Workforce Implementation Plan and the Strategic Workforce Plans and solutions for Mental Health, Maternity and Neonatal, Pharmacy, Dentistry, Nursing, Diagnostics, Primary Care and Genomics.

There is a strong commitment to work in partnership with Powys County Council, the third sector and other partners within the Workforce Futures Programme, which has five themes:

- Theme 1: Designing, Planning and Attracting the Workforce
- Theme 2: Leading the Workforce
- Theme 3: Engagement and Wellbeing
- Theme 4: Education, Training and Development
- Theme 5: Partnership and Citizenship

These partnership arrangements include working on a regional level to widen employment access through pioneering education pathways, enhancing service delivery through new models of working, increased opportunities for volunteering, the digital learning experience to reduce the carbon footprint and a range of wellbeing initiatives for the people who contribute to the delivery of health and care services.

The Accelerated Sustainable Model (ASM) will require specialist workforce support in the delivery phase:

- Workforce Modelling and Planning
- Organisational Change Processes
- Attraction and Recruitment Strategies
- Training and Development
- Behavioural Change Management

Key areas of delivery:

- Transformation and Sustainability of the Workforce
- A Great Place to Work
- Employee Health and Wellbeing

<u>Transformation and Sustainability of the Workforce (Themes 1, 4 and 5 of Workforce Futures)</u>

Having people with the right skills and expertise, in the right place and with the right capacity is essential, to deliver care that meets the six domains of Quality and to reduce agency usage and variable pay.

Key activities include:

- Work with local partners, Welsh Government, HEIW and Social Care Wales on a long-term workforce plan for health and care
- Developing the knowledge and capabilities of leaders for strategic workforce planning
- All Directorates trained and supported to develop a workforce plan – aligned with the development of a Sustainable Model of Care
- Attraction and recruitment, to promote the employer brand and employee value; local delivery of national Recruitment Modernisation
- Widening channels for attraction of candidates, improving engagement and retention (with use of staff retention tool and national staff survey)
- A candidate journey that is positive, engaging, and timely from attraction to on-boarding
- Targeted recruitment, attraction, talent pool and on-boarding around the Applicant process
- The development of an interest in a rural health and care career in our younger population
- Evaluate the Powys Health and Care Academy Careers Education & Enterprise Scheme (ACEES) and deliver annual programme
- Tailored model of overseas recruitment with pastoral care to settle into new community – with a further 3 cohorts of Adult Nurses targeting areas of high variable pay
- Explore opportunities to recruit internationally trained Mental Health Nurses and Medical staff
- Use of initiatives such as Wagestream and expansion of the Aspiring Nurse Programme with a second cohort (improving access for Powys based pre-registered students to the Dispersed Learning Nurse Degree Programme)
- Targeted recruitment to the Bank for specific roles, such as Healthcare Support Workers
- Delivery of a sustainable, full-time blended distance/dispersed learning nursing degree working with Health Education Improvement Wales (HEIW) and Higher Education partners
- Building capacity to develop community resilience and the volunteer workforce
- Employability skills training opportunities for volunteers and carers
- Apprenticeship and placement opportunities for school leavers and Further Education students

A Great Place to Work (Theme 2 of Workforce Futures)

It is crucial that PTHB is able to be competitive by being a great place to work. Excellence in leadership remains fundamental to employee experience, with a compassionate culture where staff have a high-quality experience and can innovate and transform.

Key activities include:

- 'Temperature checks' and surveys including the National Staff Survey and Team Climate survey
- Chat2Change, Staff Wellbeing Roadshows and other staff engagement initiatives
- Data analytics capability, to focus on services most in need of support
- Work with services and Heads of Nursing to support improvements in nurse retention
- Workforce performance dashboards with a wider range of data including surveys, occupational health referrals and other wider cultural metrics
- Roll out Tier 1 Clinical Leadership development focused on 600 clinicians in managerial and team leadership roles from Band 6-8b
- Develop Tier 2 Clinical Leadership development
- Support staff to work at the top of their professional licence
- Grow skills, knowledge and competency using an immersive, simulation training environment, which develops professional excellence
- Embedding Compassionate Leadership

- Embed the Speaking Up Safely Framework; with a mechanism for staff to raise concerns and support a culture of psychological safety
- A Manager's Charter including responsibilities and standards of behaviour, supported by leadership and management development

- Embed Employer for Carers and Carers Strategic Framework; increase skills support to paid and unpaid carers
- Systematic review of workforce practices and application of policy working in social partnership

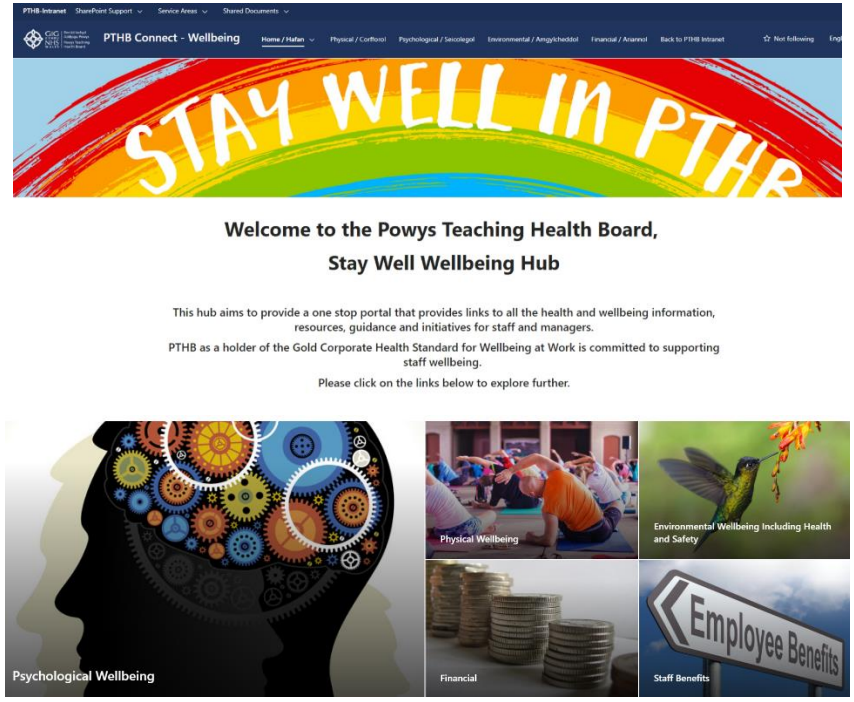
Employee Health and Wellbeing (Theme 3 of Workforce Futures)

Acknowledging that not all employees manage their wellbeing in the same way, the implementation of the wellbeing plan developed through the Wellbeing at Work Group, will offer a range of initiatives and activities to help prevent burnout, reduce stress and anxiety, and improve overall mental wellbeing.

Key activities include:

- A refresh of the wellbeing and engagement offer, working with the communications and engagement team aligned with the HEIW NHS Staff and Wellbeing Framework
- Regular understanding of how the workforce are feeling; the right support where it is most needed, e.g. signposting for financial wellbeing
- Regular wellbeing and engagement roadshows will be delivered at sites across the county and via outreach sessions to our community sites
- Employee Assistance Programme with access to expert help, support, and resources
- Reverse mentoring programme
- Team away day offer and team building
- Access to timely Occupational Health Service
- Team Climate surveys and feedback to Service Managers to support wellbeing of staff
- Delivery of 2 Compassionate Leadership Programmes per month

- Refresh Chat2Change programme to build on partnership and staff involvement
- Promote and develop manager capability in use of key policies including Flexible Working and Managing Attendance at Work policy to support return to work or staying at work
- Review Agile Working to set clear expectations and promote opportunities



Equalities and Welsh Language

The **Strategic Equality Plan 2024-27** (SEP) identifies priorities for both service delivery and staff experience over the next five years.

There are interdependencies with the Welsh Government Strategic Equality Plan and Equality Objectives; Welsh Government Anti-Racist Action Plan (ARWAP); Welsh Language (Wales) Measure and Welsh Language Standards; Cymraeg 2050 (Welsh Government Welsh language strategy).

The **Welsh in Healthcare Strategy** is a comprehensive approach in accordance with Welsh Language Standard 110 and the "More than Just Words" framework. This incorporates data collection, recruitment; training and cultural change, to improve the experience of Welsh speaking patients and staff.

Key activities include:

- Further develop and embed the SEP and Welsh in Healthcare Strategy Q1 - 4
- Co-ordination and oversight of local action and monitoring through the PTHB Strategic Equalities Plan and Welsh Language Standards Policy (Annual)
- Complete the introduction of SignLive to improve access to telephone lines via a BSL interpreter Q1
- Improvements to the accessibility of sites and practices including in relation to Sensory Loss
- The rollout of Gender Awareness and Equality for Managers training programmes Q1 – 4
- Integration of the Welsh Language for Managers training into the PTHB Managers' Training Program
- Continue to monitor the use and uptake of Online translation to improve value and access to BSL and foreign language interpretation
- Welsh Language recruitment assessment system Q1 - 2
- Respond to open Welsh Language Commissioner investigations Q1 and implement subsequent action plans
- Welsh Language Standards Audit response Q1
- Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan (Annual Q1 – 4)
- Welsh Language Service Leads Group to drive improvements Q1-4

Workforce Futures				
Strategic Priority	**Key areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Transformation and Sustainability	Grow the knowledge and capabilities of managers to develop strategic workforce plans aligned to the Accelerated Model of Care	Cohort of managers (who are required to) who have completed training	Q2 2024 Q4 2024	Grow capability to develop strategic workforce plans & think creatively about workforce options/models.
	On board a further 3 cohorts of internationally trained Adult Nurses targeting areas with high variable pay spend Explore the potential to recruit internationally trained Mental Health Nurses and Medics	On board Cohorts 1, 2 and 3 for 24/25	Q2 & Q4 2024	Support services to realise improved patient care by realising a reduction in vacancies and agency usage
		Scope opportunities from national programmes for international recruitment for Mental Health	Q3 2024	
	Launch a second cohort of the Aspiring Nurse Programme with HEIW and University partners (improving access for Powys based pre-registered students to the Nurse Degree Programme)	Agreed plans and funding arrangements in partnership with HEIW and FE/ HEI providers	Q2 2024	Enhancing our ability to grow our own workforce to improve patient care by realising a reduction in vacancies and agency usage.
		Report on the recruitment rates of the programme	Q4 2024	
		Ensuring there is an opportunity for a Welsh essential recruitment offer	Q4 2024	
	Generate interest from the younger generation in a rural health and care career through the Academy Career and Education Enterprise Scheme (ACEES)	Evaluate the Academy Careers and Education Enterprise Scheme (ACEEs) and develop plans for 2024/25 academic year	Q1 2024	Strengthening the pipeline of potential recruits into the health and social care workforce to support organisational sustainability
		Report on the development plans for 2024/25 academic year	Q3 2024	

Workforce Futures				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
A Great Place to work	Deliver the actions set out in the national Nurse Retention Plan.	Complete the nurse retention self-assessment tool	Q1 2024	Develop a better understanding of retention issues to support an overall improvement in nurse retention and service sustainability
		Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities	Q2 2024	
	Ensure a clear mechanism for staff to raise concerns and support a culture of psychological safety, so staff feel able to speak up.	Introduce the Speaking Up Safely 'Your Voice' Portal on staff intranet	Q1 2024	Staff are aware of the mechanisms, supported by C2C resources and are able to raise concerns/speak up safely
		Introduce team activities/briefings	Q2 2024	
		Refresh the Chat2Change plan	Q2 2024	
		Embed the Speaking Up Safely Framework	Q4 2024	
	Roll out Tier 1 of clinical leadership programme	Deliver the Tier 1 programme at a rate of 1 course per month	Ongoing	Improved capability in clinical leadership
	Develop a pilot for Tier 2	Develop the Tier 2 programme	Q2 2024	
		Pilot Tier 2 programme	Q3 2024	
	Design a Charter with leadership expectations of managers responsibilities in setting standards of behaviour, engaging with staff and creating a great place to work	Develop draft Charter and resources for consultation and feedback	Q1 2024	Clarity around management responsibilities in setting standards of behaviour, engaging with their staff, and its contribution to creating a great place to work
		Consult with Executive team, Trade Unions and Chat2Change group	Q2 2024	
		Launch Charter	Q3 2024	
Employee Health and Wellbeing	Regular access to wellbeing roadshows and initiatives which support health	Undertake a series of wellbeing roadshows across the county	Q4 2024	Staff feel supported and understand wellbeing initiatives that are available to them
	Embed Compassionate Leadership model to underpin approach to staff wellbeing	Deliver two Compassionate Leadership courses per month	Quarterly Update	Staff across the organisation demonstrate compassionate leadership in their everyday work

Workforce Futures				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work	Review and republication of the managing attendance at work toolkit	Q1 2024	Managers are able to utilise workforce policy and guidance to support staff to remain in/return to work
		Delivery of targeted / bespoke sessions to managers	Ongoing	
	Undertake regular Team Climate surveys and feedback to service managers to identify ways they can support the wellbeing of their staff	Undertake surveys targeting one service per quarter	Quarterly Update	Outcomes of team climate surveys are utilised to target interventions which support the wellbeing of staff
Equalities and Welsh Language	Continue the rollout of the Gender Awareness programme	Updates on Gender Awareness provided in Equality Annual Report	Q4 2024	A workforce well trained in matters relating to Equality and the Welsh Language
	Integration of Welsh Language into the wider Managers' Training Programme	Continuous programme of training		
	Commence the implementation of the objectives set out in the Strategic Equality Plan.	Achieve workplace certifications for Age-Friendly Employer, Disability Confident and Hate Crime Charter	Q4 2024	Workplace certification(s) achieved by year end
		Sensory loss work: deployment of assistive technologies & Sign Live	Q4 2024	Assistive technologies deployed to health board sites. British Sign Language (BSL) using patients are able to contact all PTHB telephone lines via the switchboard
	Continue to monitor the use and uptake of Online translation to reduce costs and improve access to BSL and foreign language interpretation	Provide an update in relation to the use of online translation	Q2 - Q4 2024	Improved access to interpretation at a reduced cost
	Begin work on the new Welsh in Healthcare Strategy including the introduction of the new Welsh Language recruitment assessment system.	System designed and functionality finalised.	Q1 2024	Increased recruitment for Welsh language skills and compliance with Standard 106

Digital First

The PTHB Digital Strategic Framework agreed in 2023 provides an opportunity to not only maintain but to accelerate efforts for 'Digital First'.

The Digital Strategic Framework is the first of its kind for Powys and marks an important stage in the Powys Digital Journey. 'A Healthy Caring Powys 2017 – 2027' first set out the ambition for 'Digital First' as an enabler for this shared, long term, health and care strategy, which formed the Area Plan overseen by the Regional Partnership Board.

This framework builds on the efforts made to date to create a 'Digital First' approach, working in partnership locally, regionally and nationally.

It provides a framework for renewed ambition, leadership and delivery against a much changed and rapidly evolving context, in relation to technology, people and wider socio-economic and political changes impacting on the health of the population and the delivery of healthcare.

In a time where the movement of information and expertise can be instantaneous through video conferencing, access to digital records, knowledge, and research, patients are used to technology and expect to be able to interact with services digitally.

In Powys, it can be problematic due to geography and rurality to provide services in a way that is easily accessible and convenient.

Digital innovation can be challenging to many and can be perceived as daunting for some staff members as well as service users.

Good quality information is vital whether that relates to an individual's health record or the complex healthcare system, pathways and multiple providers of NHS care across England and Wales.

Delivering healthcare to some of the most vulnerable individuals and groups, creates a challenge. Digital offerings have to take into account choice and accommodate varying requirements.

It is critical that digital and clinical innovation go hand in hand, to introduce technology that will support and enable the transformation of healthcare in line with 'A Healthy Caring Powys' and the ambition of a Sustainable Model of Care.

Technology will be important to support staff to deliver excellent care, and leverage the broader healthcare network, including primary and social care, as well as facilitating direct service users' participation in their own healthcare management.

A **mission statement** has been developed for this Digital First Strategic Framework, through engagement with staff, users and partners:

Key Areas of Delivery

Five key themes were identified though engagement on the development of this framework:

1. Citizen centred care and support
2. Leadership, Partnership and Alliances
3. Infrastructure and Security
4. Enabling Efficiency and effectiveness
5. Big Data and Artificial Intelligence

The Digital Strategic Framework will be delivered in partnership with clinical services and external alliances. Some of the ambitions will require new types and channels of investment and changes in the mindset and ways of working.

There will be a shift from the traditional IT support model to a Digital Business Service, which supports both the immediate delivery priorities and the transformation ambitions of the organisation.

This change needs to be user driven to be sustainable and will not all happen at once. In the long term, Powys aims to lead as a digital exemplar in the community healthcare field. Using data driven insights will improve decision making and processes. Facilitation of digital inclusion and adoption will support collaboration and innovative approaches.

This will be key to the delivery of the long term health and care strategy, A Healthy Caring Powys – truly multi-professional teams, able to introduce data driven redesign of care pathways, to the use of applications, artificial intelligence, wearable devices, robotics and voice assistants.

Alliances will be key and will include Digital Health and Care Wales and other national and regional partners, voluntary sector and third party organisations.

It will also require a safe and secure infrastructure, future proofed in light of rapid changes in technology and interoperability. This will mean a redesign and upgrade of the core infrastructure. Given constraints, this will be phased in line with available resources.

The health board is engaged via the national Value Based Healthcare Board in the exploration of visual information products, Patient Reported Outcome Measures (PROMS), Patient Reported Experience Measures (PREMS) and digital policy developments.

Digital First				
Strategic Priority	**Key areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Citizen centred care and support	Improve awareness and access to their digital appointment	Introduce patient portal for managing appointments	Q4 2024/25	Improve patient engagement and access and act as an enabler to give patients more control over their appointments
	Improve awareness of and access to the NHS Wales App	Support the development of the NHS Wales App to include Cross Border pathway	Q4 2025/26	Support patients take an active part in their own health & wellbeing
	Transition to an alternative virtual consultation platform	Provide a replacement virtual consultation platform across Powys	Q3 2024/25	Improve communication and health care at a distance
Leadership, Partnership and Alliances	Transition of ICT Service Support; Digital Clinical partnership with Experience Level Agreements (XLA)	Target Operating Model Implementation	Q3 2024/25	Improve the experience and services provided by Digital Teams for staff and patients
	Continue engagement with NHS England to improve clinical cross border pathways	Improve data flows of clinical information into our All Wales architecture to support delivery of care	Q2 2024/25	Support decision making and safe and timely patient care
	Scope requirements for Integrated Shared Care Record	Enable front line staff to access digital clinical information across multiple disciplines	Q4 2024/25	Support decision making and safe and timely patient care
	Provide opportunities to improve Digital literacy across the HB	Upskill, train and support staff to improve confidence in using digital systems	Q4 2024/25	Increase efficiencies and optimise system use to reduce administrative and repetitive tasks

Digital First				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Enabling Efficiency and effectiveness	• Whole system application review to standardise digital system access and improve efficiencies	• Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording	Q2 2024/25	Improve efficiency and streamline of applications
	• Complete ePMA pre-implementation phase	• Completion of a Business case to roll out (inpatient & outpatient)	Q2 2024/25	
	• Award ePMA contract	• Develop, build, test and implement the ePMA system	Q4 2025/26	
	• Finalise cross border clinical records sharing project	• Improve data flows of clinical information into our All Wales architecture to support delivery of care	Q2 FY 2024/25	Improve care and patient experience
	• Review replacement of WCCIS	• Implement a replacement community system that supports the delivery and recording of patient care	Q1 2024/25	Support decision making and safe and timely patient care
	• Implement print management solution	• Replace and deliver new multi-functional devices across the HB	Q1 2024/25	Centralised maintenance and a reduction in the carbon footprint
	• Introduce digital clinical appointment letters	• Adoption across all services using WPAS to digitally engage with patients	Q4 2025/26	Improve patient engagement. Reduce DNA rate

Digital First				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Infrastructure and security	Improve network Connectivity and reliability	Upgraded core infrastructure across all areas in the HB	Q1 2024/25	Improved reliability and supportability of digital infrastructure
	Improve telephony and collaboration tools	Procure and implement new telephony system	Q1 2024/25	Reduce and where possible remove single points of failure in our digital estate
	Improve application availability and resiliency	Implement enterprise level availability technologies to support resilience across the HB	Q2 2024/25	Reduce likelihood of a single component resulting in outages of PTHB applications.
	Continue to improve cyber security posture	Replace and update Firewall authentication technology across the HB and migrate applications	Q1 2024/25	Improved cyber security posture
	Align and upgrade legacy operating systems	Removal of legacy and unsupported operating systems to support HB resilience	Q3 2024/25	Improved reliability and supportability of digital infrastructure

Digital First				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Big Data and Artificial Intelligence	Onboard services to new Business Intelligence platform and adopt single source of truth for data	Provide the necessary tools to allow staff to access a 'Data Self-Service' to review a single source of data	Q3 2024/25	Increase access & trust in data
	Creation of a Health & Care Data Platform	Develop and implement a secure & robust Platform		Relevant data accessible by Health & Social Care in near real time
	Modernise data processes	Plan and deliver a data collection framework	Q2 2024/25	Data is collected in a consistent manner, cutting down manual/paper processes
	Introduce a Data Catalog to enable users to discover, understand, and use the data they need to make informed decisions	Create a Data Catalog that is accessible by the entire Health Board	Q2 2024/25	Complete transparency of Data
	Migration of legacy reports and data processes from IFOR to the cloud	Commence transition from the IFOR Reporting platform to a cloud hosted platform	Q3 2024/25	All reporting is 'cloud first' which enables more robust, advanced & secure reporting solutions
			Q4 2024/25	Legacy on-premise reporting software & hardware removed
	Accelerate use of Robotic Processing Automation	Plan and deliver a 'RPA Framework' and Operating Model across the HB	Q4 2024/25	Release 'manual' admin time
	Improve the accuracy, completeness, of data quality using advanced technologies and best practices	Identify required resource and approach to improve Data Quality	Q4 2024/25	To increase the quality of Data
	Adopt Machine learning toolkit (predictive analysis on current data sets)	Design and deliver a framework to adopt Machine Learning models	Q3 2025/26	To take advantage of Data Platform by Machine Learning and predictive modelling to aid future planning

Innovative Environments

Innovative environments can improve the quality of care and the outcomes and experience of patients and staff. Opportunities include:

- Implementing environments which improve access, coordination, and integration of services, especially for remote, rural, or underserved populations
- Patients being more involved, informed, and empowered in their own health and care, through co-design, feedback, and education
- Receiving faster, more accurate, and more personalised diagnosis and treatment options, thanks to new technologies and health facilities
- Adopting best practices from other sectors or regions that can improve efficiency, productivity, and sustainability
- Closer integration of teams and services to streamline throughput of the healthcare system

There are however some obstacles for the health board. It possesses the oldest built estate in Wales, with 38% of buildings predating 1948 (significantly higher than Wales average of 12%). Only 5% of the estate was built after 2005, compared to Wales 23%. There is a backlog cost of £69 million required to bring the estate to a 'satisfactory' standard (and this totals over £1 billion across Wales).

The health board has legislative responsibilities under the Future Generations (Wales) Act (2015) and Environment (Wales) Act (2016) and is dedicated to implementing local actions outlined in the national NHS Wales Decarbonisation and Biodiversity Plans, in addition to maintaining ISO14001 certification.

Climate change poses the most significant challenge to global health and poses a threat to all life on Earth. PTHB has made a commitment at Board level to support the Senedd's declaration of a Climate Change and Nature Emergency.

There is a pressing need to move to a safer, healthier, decarbonised environment and the health board is engaged with Re:fit Cymru, to evaluate and implement measures for reducing carbon emissions. Climate Strategy is also a key goal in the Public Services Board Wellbeing Strategy, to leverage collective efforts and expertise from partners.

The health board is piloting agile and collaborative working to maximise space utilisation and reduce the footprint of public sector premises across Wales.

Partnership will be key in this context to realising the ambition in 'A Healthy Caring Powys' for Rural Regional Centres across Powys, including the multi-agency campus development which is part of the North Powys Wellbeing Programme.

Strategic Capital Plan

A Strategic Capital Plan has been developed in 2023 via the Powys Regional Partnership Board. This is enabling partners to identify those areas of capital investment requirements which are critical to delivering the long term health and care strategy, – and wider public sector sustainability in Powys.

In addition to All Wales Capital Funding, Welsh Government have ringfenced capital monies (£60M in 2023/24 and £70M in 2024/25) which is available via business case application through the Regional Partnership Board (RPB) route.

The Health and Social Care Integrated and Rebalancing Capital Fund (IRCF) encourages bids for Priority 1 – Development of integrated health and social care hubs and centres and Priority 2 – Rebalancing the residential care market, Housing with Care Fund (HCF).

North Powys Wellbeing Programme

Work is continuing on the development of the North Powys Health and Wellbeing Campus, which is a flagship initiative of the Powys Regional Partnership Board, as part of the long term health and care strategy, "A Healthy Caring Powys".

The Programme Business Case has been endorsed; the Strategic Outline Case is with Welsh Government for consideration and the Outline Business Case is anticipated for summer 2024, dependent on funding.

Discussions are continuing in relation to whole-site funding, IRCF is seen as part of this investment.

Llandrindod Wells Rural Regional Centre

Following endorsement of the Programme Business Case (PBC) for the Llandrindod Phase 2 project for £11M to £14M over 3-5 years, the first infrastructure Business Justification Case (BJC) of circa £3.4M is under consideration by Welsh Government.

The BJC will address urgent compliance risks and infrastructure improvements and ensure the original investment in Llandrindod is protected by addressing issues such as window replacement and roof leaks.

This will be developed in parallel with the more significant campus approach, incorporating the recently acquired building at Spa Road, Llandrindod.

Estates Strategy

An Estates Strategy will be drafted in Q1 2024/25.

The backlog in maintenance of circa £69M is recorded in the Corporate Risk Register and a risk-based approach has been adopted to address high or immediate risks.

Estates Funding Advisory Board (EFAB) capital was paused during 2022/23 but reinstated for a 2 year cycle in 2023/24 and 2024/25 with a 30% contribution from health board Discretionary Capital.

PTHB successfully secured £2.404M of funding over the 2 year cycle from 2023/24 to 2024/25 (£0.625M

and £1.512M respectively) to address infrastructure, fire and decarbonisation. The PTHB contribution equates to £0.453M in 2024/25 (as below).

PTHB EFAB allocation 2023/24 and 2024/25:

Infrastructure				
Organisation	**Scheme**	**Expenditure 2023/24**	**Expenditure 2024/25**	**Overall Total**
Powys	Welshpool electrical infrastructure	372,600	-	372,600
Powys	Next phase BMS - Ystradgynlais	33,820	304,375	338,195

Fire				
Organisation	**Scheme**	**Expenditure 2023/24**	**Expenditure 2024/25**	**Overall Total**
Powys	Brecon – Fire compliance	68,451	787,189	855,640
Powys	Machynlleth back of hospital – Fire compliance	27,159	312,329	339,488
Powys	Waste Compliance Schemes Pan Powys – 2 sites	12,060	108,702	120,762

Decarbonisation				
Organisation	**Scheme**	**Expenditure 2023/24**	**Expenditure 2024/25**	**Overall Total**
Powys	Ystradgynlais PVs	378,200		378,200

Discretionary Capital

The proposed capital pipeline 2024-26 has been developed by the PTHB Capital Control Group to reflect the current and projected allocation of Welsh Government Discretionary Capital funding, which for 2024/25 will be reinstated to £1.431M.

Schemes have been prioritised based on business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development.

Revenue benefits are a key consideration, as is remaining agile to respond to changes.

The annual programme includes:

- General schemes: wider business needs prioritised by the Capital Control Group (CCG); prioritised from a total of circa £700K
- Estates Compliance projects within a reduced value of circa £275K, prioritised using a risk-based approach by specialist compliance subgroups under the direction of the CCG
- Equipment including medical devices and other items such as catering equipment, vehicles, etc with individual values over £5K. The proposed annual allocation is £50K in 2024/25
- Information Communications Technology (ICT) annual allocation of £50K plus additional Welsh Government funding to support Digital, for example, £0.782M capital slippage in 2024

Discretionary Capital carries a risk of cost overrun for major project activity, which increases in proportion to the value of capital. In partial mitigation NHS Wales Shared Services Partnership and Welsh Government reflect this in enhanced contingency where possible in relation to older building refurbishment.

It has been usual to retain a contingency and in the proposed capital pipeline, the overall contingency is circa £200K in the annual cycle.

Other Funding

As directed by Welsh Government, PTHB, in discussion with NHS Wales Shared Services Partnership,

Specialist Estates Services (NWSSP-SES) submitted a series of prioritised mini business cases over 2 years to address medium to large scale urgent compliance works. Welsh Government have indicated strong support, which will significantly alleviate pressures on discretionary capital and does not attract the 30% Discretionary Capital contribution required for EFAB.

AWCF has also provided support for a mental health development with just under £0.50M awarded in October 2023 to configure a Children and Young Person's Sanctuary in Spa Road, Llandrindod Wells. This has integrated well with the general consolidation of mental health services into the building and discussions with Powys County Council Children's Services in respect of potential alignment of activity.

<u>Invest to Save (Revenue)</u>

Investment Grade Proposal submission to Salix Energy Efficiency Loans Scheme supported by the Welsh Government Re:fit Energy Service to deliver energy savings and decarbonisation benefits.

Works include LED lighting efficiencies, improved heating controls through investment in the Building Management Systems, insulation upgrades and introduction of solar photovoltaic panels. This is scheduled to commence in 2024 with anticipated value of circa £3.5M.

The overall funding position for 2023-25 is summarised below:

Capital / Revenue Category	2023/24 £M	2024/25 £M	Comments
Discretionary	1.260	1.431	Increase by £171K pa to bring back to £1.431M
EFAB (Discretionary PTHB Contribution)	(0.268)	(0.453)	30% contribution of overall EFAB to be made from Discretionary Capital
EFAB Funding (Welsh Government contribution)	0.892	1.512	6 schemes in total including fire compliance, decarbonisation and infrastructure (incl. 30%)
Emergency All Wales Capital Funding (AWCF)	1.480	*1.491*	Series of prioritised SBAR's with Welsh Government support over 2 years
AWCF	0.496	*0*	Children and Young Person's Sanctuary
Llandrindod Phase 2; first BJC	0.236	*3.000*	Overall Programme Business Case endorsement for £11-14M over 3+ years
North Powys Health & Wellbeing Campus	1.180	tba	Funding route to be agreed with potential RPB/IRCF funding
Re:fit (Revenue)	0	*3.500*	Energy and Decarbonisation: Invest to Save, value to be confirmed subject to funding
Capital Slippage	1.105	0	
TOTAL (indicative)	**6.381**	**10.481**	

Environmental Management and Decarbonisation

Under section 6 of the Environment (Wales) Act 2016, public authorities that exercise their functions in relation to Wales have a duty to maintain and enhance biodiversity and promote the resilience of ecosystems.

In compliance with the Act, PTHB maintains a Biodiversity Action Plan which is part of PTHB's environment management system accredited to ISO14001 (2015). This received successful re-certification in 2023. This focuses on:

- Waste
- Energy and Water
- Travel
- Procurement
- Building Design and Biodiversity

Biodiversity studies have been conducted across the estate, identifying protected areas and enhancement opportunities. This will build on previous years' partnership with staff and community groups for enhanced green space protection and enhancement.

A PTHB Decarbonisation Action Plan is in place aligned with the NHS Wales Decarbonisation Strategic Delivery Plan.

The Re:fit programme includes improvements to energy, water and building design. Travel-related emissions are being tackled with roll-out of electric vehicle charge points and Welsh Government / charitable funded infrastructure installations at Bro Ddyfi and Brecon hospitals.

PTHB recorded 14,970 tCO2e emissions during 2022-23 and is on track to deliver 34% reductions in carbon emissions from the baseline collected in 2018-19.

Key Areas of Delivery

- Decarbonisation including ambition for Net Zero by 2030 across public sector; quarterly tracking and reporting to Environment & Sustainability Group against 46 Initiatives in Decarbonisation Strategic Delivery Plan
- Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act and furthering site-level plans for implementation with community groups
- Major transformation on energy efficiency through interventions recommended by the Re:fit Programme. Contractor construction to commence subject to funding approval with Welsh Government
- Agile Working and optimisation of space utilisation with completion of Bronllys pilot and delivery of lessons learned from agile working programme for rationalisation of premises.

Innovative Environments				
Strategic Priority	**Key areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Strategic Capital	North Powys Wellbeing Programme	Outline Business Case Development for campus	Q2	Approval of business case and funding allocated
	Llandrindod Wells Rural Regional Centre	Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case	Q3	Programme of works to address urgent compliance risks and infrastructure improvements followed by reconfiguration of back of hospital
	Discretionary Capital Programme including Estates Funding Advisory Board (EFAB), etc.	Discretionary Capital Programme (circa 25 projects)	Q1-Q4	Delivery of Capital Programme enhancements to the estate including compliance improvements
		EFAB Brecon Fire	Q4	
		EFAB Machynlleth Fire	Q4	
		Building Management Systems Ystradgynlais	Q4	
		Waste Compounds pan-Powys	Q4	
	Development of Strategic Capital Plan, project pipeline	Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme	Q2	Strategic capital programme to support funding bids and Integrated Hub development
Estates Strategy	Draft Estates Strategy	Estates Strategy; initial draft for review	Q1	Structured plan for future estate development / health and care needs
Environmental Management and Decarbonisation	Decarbonisation	Decarbonisation Strategic Delivery Plan – actions as set out for 2024/2025	Q1-Q4	Reduction in Carbon emissions and ambition for public sector Net Zero by 2030
	Biodiversity	Enhancement and protection of biodiversity including community group engagement	Q1-Q4	Enhancement and protection of biodiversity and development of community group activity
	Energy efficiency	Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save	Q4	Improved energy efficiency and carbon reduction
Property	Integrated Hubs / Agile Working	Develop Spa Road, Llandrindod Wells as Integrated Hub	Q3	Integrated Working in agile environments to maximise space efficiency

Transforming in Partnership

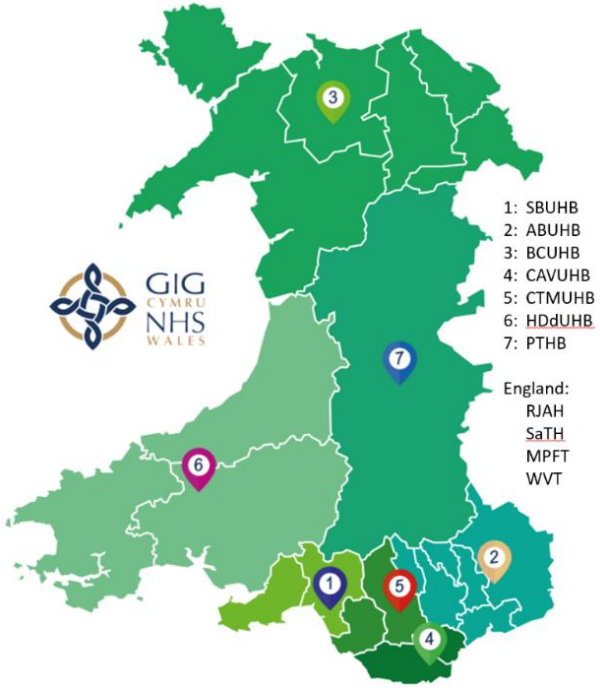
There is a complex partnership landscape for health and care in Powys, with important interdependencies across NHS Wales and across the border into England.

Powys has a unique position in the rural heartland of Wales, bordering all but one other health board areas and England. It has an important relationship with providers and commissioners in these areas, as well as being a region in its own right.

Residents in Powys access acute care from providers across England and Wales. The health board has a role to ensure that the needs of the Powys population is incorporated into recovery and system plans, taking a value-based approach to support shared decision making, patient outcomes and prevention.

The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals in England (Shrewsbury and Telford Hospitals, Hereford Hospital) and Bronglais Hospital in Aberystwyth.

Residents in Mid Powys largely access Hereford Hospital for district general hospital care. Residents in the South of Powys access acute care from a number of providers including Morriston Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil. There are also residents in South East Powys who access Nevill Hall Hospital and other acute care providers in Aneurin Bevan University Health Board.



The level of complexity is such that the challenges cannot be faced by one organisation but must be tackled through a whole system, partnership approach. This applies at all levels, locally and for Powys as a region in its own right, as well as in its strategic partnerships with neighbouring regions.

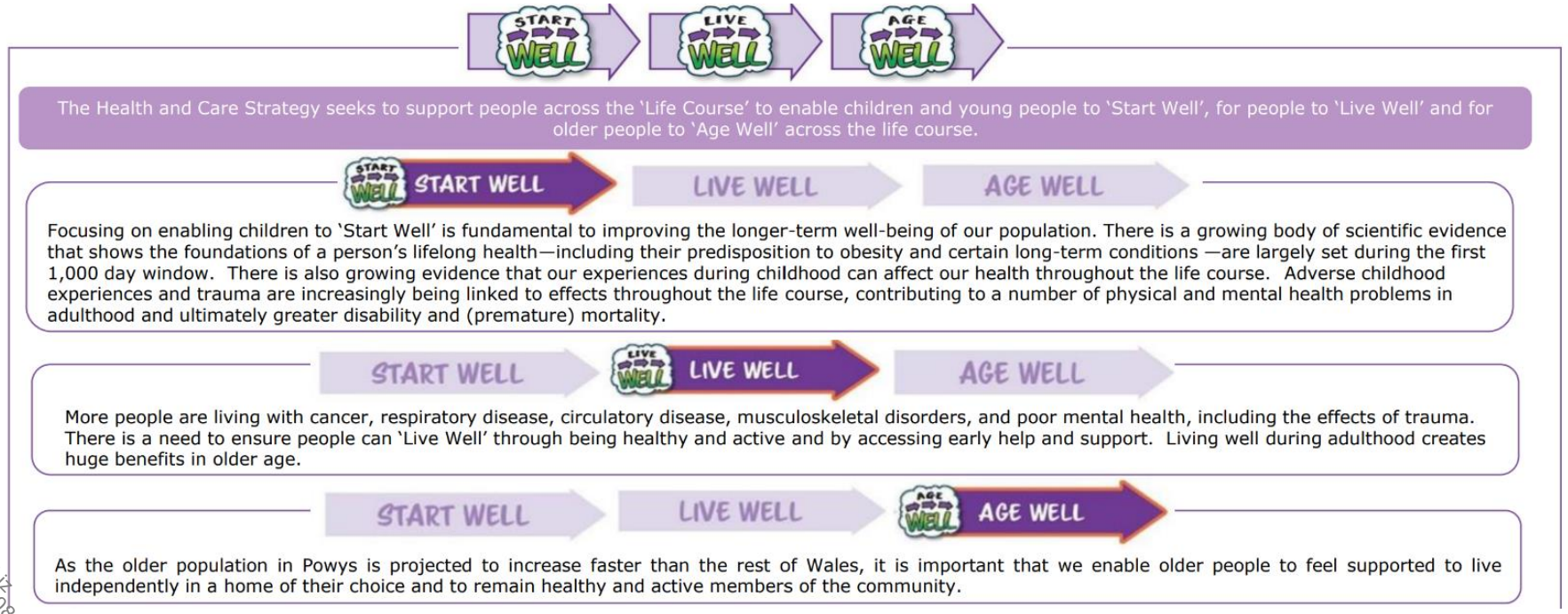
The work being done in partnership on 'Better Together' to create a Sustainable Model of Care – linking to wider public sector work for a Sustainable Powys - is particularly important in this respect.

This is key in setting out the both the case and the levers for change, in a highly complex and challenging environment. Intensive, focused efforts are required to ensure system resilience and transformation.

Both the Powys Wellbeing Plan and the Area Plan have been refreshed and respond to the findings of the Wellbeing Assessment, Population Needs Assessment and Market Stability Assessments.

the first of its kind in Wales and spans 2017 – 2027. (Work will commence in 2026 to review progress and reset the long term strategy for the Partnership.

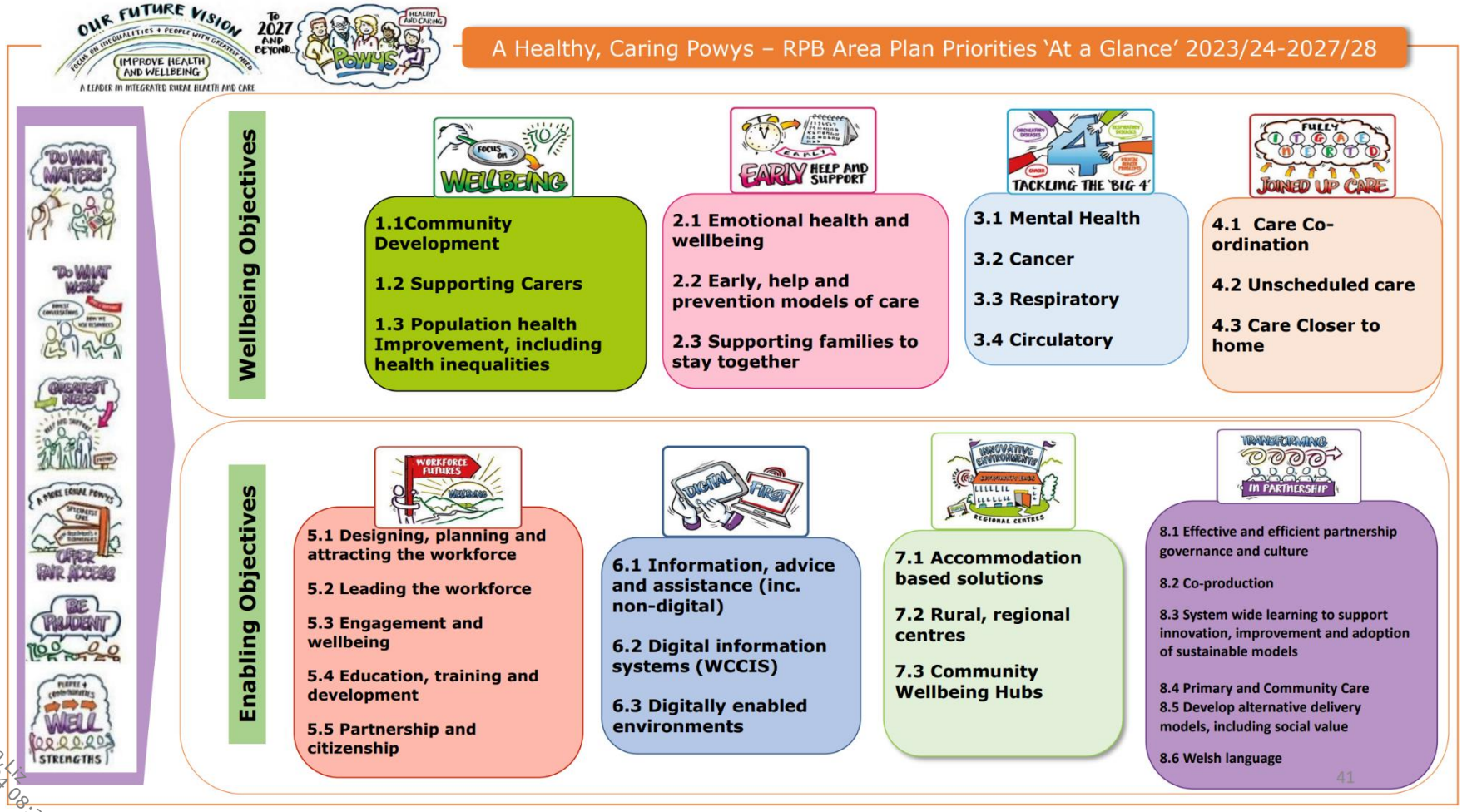
A Healthy Caring Powys sets out a life course approach to improve wellbeing in Powys – in the context of the Future Generations Act and Social Services and Well-being Act:



Co
co
St

Key Strategic Partnerships

A Healthy Caring Powys is the foundation of the Powys Area Plan – this is a five year plan 2023 – 2027 which will therefore be in its second year of delivery from April 2024. There is a complex portfolio of work to deliver the Area Plan, which is overseen by the Regional Partnership Board:



Powys 'Clusters'

There are three Clusters in Powys (North Mid and South), which are shaped by the natural geographies and community footprints in the County. These bring together a range of community and service representatives to plan and improve care. There is cross sector engagement with independent contractors, voluntary and local groups in the area.

The Pan Cluster Planning Group in Powys is being delivered through the Regional Partnership Board Executive Group. Area plans are informed by and inform Cluster Plans and Pan-Cluster level assessments of need and delivery priorities.

There is alignment with the Area Plan Wellbeing Objectives with a 'Focus on wellbeing,' 'Tackling the big '4'', 'Early help & support', and 'Joined up Care', reflected in the Cluster priorities and projects.

In particular, there is strong connectivity in relation to Frailty and the Community Model, Major Conditions, and Urgent & Emergency care

Some important innovations have taken place over the past years and further roll out of these across Clusters will support improved access and experience in relation to primary and community care.

This includes dedicated roles; use of patient digital apps for information, appointment booking and repeat medication; work with 'Health Education and Improvement Wales' (HEIW) and Universities, to facilitate rural placements and focused recruitment, skills development and mentoring.

Whilst progress has been significant, the Clusters are at varying stages of maturity and resilience and there are opportunities for primary care and community services to work more cohesively together to meet the needs of the population, whilst creating greater efficiencies and value within the system.

Mid Wales Joint Committee

Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).

Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with clinical leadership through the Clinical Advisory Group.

The priority areas for joint working across Mid Wales focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries.

There are five overarching aims : Health, Wellbeing and Prevention, Care Closer to Home, Rural Health and Care Workforce, Hospital Based Care and Treatment and Communications, Involvement and Engagement. Supporting these aims are a set of annually agreed priority areas.

Regional and National 'Strategic Change' Programmes

There are a number of strategic programmes at regional and national levels (in England and Wales) that relate to health and care provision and pathways for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas. In some cases, these were in train prior to the onset of the pandemic and have been reset in the context of the wider recovery efforts in Wales and England:

Overview – key areas of impact for Powys

The PTHB Integrated Plan 2023-2025 is aligned to the Ten Year Health and Care Strategy 'A Healthy Powys' and the Five Year Area Plan of the Powys Regional Partnership Board. This in turn is set in the wider context of the delivery of the Powys Wellbeing Plan (Public Services Board) refreshed in summer 2023

BCUHB submitted an annual plan which sets out the population needs, priorities and enablers, in the context of their long-term strategy 'Living Healthier, Staying Well'

All areas in Wales have developed plans for 2023 - 2024. Further planning is underway to develop plans for 2024 onwards, in response to the NHS Wales Planning Guidance issued in December 2023

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent

Shropshire and Telford & Wrekin Integrated Care System have produced an Integrated Care Strategy; Hospital Transformation Programme being implemented in line with outcomes of 'Future Fit' consultation

HDUHB have an Annual Plan 2023- 24, in the longer term context of 'A Healthier Mid and West Wales' long term strategy and programme

Hereford & Worcestershire Integrated Care System have produced an Integrated Care Strategy; Stroke Programme ongoing with further engagement / consultation expected on the clinical model and pathways in 2024

ARCH programme includes regional centre of excellence / regional services

South West Wales Cancer Centre programme in place

ABUHB have a three year plan which follows up on major transformation in recent years. A further review of their strategy took place in the Autumn and will be reflected in their plan for 2024 onwards

SBUHB have a Recovery and Sustainability Plan in context of 'Changing for the Future' long term strategy

CTMUHB and CAVUHB are engaging on Stroke services in South Central Wales (as part of wider National Stroke Programme)

CTMUHB have a Three Year Plan in the context of a Clinical Services Strategy

South East Wales Regional Portfolio Board in place; update included in this Stocktake

Velindre 'Transforming Cancer Services' in South East Wales Programme includes Radiotherapy Satellite Centre

National Programmes and Priorities

In addition to the individual partner plans and regional programmes, there are national programmes and priority areas which span multiple areas such as:

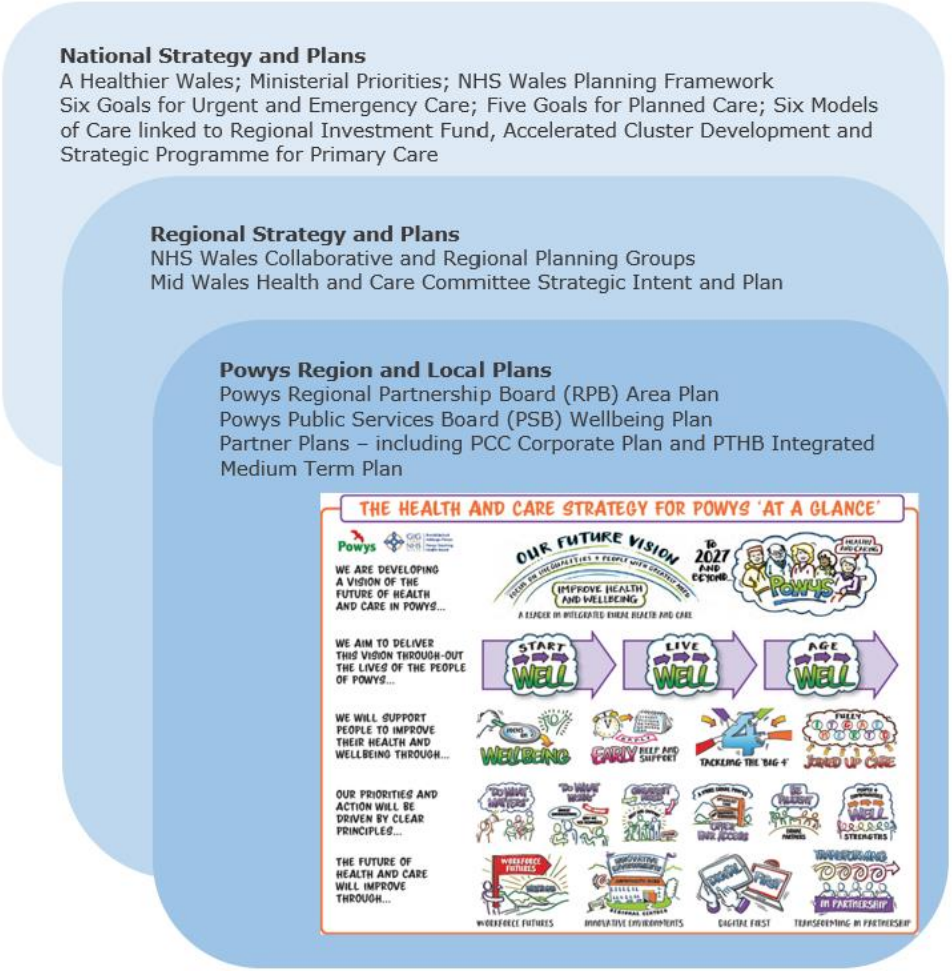
- the Six Goals for Urgent and Emergency Care
- Six Models of Care linked to the Regional Integration Fund (RIF)
- Five Goals for Planned Care
- Accelerated Cluster Development
- Strategic Programme for Primary Care
- Strategic Programme for Mental Health

The NHS Wales Executive is also bringing together Collaborative Programmes and the architecture around the Strategic Clinical Networks to deliver against A Healthier Wales and the NHS Wales National Clinical Framework.

Nationally, the next phase of establishment of the NHS Wales Executive and the implementation of the NHS Wales Commissioning body is expected to bring greater coherence to the All Wales whole system approach.

The NHS Wales Value and Sustainability Board was also established in the past year and the key requirements are noted as part of the NHS Wales Planning Framework for 2024 onwards.

Further detail is noted throughout the Delivery Section of this plan where there are important points of alignment and interdependency.



National Collaborative Commissioning

2024/2025 will see the transition of areas of national commissioning in Wales to a new NHS Wales Commissioning body – in the interim both EASC (Emergency Ambulance Services Committee) and WHSSC (Welsh Health Specialised Services Committee) will produce individual plans which are summarised below. ***These have not yet been finalised*** at the time of writing the PTHB Integrated Plan – therefore the summary below is based on information known at the time of publication.

EASC (Emergency Ambulance Services Committee)

The EASC IMTP (Integrated Medium Term Plan) 2024 – 2027 notes its aim to strike a balance between the delivery of improvements to core services whilst progressing transformation, within expected financial constraints. EASC Commissioning Intentions / objectives for 2024/2025:

- EMS (Emergency Medical Services) and NEPTS (Non Emergency Patient Transfer Services): roll over of previous year strategic intentions with updates including a Strategic Workforce Plan for EMS and commissioning of ambulance transfer services
- 111: focus on quality and performance; replacement of CAS (Clinical Assessment Service), review of digital platform; demand / capacity / roster review
- Ambulance Care including Transfer and Discharge model; NEPTs improvement plan; patient experience
- Developing Services in Collaboration
- Delivering Exceptional Value
- Enablers (People; Digital; Quality)

The EASC IMTP sets out the work related to the Six Goals for Urgent and Emergency Care; Collaboration to develop services; Performance of Ambulance Services and its long term strategy direction.

The WHSSC Integrated Commissioning Plan (ICP) is shaped around a vision is to improve patient outcomes through expert national commissioning. To achieve this will ensure delivery of high quality, sustainable healthcare services for people of Wales which are responsive to change, accessible and maximise value and outcomes within available resources. Strategic aims are:

1. Ensure provision of safe, high quality services for the people of Wales
2. To plan for the long term to ensure sustainable, accessible service provision for residents of Wales which is responsive to change
3. Provide expert approach to national healthcare commissioning
4. To be an effective partner, supporting service and system transformation
5. To maximise value and outcomes within available resources.

WHSSC Priorities for 24/25:

Commissioned Services

- Cancer and blood
- Cardiac
- Mental Health and vulnerable groups
- Neurosciences
- Women & Children

Commissioning/commissioned networks

- Welsh Kidney Network
- Neonatal Transport Network
- Major Trauma Network
- Spinal Services Network
- Traumatic Stress Wales

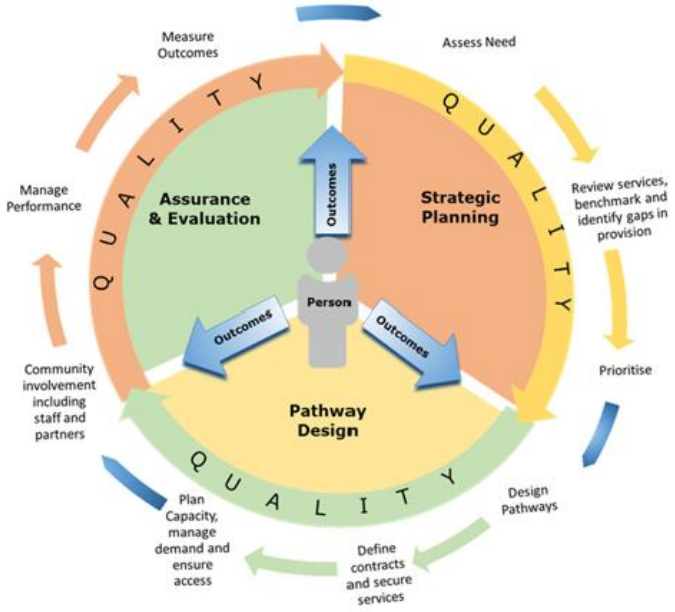
Planning, Performance and Commissioning

For PTHB there is a real focus on continuing to deliver a robust planning and performance cycle, to support areas of good performance as well as easing the strain on those areas which are facing challenges in performance delivery. There are some key opportunities which are being targeted. These opportunities have been prioritised in to immediate, short and medium and long term areas.

Immediate (2024/25)

- Delivery of annual cycle of planning to ensure that organisational priorities are set in line with national, regional and local strategy and goals
- Systematic tracking of strategic change within and outside Powys, to understand potential impact on health and care provision for Powys residents
- Analysis of activity trends and casemix to inform commissioning in 2024/25; 2025/26; to include determination of inappropriate referrals
- Analysis of external provider activity when internal services and pathways have been developed
- Support referral management (England & Wales)
- Work with Welsh and English providers to implement GIRFT recommendations and pathways
- Application of Interventions not normally undertaken (INNU)/ Individual Patient Funding
- Review prior approval criteria to ensure clinically appropriate utilisation of PTHB services
- Focus on Value Based Health Care; efficiency and productivity (provider & commissioner)
- Manage and monitor In-reach agreements

- Review of PTHB provider service utilisation
- Review PTHB provider DNA (Do Not Attend) rates
- Provider review of excluded drugs and devices
- Review and streamline LTA validation process
- Refresh Contract Quality Performance Review process to provide greater scrutiny/understanding of issues and promote joint working and solutions
- Consolidated Action Plan in relation to WHSSC, EASC and EMERTS (PTHB Commissioning role)
- Contribute to review of CHC commissioning and contracting process to deliver for 24/25 onwards
- Overseas Visitors: review of current process
- Enhancements to Integrated Performance Framework subject to resource availability including dashboard and reporting structure
- Review of existing agreements with third sector organisations commissioned by PTHB



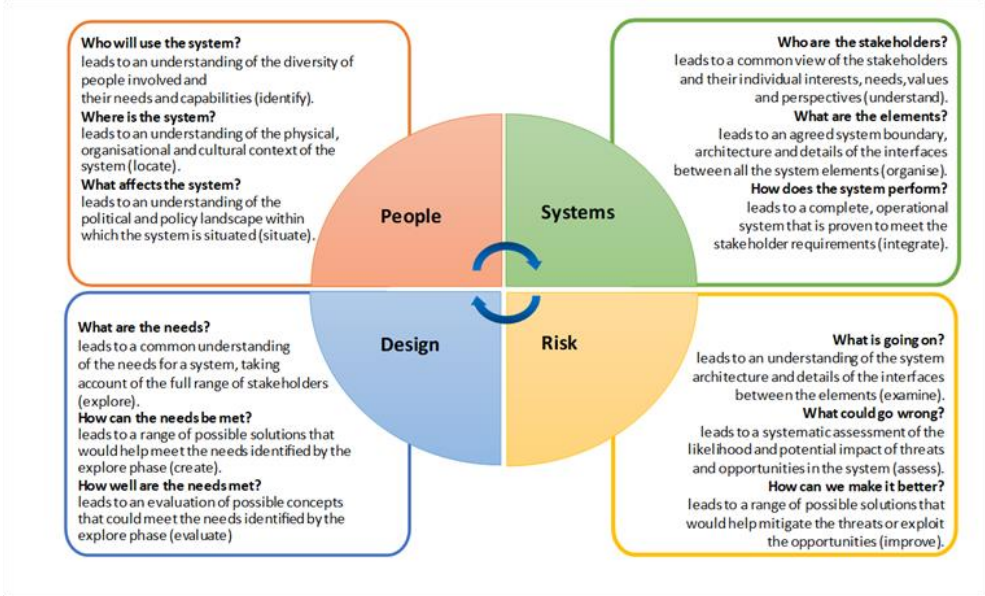
Short and Medium Term (2024/25 – 2025/26)

There are also a number of developments that the health board will be targeting in the short and medium term. These are in addition to the immediate term key areas.

- Use intelligence gathered from analysis of activity to inform future commissioning arrangements, including considering opportunities for decommissioning.
- NHSE providers to adopt activity and finance reporting national freeze deadlines which will provide potential benefit of not charging following freeze.
- LTAs/SLAs – introduce a pathway change to route increased activity through PTHB provider
- Alignment of local and regional commissioning.
- Explore opportunities of joint commissioning (Health and Local Authority) as well as with other Health Boards.
- Further develop Value Based Health Care
- PTHB will undertake an exercise to cost complete pathways of care and identify those elements of the pathway that we can influence and also those elements of the pathway that add/do not add value.
- Focus on efficiency and productivity PTHB as provider and within commissioned services.
- Utilising the Commissioning and Prioritisation Framework to consider and support resource allocation (As per below)

Long Term (2026/27)

The long term vision for PTHB commissioning is based on both alliance based commissioning and also the System Theory Approach. This would allow the Health Board to operate a continuous improvement model enabling the organisation to determine the system design that delivers the best service and brings together four key complimentary perspectives.



Effective Governance

There are continued significant and complex challenges and opportunities to be managed in the year ahead, as this plan sets out in some detail. These have been carefully considered by the Board during the production of this plan, as well as with the key Powys Partnerships outlined in the previous pages.

The organisation will continue to require robust corporate and partnership governance to be able to optimise delivery and support transformation in the year ahead, given significant and complex system pressures.

Governance and assurance arrangements are well established, with a track record of positive Structured Assessments from Audit Wales, in the 2023 report Audit Wales note that "the Health Board has generally good governance arrangements in place".

The health board is continually improving and learning from the agility during the pandemic. This has led to greater alignment in corporate functions. An integrated Corporate Governance Directorate was formed in 2022/23 which brings together Communications and Engagement, Corporate Governance, Corporate Business and the Charity.

Key Areas of Delivery

<u>Annual Governance and Corporate Business Plan</u>

Improve the effectiveness of the Board and its committees by:

- Embedding the new Board Assurance Framework, ensuring the Board has a robust and comprehensive view of the required assurances, supporting the Board to fulfil its responsibilities
- Delivering the Board and Committee work plans that are clearly aligned to the plans Board Assurance Framework and Corporate Risk Register
- Delivery of the Board Development programme that underpins the High Performing Board programme
- Review of the Boards Risk Management Framework further embedding effective risk management across the organisation
- Continue to develop and implement corporate business systems maximising efficiency and effectiveness across the organisation
- The partnership assurance and governance framework is developed and implemented providing increased assurance to the Board

Years 2 and 3 Indicative and Outline

In Years 2 and onwards, there will be further developments to embed a directorate focussed governance support programme; refreshed management of policies and written control documents and a continued programme of engagement ensuring patient and staff voice is implicit to the work of the Board.

Engagement and Communication

Effective engagement and communication support the health board to deliver its strategic priorities on behalf of patients and communities, and to manage principal risks.

It helps to ensure that plans and priorities are informed by "what matters" to stakeholders including our own staff, and that people are equipped with information and support to enable them to take action to maintain and improve their health and wellbeing.

The public perception context for the NHS remains challenging as the health board moves into 2024/25, with key issues reflected in the strategic engagement and communication PESTLE below.

Political	• There is a complex national political environment for the NHS including forthcoming UK general election with changes to constituencies, impact of Senedd Reform Bill and future Senedd elections • Locally, the political landscape in Powys has particular complexity (Labour Welsh Government, LibDem/Lab county administration, Conservative constituency MSs, Conservative MPs and UK Government) • The cross-border context for Powys can increase the level of political scrutiny we experience (e.g. policy comparisons during election period) • The cross-border context for Powys also increases the complexity of the communication and engagement complexity (e.g. socialisation of multiple cross-border and regional service change programmes; providing information relevant to multiple hyperlocal cross-border pathways)
Economic	• The challenging economic environment affects the steps we can take to communicate (e.g. the budget available for marketing campaigns), and how we shape our messages • There is a requirement to deliver cost savings from the communication and engagement budget • The lack of an internal charging model reduces our ability to engage other departments in a discussion about the cost and value of the services we offer • The challenging economic environment affects individual's access to information, health behaviours & psychology, discretionary effort etc. • The business sector in Powys tends to be focus on small/micro-business, farming etc. which creates complexity and challenge in partnering with employees and engaging with employees
Social	• There are increasing challenges for the traditional news media sector which affects our routes for messaging and audience • There are significant changes in the use of social media by the public, requiring dynamic and agile approach to "following the audience" • The older population is now increasingly familiar with digital and social technologies although a digital divide still persists • We need to ensure that communication and engagement are accessible (reading age, disabilities, sensory loss etc.) with growing expectations about personalisation and hyperlocalisation
Technological	• We need to keep pace with technological changes in social media (e.g. new platforms) with increasing challenges for penetration of messaging and voice (channel diversification, algorithms, organic vs. paid) • A key development area will be to understand the impact of AI on communications and engagement delivery
Environmental	• We are striving to reduce environmental burden of communication activities (single use plastics, printing, "hidden" environmental impact of data storage and servers) • There are challenges of meaningful local messaging across vast and sparse geography – lack of cost-effectiveness due to lack of critical mass of population
Legal	• There are significant compliance requirements associated with the planning and delivery of communication activities (Welsh Language, Accessibility Legislation) • There are significant compliance requirements associated with the planning and delivery of engagement activities (consultation requirements, equality impact, service change guidance)

This Integrated Plan therefore reflects our continued work to reframe our relationships with patients, the public and partners, as well as working with our own staff, through the further development of Better Together (Accelerated Sustainable Model).

Key Areas of Delivery

- Design and delivery of a programme of marketing and communications to support the delivery of the health board's wellbeing and enabling objectives, focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks.
- Design and delivery of a programme of continuous and/or targeted engagement to enable Better Together, support strategic insight to inform health board priorities & programmes, gather community voice and co-produce solutions that make best use of community skills and assets; design and deliver compliant programmes of engagement and/or consultation reflecting the emerging relationship with Llais, the Citizen Voice Body.
- Ensure effective engagement and communication to support Workforce Futures priorities for ensure a sustainable workforce in a great place to work that places employee health and wellbeing at its heart.

Key areas of delivery outlined in 2023/24 will continue in Years 2 and 3, ensuring communications and engagement is central to the delivery of the health boards strategy and priorities.

Quality and Safety

There remains a focus on delivering the PTHB Duty of Quality and Duty of Candour Implementation Plan, following the Health and Social Care (Quality and Engagement) (Wales) Act (2020) coming into full effect on the 1 April 2023.

<u>Duty of Quality</u>

There is a focus on the six domains of quality: Safe, Timely, Effective, Efficient, Equitable, Person-centred (STEEEP).

This will be achieved through:

- Leadership and culture focused on quality
- System-wide approach to quality
- Shared responsibility for quality
- Quality-driven decision-making
- Demonstrable learning and improvement
- Strengthened Quality Management Systems with revised Quality Standards (2023)

<u>Duty of Candour</u>

During 2023/24 actions have been progressed in line with the Duty of Candour Implementation Plan. This built on improvement work in 2022/23 to the Putting Things Right processes to improve the health board response to people who raise a concern or complaint.

There will be a further rollout of education and training to staff to develop their competence and confidence with the duty.

The organisation has embraced the opportunity to be a Pilot site for the changes required within the RLDatix system to support the duty of candour. Reports are made where the duty has been triggered in the Integrated Quality Report through to the Patient Experience and Quality Committee.

Key areas of delivery

- Delivery of a comprehensive implementation plan to comply with both duties as set out in the Quality and Engagement Act
- This will be monitored by a sub-group of the Executive Team, the Clinical Quality Advisory Group, collectively led by Clinical Executives reporting to the Executive Committee
- Supporting teams within the organisation to act in accordance with the duties
- Integration of the Quality Management System (quality control, quality planning and quality improvement) within the Integrated Performance Framework. This will enable quality standards to underpin our business as a core thread throughout the Organisation.
- Delivery of the Patient Experience Framework

In the following years, the health board will embed Quality Standards across the Organisation, as well as maturing the Patient Experience infrastructure, ensuring that person-centredness is central within all services and all plans. This will be supported by electronic quality assurance monitoring to support quality dashboards. The SAFECARE system will monitor the impact of nurse staffing levels on patient care and experience.

Other areas will include the Dementia Standards Programme, professional leadership, community nursing and multi-professional teams including retention and recruitment in nursing and midwifery.

This will require Quality Dashboards with real time intelligence in all clinical provider services, infrastructure that supports co-production, maturing from patient feedback to patient involvement and Near Miss incidents captured and reported.

Safeguarding

The health board is committed to ensuring safeguarding is part of its core business, with a vision that Powys residents live their lives free from violence, abuse, neglect and exploitation.

Key policy and legislation includes the Social Services and Well-being (Wales) Act 2014, United Nations Convention on the Rights of the Child, Human Rights and the United Nations Principles for Older Persons.

Key areas of delivery include staff competency and skills development, a supported environment to raise concerns, effective safeguarding supervision and training to maintain good standards of practice and learning from incidents and reviews.

Collaboration is also key, via the NHS National Safeguarding Service, Mid & West Wales Safeguarding Board, Regional Violence Against Women and Domestic Abuse and Sexual Violence Board, regional child and adult practice reviews and domestic homicide reviews.

Transforming in Partnership				
Strategic Priority	**Key areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Key Strategic Partnerships	Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail PTHB Partnership Assurance and Governance Framework to be developed	Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail Framework to be developed, agreed and operationalised	Q3	Whole system approach to health and wellbeing to leverage benefit of collaborative working for population of Powys (and wider region as appropriate) Whole system value and effectiveness – best use of public purse for population Effective partnership governance and oversight
Commissioning, Performance, Planning)	Delivery of Annual Strategic Planning Cycle	Quarterly Reporting cycle (progress against plan and strategic change)	Q1 – Q3	Ensure strategic priorities set in line with national, regional and locally agreed strategy Progress against plan regularly reviewed and used to inform organisational prioritisation Horizon scanning and intelligence of strategic change Appropriate mechanisms in place for commissioning assurance and performance management Supporting value, effectiveness, efficiency, quality and resilience of provider services Appropriate utilisation of provider services capacity Oversight and assurance of services provided for Powys residents
		Annual Plan Review & Development	Q3 – Q4	
	Delivery of Immediate / Short / Medium and Long Term Commissioning and Performance Work Programme	Portfolio of commissioning and performance activity as noted	Q1 – Q4	

Transforming in Partnership				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
Governance	Board Assurance Framework	Board Assurance Framework (BAF) is an integrated part of every Board meeting	Q1	Improved assurance; oversight of risks in the strategic plan Effective decision making
	Board and Committee work plans aligned to the plans Board Assurance Framework and Corporate Risk Register	Board and Committee work plans are agreed, delivered and evaluated.	Q1-Q4	Delivery of the Board and Committee responsibilities Decisive and effective decision making
	Board Development programme that underpins the High Performing Board programme	Board development programme x6 sessions; board briefings x12 sessions	Q1-Q4	Appropriately skilled, trained and informed Board
		Risk management framework reviewed and fully implemented		
	Review Boards Risk Management Framework further embedding effective risk management	Risk management framework reviewed and fully implemented	Q3	Effective risk management Enhanced sight and oversight of risks at sub corporate level
	Corporate business systems maximising efficiency and effectiveness	Corporate business systems clearly defined and in place	Q1-Q4	Enhanced executive administration and governance support
Effective systems and delivery of engagement and communication	Design and delivery of a programme of marketing and communication	Design and deliver annual programme of communication and marketing activity focusing on those issues offer the most strategic benefit and management of principal risks	Q1-Q4	Communication activity that supports strategic priorities & focuses on the management of principal risks Communication channels and infrastructure that meet core compliance and delivery requirements (e.g. Welsh Language, accessibility)

Transforming in Partnership				
Strategic Priority	**Key Areas of Delivery**	**Key Deliverables**	**Timescale**	**Intended Outcome/ Impact**
	Design and delivery of a programme of continuous and targeted engagement	Design and deliver compliant programmes of engagement and/or consultation reflecting the requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioning changes) and national programmes (e.g. all-Wales and specialised services).	Q1-Q4	Continuous engagement mechanisms to inform and socialise plans and priorities Targeted engagement and/or consultation for service changes Engagement approaches reflect core requirements including national guidance on service change through effective partnership with Llais and other key partners
	Delivery of shared PSB/RPB Engagement and Participation Plan priorities	Design and deliver a shared approach to coproduction across public sector partners in the RPB and PSB	Q1-Q4	Shared models, definitions and training across RPB and PSB Increased coherency; shared approach to public voice and insight to drive positive change
Quality and Safety	Year 2 Maturity Plan (building on Year 1 of Duty of Quality and Candour Implementation Plan)	Duty of Quality and Candour Maturity Plan	Q1 Q2 Q3 Q4	Transition to Integrated Quality and Performance Framework (IQPF); Quality and Performance Escalation Framework (QuPEF) Revision of Clinical Quality Framework and Patient Experience Framework Implementation of Quality Indicators and dashboard

Financial Position and Plan

This Integrated Plan responds to one of the most challenging periods in the history of the NHS in Powys. This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. It sets out how we will work with communities, staff and stakeholders over the period of the plan, to build a sustainable approach in Powys.

There are continued significant inflationary and demand growth pressures on healthcare, arising from a combined and complex set of challenges that are recognised in the NHS Wales Planning Framework and explored in detail in the strategic context of this plan.

These include the impact of the pandemic on access to healthcare; significant backlogs in treatment; cyclical system pressures and growth in demand and difficulties recruiting and retaining the workforce needed across health and care.

Demographic changes which have been noted nationally are particularly acute in the rural county of Powys, which is at the forefront of the ageing population, with evidence of a growing burden of ill health and increases in those facing multiple health challenges.

These challenges are impacting on the ability of the health board to achieve a financial breakeven plan and it has been determined by the Board that it is not possible to do so in the current circumstances.

There has been a serious and significant interrogation of the drivers of the financial position in this context, to agree a position which represents an acceptable balance of risk. The position is subject to continuous focus and action by the Board and strong proactive management of the risks and opportunities.

There has been a thorough and lengthy appraisal to ensure the plan is setting the necessary level of service delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformational work to build a more sustainable approach.

The health board is working to allocate resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost. Understanding the outcomes and experience of the Powys population, the evidence base and comparative costs will enable the health board to increase value.

The 2024/25 Financial Plan is designed to deploy resources effectively to deliver improved outcomes and meet the needs of the resident population, in line with our long term health and care strategy 'A Healthy Caring Powys'. It is a significant driver of the value-based healthcare approach, which is being embedded throughout the organisation supported by a core and expert team focused on renewal and transformation.

The plan puts forward the very best offer to maximise the use of the resources and strive to deliver safe, timely, effective, efficient, equitable and person centred care that meets the needs of the population of Powys.

Financial Plan for 2024/25

The financial plan has been developed based on confirmed Welsh Government funding allocations, risk assessed cost pressures and a realistic, but challenging view of cost saving potential.

The health board faces a significant financial challenge, as noted throughout this plan, due to a combination of pressures that are not unique to Powys or the health board.

Key financial assumptions

A detailed appraisal of the key financial assumptions in relation to the health board's financial position has been made during the six month period of Plan Development, working closely with the Financial Planning and Delivery team in NHS Wales Executive.

This appraisal process has included a series of 8 Board Development sessions (from September 2023 up to March 2024) at which the financial drivers, notably the key inflationary pressures and areas of demand and service growth have been appraised.

Key areas of this appraisal have included:

- Inflationary pressures in relation to pay growth including agency uplifts
- NHS Wales and NHS England Provider and Commissioner uplift arrangements
- Inflationary growth in relation to Continuing Healthcare and Funded Nursing Care provision
- Other non pay inflation considerations impacting on PTHB Provider and Commissioned Services (utilising Consumer Price Indices intelligence)
- Inflation in relation to Prescribing and High Cost Drugs (utilising All Wales PAR report)
- Changes in energy pricing / supply and provision (including the impact of global conflicts on this area of inflation)
- The income assumptions are based on a Health & Social Care budget 3.67% core allocation uplift in funding in 2024/25, specific funding to address energy cost pressures and additional funding for any pay awards.

Financial Improvement Opportunities

Areas of opportunity for financial improvements were comprehensively explored and actioned during 2023, as part of a programme of work led by the Executive Team, engaging with all teams across the organisation, with oversight through Board Development sessions.

The outputs of this work informed a reset of the PTHB Integrated Plan 2023/24 and a number of items reprioritised, rescoped or deferred to ensure focused deployment of efforts on value based approaches.

There has been a capped approach to cost pressures based on expenditure trends and this will be continually reviewed. Internal investments will be limited to those unavoidable items to address sustainability and safety issues.

Baseline and Forecast Position

The health board is forecasting a £12.0m deficit at the end of 2023/24. Once the impact of non-recurrent items and the full year impact of recurrent pressures have been considered the health board is assessed as having an underlying deficit of £25.4m. This would be £39.6m, without £14.2m of conditionally recurrent funding from Welsh Government.

The underlying deficit has developed over time largely driven by a growth in people requiring continuing healthcare and the commissioning of secondary care, alongside pressures in primary and community care.

Area	**Underlying deficit (£m)**
Primary Care	1.9
Continuing Health Care	10.5
Commissioned Services	12.7
Community Services	0.3
TOTAL	**25.4**

Adding to the underlying deficit of £25.4m, is the assessment of:

- cost pressures of £8.0m for secondary healthcare providers to cover inflation and increased activity;
- other cost pressures of £9.4m – including £2.9m for continuing healthcare and £2.6m for prescribing drugs in primary care; and
- an increase in funding reduced by the net effect of some allocation adjustments £(10.0)m.

These costs will be partially offset by a series of mitigating actions, evaluated as having a £7.9m impact in 2024/25:

- transformational change underpinned by the Accelerated Sustainability Programme;
- reducing expenditure on agency staff and medicines;
- working actively with teams to identify mitigating actions to contain cost pressures; and
- restricting expenditure on national COVID programmes to the funding available.

The impact of each of these components is set out in the table below. It shows that the health board is planning for a £24.9m deficit in 2024/25.

	(£m)
Underlying deficit	25.4
Cost pressures in secondary care	8.0
Other cost pressures	9.4
Net effect of allocation adjustments and COVID	(10.0)
Mitigating actions	(7.9)
TOTAL	**24.9**
Conditional funding	14.2
TOTAL without conditional funding	**39.1**

The figures below give an indication of how the planned expenditure for 2024/25, excluding the impact of pay awards, compares to the forecast expenditure in 2023/24 and the actual costs in previous years.

	£m					
	2019/20 Actual	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Forecast	2024/25 Plan
05 - Primary Care - (excluding Drugs)	39	41	43	43	44	45
06 - Primary care - Drugs & Appliances	30	32	31	33	35	37
07 - Provided services -Pay	79	90	96	103	109	102
08 - Provided Services - Non Pay	16	25	27	16	22	27
09 - Secondary care - Drugs	1	1	1	1	1	1
10 - Healthcare Services - Other NHS Bodies	133	141	149	157	167	172
12 - Continuing Care and FNC	15	16	22	27	30	32
13 - Other Private & Voluntary Sector	3	3	3	3	4	5
Powys Total	**315**	**348**	**373**	**384**	**412**	**421**
Annual Growth		**10.5%**	**7.0%**	**3.1%**	**7.1%**	**2.2%**

Financial Risks

The health board is facing a number of financial risks at this stage of the financial planning process and is taking action to ensure these are appropriately managed and mitigated:

- Delivery in an environment of high demand and operational pressures; a dynamic environment across health and social care with considerable uncertainty that impacts planning commitments
- Achievement of mitigating actions to meet the savings target; concerted attention will be required with savings plans and further cost avoidance actions in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- Cost Pressures due to inflation and growth; there are a series of assumptions underpinning these assessed costs. It is identified as a key risk area to be managed.
- COVID-19 National Programmes; it is assumed that mitigating actions will enable the health board to manage successfully within the allocations for national programmes. Key will be the ability to step down non recurrent COVID costs further and plan for those that endure.
- Pay award 2024/25 excluded as assuming additional funding on an actual basis.

The financial plan is based on current planning assumptions and known allocations. Although it necessarily focuses upon 2024/25, the health board has an ambition to recover its financial sustainability in as short a timescale as is practically possible.

The health board will continue to work closely with Welsh Government and the Financial Planning and Delivery Directorate of the NHS Executive in ongoing assurances on delivery and maximising opportunities to improve financial performance and sustainability.

A detailed Financial Plan is submitted as part of the Technical template (Minimum Data Set MDS) which is returned to Welsh Government as part of the Plan Submission at the end of March 2024.

Conclusion

There has been a thorough and lengthy appraisal to ensure the plan is setting the necessary level of service delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformational work to build a more sustainable approach.

Whilst the financial position is challenging, there has been a serious and significant interrogation of the drivers of the financial position, to ensure the plan represents an acceptable balance of risk and is a true and accurate picture of the organisational position and deliverability. The position is subject to continuous focus and action by the Board and strong proactive management of the risks and opportunities.

Key outputs of the Plan will therefore be as follows:

1. There will be a period of the plan with a financial performance with known in year deficits.
2. Quality standards will underpin our business as a fundamental core thread, with the Integrated Quality and Performance Framework being central to quality control, quality planning and quality improvement.
3. PTHB Provider performance is forecast to deliver against the NHS Wales performance framework by the end of year 1 and remain compliant thereafter (see tables that follow).
4. We are awaiting final delivery plans from providers the health board commissions from and given current and predicted performance, there are projected to be periods of continued under-delivery against a key number of urgent and planned care access targets (see tables that follow).
5. To meet the forecast healthcare need in the next 10 years, with a significant increase in patients living with multiple conditions, and to match workforce and financial resources available, service change including the method and place of delivery will have to change.
6. Our 5 year plan sets out the action to address these challenges. Year 1 of our plan is well defined and years 2 to 5 will be informed by the further workup that is part of the first year of delivery, which will include engagement and consultation with patients, staff, residents and a range of other stakeholders.

We continue to strive to improve the health and wellbeing for the residents of Powys and believe this plan gives us every chance of success.

Key Measures & Trajectories

Performance Trajectories – PTHB Provider

					PTHB Own Services		PTHB Own Services - Forward Look For 5 Year Plan		
Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers)					Predicted Performance Created Feb 23	Forecast March As At Feb 24	Year 1 2024/25	Year 2 2025/26	Year 3-5 2026/27 to 2028/29
					March 2024 forecast	March 2024 forecast	March 2025 forecast	March 2026 forecast	March 2027 forecast
Reference	Domain	Type	Priority and linked measures	National Target	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G
1	Delayed transfers of care	Priority	Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination		Medium	Medium	Medium	Medium	High
2	Primary care access to services	Priority	Improved access to GP and Community Services		Medium	Medium	Medium	Medium	High
3		Priority	Increased access to dental services		Medium	Medium	Medium	Medium	High
4		Priority	Improved use of community pharmacy		Medium	Medium	Medium	Medium	High
5		Priority	Improved use of optometry services		Medium	Medium	Medium	Medium	High
6	Urgent & Emergency care	Priority	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability		Medium	Medium	Medium	Medium	Medium
7		Priority	Implementation of Same Day Emergency Care services that complies with the following:		Medium	Medium	Medium	Medium	Medium
		Measure	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	High	High	High	High	High
8		Priority	Health boards must honour commitments that have been made to reduce handover waits		High	High	High	High	High
		Measure	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	High	High	High	High	High
9	Planned Care, Recovery, Diagnostics and Pathways of Care	Priority	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024		High	Medium	High	High	High
		Measure	Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	High	Medium	Medium	High	High
		Measure	Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	High	Low	Medium	High	High
		Measure	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	High	High	High	High	High
		Measure	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	High	Medium	Medium	High	High
10		Priority	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025		High	Medium	Medium	High	High
10		Measure	Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	High	Medium	High	High	High
10		Measure	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	High	Low	Low	Medium	High
11		Priority	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024		Medium	Low	Low	Low	Medium
		Measure	Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Medium	Medium	High	High	High
12		Priority	Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary		High	High	High	High	High
13	Cancer recovery	Priority	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.		N/A	N/A	N/A	N/A	N/A
		Measure	Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	N/A	N/A	N/A	N/A	N/A
		Measure	Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	N/A	N/A	N/A	N/A	N/A
14		Priority	Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026		High	High	High	High	High
15	Mental health and CAMHS	Priority	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.		High	Medium	Medium	High	High
16		Priority	Implement 111 press 2 on a 24/7 basis for urgent mental health issue		High	High	High	High	High

Performance Trajectories – Commissioned Services

Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers)					Commissioned Services (Wales & Eng)		Commissioned Services - Forward Look For 5 Year Plan		
					Predicted Performance Created Feb 23	Forecast March As At Feb 24	Year 1 2024/25	Year 2 2025/26	Year 3-5 2026/27 to 2028/29
					March 2024 forecast	March 2024 forecast	March 2025 forecast	March 2026 forecast	March 2027 forecast
Reference	Domain	Type	Priority and linked measures	National Target	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G
1	Delayed transfers of care	Priority	Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination		Low	Low	Low	Year 2 onwards to be revised following review of provider plans in year 1	
2	Primary care access to services	Priority	Improved access to GP and Community Services		N/A	N/A	N/A		
3		Priority	Increased access to dental services		N/A	N/A	N/A		
4		Priority	Improved use of community pharmacy		N/A	N/A	N/A		
5		Priority	Improved use of optometry services		N/A	N/A	N/A		
6	Urgent & Emergency care	Priority	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability		Medium	Medium	Medium		
7		Priority	Implementation of Same Day Emergency Care services that complies with the following:		High	Medium	Medium		
		Measure	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	Low	Low	Low		
8		Priority	Health boards must honour commitments that have been made to reduce handover waits		Medium	Medium	Medium		
		Measure	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	Medium	Low	Low		
9	Planned Care, Recovery, Diagnostics and Pathways of Care	Priority	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024		Low	Low	Low		
		Measure	Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Medium	Low	Low		
		Measure	Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Low	Low	Low		
		Measure	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Low	Low	Low		
		Measure	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Medium	Low	Low		
10		Priority	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025		Medium	Medium	Medium		
10		Measure	Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	N/A	N/A	N/A		
10		Measure	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	Low	Low	Low		
11		Priority	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024		Medium	Low	Low		
		Measure	Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Low	Low	Low		
12		Priority	Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary		Medium	Medium	Medium		
13	Cancer recovery	Priority	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.		Low	Low	Low		
		Measure	Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	Low	Low	Low		
		Measure	Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	Low	Low	Low		
14		Priority	Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026		Medium	Medium	Medium		
15	Mental health and CAMHS	Priority	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.		N/A	N/A	N/A		
16		Priority	Implement 111 press 2 on a 24/7 basis for urgent mental health issue		N/A	N/A	N/A		

Performance Trajectories – Ministerial Priority Measures

Ministerial Priority Measures				Month 2023/24		Month 2024/25 - Performance Forecast - Year 1 of 5 Year Plan												Years 2 to 5
Measure	Target from 2023/24 Framework		Mar-23	Apr-23	March 24 Forecast	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	25/26 to 28/29
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Actual	161	159	246	230	200	175	140	110	75	50	10	0	0	0	0	Assume full compliance subject to future financial settlements
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Actual	190	243	86	60	40	20	0	0	0	0	0	0	0	0	0	
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Actual	32	67	149	140	130	120	110	100	90	80	70	60	20	0	0	
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Actual	1	1	13	55	65	55	45	20	10	5	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	Actual	7	16	23	164	204	166	132	60	25	15	0	0	0	0	0	
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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	Actual	4755	4,763	Not available	1,500	1,400	1,300	1,200	1,100	1,000	900	800	700	600	500	400	

Workforce Trajectories

Staff Group	2024/25			2025/26			2026/27			2027/28			2028/29			2029/30		
	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies
Add Prof Scientific and Technic	78.49	94.26	**15.77**	84.18	94.26	**10.08**	89.87	94.26	**4.39**	92.56	94.26	**1.70**	94.13	94.26	**0.13**	94.00	94.26	**0.26**
Additional Clinical Services	418.45	439.80	**21.35**	460.77	439.80	**-20.97**	460.77	439.80	**-20.97**	460.77	439.80	**-20.97**	460.77	439.80	**-20.97**	460.77	439.80	**-20.97**
Administrative and Clerical	627.58	665.58	**38.00**	634.55	665.58	**31.03**	632.52	665.58	**33.06**	629.49	665.58	**36.09**	621.46	665.58	**44.12**	624.43	665.58	**41.15**
Allied Health Professionals	151.40	174.64	**23.24**	158.22	174.64	**16.42**	166.04	174.64	**8.60**	174.86	174.64	**-0.22**	174.28	174.64	**0.36**	174.78	174.64	**-0.14**
Estates and Ancillary	166.89	179.63	**12.74**	169.97	179.63	**9.66**	169.05	179.63	**10.58**	170.13	179.63	**9.50**	175.21	179.63	**4.42**	179.28	179.63	**0.35**
Healthcare Scientists	9.21	9.82	**0.61**	10.21	9.82	**-0.39**	10.21	9.82	**-0.39**	10.21	9.82	**-0.39**	10.21	9.82	**-0.39**	10.21	9.82	**-0.39**
Medical and Dental	34.70	47.92	**13.22**	36.50	47.92	**11.42**	38.30	47.92	**9.62**	39.10	47.92	**8.82**	44.90	47.92	**3.02**	46.70	47.92	**1.22**
Nursing and Midwifery Registered	563.51	714.61	**151.10**	586.66	714.61	**127.95**	608.81	714.61	**105.80**	642.96	714.61	**71.65**	690.11	714.61	**24.50**	714.26	714.61	**0.35**
Grand Total	**2050.23**	**2326.26**	**276.03**	**2141.06**	**2326.26**	**185.20**	**2175.57**	**2326.26**	**150.69**	**2220.08**	**2326.26**	**106.18**	**2271.08**	**2326.26**	**55.18**	**2304.44**	**2326.26**	**21.82**

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

If you would like further information about this plan, please email Powys.Planning@wales.nhs.uk

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1c

Board	**Date of Meeting: 20 March 2024**
Subject:	**DISCRETIONARY CAPITAL PROGRAMME 2024/25 and 2025/26**
Approved and Presented by:	Wayne Tannahill, Associate Director Capital, Estates and Property
Prepared by:	Louise Morris, Head of Capital
Other Committees and meetings considered at:	Capital Control Group: 7 February 2024 Executive Committee: 13 March 2024

PURPOSE:

To approve the Discretionary Capital Programme 2024-26 and provide an update on the general Capital funding status including risks and opportunities.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Discretionary Capital Programme, 2024/2025–2025/26

The position on All Wales Capital Funding (AWCF) and its impact on the project programme of activity is provided for **information** along with a general update on the funding streams available and associated capital delivery risks for the Health Board.

Approval/~~Ratification/Decision~~[1]	**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:

DISCRETIONARY CAPITAL: The proposed capital pipeline 2023-25 has been developed by the Capital Control Group to reflect the current and projected allocation of Welsh Government (WG) Discretionary Capital funding. Following 2 years of reduced funding (£1.089M in 2022/23 and £1.260M in 2023/24) the capital allocation for 2024/25 has been reinstated to **£1.431M.**

Estates Funding Advisory Board (EFAB): In 2023/24 PTHB successfully secured £2.404M of funding over 2 years to support a number of projects addressing infrastructure, fire and decarbonisation projects. In order to secure this funding, PTHB are required to make a contribution from discretionary capital funds which equates to £0.268M in 2023/24 and **£0.453M** in **2024/25** (as summarised in the table below). It is not yet confirmed if further EFAB funding will be available in 2025/26.

This has been taken into account when developing the proposed Discretionary Capital pipeline 2024-26 which is presented at **APPENDIX A** for Executive Committee endorsement.

OTHER FUNDING: All Wales Capital Funding (AWCF)

Llandrindod Phase 2 - Following on from the successful investment to upgrade services at the front of the hospital, a Programme Business Case

(**PBC**) has been endorsed by Welsh Government for a second phase of works to improve and reconfigure the remainder of the hospital. 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.

North Powys Health and Wellbeing Campus - The Programme Business Case (PBC) for the campus has been endorsed and Welsh Government are approaching the end of the review process for the Strategic Outline Case (SOC) submission, which was made in 2022.

Welsh Government have funded some initial work to progress the Outline Business Case (OBC) 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 SOC 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.

Mini business cases (SBAR) - As directed by WG, PTHB have also developed a series of prioritised mini business cases (SBAR) to be submitted to address medium to large scale urgent compliance works. In 2023/24 PTHB secured £1.480M to undertake roof replacement works at Bronllys. The next priorities include roof replacement at Knighton and Bronllys watermain.

The anticipated funding position for 2024-26 is summarised below:

Capital / Revenue Category	**2024/25 £M**	**2025/26 £M**	**Comments**
Discretionary	1.431	1.431	Increase by £171K pa to bring back to £1.431M
EFAB (Discretionary PTHB Contribution)	(0.453)	(TBC)	30% contribution of overall EFAB to be made from Discretionary Capital
EFAB Funding (WG contribution)	1.512	TBC	6 schemes in total including fire compliance, decarbonisation and infrastructure (incl. 30%)
Emergency All Wales Capital Funding (AWCF)	*1.480*	*1.500*	Series of prioritised SBAR's with WG support (split / year yet to be agreed) over 2 years
Llandrindod Phase 2; first BJC	*3.000*	*5.000*	Overall Programme Business Case endorsement for £11-14M over 3+ years

North Powys Health & Wellbeing Campus	TBC	TBC	Funding route to be agreed with potential RPB/IRCF funding
Re:fit (Revenue)	*3.500*	*0*	Energy and Decarbonisation: Invest to Save, value to be confirmed subject to procurement
Capital Slippage	TBC	TBC	Indicatively, £1.105M in 2023/24
TOTAL (indicative)	**10.470**	**7.931**	

Capital funding is a key enabler for transformational change to the Health Board estate in support of the Accelerated Sustainable Model of care as the outputs of this work emerge. The backdrop to this is the current condition of the aging estate with an Internal Audit finding presented to Audit, Risk and Assurance Committee on 11 March for Estates Condition with a Limited Assurance finding indicating the disparity between capital availability across NHS Wales and the investment required to address backlog maintenance and meet the strategic need for change for the built environment.

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND:

PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some significant challenges in terms of maintaining building stock with £69M of Backlog Maintenance and many competing priorities for a limited amount of Discretionary Capital.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity to deliver projects on the ground within financial year constraints. It is, therefore, essential that the pipeline remains agile with a number of reserve schemes ready to progress should the situation or funding availability change, with sufficient contingency maintained to address emerging issues and priorities.

CAPITAL FUNDING AVAILABILITY:

Following a reduction in Discretionary Capital Funding (£1.089M in 2023/24 and £1.260M in 2024/25) the capital allocation for 2024/25 has been reinstated to **£1.431M**.

The NHS Wales overall Capital funding was reduced from circa £350M to £250M in 2022/23 as monies were, in part, reallocated to 'care' related services. This resulted in a reduction in Discretionary Capital funding allocation. Despite the reinstatement of this funding from 2024/25 there still remains pressure on the availability of AWCF centrally and as a result as there is less capital available to support business case submissions, resulting in heightened competition for limited major capital project money.

This challenging financial climate has resulted in a need for clear and effective prioritisation of capital schemes. The NHS Infrastructure Investment Board (IIB) have now agreed a framework which will provide a common basis for investment decision making. A prioritisation form needs to be completed for all business case irrelevant of status, where Full Business Case / Business Justification approval has not been received. This will assist officials with clarity around priority schemes that are likely to be supportable going forward. In addition, this work will be essential in informing and influencing Welsh Government budget discussions for 2025-26 onwards. Prioritisation forms are currently being completed for the North Powys Health and Wellbeing Campus and Llandrindod phase 2 which need to be returned to WG by 31st March 2024.

In 2023/24 EFAB funding was reinstated albeit with a 30% contribution from Health Board Discretionary Capital required to secure monies.

It is important, however, that alternative funding opportunities are actively investigated against the backdrop of restricted NHS Wales Capital:

- Welsh Government have ringfenced capital monies (£70M in 2024/25) which is available via business case application through the Regional Partnership Board (RPB) route. The **Health and Social Care Integrated and Rebalancing Capital Fund** (**IRCF**) encourages bids for Priority 1 – Development of integrated health and social care hubs and centres and Priority 2 – Rebalancing the residential care market, Housing with Care Fund (HCF). WG have indicated that the North Powys Campus programme of work could be considered under this fund. In addition, bids are being developed to support a multi-agency hub based at Spa Road in Llandrindod Wells and Llanfair Caereinion Health Hub.

- **Re:fit**. A key decarbonisation programme to meet Welsh Government net zero targets and reduce the impact on the environment from the Health Board's estate. The revenue funding supporting the work to improve energy efficiency and decarbonisation is held centrally by WG and allocated as part of an Invest to Save scheme.

DISCRETIONARY CAPITAL:

Principles applied to programme prioritisation: The proposed programme of works, which relates to the **£1.431M** capital allocation, has been developed and reviewed by Capital Control Group (CCG). It is important to note that **£0.453M** has been set aside in 2024/25 to support a 30% contribution to EFAB schemes. The annual programme includes four generic elements, namely;

- **General schemes**: wider business needs identified by the organisation and considered and prioritised by the Capital Control Group which has representation from across the organisation. These schemes are prioritised from a ringfenced total of **£705K**
- **Estates Compliance** projects within a ringfenced value of **£273K**. These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.
- **Equipment** – this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation has been previously set at £150K but has been reduced to **£50K** from 2023/24. This not only responds to the overall reduction in funding availability but also recognises the significant opportunities for slippage monies to support equipment purchases in recent years.
- **ICT** – annual allocation of **£50K** per annum

In relation to the 2024/25 and 2025/26 Discretionary Programme, the following approach has been adopted:

- **Prioritisation**: schemes have been listed in priority order based on a number of factors including; business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is important to remain agile to respond to changes in priority or opportunities such as alternative funding streams. A well established and audited (NWSSP Audit – Reasonable Assurance) Capital Control Group process is in place, with representation from Estates, Health and Safety, Finance, staff side, medical devices, operational teams including Mental Health, Women and Children's, Community Services, etc.

- **Carry-over scheme commitments**: the compliance pipeline often includes programmes of work planned across several years or individual financial year 'cross over' schemes where project parameters do not coincide with a March completion.
- **Equipment and IT allocations**: in order to alleviate the immediate pressures on the pipeline, ringfenced funding for 'equipment' and 'IT' for the 2022/23 period was paused. From 2023/24 a total of £100K has been ringfenced annually in order to sustain focus on project spend. Furthermore, equipment is an accepted means by which 'slippage' monies from WG can be spent that the end of the financial year cycle. Any emergency requests in the meantime, could be funded from contingency. Similarly, ICT services attract significant additional WG funding to support Digital, with £1.369M allocated in early 2024.
- **Contingency**: it has been usual to retain a contingency for unforeseen or priority works that emerge during a financial year as a prudent approach. In the proposed capital pipeline, the overall contingency is circa £200K. This will undoubtedly come under pressure during the financial year cycle as unforeseen risks associated with the estate, services, equipment and ICT emerge.

EFAB funding was reinstated over a two-year period 2023-25 to provide additional support across a number of technical / specialist areas including; decarbonisation, fire and infrastructure, providing significant assistance in accelerating important and high-risk estates compliance programmes. This ringfenced fund is intended to target Estates compliance in recognition of the pressures on the estate across NHS Wales with Backlog Maintenance exceeding £1Bn in the last year.

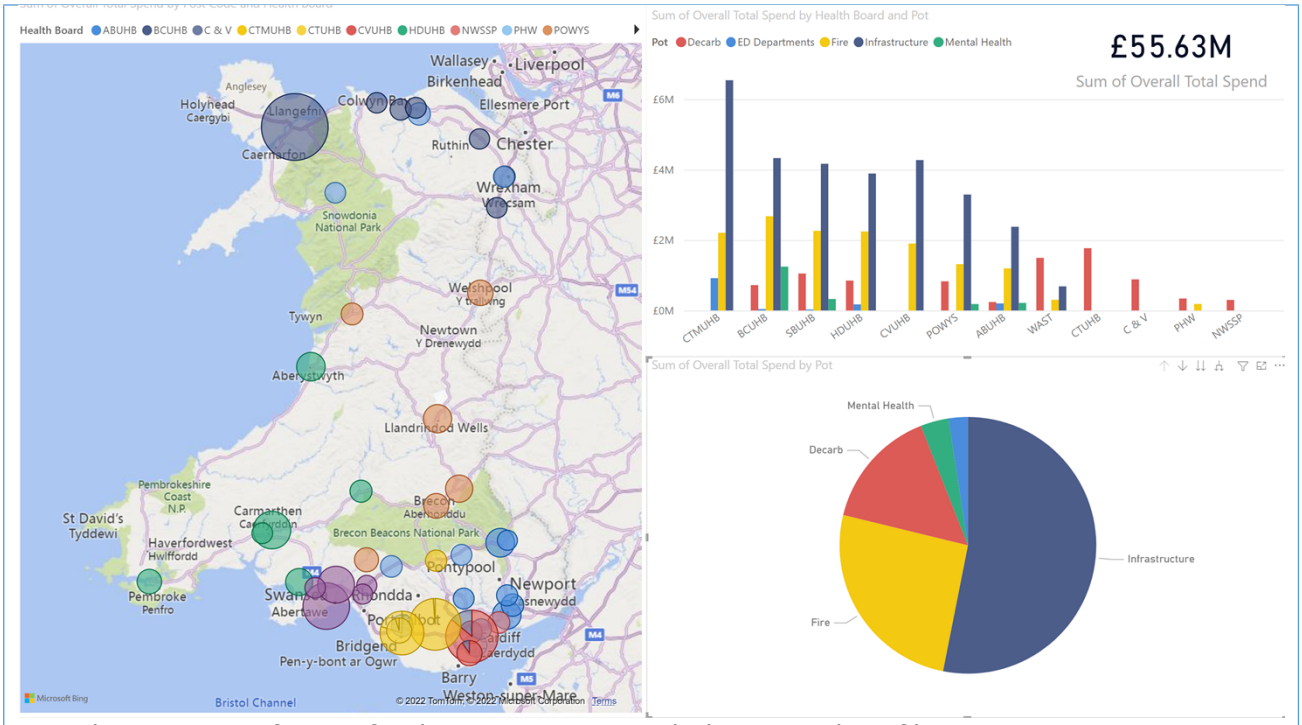
PTHB EFAB allocation 2023/24 and 2024/25 below:

Infrastructure				
Organisation	**Scheme**	**Expenditure 2023/24**	**Expenditure 2024/25**	**Overall Total**
Powys	Welshpool electrical infrastructure	372,600	-	372,600
Powys	Next phase BMS - Ystradgynlais	33,820	304,375	338,195

Fire				
Organisation	**Scheme**	**Expenditure 2023/24**	**Expenditure 2024/25**	**Overall Total**
Powys	Brecon – Fire compliance	68,451	787,189	855,640
Powys	Machynlleth back of hospital – Fire compliance	27,159	312,329	339,488
Powys	Waste Compliance Schemes Pan Powys – 2 sites	12,060	108,702	120,762

Decarbonisation				
Organisation	**Scheme**	**Expenditure 2023/24**	**Expenditure 2024/25**	**Overall Total**
Powys	Ystradgynlais PVs	378,200		378,200

In 2023/24 PTHB successfully secured **£2.404M** of funding over 2 years (£0.625M and £1.512M respectively). In order to secure this funding PTHB are required to make a contribution from discretionary capital funds which equates to £0.268M in 2023/24 and 0.453M in 2024/25. This has been taken into account when developing the proposed capital pipeline 2024-26. This funding stream helps to alleviate pre-existing compliance related pressures on the discretionary pipeline as well as enabling PTHB to undertake larger elements of work, such as fire precautions improvements at Brecon, which would otherwise not have been possible within the normal, limited, Discretionary Capital allowance.



Distribution map of EFAB funding 2023-2025 including spend profile

The **Proposed Discretionary Capital Programme 2024/2025-2025/26** is presented at **Appendix A**.

OTHER FUNDING:

Building on the significant WG investments of over £25M+ at Llandrindod Wells War Memorial Hospital (Phase 1 work at front of hospital) and more recently at Bro Ddyfi Community Hospital, Machynlleth.

All Wales Capital Funds - SBARs: PTHB, in discussion with NHS Wales Shared Services Partnership, Specialist Estates Services (**NWSSP-SES**) and WG, have also developed a series of prioritised mini business cases (**SBAR**) to be programmed over 2 years to address some of the most significant and urgent risks on the compliance pipeline. WG have indicated strong support for these schemes, which will significantly alleviate pressures on discretionary capital and does not attract the 30% Discretionary Capital contribution required under the proposed EFAB scheme.

Scheme	2023/24	2024/25
Bronllys, AMI & OPD roof, including roof insulation upgrade & PV's.	£1480,000	£204,000
Bronllys Sewerage plant		£274,800

Bronllys, Windermere bungalow		£375,040
Knighton Roofs		£350,400
Welshpool lift		£249,660
Total	£1,480,000	£1,453,900

PTHB SBAR business cases for emergency works

All Wales Capital Funds – Llandrindod Wells Hospital, Phase 2: Programme Business Case endorsed for £11M to £14M over 3-5 years. 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.

North Powys Well-being Campus: the Programme Business Case has been endorsed and Strategic Outline Case submitted. Should the SOC 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.

Invest to Save (Revenue) – Re:fit: A key decarbonisation programme to meet Welsh Government net zero targets and reduce the impact on the environment from the Health Board's estate. Funded by interest-free loan with Salix Finance for £4.3M expenditure to make significant carbon emission reductions whilst providing guaranteed £416k energy savings per annum. Improvements include complete transition to LED lighting, building insulation, draft proofing, solar PVs, Building Management Systems (BMS – heating control) optimisation and pipework insulation.

RISKS:

- Discretionary Capital carries a risk burden for any **cost overrun implications from major project activity** – this risk increases in proportion to the increasing value of AWCF based on business case submissions. In partial mitigation NWSSP-SES and WG acknowledge the risk and the uncertainty in relation to refurbishment style project activity on older buildings and, where possible, reflect this in the level of Contingency included in the approved bids.
- **Capital availability**: limitations in NHS Capital have seen a reduction in Discretionary Capital with positive news that this will be restored, albeit not increased, in 2024/25. Increasing pressures on an aging estate

means that the Discretionary Capital allocation of funding is often pre-determined by the need to meet failing building fabric and infrastructure services rather than support innovation and improvements. The AWCF business case related major capital programme is, therefore, critical to make inroads into the overall reduction in Backlog Maintenance for the organisation.

- **Estates Compliance**: failure to undertake remedial actions for high level risks, carries a risk at organisational level. Backlog Maintenance levels in NHS Wales now exceed £1Bn and circa £69M in PTHB. This is acknowledged by Corporate Risk Register entry 010 related to a 'fit for purpose' estate – a risk-based approach has been adopted to address any high or immediate risks. Capital investment is critical in addressing the deficiencies across the estate.
- **IT funding**: the digital agenda is vitally important and whilst funding from the core discretionary capital is very limited, funding via 'capital slippage' at the end of the financial year cycle has been generous, with circa £1.3M made available in 2023/24. This, however, does not provide any certainty for forward planning and further work is needed to continue to develop an IT pipeline.
- **Radiology Information System Procurement (RISP)**: this requires a replacement of existing X-ray equipment with digitally enabled equipment at a cost of between £1.2M and £1.6M. The current equipment will cease functioning in 2026 and no clear funding pathway has been identified as yet by WG – discussions are ongoing.
- **Medical Devices**: potential pressures on equipment including, for example, the decommissioning and replacement of automatic external defibrillators due to unavailability of replacement parts – cost circa £100K.
- **Estates Condition audit**: NWSSP-Special Services Unit (Internal Audit) presented a Limited Assurance outcome to Audit, Risk and Assurance Committee on 11 March 2024 which highlighted a disparity between NHS Wales capital funding availability and the need for investment to address backlog maintenance and meet the ambition of the Health Board for transformational change over the next 10 year period.

Opportunities: It is important to develop schemes in readiness to take advantage of any slippage/further funding opportunities as they arise. Capital investments need to consider schemes which can contribute to revenue savings and agile working related initiatives in the non-clinical office space must be developed wherever possible to support estates rationalisation.

NEXT STEPS:

- Subject to Board approval, initiate preparation to deliver the Discretionary Capital Programme for 2024/2025-2025/26

- Monitor and manage the discretionary contingency allowance to respond to emerging requirements for capital investment
- Complete WG prioritisation process applications for major projects including North Powys Wellbeing Campus and Llandrindod phase 2
- Maintain close communication with WG in relation to any changes and opportunities for further capital funding: develop 'on the shelf' projects in readiness to take advantage of any additional capital in latter part of the financial year.
- Confirm funding allocation and financial year spend profile for AWCF emergency projects (SBAR) with WG
- Seek confirmation of funding for the RISP programme
- Maintain dialogue with Accelerated Sustainable Model / Better Together activity to identify capital opportunities to enable change
- Monitor, review and update the Corporate Risk Register item 010 (capital and estates related)
- Maintain an agile approach to the capital programme in 2024/25 – continue to report on and escalate compliance and operational risks as they emerge.

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**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
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				
Risk Assessment:					
	Level of risk identified				**Statement** Pressures are apparent on capital expenditure due to the aging estate, health board ambitions for transformational change and decarbonisation imperatives. Funding limitations in 2024/25 will act to limit critical compliance improvement programmes and impact service improvement.
	None	**Low**	**Moderate**	**High**	
Clinical		x			
Financial			x		
Corporate		x			
Operational			x		
Reputational		x			

APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME 2024/2025 - 2025/26, budget £1.431M:

Part 1: Discretionary Schemes

PROJECT DESCRIPTION:	2024/25	2025/26
Equipment budget	£50,000	£50,000
IT Budget	£50,000	£50,000
AMI Safety improvements, Bronllys	£30,000	
Crug Day hospital layout alterations, Brecon	£32,000	
Carpark resurfacing, Ty Illtyd	£50,000	-
Adelina Patti - ward improvements, Ystradgynlais	£32,000	-
Install Air Conditioning in Renal Unit, Welshpool	£20,000	-
Claerwen Ward wet rooms, Llandrindod	£40,000	-
MCI Audiology Waiting Room, Newtown	£30,000	-
Bungalow 3 refurbishment, Bronllys	£35,000	-
Ward/Reception Desk at Bryn Heulog Ward, Part A	£45,000	-
Llanidloes staff room	£45,000	-
Autism service - Outdoor Client Group Area, Bronllys	£ 10,000	-
Air conditioning for Audiology room Newtown	£ 5,000	-
Air Conditioning Unit in Reception Area, Theatre Brecon	£ 6,000	-
Refurbishment of Occupational Therapy Workshop room	£17,500	-
Ty Cloc - Replacement Windows, Bronllys		£100,000
Change of room to quiet room, Newtown		£20,000
Powys Living Well Service (Ty Cloc) - Replace carpet with IPC compliant flooring, Bronllys		£80,000
Sub Total	**£497,500**	**£300,000**

Part 2 - Compliance Schemes

Project	Cost 2024/25	Cost 2025/26
Infrastructure - Chimney repairs, Pan Powys	£10,000	
Infrastructure - Car Park improvement work	£50,000	
Infrastructure/Fire - Lift auto-diallers	£50,000	
Electrical - plantroom/Generator replacement programme	£70,000	
Water - TMV's	£50,000	
Water - Replacement Water tanks	£60,000	
Asbestos - Hilfa Roof Void	£10,000	
Ventilation - Brecon Theatres	£20,000	
Infrastructure - Brecon pavement repairs		£30,000
Infrastructure - Brecon theatre roof		£150,000
Infrastructure - Llanidloes palliative		£150,000

Nurse call upgrades		£50,000
Ventilation - St Davids		£100,000
Sub Total	**£320,000**	**£480,000**
EFAB CONTRIBUTION	**£453,000**	**£000,000**
OVERALL DISCRETIONARY TOTALS	**£1,270,500**	**£780,000**
OVERALL DISCRETIONARY CONTINGENCY	**£160,500**	**£651,000**

Part 3 - EFAB Schemes

Project	Cost 2024/25	Cost 2025/26
Next phase BMS, Ystradgynlais	£304,375	-
Fire compliance, Brecon	£787,189	-
Back of hospital – Fire compliance, Machynlleth	£312,329	-
Waste Compliance Schemes Pan Powys – 2 sites	£108,702	-
PV Panels, Ystradgynlais	£300,000	-
Sub Total	**£1,512,595**	**-**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

BOARD	**Date of Meeting: 20 March 2024**
Subject :	**Strategic Equality Plan 2024-2028**
Approved and Presented by:	Executive Director for Workforce & OD
Prepared by:	**Adam Pearce, Service Lead for Equality and Welsh Language**
Other Committees and meetings considered at:	• Board Development Day 11th January • Additional consultation with RPB prior to final board approval. • Various consultation with individuals and teams on individual objectives. • **Workforce & Culture Committee 5 March 2024 who recommend this Plan to the Board**

PURPOSE:
The purpose of this paper is to present for discussion, and to request approval of the Strategic Equality Plan 2024-2028.
RECOMMENDATION:
The Board is asked to: • **APPROVE the attached strategic plan.**

Approval/Ratification/Decision[1]	**Discussion**	**Information**
✓	**x**	**x**

[1] Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**

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 Health Board has a legal commitment to approve and publish a Strategic Equality Plan (SEP) in accordance with the Equality Act 2010 and subsequence guidance. The draft is complete with the exception of data requirements which need to reflect the situation at the end of the current financial year; placeholder data has used as required and clearly indicated in the draft document.

There is no statutory deadline for the plan, though to comply with the legislation there should not be a period not covered by a Strategic Equality Plan; therefore it should be our aim to publish as soon as possible after 1st April 2024.

BACKGROUND AND ASSESSMENT:

A Strategic Equality Plan (SEP) is a document prepared and published by organisations, such as PTHB, to demonstrate how they are meeting the requirements of the Public Sector Equality Duty (PSED) under the 2010 Equality Act. It outlines the organisation's efforts to advance equality by addressing discrimination, promoting diversity, and fostering good relations among different groups. The SEP typically

includes information on the current situation regarding diversity and equality within the organisation, details of consultation processes undertaken, and specific equality objectives for a defined period, in this case 2024-28.

The consultation process involved two main components: a public survey and a staff survey.

Public Survey:

- Conducted from May to July 2023 in collaboration with various public sector organisations across mid Wales.
- Promoted through online channels, social media, and physical distribution of flyers at events and public sites.
- Available in 8 languages and accessible online or via paper forms.
- Participants were asked about their perceptions regarding the experiences of different groups in accessing various services.
- Identified key areas of concern, with disabled individuals, older people, and those belonging to ethnic minorities reporting higher levels of dissatisfaction.
- Comments highlighted issues such as dismissive attitudes towards older people and barriers to accessing healthcare for deaf individuals.
- Based on survey findings, proposed focus areas for the Strategic Equality Plan (SEP) include disability, age, and ethnicity.

Staff Survey:

- Conducted in July and August 2023, with 44 responses from a diverse range of staff members.
- Participants scored different groups based on the extent of disadvantage or discrimination experienced within PTHB.
- Disabled staff were identified as experiencing the most disadvantage, followed by women, neurodivergent individuals, and older staff.
- Staff felt that disabled individuals faced poor communication and lack of consideration, while women experienced inappropriate comments and social expectations.
- Proposed focus areas for the SEP based on staff survey findings include interventions for disabled and neurodivergent staff, women, and older staff members.

Here are the summarised equality objectives:

Better Together **Services:** Implement services closer to homes, utilising decentralisation and online technologies to minimise patient transfers out of county.

***Address Health Inequalities*:** Tackle existing health disparities within the population and proactively identify and resolve others.

Enhance Accessibility: Improve access to services and facilities for individuals with diverse needs.

Diverse Workforce: Strive to be an employer of choice for individuals with varied needs, aligning with the Better Together Model and Workforce Futures initiative.

Religious Accommodation: Enhance the health board's ability to cater to the religious requirements of both staff and patients.

Improve Staff/Patient Safety: Take measures to militate against harassment including patient harassment of staff, including instances of sexual harassment.

Inclusive Feedback Mechanisms: Ensure that feedback channels capture perspectives from patients of all demographic groups.

Anti-Racist Action Plan: Execute measures outlined in the local PTHB Anti-Racist Action Plan to combat racial inequality.

The plan also makes reference to the Welsh in Healthcare Strategy and the More than Just Words framework.

Additionally, there are two ongoing pay monitoring objectives on **Gender and Ethnicity pay** disparities. The former is an statutory obligation, the latter an additional commitment under the Anti-Racist action plan; PTHB pay gaps in both areas are below the national and NHS Wales average.

The objectives have been developed in consultation with teams across the health board and aim to strike a balance between, on the one hand aspiration, ambition and making a genuine difference; and on the other practicality, tractability, and minimising additional demands on over-stretched teams.

NEXT STEPS:

If the Plan is approved, it will be published (with all appropriate data finalised) in English and Welsh versions and in Easy Read as soon as possible after the beginning of the new financial year.

Strategic Equality Plan
2024-2028

Mae'r ddogfen hon ar gael yn y Gymraeg.

Contents

Foreword

At Powys Teaching Health Board our commitment to equality is not just a principle but a cornerstone of our mission. Nestled in the rural landscapes of mid Wales, our health board recognizes the unique needs of our communities. The Strategic Equality Plan stands as a testament to our unwavering dedication to inclusivity, acknowledging the challenges posed by our rural setting and of navigating an increasingly challenging financial landscape.

Where distance can be a barrier, and resources are stretched, equality cannot be allowed to fall by the wayside. It is our pledge to ensure that every resident, irrespective of location or circumstance, receives healthcare that is accessible but meets their unique needs. This plan encapsulates our vision for an inclusive healthcare future, one where equality is not just an aspiration but a lived reality for every member of our diverse community.

Hayley Thomas

Acting Chief Executive Officer

We are proud to unveil our Strategic Equality Plan for 2024-28, which has been inspired by a commitment to inclusivity and driven by a collective vision for a healthcare system that works to address inequality and eliminate discrimination. This plan is not only a testament to our dedication to anti-racist principles but also a dynamic roadmap for addressing pressing challenges and fostering a culture of inclusion within Powys Teaching Health Board.

In alignment with a range of agendas in the Welsh Policy space, including the Anti-Racist Action Plan, we pledge to actively combat systemic biases and foster a culture that celebrates diversity. We recognize that achieving equality requires intentional efforts to dismantle discriminatory practices, ensuring that our healthcare services are accessible and welcoming to everyone.

Our main objectives underscore our commitment to tangible progress. Addressing sensory loss, a vital but often overlooked aspect of healthcare, becomes a focal point in our journey toward inclusivity. Simultaneously, we take on the challenge of tackling public health inequalities head-on, striving to create a healthcare landscape that prioritizes the well-being of every individual, regardless of socio-economic factors.

Moreover, as we continue to roll out our *Better Together* model, our aim is to bring healthcare closer to people's homes. This approach not only enhances accessibility but also reinforces our commitment to providing patient-centred care, acknowledging the unique needs and circumstances of our diverse communities.

We also understand that a diverse and inclusive workforce is a cornerstone of delivering patient-centred care. Through this plan, we aspire to create an environment that attracts, retains, and nurtures talent from all walks of life. Embracing diversity is not just a moral imperative; it is an integral part of our

strategy to enhance innovation, resilience, and adaptability in the face of evolving healthcare challenges.

It is through these objectives, designed in consultation with our staff and patients, which we hope to address the challenges which face us in Powys.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality

Introduction

A cornerstone of the 2010 Equality Act is the Public Sector Equality Duty, which establishes the need to have *due regard* to meet the General duty under the act (see below). The Strategic Equality Plan is the means by which organisations, like PTHB, show what we are doing to meet the requirements of the act.

The Act explains that having due regard for advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people different groups, and encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act describes fostering good relations as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. Meeting the duty may involve treating some people more differently to others, as long as this does not contravene other provisions within the Act.

Under these Regulations, listed bodies must prepare and publish a Strategic Equality Plan every four years. In developing their equality objectives, organisations must involve people who represent the interests of people who share one or more of the protected characteristics and have an interest in the way that the organisation carries out its functions.

We have prepared our Equality Objectives with regard to the Equality Act and other national policies, as below:

This Strategic Equality Plan is divided into three parts, as follows:

- **Part 1** outlines the current situation vis-à-vis Diversity and the Equality Act Protected Characteristics in our Health Board, with regard to both the population we serve and our staff body.
- **Part 2** provides information on the consultation process we undertook to inform this plan.
- **Part 3** outlines our Equality Objectives for 2024-28.

Statutory and Policy Requirements:

Equality Act 2010

Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty (PSED) which, in summary, places a duty on public bodies to have due regard in exercising their functions to the need to:

- Eliminate discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The PSED was developed to harmonise the previous equality duties regarding race, disability and gender equality, and to extend across all of the protected characteristics under the Equality Act 2010.

The 9 protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership (in relation to being treated differently at work).

Socio-Economic Equality Duty (Wales)

This is an additional requirement in Wales. Under the socio-economic equality duty, we need to consider the impact of our strategic decisions on inequality related to socio-economic disadvantage. Although Socio-Economic disadvantage is not a protected characteristic under the equality act, nevertheless, it has been included.

LGBTQ+ Action Plan

Welsh government's LGBTQ+ Action Plan aims to address issues faced by the LGBTQ+ community in Wales. It focuses on healthcare, education, and inclusive policies, aiming to eliminate discrimination and promote equality. The plan outlines measures to improve mental health support, enhance education on LGBTQ+ issues, and ensure inclusive practices in public services. There is not a requirement for PTHB to have a separate local plan under this strategy, however there are specific additional requirements for health boards which have been incorporated into this plan.

Anti-Racist Action Plan

The Welsh Government's anti-racist action plan, devised to combat racial inequality, emphasizes comprehensive measures across education, employment, healthcare and public services. It focuses on fostering an inclusive curriculum, promoting diversity in the workplace, and enhancing cultural competency training. The plan advocates for increased representation of ethnic minorities in decision-making roles, aiming to address systemic disparities. Additionally, it underscores the significance of proactive measures to counter discrimination and hate crimes. Under the requirements of the plan, PTHB are required to produce and maintain a local plan identifying specific aims and objectives set to us under the plan. The local PTHB plan is published on our website, and is reported on alongside this Strategic Equality Plan via the Equality Annual Report process. In order to avoid duplication these have not been repeated here except where they also address other areas of Equality.

More than Just Words

Although language is not a protected characteristic under the Equality Act 2010, there are separate requirements under dedicated Welsh language legislation. It has long been recognised that the equality and Welsh language policies complement and inform each other and is further supported through the goal within the Wellbeing of Future Generations (Wales) Act 2015 'A Wales of vibrant culture and thriving Welsh language'. We have therefore integrated the More than Just Words framework into our thinking around Equality.

Part 1: Powys Teaching Health Board: Our Patients and our Staff

Powys Teaching Health Board occupies the same borders as the Powys County Council (PCC) area. At the time of the 2021 census there were 133,200 people living in Powys - a large, rural county of approximately 2000 square miles. This population density of 26 individuals per square kilometre is the lowest by far of Wales' local authority areas.

The rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A very significant proportion of PTHB's funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,539 staff (as of 31 March 2023), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards. It reflects a very different mix of staff in terms of roles and specialisms, with a much greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. This needs to be borne in mind when comparing PTHB practice and performance with other health boards in Wales. Our operating model is different as it focuses on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council , Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO).

Information on how we intend to improve services for the people of Powys can be found on our website under the Key Documents section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific legal obligations as a service provider and employer. In line with the Public Sector Equality Duty, this plan focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

In keeping with the area's rural character, the demographic profile of Powys' population is quite different to the Wales average for some figures:

- Age – 27.8% of the population of Powys are aged 65 and over. This is the highest of any local authority area in Wales, where the average proportion in this group is 21.3%.
- Disability – 18.1% identified as having a disability, lower than the Wales average of 21.1%. 7.6% described their disability as limiting their day-to-day activities 'a lot'; this figure was the joint lowest in Wales.
- Race – 94.9% of the population described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups); these figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales.

A sparse population spread across a large rural land mass means that PTHB faces many challenges when seeking to address inequality of access, inequality of opportunity and ultimately, tackling health inequalities for people who live within Powys. We have a particular challenge around understanding and addressing socio-economic inequalities, and ensuring that that people in lower income brackets who are particularly feeling the impact of the current cost of living crisis, are able to to access the services they need. This has been acknowledged by reports from Public Health Wales and the Nuffield Trust. Our Strategic Equality Plan acknowledges the need to address these challenges.

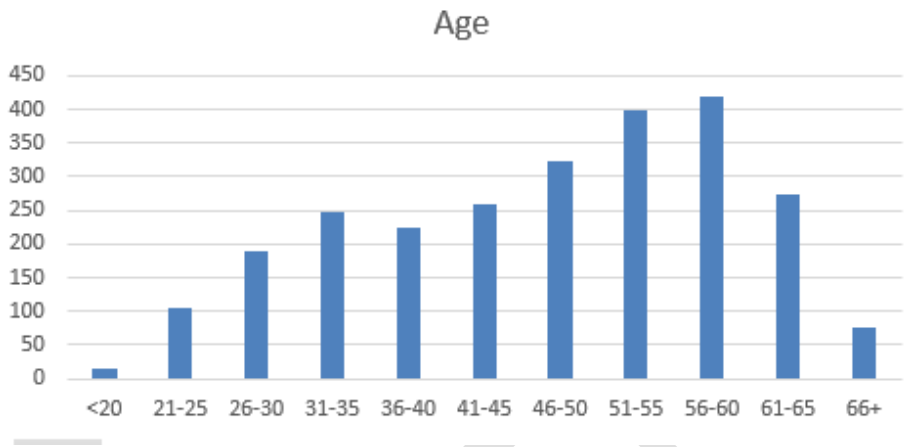
PTHB Staff Data

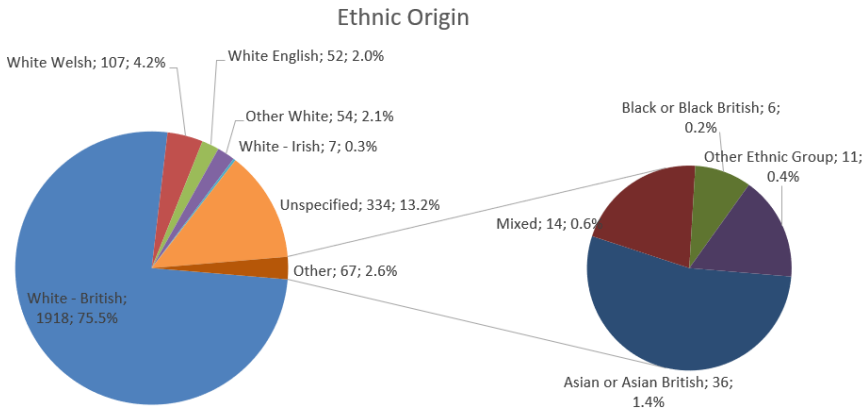
Note: All the information in this section reflects the situation as of 31st March 2023.

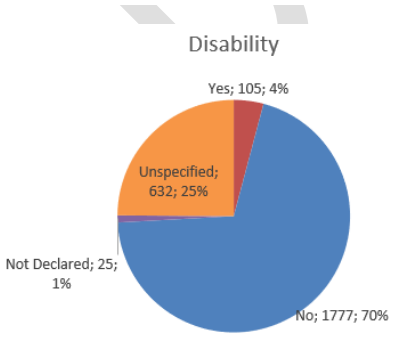
Commented [AP(W&O1]: Final version will show March 2024

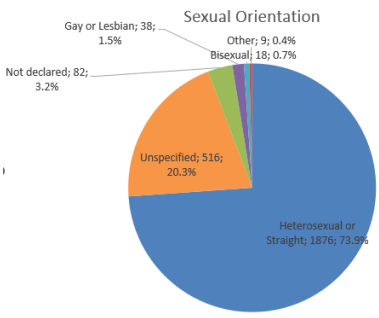
Powys Teaching Health Board employs 2,539 substantive members of staff (an increase of 45 since March 2022). In this section, these staff are broken down by Relevant Protected Characteristics. Some small groups may be merged or hidden in the following graphs to preserve anonymity.

Of our 2,539 staff, 2,172 are women (**86%**) and 367 are men (**14**%). This is very similar to other NHS Wales organisations. Some staff also identify as other than male and female, however, the exact number is not known as this is not recorded by our current systems.

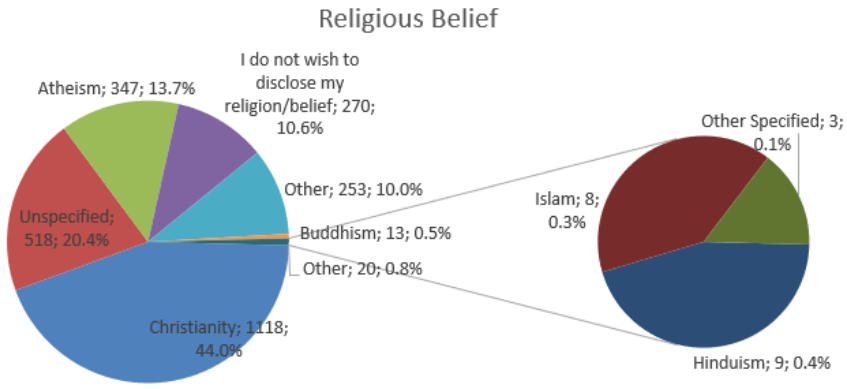








In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* means that the individual was asked but declined to provide a response.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion, but too few individuals chose the same religion and so in order to preserve anonymity, these groups have been merged.

Note on Data: Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh/English/Scottish' is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information.

Part 2: Our Consultation Process

Public Survey

The public survey was conducted during May – July 2023 in collaboration with a range of other Public Sector organisations across mid wales including Dyfed-Powys Police, Mid Wales Fire & Rescue, Banau Brycheiniog National Park, several local authorities (not including Powys) and various others.

The survey was widely shared online and promoted via our website and social media accounts; and it was shared on social media groups related to areas of equality. Flyers advertising the opportunity to take part were printed and distributed in events including the Brecon Ghurka Parade and Ystradgynlais, Brecon & Hay Pride events, as well as being distributed to PTHB sites, doctors' surgeries and council sites (e.g. libraries across the health board). Various PTHB Equality organisations were also directly contacted. The survey was available in 8 different languages and could be completed online or (on request) by filling in a paper form.

Participants were asked about their perception of whether the experience of people in different groups of various services were much worse, worse, the same, better or much better compared to the average. Due to its collaborative nature the survey asked many questions which are beyond the scope of the health board e.g. regarding participants' experience of housing or education.

When it came to *Experience of Health*, the highest three groups in terms of percentages indicating that individuals' from the following groups were 'worse' or 'much worse' were as follows:

Group	% reporting worse or much worse
Disabled	78%
Older people	64%
Belonging to an Ethnic Minority	58%

These groups were significantly higher than others (the next highest was 35% for LGB, Trans/non-binary, and young people).

Comments in these areas included:

- Healthcare professionals dismiss you if you are older - I have witnessed this in my capacity as a carer. Deaf people have huge barriers to accessing health services, the rural nature of the area makes this worse.
- Distances to appointments with no hope of public transport
- Does dim digon o wasanethau gofal Cymraeg ar gyfer pobl hŷn. [Insufficient care services in Welsh for older people]

On this basis, it is proposed to focus on these three areas in the Strategic Equality Plan (N.B. best practice guidance advises that the Strategic Equality Plan include an objective for all relevant protected characteristics, however it is proposed to focus on these in terms of ambition and scope).

Staff Survey

The survey was conducted during July and August 2023 and received a total of 44 responses from a wide range of staff members. The survey did not ask staff to comment on particular policy ideals or proposals, but rather asked them about the extent to which they believed particular groups (based on the Equality Act protected characteristics) and individuals experienced disadvantage or discrimination whilst working for PTHB compared to others. Participants were asked to score these staff out of 10, with 0 meaning staff experience no disadvantage compared to the average and 10 meaning that individuals from those groups experienced severe discrimination at work.

The staff survey asked participants to focus specifically on the experience of individuals as members of staff at PTHB, rather than in wider society.

According to the staff surveyed, the group which experiences the most disadvantage when employed by the organisation are disabled staff. Women and neurodivergent staff were also ranked fairly highly, as were older staff.

The group staff felt were most discriminated against was Disability, with an average score of 4/10 (where 0 = no discrimination and 10 = severe discrimination).

Group	Average Score	Paraphrase of Commentary
Those with disabilities (incl. physical, mental health, long term health conditions & sensory loss)	4.0	Poor communication with disabled staff – not considered when changes are made. Negative comments and lack of compassion around mental health.
Women	3.2	Inappropriate sexual comments from patients.

		Difficulty reporting / seeking advice. Disadvantages due to social expectations. Support for breastfeeding.
Neurodivergent (such as ASD, ADHD, Dyslexia)	3.0	No training to support neurodivergent staff. Lack of consideration by managers.
Older working people	2.9	Jokes, comments, abuse and inappropriate behaviour made about being old, suitable for retirement, bald, etc.
Non-binary / gender non-conforming	2.7	Bathroom access, funny looks. Mostly unintentional. Pronouns in signatures should be normalised.
People of colour*	2.5	Lack of experience of different ethnicities. Many assume racism is an issue but few had experienced or witnessed specific instances due to low numbers.
People who don't speak Welsh	2.3	Some felt Welsh language requirements for roles could discriminate against non-Welsh speakers.
Younger Working people	2.1	Assuming that younger staff may not have the 'experience' / knowledge base / seniority of role level to be significantly involved in meeting conversations / decision making etc
Trans men and trans women	2.0	Bathroom access. Staff have little experience of trans individuals.
English	1.8	Personal experiences of anti-English racism.
Organised religions (other than Christianity)	1.7	Religion was not raised as an issue by any individual respondent.
Men	1.5	Men's issues are not acknowledged compared to other genders.
Gay, lesbian & bisexual	1.4	No specific issues reported.
Welsh speakers	1.3	Health board pays lip service to standards but Welsh skills are not valued in practice.
White people from outside the UK	1.0	This group were not mentioned by individual respondents.

Christians	0.7	Religion was not raised as an issue by any individual respondent.
Atheists / Non-religious	0.1	Religion was not raised as an issue by any individual respondent.

*The survey asked questions about different racial and national groups (South Asian, East Asian, Arab/middle eastern, Black British/African/Caribbean) however all were scored very similarly (between 2.3 and 2.5).

Based on this it is proposed that the 2024-27 Strategic Equality Plan should focus on interventions for staff with disabilities / neurodivergent staff, women, and older staff.

Part 3: Our Equality Objectives for 2024-28

With reference to the EHRC guidance suggesting that organsiations should include Equality Objectives which cover each of the Protected Characteristics In the following objectives, we have identified, under each of the following, the *primary* characteristics and *secondary* protected characteristics we believe that each objective will seek to impact. Each Equality Objective has been designed to mainly impact on its associated primary groups, but is also expected to address inequality indirectly for its secondary groups. We have also identified where our Equality Objectives contribute to our Health & Care Strategy and its enabling objectives, the Health & Care Standards, and the additional policy strategies.

Objective	Protected Characteristic(s) & other groups impacted.	Proposed Actions / Fields of Work	Contributes to the following Health and Care Strategy Wellbeing/enabling objectives	Health & Care Standards & Additional Policy Strands
1. As part of *Better Together* (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.	**Primary** Age Disability Socio-Economic Status	- Effective frailty service in place including prevention, early identification through frailty scoring, community teams with the right mix of competencies, complex geriatric assessment, home support, effective virtual wards. This includes a joined-up approach to physical frailty and frailty of memory. - Improve the resilience of primary and community teams with the right mix of competencies which are the right size for the population and geographical area served.	Focus on Wellbeing: - Concentration on preventative healthcare Digital First: - Utilising digital technologies and opportunities to improve access. Innovative Environments: - Improving the environment of our sites with new technologies and approaches. Fully Joined Up Care:	Dignified Care Timely Care Individual Care More than Just Words

		- Continued development of the North Powys Wellbeing hub. - As part of the work to develop an *Better Together* Model, PTHB will explore the potential to further develop Ambulatory Care in Powys, learning from how it is being used successfully in some rural areas in other countries.	- Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.	
2. Work to address known health inequalities within our population and take steps to identify and address others.	**Primary** Age	- Welsh Network of Healthy Schools - Help me Quit'. - JustB SmokeFree project in schools. - Healthy Weight, Healthy Wales - Health Protection team work: Care home visits, testing to support the elimination of Hepatitis B, C and HIV - Working collaboratively to address inequities in uptake for PHW screening programmes - Making Every Contact Count - Addressing inequities in vaccination uptake. - Healthy Child Wales Programme - Designed to Smile - Fair Work for Fair Pay - Smoking prevention in schools	Focus on Wellbeing: - Work to address the underlying causes that lead to people needing to access healthcare services will reduce demand on those services at all levels.	Staying Healthy Individual Care LGBTQ+ Action Plan
3. Improve access to our services and sites for individuals whose	**Primary** Disability Age	- Review of existing patient documents for accessibility in terms of format and language.	Focus on Wellbeing: - Widening access to wellbeing services e.g. living well, Silvercloud	Effective Care Dignified Care

needs are different from others.	**Supplementary** Sex Sexual Orientation Gender Reassignment	- Establish a Patient document panel and an accessible patient documents approach; continue to ensure accessibility of online content and documents is considered as a part of our wider online/communications strategy. - Carry out a review of our patient letters and our document procedures to ensure patient letters meet the needs of the More than Just Words Welsh Language and Sensory Loss review. - Offer new ways for patients to access the health board e.g. Sign Live. Hearing loops in reception areas. - Ensure new developments e.g. North Powys campus improve accessibility relative to existing provision. - Ensure that health board services such as SilverCloud and the Living Well service are appropriately targeted and differentiated for those with needs arising from disability. - Further roll out Gender Awareness training for staff. - Develop the way we engage with interest groups in our area.	Digital First: - Utilising digital technologies and opportunities to improve access; improving the access of those with additional requirements to those digital services. Innovative Environments: - Improving the environment of our sites with new technologies and approaches; this may enable patients to receive treatments within the county that might otherwise of Fully Joined Up Care: - Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.	Individual Care More than Just Words
4. In accordance with the *Better Togerher* Model / Workforce	**Primary** Disability Age	- Participation in the Disability Confident Scheme (including targeted recruitment &	Workforce Futures - Participation in workplace accreditation schemes	Staff & Resources

Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.	**Supplementary** Sex Pregnancy & Maternity	apprenticeship opportunities for individuals with disabilities). - Make the Age-friendly employer pledge & become a signatory to the Hate Crime Charter. - In consultation with the staff Neurodiversity network, update Equality for Managers' training to include more content on working with neurodivergent staff. - Continue Menopause awareness and Anti-racist action plan work. - Explore options for a combined PTHB/PCC Disability network modelled on the existing Neurodivergence Network.	may draw new applicants and improve retention of existing staff. Transforming in Partnership - Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.	Anti-Racist Action Plan More than Just Words LGBTQ+ Action Plan
5. Improve the health board's ability to accommodate the religious needs of its staff and patients.	**Primary** Religion & Belief **Supplementary** Race & Ethnicity	- Explore potential capacity for providing designated wellbeing/quiet space provision, which could be used as a multi-faith room by staff and patients with religious needs, at the 9 main hospital sites; committing to plan for this in new developments. - Develop further our existing Chaplaincy models in order to improve our spiritual care offer.	Workforce Futures - Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. Focus on Wellbeing: - Respecting the spiritual needs of our staff and patients.	Dignified Care Individual Care Staff & Resources Anti-Racist Action Plan
6. We will develop an organisational culture that is inclusive and	**Primary** Sex	- Participate in a Sexual Safety Charter scheme modelled on that introduced by WAST.	Workforce Futures	Staff & Resources

supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.	**Supplementary** Age Race & Ethnicity	- Continued participation in the Speak Out Safely protocol to promote a culture of transparency and accountability. - The relaunch of the Chat to Change program to encourage staff to share their views.	- Ensuring PTHB is an employer of choice for staff locally and beyond.	
7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.	All PCs.	- Improve the rate of Civica feedback collection. Compare the feedback rates based on protected characteristics with expected proportions based on population and, where necessary, make changes to systems and processes to address these. - Develop and deploy an electronic platform for recording PROMs. - Following implementation in Musculoskeletal and Frailty services, expand the collection of Patient Reported Outcome Measures to other targeted clinical areas, as part of the organisational approach to the collection of PROMs. - Develop opportunities to bring diverse experiences to our Board, via Patient and Staff Stories and mechanisms such as the proposed Aspiring Board Members program organised by Welsh Government.	Transforming in Partnership - Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level. Digital First - Using digital technologies to capture feedback from a range of stakeholders.	Individual Care

		- The relaunch of the Chat to Change program to encourage staff to share their views.		
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.		- See PTHB Anti-Racist Action Plan.	Workforce Futures - Ensuring PTHB is an employer of choice for staff locally and beyond. Focus on Wellbeing - Addresses health inequalities within these groups.	Staff & Resources Individual Care
9. Implement our Welsh in Healthcare Strategy	Welsh Language / All PCs.	- Implement the strategies and actions outlined in the 2024-2029 PTHB Strategy for Welsh in Healthcare.	Focus on Wellbeing: - Improve Welsh speakers' access to Wellbeing services like Silvercloud and Powys Living Well Digital First: - Utilising digital technologies to provide services bilingually. Workforce Futures - Developing the bilingual skills of our current and future workforce.	Staff & Resources Individual Care Dignified Care
10. Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify any issues arising.	**Primary** Sex Pregnancy & Maternity	- Continue to monitor and report on Gender Pay in our Workforce. Using existing reporting mechanisms such as the NHS Staff survey, identify any challenges which may impact on differences of pay between men and women.	Workforce Futures - Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources

11. Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.	**Primary** Race & Ethnicity **Supplementary** Religion & Belief	- Carry out a detailed review of Ethnicity Pay within PTHB identifying any trends or tendencies, and, where necessary, take actions to improve any inequalities identified.	Workforce Futures - Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources

Monitoring the 2024-28 Strategic Equality Plan

More information is available in the Equality Annual Reports published annually. The following table will summarise the content of these with reference to the Equality Objectives

Objective	2024-2025 Progress	2025-26 Progress	2026-27 Progress	2027-28 Progress
1. As part of *Better Together* (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of				

county where possible.				
2. Work to address known health inequalities within our population and take steps to identify and address others.				
3. Improve access to our services and sites for individuals whose needs are different from others.				
4. In accordance with the *Better Togerher* Model / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.				
5. Improve the health board's ability to accommodate				

the religious needs of its staff and patients.				
6. We will develop an organisational culture that is inclusive and supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.				
7. Ensure that our feedback mechanisms collect the views of patients of all groups.				
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.				
Gender Pay Gap				

Continue to monitor the relative pay gap in PTHB and identify any issues arising.				
Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.				

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

BOARD	**Date of Meeting: 20 March 2024**
Subject:	**Welsh in Healthcare Strategy 2024-2029**
Approved and Presented by:	Debra Wood-Lawson, Executive Director for Workforce & OD
Prepared by:	Adam Pearce, Service Lead for Equality and Welsh Language
Other Committees and meetings considered at:	Board Development Day 11 January 2024 **Workforce & Culture Committee 5 March 2024 who recommend this Strategy to the Board**

PURPOSE:

The purpose of this paper is to present for discussion, and to request approval of the Welsh in Healthcare Strategy.

RECOMMENDATION:

That the Board is asked to:

- **APPROVE** the attached Welsh in Healthcare Strategy.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
✓	✓	✓

[1] Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**

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 strategy needs to be approved and published as per the Welsh Language Standards. The draft is complete with the exception of data requirements which need to reflect the situation at the end of the current financial year; placeholder data has used as required.

BACKGROUND AND ASSESSMENT:

Under Welsh Language Standard 110 (a statutory compliance requirement) the Health Board has to have a five year plan in place to outline the health board's ability to provide a clinical consultation in Welsh, and to show how we plan to improve that ability over a five year period (a review of the previous strategy must also be published under standard 110A; this is attached as an appendix to the strategy). The (non-statutory) *More than Just Words* framework for the Welsh language in health and social care also asks providers to have a Welsh language workforce strategy.

The attached strategy has been designed to meet both requirements and developed in line with both *More than Just Words* and the Welsh Language Commissioner's advisory document on Standard 110.

The specifics of some targets will be developed in time and with further consultation, for example, the exact roles which would be advertised as Welsh essential is not specified by the plan (nor the Welsh Language Standards). These will be developed over the next couple of months in consultation with teams across the health board without missing any deadlines in the strategy. Other targets are awaiting developments beyond PTHB (e.g. the Welsh government/HEIW are developing the courtesy Welsh course).

The report will be due for publication on 1st April 2024. The attached strategy is complete with the exception of highlighted areas where data based on 31st March will be used as a baseline; this is necessary to ensure an accurate measure of progress; placeholder data from last year has been used to give an indicative idea (it is not anticipated the data will be radically different).

NEXT STEPS:

If the strategy is approved it will be published online once the year end data can be inserted and the strategy has been translated. It will then form the basis of PTHB's work in this area over the next five years.

Strategy for Welsh in Healthcare 2024-2029

Incorporating:

1) A five year plan to increase the health board's ability to carry out a clinical consultation in Welsh (Welsh Language Standard 110);
2) a targeted Welsh language training and workforce strategy under the *More than Just Words* Framework.

Mae'r ddogfen hon ar gael yn y Gymraeg.

Contents

Foreword

In a bilingual country it is imperative to recognise and celebrate the uniqueness of our linguistic heritage. Welsh isn't just a language; it's a vital part of who we are, our identity, and our culture.

Our language is a bridge that connects us to our past, our community, and each other. Providing healthcare services in Welsh is a testament to our commitment to preserving our linguistic heritage and ensuring that everyone, regardless of the language they speak, can access healthcare services with dignity and ease.

As a Welsh speaker myself I know how for many of us, accessing healthcare services in Welsh is not just about understanding medical information; it's about feeling heard, valued, and respected. It's about being able to express ourselves in our own language, which is deeply intertwined with our sense of belonging and identity.

By offering healthcare services in Welsh, we not only ensure effective health care but also strengthen the bonds that unite our bilingual community here in Powys. It's about creating a healthcare system that reflects our values of inclusivity, respect, and cultural self-confidence.

Hayley Thomas

Acting Chief Executive Officer

Providing healthcare services in Welsh is a crucial element in meeting our statutory compliance duties, but more importantly, it is a part of our wider commitment to communication, patient satisfaction, and overall healthcare outcomes. This strategy seeks to address the growing demand for Welsh language proficiency in healthcare settings, aligning with the Welsh Language Standards and the *More than Just Words* framework and fostering a more inclusive and patient-centred approach to care.

This strategy aims to improve Powys Teaching Health Board's ability to provide our healthcare services in Welsh in a strategic, holistic way. It emphasises the importance of bilingualism as a desirable attribute in recruitment and retention efforts: by reforming our approach to Welsh language competency in job descriptions and selection criteria and utilising new digital tools, we aim to improve our ability to actively recruit individuals with these vital sills. Recognising also that language proficiency is a skill that can be developed over time, ongoing support and professional development opportunities will be provided to existing staff members seeking to enhance their Welsh language skills. Our training initiatives will cater to healthcare professionals at all levels,

from frontline staff to senior management, employing a wide variety of learning methods tailored to accommodate diverse learning styles and schedules.

In addition to enhancing the linguistic capabilities of our workforce, our strategy recognises the importance of measuring patient outcomes as a key metric of success. By improving data collection on patient satisfaction, we can gauge the impact of improved Welsh language skills within our workforce on the wellbeing of our patients. These feedback mechanisms will capture the experiences of Welsh-speaking patients and assess their perceptions of care quality and accessibility, allowing us to identify areas for improvement and continuously enhance the delivery of Welsh language services in healthcare.

It will of course take time for this strategy to bear fruit. However, we are confident that the present strategy represents a significant step forward for PTHB in this area. By setting clearly defined targets we are ensuring a degree of accountability and transparency that the importance of our goal demands. We will know we have succeeded when, at the end of the period this strategy covers, we will be able to show that we have a workforce which can better meet the needs of our Welsh speaking population.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality.

Introduction

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in The Welsh Language Standards (No. 7) Regulations 2018. Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found here.

One of the standards with which the health board must comply is to have in place a five-year plan outlining the health board's ability to carry out a clinical consultation in Welsh, and the steps it intends to take to improve its capacity in that regard.

Additionally, the government's *More than Just Words* strategy for the Welsh Language in Health and Social Care places various responsibilities on the health board, including the requirement that organisations to have a workforce plan to improve Welsh language skills.

The overlap between these two sets of requirements is clear, and clearly acknowledged in *More than Just Words*:

> This action plan states that 'the enabling actions outlined in the interim action plan sits alongside the Welsh Language Standards and together they aim to deliver further improvements in Welsh language services'.
>
> The aim is to ensure that future *More than just words* actions work hand in hand with the requirements of the standards 'and reinforce, not duplicate' them.
>
> **"[The Standards and the action plan] contribute to the overarching vision set out in the Cymraeg 2050 strategy and are different parts of the same jigsaw which together will help improve the quality of health and care services for Welsh speakers".**
>
> The Active Offer is the key principle of *More than just words* and is also a crucial element in delivering standard 110.

The Welsh Commissioner's guidance document on Standard 110 also suggests that, when working to improve the organisation's ability to offer a Clinical Consultation, we should concentrate on those clinical areas identified in the *More than Just Words Framework*.

PTHB is therefore of the view that there are significant benefits to efficiency, reduced duplication and clarity achieved in having a single plan. This is particularly beneficial in a small organisation like PTHB, and in a context of

In addition, it is hoped that a combined *Strategy for Welsh in Healthcare* will increase the profile of work in these areas, comparable for example to the Health Board's Strategic Equality Plan.

This document is that plan. It sets out what Powys Teaching Health Board intends to do over the period 2024-2029 in order to improve its ability to deliver its services in Welsh, and to meet the requirements of both the standards and the *More than Just Words Framework.*

Welsh Language Standard 110

Standard 110 states that:

> *"You must publish a plan for each 5 year period setting out -*
>
> *(a) the extent to which you are able to offer to carry out a clinical consultation in Welsh.*
>
> *(b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh.*
>
> *(c) a timetable for the actions that you have detailed in (b).*

The primary function of this document is to meet this requirement.

This plan has been produced with reference to the Welsh Commissioner's *Standard 110 - Welsh Language Standards (No. 7) Regulations Good practice advice document*. This document explains that:

> *"Standard 110 sets the foundations for a health service in a bilingual country. It embodies the principle that offering clinical consultations through the medium of Welsh to patients is a matter of quality and patient safety, as well as ensuring consistency and creating more opportunities for people to use the Welsh language."*

It further notes that

> *"The plan needs to include robust information on the body's capacity to undertake clinical consultations in Welsh, and concrete actions and a timetable to measure and report on progress."*

The guidance on Standard 110 identifies the need to **establish a baseline** to measure the health board's current ability to offer a clinical consultation in Welsh by using available data sources.

Section (a) of Standard 110 is addressed in Part I of this document. Sections (b) and (c) are outlined in the Action Plan in Part III. Standard 110A, which requires PTHB to review its plans produced under Standard 110, is addressed in appendix C which constitutes a review of our previous Plan for the period 2019-2024.

Although the PTHB Strategy for Welsh in Healthcare does not relate to the other standards in the same way, the broad nature of the document's aims means that the successful implementation of this plan will indirectly improve compliance with all the standards and directly impact on many. Where this is the case, it has been noted alongside the actions (See Part III: Our Action Plan for 2024-29).

The *More than Just Words* Framework

The *More than Just Words* framework represents the Welsh Government's strategy for the Welsh Language in health and social care. Whilst this is a Welsh Government plan it includes a number of objectives and actions for individual health boards; these are reported to WG on an annual basis using a reporting template.

Action 18 in the framework requires PTHB to have a 'targeted Welsh language training and workforce strategy' in place in order to improve the Welsh language skills of its workforce; this document can be considered to meet that requirement.

Where an action in this document feeds into one or more aspects of the More than Just Words framework, this has been identified below.

Part I. To what extent is PTHB currently able to offer a clinical consultation in Welsh?

According to the Welsh Language Standards Regulations:

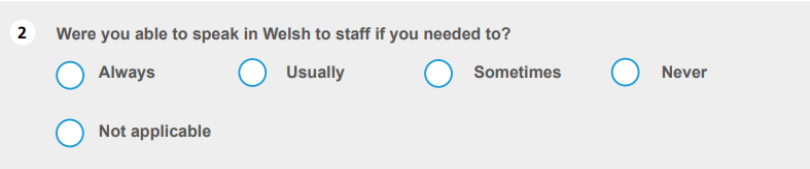
> a "clinical consultation" ("ymgynghoriad clinigol") means a health provision interaction between one or more individuals and a body;"
> (No. 7 Regulations, 2018)

A clinical consultation could take place in person, over the telephone or online. As acknowledged by the Commissioner's guidance on Standard 110, hundreds of thousands of clinical consultations take place in Welsh hospitals every day. An inpatient's stay at a hospital (for example) might include a number of such interactions, the majority of which will not be recorded by the data systems currently available to health boards. Whilst systems like WPAS record the preferred language of a patient, they do not directly record whether or not clinical consultations took place in Welsh nor even how many clinical consultations took place. Radical change to these systems is not within PTHB's power.

In setting a baseline for the Health Board's ability to provide a clinical consultation in Welsh, it is therefore necessary to measure the health board's ability to provide a consultation in Welsh via Patient Reported Outcome Measures and/or to use proxy indicators, such as staff language skills. Whilst these do not directly measure the number of clinical consultations carried out, between them they should provide an indication of the health board's capacity in this area.

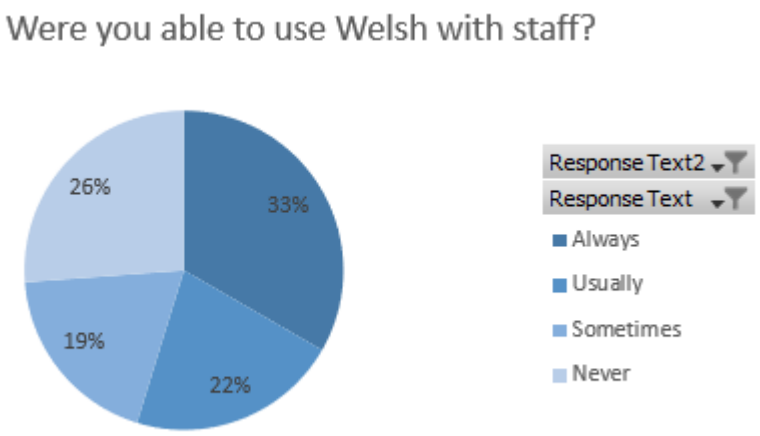
Patient Reported Outcome Measures

November 2022 saw the introduction of the CIVIA Patient feedback system to PTHB. This system invites patients to complete a survey on various aspects of their treatment. Since its introduction, the system has asked patients to answer the following question in relation to their treatment:



There are some significant limitations to this measure: the surveys need to be offered to patients by staff and so capture only a small percentage of patients. They may be disproportionately answered by particular demographics, and patients undergoing particular kinds of treatment. Nevertheless, it is a direct measure of whether health board was able to provide clinical consultations in Welsh, and therefore forms a key part of the health board's measure of its progress in achieving the aims of Standard 110.

In the year ending March 31st, 2024, the answers received for this question were as follows (after removing those who did not need or want to use Welsh):

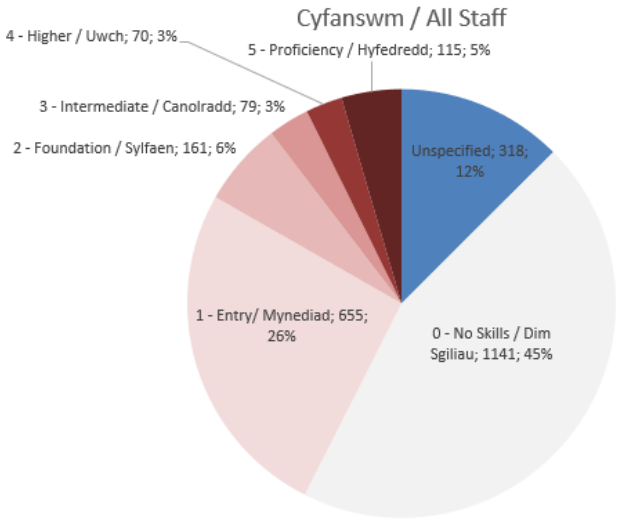


This provides a baseline for measuring success over the 2024-2029 period. This can be further broken down by site, although the rate of responses varies from site to site (Use March 2024 data here and above).

Staff Welsh Language Skills

As well as the Civica survey data described above, the health board collects information on staff Welsh language skills. This information is not a perfect measure of the health board's ability to provide clinical consultations in Welsh – Welsh speaking staff may be in non-patient-facing roles, or may not be providing consultations in Welsh (because they are unaware the patient wants it, they have not provided the Active Offer, they are unwilling to speak Welsh to the patient, or for some other reason). However, it is a reasonable proxy indicator: the ability to speak Welsh is a necessary pre-requisite to providing a service in Welsh, and improving the Welsh skills of our staff would reasonably be expected to increase our ability to provide clinical consultations in Welsh.

On 31st March 2024, the Welsh speaking skills of our staff were as follows:



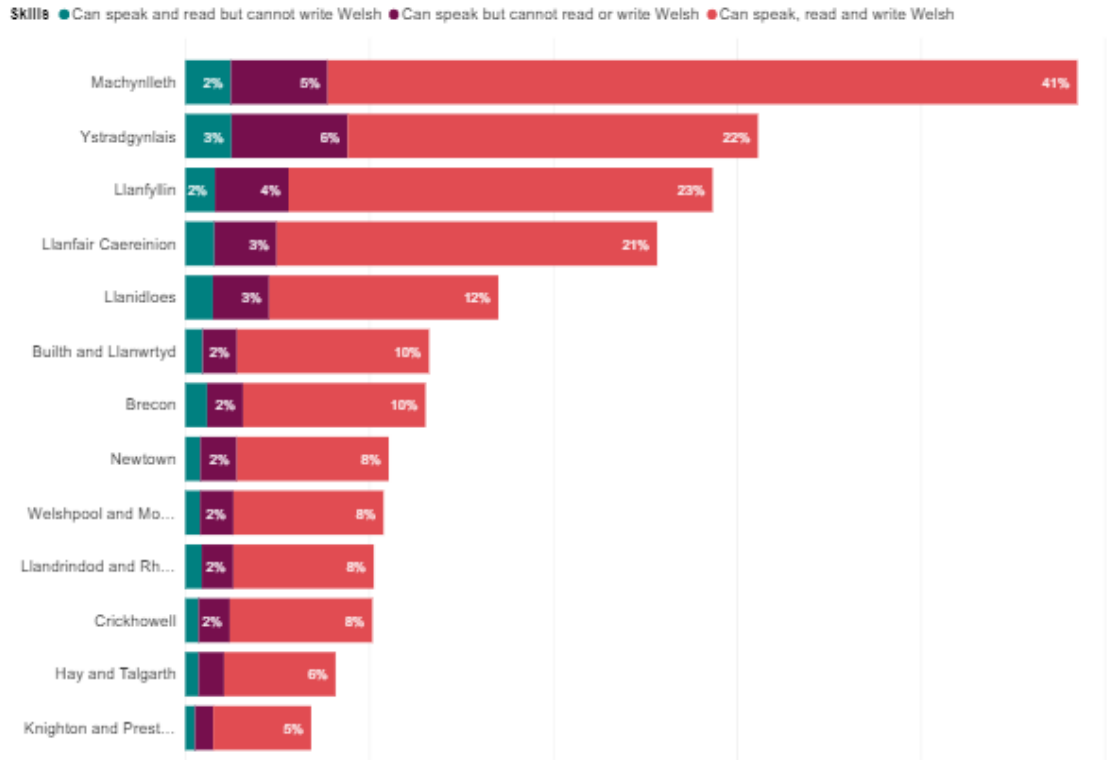
This data can also be broken down by base (hospital):

(Use March 2024 data)

(graphs for 9x individual sites)

This variation reflects the prevalence of Welsh in the local population, which varies considerably across Powys. Whilst the 2021 census showed that 16.4% of the overall population was able to speak Welsh – slightly below the Wales average of 17.8% - the proportion locally varies from as low as 7% in Knighton and Presteigne to as high as 33% in Ystradgynlais and 48% in Machynlleth.

The Welsh Language in Powys and PTHB: 2021 Census Results



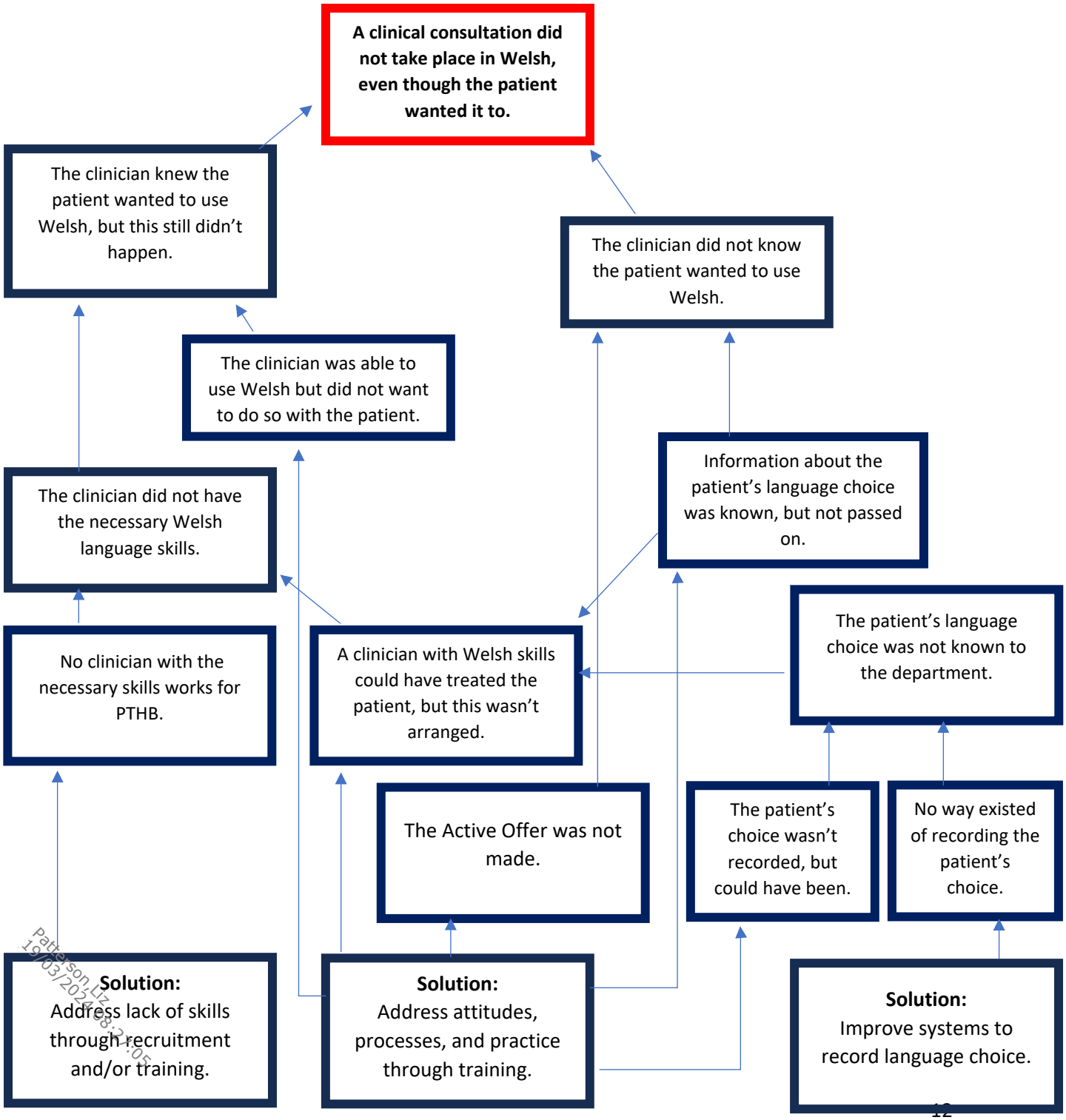
Whilst not unique to Powys, this degree of variation is not reflected in most other Welsh health boards and represents both a challenge and opportunity for PTHB. Whilst neither the Standards nor *More than Just Words* call for geographic variation*, under standards 69-71 we must assess our policies for their impact on opportunities to use Welsh, as well as formulating them in such a way that they might have a positive impact.

With this in mind, this strategy has incorporated a degree of geographical variation within Powys, with some interventions targeted at the two sites – Ystradgynlais and Machynlleth – located in the areas with the highest proportion of Welsh speaking residents. Our justification for this approach is outlined in the relevant section of the Impact Assessment (Appendix A).

* Though there was some geographical variation in the imposition dates of some standards.

Part II. Why might a clinical consultation not take place in Welsh: A solution-based model

The following diagram describes, in retrospective, the issues that need to be resolved in order to provide a patient who wishes to use Welsh with a clinical consultation in Welsh.



Three Fundamental Causes

The model outlined above identifies three fundamental causes as to why a clinical consultation might not be held in Welsh, despite the patient's wish.

1) Lack of Welsh skills in the workforce.
2) Patterns of staff behaviour and/or internal processes which do not enable consultations to take place in Welsh.
3) Systems which do not enable staff to record patient language choice.

Of the three causes outlined above, the current Strategy for Welsh in Healthcare focuses primarily on the first two. Although improving patient data collection systems could also improve PTHB's ability to carry out clinical consultations in Welsh, there are a number of reasons to put less emphasis on this area in 2024-29:

- Most systems in use within PTHB are developed on a Wales-wide level, and PTHB has little or no direct impact on their development. These requirements are similar across all Welsh health boards and are being widely promoted in all-Wales system development processes.
- Upcoming developments e.g. the NHS Wales App are likely to improve the consistency of patient language records even with no further action from PTHB.
- Many existing patient information systems in use by our clinical staff already enable the recording of language choice. This may not necessarily be being carried out consistently by staff in practice, and where this information exists it may not be being shared appropriately – but as the above diagram shows, where this is the case, it is a question of PTHB and/or departmental process and practice, rather than of the systems themselves.
- Even with a complete and accurate record of the language preferences of all patients, a clinical consultation cannot take place in Welsh if staff with the appropriate skills are not available. However, where the relevant staff have the necessary level of Welsh language skills and are consistently acting in line with best practice (especially the Active Offer), the *recording* of patient's preferences is not necessary for a clinical consultation to take place in Welsh. This represents the current situation for English, a language in which all clinicians are able to provide clinical consultations by default.

For this reason, the current strategy will concentrate on addressing the skills, attitudes and behaviour of our staff.

Interpretation (Simultaneous Translation)

The Welsh Language Standards and More than Just Words explicitly allow for the delivery of services in Welsh via the use of interpretation/simultaneous translation (i.e. interpretation from English into Welsh). PTHB makes widespread use of interpreters to deliver services in BSL and foreign languages.

Despite this, we have not incorporated interpretation into our Strategy for Welsh Welsh in Healthcare. This is due to the lack of evidence that Welsh speaking patients would rather receive a service through an interpreter than in English. We have also been told by Welsh interpreters that they would not be willing to provide this service, as they offer interpretation *from* Welsh only.

Even assuming that interpretation into Welsh were to be offered, if patients do not actually want this, we would be developing the theoretical *ability* to give a consultation in Welsh without increasing actual *delivery* of services in Welsh.

There therefore the risk that offering greater use of interpretation could come at the expense of more meaningful action to provide services in Welsh.

Future plans produced by PTHB may revisit this position if the situation changes.

Part III. PTHB Strategy for Welsh in Healthcare:
Our Action Plan for 2024-29

Action Ref	What is the action?	Rationale	Additional Relevant Welsh Language Standards	Relevant More than Just Words Actions
1	Increase the number of patients asked about their use of Welsh via Civica by encouraging staff to make wider use of the system.	These will not by themselves increase the health board's ability to provide clinical consultation in Welsh; however, they will improve the health board's ability to accurately measure its progress in this area. This is crucial to appropriate targeting of interventions.	23, 23A	5
2	Reduce the percentage of staff whose Welsh skills are unknown by directly contacting these staff and asking them to update their information.		96	8, 9
3	Increase the proportion of PTHB staff who have undertaken the Mandatory ESR Welsh Language Awareness Training course.	Welsh Language Awareness emphasises the importance of language in providing appropriate care and promotes awareness of the principle of the Active Offer. It may serve as a first step to further training.	102	14
4	Increase the number of staff who have undertaken Welsh Language for Managers training.	A course for PTHB managers can be included as part of the existing Managers' Development program; this provides a means of promoting PTHB-specific approaches as well as reinforcing aspects covered in the generic Awareness module.	102, 99	14, 18
4a	Target this training at managers based in Machynlleth and Ystradgynlais.	Targeting this training at priority areas will ensure efficient use of resources as well as increasing the overall uptake.	102, 99	14, 18
4b	Target this training at managers working in the MTJW priority professions.		102, 99	14, 18
5	Directly contact Welsh speaking staff to provide them with a 'Iaith Gwaith' Lanyard.	Current procedure provides these passively e.g. by request and in offer during induction; this relies on the staff themselves to actively seek them out. A more proactive approach should increase the prevalence of Iaith Gwaith throughout PTHB.	105	35
6	Deploy the *Academy Careers & Education Enterprise Scheme* in Powys secondary schools, including Welsh medium schools and streams, promoting careers in healthcare among those who can already speak Welsh and promoting the importance of Welsh language skills in careers in healthcare.	The Academy Careers & Education Enterprise Scheme will visit Welsh medium settings throughout Powys to emphasise the value of Welsh Language skills for careers in health care.		13, 18, 19
7	Review the way Welsh Language requirements are described in job	There is the potential that the language currently used in advertisements, job descriptions and	106, 107	6, 16

	advertisements and person specifications.	person specifications colours expectations in a way not optimal to recruitment (of Welsh speakers or otherwise). This is also an opportunity to market training.		
8	Ensure all vacancies are correctly assessed for their role requirements through a new assessment system and record the with named individual(s) associated against each individual assessment.	Existing process has limited accountability due to the absence of a record of assessments and their outcomes. A revised process will improve accountability and is likely to increase the number of Welsh essential roles advertised.	106	6, 13, 16
9	Offer Aspiring Nursing Program placements to applicants with Welsh Language skills.	This will entrench the principle that the health board values Welsh language skills and may increase the proportion of Welsh speakers in the staff body.	106, 107	6, 16
10	Begin advertising roles at the health board where Welsh is essential but with the option for non-Welsh speakers to commit to learn Welsh to a certain level on appointment.	This will entrench the principle that the health board values Welsh language skills and should increase the proportion of Welsh speakers in the staff body.	106	13, 16
11	Increase the number of health board roles which are advertised with Welsh language skills as essential and/or where learning to a particular level is required.	This will entrench the principle that the health board values Welsh language skills and should increase the proportion of Welsh speakers in the staff body.	106	13, 16, 18
12	Directly market careers in the health board at Welsh speakers, including via volunteering and work experience opportunities.	Currently the only marketing is the translation of generic materials and occasional individual vacancies. There are many other opportunities e.g. local Papurau Bro, online advertising directly marketed at Welsh speakers., which could increase applications and present the health board as an employer of choice for Welsh speakers.	6	13, 16, 18, 19
13	Roll out 'Courtesy Level' Welsh across the existing staff body (N.B. *subject to provision of appropriate training module from WG / HEIW*)	This is a MTJW objective. Whilst 'courtesy level' Welsh is not enough to provide a clinical consultation, training to this level may improve language awareness and empathy and can be a first step on a longer-term language journey.	99	17
13	Increase the total number of staff completing Welsh language training (above 'courtesy' level) each year.	Promoting training is a means of improving overall Welsh skills within the staff body and of directly improving our ability to offer clinical consultations in Welsh.	101	18
14	Deploy the confidence raising scheme amongst our staff and, as a minimum, maintain uptake over the five-year period, or as long as the scheme is supported.	Staff who already have Welsh skills but lack the confidence or the habit of using them professionally are 'low hanging fruit' that can be added to the numbers able to offer clinical consultations in Welsh for a fraction of the investment required to teach a clinician Welsh from scratch.	101	13, 18
15	Increase the proportion of PTHB staff reporting their	Improved Welsh skills among the staff body through a combination of	106	5

	Welsh Language skills at level 1+.	increases the prior probability that a consultation will be able to take place in Welsh. This can be achieved through a combination of training existing staff and recruiting new staff with Welsh skills. Staff with low levels of Welsh skills are unlikely to be able to offer a full clinical consultation in Welsh. However, they may be able to provide a consultation in Welsh with assistance or provide a consultation partially in Welsh; and they are better placed to further develop their skills in the future. It is also plausible that Welsh skills correlate with a greater awareness of the language and that developing skills in the language itself will improve culture, practice, and behaviour around the language.		
16	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 2+.		106	5
17	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 3+.		106	5
18	Increase the proportion of Online CBT courses that can be offered in Welsh, and market this course in Welsh.	Increasing our online offer of healthcare in Welsh needs to be done independently of staff recruitment and retention.	60, 63	13
19	Maintain the health board's current Welsh language capacity on the 111 #2 service.	Existing capacity in this team is sufficient to meet the current level of demand, however this will need to be maintained over the lifetime of the plan.	8, 9, 10	13
20	Increase CIVICA returns of patients saying they were able to use Welsh at least *sometimes.*	Achieving these aims would show that the Health Board has improved its ability to provide clinical consultations in Welsh. Setting a target in all three measures will ensure genuine growth is achieved, rather than mere re-distribution.	23, 23A, 110	*5*
21	Increase CIVICA returns of patients saying they were able to use Welsh at least *usually.*		23, 23A, 110	5
22	Increase CIVICA returns of patients saying they were able to use Welsh *always.*		23, 23A, 110	5

Part IV. Monitoring the 2024-29 Action Plan

Action Ref	What is the action?	Baseline	3 year goal	3 year result	5 year goal	5 year result	Lead Responsibility
Objective 1: Improve local data collection around clinical consultations in Welsh							
1	Increase the number of patients asked about their use of Welsh via Civica by encouraging staff to make wider use of the system.	[March 2024 baseline: total asked in 2023-24] Total asked in 2022-23: 80	Increase		Increase		Assistant Director of Quality and Safety
2	Reduce the percentage of staff whose Welsh skills are unknown by directly contacting these staff and asking them to update their information.	[March 2024 baseline]	X% Reduce		X% Reduce		Service Lead for Welsh
Objective 2: Increased staff awareness and deployment of the Active Offer							
3	Increase the proportion of PTHB staff who have undertaken the Mandatory ESR Welsh Language Awareness Training course.	[March 2024 baseline] March 2023: 73% (likely to be 85%+ by 2024)	90%		90%		Head of Organisational Development
4	Increase the number of staff who have undertaken Welsh Language for Managers training.	Zero – Training has been developed but not yet delivered.	Cumulative total of 100 individuals.		Cumulative total of 200 individuals.		Service Lead for Welsh
4a	Target this training at managers based in Machynlleth and Ystradgynlais.	Training not yet developed or targeted.	Evidence of direct targeting.		Further evidence of direct targeting.		Service Lead for Welsh
4b	Target this training at managers working in the MTJW priority professions.	Training not yet developed or targeted.	Evidence of direct targeting.		Further evidence of direct targeting.		Service Lead for Welsh
5	Directly contact Welsh speaking staff to provide them with a 'Iaith Gwaith' Lanyard.	Current procedure provides these passively e.g. by request and in offer during induction.	Evidence of direct targeting.		Further evidence of direct targeting.		Service Lead for Welsh
Objective 3: Increase the emphasis on Welsh Language skills in our attraction and recruitment processes							
6	Deploy the *Dyfodol y Gweithlu* scheme in Powys secondary schools, including Welsh medium schools, promoting careers in healthcare among those who can already speak Welsh and promoting the importance of Welsh language skills in careers in healthcare.	The Academy Careers & Education Enterprise Scheme will visit Welsh medium settings throughout Powys to emphasise the value of Welsh Language skills for careers in health care.	X/Y sessions delivered to X/Y # of pupils in WM/EM schools.		X/Y sessions delivered to X/Y # of pupils in WM/EM schools.		Strategic Workforce Lead for Health, Care and Partnership

7	Review the way Welsh Language requirements are described in job advertisements and person specifications.	Current description: "The ability to speak Welsh is desirable for this post; English and/or Welsh speakers are equally welcome to apply."	Review carried out and approach changed.		Review carried out and approach changed.		Service Lead for Welsh
8	Ensure all vacancies are correctly assessed for their role requirements through a new assessment system and record the with named individual(s) associated against each individual assessment.	Existing process has limited accountability due to the absence of a record of assessments and their outcomes.	100% of vacancies assessed and recorded.		100% of vacancies assessed and recorded.		Service Lead for Welsh
9	Offer Aspiring Nursing Program placements to applicants with Welsh Language skills.	0 places on the 2023 program were specifically for individuals with Welsh speaking skills.	2 places each year		3 places each year		Head of Workforce Transformation
10	Begin advertising roles at the health board where Welsh is essential but with the option for non-Welsh speakers to commit to learn Welsh to a certain level on appointment.	0 roles advertised on this basis in 2023-24.	3 roles advertised on this basis in 2026-27.		5 roles advertised on this basis in 2028-29.		Deputy Director Workforce & Development
11	Increase the number of health board roles which are advertised with Welsh language skills as essential and/or where learning to a particular level is required.	1 role advertised on this basis in 2023-24.	10 roles advertised on this basis in 2026-27.		20 roles advertised on this basis in 2028-29.		Deputy Director Workforce & Development
12	Directly market careers in the health board at Welsh speakers.	The health board does not currently directly market its roles to Welsh speakers.	Evidence of direct marketing.		Further evidence of direct marketing.		Assistant Director: Communications & Engagement
Objective 4: Develop the Welsh skills of our existing staff through Training and Confidence Raising courses							
13	Roll out 'Courtesy Level' Welsh across the existing staff body (N.B. *subject to provision of appropriate training module from WG / HEIW)*	48% (it is assumed courtesy = < 1, so all staff at level 1+ currently meet this level)	75% of staff record at least courtesy level Welsh.		90% of staff record at least courtesy level Welsh.		Head of Organisational Development
14	Increase the total number of staff completing Welsh language training each year.	Baseline in 2023-24. [Number trained in 2022-23: 10]	2023-24 total +10		2023-24 total +15		Service Lead for Welsh
15	Deploy the confidence raising scheme amongst our staff and ensure that it is widely attended. (N.B. We have based our target on a diminishing cumulative total because it is anticipated that this is targeted to a relatively small proportion of the staff body; annual	None trained; course is new.	Cumulative total of 100 staff completing the course.		Cumulative total of 150 staff completing the		Service Lead for Welsh

	numbers are likely to reduce as a growing proportion of those staff have already attended the training).						
Additional Supplementary Targets in relation to Objectives 3 & 4:							
16	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 1+.	Will use March 2024 data. March 2023: 48.63%	51.5%		55%		Service Lead for Welsh
17	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 2+.	Will use March 2024 data. March 2023: 19.14%	21.5%		22.5%		Service Lead for Welsh
18	Increase the proportion of PTHB staff reporting their Welsh Language skills at level 3+.	Will use March 2024 data. March 2023: 11.89%	13%		14%		Service Lead for Welsh
Objective 5: Ensure new ways of providing healthcare services can be accessed in Welsh.							
19	Increase the proportion of Online CBT courses that can be offered in Welsh.	Current: 2 of 25 courses (?)	10 of 25		20 of 25		Director of Community & Mental Health Services
20	Maintain the health board's current Welsh language capacity on the 111 #2 service.	2 of 5 providers able to consult in Welsh.	2/5		2/5		Director of Community & Mental Health Services
Objective 6: Deliver more clinical consultations in Welsh							
21	Increase CIVICA returns of patients saying they were able to use Welsh at least *sometimes.*	*Baseline* (end 2023-24)	Year 1 (end 2024-25)	Year 2 (end 2025-26)	Year 3 (end 2026-27)	Year 4 (end 2027-28)	Year 5 (end 2028-29)
		(Will use March 2024 baseline of 2023-24). Current: 74%	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)
22	Increase CIVICA returns of patients saying they were able to use Welsh at least *usually.*	As above. Current 55%.	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)
23	Increase CIVICA returns of patients saying they were able to use Welsh *always.*	As above. Current 33%.	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)	(targets appropriate to baseline)

Appendix A: Equality Impact Assessment

Please indicate overleaf that you have considered the impact of the proposal on the protected characteristics for all those that might be impacted (service users, patients, staff, patients' relatives and carers etc.).

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken** Make reference to where the mitigation is included in the document, as appropriate
Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	The More than Just Words framework identifies both older people (65+) and young children as priority areas for Welsh language provision. Staff analyses have suggested that younger staff members are more likely to report higher levels of Welsh language skills (both higher levels and lower levels of skills) when compared to their older colleagues. This is likely due to the greater emphasis on Welsh language skills in schools, and the expansion of Welsh medium education compared to the past.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics. The plan does not mandate that staff undergo training (beyond the minimum 'courtesy' level) where this has not been agreed as part of an appointment process. Roles where Welsh is required to be learned could allow internal staff to develop their skills.	The plan does not mandate that staff undergo training (beyond the minimum 'courtesy' level) where this has not been agreed as part of an appointment process. Roles where Welsh is required to be learned could allow internal staff to develop their skills.
Persons with a disability as defined in the Equality Act 2010	Workforce data suggests staff with disabilities are slightly less likely than average to have Welsh language skills.	Opportunities for learning and development are available to	Monitor Annual Reports and other channels for changes in

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	However, it should be emphasised that the data for disability is very different from that in other sources e.g. census, so it is unclear how reliable this is.	all staff irrespective of the protected characteristics.	trends to identify any increased impacts.
People of different genders: Consider men, women, people undergoing gender reassignment. **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender.	No significant impact was identified for Gender reassignment.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	
People who are married or who have a civil partner.	No impact identified.	None required.	None required.
Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after	Staff may reasonably be expected to pause any Welsh lessons whilst on maternity leave. This is already	None required.	None required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
having a baby whether or not they are on maternity leave.	accounted for in existing PTHB policies.		
People of a minority race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The 2021 census shows that whilst individuals from ethnic backgrounds other than White are less likely to speak Welsh, the differences are relatively small once allowing for country of birth, with 22% of Welsh-born individuals reporting being able to speak Welsh within White ethnic groups compared to 15% in Asian and 14% in Black. Within our workforce there is a strong correlation between White ethnicities (particularly Welsh) and Welsh language skills; however as non-white staff are mainly in nursing and medical roles this strategy would not be anticipated to impact on them significantly at this stage. The 2021 census showed that, in Powys, individuals belonging to Gypsy and Irish	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	Traveller ethnic groups were similarly likely to speak Welsh as the general population,		
People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Workforce data suggests that adherents of minority religions such as Islam, Hinduism and Buddhism are significantly less likely than Christians or Atheists to have Welsh language skills. This is likely because these are mainly staff from overseas; as they are primarily in nursing and medical roles this strategy would not be anticipated to impact on them significantly at this stage.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.
People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	Workforce data does not show sexual orientation impacts on the ability to speak Welsh. However, it should be emphasised that only small numbers of staff identify as other than heterosexual, so a small number of individuals may significantly impact this.	Opportunities for learning and development are available to all staff irrespective of the protected characteristics.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
People who communicate using the Welsh language in terms of (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. Well-being Goal – A Wales of vibrant culture and thriving Welsh language. Welsh Language Standards 69-71	The core purpose of this strategy is to improve the ability of the health board to carry out clinical consultations in Welsh, activity which represents an opportunity for persons to use the Welsh Language. Clinical consultations can currently be offered in English in all health board contexts; therefore, the actions in this plan therefore represent efforts to improve the provision for the Welsh language relative to English.	A focus on geographical priority areas where Welsh is more widely spoken will ensure that interventions have the highest possible positive impact. This is because the demand for services in Welsh is highest in these areas, meaning we are focusing resources where Welsh language services are most likely to be used. This will increase opportunities to use Welsh between staff and patients/visitors. It is also likely to be a more tractable way of achieving results in terms of training and recruitment due to the perception of a greater demand for Welsh in these areas, and thus a more efficient use of limited time and resources. Additionally, because a greater proportion of the workforce already present in these areas speaks Welsh, improving the	The action plan allows for differentiation based on different PTHB sites.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
		Welsh language skills of the remainder of the workforce will increase opportunities to use Welsh between staff whether these are newly recruited Welsh speakers or existing staff who develop their skills further through training.	
People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	An increased need to develop Welsh skills may disadvantage individuals who might struggle to afford training sessions. However, currently PTHB fully pays for any Welsh language training requested by its staff.	Opportunities for learning and development are provided free to all staff, so personal financial situation should not be a factor in accessing these opportunities.	Maintain the existing commitment to financially support all staff wishing to learn Welsh.
People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.	The geographical differentiation in the plan could impact some areas e.g. Ystradgynlais which have higher than average levels of economic deprivation. However, these are also areas with higher levels of Welsh	Opportunities for learning and development are available to all staff irrespective of location. Many training opportunities are hosted online allowing for easy access across the health board.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	language skills among the background population.		
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/ or service	None identified.	None identified.	None identified.

How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People being able to access the service offered: Consider access for those living in areas of deprivation and/or	None identified.	None identified.	None identified.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
those experiencing health inequalities. Well-being Goal - A more equal Wales			
People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	Research suggests that better health outcomes are achieved where healthcare is provided in accordance with the language preferences of the patient.	None identified.	None identified.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions. Well-being Goal – A prosperous Wales	Adding Welsh language requirements may make it more difficult for individuals without Welsh language skills to apply for specific roles, though this would not be expected to materially impact local employment levels as a whole and there is no change in the number and kind of vacancies available. Under the current plan the number of vacancies advertised as Welsh essential is anticipated to be <5% of the total vacancies advertised by the health board, meaning that a lack of Welsh language skills should not be a meaningful barrier to employment at the health board.	None required.	Monitor Annual Reports and other channels for changes in trends to identify any increased impacts.
People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the	None anticipated.	None required.	None required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	A greater emphasis on bilingualism within the health board could foster a greater sense of community within the local area.	None required.	None required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	None anticipated.	None required.	None required.

Appendix B: Welsh Language Skills Matrix

References to Levels of ability in Welsh are explained in the following NHS Wales matrix.

WELSH LANGUAGE SKILLS MATRIX

	LISTENING / SPEAKING	READING / UNDERSTANDING	WRITING
LEVEL 0	• No appreciable ability	• No appreciable ability	• No appreciable ability
LEVEL 1	**I Can:** • Pronounce Welsh words, place names, department names, etc. • Greet and understand a greeting. • Use basic every day words and phrases, e.g. thank you, please, excuse me, etc. • Understand / pass on simple verbal requests of a routine / familiar / predictable kind using simple language, e.g. 'May I speak to…'. • State simple requests and follow up with extra questions / requests in a limited way	**I Can:** • Understand simple key words and sentences on familiar / predictable matters relating to my own job area, e.g. on signs, in letters.	**I Can:** • Fill in simple forms, note down simple information, e.g. date and venue of a meeting, Welsh address, etc.
LEVEL 2	**I Can:** • Understand the gist of Welsh conversations in work • Respond to simple job-related requests and requests for factual information • Ask simple questions and understand simple responses • Express opinions in a limited way as long as the topic is familiar • Understand instructions when simple language is used	**I Can:** • Understand factual, routine information and the gist of non-routine information on familiar matters related to my own job area , e.g. in standard letters, leaflets, etc.	**I Can:** • Write short simple notes / letters / messages on a limited range of predictable topics related to my personal experiences or my own job area
LEVEL 3	**I Can:** • Understand much of what is said in an office, meeting, etc. • Keep up a simple conversation on a work related topic, but may need to revert to English to discuss / report on complex or technical information • Answer predictable or factual questions • Take and pass on most messages that are likely to require attention • Offer advice on simple job-related matters	**I Can:** • Scan texts for relevant information • Understand a fair range of job-related routine and non-routine correspondence, factual literature, etc. when standard language is used.	**I Can:** • Write a detailed / descriptive letter relating to my own job area, but will need to have it checked by a Welsh speaker • Make reasonably accurate notes while someone is talking

	LISTENING / SPEAKING	READING / UNDERSTANDING	WRITING
LEVEL 4	**I Can:** • Keep up an extended casual work related conversation or give a presentation with a good degree of fluency and range of expression but may need to revert to English to answer unpredictable questions or explain complex points or technical information • Contribute effectively to meetings and seminars within own area of work • Argue for/against a case	**I Can:** • Read and understand information fairly quickly as long as no unusual vocabulary is used and no particularly complex or technical information is involved	**I Can:** • Prepare formal letters of many familiar types such as enquiry, complaint, request and application • Take reasonably accurate notes in meetings or straightforward dictation • Write a report / document relating to my own job area, but will need to have it checked by a Welsh speaker
LEVEL 5	**I Can:** • Advise on / talk about routine, non-routine, complex, contentious or sensitive issues related to own experiences • Give a presentation/demonstration • Deal confidently with hostile or unpredictable questions • Carry out negotiations using complex / technical terms • Give media interviews	**I Can:** • Understand complex ideas and information expressed in complex or specialist language in documents, reports correspondence and articles, etc.	**I Can:** • Write letters on any subject • Write full / accurate notes of meetings while continuing to follow discussions and participate in them • Write reports / documents with confidence but they may need to be checked for minor errors in terms of spelling and grammar

Appendix C: Review of the 2019-24 Standard 110 Clinical Consultations Plan

Staff Welsh Language Skills

Objective	Increase the number of staff with Welsh language skills able to offer clinical consultations in Welsh.
Actions	**Progress**
Montor the number of staff able to deal with the public in Welsh.	**January 2021** - This information is available on ESR. Service Leads and Managers are also regularly advised to learn who the Welsh speakers are within their teams in order to help plan services and identify any gaps. **March 2022** • Working Welsh lanyards and badges have been distributed to staff across departments in the Health Board and in Primary Care locations to make it clear to patients where they can receive a Welsh language service. These have been distributed to GP Practices, wards and departments across Powys. • Teams backgrounds which include the Iaith Gwaith logo and the Dysgu Cymraeg logo are now available on the intranet for all staff to use. This can help identify a Welsh speaker in an online meeting or consultation. • The importance of assessing the Welsh language skills needed for posts is reiterated at the quarterly Welsh language service leads meetings and departments have been reminded to assess the Welsh language skills of posts when advertising. **January 2023** • Our ESR data (as of October 2022) show that 245 members of PTHB staff have Welsh skills between level 3 -5. These staff will work across the health board however, and not all will be clinical staff treating patients. • Iaith Gwaith merchandise continue to be distributed across all sites and the availability of them are promoted in the corporate induction session and on the Welsh language SharePoint pages.

	• We have developed a new toolkit for managers to use to monitor the language skills needed when recruiting to new and replacement posts in order to increase the number of roles advertised as needing Welsh skills.

March 2024 Review

This action does not commit the health board to do anything other than monitor Welsh language skills, and it should be noted that having recorded the ability to use Welsh does not mean that that staff member is necessarily able or willing to offer a clinical service in Welsh.

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Unknown	333	911*	408	360	318	
Level 0	1023	1077	1134	1136	1141	
Level 1	506	565	574	598	655	
Level 2	126	151	153	162	161	
Level 3	58	65	73	66	79	
Level 4	48	58	62	64	70	
Level 5	87	107	102	108	115	

**Note: The temporary increase in the figures for 'unknown' during 2019-20 can be explained by the short-term recruitment of staff in response to Covid-19.*

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Level 0	55.36%	53.24%	54.05%	53.23%	51.37%	
Level 1	27.38%	27.93%	27.36%	28.02%	29.49%	
Level 2	6.82%	7.46%	7.29%	7.59%	7.25%	
Level 3	3.14%	3.21%	3.48%	3.09%	3.56%	

Level 4	2.60%	2.87%	2.96%	3.00%	3.15%	
Level 5	4.71%	5.29%	4.86%	5.06%	5.18%	

The above statistics suggest that the health board has made progress over time in terms of recording the skills of its staff, and that over the five-year period of the plan there has been some growth in the Welsh language skills of the workforce.

Record staff with speaking and listening skills at levels 3 and 4 and offer them opportunities to attend training courses with the aim of increasing confidence whilst using Welsh in the workplace, and improving skills which already exist.	**January 2021** – Training opportunities, including "gloywi iaith" have been regularly promoted to all staff across PTHB via the Service Leads and Powys Announcements. Email sent to ESR Lead to find out if we can direct information to staff with Welsh language skills via ESR or whether this will need to be done via the Service Leads and Managers due to GDPR restrictions in providing PII data obtained from ESR. **March 2022** • The Welsh Language Team completed a scoping exercise on ESR in October 2021 to identify staff with level 3 and above Welsh language skills. A questionnaire was sent out to staff with those Welsh language skills to gauge interest in attending Gloywi Iaith courses and to offer the opportunity to join a Welsh speaker's network on teams, where information on courses and opportunities to use and practice Welsh skills are provided. • Opportunities to learn Welsh are still shared on Powys Announcements and we have begun discussions with Powys County Council regarding holding Welsh language training jointly. • A member of clinical staff has attended an intense Welsh language course at Nant Gwrtheyrn. **January 2023** • The Welsh speaker's network on Teams has been replaced with a Yammer network. Yammer is a more engaging platform than Teams, where members of staff can post information and films in Welsh. The Welsh language team also post information on opportunities to attend Gloywi Iaith courses via the National Learn Welsh Centre or HEIW. • Opportunities to hear and practice Welsh in the community across Powys are also shared via SharePoint news and these can be featured on big screens in the canteen from time to time. • A Welsh newsletter is published every quarter which includes latest updates and reminders with the Welsh language standards, socialising opportunities and 'top tips' of the month for learners. • The Welsh language teamwork in partnership with the other NHS organisations across Wales to hold bilingual events for staff. So far, a quiz has been held for Diwrnod Shw'mae / S'umae and a session on the Fari Lwyd. On March 1st the first NHS Eisteddfod will be held.

Record staff with Welsh speaking and listening skills at levels 1 and 2 and offering them training opportunities to improve levels that already exist.	**Jan 2021 –** See above **March 2022** • The Welsh Language team completed a scoping exercise on ESR in October 2021 to identify staff with level 0 – 3 Welsh language skills. A questionnaire was sent out to staff with those Welsh language skills to gauge interest in learning Welsh and to ask what was their preferred learning method. The opportunity to join a Welsh learners teams chat to learn more about opportunities in Powys to learn and practice their Welsh was also offered. • Opportunities to learn Welsh are shared on Powys Announcements and we have begun discussions with Powys County Council to look at holding Welsh language training at Entry level jointly. • On March 1st Menter Iaith Maldwyn held a St David's Quiz for Health Board and Powys County Council staff who are either learning Welsh or want to improve their skills. We hope to hold more activities like this over the next year. **January 2023** • The Welsh learner's network on Teams has been replaced with a Yammer network. Yammer is a more engaging platform than Teams, where members of staff can post information and questions about learning Welsh. The Welsh language team also post information on opportunities to attend Welsh courses via the National Learn Welsh Centre or HEIW. • Opportunities to hear and practice Welsh in the community across Powys are also shared via SharePoint news and these can be featured on big screens in the canteen from time to time. • Posters to encourage use of Welsh in the workplace 'Rho gynnig arni' have been offered and distributed to staff across all health board sites. • A Welsh newsletter is published every quarter which includes latest updates and reminders with the Welsh language standards, socialising opportunities and 'top tips' of the month for learners. • The Welsh language team work in partnership with the other NHS organisations across Wales to hold bilingual events for staff. So far, a quiz has been held for Diwrnod Shw'mae / S'umae and a session on the Fari Lwyd. On March 1st the first NHS Eisteddfod will be held.
Encourage all staff to complete the Level 1 Welsh Language Training, online 10 hour course provided by the National Centre for Learning Welsh.	**Jan 2021** – The Work Welsh courses have been promoted to staff throughout the pandemic. Information on staff who have completed the modules is fed through to the health board. Uptake

	remains low but this may be due to the current pressure of the pandemic. Need to conduct staff survey on accessing Welsh language training. **March 2022** • Staff questionnaire on Welsh courses was sent out in October 2021 to gauge interest in Welsh courses and learning opportunities are shared on Powys Announcements and in meetings with staff. • Information on staff who have completed the 10 hr online modules is fed through to the Welsh language team. Reminder emails are sent out to staff who have only completed a part of a course and congratulations emails are sent out to staff who have received a certificate. Staff uptake still remains quite low, but we have seen a small increase in numbers recently and we will continue to promote learning opportunities. **January 2023** • Opportunities to learn Welsh, including the 10hr online courses, are promoted to all new staff in monthly corporate inductions sessions and in all Welsh Language Awareness training. • We have a dedicated page on SharePoint on opportunities to learn Welsh, which includes direct links to the 10 hr online courses.
March 2024 Review Courses to improve confidence and ability are available however there are a number of difficulties in relation to promoting Welsh training; even when staff wish to attend there are often difficulties in releasing them from their duties to attend training courses. An online confidence raising course was offered on 16th September 2022 yet despite a number of expressions of interest there were no registrations amongst PTHB staff. A second course offered during 2023-24 received 46 expressions of interest, however. Training will remain to be a focus of future planning.	
Promote and use translation and interpretation techniques appropriately to support Welsh speaking service users during clinical consultations.	**Jan 2021** – a quick guide to accessing interpretation and translation services is available on the Welsh language and equality resources page on the intranet. This is also discussed with the Service Leads. Need to develop more detailed guidelines on when to access interpretation and translation services. Many teams have informal systems in place to utilise Welsh speaking members of staff to support Welsh speakers during clinical consultations. Need to gather examples from service managers and formalise procedures. **March 2022**

	• Staff continue to have access to the guide for accessing translation and interpretation and continue to ask the Welsh language team for support and advice when needed. • Our Welsh Language Awareness training and resources have been updated to include clear information on the Active Offer and the clinical need for Welsh. **January 2023** • We have a comprehensive Welsh language section on SharePoint which all staff have access to, and which includes details on how to access translation in clinical consultations. • We have contracts in place with WITS (The Wales Interpretation and Translation Service) and, since December 2022, all staff have access to LanguageLine via a smart phone or tablet. Both of these can ensure Welsh translation is available for clinical consultations. • Information is available on using Interpretation on Teams on our SharePoint pages and noting that it is available for clinical consultations. A recent staff briefing included a demonstration on the use of the Teams translation system.
March 2024 Review Following the introduction of the LanguageLine Insight app, staff throughout the health board now have access to interpretation into Welsh on-demand, including at short notice. There is no record of the system being used for Welsh however, nor in fact any record that Welsh interpretation was used or requested for a clinical consultation. Anecdotally, it is not clear that Welsh speaking patients wish to receive services through interpretation (that is, that they would rather do so than receive them in English).	
Develop guidelines for managers to ensure that Welsh Language requirements for vacancies are appropriately assessed and considered during the recruitment process.	**Jan 2021** – Recruitment guidelines have been amended to reflect this information. Further work is planned to include example assessments as part of the managers' recruitment training programme. **March 2022** • Welsh language skills assessment toolkit is used as part of the recruitment process for managers to consider what Welsh language skills are needed for posts. • The importance of assessing the Welsh language skills needed for posts was reiterated at a Welsh language leads meeting and departments were asked to audit the number of Welsh speakers already in their team when recruiting. • The language skills toolkit has been discussed at a service leads meeting and will be revisited to ensure its fit for purpose over the next year. **January 2023** • The Welsh language guidance for managers was updated in August 2022, in line with the launch of the new SharePoint Welsh language pages. • Welsh language advice for Managers is offered in the monthly corporate induction sessions. • The recruitment policy has been updated to improve this element.

	Our aim over the next year is to develop training specifically for managers on their responsibility in meeting the Welsh language standards which will cover recruitment and the need to increase the number of staff we have that can offer clinical consultations in Welsh.
Monitor Welsh language requirements when advertising new and vacant positions.	**Jan 2021** – This has been actioned via the WOD Welsh language recruitment sub-group. Procedures are in place to ensure bilingual JDs and job adverts are published. The cost implication of this is currently being monitored. **March 2022** • All job adverts and JD's are published in Welsh and English as part of a new recruitment process which came into force in 2021. Job Descriptions are translated by an external translator and all other recruitment documents are translated by our in house full time Translator. • The Welsh language skills assessment toolkit is also used as part of the recruitment process for all roles advertised (as detailed above) • The toolkit was discussed at a service leads meeting and will be revisited to ensure it's fit for purpose over the next year. **January 2023** • In September 2022, our corporate recruitment policy was updated to include information on the need for managers to consider the Welsh skills needed when recruiting and to contact the Welsh language team for further guidance. • In December 2022, a new toolkit was developed for managers to assess the Welsh skills needed for new and replacement posts. • The training mentioned in the above action, will include guidance for managers to how to properly assess the language skills needed when recruiting.

March 2024 Review

Year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Number of 'Welsh Essential' roles advertised	2	0	2	3	2	?

In practice, all roles other than the above were advertised with Welsh language skills as 'desirable'; this has been a policy for a number of years.

Although making every role 'Welsh Desirable' is recognition of the value of these skills within the health board, in reality there is little evidence that this policy has made a practical difference to staff skills (consider the statistics above on PTHB skill levels). It is clear from the lack of increase in the number of 'Welsh Essential' roles being advertised by the health board that the steps taken since January 2021 have not made a significant difference as the number of 'Welsh Essential' roles advertised remains very low as a percentage of the total. This issue was highlighted in the 2021-22 Annual Report which recognised the need to act anew to change internal practices and increase the number of roles which are advertised. The health board's Recruitment Policy was re-published during December 2022 with the sections on the Welsh Language having been strengthened; sadly, this has not led to an increase which has led to plan to introduce more stringent vacancy approval requirements around Welsh language skills in the 2024-29 strategy	
Work with Welsh speaking school pupils and students interested in joining NHS Wales in order to promote the Welsh language as a skill and promote the use of Welsh in the workplace	**Jan 2021** – Plans are in place for a Welsh Language Awareness session to be delivered to secondary school pupils in a virtual Careers Wales event. CTMUHB leading on this initiative. **March 2022** • Update from the Jan 2021 – a session was delivered in Welsh for the Virtual Careers event 2021 looking at Apprenticeship opportunities in the health board. The session was filmed and can be shown again at other career events. • An online career session was held with the Welsh language pupils in one of Powys's high schools to encourage them to consider a career in the NHS and to emphasise how important their Welsh skills are to the sector. We hope to role this session out further to other Powys schools. **January 2023** • Links have been made with the Careers Wales Officers in Powys and the Health & Care Academy within the health board to ensure sessions on the Welsh language can be included where possible and suitable. • The Welsh Language Team have sessions on the Welsh language scheduled with 3 high schools in Powys between January – March 2023 and will also be taking part in a Powys wide school event to promote the importance of Welsh in the workplace.
<u>March 2024 Review</u> To the extent that this objective relates only to promotion and facilitation, PTHB has continued to work on this successfully and effectively. The 2023 Academy Careers Enterprise scheme has been designed to be fully bilingual and include an emphasis on Welsh language skills in the NHS workforce.	
Find Welsh speaking mentors across PTHB who are able to support others and promote the use of Welsh in the workplace.	**March 2022** • In our questionnaire to Welsh speaking members of staff in October 2021, we asked if they were willing to support colleagues who are learning Welsh and act as 'buddies' if we were to launch a buddy scheme. A total of 17 members of staff noted that they were happy to take part in such an initiative.

	• Initial discussions have taken place regarding taking part in the national 'Siarad' scheme and we will look at this further. **January 2023 –** no further update on this
May 2024 Review It was not possible to introduce the Siarad scheme due to difficulties relating to allowing staff to take time off work to take part in mentoring sessions. This objective is very difficult to achieve due to the above, as well as other factors such as the geographically dispersed nature of PTHB as an employer, a lack of clear duties / role profile for a mentor and lack of resources within the Welsh team to establish such a system. However, more success has been achieved in promoting learners and learning on-line e.g. through the Welsh Learners Yammer group, one of the most active of staff groups. The 2024 plan will concentrate on these less formal techniques.	

Recording Patient Language Choice

Objective	Improve mechanisms for recording patient language choice in order to provide a bilingual service to those who need it.
Actions	**Progress**
Welsh Language Service Leads to monitor existing procedures for recording patient language preference and work with key staff within their fields to record any improvements.	**Jan 2021** – Advice has been provided to individual Service Leads to implement and monitor local mechanism for recording patient language choice. Example – Physiotherapy self-referral form amended to reflect this. **January 2023** • MSK Physiotherapy self-referral form was recently updated to make it clearer for patients and for staff that a consultation in Welsh (and other languages) is offered and provided, so that we can ensure language needs are met. • Memory Assessment appointment letters have been updated to ensure patients and family members know how to tell us of their language choice. • We will continue to work with departments on updating patient correspondence to ensure language choice for clinical consultations are clear. • In January 2023 CIVICA was launched across the health board which will give us data and feedback on when a Welsh service was requested and provided.

Monitor patient administration systems within Patient Services to ensure that patient language choice is recorded and that clinical teams' attention is drawn to this when arranging appointments.	**Jan 2021** – WPAS can record language choice and communication needs. Need to explore further options for flagging information to clinical departments. **January 2023** • Patients' language choice can be recorded on WPAS and WCCIS • There is more work to do to ensure patient letters and referral forms across all services include a question on preferred language so that data is available to record.
Working with other Trusts and Health Boards to share examples of best practice when recording language choice and using this information to provide clinical consultations in Welsh.	**January 2023** • As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. • We hope a system will be put in place nationally to support this work. • As we work closely with the other health organisations to promote opportunities to use Welsh across NHS Wales, we are similarly working closely and collaborating on compliance with the Welsh language standards. • In January 2023 CIVICA was launched across the health board which will give us data and feedback on when a Welsh service was requested and provided.
Review staff rotas to record when Welsh speaking staff are available and can carry out or support clinical consultations in Welsh.	**Jan 2021** – policy on e-rostering reviewed in September 2019 to include advice and information on rostering staff with Welsh language skills to evenly cover shift patterns, where possible. **January 2023** • Staff are encouraged and advised to 'match' Welsh speaking patients and staff, where this is possible. • Non-Welsh speaking staff are encouraged in corporate induction sessions and in general Welsh language awareness sessions to ask who in their team does speak Welsh so that they can refer patients to them for correspondence and 'match' patients and staff for consultations. • We have requested 'Cymraeg' stickers for our ward staff to use for patients beds or records, but are waiting to receive a stock from Welsh Government.

March 2024 Review

The steps above which have been completed have significantly improved the health board's procedures for asking and recording patient language choice. This should make it easier for clinicians to identify Welsh speakers and improve their ability to provide the Active Offer.

The introduction of CIVICA has meant that for the first time patients are being asked systematically and over a period of time whether they were able to use Welsh in the course of their treatment by PTHB. This has provided a baseline and a method of measuring the health board's ability to provide consultations in Welsh; CIVICA surveys are therefore a core part of the 2024-2029 plan.

Cultural Awareness

Objective	Improve awareness of Welsh at work
Actions	**Progress**
Raising awareness of the principle of the 'Active Offer' in order to encourage clinical consultations in Welsh	**Jan 2021** – this is covered in the Welsh Language Awareness session delivered to staff groups, and within the Managers' Resource and Guidance Documents. **March 2022** • Welsh language awareness training slides have been updated in 2022 to be rolled out to staff teams. • Working Welsh lanyards and badges offered and delivered to staff in various departments within the health board and Primary Care to ensure that patients know where a Welsh service is available. • PTHB Teams backgrounds now include the 'Cymraeg' logo and 'Dwi'n Dysgu Cymraeg' for staff to use in meetings. **January 2023** • More Than Just Words and the importance of giving the Active Offer are included in our Welsh language session as part of the corporate induction as well as in general and departmental Welsh Language awareness sessions. • Staff are encouraged to wear the Working Welsh logo and details of where to get these, including the uniforms with the sewn-on logo for clinical staff, is shared in staff sessions and on SharePoint. • Working Welsh merchandise has been promoted to primary care providers also and many GP's and Dentist have requested these for their Welsh speaking clinical staff. • We are currently working closely with the primary care team to meet Standards 65 so that primary care providers such as GP's, who can hold clinical consultations in Welsh with patients, are promoted on our website.
Promote the use of Welsh at work and increase cultural awareness of the language amongst staff and service users	**January 2021 - Continually** promote Welsh events e.g. Eisteddfod, Welsh Language Rights Day, St David's Day, Welsh language phrases for the workplace, etc. **March 2022**

	• Welsh language events and days such as Welsh Language Rights Day, Welsh language Music Day, St David's Day are promoted via Powys Announcements and on both the Teams networks for Welsh speakers and learners. • On March 1st Menter Iaith Maldwyn held a St David's Quiz for Health Board and PCC staff who are either learning Welsh or want to improve their skills and we hope to hold more activities like this over the next year. • Additional slides have been included within the corporate induction session to increase Welsh language and cultural awareness for new staff. • Welsh Words of the month are included in Powys Announcements. • Staff reminded about the need to answer the phone bilingually and bespoke phonetic cards offered to support this. **January 2023** • Welsh language culture is promoted across the organisation and national days such as Diwrnod Shw'mae, Su'mae are promoted and celebrated. • Welsh language is included in the monthly corporate induction sessions for all new staff. • Welsh language awareness training is given to staff across the organisation. • Welsh newsletter is published every quarter. • We have 2 Yammer pages, 1 for Welsh speakers and 1 for Welsh learners where general information about Welsh, local activities and 'top tips' are shared. • Events are being held in partnership with other health organisations to promote the use of Welsh naturally and Welsh culture e.g. a quiz was held to celebrate Diwrnod Shw'mae, Su'mae and an information session on the 'Fari Lwyd', which is a uniquely Welsh tradition was held before Christmas. • On March 1st the first NHS Eisteddfod for staff will be held online
Encourage people to take place in Welsh language initiatives to promote an inclusive attitude towards providing bilingual services	**March 2022** • On March 1st Menter Iaith Maldwyn held a St David's Quiz for Health Board and PCC staff who are either learning Welsh or want to improve their skills. The event was open for all members of staff and advertised on Powys Announcements. • Local opportunities to use Welsh socially across Powys (such as activities held by the Mentrau Iaith) are shared on Powys Announcements. • We have encouraged our staff to attend events on the Welsh language, such as Welsh language and dementia, Welsh and Deaf Culture, that are held by other health boards and organisations. **January 2023**

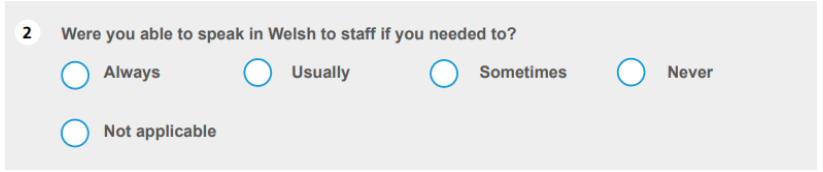
	• All events to promote the use of Welsh, held either by NHS Wales organisations or by community organisations, such as the Mentrau Iaith and the Urdd, are promoted on our SharePoint news page, on Yammer and on our staff Facebook page

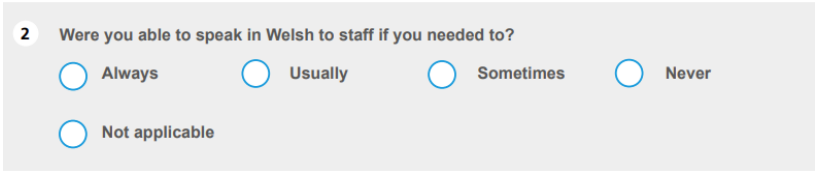
March 2024 Review

To the degree that these aims are all regarding promotion and encouragement, they can be considered a success. The NHS Wales mandatory Welsh Language Awareness ESR Online module was introduced in 2022 and has makes it mandatory for all staff to complete this course; the course includes raising awareness of the Active Offer and developing participants' cultural understanding. Reporting on completion rates for this course is a part of the 2024-29 plan.

Monitoring Procedures

Objective	Monitor the provision of bilingual consultations

Actions	**Progress**
Develop a mechanism for recording the number of clinical consultations which take place in Welsh (including those supported by Welsh speaking staff).	**March 2022** • As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. • We hope a system will be put in place nationally to support this work. **January 2023** • In January 2023, the health board launched its patient experience feedback platform CIVICA. CIVICA allows us to upload questionnaires onto the system that can be either sent out to patients following a consultation or can be filled in during an appointment or while on a ward. • One of the standard questions for all questionnaire is regarding whether a Welsh service was provided if it was wanted / needed.  • Over time, CIVICA will give us the data we need on how many clinical consultations take place in Welsh

Analyse the data which is available about clinical consultations taking place in Welsh and include these details in the Annual Monitoring reports.	**March 2022** • As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. • We hope a system will be put in place nationally to support this work. **January 2023** • In January 2023, the health board launched its patient experience feedback platform CIVICA. CIVICA allows us to upload questionnaires onto the system that can be either sent out to patients following a consultation or can be filled in during an appointment or while on a ward. • One of the standard questions for all questionnaire is regarding whether a Welsh service was provided if it was wanted / needed.  • Over time, CIVICA will give us the data we need on how many clinical consultations take place in Welsh.
Welsh Language Service Leads to monitor compliance with Standard 110	**March 2022** • Welsh Language Service Leads are aware of the need to comply with Standard 110 and take actions, where possible, to increase the number of clinical consultations carried out in Welsh. **January 2023**

	• As above. The Welsh language team will work with Welsh Language Service Leads over the next year to publish a new 5 year plan for Powys between 2024-2029, that will include mechanism for monitoring progress.
Collect and analyse Welsh speaking service users' feedback regarding their experience as patients.	**March 2022** • Since late 2021, the Welsh language and Equality team now lead on patient experience and patient story work across the health board and are actively seeking Welsh speaking patients to share their experiences. The team are working with departments across the health board to identify potential patient stories and are developing a library of documents that will be used for this work. • We are working with external organisations such as PAVO and the CHC to ensure that the voice of Welsh speaking patients are heard. **January 2023** • We have actively promoted our patient story work within the Welsh language team to Welsh communities across Powys by publishing information about the work in the local Papurau Bro and in PAVO's Health and Well Being newsletter. We have also shared information with local organisations such as the Mentrau Iaith. • Our first bilingual patient story went to the Board meeting in December in the form of a poem written by a patient.
Work with other Trusts and Health Boards to share best practice around clinical consultations and endeavour to achieve consistency in compliance with standard 110.	**January 2023** • As our systems that record this type of information is procured and managed centrally on behalf of health boards, it is out of our hands to make the developments needed to record the data on number of clinical consultations undertaken in Welsh at present. • We hope a system will be put in place nationally to support this work. • As we work closely with the other health organisations to promote opportunities to use Welsh across NHS Wales, we are similarly working closely and collaborating on compliance with the Welsh language standards.
<u>March 2024 Review</u> The CIVICA system means that PTHB is now able to record whether patients who wanted to be were able to use Welsh during their interaction with PTHB.	

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4a

PTHB Board	**20 March 2024**
Subject:	**Emergency Medical Retrieval and Transfer Service (EMRTS) Review**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Situation, background, specific matters for consideration and recommendations (Section 2 to 4 and Appendices) prepared by Stephen Harrhy, Chief Ambulance Services Commissioner, Emergency Ambulance Service Committee (EASC) PTHB Discussion (Section 5) prepared by Adrian Osborne, Deputy Director (Engagement, Communication and Corporate Governance)
Other Committees and meetings considered at:	Board Development Session, 14 March 2024 Emergency Ambulance Services Committee, 19 March 2024

PURPOSE:

The purpose of this report is to update the Health Board on the Chief Ambulance Service Commissioner's conclusion and recommendations for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

RECOMMENDATIONS:

The BOARD is asked to:

- NOTE the Chief Ambulance Service Commissioner's report (Section 2 to 4 and Appendices)
- RECEIVE and NOTE an oral report from the Chief Executive relating to the meeting of the Emergency Ambulance Services Committee on 19 March 2024
- DISCUSS and AGREE the health board's response to the Chief Ambulance Service Commissioner's recommendations

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing		The development of EMRTS supports the continued improvement of outcomes relating to emergency care including in relation to circulatory diseases, through partnership working across NHS Wales. EMRTS has a specific and specialist role as part of the wider system of urgent and emergency care for the people of Powys.
2. Provide Early Help and Support		
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures		
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership	Y	

1. EXECUTIVE SUMMARY:

The purpose of this report is to update the Health Board on the Chief Ambulance Service Commissioner's conclusion and recommendations for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

It sets out the background to the review, and the three-phase engagement process that has been undertaken. It shares the Chief Ambulance Service Commissioner's conclusions from that engagement process and his recommendations for the next steps (Sections 2 to 4).

It provides a commentary on specific considerations for Powys Teaching Health Board including the very clear strength of feeling in relation to these proposals from the people of Powys as evidenced in the engagement insights (Section 5).

These recommendations are due to be considered at a meeting of the Emergency Ambulance Services Committee (EASC) on 19 March 2024, and an oral report from that meeting will be provided to the Board by the PTHB Chief Executive who is a member of EASC which is a Joint Committee of the seven health boards in Wales. Each of the seven Chief Executives is a member of the Committee and they collaboratively commission emergency and non-emergency ambulance services which includes the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

Subject to that oral report, the Board is asked to discuss and agree the health board's response to the recommendations from the Chief Ambulance Service Commissioner. The views from the seven health boards across Wales will inform a final agreement at a meeting of EASC on 28 March 2024.

CHIEF AMBULANCE SERVICE COMMISSIONER'S REPORT (SECTION 2-4)

2. SITUATION / BACKGROUND:

The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the Emergency Ambulance Services Committee (EASC) meeting on 8 November 2022 which is a joint Committee of

all health boards in Wales. EASC Members (Chief Executives) agreed at that meeting that further scrutiny was required in a few key areas and that this impartial scrutiny would be undertaken by the Chief Ambulance Services Commissioner (CASC) called the EMRTS Service Review.

The purpose of the EMRTS Service Review is:

- To ensure that as many people as possible benefit from the excellent clinical outcomes that the critical care teams of EMRTS deliver (in partnership with the Wales Air Ambulance Charity) where there is currently un-met patient need across Wales (approximately 2-3 patients per day from all health boards across Wales who need the EMRTS service but who currently do not receive it)
- To improve the under-utilisation of clinical teams across the national EMRTS service (some are busier than others)
- To ensure geographical coverage across Wales
- To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly.

The (then) Community Health Councils across Wales (now Llais) asked the Chief Ambulance Services Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales (this included a review of the process after 6 weeks followed by another 2 weeks of engagement).

The engagement approach delivered on behalf of health boards is summarised below:

Phase	Stage	Purpose	Timing
0	Brief (We are asking…)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us…)	Gathering of feedback on factors, weightings, and other suggestions to inform Options to be developed.	March-June 2023
2	Share (We are doing…)	Outline of options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.	October - December 2023
3	Formal engagement	Seek views on: • The six options shortlisted and evaluated in the Options Appraisal workshop • The two shortlisted options - Options A and B • The additional actions that have been identified to address the public and stakeholder feedback from Phases 1 and 2.	February 2024

3. SPECIFIC MATTERS FOR CONSIDERATION:

Engagement Process

The approach to the formal engagement process has been presented and detailed in previous EASC papers, most recently on 30 January 2024.

The EMRTS Service Engagement Report (**Appendix 1**) details the engagement methodology, participation and emerging themes following all three engagement phases.

In summary:

- 23 weeks of engagement with 45 engagement sessions between March 2023 and February 2024 inclusive
- In Phase 1, there were 14-weeks of engagement, more than double the time recommended for the initial 'listening' phase
- In Phase 2 there were 5 weeks, more than double the time recommended for the second 'listening' phase
- Phase 3 has comprised 4 weeks online engagement throughout February with Health Boards complementing by using their extant activities and engagement structures to give the opportunity to their respective populations to participate
- Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes.

Phase 3 engagement built on the previous two engagement phases undertaken in 2023 and did not disregard any of feedback received in the previous phases.

Phase 3 engagement concluded on 29 February where 568 questionnaire responses were received. Where data was provided, the breakdown of responses by Health Board area is as follows:

- 66% response from Powys THB
- 20.6% Betsi Cadwaladr UHB
- 5.8% Hywel Dda UHB
- 1.7% Swansea Bay UHB
- 1.1% Cardiff and Vale UHB
- 0.9% Aneurin Bevan UHB
- 0.2% Cwm Taf Morgannwg
- 3.7% 'Not Sure'

To keep abreast of emerging themes from the feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC team provided Llais and with regular feedback updates to demonstrate that due consideration is being given to feedback. An email response to the draft

Engagement Report was received from Llais on 8 March 2024 and for ease of reference as table as a response is attached at **Appendix 2**.

Snap-shot reports of feedback have been provided to Health Board colleagues and Llais national leads each week throughout February including a final summary report from the feedback received.

Each week, information was provided within a PowerBI in order that information could be examined by each Health Board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.

The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from themes in earlier phases.

However, Phase 3 engagement did note the negative sentiment towards the engagement and decision-making processes. Additional responses have been received following the closure of the formal engagement phase and these have been answered in **Appendix 3**.

The Commissioner has been available to all stakeholders in Phase 3 of this Review as has been done throughout the Review period.

Engagement Conclusion

Feedback throughout the overall engagement falls into two general categories:

- You.Gov representative sample reflecting the national perspective
- Feedback from engagement shown in emergent themes reflecting localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.

- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities not near to hospitals, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas from where it was expressed that citizens feel more vulnerable, there is a consensus of understanding that:

- Un-met patient need must be provided for by the service
- Highly skilled clinical teams need to be used in the best way to provide for patients; and
- That rural communities should not be disadvantaged in order to achieve this.

The national feedback undertaken by the Picker Institute (**Appendix 4**) identified the following priorities:

- Everyone in Wales should have equal access to the service
- The service should be structured to treat as many people as possible
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation.

There has been a shift from positive to negative sentiment about the engagement and decision-making process from Phases 1 and 2 that were reported, compared to Phase 3 in responses notably from Powys and Betsi Cadwaladr areas.

An updated Equality Impact Assessment (EIA) is attached at **Appendix 5** and referenced within the EMRTS Service Review Engagement Report as well as published on the EASC website. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's process, as the host organisation for EASC.

The EMRTS Service Review

The EMRTS Service Review is attached at **Appendix 6**.

The Report provides a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales. It outlines the process and methodology used to review the service, covering the following:

- service delivery
- operational efficiency
- stakeholder engagement, and
- analysis of service coverage across Wales.

The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the prehospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

The report makes four recommendations as follows:

- **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

- **Recommendation 2** - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.

- **Recommendation 3 -** The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.

- **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

Legal advice has been sought in relation to the Review and will be shared with health boards in due course.

Members should note that EASC will be meeting on 19 March to consider the Recommendations and endorse for health board approval. The establishment of the new Joint Commissioning Committee has influenced the timing of this request.

Appendices

Appendix 1: EMRTS Engagement Report

Appendix 2: Feedback from Llais

Appendix 3: Responses received following the close of engagement

Appendix 4: Picker Institute Feedback Report

Appendix 5: Updated Equality Impact Assessment

Appendix 6: EMRTS Service Review

4. KEY RISKS

Public and political concerns remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal. This has resulted in ongoing challenges for the Committee, EMRTS and the Charity.

There is an ongoing risk of delaying service improvement in delivering more critical care to patients across Wales where unmet patient need has been identified as approximately 2-3 patients per day across Wales.

There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.

Staff morale within EMRTS following a protracted Review.

Members are asked to consider and discuss the above risks.

PTHB DISCUSSION

5. DISCUSSION

PTHB Involvement

PTHB has engaged in this review through our membership of the Emergency Ambulance Service Committee (Chief Executive) and EASC management groups.

Representatives from PTHB have participated in the options appraisal process to identify the shortlist of options for public engagement in Phase 3.

The health board's engagement team has provided active support to all three Phases of engagement on this review, including through membership of national engagement and communication groups to provide support, advice and co-ordination; and in local implementation and delivery to share information and seek feedback from the people of Powys. Members of the Board and other senior

managers have attended engagement events during Phase 1 and 2 to provide an opportunity to hear first hand from our communities.

EASC Meetings on 19 March 2024 and 28 March 2024

Discussion of these recommendations is due to take place at a meeting of EASC on 19 March 2024, and an oral report will be provided to the meeting of the Board of Powys Teaching Health Board on 20 March 2024.

Following discussion of these recommendations at meetings of the health boards in Wales, a final agreement is due to be made at a meeting of EASC on 28 March 2024.

PTHB Commentary on Recommendations

In considering the recommendation from the Chief Ambulance Service Commissioner it is important to acknowledge the significant level of feedback through the three-phase engagement from the people of Powys, including as 66% of the respondents to the most recent Phase 3 period from 1 to 29 February 2024. This feedback set out a range of issues and concerns, which are summarised in Section 2 above by the CASC and set out in more detail in his appendices.

In their feedback it was clear that our residents have concerns about ambulance response times, exacerbated by the distance and time to acute and specialist hospitals in neighbouring counties due to rural and sparsely populated nature of Powys. Whilst there is a distinction between the specialist role of EMRTS / Air Ambulance and the role of Welsh Ambulance Service NHS Trust – and there are further opportunities to raise public awareness and understanding of this distinction – these concerns are clearly material to our consideration of this specific proposal and how it operates as part of the wider urgent and emergency care system.

As members of EASC we share a collective responsibility to make decisions in the interests of the people of Wales, and in this respect it is important to note that this review has identified a level of unmet need that could be reduced through the relocation of air ambulances and particularly to extend flying hours further into the evening given that 70% of unmet need arises after 8pm. By addressing unmet need we have the potential to reduce mortality and long term ill-health and disability.

The Chief Ambulance Commissioner has set out the ambition that "rural communities should not be disadvantaged" in order to reduce unmet need and that "if people receive the service now they should receive the service in future". A key implication of the Recommendation 1 is that if the road vehicle is also

relocated to a single site in North Wales then this is "not able to replicate the full geographical and therefore whole population coverage that the current base locations are able to provide at 90 minute travel time by road" (Appendix 6, page 48). This has particular implications for North & Mid Powys, North Ceredigion, South & West Gwynedd (see Map 4, Appendix 6, page 48) including, for example, when the air ambulance is not able to fly.

Recommendation 4 ("the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas") is therefore critical to downside impact mitigation in relation to the goal that rural communities are not disadvantaged.

The Chief ASC has indicated that further information on Recommendation 4 will be provided to the meeting of EASC on 19 March 2024 and the Chief Executive will provide an oral update.

The Chief Ambulance Service Commissioner has indicated that the consolidation to a new base in North Wales would take place no earlier than 2026, which provides an opportunity for development and delivery of Recommendation 4 as part of the transition plan to the new base, with ongoing engagement with the public and stakeholders.

PTHB Board Recommendation

Subject to the oral report from the Chief Executive following the meeting of EASC on 19 March 2024, the Board is asked to discuss and agree the health board's response to the recommendations from the Chief Ambulance Service Commissioner.

The views from the seven health boards across Wales will inform a final agreement at a meeting of EASC on 28 March 2024.

NEXT STEPS:
EASC meeting on 28 March 2024

IMPACT ASSESSMENT

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

QUALITY:

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

The EMRTS review aims:

- To ensure that as many people as possible benefit from the excellent clinical outcomes that the critical care teams of EMRTS deliver (in partnership with the Wales Air Ambulance Charity) where there is currently un-met patient need across Wales (approximately 2-3 patients per day from all health boards across Wales who need the EMRTS service but who currently do not receive it) (safe, timely)
- To improve the under-utilisation of clinical teams across the national EMRTS service (some are busier than others) (effective, efficient, workforce)
- To ensure geographical coverage across Wales (equity)
- To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly (workforce, whole systems approach)

Specifically, there is known unmet need that could be reduced (with consequent reduction in avoidable harm) through realignment of resources but also mindful that there is potential for downside impact related to RRV response (e.g. if the air ambulance is unable to fly) for which the further development and detail of Recommendation 4 will be a critical consideration.

EQUALITY:

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

An updated Equality Impact Assessment (EIA) is attached at Appendix 5 and referenced within the EMRTS Service Review Engagement undertaken as well as published on the EASC website. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's process, as the host organisation for EASC.

RISK ASSESSMENT:

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

Key risks are discussed in Section 4 and Section 5 of the report

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Ambiwlans Brys

Emergency Ambulance Services Committee

Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review – Engagement Report

01 March 2023 – 29 February 2024

This report has been prepared by the Emergency Ambulance Services Committee Team to summarise the process and findings of engagement on the "EMRTS Service Review" led by the Chief Ambulance Services Commissioner from March 2023 to February 2024. The preferred option, following the conclusion of the full engagement period, is set out in the *EMRTS Service Review* document and if adopted, also details how the service would operate.

Contents

1.Executive Summary

This engagement report provides a comprehensive overview of the public engagement process undertaken during the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review in Wales.

The Review was initiated due to public interest in potential changes to air bases, aiming to address unmet patient needs, make effective use of resources, provide effective geographical coverage and solve emerging challenges. It is led by the Chief Ambulance Services Commissioner (CASC/Commissioner) on behalf of the Emergency Ambulance Services Committee (EASC), made up of Health Boards across Wales (see sections 3 and 4).

The Review's engagement processes sought to address queries and gather feedback for consideration in the Review process (see section 5).

The engagement involved citizens, stakeholders, professionals, community leaders, and government officials throughout the process in discussions about how the air ambulance service could be developed (see section 6).

Various engagement methods were employed, including drop-in sessions, public meetings (both in-person and virtual) and online surveys, as well as using Health Boards existing engagement mechanisms. Communication efforts were bilingual and accessible. Feedback mechanisms were in place to capture stakeholders' input and their protected characteristics under the Equality Act 2010 (where they were happy to share these), which was used to refine the engagement process and Equality Impact Assessment continuously. Adjustments were made based on feedback to enhance user experience and participation (see section 7).

Over the course of three phases, spanning 23 weeks, a total of 45 engagement sessions were conducted, supplemented by Health Board engagement mechanisms. Each phase built upon the previous one. Across all engagement phases there has been more than 1000 engagement session attendances and more than 2,500 responses submitted via all feedback routes, plus two petitions objecting to any base changes affecting Caernarfon and Welshpool reflecting public sentiment garnered significant support. Of the 2500 responses, a total of 999 were

received from a representative panel (via You.Gov hosted by The Picker Institute). While geographical demographic data was not collected uniformly across all engagement methods, analysis of available data reveals insights into the geographical distribution of respondents, most recently in Phase 3 where the majority of feedback came from individuals within the Powys Teaching Health Board (PTHB) and Betsi Cadwaladr University Health Board (BCUHB) areas. Additionally, a higher participation rate was observed in this phase among older age groups, particularly those aged 55 and above, while younger age groups were less represented. However, it should be noted that this is where data was provided (see section 8).

The engagement process has yielded valuable insights from both the public and stakeholders, revealing a nuanced understanding of service priorities, concerns and suggestions. Feedback has been collected through representative surveys as well as localised engagement sessions, highlighting national perspectives as well as those specific to Caernarfon and Welshpool areas (see section 9).

The Picker Institute's report highlights the Welsh public's priorities for EMRTS, emphasising the importance of effective road response, adequate training and support for staff, equal access to services for all citizens and a commitment to maintaining current standards of care. These findings align with the overarching values and aims of the EMRT Service and EAS Committee.

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- That current bases should not change due to the impacts on rural areas
- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.

- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

Concerns have also been raised about EMRTS's specialisation and the potential loss of experienced staff due to base relocations. Stakeholders express a desire for a more adaptable clinical model and emphasise the vital role of EMRTS in providing critical care services, particularly in rural communities.

Notwithstanding the concerns of the public and stakeholder feedback in these areas from where it was expressed that citizens feel more vulnerable, there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.
- And that rural communities should not be disadvantaged in order to achieve this.

Additional feedback regarding Health Boards, the Welsh Government and other emergency responders highlights scepticism about service developments and funding arrangements, alongside calls for enhanced engagement and consideration of rural healthcare needs more broadly. The importance of maintaining openness and transparency throughout the decision-making process also emerges.

Feedback highlighted perceived negative impacts on various equality characteristics. It is unlikely that the Review will have any specific impact on this, as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality, protected characteristics this cannot be discounted (see Section 10).

In conclusion, the emerging themes of feedback has been consistent throughout all three phases of engagement with little variation between phases. The engagement findings show the complexity of balancing national priorities

with localised concerns, emphasising the necessity of ongoing engagement to shape the future of EMRTS effectively in Wales.

2. Introduction

This engagement report provides:

- An outline of the background and context of service development of the EMRTS Service Review
- An overview of the engagement approach plan and process / actions undertaken with stakeholders
- An analysis of the engagement responses received.
- Summary conclusions drawn from the engagement process.

Please note that the Engagement Report is solely a report on the engagement process and what was heard. The EMRTS Service Review document contains details of the recommendations being made to the EAS Committee.

3. Background and Context

The air ambulance service in Wales is a partnership between the Wales Air Ambulance Charity and the EMRTS of NHS Wales. It is a highly specialised service providing pre-hospital critical care across Wales, taking the emergency department to the scene of an incident for life and limb trauma. It is complementary to the emergency service delivered by the Welsh Ambulance Services Trust.

The Wales Air Ambulance Charity provides the bases, helicopters, cars, pilots, fuel and maintenance. EMRTS is made up of the clinical teams from NHS Wales, with four bases at Caernarfon, Welshpool, Dafen (Llanelli) and Cardiff. All 4 teams work together to serve the population of Wales.

In August 2022, public and press interest was triggered by a leaked document about potential changes to air bases (namely Caernarfon and Welshpool) being discussed by the Wales Air Ambulance Charity and the EMRTS team.

In September 2022, a 'Focus On' session was held at the EASC (the Joint Committee of all Health Boards in Wales which commissions the air ambulance service), on the EMRTS Service and potential opportunities to develop the service.

The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity) was received at the EAS Committee meeting on 8 November 2022. A number of comments and queries had already been received from key stakeholders from Caernarfon and Welshpool areas and the Committee Members agreed that further scrutiny was required in a few key areas. It was agreed that this scrutiny would be undertaken by the Commissioner and the EASC Team in the form of the EMRTS Service Review.

The EMRTS Service Review was to start the work afresh and be independent of the initial EMRTS Service Development Proposal. The Review, led by the Commissioner, was to include public engagement considering the queries, concerns and suggestions from public and stakeholders, focusing on how to further improve the air ambulance service in Wales.

The purpose of the EMRTS Service Review is to:

- **Help more people.** The service already does a great job saving lives and helping those needing critical care. But not everyone who needs this help can get it currently (this is unmet patient need). Historical data from the service showed that there are patients who need the service but are not receiving it currently, right across Wales. On average, there are approximately 2-3 patients per day across Wales who have an 'unmet need' for the service. The Review looks at ways to make sure more people can get the help they need, which means saving even more lives and helping people get the best possible critical care at scene, no matter where they are.

- **Use resources better.** Right now, some clinical teams in Wales are busier than others. There are different reasons why the teams may not be able to respond to the current unmet need, such as teams may already be tasked, weather factors, vehicle maintenance or the base team may be offline (i.e. no shifts operating at that time). Additionally, some clinical teams are not being used to their full capacity when they are available on shift (this is called 'under-utilisation'). This under-utilisation happens across different bases and calendar years, suggesting that crews could attend emergency calls in various parts of Wales or at different times of the day if their location or shift times were adjusted. A better way to make the best use of these highly skilled clinical teams is needed so everyone gets the help they need, no matter where they live or when they need it.

- **Spend money wisely**: The Charity has an obligation to its donors and the Charity Commission to make the best use of the money it receives to continually improve the service with EMRTS. Similarly, NHS Wales needs to make sure that the public money to pay for these clinical teams is used in the best way possible.

- **Solve problems**: Some people worry that changing things might cause new problems, like making it take longer for help to arrive. The Review looked at this carefully to understand worries and find solutions that work for everyone.

While "unmet need" refers to the existing demand for the service that is not currently being met, "lives saved" typically pertains to the impact of the service in providing critical care and saving lives.

To clarify, the proposed change aims to address the unmet need by enhancing the service's capacity and coverage, thereby potentially saving more lives. By ensuring that the service can effectively respond to the existing demand and reach more patients in need, it is anticipated that more lives can be saved. Therefore, the focus is on improving the service to meet the identified needs and enhance outcomes rather than directly equating unmet need with lives saved.

The Commissioner committed to four elements shaping his considerations throughout the Review, they are:

- **Modelling data** – a helpful guide using historical data but not to be taken on its own
- **Evaluation framework** – using commissioning goals and metrics that were tested during engagement Phases 1 and 2
- **Feedback** – giving conscientious consideration to the issues raised through the engagement process with public and stakeholders
- **'Red lines' and 'common sense' test**; for example:
    - not to position assets with worse flying conditions; or
    - more people will get the service across Wales; not only would more people get the service but if anyone who gets a service now will still get a service in the future.)

4. Planning for the Future Service

In response to the above findings, the Review has considered a number of options for future service development.

An iterative process throughout the engagement identified and modelled a number of options which included:

- **Phase 1** – three broad options of proposed model options were discussed:
  - Existing bases and changes to these
  - Having a new base in the centre of North Wales (by closing other bases)
  - Other ideas or scenarios (by asking for suggestions in Phase 1 engagement)

- **Phase 2** – a 'long list' of 20 options (from option 1 to option 6c) were developed from the 3 broad areas, based on feedback and suggestions in Phase 1

- **Phase 3** – six options were shortlisted (from the long list of 20) with two identified 'highest scoring' options from an options appraisal workshop of NHS Wales representatives using the agreed evaluation framework

The long list of 20 options were modelled by an external provider (Optima). A combined dataset from the period 1 June 2022 to 31 May 2023 was used. This time period was chosen to reflect the developments in EMRTS (since 2015 at its start). It gave the best way to use the data based on how the service is currently set up.

The aim has been to ensure optimal matching of capacity to demand and develop the most robust and sustainable model for the future of the service. The preferred option following the conclusion of the full engagement period, is set out in the EMRTS Service Review document and if adopted, also details how the service would operate.

Due to the predominance of feedback from the engagement stating that 'no change' in service bases would be optimal, the status quo option was considered as part of this process and was carried forward as part of the long and shortlisting process for comparison purposes. This was discounted before Phase 3 based on the level of unmet need, unequal and low levels of utilisation (including no-arrival days) alongside the lack of night time

capacity and population coverage. Every modelled scenario was able to deliver an improvement from the baseline "do nothing" position, as such demonstrating that the current service operating model is not optimised.

5. Engagement Scope and Purpose

The Review and this document use the terms 'engagement/engage' to mean the continuous involvement of, and informal consultation and discussions with, citizens, staff, staff representative and professional bodies, stakeholders and third sector and partner organisations regarding service development. (N.B development is used to reflect that there are no proposed changes to the ways the patients receive the service although technically the Welsh Government Guidance does not differentiate between 'development' and service 'change') .

The rationale for conducting public engagement was to have a constructive and meaningful conversation with public and stakeholders about how to further improve the air ambulance service in Wales in response to the queries and concerns raised to the initial *EMRTS Service Development Proposal*, that were emanating from Caernarfon and Welshpool areas specifically.

The engagement would enable public and stakeholder views and concerns to be fully understood and responded to as part of the overall Review led by the Commissioner.

An internal steering group was established in EASC and in September 2022, the EASC Team approached the (then) Community Health Councils (now Llais) for advice on the suitable engagement model for the EMRTS Service Review.

The Community Health Councils across Wales asked the Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales. This included a review of the process after 6 weeks. This engagement approach reflected the Welsh Government's Guidance on NHS Service Change, which was extant at that time, specifically for a 'moderate service change' as it exhibited some of the following characteristics detailed in the guidance:

- change of location from which a service is delivered within a health board area
- partial service withdrawal
- anticipated moderate number of people affected or small change with moderate impact
- moderately sensitive issue locally

- closure of small facility with limited facilities (such as branch surgery or small community clinic)

The engagement process has been presented and detailed in every EAS Committee meeting to sight Members on the overall progress of the delivery of the engagement programme, as well as the emerging themes from public and stakeholder feedback.

From 1st April 2023, the guidance on engagement was changed along with the establishment of Llais as an independent body. A letter from Llais CEO was received by the Commissioner on 29 November 2023 that formally raised concerns about the next steps of the Review recommending that this Review was taken to further stage of engagement (the new guidance does not differentiate between engagement and consultation). Following discussions between the Commissioner and Llais on 15 December where Llais accepted the proposed additional 'Phase 3 engagement' augmenting the original planned approach. The letter of recommendation was considered at the EAS Committee on 21 December the EAS Committee agreed to go to a third and final stage of engagement in February 2024 based on the Commissioner's 15 December discussions with Llais. This would include engagement on shortlisted Options following the Options Appraisal process.

The third and final engagement period was agreed as a 4-week period, online during February 2024 and in order to address the needs of the digitally excluded, the health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important opportunity through non-digital as well as digital means.

The purpose of engagement was:

- To inform and engage with all stakeholders and the general public about how air ambulance service in Wales could be improved
- To set out the analysis undertaken of current service usage patterns, the conclusions reached as a result and to explain the possible options for future service operations.

- To provide full opportunity to receive feedback, queries, suggestions, alternative options and concerns.
- To collate all feedback as the basis for reporting back to Health Boards, Llais and the EAS Committee.
- To consider feedback in developing options to further improve the air ambulance service as a result.

The Commissioner has had an ongoing dialogue with Llais since autumn 2022, attending formal meetings (such as their Senior Management Team) and informally with the CEO and Deputy CEO as the national leads.

Some senior Llais regional officers have also attended in-person and online sessions in Phases 1 and 2.

To keep abreast of emerging themes from the Phase 3 engagement feedback as it was received and maintain the timescales for recommendation to EASC in March 2024, the EASC Team provided Llais with regular feedback updates to demonstrate that due consideration is being given to feedback.

6. Stakeholders

Stakeholder mapping was completed that identified potential stakeholders including:

- Residents within the PTHB and BCUHB footprint areas
- Opposition campaign groups/Community leaders
- The general public
- EASC Members
- EMRTS staff
- Wales Air Ambulance Charity (staff and trustees)
- Local MPs, MSs and Councillors
- Welsh Government officials
- Voluntary sector
- NHS Wales Health Boards (Comms & Engagement leads, service change leads etc. Stakeholder Reference Groups and Partnership Boards)
- Welsh Ambulance Services NHS Trust (staff and patient panels)
- Community Health Councils/Llais
- Local, hyperlocal, regional and national media

Anyone who contacted the Commissioner and his team about the EMRTS Service Review were added to the Stakeholder Distribution List to receive regular updates about this issue with a request that they let the EASC Team know if they wished to be removed from the list (in line with Information Governance requirements).

7. Engagement Methods

Approach

The communication and engagement plan sought to build trust and confidence in the engagement process. As well as creating a conducive climate for constructive dialogue, the engagement approach aimed to:

- Provide fact-based information to clarify and aid understanding of how the extant service is provided in partnership between the Charity and EMRTS;
- Enable a transparent and thorough public engagement process to help inform a final EASC recommendation, Health Board consideration and decision;
- Provide reassurance to stakeholders about future service operations and opportunities around service developments;
- Meet the Welsh Government guidance, enacted by the (then) Community Health Council (now Llais) and their resultant requirements and recommendations.

The Gunning Principles were considered in underpinning the communications and engagement approach, and delivered in the following key activity phases:

Phase	Stage	Purpose	Timing
0	Brief (We are asking…)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us…)	Listening phase and gathering of feedback on factors, weightings, and other suggestions to inform options to be developed.	March-June 2023

Phase	Stage	Purpose	Timing
2	Share (We are doing…)	Outline of options developed, and work done (data and information requested etc.) from Phase 1 to explain options being considered and ultimately going forward to EASC for decision.	October - November 2023
3	Commenting…	Asked for views on: • The six options shortlisted and evaluated in the Options Appraisal workshop • The two shortlisted options - Options A and B • The additional actions identified to address the public and stakeholder feedback from Phases 1 and 2.	February 2024

Communication and PR

A dedicated area on the EASC website was created and a substantial amount of information was published in readiness for the engagement process to start. This took account of information and queries in order to clarify the facts for participants recognising the technical and service operational complexities involved. This included Frequently Asked Questions (FAQs) and an explainer video.

A campaign visual identity and supporting assets were developed for the engagement and communications packs were supplied to all Health Boards, in all phases, for consistent messaging and promulgating within respective Health Board footprints.

The engagement programme was dependent on the localised promotion of events being shared through Health Boards' channels, local media outlets, and community leaders such as the Facebook campaign groups - which both have substantial followers totalling almost 17 thousand people at its height.

This onward cascade was encouraged in all formal EASC communications by asking interested stakeholders to speak to their friends, families, neighbours and colleagues about the engagement, and the many ways people can provide their feedback.

Health Board Communication and Engagement teams, and Service Change leads, supported the engagement programme in their respective areas. This included sharing through normal practice and existing networks, ensuring inclusion on key meetings and using digital and social media channels.

Regular updates (EMRTS Service Review Stakeholder Briefings) were issued electronically on a regular basis via the Stakeholder Distribution List and published on the EASC website. As of 04 March 2024, 17 Stakeholder Updates have been published.

For any misunderstood or misinterpreted information circulating about this complex issue, this was clarified by the EASC team on the website so that everyone had access to the same information and the campaign group organisers were helpful conduits to sharing this via their social feeds as well as through hyperlocal sites.

The Commissioner received national and local media interest about the EMRTS Service Review, with interviews and statements provided to all media bids received, as well as issuing media releases to media outlets proactively.

All erroneous and inaccurate media coverage was followed up with factual clarification and offers of additional interviews with the Commissioner.

Engagement Materials

The EASC Team worked with Health Board engagement, communication and service change leads in developing engagement materials at the outset of Phase 1 and again in Phase 3. These materials were shared with Community Health Councils/Llais colleagues, to test the initial drafts and comments received and considered recognising the level of detail needed to clarify complex information.

Phase 2 materials were developed from Phase 1 materials and were also shaped by the feedback from participants during Phase 1.

Despite this being a clinically and operationally complex service, efforts were made to make information as simple as possible including FAQs and glossary of terms throughout the engagement.

For those wanting to see the more detailed and technical information and data, all EAS Committee meeting papers and updates related to the EMRTS Service Review, as well as supporting documents, were published on the EASC website.

A core bilingual engagement documents pack was produced for each engagement phase, published on the website and also shared within sessions:

Engagement Materials		
Phase 1	**Phase 2**	**Phase 3**
• Full technical document • Everyday summary document (main engagement document) • Easy Read document	• Commissioner's Phase 2 Report • Plain language version • Supporting Documents (containing full technical details and breakdown of information, signposted in the Commissioner's Report) including: ○ History of EMRTS	• Commissioner's Phase 3 Report • Easy Read version

Engagement Materials		
Phase 1	**Phase 2**	**Phase 3**
	○ Engagement - What We Did and What We Heard ○ The Picker Institute Report ○ Historical Data Information Pack ○ Drive Time and Population Coverage ○ Weather Data ○ Optima Modelling ○ Presentation Slides (presentation with audio	
Supplementary materials were also made available and updated throughout the engagement, including:		
1. FAQs 2. Presentation slides 3. Video explainer of EMRTS services 4. Signposting to organisational websites and formal corporate documents (annual reports and plans etc.) 5. Equality Impact Assessments (EAI's)		

The Commissioner's Phase 2 Report and engagement documents were factual in that the options modelled had not been assessed or interpreted, meaning that there was no 'preferred' option, and therefore no 'recommendation' at Phase 2 of the engagement.

The Commissioner's Phase 3 Report included details of the shortlisted options and the options appraisal workshop outcome where two of the six options had scored the highest against the evaluation criteria.

Hard copies of all the bilingual documents were taken to the in-person engagement sessions (Phases 1 and 2) and anyone needing alternative formats was encouraged to contact the EASC Team directly who would help.

For in the in-person sessions in Phases 1 and 2, a 'question slip' was made available on entry to session for attendees to detail their question on if they felt uncomfortable asking questions themselves.

Engagement Sessions Format (Phases 1 and 2)

The engagement format covered a mix of different formats and times to suit as many people as possible. For example, virtual sessions for those with travel and access issues, and informality of drop-ins compared to the formality of public meetings. Emphasis was placed on giving people options to engage in the way that felt most comfortable to them, and local community leads were engaged at the formative stage of localised arrangements, in terms of locations, venues and timings.

There were three types of engagement sessions:

- **Drops-ins** – this format allowed for more informal 1:1 conversations. Respondents could ask questions and provide feedback to the Commissioner and EASC Team.
- **Virtual/online public meetings**
- **In-person public meetings**

All public meeting sessions followed the same format which included a presentation by the Commissioner, followed by 'open floor' Question and Answer time, regardless of whether this was in person or online.

The presentation slides used in the public meeting sessions were available on the EASC website and participants were reminded of all the ways in which their feedback could be provided along with the core engagement materials and supporting documentation that was publicly available.

Whilst the engagement was all-Wales to reflect the national remit of the service, much of the interest and concern emanated specifically from within BCUHB and PTHB areas. Therefore, the face to face engagement sessions focussed the footprint where there were more concerns of localised positions and perspectives.

The offer to meet with anyone, or any groups, who may be interested in hosting a specific event remained in place since the engagement began and were worked through to effect this, added into the timetables as they were confirmed. (The timetables for the public engagement sessions can be seen at Appendices A and B)

In addition, virtual private meetings have been held throughout the engagement (for example, politician's sessions, internal staff sessions).

Welsh Language and Accessibility

All documents were produced bilingually and online to increase accessibility with screen readers and Easy Read versions were produced.

Simultaneous Welsh translation was provided by an external supplier at the public meetings, whilst bilingual members of the EASC Team were available at all public meetings, drop-ins, and the virtual sessions online.

Whilst venues were chosen for accessibility, people who were intending joining a session were also encouraged to contact the EASC Team with any specific accessibility requests for each venue, although none were received.

The virtual sessions and online Picker survey, promoted by Health Boards was open to everyone across Wales, not just the localities to the Caernarfon and Welshpool bases.

To aid participants joining the virtual/online public meetings, the EASC Team produced a guide on how to use Microsoft (MS) Teams and simultaneous Welsh translation was available on the MS Teams platform.

Capturing Feedback

The intention was to provide as many options as possible for stakeholders to provide their feedback that suited them best which included:

Feedback Routes/ Response Mechanisms	Phase 1	Phase 2	Phase 3
Attending a drop-in engagement session	✓	✓	n/a
Attending a public meeting	✓	✓	n/a
Attending a virtual public meeting	✓	✓	n/a
Completing an online survey Phase 1- Picker Institute hosted Phase 3 – EASC hosted	✓	n/a	✓
Telephone answer line**:** 01443 471520	✓	✓	✓

Feedback Routes/ Response Mechanisms	Phase 1	Phase 2	Phase 3
Email: EASCServiceReviewQueries@wales.nhs.uk	✓	✓	✓
Online Query Form: https://easc.nhs.wales/engagement/sdp/ for any specific queries, requests or suggestions.	✓	✓	✓
Online questionnaire - Easy Read version	✓	n/a	✓
Completed downloaded Easy Read questionnaire emailed to EASCServicereviewqueries@Wales.nhs.uk	✓	✓	✓
Letters	✓	✓	✓
Hard copy questionnaires *Phase 1 via Freepost (the Picker Institute)	✓	n/a	✓
Via Health Boards	✓	✓	✓
Via CHC/Llais representatives	✓	✓	✓

In Phases 1 and 2 notes were made by the EASC Team at each of the drop-ins, public meetings, and online sessions. Online sessions were also recorded, all public meetings in Phase 2 were professionally video recorded for note-taking purposes.

Online Survey and Representative Sampling

The Picker Institute was the external supplier that provided questionnaire design, data collation, analysis and reporting in Phase 1. This included a representative sample via You.Gov, to complement the engagement activities delivered by the EASC Team. The Picker Institute was commissioned to host, collate, and analyse the questionnaire response comprising:

- Online survey
- Hard copy survey data entry (via freepost)

- Co-ordinate representative sample responses (online).

Their remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care.

Other than commissioning the external supplier, the Commissioner and EASC Team was not involved in the work done by the external supplier (data collection or analysis from online and hard copy responses).

Listening and Learning

Feedback about the engagement process itself was encouraged to help the EASC Team continually improve and make the engagement as effective as possible. This was done through a feedback form on the EASC website that was promoted within engagement sessions, as well as informally and anecdotally with participants at events and through third parties.

All feedback received was considered and acted upon, for example:

- The MS Teams function was adjusted based on some user feedback, to enhance user participation
- Times of some events were adjusted
- How materials were set out and the information explained was adapted.

Summary of Engagement Activity						
Phase	**Time Period**	**Duration**	**Drop-In Sessions**	**Face to Face Public Meetings**	**Virtual Public Meetings**	**Total Sessions**
1	15 March 2023 - 16 June 2023	14 weeks	8	14	11	**33**

Summary of Engagement Activity						
2	October 9 and November 12, 2023	5 weeks	5	5	2	**12**
3	01 -29 February 2024	4 weeks	n/a	n/a	n/a	n/a
TOTAL	n/a	**23 weeks**	**13**	**19**	**13**	**45**

As this table summarising the activity shows:

- In Phase 1 there were 14-weeks of engagement,
- In Phase 2 there were 5 weeks,
- In Phase 3 there were 4 weeks
- There has been 23 weeks with 45 engagement sessions.

It should be noted that each phase of engagement built on the previous one(s) and did not disregard any of feedback received in the previous phases.

8. Outcomes and Responses

Representative Panel (You.Gov via Picker)	999
Online Survey (Picker Institute)	198
Freepost questionnaire returns (Picker)	53
Online questionnaire (EASC)	568
Hard copy (letters, questionnaires)	15
Correspondence (e-mails, e-forms)	735
Telephone messages	24

Sessions Attendance

Phase 1 Sessions Attendance		
Date	**Area**	**Number**
04 April	Newtown	127
11 April	Virtual/online	10
13 April	Welshpool	15
13 April	Builth Wells	24
17 April	Virtual/online	12
18 April	Knighton	60
20 April	Virtual/online	9
26 April	Welshpool	180
27 April	Dolgellau	15
27 April	Caernarfon	28
28 April	Pwllheli	27
03 May	Wrexham	20

Phase 2 Sessions Attendance		
Date	**Area**	**Number**
12 October	Welshpool	52
3 October	Newtown	51
16 October	Machynlleth	25
17 October	Bangor	6
19 October	Pwllheli	53
20 October	Virtual/online	4
21 October	Virtual/online	7
	TOTAL	**198**

Phase 1 Sessions Attendance		
Date	**Area**	**Number**
04 May	Colwyn Bay	15
04 May	Tywyn	40
15 May	Virtual/online	5
17 May	Aberystwyth	11
18 May	Virtual/online	0
22 May	Virtual/online	2
23 May	Machynlleth	150
24 May	Tywyn	31
25 May	Anglesey	27
31 May	Virtual/online	0
05 June	Newtown	62
	TOTAL	**870**

There was a decline in session attendance for Phase 2 compared to Phase 1 but a combined total attendance of just over 1000 people. Attendance at the engagement sessions and participation in providing feedback is shown in the tables.

Petitions

The following petitions were shared with and noted by the Commissioner:

Route	Petition Statement	No of signatures:
Via Rhun ap Iorweth's MS office	*"Save Dinas Dinlle Air Ambulance Base.* *Plans are being made to close the Dinas Dinlle Air Ambulance Base as part of the plans to restructure the service that also includes the closing of Welshpool base and relocate to a site which is yet to be announced further up the North Wales Coast.* *The re-structure will lead to a reduction in staff, medical and technical and a reduction in the resources available which will inevitably lead to response times to the most rural areas of Gwynedd and Anglesey.* *The Air Ambulance service has proved to be invaluable to our rural communities In Gwynedd and Anglesey and to the Agricultural sector by being able to respond quickly to accidents and illnesses.*	108

	The Dinas Dinlle base is central for Rural Gwynedd and Anglesey and an increase of only minutes in response times to accidents and serious illnesses will threaten lives."	
Cllr Joy Jones	*"HANDS OFF Our Air Ambulance base in Welshpool.* *There is a proposal to move the Air Ambulance service from its base in Welshpool Powys, this is a vital service which saves many lives… This service is extremely important to Powys due to the rural areas & huge distances we have to travel for emergency care. With lack of road ambulances in our area, it is important that we keep the air ambulance in Powys where it can be scrambled quickly to reach patients. If this moves & serves a larger area it will have a serious impact on patient's health and urgent treatment… Many families & patients value the service from the air ambulance based in Welshpool. Please don't move it away from its base in Welshpool…. This proposal needs to be stopped."*	37, 844 (as at August 10, 2023)

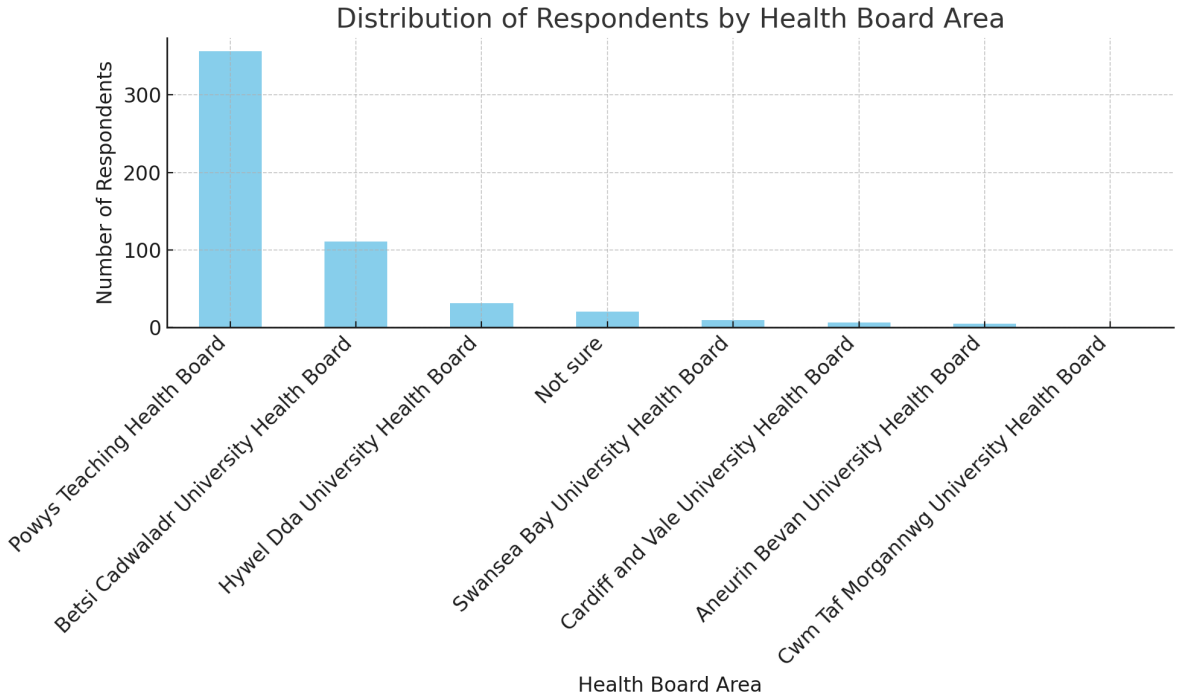
Who We Heard From

The Commissioner's offer to meet with anyone, or any groups, who may be interested in hosting a specific remained in place since the engagement began and were worked through to effect this, added into the timetables as they were confirmed. Virtual private meetings have been held throughout the engagement (for example, politician's sessions, internal EMRTS staff sessions, Charity Trustees, opposition campaign group organisers etc.).

The survey conducted by the Picker Institute in Phase 1 used a representative sample for the population of Wales through You.Gov methods.

Additionally, in Phase 3's online questionnaire survey, providing personal data was optional. The following data shows the range of respondents for Phase 3, where they chose to provide this data.

Health Board Analysis

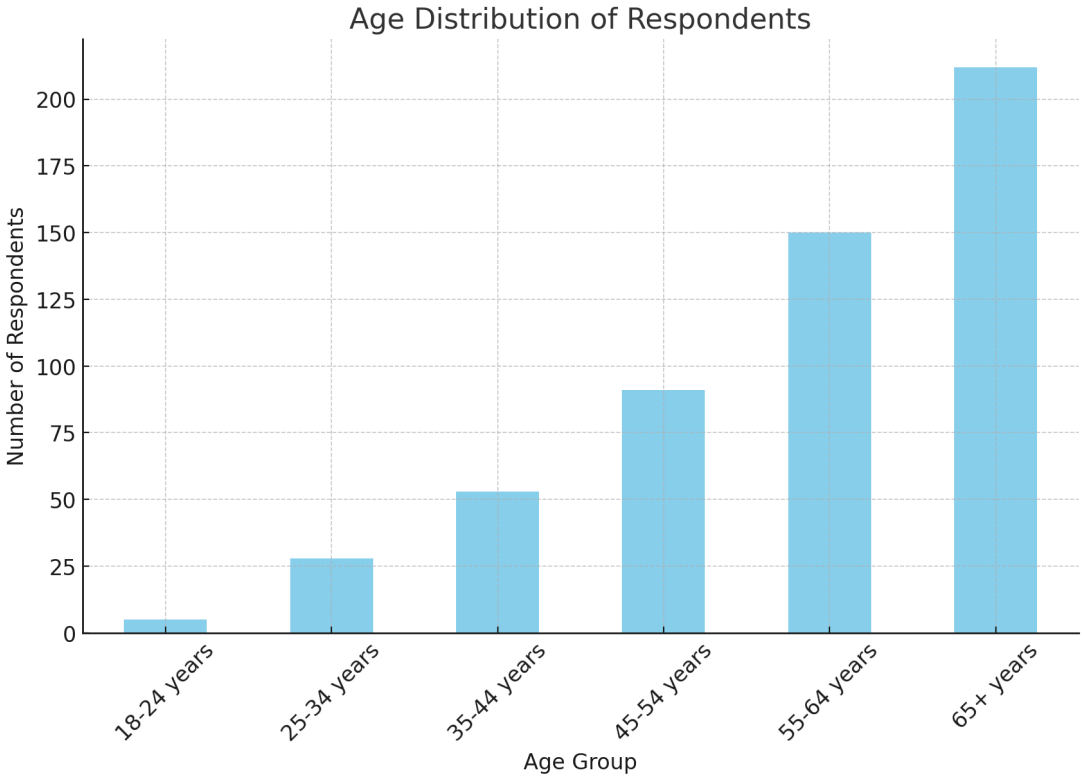


The analysis of the Health Board areas based on the feedback data reveals the distribution of respondents across different Health Boards in Wales. The graph and the data indicate the following distribution:

- PTHB has the highest number of respondents, with **356** entries, indicating a significant interest or concern among individuals in this area regarding the subject of the feedback.
- BCUHB follows with **111** respondents, showing notable engagement from this region as well.
- Hywel Dda University Health Board (HDUHB) has **31** respondents, indicating a moderate level of participation.
- A small number of respondents are Not sure of their Health Board area, totalling **20**.
- Other Health Boards like Swansea Bay, Cardiff and Vale, Aneurin Bevan, and Cwm Taf Morgannwg Health Boards have fewer responses, with **9, 6, 5**, and **1** respondent respectively.

This distribution highlights a predominant interest and concern among individuals in the PTHB and BCUHB areas. The significantly lower numbers in other Health Board indicate either a lesser awareness of the Review or differing levels of concern about the issues addressed in the feedback.

Age Analysis



18-24 years: 5 respondents
25-34 years: 28 respondents
35-44 years: 53 respondents
45-54 years: 91 respondents
55-64 years: 150 respondents
65+ years: 212 respondents

The data indicates a higher participation rate among the older age groups, particularly those aged 55 and above, which comprise the majority of the dataset with 362 respondents.

The younger age groups, especially those between 18 and 34 years, have significantly lower representation, with only 33 respondents combined.

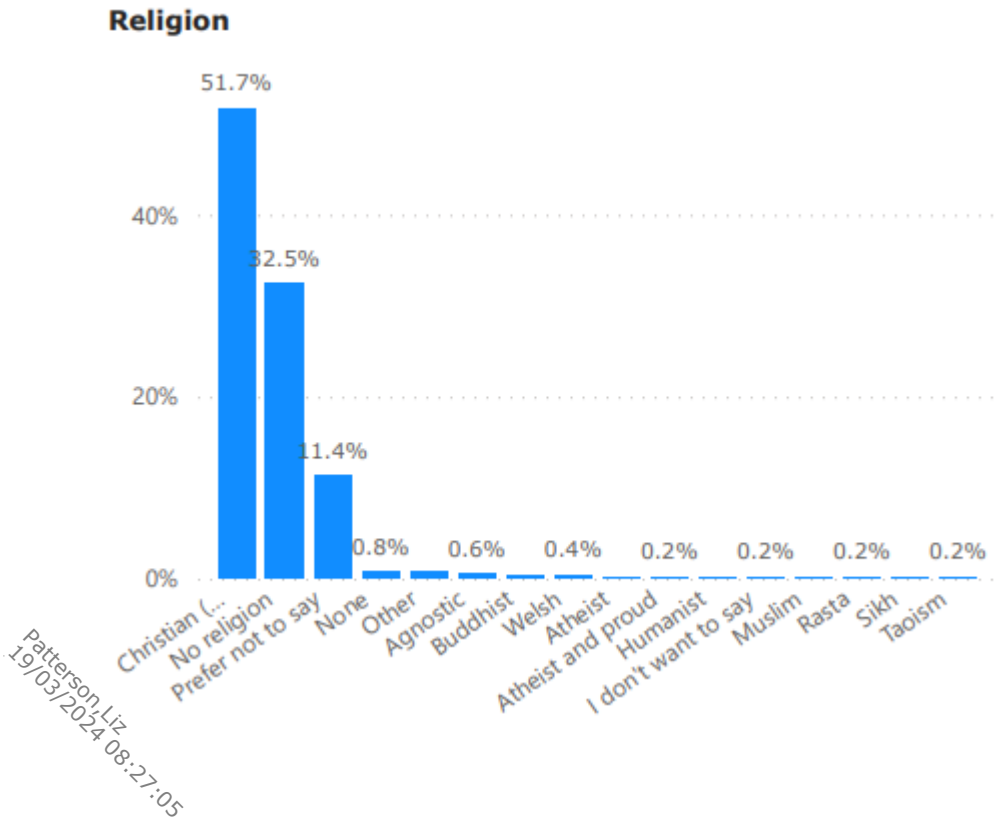
The predominant age group, 55-64 years, followed by the 65+ years category, suggests that the feedback collected might be particularly reflective of the priorities, concerns, and perspectives of the older population.

Gender Analysis

The data shows the high levels of feedback from women at 55.9%, followed by 38.8% male, 5.0% preferred not to say, and 0.2% non-binary.

Religion Analysis

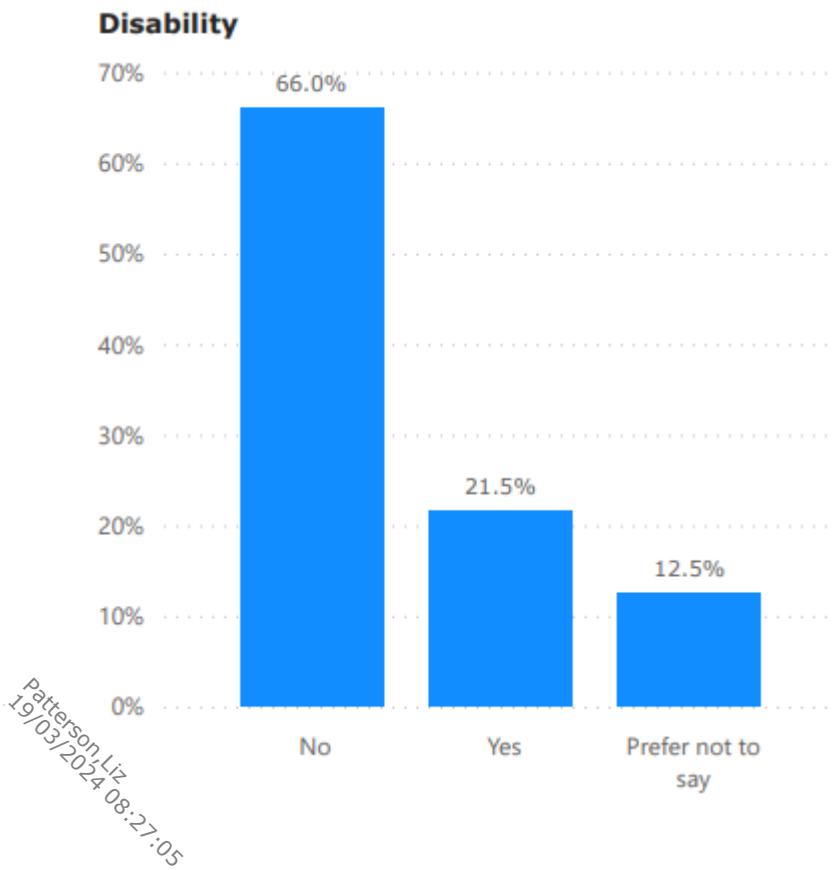
The highest proportion of respondents (51.7%) selected Christian, followed by 32.5% with 'no religion' and 11.4% selecting 'prefer not to say'. The data shows lower participation levels among other religious groups as shown in the chart:



Sexual Orientation Analysis

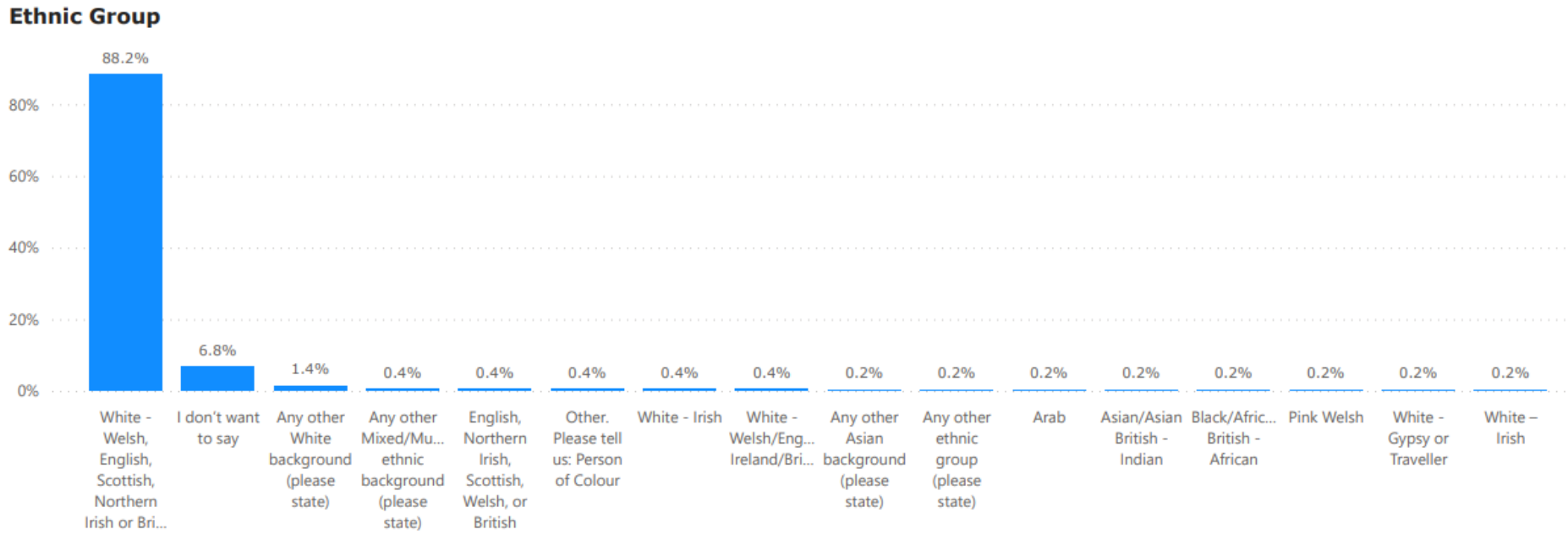
Data shows a higher participation rate among the 'Straight or Heterosexual' group at 82.1% compared to 13.4% who selected 'prefer not to say'. There is lower participation from groups including bisexual, gay or lesbian,

Disability Analysis



The data indicates that the majority of respondents did not have a disability (66%) compared to 21.5% who answered 'yes'. 12.5% chose 'prefer not to say'.

Ethnic Group Analysis



The data shows high participation levels with 'white' ethnic groups at 88.2% compared to any other other ethnic group and only followed by respondents 'preferring not to say' at 6.8%.

9. Engagement Findings

What Public and Stakeholders Said (Thematic Analysis)

Feedback throughout the overall engagement falls into two general categories:

1. You.Gov representative sample reflecting a national perspective
2. Feedback from all routes and engagement sessions shown in emergent themes reflect localised perspectives from Caernarfon and Welshpool surrounding areas predominantly.

Conclusions of The Picker Institute's report on feedback (Supporting Document)

This report represents the data collected and collected by Picker for the Emergency Medical Retrieval and Transfer Service Review where the Welsh public were invited to respond, to provide a representative view of public perceptions on what constitutes high quality care relating to the EMRTS. The Picker Institute's report details the feedback collated and analysed and does not include the feedback gathered by the Commissioner and the EASC Team at the engagement sessions held in person or virtually.

The survey data provides insight into the Welsh public's priorities for this service. The most important priorities to the Welsh public when considering changes to EMRTS include:

- An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- If services change, there should be good training and support available for staff to make the best use of their advanced skills;
- Everyone in Wales should have equal access to the service
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.
- When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- Everyone in Wales should have equal access to the service;
- The service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

These findings highlight that strategic changes should ensure equity and equality of provision of care, with forethought for contingencies incorporated into the planning.

These findings align with the EASC's overarching values and aims.

Conclusions from EASC led engagement feedback

The feedback gathered by the EASC Team reflect localised perspectives from Caernarfon and Welshpool surrounding areas:

About the first EMRTS Service Development Proposal…

- Feedback – There's a perception that the proposed changes are driven by cost-saving measures, which raises concerns about potential service cuts. Concerns have been raised about funding any relocation or new base, with worries about resources being redirected from frontline services. There are concerns regarding the initial EMRTS Service Development Proposal, with scepticism about the Rhuddlan model being based on assumptions rather than historical data that could support its coverage and scepticism about the effectiveness of the Rhuddlan base due to its proximity to the coast. There's a significant concern that relocating base locations from Caernarfon and Welshpool could result in fatalities in those localities due to decreased accessibility to emergency medical services.

About weather and environment…

- Feedback – Concern that merging air bases in north Wales into one could limit service capacity during adverse weather conditions, when flying is restricted and that weather in Rhuddlan base is worse compared to Caernarfon and Welshpool bases. Some suggest relocating the Dafen (Llanelli) base instead, citing weather impacts shared in a weather data report. Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas. Another suggestion is to conduct flood mitigation works at Welshpool to enhance its utilisation.

About the data…

- Feedback – Perception that the original data time reference period was in a 'Covid pandemic' year and therefore would not be typical in its demand because of the lockdowns imposed on the public. There was also a perception that the initial EMRTS Proposal was 'flawed' and now 'discredited' by data modelled and shared in Phase 2 and 3.

About response times…

- Feedback - For those in localities near to Caernarfon and Welshpool bases, there are concerns that the service will take longer to respond if it originates from bases other than Caernarfon or Welshpool. Additionally, there are concerns about the current Rapid Response Vehicle (RRV) locations and their ability to respond effectively. There's also apprehension about the mental and emotional stress patients may experience while waiting for an emergency response from "out of area" if base locations are moved and response times are prolonged. Rural mobile phone coverage is seen as adding delays when calling 999 compared to urban areas. There's a reliance on air support to provide a response within the "golden hour" compared to road response. The perception is that a local base always provides a local response, and any move would impact EMRTS response times for rural

patients. Moreover, there's a perception that a base location in mid Wales can reach everywhere quicker across all of Wales due to its central position.

About emergency healthcare needs relating to rural versus urban areas…

- Feedback - There is a perception that if bases move, current local base communities will no longer receive any service from EMRTS. Concerns have been raised about the vulnerability and inequality faced by mid, rural, and coastal communities compared to those closer to better road infrastructures and hospitals. The current bases are perceived as a local lifeline, providing reassurance through their visual presence. Road infrastructure limitations can impede emergency road response by the Welsh Ambulance Service Trust (WAST) due to weather and road closures. There are concerns about the proportion of high-risk jobs and activities in rural areas leading to a higher incidence of need compared to urban areas. Additionally, there's concern about air assets' ability to reach rural areas from north Wales, such as crossing the Eryri (Snowdonia) and Berwyn mountains. Lastly, there's a call for equity to be considered in the evaluation process and framework, given the variable access to health services across Wales.

About EMRTS…

- Feedback - There is overwhelming appreciation for the individuals providing critical-care emergency services. However, there persists a perception that EMRTS primarily operates as a 'fast ambulance/scoop and run service.' Concerns have been raised about EMRTS's specialisation, with suggestions for a more adaptable clinical model to respond to a wider range of conditions in rural and remote areas. There are worries about potential staff turnover if base relocations occur, leading to skill loss and financial expenses in recruitment, as well as local economic impacts. Suggestions for renaming EMRTS to options such as "Flying Doctors," "Air

Hospital," or "Flying Hospital" have been proposed. There's also concern about staff morale due to frustrations about not reaching more patients and maintaining clinical competencies. Staff also express a desire to support the critical care hub more.

About Health Boards, Welsh Ambulance Service and other emergency responders…

- Feedback - There is scepticism about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in a worse service. Emergency Medical Retrieval and Transfer Service is seen as providing comfort to communities, especially as delays in handovers affect the Welsh Ambulance Service Trust's ability to respond. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Additionally, there's concern about paramedic staffing levels in mid and rural Wales.

About EMRTS Staff…

- Feedback – All staff are driven by serving patients who need the EMRTS critical care. There appeared to be more interest amongst staff from north and mid Wales than from south based teams based on session attendance. Responses from participants generally fell in two categories: support for developments that would enable as many patients to receive the service as possible, and those who want to maintain the current base arrangements. Staff have different views on how the current high under-utilisation levels affect staff as some feel that not responding to enough jobs adversely affected their clinical proficiency whilst others feel that training scenarios are sufficiently maintain clinical competencies. Some concern expressed about working different shift patterns and the potential loss of skilled staff should any changes take effect and staff did not

want to change their base arrangements. Some staff also concerned about optics of 'leaving communities' where they have been for some time. Some staff also expressed support for Option 6c.

About the Charity…

- Feedback - There are concerns that the Charity will lose the goodwill of support in base location areas, potentially leading to a decrease in charitable donations and destabilising the partnership service. Additionally, there's concern that the Charity may not support the decision of the EAS Committee. Stakeholder relations and potential reputational damage are also concerning. However, there is expressed support for working with the Charity and Emergency Medical Retrieval and Transfer Service on initiatives such as addressing flooding risks in Welshpool and fundraising efforts. There's a strong sense of support and passion for the service, with a feeling of local "ownership". Moreover, there's a perception that communities in rural and mid Wales are the most generous donors to Charity fundraising efforts.

About Welsh Government and Policy Makers…

- Feedback - There are concerns about the funding of the air ambulance service in Wales, with a view that it should be entirely funded by the Welsh Government. There's a request to consider additional bases and funding rather than relocating existing base locations. Additionally, there's a perception that citizens in mid and rural Wales are disadvantaged compared to those in urban areas in the north and south by public services generally. There's also concern that the new 20mph speed limit will negatively impact road ambulance response times, exacerbating existing challenges. Citizens were keen to see more engagement from Welsh Government.

About the engagement and decision-making processes…

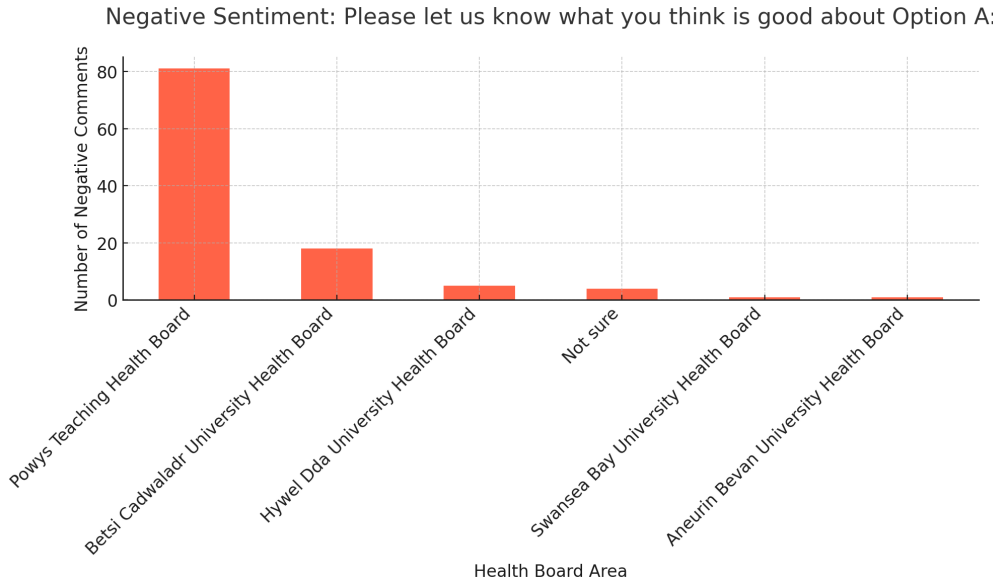
- Feedback - supports the proposed evaluation factors and suggested adjusted weightings for them. There has been a mix of positive and negative sentiment: acknowledgment of the thoroughness, transparency, and delivery of the engagement process; and criticism for alleged 'bias' in questionnaire design, and pre-determined decision making. The feedback reflects how the Commissioner has been trusted and seen as someone who keeps promises and is true to their word in this Review. The clear presentation of complex information is appreciated, as is the use of different data ranges and the development of options. The level of detail provided is also appreciated and maintaining openness and transparency throughout was requested. However, feedback received later during the engagement sees some criticism for information being too complicated and some queries and scepticism about the engagement, purpose and approach to the Options Appraisal and decision-making processes.

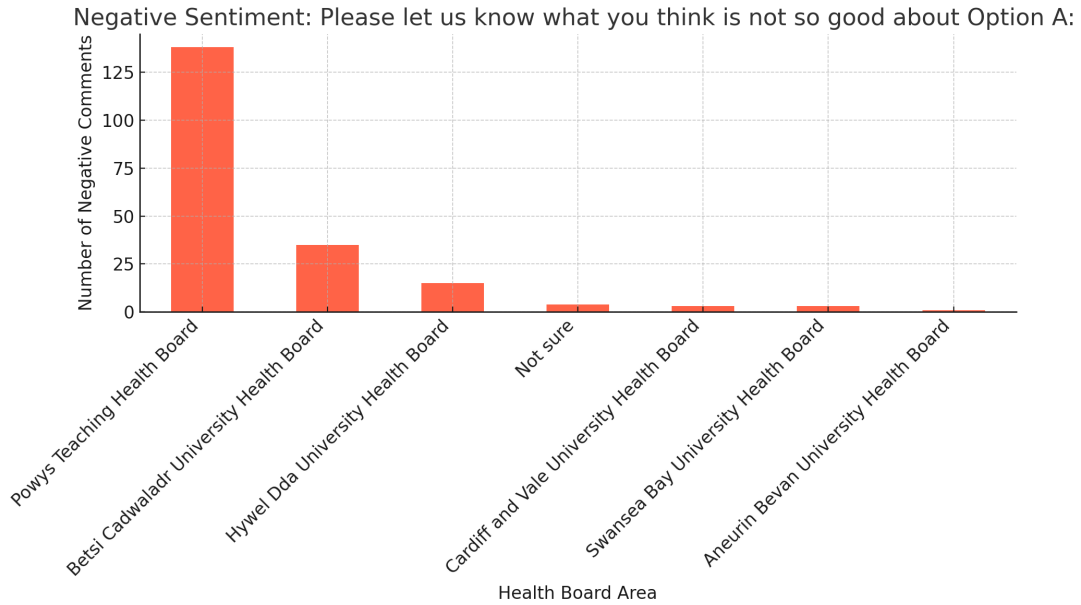
About Options Developed…

- Feedback - The feedback indicates support for Option 1 (do nothing), suggesting that maintaining the current setup is preferred by majority of respondents from areas near to Caernarfon and Welshpool bases. However, in Phases 2 and 3 there is support for Option 6c (neither option A or B) from PTUHB and BCUHB areas specifically. Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience (i.e. for teams to operate from different locations when on shift). There is support for making Welshpool or Caernarfon bases operational 24 hours a day, which would provide an additional night service to better serve the needs of the communities.
  There is a consistent view from stakeholders that the gains illustrated in the modelling are too marginal to justify any reconfiguration, especially considering the margin of error with modelled data.
  Feedback about Options A and B are set out below.

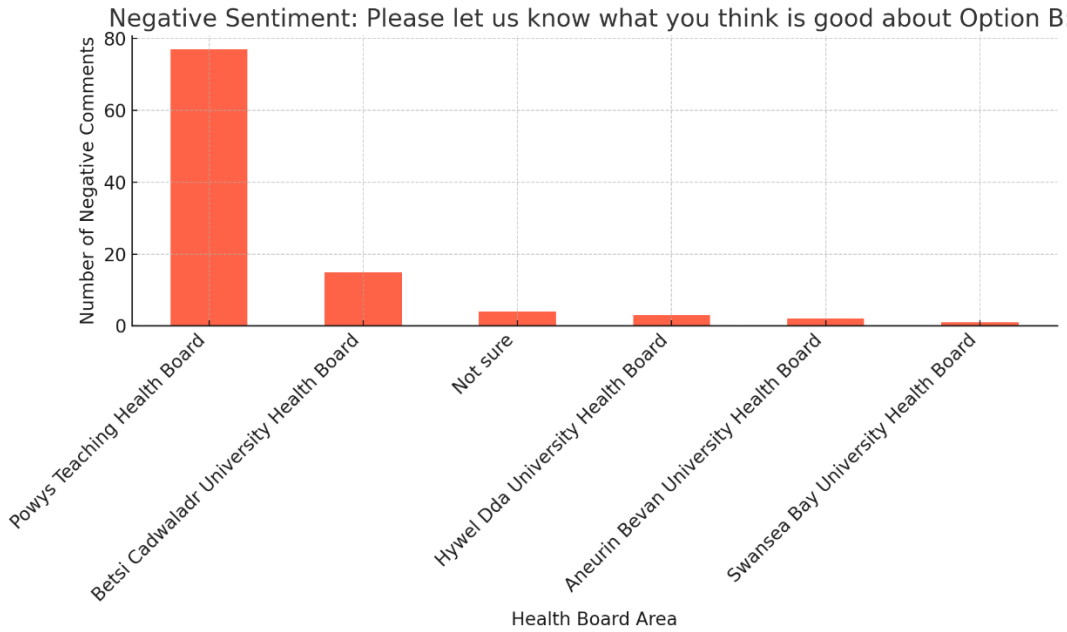
.

'Good' about Option A: Despite being a prompt for positive comments about Option A, there was a substantial number of negative sentiments, particularly from the PTHB (**81**) and BCUHB (**18**). This indicates that respondents from this area struggled to identify positive aspects of Option A, and their comments were instead reflective of underlying concerns or dissatisfaction. Age groups with the most negative sentiment were predominantly 65+ years (**53**) and 55-64 years (**29**).

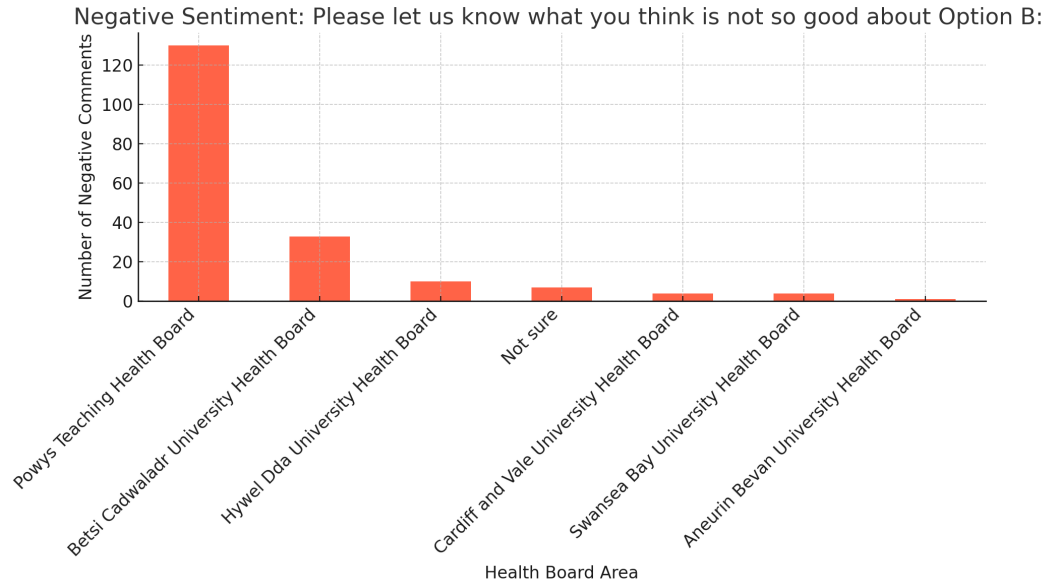




'Not So Good' about Option A: A large number of negative comments were noted, again with PTHB leading significantly (**138**), followed by BCUHB (**35**. This suggests that the concerns in this area are particularly strong regarding Option A. The age groups 65+ years (**72**) and 55-64 years (**56**) showed the most negative sentiment.



'Good' about Option B: Similar to Option A, the prompt for positive comments about Option B still attracted negative sentiments, predominantly from PTHB (**77**) and BCUHB (**15**). Older age groups showed more negativity with 65+ years (**42**) and 55-64 years (**33**) leading.



'Not So Good' about Option B: This aspect also revealed a high volume of negative comments from PTHB (**130**) and BCUHB (**33**). They highlight specific areas of concern or dissatisfaction with Option B among residents, which may require further attention and action. The 65+ years (**74**) and 55-64 years (**51**) age groups were again the most represented.

Across all categories, PTHB area consistently stands out with the highest number of comments. This suggests a strong level of dissatisfaction or concern in this area regarding both Options A and B.

The BCUHB area also shows considerable concerns, although less than Powys, indicating it is another key area of concern.

Age-wise, most feedback is from the older age groups, particularly those aged 65+ years and 55-64 years. This trend suggests that these age groups may have specific concerns or expectations that are not met by Options A and B.

The concentration of negative sentiment in these specific Health Board areas and among older age groups could be indicative of areas where additional focus is needed to address concerns, possibly related to healthcare access, quality of services, or communication about the changes proposed in Options A and B.

Equalities Impacts…

- Feedback – Feedback showed a perception of negative impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. There is a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999.

Impact on Well-Being of Future Generations Act

This section summarises some of the impacts on wellbeing that we have heard during the engagement from respondents in the Caernarfon and Welshpool bases surrounding areas:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate	People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality

Wellbeing Goal	Considerations	Examples of Feedback
	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.	Concerns about weather, more frequent flooding affecting ability for road responses.
A resilient Wales	People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological	Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services. During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents. Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe.

Wellbeing Goal	Considerations	Examples of Feedback
	resilience and the capacity to adapt to change (for example, climate change).	Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the harm caused by alcohol and or non-	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services. There's concern that any base moves could negatively affect other emergency responders in the Powys area.

Wellbeing Goal	Considerations	Examples of Feedback
	prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc. A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.	Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre-hospital critical care service meant that many felt this was very important as they did not have a district general hospital
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances). People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities	Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high-end service seemed to escalate the perceived impact. A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of cohesive communities	People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos Attractive, viable, safe and well-connected communities.	Local communities visited had a high-level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain this. There was balance, that the service should see as many people as possible, as long as this did not move the base. Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they felt the service was closing and there would not be a service. Despite reassurances this message appears to be unheard. Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation. People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually There are opportunities to continue to support and develop the service through the medium of Welsh.
A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work. People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working conditions	People raised the dangerous occupations regularly. Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.

Summary of Emergent Themes

There was good quality dialogue and/or feedback in all sessions - drop-ins, in-person public meetings, and virtual/on-line.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to develop the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity and Emergency Medical Retrieval and Transfer Service Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly. This has provided rich intelligence shared with colleagues across NHS Wales and Welsh Government.

Many personal experiences and testimonials were shared during the engagement through all response routes. This feedback highlights the value placed on the service and the general sense of anxiety over any proposed base move amongst respondents living in the Caernarfon and Welshpool areas (BCUHB and PTHB.)

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional RRV coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.

- Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities and protected characteristic groups, ensuring timely access to pre-hospital critical care and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas there is a consensus of understanding that:

- Un-met patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.

In addition, the national feedback concluded the following priorities:

- everyone in Wales should have equal access to the service;
- the service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

After the engagement phase had concluded, further questions have been raised that are detailed in Appendix C for completeness.

10. Governance and Risk Issues

In conducting this engagement, the EASC Team has followed the Welsh Government's extant guidance on engagement, with advice from the national leads of Llais, as well as working with communication and engagement and service change leads of NHS Wales Health Boards.

Equality Impact Assessments (EIA's) were produced at intervals throughout the engagement and were made available to the public. The EIA has been done in line with Cwm Taf Morgannwg University Health Board's (CTMUHB) process, as the host organisation for EASC.

Feedback from the engagement on equality impacts have been identified and are reflected in the Engagement Findings section and noted in the updated EIA LINK TO FOLLOW. The themes highlight the importance identified by the respondents to the need to address the unique needs of rural communities, those with protected characteristics under the Equality Act 2010 and those who are socially and economically disadvantaged, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales. The extra mitigating actions detailed in the Follow Up Actions section detail the mitigations being proposed to address the potential impacts on these groups.

Feedback highlighted perceived negative impacts on various equality characteristics. It is unlikely that the Review will have any specific impact on this as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted.

Because of the importance of the issues under consideration as a result of this engagement and the strength and breadth of concerns raised, the EAS Committee decided that the preferred and recommended option going to Committee for decision would also be taken back to each respective Health Board for individual Board consideration before a collective Joint Committee decision is made.

The Committee has noted the following risks throughout the Review:

- There is an ongoing risk of delaying service reconfiguration in delivering more critical care to patients across Wales where unmet patient need has been identified as approximately 2-3 patients per day across Wales.
- There is also the matter of ongoing under-utilisation of clinical teams across EMRTS in the context of ongoing unmet patient need across Wales.
- Staff morale within EMRTS as detailed in the feedback.
- Any changes to the planned and agreed engagement and decision-making process and ensuing adjusted timeline could affect the Wales Air Ambulance Charity's position within the partnership arrangement.
- Potential loss of good will and fundraising support for the Charity.

11. Follow Up Actions

Some of the emerging issues are not within the scope of the Review such as the 'loss of public services in rural communities'. However, the Commissioner's role presents a unique opportunity to recommend some mitigations to address some of the issues raised in the engagement.

These mitigations could help to address the issues heard in the public engagement about concerns that:

- WAST services are regularly being pulled out of area and lengthy handover delays negatively affecting ability to respond to communities
- Mid, rural, and coastal communities are more vulnerable and 'less equal' than those in urban areas (that are found closer to better road infrastructures and general hospitals) and therefore need something more tailored to suit their rural needs
- EMRTS is too specialised. The service could respond to a wider range of conditions in rural and remote areas through a more tailored clinical response model
- Paramedic staffing levels in mid and rural north Wales are difficult
- EMRTS staff retention could be negatively affected with any base moves
- The Charity could lose the goodwill of support in base location areas. The impact on charitable donations could reduce and destabilise this important service
- The vulnerability of rural communities generally (the sense of 'all other services have been lost already')
- Current bases seen as a 'local lifeline' and seeing the air ambulance is reassuring to communities.

These mitigations have developed throughout the engagement process. They have surfaced in response to the extensive listening during earlier engagement phases, as detailed in the list above. The mitigations involve placing bespoke road-based enhanced and/or critical care services in rural and remote areas. This could give better geographical coverage. These mitigations could be taken within normal 'business as usual' arrangements and therefore with no added costs. This forms Recommendation 4 in the Review.

12. Conclusions

The engagement exercise has engendered considerable public interest and significant overall numbers of participants/responses between March 2023 and February 2024 inclusive.

The emerging themes of feedback has been consistent throughout all three phases of engagement with little variation between phases. The feedback received in the most recent engagement – Phase 3 – has not identified anything materially different from earlier phases.

A number of key issues and themes have been identified, which have been useful in informing future plans and actions:

- The majority of responses from PTHB and BCUHB areas specifically have expressed concern about any base location changes to Welshpool and Caernarfon respectively, believing that they would have a detrimental impact on people living in these areas being able to receive the service.
- The representative sample survey of Wales (via the Picker Institute) presented a national perspective and showed support for everyone in Wales having equal access to the service, structured to treat as many people as possible, with a plan for the service to support patients to the same standard as it does today.

Feedback from all engagement phases have been considered at each stage and has helped the development of a preferred and recommended option for Health Board consideration and Committee decision as detailed in the EMRTS Service Review document.

If the operational base changes do go ahead there is potential for adverse impact on some EMRTS staff, who may not want to change their operational bases; and the Charity, which may lead to a reduction on charitable donations.

The Committee, EMRTS and the Charity should consider options for monitoring these potential impacts so that action to address this service sustainability can be kept under review. A schedule for reporting to EMRTS staff,

Llais and communities on progress to deliver agreed mitigations and on monitoring these possible impacts should be agreed.

13. Next Steps

This Engagement Report will be shared with the EAS Committee at the meeting on 19 March 2024 along with the EMRTS Review document, updated EIA, written feedback from Llais and Committee paper. All Health Boards will consider the same papers prior to an extraordinary committee meeting being held on 28 March 2024 to consider feedback from these meetings and to make a decision on the way forward.

A review and learning session will be held to reflect on the experience of this engagement and help inform the wider development of the Committee's approach to continuous engagement and involvement.

Contact Details

The Chief Ambulance Services Commissioner and the Emergency Ambulance Services Committee team can be contacted in the following ways:

In writing: Emergency Ambulance Services Committee
Unit 1,
Charnwood Court,
Billingsley Road,
Nantgarw Park,
Cardiff, CF15 7QZ

Email: EASCServiceReviewQueries@wales.nhs.uk

Phone: 01443 471520

Website: www.easc.nhs.wales

APPENDIX A - Phase 1 Sessions Timetable

Venue	Format	Date	Times
Bear Lanes Shopping Centre, Broad St, Newtown SY16 2QZ Tesco, Pool Rd, Newtown SY16 1DW	Drop-Ins	Tue 04 April	9.30am-1.30pm 11am-3pm
The Monty Club, 11 Broad St, Newtown SY16 2LU	Public Meetings	Tue 04 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Microsoft Teams	Virtual Public Meeting	Tuesday 11 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Tuesday 11 April	6pm-7pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Drop In	Thursday 13 April	11-2pm
Royal Welsh Showground – Members Centre Builth Wells	Public Meeting	Thursday 13 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Microsoft Teams	Virtual Public Meeting	Monday 17 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Monday 17 April	6pm-7pm

Venue	Format	Date	Times
The Community Hall, Bowling Green Ln, Knighton LD7 1DR	Public Meeting	Tuesday 18 April	6pm-7pm
Microsoft Teams	Virtual Public Meeting	Thursday 20 April	12.30pm-1.30pm
Microsoft Teams	Virtual Public Meeting	Thursday 20 April	6pm-7pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Drop In	Wed 26 April	11-3pm
Welshpool Town Hall, High Street, Welshpool SY21 7JQ	Public Meeting	Wed 26 April	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Byw'n Iach Glan Wnion (Fitness & Sports) Dolgellau, Arran Rd, Dolgellau, LL40 1LH	Drop In	Thursday 27 April	12-3pm
The Celtic Royal Hotel Caernarfon	Public Meeting	Thursday 27 April	5.30pm-7pm
Ysgol Glan Y Mor, Pwllheli, LL53 5NU	Public Meeting	Friday 28 April	7-8pm
Eagles Meadow Shopping Centre, Smithfield Rd, Wrexham LL13 8DG	Drop In	Wed 03 May	12pm-3pm
Holt Lodge, Wrexham Rd, Holt, Wrexham LL13 9SW	Public Meeting	Wed 03 May	5.30pm-7pm

Venue	Format	Date	Times
Bayview Shopping Centre, Sea View Rd, Colwyn Bay LL29 8DG	Drop-In	Thursday 04 May	10am-2pm
Byw'n Iach Bro Dysynni, High St, Tywyn LL36 9AE	Drop-In	Thursday 04 May	10am-2pm
Microsoft Teams	Virtual Public Meeting	Monday 15 May	1pm – 2pm
Microsoft Teams	Virtual Public Meeting	Monday 15 May	6pm – 7pm
Aberystwyth Football Club Park Avenue, Aberystwyth SY23 1PG	Public Meeting	Wednesday 17 May	6pm – 7pm
Microsoft Teams	Virtual Public Meeting	Thursday 18 May	12.30pm – 1.30pm
Microsoft Teams	Virtual Public Meeting	Monday 22 May	1pm – 2pm
Y Plas, Machynlleth, Powys, SY20 8ER	Public Meeting	Tuesday 23 May	(2 sessions) 5.30pm-6.30pm 7pm-8pm
Byw'n Iach Bro Dysynni (Fitness Centre), High Street, Tywyn, LL36 9AE	Public Meeting	Wednesday 24 May	6.30pm-7.30pm
Ysgol Uwchradd Bodedern, Bro Alaw, Bodedern, Ynys Môn, LL65 3SU	Public Meeting	Thursday 25 May	6pm-7.30pm
Microsoft Teams	Virtual Public Meeting	Wednesday 31 May	1pm – 2pm
The Monty Club, 11 Broad St, Newtown	Public Meeting	Monday 05 June	6pm-7.30pm

Venue	Format	Date	Times
SY16 2LU			

APPENDIX B - Phase 2 Sessions Timetable

Venue	Format	Date	Time
Welshpool Town Hall 42 Broad St, Welshpool, SY21 7JQ	Public Drop-in	Thursday 12 October 2023	12:00 - 15:00
Welshpool High School Salop Rd, Welshpool, SY21 7RE	Public Meeting	Thursday 12 October 2023	18:30 - 19:30
Theatr Hafren - Newtown Campus Llanidloes Rd, Newtown, SY16 4HU	Public Drop-in	Friday 13 October 2023	12:00 - 15:00
Newtown High School Dolfor Road, Newtown, SY16 1JE	Public Meeting	Friday 13 October 2023	18:30 - 19:30
Machynlleth Rugby Club Plas Grounds, Bank Lane, Machynlleth, SY20 8EL	Public Drop-in	Monday 16 October 2023	12:00 - 15:00
Ysgol Bro Hyddgen Greenfields, Machynlleth, SY20 8DR	Public Meeting	Monday 16 October 2023	18:30 - 19:30
Bangor City Council Offices Ffordd Gwynedd, Bangor, LL57 1D	Public Drop-in	Tuesday 17 October 2023	12:00 - 15:00
Bangor City Council Offices Ffordd Gwynedd, Bangor, LL57 1D	Public Meeting	Tuesday 17 October 2023	18:30 - 19:30
Plas Heli Glan y Don Industrial Estate, Yr Hafan, Pwllheli, LL53 5YT	Public Drop-in	Wednesday 18 October 2023	12:00 - 15:00
Ysgol Glan Y Mor Pwllheli, LL53 5NU	Public Meeting	Wednesday 18 October 2023	18:30 - 19:30
Microsoft Teams Live Event (Joining Link)	Virtual Public Meeting	Thursday 19 October 2023	18:30 - 19:30
Microsoft Teams Live Event (Joining Link)	Virtual Public Meeting	Friday 20 October 2023	13:00 - 14:00

APPENDIX C – Further Queries

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Mission Creep / Narrative slippage Case for change and not understanding why; use of old data	*The EMRTS Service Review has comprehensively reviewed the EMRTS service which was started afresh.* *The level of unmet need for patients remains between 2 and 3 people per day.* *The review identifies clearly why doing nothing is not a viable option.*
Fait accompli of options provided for the 'desired result'	*As requested by EASC – HB representatives were nominated and attended the Option Appraisal workshop where all six options were assessed.* *Two clear top scoring options emerged and additional criteria were identified as needing to be developed*
The Unmet Need – questioning the numbers and how these vary across Wales	*This is correct – the change, if approved, will not meet all unmet need but will make inroads into reducing the level.* *The issue of unmet need is addressed in the Review document.*
Lack of clarity on additional scene attendances (not worth the effort of moving a base)	*5 criteria have been used to assess options and additional factors identified in the engagement process – have also been taken into account. As stated, this is not just about chasing numbers.*
No robust evidence of clinical outcomes for the unmet need cohort	*Service evaluation report included in the Review which clearly described beneficial clinical outcomes.*
Underutilisation and dispatch protocols disadvantaging mid /north assets	*Utilisation and dispatch protocols included in the Review.*
No rationale for reorganisation	*Case for change and rationale included in the Review.*

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
The 'additional extras' – no opportunity for the public to comment on the detail (within the consultation process)	*Recognised and included in the Review.*
Separate additional critical care provision in rural Wales from this unnecessary centralisation	*It is difficult to separate the issue, but considered in the Review*
The Scoring/Ranking Workshop - why hold a workshop? And only identify 2 preferred options and challenge on the impartiality of the process and the 'experts' in attendance	*Phase 1 and 2 recognised the need to evaluate options against a range of key criteria - factors and weightings. EASC agreed that health boards should participate and nominated key senior staff to attend, from a range of disciplines*
	Members of the Air ambulance charity and EMRTS were present at the workshop to answer technical questions and did not take part in the scoring of the options. Details of the workshop are included in the Review *The workshop was well evaluated by the representatives* *Detailed information was made available prior to the workshop* *Option appraisal workshops are a key element to Review processes* *The EASC team and myself did not participate in the scoring of the options.*
No public participation in the Option Appraisal Workshop	*The public were asked to comment on the factors, weightings and options in phase 2 prior to the workshop. The weightings were amended in line with the feedback received.*
The Preferred Options - little variation between option A and B	*This was the result of the Option Appraisal Workshop which I carried out fairly and consistently*

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Claims of improved services being unsubstantiated and reduced population coverage	*This is factually incorrect*
Risk of both aircraft off line at once and weather issues	*Weather information previously shared, risk of consolidating assets in one base understood*
Potential loss of skilled staff, impacting recruitment and retention	*Recognised and included as a factor in the option appraisal*
The loss of the aircraft as an 'anchor' for Critical Care services in Mid and North West Wales	*Not clear what this means as aircraft will not be lost - this is an all Wales pre hospital critical care service*
Irreversibility of the change	*Recognised and understood*
The lack of a proven, sustainable model for RRV provision to/in Mid and North West Wales when the aircraft is offline, and the inability of the RRVs to attend incidents across a substantial area of Mid/North West Wales if centrally based at Rhuddlan.	*Agree - the location of RRVs is critical for the population of the whole of mid and north Wales*
Additional flying time and topography	*These are taken into account in the report*
The Questionnaire was 'leading' and the document was overly long at 80+ pages and did not meaningfully engage with the public; suggestions for other ways of engaging were provided	*Every effort was made to ensure that all of the relevant information was shared. Engagement leads in health boards supported the work and it was in line with best practice* *An easy read version was produced to help all members of the communities and there were 11 ways of responding to the engagement including by telephone and email*
Ministerial Oversight – Llais asked to take up concerns raised with the Minister	*Noted*
Need for ongoing monitoring, benchmarking and appraisal of the new operating model to be independent of EMRTS and Charity management	*Agree - commissioning approach*

Following the engagement phase – further questions have been raised:	CASC/Commissioner Response
Raised issues in relation to the Wales Air Ambulance Charity; damage to the brand; raising funds	*These are matters for the Charity – however, they are trusted and key partners and provide 2/3 of the funding for this amazing service*
Our preferred option from the consultation shortlist continues to be Option 6. We strongly believe that the only acceptable option would see the retention of 4 separate crewed air bases, with helicopters and RRV backup, at their current geographical distribution, and would wish to see this provision enhanced in order to meet the unmet need identified, especially through the development of a 'late shift' (or potentially 24 hour operation) in Mid/North Wales and the provision of a RRV capable of responding to the needs of the more urban-based population of North East Wales.	*Noted*
Following consideration of points raised in your most recent report however, we understand and appreciate the shortcomings of Option 6.	*Noted*
Preferred options – additional new options for Caernarfon and Welshpool including relocation of Caernarfon	*Recommendations have been made in the Review*

Issue raised	CASC Response
On the process: • Llais doesn't feel that 5 days to respond to such a detailed engagement report is sufficient time to analyse the report and provide detailed points of feedback, so our feedback is more general in its nature.	I apologise for the short time given to respond. As always, thank you for your feedback. I was aware of the short timescales for this work and I hope that providing the weekly snapshot reports on a weekly basis and by providing the composite report was at least helpful in sharing the feedback received during this Phase 3 of the engagement process
• Not having the Service Review Report or the EIA makes it difficult to fully assess the engagement report in context.	Again apologies for this they were being drafted. We would welcome your comments on the report and will consider them as well as the feedback from health boards at the EASC meeting on 28 March 2024
• It is not clear when reading the Engagement Report what some actions and changes mean for example: • " *the Commissioner is proposing a bespoke and ring-fenced resource to be used within a different clinical model for rural communities*" Needs an explanation of what this means in practice? • Page 37 – *"Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience."* Needs an explanation of what this means in practice? • Page 46 – *"The EIAs show that, regardless of the different options that have been developed and considered, the way patients get the EMRTS Service will not change."* In the absence of an EIA, this statement cannot be evidenced. • Page 48 – "*These extra actions have developed throughout the evaluation process"* explanation is needed as to what the actions are and how have they been developed.	Thank you, this has been amended and forms the basis for recommendation 4 of the review. I will ensure that we explain fully what the proposed recommendations mean and would welcome further discussions with you if this would be helpful. This is the option that many respondents highlighted as one they could support. This is included in the engagement report (page 39) and has been edited to better explain that this means Thank you Apologies for not receiving the most recent EIA. The intention was to explain that patients would continue to access the service as now – via the 999 call to the ambulance service. Patient would

Issue raised	CASC Response
	not be aware where the team would be operating from in terms of the base as it would depend on their requirement and what type of team would be best placed to deliver pre hospital critical care to suit the incident This has now been amended to better explain this issue
• As much time as possible (at least 10 days) should be given between publishing the engagement report (and associated papers) and any decision meeting. This is to give everyone sufficient time to develop an informed opinion, to provide feedback, and meaningfully contribute.	Papers will be shared with EASC members 7 days before the meeting takes place in line with our usual practice. Health boards will also be considering the information and will receive the reports
• We feel it would be prudent that health boards make their decision before EASC meet.	Health boards have asked for a further meeting of EASC at the end of March and it has been agreed to hold this on 28 March at 5pm. EASC members have confirmed their attendance
• Will the notes made by the EASC team at the drop in sessions, the feedback responses, facebook comments and petitions be published for transparency?	It will be possible to provide the feedback responses but they will take some time to prepare to redact for public sharing. Many respondents provided individual stories and personal information. We can work with you to provide this information. The Picker Institute questionnaire information is already available with information Facebook – we did not receive feedback in this way We have some handwritten notes which have informed discussion and they could be transcribed with time and resource. Petitions - we received one petition and are aware of a further petition from mid Wales but have not received at time of writing
• Will all responses be published in a separate appendices?	As above, information can be shared following some additional work required to ensure patient identifiable information is redacted
On the report itself:	
The report is very long and is not written in everyday language. As a result, it will be hard for many people and communities across Wales to	The report has been written for the EASC Committee in the first instance

Issue raised	CASC Response
fully understand and appreciate the content. Because of this we do not feel the report is accessible as it does not reflect the needs of the diversity of the population	
• We suggest that the report is written in everyday language and consideration is given to how the document could be shortened and simplified without losing important information.	I will discuss this with the Committee on 19 March and respond to you on this matter
• Links to other documents with the engagement report should be kept to a minimum where completely necessary.	Understood. Will make every effort to ensure this is kept to a minimum
○ Use of acronyms and jargon should be avoided.	Agree
○ An executive summary of maximum two pages should be produced.	This has been produced and is included within the engagement report
○ An Easy Read version of the report and executive summary should be produced.	I will discuss this with the Committee on 19 March and respond to you on this matter
• Where '*Welsh Government's guidance'* refers to the Welsh Government's Guidance on NHS Service Change this should be made explicitly clear.	Agree - noted and edited
• There are some typos and Americanisation of words within the document which will mostly likely be picked up in proof reading but we wanted to highlight these.	Agree - noted and edited
• The interchange between unmet need and lives saved may cause some confusion as they are both used in reference to rationale for the change.	Agree - noted and edited
• Suggest that '*The preferred option following the conclusion of the full engagement period, is set out in the EMRTS Service Review document and if adopted, also details how the service would operate'* on P7 is moved, or repeated, to the cover sheet.	Agree - noted and edited
• Page 13 references campaign groups had over 17K FB followers and two petitions are noted (p23), one with very significant responses, but no further comment made within the document. Readers would	Feedback was not collected by this route (Facebook) Reference on petitions has been included in the findings section. Only one petition received to date (although we are aware of another)

Issue raised	CASC Response
expect to understand if there analysis of this feedback and how has it been considered.	
• Llais acknowledges that the report EASC response to the feedback address some of the concerns raised through feedback directly. Some of the responses could be simplified and softened as they read as defensive or dismissive of peoples concerns as currently written.	Agree - noted and edited
• There is a very clear gap in engagement with people under the age of 45 (p26), there is no reference to how efforts were made to engage this demographic.	This was raised in the weekly snapshot reports submitted to health boards and they utilised their local engagement strategies to engage with local communities. Data completion in sharing was optional. Engagement did take place with all members of the community during face to face meetings and a representative sample was captured by the external provider in the YouGov survey. Hope this is helpful
• P49 - *The Commissioner has provided comprehensive responses to concerns, by giving reassurance regarding any perceived impact and advising of additional actions being undertaken to offset/mitigate the concerns.* As concerns still remain, as evidenced from the Phase 3 sentiment, Llais suggests rewording this.	Agree - noted and edited
• The report has very fairly and honestly reflected the sentiment for and against the different options and provides an honest reflection of the feedback Llais has seen.	Thank you, my intention throughout has been to openly and honestly engage with the public

Following the engagement phase – further questions have been raised:	CASC Response
Mission Creep / Narrative slippage Case for change and not understanding why; use of old data	The EMRTS Service Review has comprehensively reviewed the EMRTS service which was started afresh. The level of unmet need for patients remains between 2 and 3 people per day. The review identifies clearly why doing nothing is not a viable option
Fait accompli of options provided for the 'desired result'	As requested by EASC – HB representatives were nominated and attended the Option Appraisal workshop where all six options were assessed. Two clear top scoring options emerged and additional criteria were identified as needing to be developed
The Unmet Need – questioning the numbers and how these vary across Wales	This is correct – the change if approved will not meet all unmet need but will make inroads into reducing the level. The issue of unmet need is addressed in the Review document
Lack of clarity on additional scene attendances (not worth the effort of moving a base)	5 criteria have been used to assess options and additional factors identified in the engagement process – have also been taken into account. As stated, this is not just about chasing numbers
No robust evidence of clinical outcomes for the unmet need cohort	Service evaluation report included in the Review which clearly described beneficial clinical outcomes
Underutilisation and dispatch protocols disadvantaging mid /north assets	Utilisation and dispatch protocols included in the Review
No rationale for reorganisation	Case for change and rationale included in the Review
The 'additional extras' – no opportunity for the public to comment on the detail (within the consultation process)	Recognised and included in the Review
Separate additional critical care provision in rural Wales from this unnecessary centralisation	It is difficult to separate the issue, but considered in the Review

Following the engagement phase – further questions have been raised:	CASC Response
The Scoring/Ranking Workshop - why hold a workshop? And only identify 2 preferred options and challenge on the impartiality of the process and the 'experts' in attendance	Phase 1 and 2 recognised the need to evaluate options against a range of key criteria - factors and weightings. EASC agreed that health boards should participate and nominated key senior staff to attend, from a range of disciplines
	Members of the Air ambulance charity and EMRTS were present at the workshop to answer technical questions and did not take part in the scoring of the options. Details of the workshop are included in the Review The workshop was well evaluated by the representatives Detailed information was made available prior to the workshop Option appraisal workshops are a key element to Review processes The EASC team and myself did not participate in the scoring of the options.
No public participation in the Option Appraisal Workshop	The public were asked to comment on the factors, weightings and options in phase 2 prior to the workshop. The weightings were amended in line with the feedback received.
The Preferred Options - little variation between option A and B	This was the result of the Option Appraisal Workshop which I carried out fairly and consistently
Claims of improved services being unsubstantiated and reduced population coverage	This is factually incorrect
Risk of both aircraft off line at once and weather issues	Weather information previously shared, risk of consolidating assets in one base understood
Potential loss of skilled staff, impacting recruitment and retention	Recognised and included as a factor in the option appraisal
The loss of the aircraft as an 'anchor' for Critical Care services in Mid and North West Wales	Not clear what this means as aircraft will not be lost - this is an all Wales pre hospital critical care service
Irreversibility of the change	Recognised and understood

Following the engagement phase – further questions have been raised:	CASC Response
The lack of a proven, sustainable model for RRV provision to/in Mid and North West Wales when the aircraft is offline, and the inability of the RRVs to attend incidents across a substantial area of Mid/North West Wales if centrally based at Rhuddlan.	Agree - the location of RRVs is critical for the population of the whole of mid and north Wales
Additional flying time and topography	These are taken into account in the report
The Questionnaire was 'leading' and the document was overly long at 80+ pages and did not meaningfully engage with the public; suggestions for other ways of engaging were provided	Every effort was made to ensure that all of the relevant information was shared. Engagement leads in health boards supported the work and it was in line with best practice An easy read version was produced to help all members of the communities and there were 11 ways of responding to the engagement including by telephone and email
Ministerial Oversight – Llais asked to take up concerns raised with the Minister	Noted
Need for ongoing monitoring, benchmarking and appraisal of the new operating model to be independent of EMRTS and Charity management	Agree - commissioning approach
Raised issues in relation to the Wales Air Ambulance Charity; damage to the brand; raising funds	These are matters for the Charity – however, they are trusted and key partners and provide 2/3 of the funding for this amazing service
Our preferred option from the consultation shortlist continues to be Option 6. We strongly believe that the only acceptable option would see the retention of 4 separate crewed air bases, with helicopters and RRV backup, at their current geographical distribution, and would wish to see this provision enhanced in order to meet the unmet need identified, especially through the development of a 'late shift' (or potentially 24 hour operation) in Mid/North Wales and the provision of a RRV capable of responding to the needs of the more urban-based population of North East Wales.	Noted

Following the engagement phase – further questions have been raised:	CASC Response
Following consideration of points raised in your most recent report however, we understand and appreciate the shortcomings of Option 6.	Noted
Preferred options – additional new options for Caernarfon and Welshpool including relocation of Caernarfon	Recommendations have been made in the Review

Chief Ambulance Services Commissioners Report

Emergency Medical and Retrieval Service - Service Review

Supporting Document 3

Picker Report

Emergency Medical Retrieval and Transfer Service Review

Public Engagement Survey

Date: August 2023

Author: Sarah Gunn

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

Published by and available from:

Picker Institute Europe

Suite 6, Fountain House,

1200 Parkway Court,

John Smith Drive,

Oxford OX4 2JY

Tel: 01865 208100

Email: Info@PickerEurope.ac.uk

Website: picker.org

Registered Charity in England and Wales: 1081688

Registered Charity in Scotland: SC045048

Company Limited by Registered Guarantee No 3908160

Picker Institute Europe has UKAS accredited certification for ISO20252:2019 (GB08/74322) and ISO27001:2013 (GB10/80275). We comply with Data Protection Laws including the General Data Protection Regulation, the Data Protection Act 2018 and the Market Research Society's (MRS) Code of Conduct.

Contents

Background

A potential opportunity for a service development for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) was considered at the meeting of the Emergency Ambulance Services Committee (EASC) Joint Committee (consisting of health board Chief Executives) on 6 September 2022. At the meeting Members agreed that additional scrutiny would be undertaken in several key areas.

Given the above requirements and the challenges raised both by Committee members, members of the public, politicians, Llais members (the operational name of the Citizen Voice Body, formerly Community Health Councils, CHCs), and community groups; and to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team undertook to begin the process of undertaking this EMRTS Service Review afresh.

An impartial and objective scrutiny process is being led by the Chief Ambulance Services Commissioner and the team. This is independent of the assumptions and modelling included within the proposal, this is the “EMRTS Service Review”.

The intention is that the approach of undertaking analysis afresh and undertaking formal public engagement will enable the views and concerns of stakeholders to be understood, to agree the rules to be followed when developing options and to agree what is important when comparing different options as part of an open, transparent and robust process. The process is to explore and maximise the additional activity that could be achieved from existing bases and explore options to reconfigure the service.

The EMRTS Service Review was approached in two ways:

1. Face to face and online engagement sessions, led by the Chief Ambulance Services Commissioner and his team at EASC. These comprised:
    - Face to face drop in sessions
    - Face to face public meetings
    - Online public meetings.
2. Picker was commissioned to host, collate, and analyse the questionnaire response comprising:
    - Online survey
    - Hard copy survey data entry (via freepost)
    - Co-ordinate representative sample responses (online)

Picker is the external supplier secured to undertake the second part as detailed above to complement the engagement activities delivered by the EASC team. Picker’s remit was to provide an expert review, host an online survey, and provide a representative view of public perceptions on what constitutes high quality care. This report details the feedback collated and analysed by Picker and does not include the feedback gathered by the Commissioner and the EASC team at the engagement sessions held throughout Wales. Other than commissioning Picker, the EASC team has not been involved in the work done by Picker (data collection or analysis from online and hard copy responses).

Key findings summary

Information about the Emergency Medical Retrieval and Transfer Service Review

24% had heard about the Emergency Medical Retrieval and Transfer Service review from other information sources such as social media, news channels or other online content.

8% had visited the Emergency Ambulance Services Committee website and reviewed information on the Emergency Medical Retrieval and Transfer Service review.

5% of respondents attended one or more of the Emergency Medical Retrieval and Transfer Service review engagement events.

Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Respondents were most likely to agree with the following priority statements:

95% agreed an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason.

95% agreed if services change, there should be good training and support available for staff to make the best use of their advanced skills.

91% agreed everyone in Wales should have equal access to the service.

90% agreed before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

The three top priority statements[1] selected by respondents were:

1. Everyone in Wales should have equal access to the service (61%)

2. The service should be structured to treat as many people as possible (49%)

3. Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (46%)

[1] The phrasing reflects the wording of the online questionnaire, in which definitions were not given and was open to interpretation by respondents. The EASC are resolute that any changes arising will be additionality of provision and not erosion of service.

Methodology

Overall engagement approach

The planned engagement approach is based on 3 key activity phases (Table 1).

Table 1. Engagement approach summary

Phase	Stage	Purpose	Timing
0	Brief (We are asking…)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us…)	Gathering of feedback on factors, weightings, and other suggestions to inform Options.	March-June 2023
2	Share (We are doing…)	Outline of Options developed from Phase 1 to explain Options going forward to EASC for decision and for public comment in advance of EASC final decision.	Autumn 2023

The work done by Picker forms part of Phase 1 that has focussed on 'listening' to comments, queries and gathering of feedback on how to develop options to further improve the air ambulance service in Wales.

Questionnaire development

The survey was designed collaboratively between Picker and the Emergency Ambulance Services Committee. The survey was designed to understand the public perspectives on three key areas:

- Information about the Emergency Medical Retrieval and Transfer Service Review.
- Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service.
- Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

The survey was available in English and Welsh (Appendix 1).

Survey fieldwork

The survey used multiple methods of data collection throughout fieldwork (Table 2).

Table 2. Response method count and proportion of total responses

Response method	Count	Proportion of total responses
YouGov panel survey	999	80%
Online survey	198	16%
Paper survey	53	4%
Total	**1250**	**100%**

Online survey

The survey was hosted on the third-party online survey portal Qualtrics. It was administered through an open link and QR code, distributed at public engagement events and available online via the EASC website. The online survey was available between 4 April 2023 and 16 June 2023. **The online survey received 198 responses.**

Paper survey

Paper surveys were distributed at public engagement events and returned to a data processing centre who actioned data entry of the responses. These responses were delivered to Picker and uploaded directly to the online survey platform. **The paper survey received 53 responses.**

YouGov Panel

The survey was conducted using an online survey administered to members of the YouGov Plc UK panel of 800,000+ individuals who have previously consented to take part in surveys.

Emails are sent to panellists selected at random from the base sample. The e-mail invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link, they are directed to the online survey according to the sample definition and quotas. In this case, the sample definition was "Wales population", representative by geographical region and a quota set at 1000 respondents.

YouGov provided a data set of 1,001 responses, two were excluded as they did not meet the inclusion criteria due to geographical location. **The YouGov Panel received 999 responses.**

All collected data were aggregated into the same dataset. The combined data presented in this report provides a margin of error of ±2.77%.

Analysis and reporting

Standard validation practices were used in the survey tool and on the data collected, in this and associated reports to improve representativeness. Practices are outlined below:

Questionnaire Routing

To improve respondent experience, routing was used in the online survey tool and YouGov Panel to ensure respondents were only shown questions that were relevant to them. For example, only respondents who indicated they had seen enough information when answering Q3: "Overall, do you feel like you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review" were directed to Q4: “Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service?”

Data cleaning and validation

When the survey closed, the raw data were analysed and feedback that did not meet the inclusion criteria was removed. Criteria for inclusion involved at least 1 completed question from Q2 to Q9 of the survey.

Derived questions

Some questions were not applicable to all respondents but were not preceded by a filter/routing question. These questions have response options such as “Don’t know / Can’t say”. Overall percentages in this report were calculated after removing these non-applicable respondents (Figure 1). This ensures that the reported data remains focussed on those respondents to whom the question applied or who could recall the details. These questions are indicated using a plus (+) symbol, e.g., Q2_1 becomes Q2_1+.

Figure 1. Derived question example (unweighted data)

Q2_1 I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events		
Yes	97	8%
No	1090	89%
Don’t know	35	3%
Total	*1,222*	*100%*

Q2_1+ I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review engagement events		
Yes	97	8%
No	1090	92%
Total	*1,187*	*100%*

Weighted data

Weighting is a statistical technique in which data is assigned appropriate weights to groups to bring under or overrepresented groups in line with the population.

The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample based on standard Wales demographics by geographic region. The profile is normally derived from census data or, if not available from the census, from industry accepted data. The data in this report has been weighted by region according to Office for National Statistics (ONS data).[2] The mapping of Unitary Authorities to regions can be found in Appendix 2, the regions are defined as per YouGov methods. To account for

[2] Mid-Year Population Estimates, UK, June 2020, Office for National Statistics [https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland]

67 respondents who could not be mapped to a Welsh region due to insufficient information, 67 respondents were added to the total population prior to the proportional calculation.

Table 3. Population and response data with assigned weights

Region	Population No.	% of Wales population	Response no.	% of response	Weight	Weighted % of response
North Wales	703,361	22%	220	18%	1.260824	22%
Mid and West Wales	522,749	16%	343	27%	0.601031	16%
South Wales West	538,488	17%	183	15%	1.160444	17%
South Wales Central	377,168	12%	66	5%	2.253655	12%
Cardiff	369,202	12%	122	10%	1.193443	12%
South Wales East	658,618	21%	249	20%	1.043117	21%
Unknown	67	0%	67	5%	0.000392	0%
Total	**3,169,653**	**100%**	**1250**	**100%**	**-**	**100%**

Data presentation

Throughout this report, percentages have been rounded to zero decimal places. This means that sometimes the total for a single-response question can be just below or above 100%. The percentages reported in this survey represent the weighted data.

Throughout this report, we provided the unweighted number of respondents to each question indicated as n=(x), where x equals the number of respondents. Because responding to each question was not mandatory, the number of respondents to each question varies throughout the results.

Reporting note

Comments, questions and themes received separately as part of the EMRTS service review have been collated by the EASC Team. These will be included in the final communications of this public engagement, in conjunction with findings presented in this report by Picker.

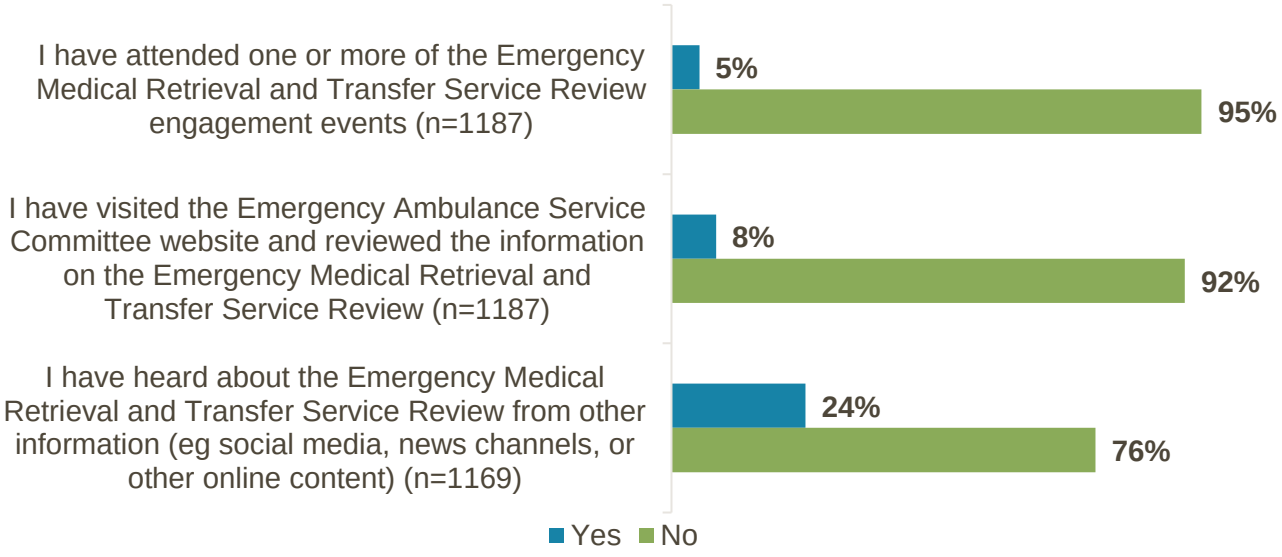
Survey results

Information about the Emergency Medical Retrieval and Transfer Service Review

The first section of the survey sought to understand the level of engagement and information the public has had with the EMRTS review. As shown in Figure 2:

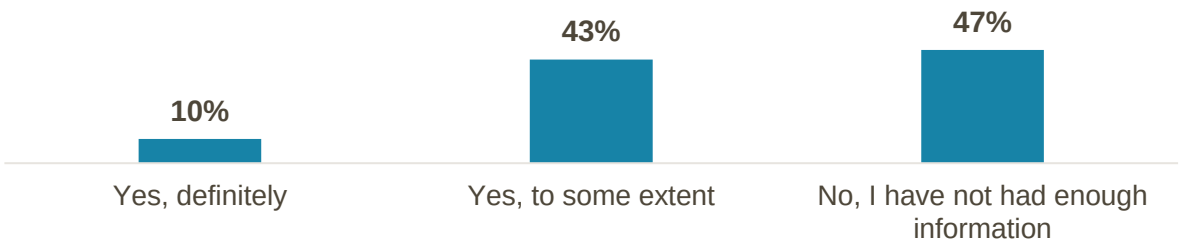
- 5% of respondents attended one or more of the EMRTS review engagement events (n=97)
- 8% had visited the EASC website and reviewed information on the EMRTS review (n=157)
- 24% had heard about the EMRTS review from other information such as social media, news channels or other online content (n=347)

Figure 2. Q2+ For each of the following statements, please select a response from the options below.



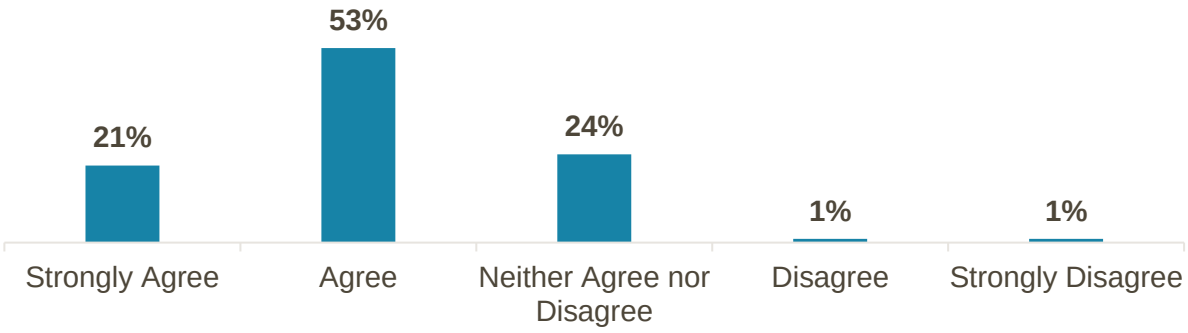
When asked whether respondents felt they have had enough information to understand the reasons for the EMRTS review (Figure 3), 10% said yes, definitely (n=95), 43% said yes, to some extent (n=348), while 47% said no, they have not had enough information (n=362).

Figure 3. Q3+ Overall, do you feel you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review? (n=805)



Almost three quarters of respondents (74%, n=383) agreed that based on the information they have seen, there is a need to review and improve the EMRTS. 24% neither agreed nor disagreed (n=120), while 2% disagreed there is a need to review and improve the service (n=12) (Figure 4Figure 5).

Figure 4. Q4+ Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service? (n=515)



A free text question was posed to respondents to ask if there was any additional information that they would have found useful in relation to the EMRTS Review. A number of respondents felt they required more information:

"I have not seen any information about it so perhaps a way of information getting to households in Wales would be good."

"Full data analysis of the reasoning behind the review and proposed changes."

"An engagement document which clearly outlines what you want views on. The only thing I can find is a presentation which seems to assume the need for change rather than demonstrate this. There is also a lack of clarity over what you are asking for views on and insufficient information in the presentation [regarding] this."

Respondents also detailed their concerns about the review, and emphasised how important the air ambulance service is to remote areas:

"Air ambulance support is needed in rural areas where travel to hospital is prohibitive due to the rurality and road network. some farms for example are remote and when patients are in need of emergency medical treatment, air ambulance is a life saver."

"As a business owner in a potentially hazardous occupation operating in remote locations, I am concerned the re-structure will mean less availability in the areas I operate."

"Need to understand why they would close the Welshpool area. We need cover in these rural areas."

"How are you going to get to an emergency fast in rural mid-Wales if you remove the air ambulance from Welshpool? North Powys has a large network of poor rural roads and no A & E department which means it takes a considerable time to get from an emergency to hospital. At the moment our air ambulance can be at the scene of an accident in a very short time, but how much longer would it take from an airfield in North Wales?"

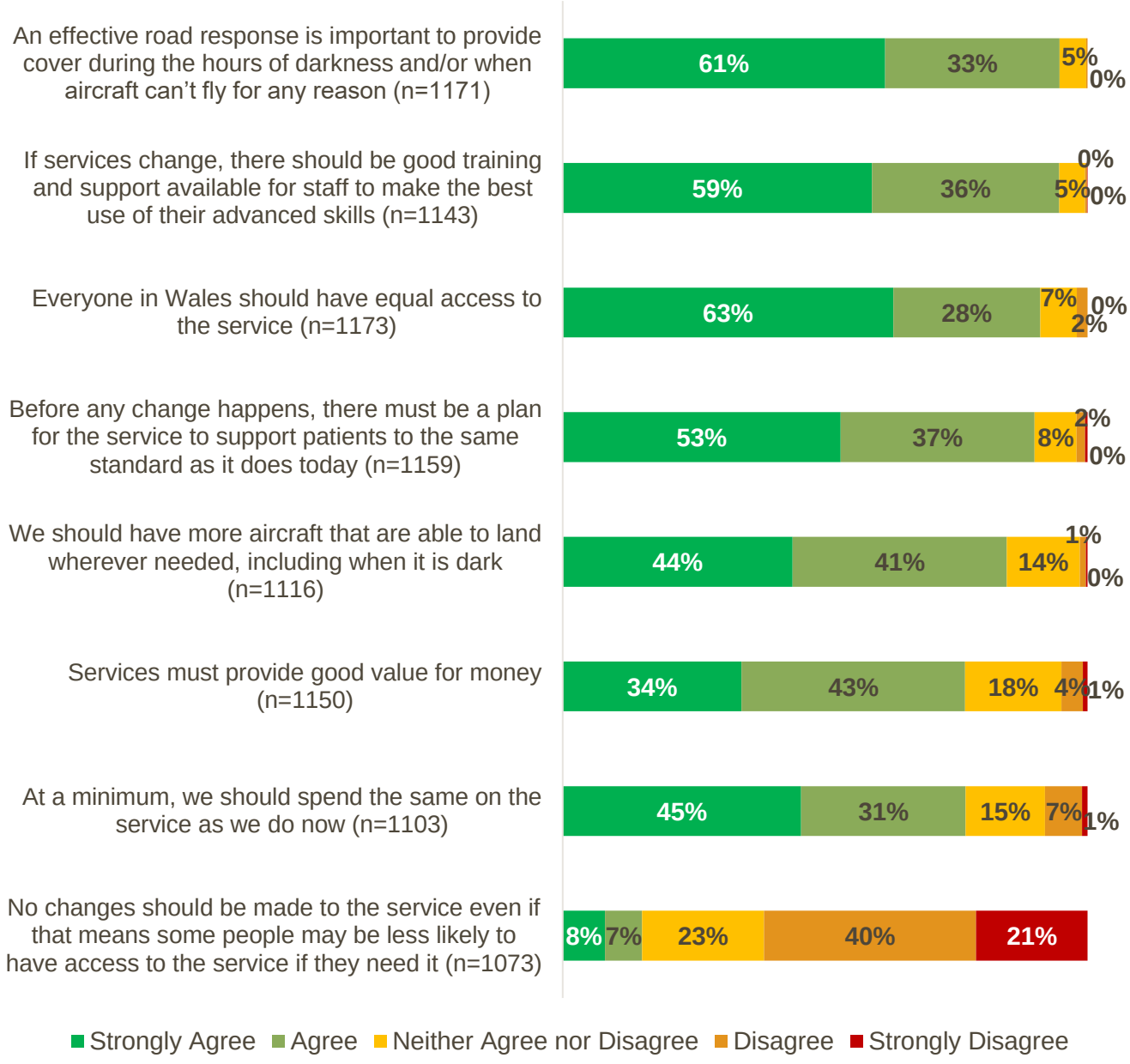
Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

To understand what is important to the Welsh Public when considering changes to the EMRTS, respondents were asked to what extent they agreed with priority statements developed by the Emergency Ambulance Services Committee.

As shown in Figure 5, Respondents were most likely to agree that:

- An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason (95%, n=1113)
- If services change, there should be good training and support available for staff to make the best use of their advanced skills (95%, n=1081)
- Everyone in Wales should have equal access to the service (91%, n=1067)
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (90%, n=1051)

Figure 5. Q6 Please select the extent to which you agree with the following statements.



All respondents were asked whether they had any comments in relation to the priority statements presented in the survey. A number of respondents commented on the funding necessary for the service:

"All the priorities rely on funding, what's the contingency plan for a revenue shortfall."

"For me, care is paramount. Cost is secondary. Healthcare and emergency response times, literally make the difference between life and death. Which is more important than the 'cost' value."

"Having airborne transport that can land at night may make the cost untenable, but people's lives are priceless."

Several respondents highlighted the importance of the service for remote communities, and these communities need to be prioritised:

"Areas that are difficult to access by road should be prioritised such as rural over cities."

"This service is critical to us as a rural farm community. We wouldn't be able to get to hospital in the golden hour by road alone."

"Prioritisation should be based on difficulty of access and time to get to the end location rather than 'everyone has access'."

"It is impossible to have equal access to all services for everyone in Wales unfortunately. That said we should consider that rural and coastal areas are vulnerable places and should be considered when looking to ensure emergency care."

When asked if there were any other priorities that should be considered, respondents felt improvements could be made to medical emergency service and response across Wales and within hospitals:

"Improving average response times across Wales for all vehicles."

"Improving land ambulance services especially when bed blocking compromises their job."

"Keeping staff up skilled and using the most up to date medical equipment and upgrading vehicles when needed."

"It's not about people having fair access to the air ambulance, it's about fair access to hospital in an emergency."

"None of these things can be properly fixed in isolation- needs to be in conjunction with social care and hospitals."

The source of funding was also raised, with respondents suggesting the Welsh Government provide funding for the air ambulance service:

"Management structure and the NHS in Wales FULLY funding the Air Ambulance as England does - it's a travesty that it is currently funded by public donations while our Hospitals and Doctors are poorly run. Who is really receiving the money for the NHS in Wales and where is it being spent??"

"Maybe funding from the Welsh government should be considered for this vital service."

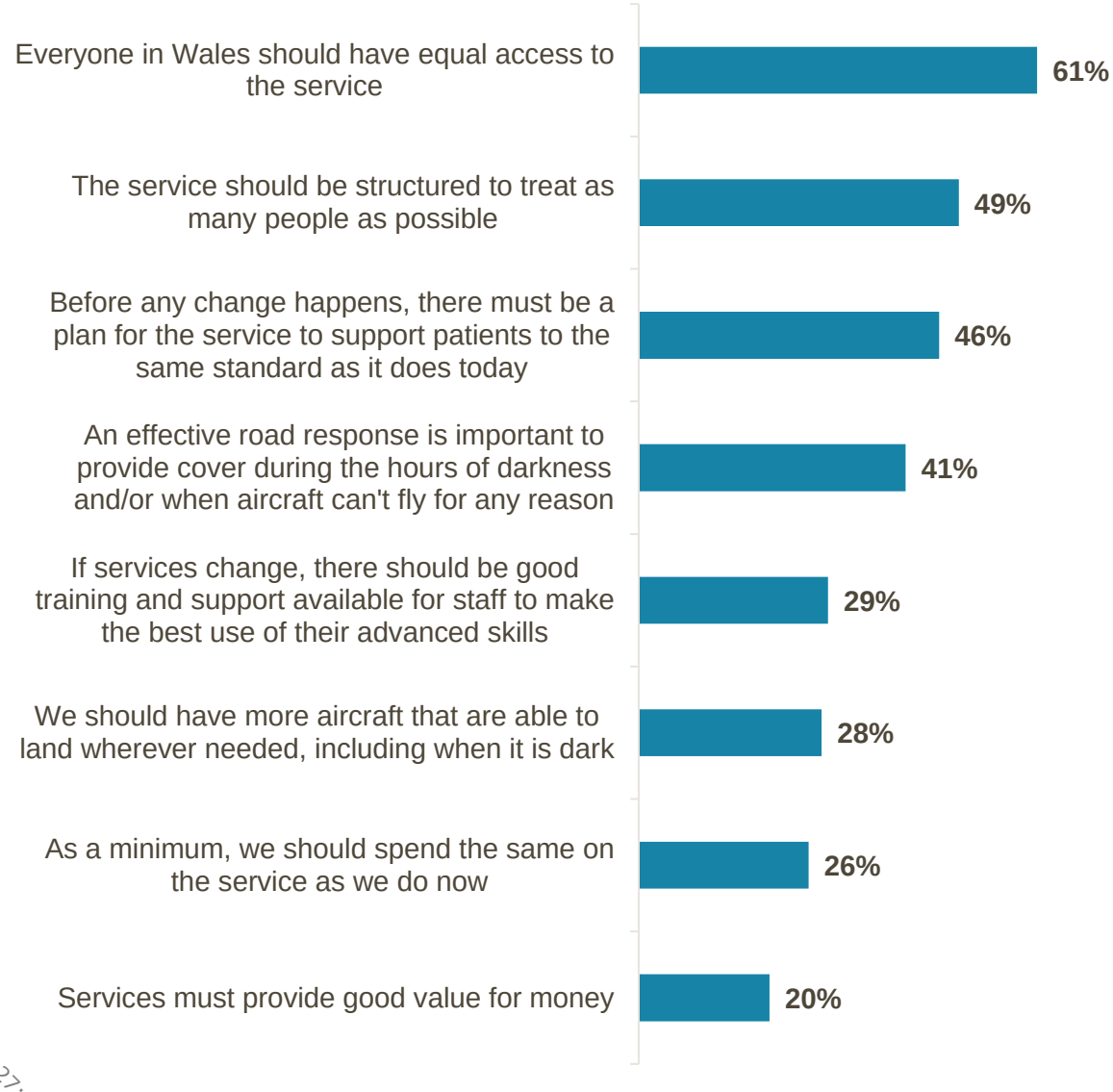
"Proper level of government funding to support this service."

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Respondents to the survey were asked to rank priority statements from least important to most important when considering changes to the EMRTS. Figure 6 shows the percentage of respondents who ranked the priority from 1 to 3 (most important). The three top priority statements selected by respondents were:

- Everyone in Wales should have equal access to the service (61%, n=729)
- The service should be structured to treat as many people as possible (49%, n=568)
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today (46%, n=562)

Figure 6. Q9 Please rank the priorities below from most important to least important. 1 is most important and 8 is least important (n=1165)



Conclusions

This report represents the data collected and collected by Picker for the Emergency Medical Retrieval and Transfer Service Review where the Welsh public were invited to respond, to provide a representative view of public perceptions on what constitutes high quality care relating to the EMRTS. The survey data provides insight into the Welsh public's priorities for this service.

The most important priorities to the Welsh public when considering changes to the EMRTS service include:

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- if services change, there should be good training and support available for staff to make the best use of their advanced skills;
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- everyone in Wales should have equal access to the service;
- the service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

These findings highlight that strategic changes should ensure equity and equality of provision of care, with forethought for contingencies incorporated into the planning. These findings align with the EASC's overarching values and aims.

Appendix 1 – Picker survey

This is a replication of the survey as implemented online by Picker. English and Welsh versions could be selected, the English text is replicated first then the Welsh.

English (United Kingdom)

Emergency Medical Retrieval and Transfer Service Review engagement survey.

The Emergency Ambulance Service Committee (EASC) is responsible for planning emergency ambulance services across Wales.

EASC is seeking feedback on the future development of the air ambulance service in Wales - a partnership between the Wales Air Ambulance Charity and the Emergency Medical Retrieval and Transfer Service (EMRTS).

Our goal is simple. We want as many people as possible to have access to potentially life saving air and rapid ambulance services, no matter where they live in Wales or when they need help. We want to make sure that the people who need it can have access to a service no matter where they live in Wales or when they need help. We know that this service saves lives, so we want to treat as many people as possible.

EASC is looking for feedback to make sure that when we are undertaking this Service Review, we are looking at the right things and that we understand what you think.

Your views are important to us and to the future development of the Service. Thank you for taking the time to complete this questionnaire, which should take around five minutes.

→

Emergency Medical Retrieval and Transfer Service Review engagement survey.

Information about the Emergency Medical Retrieval and Transfer Service review

Q1 From the list below, please select the group that best describes you?

- ○ Member of the public in Wales
- ○ Community group leader or representative
- ○ Previous patient of EMRTS
- ○ Media representative
- ○ EMRTS member of staff
- ○ Wales Air Ambulance Charity staff member or trustee
- ○ NHS Wales Health board / Trust staff
- ○ Elected political representative (local/regional/national)
- ○ Community Health Council / Llais
- ○ Other (please specify) _____

Q2 For each of the following statements, please select a response from the options below:

	Yes	No	Don't know
I have attended one or more of the Emergency Medical Retrieval and Transfer Service Review **engagement events**	○	○	○
I have visited the Emergency Ambulance Service Committee **website** and reviewed the information on the Emergency Medical Retrieval and Transfer Service Review	○	○	○
I have heard about the Emergency Medical Retrieval and Transfer Service Review from **other information** (eg social media, news channels, or other online content)	○	○	○

Q3 Overall, do you feel you have enough information to understand the reasons for the Emergency Medical Retrieval and Transfer Service Review?

- ○ Yes, definitely (Go to Q4)
- ○ Yes, to some extent (Go to Q4)
- ○ No, I have not had enough information (Go to Q4)
- ○ I have not seen any information about the review (Go to Q5)

Q4 Based on the information you have seen, do you disagree or agree that there is a need to review and improve the Emergency Medical Retrieval and Transfer Service?

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree
- ○ Don't know / can't say

Q5 Please let us know if there is any additional information that you would have found useful in relation to the Emergency Medical Retrieval and Transfer Service Review: (free text)

Understanding what is important when considering changes to the Emergency Medical Retrieval and Transfer Service.

The Emergency Ambulance Service Committee have developed a set of priority statements to support decision making when identifying any changes to be made to the Emergency Medical Retrieval and Transfer Service. Your responses to this section will support these statements to be grouped into factors so the most important priorities are identified when considering the options for service review.

Q6 Please select the extent to which you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
No changes should be made to the service even if that means some people may be less likely to have access to the service if they need it	○	○	○	○	○
Before any change happens, there must be a plan for the service to support patients to the same standard as it does today	○	○	○	○	○
Everyone in Wales should have equal access to the service	○	○	○	○	○
An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason	○	○	○	○	○
We should have more aircraft that are able to land wherever needed, including when it is dark	○	○	○	○	○
If services change, there should be good training and support available for staff to make the best use of their advanced skills	○	○	○	○	○
Services must provide good value for money	○	○	○	○	○
As a minimum, we should spend the same on the service as we do now	○	○	○	○	○

Q7 Do you have any comments in relation to the priorities listed in the previous question? (Free text)

Q8 Are there any other priorities you think should be considered? (Free text)

Prioritising what is important when considering changes to the Emergency Medical Retrieval and Transfer Service

Q9 Please rank the priorities below from most important to least important. To rank the listed items, please drag and drop each item into order (1 being the most important and 8 being the least important)

_____ The service should be structured to treat as many people as possible
_____ Before any change happens, there must be a plan for the service to support patients to the same standard as it does today
_____ Everyone in Wales should have equal access to the service
_____ An effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason
_____ We should have more aircraft that are able to land wherever needed, including when it is dark
_____ If services change, there should be good training and support available for staff to make the best use of their advanced skills
_____ Services must provide good value for money
_____ As a minimum, we should spend the same on the service as we do now

About you

Whilst your feedback is anonymous, we ask for this information so we can consider local factors and understand more about who is responding to this engagement questionnaire.

Q10 Please enter the first part of your postcode e.g. LL21

_____

Thank you for completing the survey. Your responses are extremely important to us. The Emergency Ambulance Service Committee needs the best available information to allow it to consider if any changes should be made to the Emergency Medical Retrieval and Transfer Service.

Your responses will be used alongside wider information that includes but is not limited to: air ambulance missions from previous years, weather predictions/patterns, and the regional difference in the population across Wales both permanent and seasonal.

If you would like further information about the Emergency Medical Retrieval and Transfer Service revies and/or to provide further feedback, please use the following link to our website https://easc.nhs.wales/engagement/sdp/.

Cymraeg

Arolwg Ymgysylltu Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (GCTMB).

Mae Pwyllgor y Gwasanaethau Ambiwlans Brys (PGAB) yn gyfrifol am gynllunio gwasanaethau ambiwlans brys ledled Cymru.

Mae'r PGAB yn ceisio adborth ar ddatblygiad y gwasanaeth ambiwlans awyr yng Nghymru yn y dyfodol - partneriaeth rhwng Elusen Ambiwlans Awyr Cymru a'r GCTMB.

Mae ein nod yn syml. Rydym am i gynifer o bobl â phosibl gael mynediad at wasanaethau awyr a gwasanaethau ambiwlans cyflym a allai achub bywydau, ni waeth ble y maent yn byw yng Nghymru neu pan fydd angen cymorth arnynt. Gwyddom fod y gwasanaeth hwn yn achub bywydau, felly rydym am drin cymaint o bobl â phosibl.

Mae'r PGAB yn chwilio am adborth i wneud yn siŵr, pan fyddwn yn cynnal yr Adolygiad Gwasanaeth hwn, ein bod yn edrych ar y pethau cywir a'n bod yn deall eich barn.

Mae eich barn yn bwysig i ni ac i ddatblygiad y Gwasanaeth yn y dyfodol. Diolch am gymryd yr amser i gwblhau'r holiadur hwn, a ddylai gymryd tua phum munud.

→

Gwybodaeth am Adolygiad y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (GCTMB)

Q1 O'r rhestr isod, dewiswch y grŵp sy'n eich disgrifio chi orau

- ○ Aelod o'r cyhoedd yng Nghymru
- ○ Arweinydd neu gynrychiolydd grŵp cymunedol
- ○ Claf blaenorol GCTMB
- ○ Cynrychiolydd y cyfryngau
- ○ Aelod o staff GCTMB
- ○ Aelod o staff neu ymddiriedolwr Elusen Ambiwlans Awyr Cymru
- ○ Staff bwrdd iechyd / Ymddiriedolaeth GIG Cymru
- ○ Cynrychiolydd gwleidyddol etholedig (lleol/rhanbarthol/cenedlaethol)
- ○ Cyngor Iechyd Cymuned / Llais
- ○ Arall _____

Q2 Ar gyfer pob un o'r datganiadau canlynol, dewiswch ymateb o'r opsiynau isod

	Ie	Na	Ddim yn gwybod
Rwyf wedi mynychu un neu fwy o **ddigwyddiadau ymgysylltu** Adolygiad Gwasanaeth Casglu a Throsglwyddo Meddygol Brys	○	○	○
Rwyf wedi ymweld â **gwefan/ Pwyllgor y Gwasanaethau Ambiwlans Brys ac wedi adolygu'r wybodaeth am yr Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys**	○	○	○
Rwyf wedi clywed am yr Adolygiad Gwasanaeth Casglu a Throsglwyddo Meddygol Brys o **wybodaeth arall** (e.e. cyfryngau cymdeithasol, sianeli newyddion, neu gynnwys ar-lein arall)	○	○	○

Q3 Yn gyffredinol, a ydych yn teimlo bod gennych ddigon o wybodaeth i ddeall y rhesymau dros yr Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys?

- Ydw, yn bendant
- Ydw, i ryw raddau
- Nac ydw, nid wyf wedi cael digon o wybodaeth
- Nid wyf wedi gweld unrhyw wybodaeth am yr adolygiad

Display This Question:

If Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = Yes, definitely

And Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = Yes, to some extent

And Overall, do you feel you have enough information to understand the reasons for the Emergency Medi... = No, I have not had enough information

Q4 Ar sail y wybodaeth a welsoch, a ydych yn anghytuno neu'n cytuno bod angen adolygu a gwella'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys?

- Cytuno'n Gryf
- Cytuno
- Ddim yn Cytuno nac yn Anghytuno
- Anghytuno
- Anghytuno'n Gryf
- Ddim yn gwybod / Methu â dweud

Q5 Rhowch wybod i ni os oes unrhyw wybodaeth ychwanegol y byddech wedi'i chael yn ddefnyddiol mewn perthynas â'r Adolygiad o'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys:

Deall yr hyn sy'n bwysig wrth ystyried newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys.

Mae Pwyllgor y Gwasanaethau Ambiwlans Brys wedi datblygu set o ddatganiadau blaenoriaeth i gefnogi gwneud penderfyniadau wrth nodi unrhyw newidiadau i'w gwneud i'r

Gwasanaeth Casglu a Throsglwyddo Meddygol Brys. Bydd eich ymatebion i'r adran hon yn cefnogi grwpio'r datganiadau hyn yn ffactorau fel bod y blaenoriaethau pwysicaf yn cael eu nodi wrth ystyried yr opsiynau ar gyfer adolygu gwasanaethau.

Q6 Dewiswch i ba raddau yr ydych yn cytuno â'r datganiadau canlynol:

	Cytuno'n Gryf	Cytuno	Ddim yn Cytuno nac yn Anghytuno	Anghytuno	Anghytuno'n Gryf
Ni ddylid gwneud unrhyw newidiadau i'r gwasanaeth hyd yn oed os yw hynny'n golygu y gallai rhai pobl fod yn llai tebygol o gael mynediad at y gwasanaeth os oes ei angen arnynt	○	○	○	○	○
Cyn i unrhyw newid ddigwydd, rhaid cael cynllun i'r gwasanaeth gefnogi cleifion i'r un safon ag y mae heddiw	○	○	○	○	○
Dylai pawb yng Nghymru gael mynediad cyfartal at y gwasanaeth	○	○	○	○	○
Mae ymateb ffordd effeithiol yn bwysig er mwyn darparu gwasanaeth yn ystod oriau tywyllwch a/neu pan na all awyrennau hedfan am unrhyw reswm	○	○	○	○	○
Dylem gael mwy o awyrennau sy'n gallu glanio lle bynnag y bo angen, gan gynnwys pan fydd hi'n dywyll	○	○	○	○	○
Os bydd gwasanaethau'n newid, dylai fod hyfforddiant a chymorth da ar gael i staff wneud y defnydd gorau o'u sgiliau uwch	○	○	○	○	○
Rhaid i wasanaethau ddarparu gwerth da am arian	○	○	○	○	○

Fel isafswm, dylem wario'r un faint ar y gwasanaeth ag yr ydym yn ei wneud yn awr	○	○	○	○	○

Q7 A oes gennych unrhyw sylwadau mewn perthynas â'r blaenoriaethau uchod

Q8 A oes unrhyw flaenoriaethau eraill y credwch y dylid eu hystyried

Blaenoriaethu'r hyn sy'n bwysig wrth ystyried newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys

Q9 Rhestrwch y blaenoriaethau isod o'r pwysicaf i'r lleiaf pwysig.

I raddio'r eitemau a restrir, llusgwch a gollwng pob eitem yn eu trefn (1 yw'r pwysicaf ac 8 yw'r lleiaf pwysig)

_____ Dylai'r gwasanaeth gael ei strwythuro i drin cymaint o bobl â phosibl
_____ Cyn i unrhyw newid ddigwydd, rhaid cael cynllun i'r gwasanaeth gefnogi cleifion i'r un safon ag y mae heddiw
_____ Dylai pawb yng Nghymru gael mynediad cyfartal at y gwasanaeth
_____ Mae ymateb ffordd effeithiol yn bwysig er mwyn darparu gwasanaeth yn ystod oriau tywyllwch a/neu pan na all awyrennau hedfan am unrhyw reswm
_____ Dylem gael mwy o awyrennau sy'n gallu glanio lle bynnag y bo angen, gan gynnwys pan fydd hi'n dywyll
_____ Os bydd gwasanaethau'n newid, dylai fod hyfforddiant a chymorth da ar gael i staff wneud y defnydd gorau o'u sgiliau uwch
_____ Rhaid i wasanaethau ddarparu gwerth da am arian
_____ Fel isafswm, dylem wario'r un faint ar y gwasanaeth ag yr ydym yn ei wneud yn awr

Amdanoch chi

Er bod eich adborth yn ddienw, gofynnwn am y wybodaeth hon fel y gallwn ystyried ffactorau lleol a deall mwy am bwy sy'n ymateb i'r holiadur ymgysylltu hwn.

Q10 Rhowch ran gyntaf eich cod post e.e. LL21

Diolch am gwblhau'r arolwg. Mae eich ymatebion yn hynod o bwysig i ni. Mae angen y wybodaeth orau sydd ar gael ar Bwyllgor Gwasanaethau Ambiwlans Brys i'w alluogi i ystyried a ddylid gwneud unrhyw newidiadau i'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys.

Bydd eich ymatebion yn cael eu defnyddio ochr yn ochr â gwybodaeth ehangach sy'n cynnwys, ond heb fod yn gyfyngedig i: deithiau ambiwlans awyr o flynyddoedd blaenorol, rhagolygon/patrymau tywydd, a'r gwahaniaeth rhanbarthol yn y boblogaeth ar draws Cymru yn barhaol ac yn dymhorol.

Os hoffech ragor o wybodaeth am adolygiadau'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys a/neu roi adborth pellach, defnyddiwch y ddolen ganlynol i'n gwefan https://pgab.gig.cymru/ymgysylltu/agg/.

Appendix 2 – Regions and Unitary Authorities

Mapping of Unitary Authorities to regions as defined by YouGov for their regional omnibus (https://business.yougov.com/product/realtime/regional-omnibus).

Region	Unitary Authority
North Wales	Isle of Anglesey
	Gwynedd
	Conwy
	Denbighshire
	Flintshire
	Wrexham
Mid and West Wales	Powys
	Ceredigion
	Pembrokeshire
	Carmarthenshire
South Wales West	Swansea
	Neath Port Talbot
	Bridgend
South Wales Central	Vale of Glamorgan
	Rhondda Cynon Taf
Cardiff	Cardiff
South Wales East	Merthyr Tydfil
	Caerphilly
	Blaenau Gwent
	Torfaen
	Monmouthshire
	Newport

Picker Institute Europe
Suite 6, Fountain House,
1200 Parkway Court,
John Smith Drive,
Oxford OX4 2JY

Tel: +44 (0) 1865 208100

info@pickereurope.ac.uk
picker.org

Charity registered in England and Wales: 1081688
Charity registered in Scotland: SC045048
Company limited by guarantee registered in England and Wales: 3908160

Emergency Ambulance Services Committee
Unit 1, Charnwood Court
Billingsley Road
Nantgarw Park
Cardiff
CT15 7QZ

www.easc.nhs.wales

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Pwyllgor Gwasanaethau Ambiwlans Brys Emergency Ambulance Services Committee

Equality Impact Assessment Tool
EASC EMRTS Service Review

EMRTS SERVICE REVIEW – FINAL REPORT

This EIA builds on the previous iterations during Phases 1, 2 and 3 of the formal engagement processes held during 2023 and 2024.

Section 1 – Preparation		
	Title of service -	Emergency Ambulance Services Committee (EASC) Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who are commissioned to provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility. It is important to note that the way patients receive the EMRTS Service will not change (from the current position) – this is a specialist emergency pre hospital critical care all Wales service which is provided by bringing expertise to the patient wherever the incident occurs. The service is accessed by ringing 999 for the ambulance, the call is screened and the appropriate emergency response is provided depending on clinical need.
1.	**EMRTS Service Review Final Report**	The EMRTS Service Review, led by the Chief Ambulance Services Commissioner was commissioned by EASC in December 2022 following receipt of the EMRTS Service Development Proposal which was presented to EASC on 8 November 2022. Members of EASC asked for additional scrutiny which led to the **EMRTS Service Review**. The (then) Community Health Councils in Wales requested that an 8 week formal engagement process should take place to allow opportunity for the public to engage with the work. This EIA updates the previous iteration developed for Phases 1, 2 and 3 of public engagement and are attached for ease of reference.

Section 1 – Preparation		
		Phases of engagement Phase 0 – October 2022 to March 2023 This was a pre engagement phase to aid understanding and create optimal conditions for engagement dialogue. Phase 1 – March - June 2023 (14 weeks) (now working with Llais) The engagement (you are telling us) was to gather feedback on factors, weightings and other suggestions to inform the options to be developed.  Equality Impact Assessment - EASC EI Phase 2 – October 2023 – December 2023 (5 weeks) This was about sharing (what we are doing) outlining the options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.  Final Equality Impact Assessment - EASC EI Phase 3 – 1 to 29 February 2024 (4 weeks) Seeking views on the six options shortlisted and evaluated in the Options Appraisal Workshop and allowing the public to comment on the two shortlisted options – Options A and B. It also included the additional actions that had been identified to address the public feedback received from Phase 1 and 2.  Final Equality Impact Assessment - EASC EI **In summary** • 23 weeks of formal engagement was undertaken • 45 engagement sessions • more than 1000 engagement session attendances • more than 2,500 responses submitted via all feedback routes. Update reports have been provided to every meeting of the Emergency Ambulance Services Committee https://easc.nhs.wales/the-committee/meetings-and-papers/

Section 1 – Preparation		
		The Joint Committee of all health boards in Wales agreed to a phased approach to the work to develop the EMRTS Service Review, led by the Chief Ambulance Services Commissioner. The EIA for the Phase 3 engagement which followed the Phase 2 Chief Ambulance Services Commissioner's Report that set out the developed Options based on the feedback from the first phase of engagement that took place between March and June 2023. It was a summary overview document of the work undertaken and was accompanied by several detailed factual and technical documents that provided further information, all of which remain available on the EASC website. A report was also commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov. The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care (further information included in section 7). Phase 2 engagement continued in listening to the public and stakeholders of the public engagement in October and November 2023 where developed options were shared from what was heard in Phase 1. Both EMRTS staff and the Wales Air Ambulance Charity (WAAC) were stakeholders in this Review and their feedback has been considered within the process alongside all feedback received. Phase 2 gathered more feedback on the options that were developed to further improve the air ambulance service in Wales, and this had been considered alongside taking each option through the agreed evaluation framework in an Options Appraisal Workshop. The Options Appraisal Workshop took place on 12 January 2024 and involved representatives from Health Boards and NHS Trusts in Wales. This resulted in a short list of two options that included a preferred option and the Phase 3 engagement aimed to gather feedback from the public in line with the previous approach.

Section 1 – Preparation

Options Workshop – identified Six Shortlisted options

Short List Option No.	Option
-	**Do Nothing** – Baseline
1	**2A) Welshpool 1400-0200.** Change the Welshpool shift to 14:00 - 02:00 hours.
2	**2B) Caernarfon 1400-0200.** Change the Caernarfon shift to 14:00 - 02:00 hours.
3	**3D) North Central Wales near A55 0800-2000 + 1400-0200.** Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 14:00 - 02:00.
4	**4C) Improve 3D, adding car shift 2000-0800 in Wrexham.**
5	**5C) Improve the baseline, adding car shift 2000-0800 in Caernarfon.**
6	**6C) Improve 2B, adding car shift 2000-0800 in North Central Wales near A55.**

Best scoring Options were 3 & 4 which in phase 3 are referred to as Option A and B within the Phase 3 documentation.

Short List Option Ref No.	Option Description	Final Option Ref:
3	**3D) North Central Wales near A55 0800-2000 + 1400-0200.** Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 14:00 - 02:00.	**Option A**
4	**4C) Improve 3D (above), adding car shift 2000-0800 in Wrexham.**	**Option B**

Phase 3 engagement asked for comments on the six options shortlisted, the two highest scoring options, and feedback about the process.

CASC Response to Phase 3 Engagement

Each week a snapshot report was developed for EASC Members, which was shared with Llais and also the communication, engagement and service change leads in health boards. Each week, information was provided within a PowerBI in order than information could be examined by each health board. A summary was also provided of any engagements undertaken by the Chief Ambulance Services Commissioner.

Email attached of weekly emails sent to EASC members and health boards

Weekly emails sent to EASC members and

Section 1 – Preparation

Composite PowerBI report attached of all feedback received

Phase 3 Composite Feedback.pdf

Summary of all engagement carried out in Phase 3 by the Chief Ambulance Services Commissioner

Chief Ambulance Services Commissione

Summary of Phase 3 - overall 568 responses

Feedback was received in a number of ways – all feedback was considered equally important no matter which way it was submitted:

- the online questionnaire
- completed questionnaire emailed toEASCServicereviewqueries@Wales.nhs.uk
- hard copy questionnaire received at the National Collaborative Commissioning Unit
- telephone messages
- online query form from the EASC website (SDP query) https://easc.nhs.wales/engagement/sdp/
- direct emails to the EASCServicereviewqueries@Wales.nhs.uk
- Letters
- Online questionnaire - easy read version
- a completed easy read questionnaire emailed to EASCServicereviewqueries@Wales.nhs.uk

Consistent feedback was received in Phase 3 (as with Phases 1 & 2) concerns included opposition to closing bases, closing services, distance from hospitals, would lead to a loss of lives, impact on Charity donations, timely treatment affected, whether decision already made, no consideration for rural areas, hazardous occupations, roads, accessibility and geography, quick ambulance response, personal stories emphasise life-saving impact – frustration, disappointment and plea to reconsider the proposal – particularly from the communities near to Caernarfon and Welshpool bases. Questions were also raised about the engagement process and the questionnaires.

It is evident from the public feedback in phase 3 that there were several common themes and concerns regarding the proposed changes to air ambulance services in Wales. Here are the key themes:

1. Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.

Section 1 – Preparation		
	2. Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas. 3. Criticism of the proposed new location for air ambulance services and doubts about its effectiveness. 4. Belief of the impact on rural communities, aging populations, and workers in hazardous professions. 5. Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability. 6. Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure. 7. Emphasis on equitable access to pre-hospital critical care across all regions of Wales. 8. Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents. These themes highlight the importance identified by the respondents to the need to address the needs of rural communities, ensuring timely access pre hospital critical care, and maintaining essential life-saving services across Wales.	
	Is this a new policy/service or a policy/service development?	EMRTS is an existing service which is clinically led and managed. EMRTS Cymru has been commissioned by the Emergency Ambulance Services Committee since 2015 and as part of their commissioning are required to meet specific commissioning intentions to review and improve services. The EASC EMRTS Service Review has scrutinised the: • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation (some bases are busier than others) • Unmet need (2-3 people a day would benefits from the EMRT Service but do not received one). The Review has recommended that the service could be developed to provide EMRT services to more people if changes were made to bases. The final 4 recommendations are as follows: **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales. **Recommendation 2** - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.

Section 1 – Preparation		
		Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements. **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.
2.	**Service Aims and Brief Description**	EMRTS Cymru working with the Wales Air Ambulance Charity has been reviewing its service to comply with the Commissioning Intentions set by the Emergency Ambulance Services Committee The service aim is to: • provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility. This highly specialist critical care service is about 0.7% of all 999 emergency calls to the Welsh Ambulance Services NHS Trust. The Service Development Proposal presented to EASC on 8 November 2022 identified opportunities to significantly improve services, although, this would involve closing two air bases and opening a new combined base in mid north Wales. The EASC agreed that more scrutiny was required and the EASC Team, led by the Chief Ambulance Services Commissioner were asked to scrutinise the work. This has led to the EASC Service Review of EMRTS. The EIA of the original service development proposal is added here:  Equality Impact Assessment - EMRTS **Mission Data for EMRTS** Information from the EMRTS Annual Reports (below) https://emrts.nhs.wales/about-us/key-documents1/  EMRTS Mission data from the annual repor

Section 1 – Preparation

Overview of the EMRTS Services – Annual Missions

	Male	Female	Paediatric	Median	Age Range
2015-2016	69%	31%	16%	47	0-97
2016-2017	70%	30%	27%	46	0-98
2017-2018	68%	32%	Not available	46	0-96
2018-2019	67%	33%	12%	45	0-97
2019-2020	66%	34%	12%	49	0-101
2020-2021	66%	34%	9%	Not available	Not available
2021-2022	68%	32%	14%	Not available	Not available
2022-2023	67%	33%	Not available	Not available	Not available

Patient incident location by Health Board

AB – Aneurin Bevan University Health Board**; BCU –** Betsi Cadwaladr University Health Board; **CV –** Cardiff and Vale University Health Board; **CTM –** Cwm Taf Morgannwg University Health Board; **HD –** Hywel Dda University Health Board; **ABM / SB** now Swansea Bay University Health Board (previously Abertawe Bro Morgannwg – which ended in 2019); **P -** Powys Teaching Health Board.

	AB	BCU	CV	CTM	HD	ABM/SB	P	England
2015-2016	10%	14%	7%	7%	18%	23%	19%	2%
2016-2017	12%	16%	6.5%	4.5%	19%	21%	19%	2%
2017-2018	10%	31%	8%	6%	15%	14%	15%	1%
2018-2019	13%	27%	13%	6%	15%	15%	10%	1%
2019-2020	13%	25%	14%	10%	14%	13%	9%	2%
2020-2021	19%	16%	19%	15%	11%	13%	6%	1%
2021-2022	18%	20%	19%	14%	13%	12%	6%	2%
2022-2023	20%	17%	17%	14%	13%	10%	7%	2%

Section 1 – Preparation

Patient destination by Health Board

AB – Aneurin Bevan University Health Board**; BCU –** Betsi Cadwaladr University Health Board; **CV –** Cardiff and Vale University Health Board; **CTM –** Cwm Taf Morgannwg University Health Board; **HD –** Hywel Dda University Health Board; **ABM / SB** now Swansea Bay University Health Board (previously Abertawe Bro Morgannwg – which ended in 2019); **P -** Powys Teaching Health Board.

	AB	BCU	CV	CTM	HD	ABM SB	P	NHS England	Left in community
2015-2016	6%	8%	21%	5%	9%	26%	1%	24%	19%
2016-2017	7%	8%	21%	4%	9%	28%	1%	22%	26%
2017-2018	6%	25%	16%	6%	9%	21%	<1	17%	23%
2018-2019	7%	21%	20%	6%	10%	19%	<1	17%	15%
2019-2020	4%	18%	24%	5%	7%	18%	<1	24%	29%
2020-2021	4%	18%	24%	5%	7%	18%	<1	24%	29%
2021-2022	7%	12%	38%	7%	7%	14%	1%	14%	32%
2022-2023	9%	12%	38%	7%	7%	11%	<1	16%	19%

Section 1 – Preparation

The table below shows the year age profile by bands/percent for 2019-2023 inclusive (Source – EMRTS Team mission information). Age profile per HB area attached at **Appendix 3**.

Age group	Percentage in age groups 2019-2023
0-4	6.3%
5-9	1.9%
10-14	3.0%
15-19	4.6%
20-24	5.2%
25-29	5.4%
30-34	5.6%
35-39	6.1%
40-44	5.8%
45-49	6.3%
50-54	7.3%
55-59	8.8%
60-64	8.0%
65-69	7.2%
70-74	6.1%
75-79	6.3%
80-84	3.6%
85-89	1.7%
90-94	0.6%
95-99	0.1%
Total	**100.0%**

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics.

However, the main mission categories (as below) are:

- Road incidents: there is evidence that socio-economically deprived areas suffer more than affluent areas in terms of road incidents. Road traffic related injuries, particularly for child pedestrians, are among the greatest of all health inequalities, with much higher rates in children from families led by parents in unskilled employment or from deprived neighbourhoods (source: EM template for sub leg (senedd.wales))
- Cardiac arrest: the risk of cardiac arrest increases with age and is also associated with higher levels of deprivation
- Other trauma: this is a broad category including multiple trauma incidents and equality profiling information is not available
- Falls: the risk of falling increases with age and can be more common amongst those experiencing disabilities and health conditions associated with gait and mobility including neurological conditions.

Section 1 – Preparation

Types of incidents

Incidents attended include the following:
(Source: Service Evaluation of the Emergency Medical Retrieval & Transfer Service (EMRTS) Cymru (nhs.wales) page 20).

NATURE	2015*	2016	2017	2018	2019	2020*	TOTAL
ANIMAL RELATED INJURIES	9	12	12	10	16	2	61
BREATHING PROBLEMS	27	58	82	110	147	35	459
BURNS OR EXPLOSIONS	18	14	34	44	62	12	184
CARDIAC ARREST	172	240	272	411	509	163	1767
CARDIAC RELATED	34	50	69	60	66	8	287
DROWNING	7	13	16	21	25	7	89
FALLS	112	208	226	215	252	104	1117
OTHER MEDICAL	16	37	20	44	83	34	234
OTHER TRAUMA	122	220	254	341	382	112	1431
PENETRATING TRAUMA	17	47	47	58	69	39	277
PREGNANCY OR CHILDBIRTH RELATED	8	5	8	7	13	7	48
ROAD INCIDENTS	275	404	409	398	499	103	2088
SEIZURES	22	52	59	64	108	30	335
STROKE	5	11	13	8	19	3	59
TRANSFER	103	162	165	194	203	59	886
UNCONSCIOUS	36	66	126	148	180	74	630
TOTAL	983	1599	1812	2133	2633	792	9952

Table 2 Nature of incident (5 years)

Cases attended by category are also included in the Information from the EMRTS Annual Reports (below) https://emrts.nhs.wales/about-us/key-documents1/

Summary information setting out the demographic profile of the people of Wales based on 2021 census information is available from the NOMIS website: 2021 Census Profile for Wales.

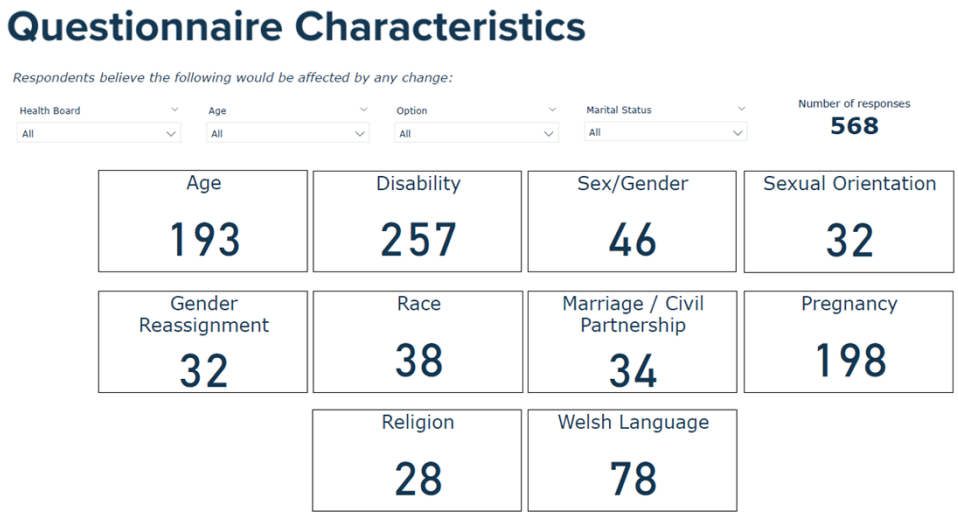
Information at local authority level is also available from the NOMIS website and from the StatsWales website at StatsWales Equality data.

Given that there is some evidence that mission categories attended by EMRTS may have a direct association with equality factors such as age, deprivation and disability, the EASC team co-ordinated engagement activity at a national level primarily through digital and stakeholder channels, and health boards were also asked to amplify this through their local channels with a particular focus on key audiences who may not have digital access. Materials were provided in a range of formats including easy read in order to increase opportunities for participation.

Section 1 – Preparation		
3.	**Who Defines the Service?** -	The EASC EMRTS Service Review is being led by Stephen Harrhy, Chief Ambulance Services Commissioner on behalf of the Emergency Ambulance Services Committee. EASC also has an independent Chair, Dr Chris Turner. • The national director for EMRTS Cymru is Professor David Lockey. • The Wales Air Ambulance Charity Chief Executive is Dr Sue Barnes. Together, working in partnership the EMRTS Cymru service has developed to its current position.
4.	**Who is Involved in undertaking this EqIA?**	Gwenan Roberts, EASC Committee Secretary Stephen Harrhy, Chief Ambulance Services Commissioner Ross Whitehead, Deputy Chief Ambulance Services Commissioner, EASC Team Lee Leyshon, Deputy Director of Communication and Engagement, EASC Team Matthew Edwards, Head of Commissioning and Performance EASC Team Ricky Thomas, Head of Informatics, National Collaborative Commissioning Unit. Advice given by members of the All Wales Health Board Communications, Engagement and Service Change Group
5.	**Other Policies and Services**	Phase 3 engagement completed on 29 February 2024 and the Chief Ambulance Services Commissioner has taken into account the feedback received and made recommendations for presentation at the EASC meeting on 19 March 2024. This meeting will take place prior to consideration by health boards and therefore a further meeting of EASC has been arranged on 28 March 2024 for the final decision making, taking into account the views of all health boards in Wales. The aim of the recommendations will be to enhance the EMRTS ability to provide advanced decision-making and critical care for life or limb-threatening emergencies that require transfer for time-critical treatment at an appropriate facility. This is an all-Wales pre hospital critical care service provided from four bases across Wales.

Section 1 – Preparation		
		EASC agreed on four specific areas related to base activity, these were: • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation (some bases are busier than others) • Unmet need (2-3 people a day would benefits from the EMRT Service but do not received one). These have been completed and have been presented during the phases of public engagement and there has been significant feedback particularly from Powys and Betsi Cadwaladr health board residents. The service works closely with the Welsh Ambulance Services NHS Trust (also commissioned by the EASC) and with health boards. There is also mutual aid between the air ambulances services in the UK where they help each other at time of need and where it is possible to do so.
7.	**What might help/hinder the success of the service?**	The impact of the original service development proposal was to raise concerns in local rural communities in mid and north west Wales and that they would lose their air base and they believed therefore the service itself. This led to the development of Facebook social media pages in support of maintaining the status quo – Welshpool page has over 10,000 followers and over 6,000 followers for the Caernarfon base. The public feedback has not changed throughout the engagement phases despite assurance given that 'if patients receive a service now, they will also receive if a change were made'. The service is highly valued by the people of Wales and the Wales Air Ambulance Charity is very successful and well supported. To provide an unbiased view for the all Wales service, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov. The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. The most important priorities to the Welsh public when considering changes to the EMRTS service included:

Section 1 – Preparation		
		• an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason • if services change, there should be good training and support available for staff to make the best use of their advanced skills • everyone in Wales should have equal access to the service • before any change happens, there must be a plan for the service to support patients to the same standard as it does today. When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were: • everyone in Wales should have **equal access** to the service • the service should be structured to **treat as many people as possible** • before any change happens, there must be a plan for the service to **support patients to the same standard as it does today.** Picker Report EMRTS Aug 2023.pdf The CASC recommendations will impact on the staff who currently work in the specific air bases of Welshpool and Caernarfon if EASC approve that the bases move to a different location. If the change is approved, an implementation plan will be required and local line EMRTS managers and the EMRTS Cymru senior team would deal with these matters in line with all Wales NHS Workforce policies. The Wales Air Ambulance Charity will have their own arrangements for change within their organisation. The service currently provided by the partnership between the EMRTS Cymru and the Wales Air Ambulance is widely supported and well thought of throughout Wales. This world leading service has been independently evaluated and has been found to lead to: • Increased chance of survival (37% reduction in mortality after 30 days)

Section 1 – Preparation		
		• Taking the patients to the right place first time (42% bypassed local hospitals to get to specialist care) • Flying emergency department 63% of patients had treatments at scene previously only available in hospital • Attracting new consultants into Wales - 12 new consultant recruited, attracted to work with the service (as at 2020).
8.	Is the policy/service relevant to "eliminating discrimination and eliminating harassment?"	It is unlikely that this Service Review will have any specific impact on this as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted. During Phase 3, the feedback received primarily came from mid and north Wales - over 86% of responses were received from the Powys and Betsi Cadwaladr health board areas. Overall, respondents have indicated that they believed there would be an effect on those with protected characteristics, most significantly for disability, pregnancy and age.  The responses received during phase 3 showed a perception amongst responders, particularly from mid and north Wales of adverse impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh language.

Section 1 – Preparation		
		There remains a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999. There is a perception that those living rurally would also be disadvantaged. The Review has examined how crews were tasked and were assured that there were no questions within the dispatch protocols that related to equalities characteristics or impacted on those living in rural areas across Wales. Dispatch is based on clinical need alone – decisions are made by EMRTS critical care practitioners. The EMRT Service responds to the highest clinical urgency regardless of any protected characteristics. This is in line with the policies and procedures approved by the Welsh Ambulance Services NHS Trust who operate the clinical control centre in Cwmbran where the EMRTS Critical Care Hub is based. In the event of an EMRTS resource not being available, incidents are 'highlighted' as the potential next tasking. However, that decision is dynamic and is dependent on many factors including when the next resource is available, the location of the incident and the clinical need of incoming calls through the 999 system. It is unlikely that adverse impacts relating to people with protected characteristics would impact differently from the general population should the bases be moved. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted. However, the CASC recognises the strength of belief in specific areas in relation to the impact on people with protected characteristics and also specifically in relation to rural areas. It is anticipated that the EMRT Service will have specific commissioning intentions to improve the communications to the population of Wales to better understand what the service is and how the service is provided. The issues raised in relation to rural services will also be an area of focus for the commissioning of all ambulance services.

Section 1 – Preparation		
		The recommendations do not change the way patients receive the EMRTS Service. This is a clinically led service, it accounts for about 1% of all of the 999 calls received by the Welsh Ambulance Services NHS Trust (WAST) and provides pre hospital critical care services to the population of Wales. All calls are screened at the EMRTS Critical Care Hub based in the WAST call centre where an EMRTS critical care practitioner and dispatcher work together to dispatch crews. However, in terms of the rapid response vehicle usage (when helicopters are unable to fly) for the population coverage at 90 minutes further mitigation is required to ensure no diminution of service compared to the status quo. For example, if there is a risk that for example parts of western Betsi Cadwaladr or north Powys areas may experience reduced access to the service when the helicopter cannot fly due to bad weather and because the RRV is now located further away – the mitigation for this risk is identified within recommendation 4 as follows: **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.
9.	Is the policy/service relevant to "promoting equality of opportunity?"	It is unlikely that this Service Review will have any specific impact on those with protected characteristics as the service is provided to all based on clinical need alone. However, as data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics this cannot be discounted. The original service development proposal suggested that more patients could receive a service and this could be argued as promoting equality of opportunity. This finding has also be identified within the EMRTS Service Review and the impact on those people not receiving a service which has been investigated further. As part of the formal engagement process held in Phase 1, EASC agreed and the following reasons were used with the public agree as a way to help decide what to do next:

Section 1 – Preparation		
		1. **Health gain** • EMRTS should be as efficient and effective as possible and as many people as possible should get a service • Before any change happens, there must be a plan for EMRTS to be able to carry on as now 2. **Equity** • Everyone in Wales should have fair / same (equitable) access to the service • An effective road response is important especially when the helicopters can't fly and to provide improved cover during the hours of darkness. • We should have more aircraft able to land wherever needed when it is dark. 3. **Clinical skills and sustainability** • It is very important that we look after the staff and make sure there is good training available for staff to make the best use of their advanced skills 4. **Value for money** • If we want to develop services, we must make sure they provide value for money 5. **Affordability** • As a minimum, we should spend the same as we do now. Phase 1 provided the following documents in Welsh and English https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/ • EMRTS Service Review Technical Document • Everyday summary • Easy Read version • Engagement presentation slides Supporting documents included https://easc.nhs.wales/engagement/sdp/supporting-documents-phase-1/ : • EMRTS Service Development Proposal (as presented to EASC 8 November 2022) • EMRTS Service Development Proposal cover report • EMRTS Service Development proposal. At the phase 1 meetings a presentation was used and was provided to all meetings in English only. Simultaneous translation into Welsh was available at all meetings.

Section 1 – Preparation		
		A bilingual handout (Have your say / Dweud eich Dweud) was offered to all members of the public with all of the ways to get in touch with the team and register their issues. Hard copies of the questionnaire developed by the Picker Institute were provided in Welsh and English which included a freepost address. The questionnaire was also available online. **Phase 2** The offer was made for anyone who had specific accessibility requirements to aid participation in the engagement to contact the EASC Team with details for ongoing help and support. Phase 2 provided the following documents in Welsh and English except where identified: https://easc.nhs.wales/engagement/sdp/engagement-documents-phases-1-2/ • Chief Ambulance Services Commissioner's Report • Plain Language Version • Engagement Slides • Frequently asked questions Supporting documents available in Welsh and English except where identified included: https://easc.nhs.wales/engagement/sdp/sdp2/ • 1 History of EMRTS • 2 Engagement What we did and what we heard • 3 Picker Institute Report (English only) • 4 EMRTS Historical Data information pack • 5 Drive time and population coverage • 6 Weather Data (English only) • 7 Optima modelling (English only) At the phase 2 meetings • All venues were accessible; microphones were used to ensure the Public could hear questions and this was checked at venues (mobile microphones purchased in Phase 1 to ensure equity at meetings) hearing loops were used wherever possible • a presentation was used and provided to all meetings in English only (CASC cannot speak Welsh). • Drop in meetings had bilingual staff to meet with members of the public

Section 1 – Preparation		
		• Bilingual staff provided meet and greet services at all venues • Simultaneous translation into Welsh was available at all public meetings. • Hard copies and other formats of the documents were available on request • A bilingual handout (Have your say / Dweud eich Dweud) was offered to all members of the public with all of the ways to get in touch with the team and register their issues • Anyone who had specific accessibility requirements to aid participation in the engagement were asked to contact the EASC Team with details for assistance.  Dweud eich Dweud for the tables.docx **Phase 3** In building on the work in Phase 1 and 2, the Option Appraisal Workshop used the Factors and Weightings discussed with the public (in Phases 1 and 2) and agreed by EASC to undertake the work with health boards and develop the Preferred Option. The Phase 3 engagement asked the public to 'Have your say on the Preferred Options A and B'. Documents available: Chief Ambulance Services Commissioners Report Phase 3 (Engagement Document) Here https://easc.nhs.wales/engagement/sdp/p2ep1/phase-3-final-document/ Equality Impact Assessment - Here https://easc.nhs.wales/engagement/sdp/p2ep1/final-equality-impact-assessment-easc-emrts-service-review-phase-3/ Phase 3 Engagement Document Easy Read version Here https://easc.nhs.wales/engagement/sdp/p2ep1/welsh-air-ambulance-consultation-easy-read/ Phase 3 Engagement Questionnaire Easy Read version Members of the Public were able to respond using a number of formats identified on Page 4.

Section 1 – Preparation		
		It is unlikely that the EMRTS Service Review will have any specific impact on this. However, the approach to all of the engagement phases has been open, honest and transparent and every effort made to engage meaningfully with the public in the language of their choice. The strength of public feeling particularly in Powys and the Caernarfon area is recognised and valued. It is understood that change is concerning for people and the service is highly valued and 'owned' in these locality areas. However, the service commissioned by EASC is an all Wales highly specialist pre hospital critical care service and hence the Service Review is being considered by the Emergency Ambulance Services Committee to consider if any changes need to be made for the benefit of the whole population of Wales. Updates to EASC meetings (all available online) at https://easc.nhs.wales/the-committee/meetings-and-papers/: May 2023  2.4 EMRTS Service Review Update_EASC July 2023 – emerging themes reported  2.5 EMRTS Service Review Update_EASC September 2023 – plans for Phase 2 engagement  2.4 EMRTS Service Review Update_EASC November 2023 – received feedback from Phase 2  2.4 EMRTS Service Review Update_EASC
10.	Is the policy/service relevant to "promoting good relationships and positive attitudes?"	

Section 1 – Preparation		
		December 2023 – approved Phase 3  2.4 EMRTS Service Review Update_EASC January 2024 -  2.4_ EMRTS Service Review Update_EASC **Other arrangements** All EASC meetings apart from May 2023 were live streamed (since November 2022) and remain available on the website. The recording for the May meeting was corrupt and could not be used. Engagement Report (Link to follow) EMRTS Service Review (Link to follow) EMRTS Service Review EASC report (link to follow) **Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics.** As part of the work, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov (see Section 7). The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. This was reported in August 2023 and is available here: easc.nhs.wales/engagement/sdp/sdp2/supporting-document-3-picker-institute-report/

Section 2. Impact

Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

It is unlikely that the EASC EMRTS Service Review will have a specific impact on people due to their age. The all-Wales highly specialist critical care service is provided to the patient whenever or wherever they need it. An easy read or plain language version was developed for the engagement materials to support people of any age.

During the feedback on the Phase 3 engagement, of the 568 respondents, 193 believed that people would be affected due to their age (third largest group). Despite reassurances given during public meetings in the previous phase, the public who responded believed there would be an impact. This was identified in the previous EIA as the risk of cardiac arrest (one of the main mission categories) increases with age and is also associated with higher levels of deprivation. This concern is recognised and understood. The service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics although the age range of all patients is provided below from actual mission data. The public should feel assured that should they require the service it would attend to each and every patient regardless of age. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

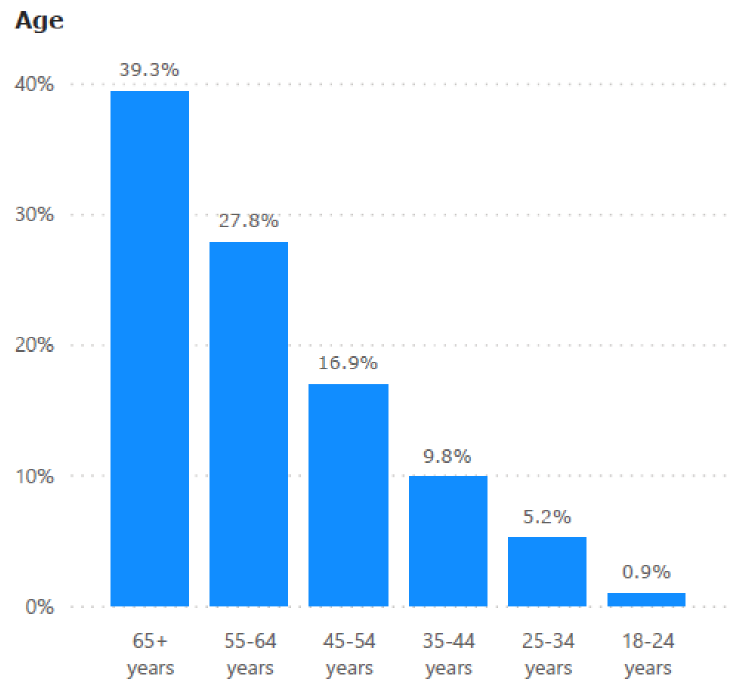
From **Appendix 3** – the age profile of the most numerous responders in Powys (last 2 columns) appears to be a consistently higher percentage than the remainder of Wales.

Age	Abertawe Bro Morgannwg		Aneurin Bevan		Betsi Cadwaladr		Cardiff and Vale		Cwm Taf		Hywel Dda		Powys Teaching	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
Age 45 to 59	103,232	19.9	116,609	20.2	138,201	20.1	86,535	18.3	57,835	19.7	78,251	20.5	28,570	21.5
Age 60 to 64	33,594	6.5	37,878	6.6	49,884	7.3	24,985	5.3	19,233	6.6	28,447	7.4	10,864	8.2
Age 65 to 74	49,787	9.6	54,913	9.5	74,070	10.8	35,072	7.4	27,335	9.3	43,141	11.3	16,232	12.2
Age 75 to 84	31,683	6.1	33,505	5.8	45,896	6.7	23,484	5.0	16,291	5.6	26,649	7.0	9,926	7.5
Age 85 to 89	8,164	1.6	8,542	1.5	11,830	1.7	6,837	1.4	4,158	1.4	7,144	1.9	2,685	2.0
Age 90 and over	4,083	0.8	4,246	0.7	6,529	0.9	3,214	0.7	2,085	0.7	3,640	1.0	1,403	1.1

The table below shows the year age profile by bands/percent for 2019-2023 inclusive (Source – EMRTS Team mission information). Age profile per HB area attached at **Appendix 3**.

Age group	Percentage in age groups 2019-2023
0-4	6.3%
5-9	1.9%
10-14	3.0%
15-19	4.6%
20-24	5.2%
25-29	5.4%
30-34	5.6%
35-39	6.1%
40-44	5.8%
45-49	6.3%
50-54	7.3%
55-59	8.8%
60-64	8.0%
65-69	7.2%
70-74	6.1%
75-79	6.3%
80-84	3.6%
85-89	1.7%
90-94	0.6%
95-99	0.1%
Total	**100.0%**

The age range of responders in Phase 3 was as follows:



Low numbers of responses were received from people aged less than 45 years, amounting to 15.9% of all responses although this age group are over 28% of those who have needed the EMRT Service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot weekly reports throughout the 4 weeks recognised that the highest age group of responders was over 65 years which was of interest particularly considering the concerns in relation to this age group potentially being digitally excluded. The composite number included all methods of response and therefore may reflect positively on the choices offered to call, email, write or use the online opportunities.

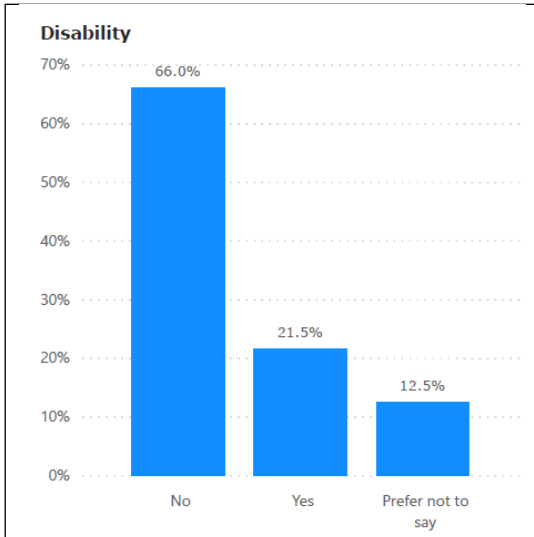
In terms of those in the below 45 years age group, the health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

It is unlikely that the EASC EMRTS Service Review will have an adverse impact on people because of their disability. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all-Wales service is provided to the patient whenever or wherever they need it.

Engagement resources were developed in line with the requests from the public during all Phases – for example, summary documents, plain language documents and all of the supporting information, particularly that data should be provided unredacted which was met. Venues used for engagement activities were accessible and all engagement materials were available in whatever format members of the public required. The main resources were (at least) bilingual and had a summary, plain language and more comprehensive documentation which was in line with the requests heard during the engagement.

During the feedback on the Phase 3 engagement, 257 respondents (almost ½) believed that people with disabilities would be adversely affected. This could include as previously identified in relation to the EMRTS mission categories that for Falls: there was an increased risk of falling with age and could be more common amongst those experiencing disabilities and health conditions associated with gait and mobility including neurological conditions. Responses were are follows:



This concern is recognised and understood. The EMRT Service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The public should feel assured that should they require the service it would attend to each and every patient regardless of any disability. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports throughout the 4 weeks identified that at least 20% of respondents consistently identified themselves as having a disability.

The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Does the policy impact on people because of their caring responsibilities?

The service will not have specific impact on people due to caring responsibilities. However, a small number of staff could be affected if the base changed (no decision has yet been made); this would managed on an individual basis in line with the reasonable adjustments requirements.

The EASC EMRTS Service Review itself does not impact as it is a review of the EMRTS service which is an all-Wales service provided to the patient whenever or wherever they need it.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc.)

It is unlikely that EMRTS Service Review will have specific impact on people because of gender reassignment. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including gender reassignment. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 32 respondents believed that the change would impact on people because of gender reassignment and they would be adversely affected by the change.

This concern is recognised and understood as a belief held by some members of the public. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

The public should feel assured that should they require the service it would attend to each and every patient regardless whether have undergone gender reassignment. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their being married or in a civil partnership?
Impacts in this area are rare, but it can intersect with gender discrimination. Whether an individual is married or not should not impact any aspect of the way they are treated.

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their being married or in a civil partnership. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics. The all Wales service is provided to the patient whenever or wherever they need.

During the feedback on the Phase 3 engagement, 34 respondents believed that people being married or in a civil partnership would be adversely affected by the change. This concern is recognised as a belief that some members of the public hold. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.
The public should feel assured that should they require the service it would attend to each and every patient regardless of their marital or civil partnership status. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

It is unlikely that EASC EMRTS Service Review will have specific impact on people because of their being pregnant or having recently had a baby. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including related to pregnancy or recent birth. The all-Wales service is provided to the patient whenever or wherever they need it. Should a pregnant woman have a life threatening condition the impact could be positive for the individual.

During the feedback on the Phase 3 engagement, 198 respondents (the second largest area) believed that the service would impact women because of their being pregnant or recently having a baby and they would be adversely affected by the change.

This concern is recognised and understood. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub.

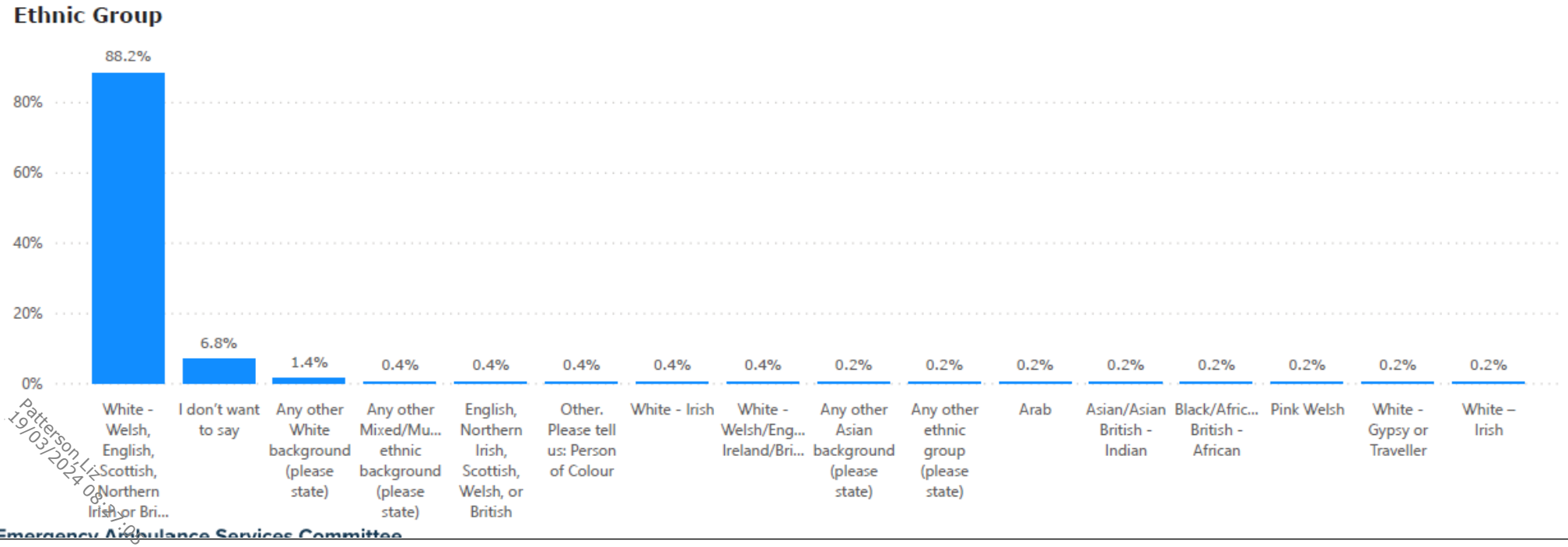
The public should feel assured that should they require the service it would attend to each and every patient regardless of whether pregnant or having recently had a baby. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their race. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 38 respondents believed that the service would impact on people because of their race. The ethnicity of respondents was collected and showed that 88.2% of respondents identified themselves as being White (Welsh, English, Scottish or Northern Irish/British) 6.8% preferred not to say; other groups had very low numbers.

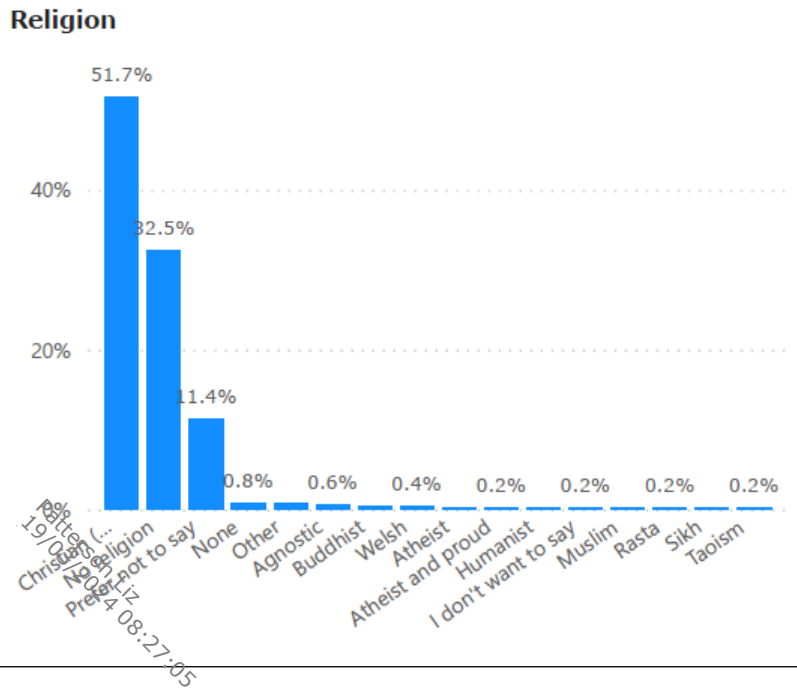


This concern is recognised and understood. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of their race or ethnicity. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports throughout the 4 weeks recognised that the majority of responders identified as being white, with very low numbers for black, Asian or other ethnic groups. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups)
It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their religion, belief or non-belief. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including relating to religion. The all-Wales service is provided to the patient whenever or wherever they need.

During the feedback on the Phase 3 engagement, 28 respondents believed that the service would impact on people because of their religion, belief or non-belief.



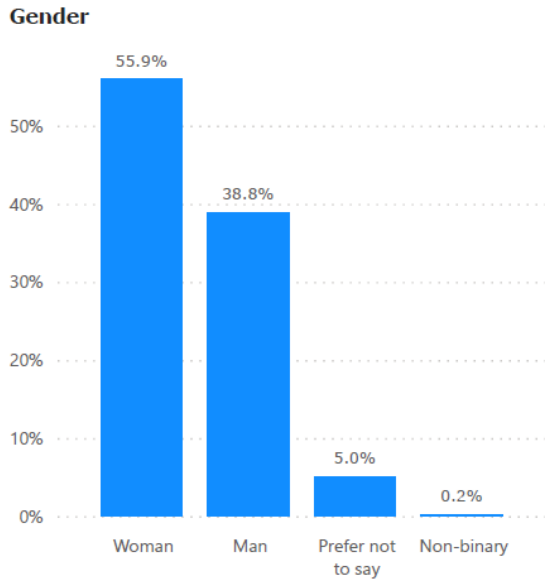
This concern is recognised and understood as something members of the public believe. It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of religion, belief or non-belief. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements.
The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on men and women in different ways? *Do men and women have different needs and commitments that need to be considered. Are their respective roles fully considered in work-life balance policies etc.*

It is unlikely that the EASC EMRTS Service Review will have specific impact on women or men. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics related to gender. The all-Wales service is provided to the patient whenever or wherever they need it.

The service does impact on men and women in slightly different ways in terms of actual missions, almost consistently 2/3rd of all patients are men. However, more women than men responded to the engagement and gave feedback



Missions

	Male	Female	Paediatric	Median	Age Range
2015-2016	69%	31%	16%	47	0-97
2016-2017	70%	30%	27%	46	0-98
2017-2018	68%	32%	Not available	46	0-96
2018-2019	67%	33%	12%	45	0-97
2019-2020	66%	34%	12%	49	0-101
2020-2021	66%	34%	9%	Not available	Not available
2021-2022	68%	32%	14%	Not available	Not available
2022-2023	67%	33%	Not available	Not available	Not available

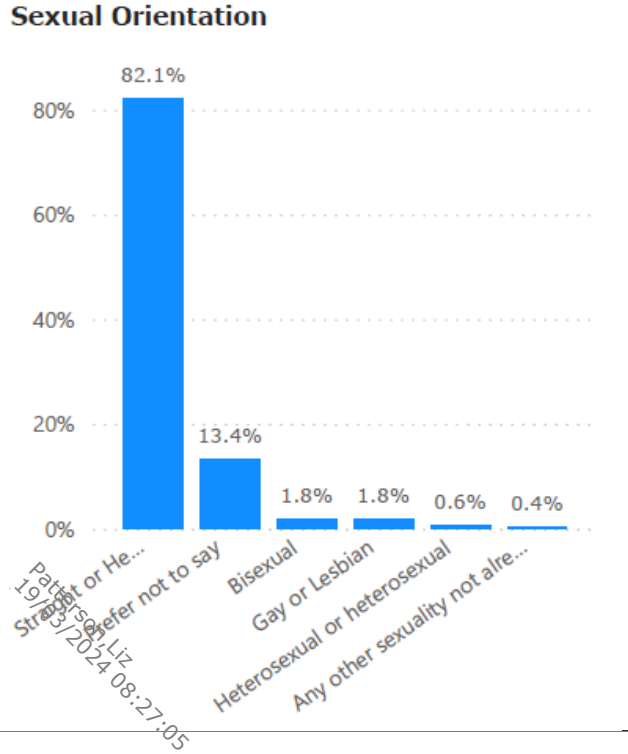
It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of gender. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their sexual orientation. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including for sexual orientation. The all-Wales service is provided to the patient whenever or wherever they need it.

During the feedback on the Phase 3 engagement, 32 respondents believed that the service would impact on people because of their sexual orientation.



It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of sexual orientation. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements.
The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Do you think that the policy/service impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc).

It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their use of the Welsh language. However, data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics including for the Welsh Language. The all-Wales service is provided to the patient whenever or wherever they need. As the service is provided by highly trained specialist staff not all can speak in Welsh. All posts recruited have the ability to speak Welsh as desirable and every effort would be made to accommodate patients in the language of choice. However, this is a critical care life-saving service and this would be paramount. All engagement documents are bilingual.
During the feedback on the Phase 3 engagement, 78 respondents believed that the service would impact on people because of their Welsh Language.

It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of their Welsh language. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service.

Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.
The Welsh government has introduced a new Socio-economic duty effective from April 2021. It asks us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage. It is unlikely that the EASC EMRTS Service Review will have specific impact on people because of their socio-economic disadvantage. The all Wales service is provided to the patient whenever or wherever they need. The service does attract new consultants to Wales, which may have a socioeconomic impact on specific localities. During the feedback on the Phase 3 engagement, many respondents believed that there would be an impact on rural areas. As previously raised in terms of the main mission categories for the EMRT Service Road incidents: there is evidence that socio-economically deprived areas suffer more than affluent areas in terms of road incidents. Road traffic related injuries, particularly for child pedestrians, are among the greatest of all health inequalities, with much higher rates in children from families led by parents in unskilled employment or from deprived neighbourhoods (source: EM template for sub leg (senedd.wales)) It is feasible that this relates to the belief that any change would lead to a loss of an emergency service which is currently provided specifically in rural areas. However, the service provided is based on clinical need and assessed by an expert critical care practitioner within the EMRTS Critical Care Hub. The public should feel assured that should they require the service it would attend to each and every patient regardless of where they live. The aim of the Review is to provide services to as many people as possible and particularly meet those people who current do not receive a service. Health board engagement leads were part of the engagement process and received weekly updates on the progress of the engagement. These snapshot reports were shared throughout the 4 weeks of engagement with a composite report at the end. The health boards shared the engagement opportunity with their local groups as per their local arrangements. The Chief Ambulance Services Commissioner also attended a number of health board Stakeholder Reference Groups to explain the work and answer queries and questions.

Other considerations

- Future Generations Act

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.	People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality Concerns about weather, more frequent flooding affecting ability for road responses.
A resilient Wales	People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services. During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents.

Wellbeing Goal	Considerations	Examples of Feedback
	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).	Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe. Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, this from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services.

Wellbeing Goal	Considerations	Examples of Feedback
	harm caused by alcohol and or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.	There's concern that any base moves could negatively affect other emergency responders in the Powys area. Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre hospital critical care service meant that many believed this was very important as they did not have a district general hospital
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances). People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities	Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high end service seemed to escalate the perceived impact. A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of cohesive communities	People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos Attractive, viable, safe and well-connected communities.	Local communities visited had a high level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain. There was balance, that the service should see as many people as possible, as long as this did not move the base. Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they believed the service was closing and there would not be a service. Despite reassurances this message appears to be unheard. Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation. People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually There are opportunities to continue to support and develop the service through the medium of Welsh.
A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work. People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working conditions	People raised the dangerous occupations regularly Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.

- Duty of Quality – clearly a consideration as we know that the EMRTS provides life saving pre hospital critical care services and the aim to see as many patients as possible.
- Healthcare Impact Assessment – to be confirmed and considered further
- Social Wellbeing Wales Act 2014
- Public sector equality duty (under the Equality Act 2010)

Section 3 Outcome	
Summary of Assessment: **Please summarise Equality issues of concern and changes that will be made to the service development accordingly.**	It is recognised that people in protected characteristic groups are likely to be impacted by any change more than the general population and that in particular children, older people, disabled people and those living with social & economic disadvantage could be disproportionately affected. Intersectionality can also mean that some people receiving the service will have more than one of these protected characteristics and so the impacts on them would be disproportionately greater. Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics and therefore any potential impact cannot be discounted. Also, there are significant numbers of those who responded during Phase 3 who believe that there are adverse impacts on those with protected characteristics. Whilst there is clear evidence of an overall health gain to the people of Wales from the preferred option, there is a possible likelihood of a moderate downside impact as it is recognised that during periods when the air ambulance helicopter is unable to fly (e.g. due to very poor weather conditions) then communities located closer to the current bases in Welshpool and Caernarfon may experience a reduced service during these "no fly" periods than now because of the increased distance for RRV response. An implementation plan will need to be developed if the recommendations are approved by EASC particularly in recognition that increased need for EMRTS may be associated with factors such as age, deprivation and disability. Importantly, the implementation plan would need to consider the impact on EMRTS staff.

Section 3 Outcome	
	Also, the plan will need to specifically include communications and engagement with the public to better understand and trust the partnership service once more. The aim of the Review is to use the existing resources to provide services to those who currently need it but don't receive it (2-3 a day) and therefore this consideration is influential for decision making (those 'unmet need' patients may also have protected characteristics). An example of this would be that approximately 530,000 people in north Wales would not receive a response during the hours of darkness within 60 minutes. Given the responses from the public there is a need for commissioners to address this matter and the strong beliefs of the public during this recent engagement phase.
Please indicate whether these changes have been made.	This document and equality impact assessment has provided an opportunity to demonstrate that any potential downside impacts have been considered with particular reference to protected characteristics so that proportionate mitigating actions can be considered. Also, to clarify whether there was any suggestion that any parts of Wales would see any aspect of a diminution of service compared to now. **The final 4 recommendations are as follows:** **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Section 3 Outcome	
	Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report. **Recommendation 3 -** The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements. **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas. These recommendations will be presented and considered by the Emergency Ambulance Services Committee (a joint committee of health boards) on 19 March 2024 prior to consideration by health boards. A final meeting of EASC will be held on 28 March 2024.
Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.	As a result of the engagement process, the Chief Ambulance Services Commissioner was struck by what he heard primarily in small community areas in mid and north Wales. As the process has evolved further mitigations have been considered and are shared as recommendations in the EMRTS Service Review as above.
Who will monitor this EIA and ensure mitigation is undertaken	This remains a partnership approach between the commissioners at EASC (Health Boards), EASC Team, EMRTS Team and Wales Air Ambulance Charity
CTMUHB Equality Team	**Sent to CTMUHB** **Signed Gwenan Roberts** **Date 11 March 2024** **Actioned:**

Appendix 1

Equity Table 1: Population Coverage – Road (Population of Wales 3.137m)

Option	Hours	Bases Available	Population 30m	Population 60m	Population 90m
2A Welshpool 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Caernarfon	1,447,276	2,343,954	2,471,716
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Welshpool	927,155	1,569,711	1.619,843
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
2B Caernarfon 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	1,419,482	2,264,179	2,235,983
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Caernarfon	954,949	1,649,487	1,655,576
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
3D North Central Wales near A55 08:00 – 02:00	08:00 – 1400	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	1,616,598	2,430,303	2,556,938
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	1,616,598	2,430,303	2,556,938
	20:00 – 02:00	Cardiff, North Central Wales near A55	1,124,271	1,735,836	1,740,798
	02:00 – 08:00	Cardiff	878,191	1,479,071	1,484,004
4C Improve 3D, add car shift 2000-0800 (Wrexham)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	1,616,598	2,430,303	2,556,938
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	1,616,598	2,430,303	2,556,938
	20:00 – 02:00	Cardiff, North Central Wales near A55, Wrexham	1,362,413	1,982,722	1,987,698
	02:00 – 08:00	Cardiff, Wrexham	1,116,333	1,725,957	1,730,904
5C Improve baseline, add car shift 2000-0800 (Caernarfon)	08:00 – 20:00	Cardiff (7am start), Dafen (7am start), Caernarfon, Welshpool	1,496,240	2,434,594	2,607,555
	20:00 – 08:00	Cardiff, Caernarfon	954,949	1,649,487	1,655,576
6C Improve 2B, add car shift 2000-0800 (North Central Wales near A55)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	1,419,482	2,264,179	2,235,983
	14:00 – 20:00	Cardiff, Dafen, Welshpool, Caernarfon	1,496,240	2,434,594	2,607,555
	20:00 – 02:00	Cardiff, Caernarfon, North Central Wales near A55	1,201,029	1,906,252	1,912,370
	20:00 – 08:00	Cardiff, North Central Wales near A55	1,124,271	1,735,836	1,740,798

Appendix 2
Equity Table 2: Population coverage – Air

Option	Hours	Bases Available	Population 30m	Population 40m (night)	Population 60m
2A Welshpool 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Caernarfon	**3,136,070 *(99.97%)***	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Welshpool	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	**2,606,214 *(83.1%)***	-
2B Caernarfon 14:00 – 02:00	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	**3,098,068 *(98.75%)***	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Caernarfon	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	**2,606,214 *(83.1%)***	-
3D North Central Wales near A55 08:00 – 02:00	08:00 – 1400	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	3,137,127	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, North Central Wales near A55	-	3,137,127	-
	02:00 – 08:00	Cardiff	-	**2,606,214 *(83.1%)***	-
4C Improve 3D, add car shift 2000-0800 (Wrexham)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), North Central Wales near A55	3,137,127	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, North Central Wales near A55	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, North Central Wales near A55, Wrexham	-	3,137,127	-
	02:00 – 08:00	Cardiff, Wrexham	-	3,137,127	-
5C Improve baseline, add car shift 20-08 (Caernarfon)	08:00 – 20:00	Cardiff (7am start), Dafen (7am start), Caernarfon, Welshpool	3,137,127	3,137,127	3,137,127
	20:00 – 08:00	Cardiff, Caernarfon	-	3,137,127	-
6C Improve 2B, add car shift 20-08 (North Central Wales near A55)	08:00 – 14:00	Cardiff (7am start), Dafen (7am start), Welshpool	**3,098,068 *(98.75%)***	3,137,127	3,137,127
	14:00 – 20:00	Cardiff, Dafen, Welshpool, Caernarfon	3,137,127	3,137,127	3,137,127
	20:00 – 02:00	Cardiff, Caernarfon, North Central Wales near A55	-	3,137,127	-
	20:00 – 08:00	Cardiff, North Central Wales near A55	-	3,137,127	-

Appendix 3

KS102EW - Age structure

ONS Crown Copyright Reserved [from Nomis on 31 January 2024]
population All usual residents
units Persons
date 2011
rural urban Total

Age	Abertawe Bro Morgannwg		Aneurin Bevan		Betsi Cadwaladr		Cardiff and Vale		Cwm Taf		Hywel Dda		Powys Teaching	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents	518,013	100.0	576,754	100.0	687,937	100.0	472,426	100.0	293,212	100.0	382,138	100.0	132,976	100.0
Age 0 to 4	28,436	5.5	34,890	6.0	40,037	5.8	29,711	6.3	18,079	6.2	20,566	5.4	6,582	4.9
Age 5 to 7	16,611	3.2	19,663	3.4	22,050	3.2	15,392	3.3	10,015	3.4	11,739	3.1	3,959	3.0
Age 8 to 9	10,723	2.1	12,685	2.2	14,049	2.0	9,606	2.0	6,244	2.1	7,662	2.0	2,681	2.0
Age 10 to 14	29,603	5.7	35,750	6.2	38,980	5.7	26,440	5.6	17,361	5.9	21,667	5.7	7,947	6.0
Age 15	5,948	1.1	7,359	1.3	8,237	1.2	5,658	1.2	3,555	1.2	4,687	1.2	1,724	1.3
Age 16 to 17	12,569	2.4	15,795	2.7	17,148	2.5	11,317	2.4	7,453	2.5	9,366	2.5	3,463	2.6
Age 18 to 19	14,449	2.8	14,497	2.5	16,965	2.5	17,047	3.6	7,698	2.6	11,405	3.0	2,780	2.1
Age 20 to 24	36,866	7.1	35,396	6.1	42,001	6.1	45,560	9.6	20,137	6.9	25,499	6.7	6,465	4.9
Age 25 to 29	32,700	6.3	34,298	5.9	37,376	5.4	37,484	7.9	18,988	6.5	19,005	5.0	5,877	4.4
Age 30 to 44	99,565	19.2	110,728	19.2	124,684	18.1	94,084	19.9	56,745	19.4	63,270	16.6	21,818	16.4
Age 45 to 59	103,232	19.9	116,609	20.2	138,201	20.1	86,535	18.3	57,835	19.7	78,251	20.5	28,570	21.5
Age 60 to 64	33,594	6.5	37,878	6.6	49,884	7.3	24,985	5.3	19,233	6.6	28,447	7.4	10,864	8.2
Age 65 to 74	49,787	9.6	54,913	9.5	74,070	10.8	35,072	7.4	27,335	9.3	43,141	11.3	16,232	12.2
Age 75 to 84	31,683	6.1	33,505	5.8	45,896	6.7	23,484	5.0	16,291	5.6	26,649	7.0	9,926	7.5
Age 85 to 89	8,164	1.6	8,542	1.5	11,830	1.7	6,837	1.4	4,158	1.4	7,144	1.9	2,685	2.0
Age 90 and over	4,083	0.8	4,246	0.7	6,529	0.9	3,214	0.7	2,085	0.7	3,640	1.0	1,403	1.1

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies.

Final Report

Emergency Medical Retrieval and Transfer Service Review

MARCH 2024

Stephen Harrhy
Chief Ambulance Services Commissioner

2. Contents

3. Supporting Documents

The Report is supported by documents that readers should consider alongside this Report.

For ease of reference a full list has been provided below.

All documents are available on the following page: **https://easc.nhs.wales**

1. EASC EMRTS SDP Presentation
2. EMRTS Service Development Proposal Cover Paper
3. EMRTS Service Development Proposal
4. EMRTS Service Review Technical Document
5. Everyday Summary
6. Easy Read EMRTS Service Review
7. Engagement Event Presentation Slides
8. EQIA - EASC EMRTS Service Review January 2023
9. Frequently Asked Questions
10. Chief Ambulance Commissioner's Report
11. Chief Ambulance Commissioner's Report Plain Language Version
12. Chief Ambulance Commissioner's Phase 2 Engagement Slides
13. Phase 2 Frequently Asked Questions
14. EQIA - EASC EMRTS Service Review Sept 2023
15. Supporting Document 1 History of EMRTS
16. Supporting Document 2 Engagement What We Did and What We Heard
17. Supporting Document 3 Picker Institute Report
18. Supporting Document 4 EMRTS Historical Data Information Pack
19. Supporting Document 5 Drive Time and Population Coverage
20. Supporting Document 6 Weather Data
21. Supporting Document 7 Optima Modelling
22. Chief Ambulance Commissioner's Report Phase 3
23. EQIA - EASC EMRTS Service Review January 2024
24. Phase 3 Engagement Document Easy Read
25. EMRTS Options Appraisal Document
26. EMRTS Options Appraisal Summary
27. EASC Current and Past Papers

4. Foreword

I am pleased to present this Report as the culmination of an extensive review of the Emergency Medical Retrieval and Transfer Service (EMRTS).

The air ambulance service in Wales is a unique partnership between the Wales Air Ambulance Charity (WAAC) and the clinical teams of EMRTS.

It is a specialised pre-hospital critical care service that delivers excellent patient outcomes and is highly regarded by public and stakeholders alike.

It is a service that the people of Wales are rightly proud of and feel well-served by.

As the Chief Ambulance Services Commissioner for Wales, I have a duty and obligation to look at how this service can be further improved for those patients who need it.

Likewise, the Charity has a responsibility of making the best possible use of the funds that they have for everybody across Wales, wherever they are.

As a result of queries and concerns raised from the initial EMRTS Service Development Proposal in November 2022, it was agreed that work would start afresh as the EMRTS Service Review.

The purpose of this review is to ensure that as many people as possible benefit from improved clinical outcomes by making the best use of the clinical teams across Wales.

An extensive engagement and listening exercise has provided valuable insights for me to consider and take on board in the development of recommendations for the future of EMRTS in Wales.

I have heard and read countless patient stories, been struck by how valued this critical care service is and how worried by change people are. These stories have been powerful reminders of why we need to continually adapt to meet patient needs.

It has also provided rich intelligence about broader health system issues. This has been integral to the review process and I have been able to feed this back to health boards.

Alongside this feedback I have also analysed historical data, modelled scenarios and undertaken an option appraisal workshop.

There are opportunities for the Charity, EMRTS, NHS Wales and the public to work together to ensure we have a service that continues to deliver and develop effectively for the communities of Wales.

I would like to take this opportunity to thank the public, everyone in the EASC team, the Charity, EMRTS, NHS Wales colleagues, Llais, and every contributor to this review.

Stephen Harrhy
Chief Ambulance Services Commissioner

5. Executive Summary

This Report provides a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales. It outlines the process and methodology used to review the service, covering the following:

- service delivery
- operational efficiency
- stakeholder engagement, and
- analysis of service coverage across Wales.

The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the pre-hospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

5.1 Summary of Findings

Service Overview: EMRTS is Wales's main provider of pre-hospital critical care services. It utilises a mix of consultants, critical care practitioners (CCPs), appropriately equipped helicopters, and rapid response vehicles to deliver specialised hospital-level care directly to patients across Wales. It focuses on significantly improving outcomes for those in life and limb threatening situations.

Current Provision: EMRTS is primarily provided from four bases across Wales, offering a mix of consultants, CCPs, appropriately equipped helicopters, and rapid response vehicles operating across varying hours.

Critical Care Interventions: EMRTS provides advanced interventions beyond standard ambulance services, such as blood product administration, hypertonic saline for brain injuries, limb amputation, perimortem cesarean section, point-of-care testing, pre-hospital anaesthesia, and thoracostomy.

Dispatch Criteria and Process: The dispatch of EMRTS resources is decided by the EMRTS Critical Care Hub based on specific criteria, related to the severity of incidents. Decisions on resource deployment take into account various factors, including proximity and clinical team composition.

Base Activity and Response Time: Data from 2022 identifies the activity for each base and that this is variable. It shows for each health board the distribution of responses from each base.

Population Coverage: EMRTS aims to provide an equitable service across Wales. The entire population has access to air-based assets, road-based coverage is more limited due to road network limitations, topography and base locations.

Air Coverage: During the day, a combination of bases (Caernarfon, Welshpool, Dafen and Cardiff) can provide air coverage for the entire population within 30 minutes (08:00 – 19:00). Post 8pm, northern Wales lacks coverage within 60 minutes, affecting roughly 530,000 people or 75% of the Betsi Cadwaladr University Health Board population.

Road Coverage: Isochrone maps indicate varying population coverage for rapid response vehicles across Wales. After 8pm Cardiff provides the only rapid response vehicle for Wales.

Utilisation: Utilisation rates, which measure resource activity, vary across bases, indicating a better balance between efficiency and service availability is possible.

Unmet Need: Where critical care is required but no resources are available, this is recorded as unmet need, especially after 8pm. 73.7% of unmet need occurs post-8pm across Wales. North Wales has the highest level of unmet need.

Engagement Phases: The report details three phases of engagement from March to June 2023, October to November 2023, and February 2024 aimed at gathering feedback to inform and influence the EMRTS Review.

Operational Scenarios: Six operational scenarios were developed including maintaining the status quo, modifying existing bases, and considering new base locations with and without additional resources.

New North Wales Base Analysis: 1,718 potential locations in Mid and North Wales were assessed for their coverage capabilities. This identified a location south of Rhyl/Rhuddlan as the most effective area showing significant increases in incident coverage.

Modelling Results: The Report presents the results of six modelled scenarios with 20 variations. It focuses on outputs such as dispatches, scene arrivals, unmet needs, overall utilisation, and response durations. Results were shared during the Phase 2 public engagement.

Factors: Five factors, their definitions and weightings were agreed during the public engagement process. These are: Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money.

Options Appraisal: A shortlist of six options were appraised at a workshop. The workshop brought together representatives from health boards and trusts across Wales and included clinical, planning, operational, engagement and finance staff. Members of the Emergency Ambulance Services Committee (EASC) team, EMRTS management and the Wales Air Ambulance Charity were present to provide expert advice only.

Options Appraisal Scoring: Representatives from health boards and trusts were asked to score each option against each factor individually using information circulated prior to the workshop. Individual scores were discussed and a group score agreed. The two top scoring options were taken forward as part of Phase 3 engagement.

Concerns: The report acknowledges public and stakeholder concerns regarding service accessibility and specialisation, suggesting complementary actions to address these alongside the preferred operational changes.

5.2 Equality Impact Assessment (EQIA)

It is recognised that people in protected characteristic groups are likely to be impacted by any change more than the general population and that in particular children, older people, disabled people and those living with social & economic disadvantage could be disproportionately affected.

Intersectionality can also mean that some people receiving the service will have more than one of these protected characteristics and so the impacts on them would be disproportionately greater.

Data regarding EMRTS missions is not available in a format that enables further detailed analysis by equality protected characteristics and therefore any potential impact cannot be discounted.

Also, there are significant numbers of those who responded during Phase 3 who believe that there are adverse impacts on those with protected characteristics.

Whilst there is clear evidence of an overall health gain to the people of Wales from Option A and Option B, there is a possible likelihood of a moderate downside impact as it is recognised that during periods when the air ambulance helicopter is unable to fly (e.g. due to very poor weather conditions) then communities located closer to the current bases in Welshpool and Caernarfon may experience a reduced service during these "no fly" periods than now because of the increased distance for RRV response.

An implementation plan would need to be developed if the recommendation is approved by EASC particularly in recognition that increased need for EMRTS may be associated with factors such as age, deprivation and disability. Importantly, the implementation plan would need to consider the impact on EMRTS staff.

Also, the plan will need to specifically include communication with the public to better understand and trust the partnership service once more.

However, the recommendations within the review mitigate against these.

The aim of the Review is to use the existing resources to provide services to those who currently need it but don't receive it (2-3 a day) and therefore this consideration is influential for decision making (those 'unmet need' patients may also have protected characteristics).

An example of this would be that approximately 530,000 people in north Wales would not receive a response after 8pm within 60 minutes.

5.3 Summary of Recommendations

Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of this Report.

Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.

Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

6. PREFACE

6.1 Purpose

This Report concludes the Emergency Medical Retrieval and Transfer Service (EMRTS) Review instigated by the Emergency Ambulance Services Committee (EASC) at their December 2022 meeting.

The accompanying Final Engagement Report provides a comprehensive overview of the three phases of public and stakeholder engagement that has taken place as part of this review.

The findings and recommendations of the Chief Ambulance Services Commissioner (CASC) are set out within the Report.

6.2 Background

In November 2022, EASC received an EMRTS Service Development Proposal from EMRTS and the Wales Air Ambulance Charity (Charity).

The Proposal, based on data modelling, suggested re-configuring the operational arrangements to provide a more effective service, that could potentially do more within the existing resource by changing the way in which the service was operationally organised.

Specifically, the Proposal identified moving operations from Caernarfon and Welshpool bases into a combined base located in mid-North Wales adjacent to the A55.

The Proposal is available on the following link:

https://easc.nhs.wales/engagement/sdp/supporting-documents/

At this meeting, EASC members raised questions, as well as noted queries and concerns raised by members of the public, politicians, Community Health Council members (now Llais as of 1 April 2023) and community groups in relation to this proposed change affecting Caernarfon and Welshpool bases specifically.

Subsequently, EASC asked the CASC and the wider EASC Team to undertake an impartial review of the service.

The review is independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal.

6.3 Commissioning Requirements

In considering this Report it is helpful to do so with consideration to specific and relevant criteria that EMRTS are expected to comply with as part of their commissioning requirements.

EMRTS through the EMRTS Quality and Delivery Framework are commissioned to deliver an all Wales service.

Consistent with other services commissioned by EASC, commissioning frameworks do not define the geographical location of bases, resource or infrastructure.

The following Care Standards and Core Requirements drawn from the EMRTS Quality and Delivery Framework are particularly relevant to this report:

PCP 3 EMRTS must engage fully with its third sector partner, the Wales Air Ambulance Charity Trust.

PCP 8 EMRTS must ensure that the right resource(s) are dispatched to provide the right type of care for patients.

PCP 9 EMRTS must ensure that, when a response is appropriate, a resource is dispatched without delay.

CR3 Equity - EMRTS must ensure that:

(i) Systems and procedures are in place to ensure that patients have equal access to services regardless of their location

(ii) Systems and procedures are in place to ensure that patients have equal access to services regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

CR6 Safety - EMRTS must ensure that:

(i) Any services it provides to the public, and any patient intervention it undertakes, protects public / patients from avoidable harm and clinical risk

(ii) Systems must be in place to record, investigate, report and learn from incidents and accidents

(iii) The health, safety and wellbeing of patients who receive treatment is not adversely affected by inadequate training, accountability, operational systems or arrangements.

6.4 Commissioning Intentions

In addition to the Commissioning Framework, through the annual Integrated Medium Term Planning process the Committee sets out its Commissioning Intentions for services that outline the Committee's strategic priorities for each planning cycle.

EMRTS Commissioning Intentions 2023-24	
CI1a	Enhanced CCP-led response – Building on the findings of recent winter initiatives and demand and capacity planning undertaken within the service, support the implementation of an enhanced daytime response that will ensure more effective use of resources, improve service quality and the patient experience and provide opportunities for workforce development.
CI1b	Planning – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.
CI3a	Improvement Plan – Develop and implement an improvement plan in response to the EMRTS Service Evaluation Report.
CI4a	Demand and Capacity Strategy – To continue with the work on a collaboratively developed demand and capacity strategy will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include the use of forecasting, modelling and health economic evaluations.

Table 1: Commissioning Intentions

6.5 History

The Charity was incorporated on 19 June 2000 and launched on St. David's Day in 2001. The objective of the Charity at that stage was to provide a paramedic-led air response with the aim of rapidly transferring patients to hospital by air.

The service was first operated from Swansea Airport on the establishment of the Charity with the first aircraft initially working as an 8 hours per day, 5 days per week service then expanding to a 7 day service in July 2002.

A paramedic was based at the North Wales Police helicopter base in Rhuddlan from April 2001 as an interim measure until the second aircraft was established at Caernarfon (Dinas Dinlle) Airport in July 2003.

The service at Welshpool Airport was established in June 2006, with the offer from the aircraft provider of a helicopter for a short period. This third aircraft initially worked as a 5-day service to cover the busy holiday period and then was made a permanent service in January 2007.

In 2015, the Emergency Medical Retrieval and Transfer Service (EMRTS) was established.

The new service created a partnership between the Charity, Welsh Government and NHS Wales, to provide an air and road response that would ensure advanced decision-making and critical care for life and limb threatening emergencies at scene and then transfer for time critical specialist care.

In 2016, Wales Air Ambulance moved from the isolated location of Swansea Airport to a purpose-built facility in Dafen, near Llanelli.

This move gave the service access to a better road network, in particular the M4, which was valuable for emergency responses via car.

In 2018, the Charity take over the long-term lease for Cardiff Heliport, which became home to the Charity's fourth aircraft with 24/7 services being provided for the whole of Wales from this base.

6.6 EMRTS Evaluation

The EMRTS Service Evaluation in 2021, undertaken jointly with Swansea University for the period of April 2015 to April 2020 demonstrated that the service was able to deliver improvements in a range of measurable benefits that were described in the original business case:

Factor	Measurable benefit	Result
Equity	*Introduction and expansion of EMRTS service will reduce the number of emergency interhospital transfers by 30%*	Emergency inter-hospital transfers were reduced by **41%**
	Improved equity of access to pre-hospital critical care in North Wales.	After service introduction, there was more than doubling of the attendance of doctors attending critical incidents in North Wales, and an increase in available key interventions.
	Access to specialist care and interventions	• **42%** of patients bypassed local hospitals to be taken directly to more specialist care. Very few patients attended required secondary transfer. • When the service attended emergency patients, critical interventions were available a median time of **29** minutes faster (air), and **41** minutes faster (road) than via the standard 999 response.
Health Gain	*Critical Care Intervention outside standard ambulance service practice*	• **63%** (6,018) of patients attended received interventions that are outside standard ambulance service practice • **313** patients received blood product transfusions • **790** patients received pre-hospital anaesthesia
	Reduction in mortality	For patients with blunt trauma, the 30-day mortality rate for patients treated by the service was **37%** lower (adjusted odds ratio 0.63 (95% CI 0.41-0.97); p=0.037) than an equivalent population attended by the ambulance service only

Area	Measurable benefit	Result
Clinical Skills and Sustainabilty	*Increased consultant appointments, especially in Emergency Medicine.*	• Twelve new consultants were recruited into Wales due to the attraction of posts that include formal pre-hospital care sessions with EMRTS. • Thirty-two part-time consultants who also work in key specialties in NHS hospitals are employed to deliver the clinical service
	Increased educational intervention to healthcare professionals.	An average of **100** formal training events per year have been delivered and recorded, delivering structured educational interventions to healthcare professionals across NHS Wales.

Table 2: Service Evaluation

6.6 Structure of the Report

This Report is set out over three main sections:

- Explaining the delivery of Pre-Hospital Critical Care in Wales
- Exploring the current problems of Pre-Hospital Critical Care delivery in Wales
- Exploring the solutions to Pre-Hospital Critical Care delivery in Wales

Each section provides a detailed overview of the work and analysis undertaken in the production of this report.

A summary page at the end of each section provides a concise overview of the content and findings of each section.

6.7 Limitations

Data

This Report is provided for informational purposes only and is based on the data and information available at the time of its preparation.

Despite our best efforts to ensure accuracy, completeness, and timeliness, it cannot be guaranteed that the report is free from errors or omissions.

Circumstances, data and information can change over time, which may impact the relevance and accuracy of the Report's contents.

Modelling

Modelling and its outputs are provided for informational and planning purposes only, based on assumptions, data, and information available at the time of creation.

While every effort has been made to ensure the model's accuracy and reliability, it cannot be guaranteed that it will perfectly reflect future conditions or outcomes.

Models are simplifications of reality and thus inherently contain uncertainties and potential inaccuracies.

Users are advised to consider the context, assumptions, and limitations of the model when interpreting its results.

6.8 Technical Note

Personal Identifiable Information

"Personal data is defined in the UK GDPR as: "'personal data' means any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person".

All statistical activities and outputs are subject to the UK Statistics Authority Code of Practice for Official Statistics, the Statistics and Registration Services Act 2007, the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) (2016/679). The GDPR and the Data Protection Act 2018 replaced the 1998 Act from 25 May 2018.

Statistical Disclosure Control

When producing analysis, we need to balance accuracy and timeliness of publication with disclosure control to reduce the risk of identifying individuals from the outputs.

The following steps will be applied to reduce the risk of identifying individuals from small numbers.

- If a total is between 0 and 5 (inclusive)
    - no breakdown will be displayed and the figure displayed as '*'

Data has been sourced from the Welsh Ambulance Services NHS Trust Qlik Business Intelligence platform. Information provided in this report was cross checked with this platform on the 6 October 2023.

7. EXPLAINING THE DELIVERY OF PRE-HOSPITAL CRITICAL CARE IN WALES

7.1 Operating Model

Pre-Hospital Critical Care Services in Wales is primarily provided by Emergency Medical Retrieval and Transfer Service (EMRTS).

A small amount of enhanced and critical care is also provided by a number of voluntary organisations aligned to the British Association for Immediate Care.

EMRTS is a clinically led service, commissioned by EASC and is hosted by Swansea Bay University Health Board.

The service provides a highly trained critical care team comprising consultants (from an emergency medicine, anaesthesia, and intensive care background) and critical care practitioners (CCP) (who are advanced-trained paramedics and nurses).

It operates in partnership with the Charity, who provide helicopters, pilots, response cars and the infrastructure required for the critical care teams to operate across Wales.

The service has two main areas of activity:

- Pre-hospital critical care for all age groups (i.e., interventions/decisions that are outside standard paramedic practice).

- Undertaking time-critical, life or limb-threatening adult and paediatric transfers from peripheral centres for patients requiring specialist intervention at the receiving hospital.

7.2 Service at a Glance

What the Service IS	What the Service is NOT
IS a highly specialised critical care response bringing hospital level care to the patient	**NOT** designed to meet ambulance response times
IS a service that is designed to improve the outcomes of patients experiencing life or limb threatening illness or injury	**NOT** designed to be a safety net for areas of Wales that do not have access to a local hospital
IS a Doctor/CCP or CCP/CCP crew with access to a helicopter or a rapid response vehicle	**NOT** one crew for helicopters and one crew for rapid response vehicles, nor has a Doctor on each base.
IS a service for the whole of Wales, meaning any resource at any base can respond to any part of Wales.	**NOT** a service providing defined geographical response e.g. there is not mid-Wales air ambulance service
IS designed to bring specialist critical care expertise to the scene and start life-saving treatment sooner	**NOT** a fast ambulance that gets you to hospital quickly or to bring a patient to a hospital within a 'golden hour'

Table 3: Service at a glance

7.3 Flight Types

EMRTS undertake flights under two types of operation:

- **Helicopter Emergency Medical Services (HEMS)** – this type of flight allows for specific Civil Aviation Authority (CAA) dispensations (risk alleviations) to be granted in recognition of an emergency situation

- **Air Ambulance** – this type of flight is considered a normal transport task and so does not attract any of the risk alleviations present in HEMS flights i.e. a non-emergency routine long-distance transport / repatriation.

To provide a road ambulance analogy:

- If called to an emergency: an ambulance would proceed at great speed, sounding its siren and proceeding against traffic lights - thus matching the risk of operation to the risk of a potential death (= HEMS flights)

- For a transfer of a patient (or equipment) where life and death (or consequential injury of ground transport) is not an issue: the journey would be conducted without sirens and within normal rules of motoring - once again matching the risk to the task (= air ambulance flights).

It is for the medical professional to decide between HEMS or air ambulance and not the pilot.

7.4 Current Provision

Table 3 below demonstrates the current operational set up of EMRTS. The service is provided primarily from 4 bases in Wales.

Base	Hours	Crew Mix	Resources
Caernarfon	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP*	Access to helicopter and rapid response vehicle
Welshpool	08:00 - 20:00	1 x Consultant & 1 x CCP or 2 x CCP*	
Dafen	07:00 - 19:00	1 x Consultant & 1 x CCP	
Cardiff Day	08:00 - 20:00	2 x CCP or 1 x CCP & HTP**	
Cardiff Night	20:00 - 08:00	1 x Consultant & 1 x CCP	

Table 4: Current Operational Provision

*Agreed hybrid model with one Consultant and a CCP at the North or Mid Wales base and two CCPs at the other.
** HTP = Helicopter Transfer Practitioner.

7.5 Map of current base locations

Image 1: Operational Map

7.6 Critical Care Interventions

EMRTS provides advanced pre-hospital critical care interventions that are typically above that provided by the ambulance services.

Examples include:

Blood Products - Ability to give blood and blood products. Any patient with a rapid bleed, trauma, obstetric, medical GI bleeding etc.

Hypertonic Saline 5% - Signs of actual or impending herniation (signs of coning) resulting from traumatic or non-traumatic brain injury.

Limb Amputation - A surgical procedure to remove a limb.
Indicated for rapid extrication of a critically ill patient when there are no other rapid options.

Neonatal CPAP - Support of the distressed neonate (particularly in premature labours).

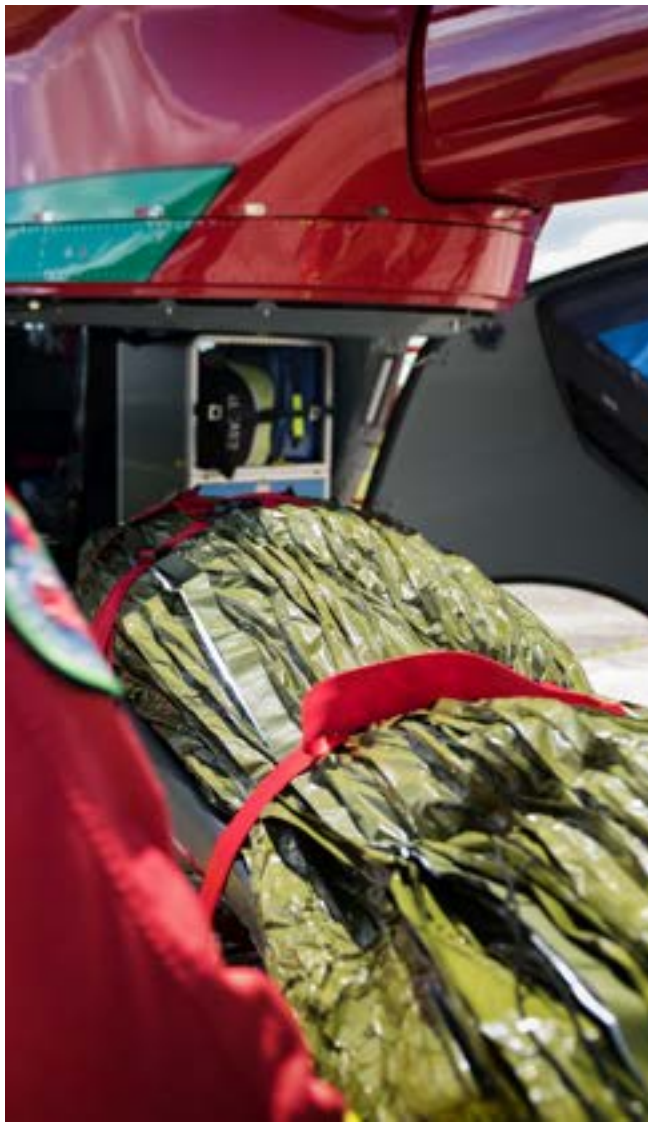
Perimortem Caesarean Section - Performance of an emergency caesarean section. To improve the cardiovascular status of a pregnant patient who is in traumatic or medical cardiac arrest.

Point-of-care Testing - Blood gas and blood analysis at scene. INR testing, carbon monoxide testing.

Pre-hospital Anaesthesia - The ability to anaesthesia a patient in order to intubate and ventilate. Airway compromise, respiratory failure, neurological compromise like unconsciousness.

Thoracostomy - Decompression of the chest using a scalpel and finger thoracostomy method. Relieves a tension pneumothorax.

This list is not exhaustive. Many of the interventions can be undertaken by Critical Care Practitioners, independently of a doctor.



7.7 Dispatch Criteria

The decision to task an EMRTS resource is made by the EMRTS Critical Care Hub. The Hub is based in the Welsh Ambulance Services NHS Trust Clinical contact Centre in Cwmbran and is staffed by 1 clinician and 1 allocator 24/7. The hub monitors calls for the whole of Wales.

Table 5 below outlines the typical calls that would prompt the Hub to investigate further, however the Hub team may access any call that presents to the ambulance 999 system.

Consider Immediate Dispatch Examples	Interrogated Dispatch Examples

• Vehicle Ejection/Rollover
• High speed vehicle and pedestrian collision
• Patient unconscious (RED appropriate or with associated mechanism)
• Major chest/head/pelvic injury
• Airway compromise
• Significant burn
• Amputation above ankle or wrist
• Stabbings, impalements, shootings, explosions (scene safety issues to be considered first)
• Fall from height (>10ft or 1 storey)
• Trapped in machinery
• Mass casualty event (e.g. Aircraft/train/coach crash)
	• Major Incident (standby/declared)
	• Vehicle or pedestrian collision
	• Industrial or agricultural accidents
	• Diving emergencies
	• Equestrian injuries
	• Coastal/beach incidents
	• 999 call originating from a midwife led maternity unit
	• 999 call originating from a District General Hospital
	• Crew request
	• Severe haemorrhage of any sort
	• Return of Spontaneous Circulation
	• Patient agitated/combative
	• Open or deformed limbs requiring advanced analgesia or procedural sedation
	• Medical emergencies (including Myocardial Infarction, Cardiac Arrest)
	• Traumatic injuries including:
	  ◦ Hangings
	  ◦ Burns/Scalds
	  ◦ Drowning
	  ◦ Electrocutions
	  ◦ Spinal injury with paralysis

Table 5: Dispatch Criteria

7.8 Dispatch Process

The 9 steps below outline the typical decision making and approach adopted by the HUB when dispatching an EMRTS resource.

Call handler receives 999 call from operator and processes the call.

EMRTS allocator/clinician listens to the call whilst it is being processed.

If a critical care need is identified on the call.

A logistical decision is made on appropriate team to attend – this would typically be based on proximity to the incident, but may also be based on clinical crew mix or a tactical decision based on other ongoing or potential incidents.

The allocator will contact the relevant base / team and give appropriate grid reference / location.

The base crew will decide on the type of vehicle (air or road) that they will use to attend the incident. They will consider location, travel time and likely destination for the patient when making this decision.

Clinician contacts scene or responding WAST vehicle enroute to interrogate call further and give clinical advice if required.

The EMRTS crew will be regularly updated enroute when safe and appropriate to do so.

Additional information enroute may on occasion result in the crew being stood down, or re-tasked to a different incident.

7.9 Base Activity

Table 6 and Chart 1 below demonstrates the arrivals at scene by resources assigned to each base during 2022.

	Caernarfon	Welshpool	Dafen	Cardiff Day	Cardiff Night
Aneurin Bevan	*	14	88	255	131
Cariff & Vale	*	*	39	269	143
Cwm Taf Morgannwg	*	*	103	135	102
Swansea Bay	*	*	161	32	60
Hywel Dda	6	28	194	49	42
Betsi Cadwaladr	292	138	*	*	13
Powys	7	129	28	32	15
Out of Area	*	17	*	*	6

Table 6: Base Activity

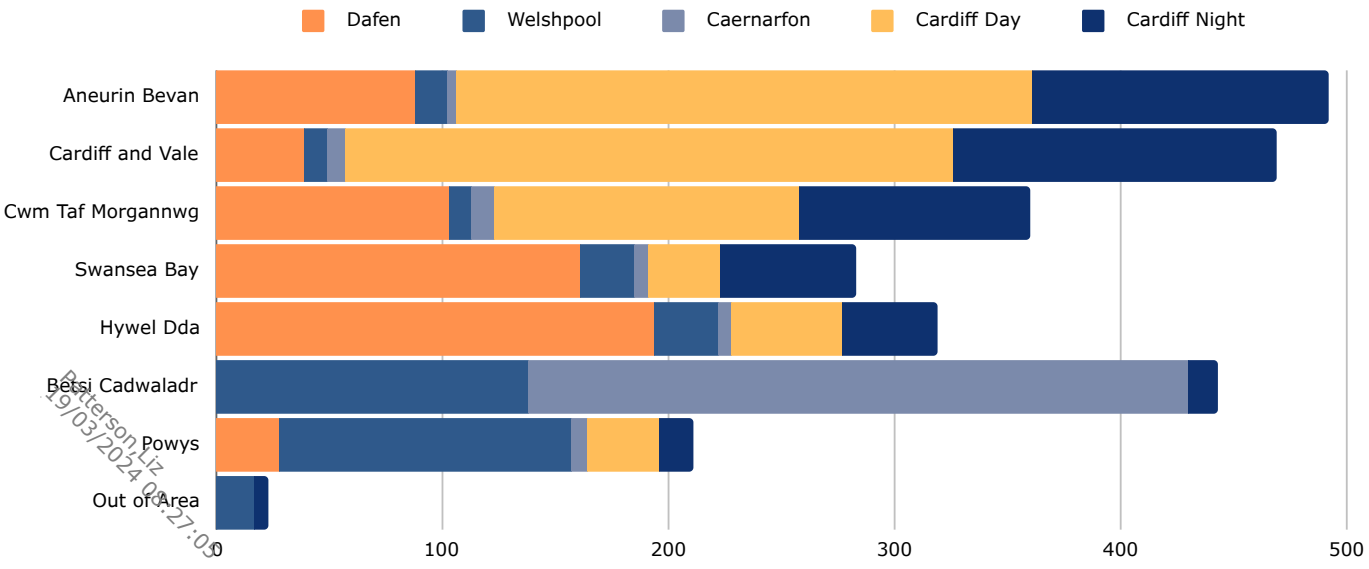


Chart 1: Base Activity

7.10 Response Time

Whilst the speed of response is important when considering life and limb-threatening illness or injury, EMRTS is not designed or commissioned to provide a primary response to these incidents, that role remains with the Welsh Ambulance Service.

EMRTS provides a specialised secondary response to these incidents and the response time should be considered in this context and cannot be measured against the traditional metric of ambulance response times.

Road ambulance response time clock start and clock stop points are well defined. The clock time starts regardless of the availability of an asset to respond.

Red
Identification of Chief Complaint (Clock Start) to on scene (Auto* or Manual).

Amber
Final Medical Priority Dispatch System (MPDS) disposition (Clock Start) to on scene (Auto* or Manual).

For EMRTS, clock start and stop times are less defined and could be applied to a number of unique episodes within the patient's care episode, but overall the definition of response time for EMRTS requires the allocation of an EMRTS resource, examples are provided below:

Clock Start:

- Identification of incident by the EMRTS Critical Care Hub
- Allocation of resource by EMRTS Critical Care Hub
- Take off /mobilisation of resource.

Clock Stop:

- Auto geo-fence (automatic applied when resource is within a set distance of the incident, this may include still being in the air)
- Manual input once landed
- Manual input once at the patient's location.

**Auto refers to a virtual geographic boundary, defined by Global Positioning System (GPS) technology, that enables vehicles to trigger an on-scene or at hospital status response when a vehicle enters a particular area.*

There are a number of additional nuances that apply to EMRTS air response that would not usually apply to road-based ambulance resources, linked to the requirements of the Civil Aviation Authority including:

- Daytime planning time of up to 6 minutes prior to take off
- Night-time planning time of up to 45 minutes prior to take off
- Aircraft landing locations can be significant distances from patient locations, requiring the crew to travel on foot or access secondary road-based transport to the patient's location.

Table 7 below provides the proportions of each resource type that responded to each health board, the average response time and arrivals at scene per 1000 population for each health board in 2022.

	Air/Road	Average Response Time	Arrivals at scene per 1000 population
Aneurin Bevan	54% / 46%	43 minutes	1.2
Betsi Cadwaladr	87% / 13%	47 minutes	1.6
Cardiff & Vale	17% / 83%	29 minutes	1.1
Cwm Taf Morgannwg	57% / 43%	41 minutes	1.3
Hywel Dda	79% / 21%	52 minutes	1.2
Powys	78% / 22%	49 minutes	0.6
Swansea Bay	50% / 50%	43 minutes	1.5
Out of Area	85% / 15%	29 minutes	N/A

Table 7: Response Time

7.11 Summary

Service Overview: EMRTS is Wales's main provider of pre-hospital critical care services. It utilises a mix of consultants, critical care practitioners (CCPs), appropriately equipped helicopters, and rapid response vehicles to deliver specialised hospital-level care directly to patients across Wales. It focuses on significantly improving outcomes for those in life and limb threatening situations.

Current Provision: EMRTS is primarily provided from four bases across Wales, offering a mix of consultants, CCPs, appropriately equipped helicopters, and rapid response vehicles operating across varying hours.

Critical Care Interventions: EMRTS provides advanced interventions beyond standard ambulance services, such as blood product administration, hypertonic saline for brain injuries, limb amputation, perimortem cesarean section, point-of-care testing, pre-hospital anaesthesia, and thoracostomy.

Dispatch Criteria and Process: The dispatch of EMRTS resources is decided by the EMRTS Critical Care Hub based on specific criteria, related to the severity of incidents. Decisions on resource deployment take into account various factors, including proximity and clinical team composition.

Base Activity and Response Time: Data from 2022 identifies the activity for each base and that this is variable. It shows for each health board the distribution of responses from each base.

8. EXPLORING THE CURRENT PROBLEMS OF PRE-HOSPITAL CRITICAL CARE DELIVERY IN WALES

8.1 Population Coverage

There is a clear and desirable expectation for EMRTS resources to be accessible to as much of the population as possible.

Whilst the whole of the population has access to air-based assets the timeliness of road-based assets to reach incidents locations is more complex due to the physical capabilities of response cars and the road network.

This information is based on a total Welsh population of **3,137,127** and is shown below in Table 8.

	30 minute Air response		60 minute Air response		90 minute Air Response
Caernarfon	809,751	25.8%	Whole Population		
Welshpool	1,258,626	40.1%			
Dafen	2,408,162	76.8%			
Cardiff Day	2,187,688	69.7%			
Cardiff Night	-	-	2,606,214	83.1%	Whole Population

Table 8: Population Coverage

8.2 Air Coverage - Day

Daytime response from each base assumes 6 minutes for start-up and daytime ground procedures, and 24 minutes flying time.

The combination of Caernarfon, Welshpool, Dafen and Cardiff Day provide coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

At 60 minutes each base is individually able to provide coverage for the whole of the population.

Patterson Liz 19/03/2024 08:27:05

Map 1: Air Coverage Day

8.3 Air Coverage - Night

Map 2 below demonstrates the current air coverage for Wales within 60 minutes after 8pm (or hours of darkness).

Night response assumes 20 minutes* for start-up and ground procedures, and 40 minutes flying time.

As can be seen from map 2, the population in the North of Wales is not currently covered by air after 8pm with the assumed start up and flying times within 60 minutes.

There is a population of approximately 530,000 in this uncovered area, equating to around 75% of the Betsi Cadwaladr University Health Board population.

Map 2: Air Coverage Night

*20 minutes is used as the average start-up time, but guidance allows for up to 45 minutes during the hours of darkness.

8.4 Road Coverage - Day

The ability of the rapid response vehicles to provide population coverage at times when the aircraft is not flying, or when the response would be better by road than by air is an important component of base effectiveness.

Table 9 below demonstrates the population covered by rapid response vehicles from each base at 30, 60 and 90 minutes.

	30 minute road response		60 minute road response		90 minute road response	
Caernarfon	77,031	2.5%	279,307	8.9%	553,336	17.6%
Welshpool	48,976	1.6%	279,306	8.9%	619,439	19.7%
Dafen	491,114	15.7%	1,490,063	47.5%	2,330,024	74.3%
Cardiff Day	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%

Table 9: Response Time

At 30 minutes

- Each base covers a unique population with no-overlap

At 60 minutes

- Dafen and Cardiff cover an overlap population in South Central Wales
- Welshpool and Caernarfon cover an overlap population near Dolgellau

At 90 minutes

- there are multiple overlaps of population by 2 or 3 bases.

Map 3 below demonstrates the rapid response vehicle coverage from each base in Wales at 90 minutes, which shows coverage to almost every area of Wales.

Map 3: Road Coverage - Wales

It should be noted that some areas on the map which show as not covered even though they are within a coverable area, this is due to the software containing no road that is available to drive on.

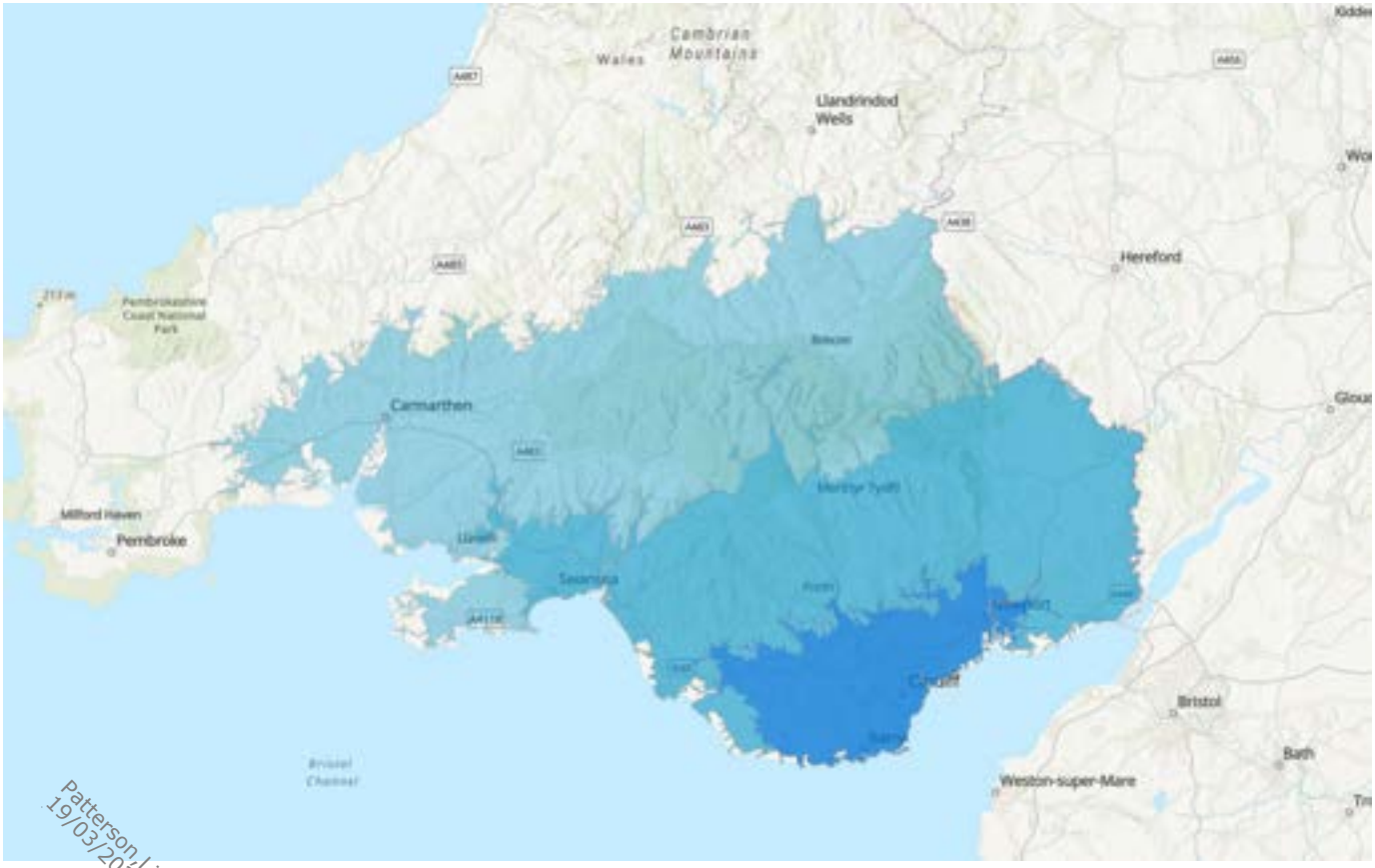
8.5 Road Coverage - Night

After 8pm at night there is one crew available for the whole of Wales based at Cardiff Heliport. Table 10 and Map 3 below show the population coverage for this asset when responding from the base.

	30 minute road response		60 minute road response		90 minute road response	
Cardiff Night	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%

Table 10: Response Time

Map 3 below illustrates the coverage area of Wales during nighttime hours originating from Cardiff Base. Displayed in varying shades of blue, the map delineates drive-time responses of 30, 60, and 90 minutes, with darker hue representing 30 minutes and lighter shades indicating longer travel times.



Map 3: Road Coverage Night - Cardiff

8.6 Utilisation

Utilisation is a measure how active a given resource is during the time it is available. For the purposes of providing an emergency response, utilisation is a balance between availability of resources against the efficiency and effectiveness of service delivery:

- Too low utilisation and the service becomes inefficient, costly and potentially disengages staff.
- Too high utilisation and the services becomes ineffective by not being available when patients need it.

The calculation below has been used:

Utilisation = total minutes from allocation to clear / available shift minutes

With the following assumptions included:

- A shift is assumed to be 12 hours, with no meal break, and therefore 720 minutes total
- Overruns are included in the activity

Overruns are periods where a crew continues to be active beyond the end of their shift. Overruns have a number of adverse impacts, including staff wellbeing, reduced cover for following shifts, and on occasion can result in an aircraft being stranded at a site away from its home base.

Base Utilisation			
	2020	**2021**	2022
Caernarfon	16%	21%	22%
Welshpool	19%	27%	25%
Dafen	47%	51%	46%
Cardiff Day	-	-	52%
Cardiff Night	56%	39%	32%

Table 11: Base Utilisation

Table 11 above provides the overall level of utilisation for each base on an annual basis, and outlines the variation in utilisation across bases in Wales.

From the process outlined in section 7.8 the deployment of a particular base or asset is primarily driven by proximity to the incident, this is consistent with the population coverage outlined in section 8.1 where bases with larger population coverage at 30 minute by air and the 30, 60 and 90 minutes by road are significantly busier.

Underlying these overall utilisation figures are days where the assets on the base do not arrive at the location of a single incident.

Table 12 below outlines the unique days in each of the previous three years where either air or road asset, or no asset reached the scene of an incident.

	No Arrival Days								
	2020			2021			2022		
	Air	Road	Base	Air	Road	Base	Air	Road	Base
Caernarfon	191	317	156	181	307	137	172	321	146
Welshpool	188	308	155	148	306	114	164	312	133
Dafen	117	177	27	120	207	50	89	254	43
Cardiff	313	34	26	167	41	17	127	41	7

Table 12: No Arrival Days

There are fixed costs with the operation of the EMRT service regardless of the volume of incidents attended, as such the table above highlights a significant opportunity for efficiency and productivity gains, particularly in those bases where on average 38% of days annually result in no attendance at a single incident.

8.7 Unmet Need

Unmet need is defined as any incident where a critical need is identified but no EMRTS resource is available to respond.

Unmet need may occur for a variety of reasons, such as:

- Assets already committed
- Assets offline
- Perceived time delay of response
- Weather

Since the instigation of the 24/7 EMRTS Critical Care Hub in 2020 the number of incidents where a critical care need was identified but no asset was available to respond has been recorded.

Chart 2 below demonstrates that unmet need occurs within each health board area of Wales.

The population of North Wales has the highest level of unmet need, this is particularly true after 8pm.

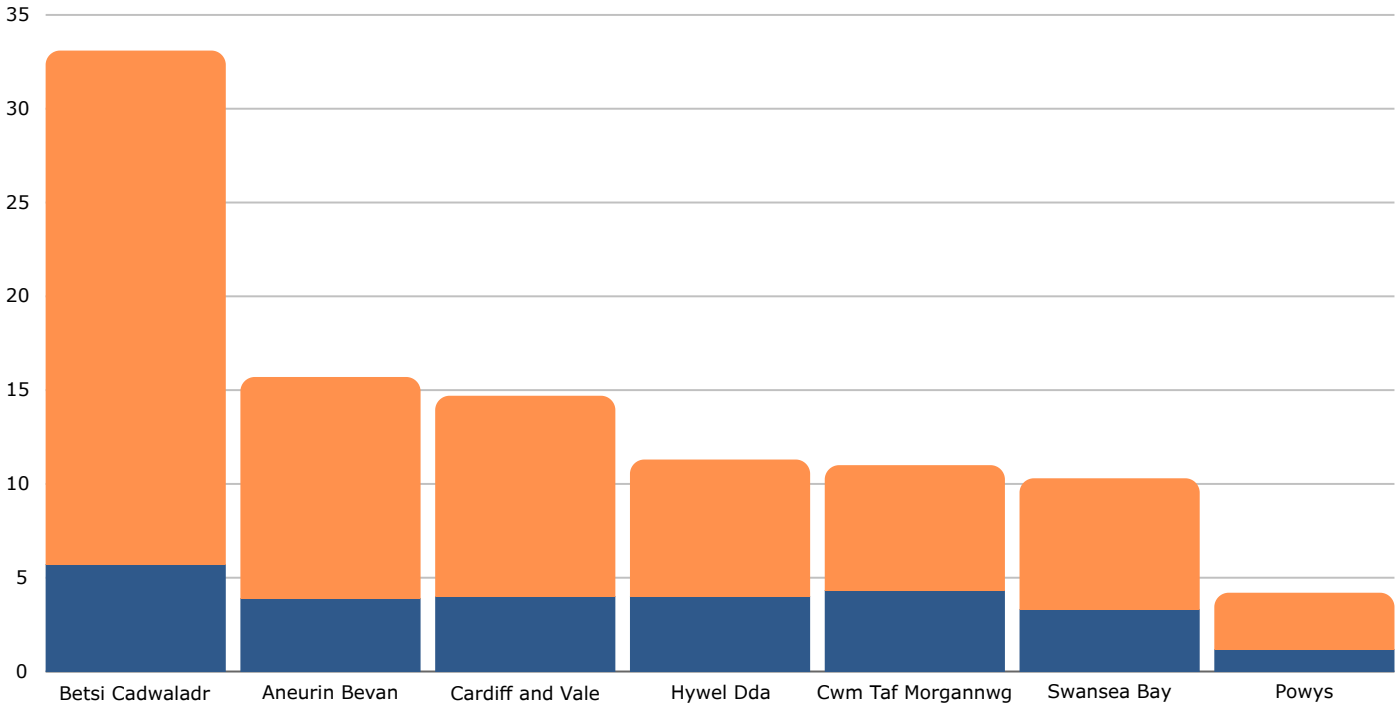


Chart 2: Unmet Need

It should be noted that 73.7% of unmet need occurs after 8pm. Every area of Wales experiences the majority of its unmet need during this time, when only one asset is available from Cardiff.

Table 13 below provides monthly unmet need since August 2022.

Air or Road	2020	2021	2022
January	N/A	122	137
February	N/A	76	90
March	N/A	103	89
April	N/A	144	70
May	N/A◇	129	77
June	N/A◇	190	87
July	N/A◇	172	73
August	115	164	61
September	123	153	75
October	133	124	87
November	124	118	88
December	131	118	70

Table 13: Unmet Need

N/A = Not Available
◇ New collection embedding

8.8 Summary

Population Coverage: EMRTS aims to provide an equitable service across Wales. The entire population has access to air-based assets, road-based coverage is more limited due to road network limitations, topography and base locations.

Air Coverage: During the day, a combination of bases (Dafen, Welshpool, Caernarfon, and Cardiff) can provide air coverage for the entire population within 30 minutes (08:00 – 19:00). Post 8pm, northern Wales lacks coverage within 60 minutes, affecting roughly 530,000 people or 75% of the Betsi Cadwaladr University Health Board population.

Road Coverage: Isochrone maps indicate varying population coverage for rapid response vehicles across Wales. After 8pm Cardiff provides the only rapid response vehicle for Wales.

Utilisation: Utilisation rates, which measure resource activity, vary across bases, indicating a better balance between efficiency and service availability is possible.

Unmet Need: Where critical care is required but no resources are available, this is recorded as unmet need, especially after 8pm. 73.7% of unmet need occurs post-8pm across Wales. North Wales has the highest level of unmet need.

9. EXPLORING THE SOLUTIONS TO PRE-HOSPITAL CRITICAL CARE DELIVERY IN WALES

9.1 Engagement

This Report uses the terms 'engagement / engage' to mean the continuous involvement of, and informal consultation and discussions with, citizens, staff, staff representative and professional bodies, stakeholders, and third sector and partner organisations regarding service development.

The rationale for conducting a public engagement was to have a constructive and meaningful conversation with public and stakeholders about how to further improve the air ambulance service in Wales in response to the queries and concerns raised to the initial EMRTS Service Development Proposal that were emanating from Caernarfon and Welshpool areas specifically.

The engagement would enable public and stakeholder views and concerns to be fully understood and responded to as part of the overall independent review led by the Commissioner.

An internal steering group was established in EASC and in September 2022, the EASC Team approached the (then) Community Health Councils (now Llais) for advice on the suitable engagement model for the EMRTS Service Review.

The Community Health Councils across Wales asked the Commissioner to undertake a formal engagement process of no fewer than 8 weeks across Wales.

This included a review of the process after 6 weeks. This engagement approach reflected the Welsh Government's guidance for a 'moderate service change' as it exhibited some of the characteristics detailed in the guidance.

The engagement process has been presented and detailed in every EASC meeting to sight Members on the overall progress of the delivery of the engagement programme, as well as the emerging themes from public and stakeholder feedback.

Detailed information on the feedback received during the engagement process and the CASC response is provided at Appendix 1

9.2 Engagement - Phase 1

The first phase of engagement took place from March 2023 - June 2023.

This phase was focused on listening and gathering information and feedback on factors, weighting and suggestions to inform the options to be developed.

Further detailed information on this phase is available in the accompanying Engagement Report.

9.3 Picker Survey

Alongside online and face to face engagement sessions, a report was commissioned from the Picker Institute to provide an all Wales Public Engagement Survey which was undertaken using YouGov.

The aim of this work was to provide a representative view of public perceptions on what constitutes high quality care. The report concluded

The most important priorities to the Welsh public when considering changes to the EMRTS service include:

- an effective road response is important to provide cover during the hours of darkness and/or when aircraft can't fly for any reason;
- if services change, there should be good training and support available for staff to make the best use of their advanced skills;
- everyone in Wales should have equal access to the service
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

When asked to prioritise a selection of priority statements, the three top priority statements selected by respondents were:

- everyone in Wales should have **equal access** to the service;
- the service should be structured to **treat as many people as possible**
- before any change happens, there must be a plan for the service to **support patients to the same standard as it does today.**

9.4 Options Development

As part of the phase 1 public engagement 3 broad areas of proposed model options were discussed:

- Existing bases and changes to these
- Having a new base in the centre of North Wales (by closing other bases)
- Additional ideas or scenarios (to be informed by engagement process)

Following the completion of the Phase 1 Engagement, these broad themes were further developed into 6 operational scenarios to explore through modelling how each one would change the baseline position.

Scenario	Description
1	Status Quo – Keeping things as they are now
2	Existing Bases with Existing Capacity
3	Consolidated Base with Existing Capacity
4	Consolidated Base + Additional Capacity
5	Status Quo + Additional Capacity
6	Existing Bases + Additional Capacity

Table 14: Scenarios

Table x: Population Coverage - Rhuddlan

9.5 New North Wales Base

In order to establish the potential location of a base in the central area of North Wales, the modelling company were asked to assess locations based on proximity and coverage of existing EMRTS incidents.

To do this they ran coverage algorithms across 1,718 locations in Mid and North Wales which identified a location south of Rhyl / Rhuddlan area.

Given the proximity of this location to the historical airbase in Rhuddlan, this site was used for the remainder of the modelling.

The EASC Team assessed the population coverage of this location using the same methodology as set out in section 8.1.

For ease of reference the existing base population coverage by air and road have been re-provided along side the Rhuddlan site.

	30 minute Air response		60 minute Air response		90 minute Air Response
Caernarfon	809,751	25.8%	Whole Population		
Welshpool	1,258,626	40.1%			
Rhuddlan	787,641	25.1%			
Cardiff Day	2,187,688	69.7%			
Cardiff Night	-	-	2,606,214	83.1%	Whole Population

Table 15: Population coverage by air inc Rhuddlan

As Table 15 shows, whilst Rhuddlan is able to provide whole population coverage at 60 minutes, its more northerly location limits the coverage it can provide for southern population in 30 minutes compared to Welshpool and Caernarfon.

NOTE

- The combination of Dafen, Welshpool, Caernarfon and Cardiff Day provides coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

- The combination of Dafen, Cardiff Day and Rhuddlan provides coverage by air for the whole of the population within 30 minutes during 08:00 – 19:00.

	30 minute Road response		60 minute Road response		90 minute Road Response	
Caernarfon	77,031	2.5%	279,307	8.9%	553,336	17.6%
Rhuddlan	324,348	10.3%	624,477	19.9%	707,959	22.6%
Welshpool	48,976	1.6%	279,306	8.9%	619,439	19.7%
Dafen	491,114	15.7%	1,490,063	47.5%	2,330,024	74.3%
Cardiff Day	860,339	27.4%	1,870,263	59.6%	2,129,128	67.9%
Cardiff Night						

Table 16: Population coverage by road inc Rhuddlan

As Table 16 above shows Rhuddlan provides a substantial increase in population coverage by road at 30 and 60 minutes, as well as a material additional coverage at 90 minutes.

Map 4 demonstrates Rhuddlan is not able to replicate the full geographical and therefore whole population coverage that the current base locations are able to provide at 90 minutes travel time by road.

Map 4: 90 minute response

9.6 Modelling

Modelling was used to explore the impact of each scenario.

To enhance the modelling outputs, the reference period used to inform the scenario modelling was set as the period between the 1 June 2022 to 31 May 2023. This time period provided the most recent and stable data period since the introduction of the additional daytime service from Cardiff.

Following feedback from Phase 1, weather data was also sourced for each of the current base locations, and the potential site in North Wales, located in Rhuddlan.

Multiple variations were run for each scenario resulting in 20 separately modelled options.

Scenario 1: Status Quo – Keeping things as they are now

Scenario 2: Existing Bases / Existing Capacity – Testing different shift times 14:00 – 02:00 and 20:00 – 08:00 for crews at the existing bases.

Scenario 3: Consolidated Base / Existing Capacity – Merging two bases into one at a centralised location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for crews at this base.

Scenario 4: Consolidated Base / Additional Capacity – Taking the best variation for scenario 3, and adding an extra car crew in a different location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for this crew.

Scenario 5: Status Quo / Additional Capacity – Taking the status quo and adding an extra crew to some bases and testing different shift times 14:00 – 02:00 and 20:00 – 08:00.

Scenario 6: Existing Bases / Additional Capacity – Taking the best variation for scenario 2, and adding an extra car crew in a different location and testing different shift times 08:00 – 20:00, 14:00 – 02:00 and 20:00 – 08:00 for this crew.

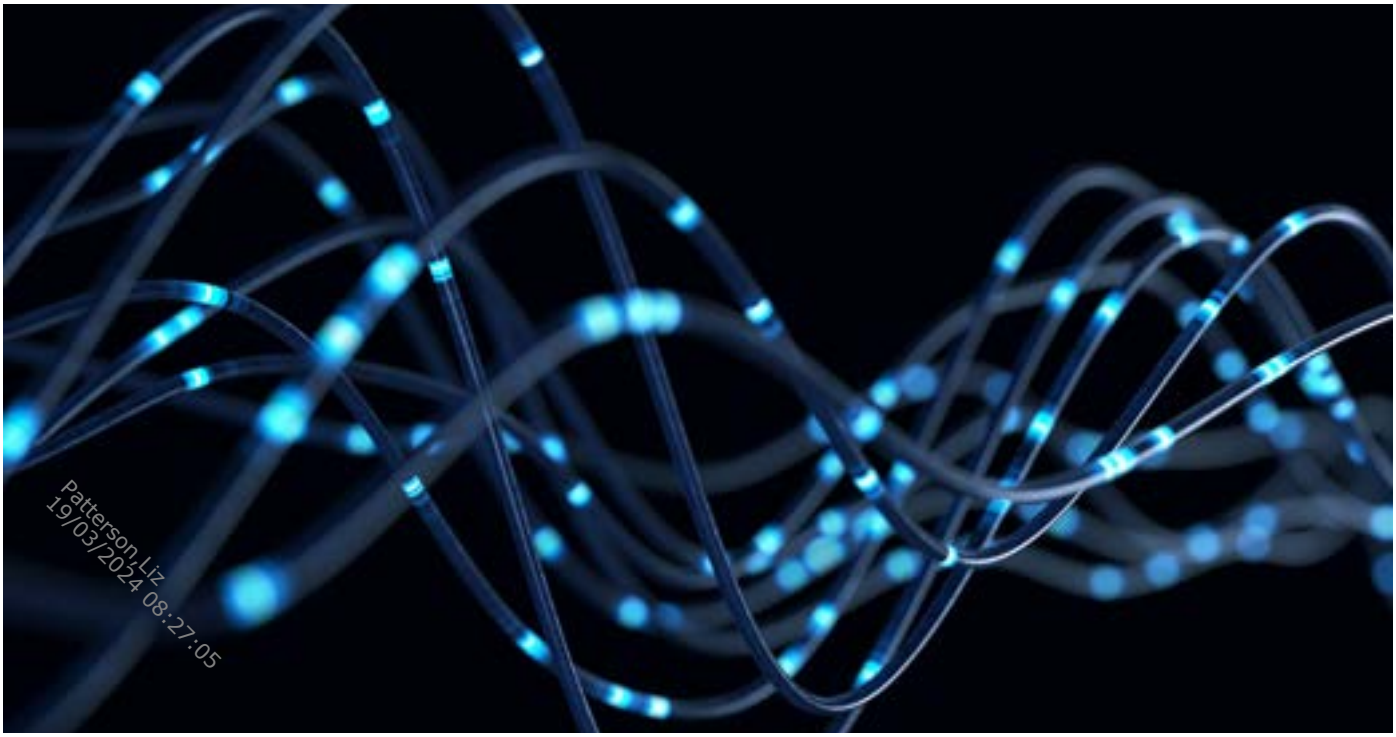
9.7 Modelling Results

The results of the modelling are set out overleaf. These were shared as part of the phase 2 – public engagement. The full modelling results report is available in the supporting document 7 Optima Modelling available on the EASC website on the EASC website..

- **Dispatches:** how often a vehicle was dispatched (not necessarily arrived i.e. stood down). [count]
- **Scene arrivals:** how often a vehicle arrived at scene. [count]
- **Residual unmet need:** The count of all incidents in the input incident dataset, minus the count of incidents with a simulated dispatch.
- **Overall Utilisation:** time assigned to incidents / planned shift time (e.g. 4h / 12h = 33%). [percentage] - In the results per best-performing scenario variation, these are also broken down by base.
- **Response Duration:** Clock Start Time --> First Vehicle Arrived Time. [mm:ss]
- **Vehicle Reflex Duration:** Vehicle Dispatch Time --> Vehicle Scene Arrival Time. [mm:ss]

Scenario	Dispatches	Scene Arrivals	Residual Unmet Need	Crew Utilisation	Response Duration (avg)	Veh. Reflex Duration (avg)
1) Baseline	3,650	2,696	858 (19%)	30%	56:21	26:20
Scenario 2: Existing Bases, Existing Capacity. The best-performing variation is marked as ★.						
2A) Welshpool 14-02	3,739	2,785	769 (17%)	31%	55:13	25:59
2B) Caernarfon 14-02 ★	3,748	2,793	760 (17%)	31%	55:25	26:36
2C) Welshpool & Caernarfon 14-02	3,684	2,730	824 (18%)	30%	55:50	25:12
2D) Welshpool 20-08	3,679	2,727	829 (18%)	30%	56:48	26:13
2E) Caernarfon 20-08	3,708	2,753	800 (18%)	31%	57:05	26:35
Scenario 3: Consolidated Base, Existing Capacity. The best-performing variation is marked as ★.						
3A) Rhuddlan 2x 08-20	3,661	2,707	847 (19%)	30%	56:36	26:09
3B) Best Alternative 2x 08-20	3,671	2,717	937 (21%)	31%	56:10	26:03
3C) Rhuddlan 08-20 + 20-08	3,767	2,812	741 (16%)	31%	53:58	24:43
3D) Rhuddlan 08-20 + 14-02 ★	3,791	2,835	717 (16%)	32%	53:23	25:22
Scenario 4: Additional Capacity to Scenario 3. The best-performing variation is marked as ★.						
4A) Extra car 08-20	3,817	2,861	691 (15%)	27%	54:29	25:08
4B) Extra car 14-02	3,843	2,888	665 (15%)	27%	53:02	24:34
4C) Extra car 20-08 ★	3,859	2,904	649 (14%)	27%	52:33	24:12
Scenario 5: Additional Capacity to Baseline. The best-performing variation is marked as ★.						
5A) Welshpool add 20-08	3,746	2,792	762 (17%)	26%	55:55	25:55
5B) Welshpool add 14-02	3,733	2,779	775 (17%)	26%	55:52	25:41
5C) Caernarfon add 20-08 ★	3,755	2,801	753 (17%)	26%	55:19	25:30
5D) Caernarfon add 14-02	3,738	2,785	770 (17%)	26%	56:06	25:50
Scenario 6: Additional Capacity to Scenario 2. The best-performing variation is marked as ★.						
6A) Extra car 08-20	3,777	2,823	731 (16%)	26%	54:06	25:55
6B) Extra car 14-02	3,834	2,878	674 (15%)	27%	52:44	25:08
6C) Extra car 20-08 ★	3,857	2,901	651 (14%)	27%	51:47	24:50

Table 17: Optima Modelled Scenario Results



9.8 Factors

At the outset of this work, the Committee approved the use of 5 factors for any proposed change to the service, these objectives are consistent with the original business case for the establishment of EMRTS and for the case to expand the service into a 24/7 operation.

Following the feedback received in the Phase 1 Public Engagement adjustments were made to the weightings, with Clinical Skills and Sustainability being increased to 20 and Value for Money decreased to 15.

The objectives are set out below in table 18 below.

Ref	Factor	Commissioning Objective	Original Weighitng	Post Phase 1 Weighting
1	**Health Gain**	To improve the quality of care and outcomes for patients in Wales	25	25
2	**Equity**	To ensure that the whole population of Wales receive adequate and timely access to specialised pre-hospital critical care	25	25
3	**Clinical Skills & Sustainability**	To retain and retrain staff and enable them to utilise their skills to the top of their skill set and to attract and recruit the best people for the service	15	20
4	**Affordability**	To ensure the service delivered is able to operate effectively within the financial constraints of NHS Wales and Wales Air Ambulance Charity Trust	15	15
5	**Value for Money**	To maximise efficiency, ensure that the population attain the highest possible level of health gain for the given level of expenditure	20	15

Table 18: Factors

9.9 Engagement Phase 2

The second Phase of engagement took place from October 2023 - November 2023.

This phase was focused on sharing the work undertaken to date and the options that had been developed and modelled.

Further detailed information on this phase is available in the accompanying Engagement Report.

9.10 Options Appraisal - Long List

Following the completion of Phase 2 and at the direction of the Joint Committee at the November 2023 meeting, an options appraisal workshop was held with representatives from across NHS Wales in January 2024.

In preparation for the workshop the EASC Team undertook a review of the 20 options in order to develop a reasonable shortlist for consideration by the workshop participants. The shortlist included six options plus DO NOTHING for comparison purposes.

Table xx outlines the justification for discounting each of the 13 options not taken forward to the workshop.

9.11 Options Discounted from the Long List

Having considered the modelling, the following 13 options were discounted and were not taken forward as part of the options appraisal process. The justification explained below:

No.	Option Discounted from the Long List	Justification for not taking forward from Long List
1	**2C) Welshpool & Caernarfon 1400-0200** Change the Welshpool and Caernarfon shifts to 14:00 - 02:00 hours.	**Similar option to 2A and 2B but:** • reduced available capacity between 0800-1400 • provides fewer scene arrivals and therefore smaller reduction in unmet need • results in lower crew utilisation
2	**2D) Welshpool 2000-0800** Change the Welshpool shift to 20:00 - 08:00 hours.	**Similar option to 2A and 2B but:** • reduced available capacity between 0800-2000 • provides less scene arrivals and therefore smaller reduction in unmet need • results in lower crew utilisation
3	**2E) Caernarfon 2000-0800** Change the Caernarfon shift to 20:00 - 08:00 hours.	**Similar option to 2A and 2B but:** • reduced available capacity between 0800-2000 • provides fewer scene arrivals and therefore smaller reduction in unmet need
4	**3A) North Central Wales near A55 2x 0800-2000.** Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 (2 shifts).	**Similar option to 3D but:** • reduced available capacity after 2000 • provides fewer scene arrivals and therefore smaller reduction in unmet need • results in lower crew utilisation
5	**3B) Best Alternative.** Merge Welshpool and Caernarfon into the best alternative (2 shifts)	**Similar option to 3D but:** • reduced available capacity after 2000 • provides fewer scene arrivals and therefore smaller reduction in unmet need • results in lower crew utilisation
6	**3C) North Central Wales near A55 0800-2000 + 2000-0800 (Rhuddlan).** Merge Welshpool (1 shift) and Caernarfon (1 shift) into North Central Wales near A55 and change the shift timings to 08:00 - 20:00 and 20:00 - 08:00.	**Similar option to 3D but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need • results in lower crew utilisation

No.	Option Discounted from the Long List	Justification for not taking forward from Long List
7	**4A) Extra car 0800-2000.** Uses the best-performing variation of scenario 3, then adds a car-only shift (08:00 - 20:00 hours) to a new, well-covering location in the north Wales.	**Similar option to 4C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need
8	**4B) Extra car 1400-0200.** Similar to the previous but make the car-only shift 14:00 - 02:00 hours.	**Similar option to 4C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need
9	**5A) Welshpool add 2000-0800.** Add a 20:00 - 08:00 crew to Welshpool.	**Similar option to 5C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need
10	**5B) Welshpool add 1400-0200.** Add a 14:00 - 02:00 crew to Welshpool. During the shift overlap (14:00 -20:00), if the helicopter is already being used, then the second crew will use the car.	**Similar option to 5C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need
11	**5D) Caernarfon add 1400-0200.** Add a 14:00 - 02:00 crew to Caernarfon. During the shift overlap (14:00 -20:00), if the helicopter is already being used, then the second crew will use the car.	**Similar option to 5C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need
12	**6A) Extra car 0800-2000.** Uses the best-performing variation of scenario 2, then adds a car-only shift (08:00 - 20:00 hours) to a new, well-covering location in the north Wales.	**Similar option to 6C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need • results in lower crew utilisation
13	**6B) Extra car 1400-0200.** Similar to the previous but make the car-only shift 14:00 - 02:00 hours.	**Similar option to 6C but:** • provides fewer scene arrivals and therefore smaller reduction in unmet need

Table 19: Options Appraisal - Discounted Options

9.12 Options Appraisal - Short List

The 'Do Nothing- baseline' and remaining six options were carried forward as the short list for appraisal at the workshop. Table 20 below outlines these options:

Short List Option No.	Option Description
-	**Do Nothing** – Baseline (included for comparison purposes only) Keep all 4 bases, 4 teams and make no changes.
1	**Keep 4 bases and 4 teams** Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.
2	**Keep 4 bases and 4 teams** Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am.
3	**Reduce bases from 4 to 3, keep 4 teams** Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am.
4	**Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am** Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am Also add an extra car team running 8pm-8am from Wrexham area providing additional cover for the urban areas of North Wales.
5	**Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am** (Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)
6	**Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55.** Make the car-only shift 8pm-8am (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)

Table 20: Options Appraisal - Short List

9.13 Options Appraisal - Workshop

The Options Appraisal Workshop was held on 12 January, 2024 with representation from health boards and NHS Trusts that included clinical, planning, operational, engagement and finance staff. The role of these NHS Wales representatives was to score each option against each factor and assist the CASC arriving at a recommendation for EASC.

Subject matter experts from EMRTS and the Charity were on hand to help answer any technical queries raised. However, they did not participate in the scoring and had no influence on the process. The EASC Team facilitated the session and answered any questions on the process followed to date.

Information was shared with attendees prior to the workshop, this included the Option Appraisal Process Document that included indicators and metrics, benefits and drawbacks for each option, in line with Table 21 below.

Factor	Commissioning Approach
Health Gain	• Proportion of met need • Residual unmet need • Scene arrivals • Increased number of arrivals at scene over baseline • Creation of new unmet need • Total crew utilisation (including range across bases – for context)
Equity	• Response times (reflex times) • Available capacity between 0800-1400 • Population coverage – road (30m, 60m, 90m) • Population coverage - air • %age of total unmet need (for context) • Unmet need per 10k (for context) • Weather (per base) (for context)
Clinical Skills and Sustainability	• Utilisation by base and asset • EMRTS Management Team's operational view • No arrival days (for context)
Affordability	• Additional recurrent cost to baseline (pay and non-pay costs) • Transition/project costs • Additional capital costs
Value for Money	• Additional cost to the baseline • Increased number of arrivals at scene over baseline • Cost per additional scene arrival

Table 21: Options Appraisal - Workshop

9.14 Options Appraisal - Scoring

Representatives were asked to score each option against each factor individually using the information circulated prior to the workshop. Individual scores were discussed and a group score agreed for each option against each factor.

The following table contains the total weighted scores, for descriptions see table 21 on page 57.

Opt	Description	Factor 1 Health Gain	Factor 2 Equity	Factor 3 Clinical Skill and Sustainability	Factor 4 Affordability	Factor 5 Value for Money	Total Weighted Score
1	**Keep 4 bases and 4 teams**	100	100	100	120	60	**480**
2	**Keep 4 bases and 4 teams**	100	100	100	150	120	**570**
3	**Reduce bases from 4 to 3, keep 4 teams**	200	150	200	120	150	**820**
4	**Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am**	225	225	100	60	90	**700**
5	**Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am**	150	200	80	60	30	**520**
6	**Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55.**	250	150	60	30	60	**550**

Table 22: Options Appraisal - Scoring

9.15 Options Appraisal - Ranking

Opt	Description	Total Weighted Score	Ranked Position
1	**Keep 4 bases and 4 teams** Only make 1 change, to Welshpool shift times from 8am - 8pm to 2pm - 2am.	**480**	**6th**
2	**Keep 4 bases and 4 teams** Only make 1 change, to Caernarfon shift times from 8am - 8pm to 2pm - 2am	**570**	**3rd**
3	**Reduce bases from 4 to 3, keep 4 teams** Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am.	**820**	**1st**
4	**Reduce bases from 4 to 3, keep 4 teams and add an extra car team from 8pm to 8am** Close Welshpool and Caernarfon and open new merged base in North Central Wales near A55 running two teams one from 8am-8pm & one from 2pm-2am Also add an extra car team running 8pm-8am from Wrexham area providing additional cover for the urban areas of North Wales	**700**	**2nd**
5	**Keep 4 bases and 4 teams and add an extra crew based at Caernarfon from 8pm-8am** (Same as Option 2 but improved by adding an extra crew based at Caernarfon from 8pm - 8am)	**520**	**5th**
6	**Keep 4 bases and 4 teams and add an extra car crew running 8pm-8am from a new, well-covering location in the North Wales near the A55. Make the car-only shift 8pm-8am** (Same as Option 2 but improved by adding car shift 8pm-8am in North Wales near A55)	**550**	**4th**

Table 23: Options Appraisal - Ranking

9.16 Options Appraisal - Do Nothing

The “Do Nothing” option was carried forward as part of the long and shortlisting process for comparison purposes.

In his Phase 3 Report, the CASC stated that “Do Nothing” was not an acceptable choice, due to:

- High levels of unmet need
- Unequal and low levels of utilisation (including no-arrival days)
- Lack of night time capacity
- Poor population coverage at night

It should also be noted, that every modelled scenario was able to deliver an improvement in scene arrivals from the baseline, indicating that the current service is not optimised.

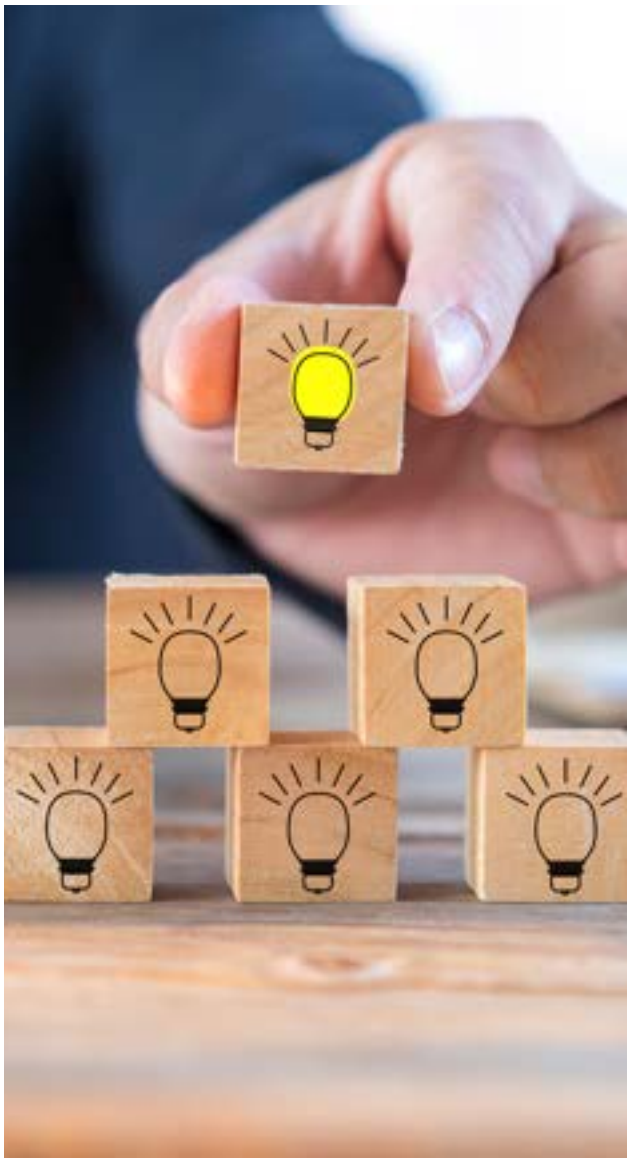
9.17 Options Appraisal - Conclusion

It was agreed that the highest ranking Options 3 and 4 would be taken forward to Phase 3.

However, workshop participants recognised that neither option would address all the public and stakeholder feedback heard throughout Phases 1 and 2 of engagement.

There were several consistent emerging themes, some within the scope of the Review. These included:

- Concern about WAST services regularly being pulled out of area and lengthy handover delays adversely affecting ability to respond to communities
- Concerns that mid, rural, and coastal communities are more vulnerable and 'less equal' than those in urban areas located closer to better road infrastructures and general hospitals and therefore need something more bespoke to reflect their rural needs
- Concern that EMRTS is too specialised and could respond to a wider range of conditions for rural and remote areas through a more bespoke clinical model
- Concern about paramedic staffing levels in mid and rural north Wales
- Concerns about EMRTS staff retention with any base moves
- Concerns that the Charity will lose the goodwill of support in base location areas and the impact on charitable donations which could decrease and destabilise this important service provided in partnership
- Concern about vulnerability of rural communities generally ('lost all other services already')
- Current bases perceived as a 'local lifeline' and visual presence is reassuring.



It was recognised that, as the Commissioner of both the ambulance service and EMRTS, the CASC has the opportunity to propose additional actions to address some of the feedback raised during the engagement process.

Adopting this approach will ensure that EASC is making the most of its total available commissioning allocation and therefore not requiring additional monies.

The additional actions should aim to:

- Provide additional pre-hospital resources and improve the ability to respond to rural, remote and coastal communities.
- Respond to the need for a different model in rural, remote and coastal areas.
- Involve a bespoke clinical model with EMRTS responding to a wider range of conditions in rural, remote and coastal areas, retaining a visual presence in these areas.
- Improve ambulance resources in rural, remote and coastal areas.
- Provide an alternative for EMRTS staff not wishing to work from a centralised base ensuring improved resource in rural, remote and coastal areas.

Positive feedback regarding the session was received from attendees.

A summary of the workshop and the full information pack is available on the EASC Website as part of the supporting information.

9.18 Engagement Phase 3

Phase 3 public engagement was focused on providing an opportunity for commenting on the proposed Options.

For the purposes of clarity during Phase 3, the shortlisted Options (previously referenced 3 and 4) are now referenced **Options A and B**.

It was evident from the public feedback that there were several common themes and concerns regarding the proposed changes to pre-hospital critical care delivery in Wales.

The key themes are summarised below:

1.Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.

2.Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.

3.Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.

4.Belief of the impact on rural communities, ageing populations, and workers in hazardous professions.

5.Risk of decreased donations to the Charity, potentially threatening its sustainability.

7.Emphasis on equitable access to pre-hospital critical care across all regions of Wales.

8.Calls for decision-makers to reconsider proposed options and prioritise the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the unique needs of rural communities, ensuring timely access pre-hospital critical care, and maintaining essential life-saving services across Wales.

It was evident from each Phase of the public engagement process, how valued this critical care service is and how worried by change people are.

9.19 Summary

Engagement Phases: The report details three phases of engagement from March to June 2023, October to November 2023, and February 2024 aimed at gathering feedback to inform and influence the EMRTS Review.

Operational Scenarios: Six operational scenarios were developed including maintaining the status quo, modifying existing bases, and considering new base locations with and without additional resources.

New North Wales Base Analysis: 1,718 potential locations in Mid and North Wales were assessed for their coverage capabilities. This identified a location south of Rhyl/Rhuddlan as the most effective area showing significant increases in incident coverage.

Modelling Results: The Report presents the results of six modelled scenarios with 20 variations. It focuses on outputs such as dispatches, scene arrivals, unmet needs, overall utilisation, and response durations. Results were shared during the Phase 2 public engagement.

Factors: Five factors, their definitions and weightings were agreed during the public engagement process. These are: Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money.

Options Appraisal: A shortlist of six options were appraised at a workshop. The workshop brought together representatives from health boards and trusts across Wales and included clinical, planning, operational, engagement and finance staff. Members of the Emergency Ambulance Services Committee (EASC) team, EMRTS management and the Wales Air Ambulance Charity were present to provide expert advice only.

Options Appraisal Scoring: Representatives from health boards and trusts were asked to score each option against each factor individually using information circulated prior to the workshop. Individual scores were discussed and a group score agreed. The two top scoring options were taken forward as part of Phase 3 engagement.

Concerns: The report acknowledges public and stakeholder concerns regarding service accessibility and specialisation, suggesting complementary actions to address these alongside the preferred operational changes.

10. CONCLUSION AND RECOMMENDATIONS

10.1 Conclusion

This is the Final Report of the Emergency Medical Retrieval and Transfer Service Review.

The comprehensive review process, that has encompassed phases of public engagement, historical data analysis, operational scenario development and modelling, and a detailed option appraisal, has culminated in a thorough understanding of the achievements, challenges and solutions to delivering pre-hospital critical care delivery in Wales.

This process has clarified the need for the service to develop and enhance the access, effectiveness and efficiency of the service across Wales. This is particularly required during night-time hours, where currently approximately 530,000 of the North Wales population do not have access to an aircraft within 60 minutes after 8pm.

Due to the predominance of feedback from the engagement process, stating that no change in the service bases would be optimal it is important to understand that the current high levels of unmet need, unequal and low levels of utilisation (including no-arrival days), lack of night time capacity and poor population coverage at night, mean that doing nothing is not an acceptable option.

The process has recognised the importance of balancing community expectations with operational realities of service delivery.

Meticulous analysis and public engagement, has highlighted the essential role of EMRTS in providing advanced medical interventions in life and limb threatening situations across Wales.

Six operational scenarios with multiple variations were crafted based on maintaining the status quo, consolidating bases and adjusting or increasing existing capacity. Detailed modelling of these scenarios was conducted to assess their impact on service coverage, response times, utilisation rates, and unmet needs.

An appraisal workshop evaluated the scenarios against key factors such as Health Gain, Equity, Clinical Skills and Sustainability, Affordability, and Value for Money. This led to the selection of a consolidated base model with and without additional capacity being selected as the preferred options for further consideration.

Throughout the engagement phases, concerns were raised about the potential impact of operational changes on rural coverage, service specialisation, staff retention and community support. These concerns guided the recommendations.

10.2 Recommendations

Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.

Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of this Report.

Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.

Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

Appendix 1

Conclusions from EASC-led engagement feedback

The feedback gathered by the EASC Team reflect localised perspectives from Caernarfon and Welshpool surrounding areas:

About the first EMRTS Service Development Proposal

Feedback – There's a perception that the proposed changes are driven by cost-saving measures, which raises concerns about potential service cuts. Concerns have been raised about funding any relocation or new base, with worries about resources being redirected from frontline services. There are concerns regarding the initial EMRTS Service Development Proposal, with scepticism about the Rhuddlan model being based on assumptions rather than historical data that could support its coverage and scepticism about the effectiveness of the Rhuddlan base due to its proximity to the coast. There's a significant concern that relocating base locations from Caernarfon and Welshpool could result in fatalities in those localities due to decreased accessibility to emergency medical services.

EASC Response *– This is acknowledged. The Review has started work afresh and independent of the initial EMRTS Service Development Proposal. All options to develop the service cost more money is therefore not a cost-saving exercise. There are requirements in both NHS Wales and for the Charity (via the Charity Commission) to ensure that money is being spent in the most effective way to benefit patients. No evidence is received to support the belief that 'more people will die' if any operational base changes are made. However, data used within the Review shows that 2-3 patients per day need the service currently but who cannot access the service is a current known fact.*

About weather and environment

Feedback – Concern that merging air bases in north Wales into one could limit service capacity during adverse weather conditions, when flying is restricted and that weather in Rhuddlan base is worse compared to Caernarfon and Welshpool bases. Some suggest relocating the Dafen (Llanelli) base instead, citing weather impacts shared in a weather data report. Concern about continued deterioration of environmental factors (such as flooding) affecting timely response by car to rural areas. Another suggestion is to conduct flood mitigation works at Welshpool to enhance its utilisation.

EASC Response *– Acknowledgement is given to the belief that having assets spread across various bases enhances flexibility in responding to emergencies. However, no substantiated evidence has been provided to validate the claim that the Rhuddlan base encounters more adverse weather conditions, as the factual weather reports do not corroborate this allegation. Despite facing challenging weather conditions, the utilisation levels at Dafen remain appropriately productive. The Review acknowledges the importance of ensuring a diverse range of assets are available for clinical teams to respond to areas during inclement weather. It is emphasised that operational considerations in the Review prioritise avoiding recommendations that would place bases in more challenging flying conditions.*

About the data

Feedback – Perception that the original data time reference period was in a 'Covid pandemic' year and therefore would not be typical in its demand because of the lockdowns imposed on the public. There was also a perception that the initial EMRTS Proposal was 'flawed' and now 'discredited' by data modelled and shared in Phase 2 and 3.

EASC Response *– This concern was appreciated, and new data time reference period was used in response to Phase 1 feedback. It was also explained in Phase 2 that the original data used for the EMRTS Service Development Proposal was accurate at a specific point in time. However, since the original data was modelled, more data and further analysis have been conducted. For instance, the establishment of daytime Critical Care Paramedic (CCP)-led responses from Cardiff Heliport has become a standard part of the service. Additionally, weather data relating to each base has been sourced and incorporated into the analysis. These developments have influenced the data modelling done after Phase 1 engagement.*

Moreover, there have been other service developments across the NHS system since the original proposal was prepared, including adult critical care transfers. While this has impacted the number of transfers EMRTS is tasked with, it has also ensured that the service is more available to attend primary missions at the scene of incidents or illnesses.

These variables illustrate the complexity of modelling for this clinically specialised life-saving service. Since its establishment, EMRTS, in partnership with the Wales Air Ambulance Charity, has consistently explored options to improve and adapt the service to meet its aims and objectives, including meeting as much demand in Wales for this specialist service as possible.

Furthermore, the service is obligated to respond to the Commissioning Intentions set by the Emergency Ambulance Service Committee (EASC). These strategic priorities aim to ensure reasonable expectations for the ongoing improvement of services. For 2022-23, these intentions include service expansion and the use of forecasting and modelling to inform system transformation.

About response times

Feedback - For those in localities near to Caernarfon and Welshpool bases. there are concerns that the service will take longer to respond if it originates from bases other than Caernarfon or Welshpool. Additionally, there are concerns about the current Rapid Response Vehicle (RRV) locations and their ability to respond effectively. There's also apprehension about the mental and emotional stress patients may experience while waiting for an emergency response from "out of area" if base locations are moved and response times are prolonged. Rural mobile phone coverage is seen as adding delays when calling 999 compared to urban areas. There's a reliance on air support to provide a response within the "golden hour" compared to road response. The perception is that a local base always provides a local response, and any move would impact EMRTS response times for rural patients. Moreover, there's a perception that a base location in mid Wales can reach everywhere quicker across all of Wales due to its central position.

EASC Response *– This belief assumes that the 'local' helicopter is ring-fenced for local needs. However, the service operates on a national basis across all teams based in four locations. For instance, data reveals that 61% of the Welshpool teams' activity involves responding to incidents outside of Powys. Additionally, Cardiff crews provide 24-hour cover, meaning they are the only available option for incidents occurring after dark. The 'golden hour' is a historical term often used in trauma or emergency care to suggest that an injured or sick person must receive definitive treatment within the first 60 minutes from the time of injury or appearance of symptoms. The concept is outdated and has been substantially discredited by clinicians. The whole pathway of care is now different with many lifesaving interventions being made by first responders and ambulance clinicians in the early period following injury or illness, and in appropriate cases the delivery of critical care and onwards transfer to definitive care by EMRTS. For the patient this can mean hours saved when compared to standard care (going to the right hospital) and therefore the initial response time is less critical. However, in recognising the different needs in rural areas compared to urban areas (distance to District General Hospitals etc.) the Commissioner is proposing a bespoke and ring-fenced resource to be used within a different clinical model for rural communities.*

This is set out as Recommendation 2 in the Review document that would see the development of a commissioning proposal for the expansion of road based enhanced and/or critical care services in locations that would minimise any loss of geographical road coverage of these resources within a 90 minute travel window. All missions are to provide pre-hospital critical care to patients. However, the service is not commissioned on a time basis but on a clinical need. It is anticipated that WAST would continue to provide the first response as well as an EMRTS if the clinical desk thought it was necessary.

About emergency healthcare needs relating to rural versus urban areas…

Feedback - There is a perception that if bases move, current local base communities will no longer receive any service from EMRTS. Concerns have been raised about the vulnerability and inequality faced by mid, rural, and coastal communities compared to those closer to better road infrastructures and hospitals. The current bases are perceived as a local lifeline, providing reassurance through their visual presence. Road infrastructure limitations can impede emergency road response by the Welsh Ambulance Service Trust (WAST) due to weather and road closures. There are concerns about the proportion of high-risk jobs and activities in rural areas leading to a higher incidence of need compared to urban areas. Additionally, there's concern about air assets' ability to reach rural areas from north Wales, such as crossing the Eryri (Snowdonia) and Berwyn mountains. Lastly, there's a call for equity to be considered in the evaluation process and framework, given the variable access to health services across Wales.

EASC Response *–The feeling of being remote and therefore more vulnerable in emergencies is noted and appreciated. The data also shows that EMRTS has a higher usage per head of population in rural areas compared to urban. To provide assurance the way in which the service is delivered is not proposing to change. The way patients in the Caernarfon and Welshpool localities receive the service will remain. The whole basis of the Review is to look at how the service can be further improved, not removed. This is about providing the service to more people, not fewer, equally across Wales, including across communities local to Caernarfon and Welshpool. The 'equality factor' in the evaluation framework reflected the emphasis placed on this in the feedback. Helicopters already fly out of Caernarfon and Welshpool to reach patients elsewhere therefore crews also fly back into these areas.Similarly, the after-dark cover is only currently provided by Cardiff based teams who cover all of Wales.*

About EMRTS

Feedback - There is overwhelming appreciation for the individuals providing critical-care emergency services. However, there persists a perception that EMRTS primarily operates as a 'fast ambulance/scoop and run service.' Concerns have been raised about EMRTS's specialisation, with suggestions for a more adaptable clinical model to respond to a wider range of conditions in rural and remote areas. There are worries about potential staff turnover if base relocations occur, leading to skill loss and financial expenses in recruitment, as well as local economic impacts. Suggestions for renaming EMRTS to options such as "Flying Doctors," "Air Hospital," or "Flying Hospital" have been proposed. There's also concern about staff morale due to frustrations about not reaching more patients and maintaining clinical competencies. Staff also express a desire to support the critical care hub more.

EASC Response *– The appreciation and passion for the service is acknowledged. There is also agreement that citizens living and working remotely in rural areas relies on this service and that the service needs to be available to respond to incidents that might not currently meet the clinical decision-making threshold to initiate an EMRTS response. It is also acknowledged that the service may lose some experienced staff in both scenarios (of do nothing or changing base locations) – either because staff are not busy enough on shift or because some staff may not want to work from different bases. The impact on staff has been acknowledged as part of the factors and weightings this was given higher weighting following public comment. The extra actions detail how staff could be retained on their current base by working to a broader clinical response to better service rural communities. This would need to be worked through in line with standard NHS Wales processes. Branding considerations could be included within future Charity and EMRTS communications and marketing strategies in response to this feedback.*

About Health Boards, Welsh Ambulance Service and other emergency responders

Feedback - There is scepticism about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in a worse service. Emergency Medical Retrieval and Transfer Service is seen as providing comfort to communities, especially as delays in handovers affect the Welsh Ambulance Service Trust's ability to respond. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Additionally, there's concern about paramedic staffing levels in mid and rural Wales.

EASC Response *–All feedback relating to Health Boards and WAST has been shared back and reported within the EASC governance routes for further consideration by respective organisations. This intelligence has resulted in the Commissioner identifying extra actions to mitigate against these concerns.*

About EMRTS Staff…

Feedback – All staff are driven by serving patients who need the EMRTS critical care. There appeared to be more interest amongst staff from north and mid Wales than from south based teams based on session attendance. Responses from participants generally fell in two categories: support for developments that would enable as many patients to receive the service as possible, and those who want to maintain the current base arrangements. Staff have different views on how the current high under-utilisation levels affect staff as some feel that not responding to enough jobs adversely affected their clinical proficiency whilst others feel that training scenarios are sufficiently maintain clinical competencies. Some concern expressed about working different shift patterns and the potential loss of skilled staff should any changes take effect and staff did not want to change their base arrangements. Some staff also concerned about optics of 'leaving communities' where they have been for some time. Some staff also expressed support for Option 6c.

EASC Response *– The different views of the staff groups are acknowledged. Shortlisted options need the same or more staff, but it is understood that some staff may not want to change their current work base locations or patterns. There is a commitment that the Review takes into account staff views alongside all feedback and works with staff to support through any operational changes that may take effect. Any changes to the service would be subject to an implementation plan, including NHS Wales Organisational Change Processes where appropriate to support and facilitate any change.*

About the Charity

Feedback - There are concerns that the Charity will lose the goodwill of support in base location areas, potentially leading to a decrease in charitable donations and destabilising the partnership service. Additionally, there's concern that the Charity may not support the decision of the EAS Committee. Stakeholder relations and potential reputational damage are also concerning. However, there is expressed support for working with the Charity and Emergency Medical Retrieval and Transfer Service on initiatives such as addressing flooding risks in Welshpool and fundraising efforts. There's a strong sense of support and passion for the service, with a feeling of local "ownership". Moreover, there's a perception that communities in rural and mid Wales are the most generous donors to Charity fundraising efforts.

EASC Response *–This concern is noted and has been reflected as a risk within reports to the Committee. Assurance is provided that for those receiving a service now, that they will continue to receive a service and therefore encouraged to maintain support for the Charity. The Charity has confirmed it will support changes agreed by the Committee if the evidence shows an improved service to the people of Wales and that no community is materially disadvantaged as a result of any changes. If the Committee decides to endorse a change in medical operations which will need to be supported by an altered configuration of air base locations, and the above-mentioned parameters are met, the Charity will support the Committee's decision and start activities to make the changes happen. Despite the passion and perceived local ownership, the service operates dynamically on a national basis to serve the population of Wales.*

About Welsh Government and Policy Makers…

Feedback - There are concerns about the funding of the air ambulance service in Wales, with a view that it should be entirely funded by the Welsh Government. There's a request to consider additional bases and funding rather than relocating existing base locations. Additionally, there's a perception that citizens in mid and rural Wales are disadvantaged compared to those in urban areas in the north and south by public services generally. There's also concern that the new 20mph speed limit will negatively impact road ambulance response times, exacerbating existing challenges. Citizens were keen to see more engagement from Welsh Government.

EASC Response *– All feedback relating to Welsh Government has been shared back and reported within the EASC governance routes for further consideration by Welsh Government and policy makers.*

About the engagement process

Feedback - supports the proposed evaluation factors and suggested adjusted weightings for them. There has been a mix of positive and negative sentiment: acknowledgment of the thoroughness, transparency, and delivery of the engagement process; and criticism for alleged 'bias' in questionnaire design, and pre-determined decision making. The feedback reflects how the Commissioner has been trusted and seen as someone who keeps promises and is true to their word in this Review. The clear presentation of complex information is appreciated, as is the use of different data ranges and the development of options. The level of detail provided is also appreciated and maintaining openness and transparency throughout was requested. However, feedback received later during the engagement sees some criticism for information being too complicated and some queries and scepticism about the engagement, purpose and approach to the Options Appraisal and decision-making processes.

EASC Response *– It is acknowledged that this is a clinically and operationally complex service. For that reason, every effort was made to make information as simple as possible including FAQs and glossary of terms throughout the engagement. In addition, full technical information has been made available for those wanting more detail. All information presented has been done using historical data, and reports for supporting documents were provided by professional suppliers.*

An independent supplier was used for questionnaire design, collation and analysis. Committee members had previously agreed (21 November 2023) that Health Board representatives would participate in the Options Appraisal process. Health Board participants represented a broad range of professional disciplines that included medical and clinical.

The Commissioner and EASC Team did not score the options and neither did the and Charity representatives who were there to answer technical queries only. This has been explained publicly and all documents, including how scoring worked on the day. The EAS Committee is a joint committee of all Health Board and Health Boards are responsible for commissioning services for their population, therefore have to be involved in any work relating to their specific areas.

About Options Developed

Feedback - The feedback indicates support for Option 1 (do nothing), suggesting that maintaining the current setup is preferred by majority of respondents from areas near to Caernarfon and Welshpool bases. Stakeholders, however, in Phases 2 and 3 there is support for Option 6c from Powys and Betsi Cadwaladr areas specifically.

Option 6c proposes the consideration of a 'forward operating base' for Caernarfon and Welshpool to utilise in any occurrence, including fuel and clinical stock, for added resilience (i.e. for teams to operate from different locations when on shift). There is support for making Welshpool or Caernarfon bases operational 24 hours a day, which would provide an additional night service to better serve the needs of the communities.

There is a consistent view from stakeholders that the gains illustrated in the modelling are too marginal to justify any reconfiguration, especially considering the margin of error with modelled data.

EASC Response *– The Commissioner has a duty and obligation to look at how this service can be further improved to these patients who need the service. There is robust evidence and an academic report that patients receiving an EMRTS response are more likely to survive and get back to normal life sooner. Therefore, the un-met patient need and under-utilisation levels for some clinical teams cannot be ignored and 'do nothing' is not an acceptable choice. It is agreed that there needs to be more resilience in 24hour provision. It is of concern that the support expressed for Option 6c provides less cover for Powys residents and is therefore unacceptable to the Commissioner. the EMRTS Service has developed incrementally over time to meet more patient's needs. All changes are incremental and each time the service has developed it has delivered more than data modelled.*

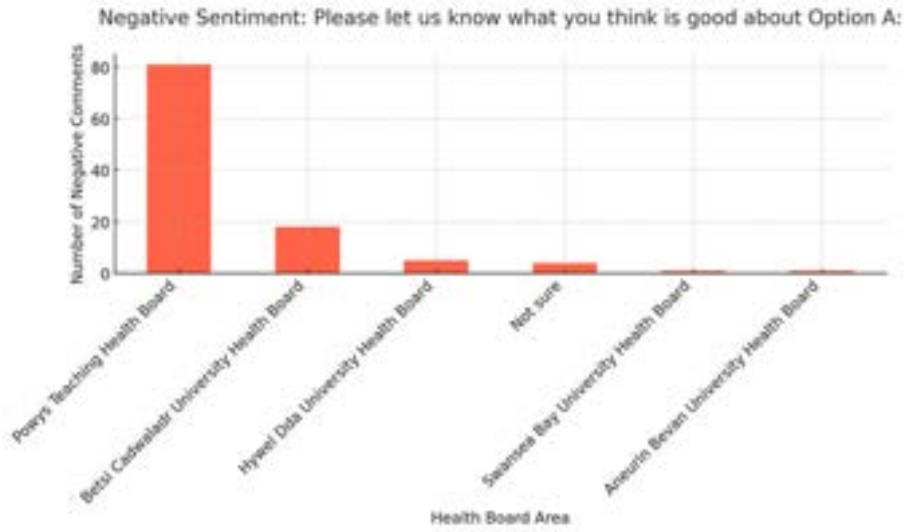


Chart 3: Option A: Good

'Good' about Option A: Despite being a prompt for positive comments about Option A, there was a substantial number of negative sentiments, particularly from the Powys Teaching Health Board (81) and Betsi Cadwaladr University Health Board (18). This indicates that respondents from this area struggled to identify positive aspects of Option A, and their comments were instead reflective of underlying concerns or dissatisfaction. Age groups with the most negative sentiment were predominantly 65+ years (53) and 55-64 years (29).

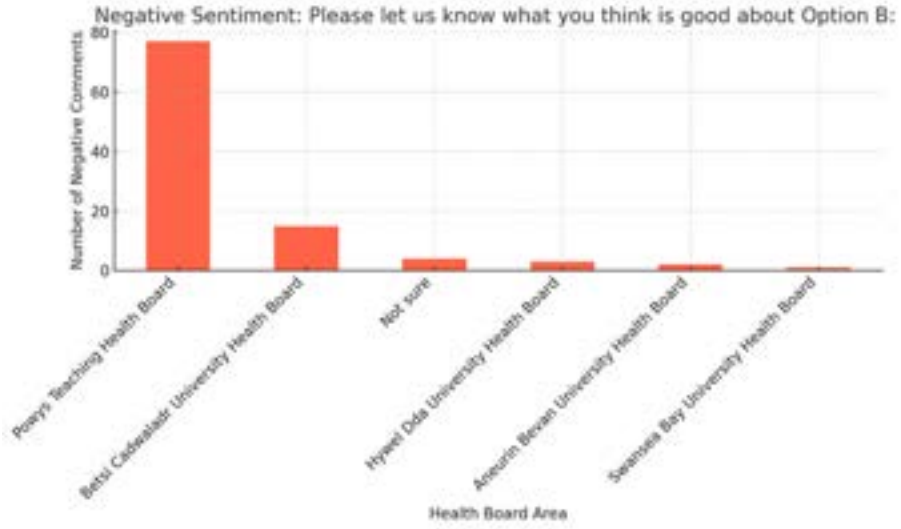


Chart 4: Option A: Not So Good

'Not So Good' about Option A:, A large number of negative comments were noted, again with Powys Teaching Health Board leading significantly (138), followed by Betsi Cadwaladr University Health Board (35. This suggests that the concerns in this area are particularly strong regarding Option A. The age groups 65+ years (72) and 55-64 years (56) showed the most negative sentiment.

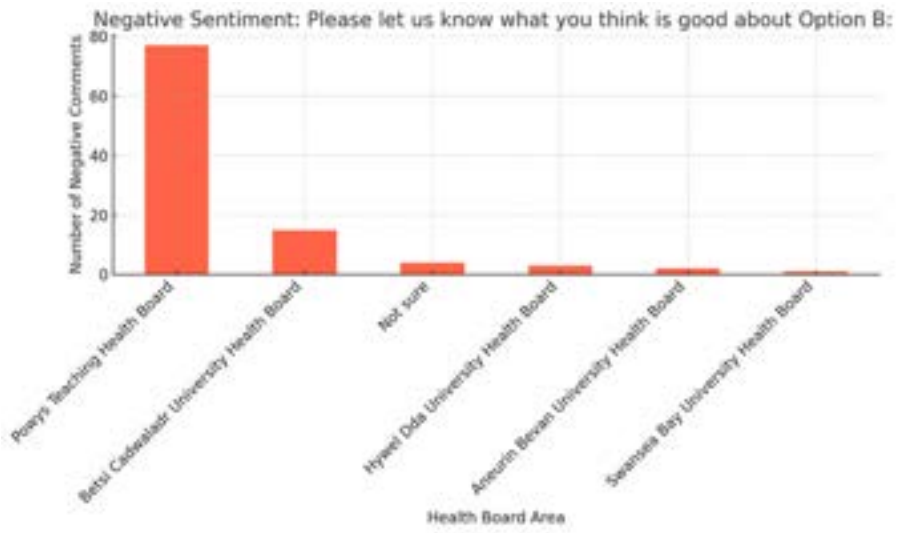


Chart 5: Option B: Good

'Good' about Option B: Similar to Option A, the prompt for positive comments about Option B still attracted negative sentiments, predominantly from Powys Teaching Health Board (77) and Betsi Cadwaladr University Health Board (15). Older age groups showed more negativity with 65+ years (42) and 55-64 years (33) leading.

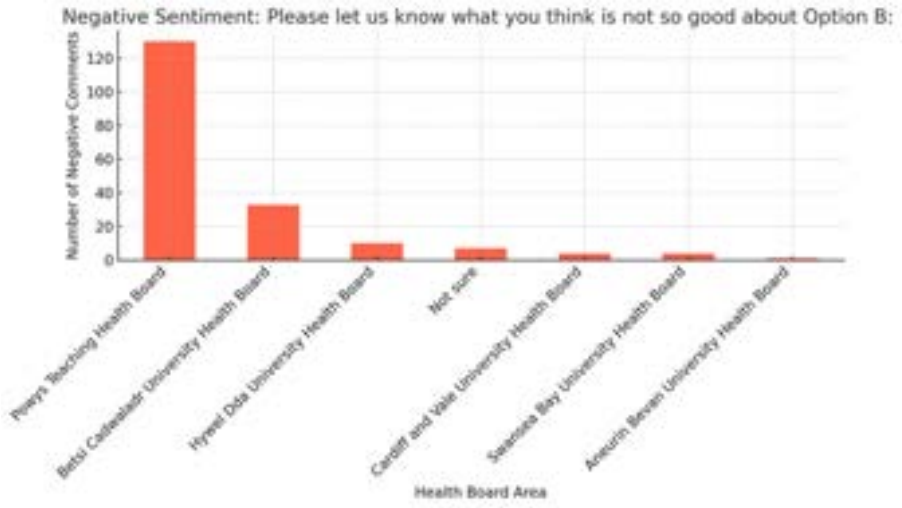


Chart 4: Option B: Not So Good

'**Not So Good' about Option B:** This aspect also revealed a high volume of negative comments from Powys Teaching Health Board (130) and Betsi Cadwaladr University Health Board (33). They highlight specific areas of concern or dissatisfaction with Option B among residents, which may require further attention and action. The 65+ years (74) and 55-64 years (51) age groups were again the most represented.

Across all categories, Powys Teaching Health Board area consistently stands out with the highest number of comments. This suggests a strong level of dissatisfaction or concern in this area regarding both Options A and B.

The Betsi Cadwaladr University Health Board area also shows considerable concerns, although less than Powys, indicating it is another key area of concern.

Age-wise, most feedback is from the older age groups, particularly those aged 65+ years and 55-64 years. This trend suggests that these age groups may have specific concerns or expectations that are not met by Options A and B.

The concentration of negative sentiment in these specific Health Board areas and among older age groups could be indicative of areas where additional focus is needed to address concerns, possibly related to healthcare access, quality of services, or communication about the changes proposed in Options A and B.

Equalities Impacts

Feedback – Feedback showed a perception of negative impacts for those equalities characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. There is a belief that changes to operational arrangements would include changes to clinical decision-making and dispatch from 999.

Impact on Well-Being of Future Generations Act

This section summarises some of the impacts on wellbeing that we have heard during the engagement from respondents in the Caernarfon and Welshpool bases surrounding areas:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsible Wales	People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity and climate A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.	People regularly expressed concern about the loss of services in their area, often wider than health services but believed that the EMRTS service made them feel safe and secure; often, people supported the need for change to help more people but only if it didn't mean moving the air base from their locality Concerns about weather, more frequent flooding affecting ability for road responses.
A resilient Wales	People in terms of their use of the physical environment: consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces. A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).	Feedback suggested investing in training citizens in healthy lifestyles, first aid/community resilience, and improved driver education to alleviate overall demand on emergency services. During the engagement process, people regularly raised concerns about the road infrastructure and the high level of road accidents in the local area. They raised concerns about the local industries of farming and forestry work being dangerous with high levels of accidents and incidents. Less was mentioned about green spaces and the mental health /wellbeing of local people although the potential move of the air base did make them feel less safe. Some shared another air ambulance consultation - Hampshire Air Ambulance who were consulting with the public to move of the base of their helicopter to an area closer to the densest population, from a rural area. The environmental impacts and shorter journey times for patients were highlighted as well as the ability to provide a better service to the previously location area. This was a topic of interest within the social media groups who believed that the consultation being held was fairer and more open. The work was considered and overwhelmingly provided a very similar set of issues (to the EMRTS Service Review) in trying to get to see more patients but not excluding rural areas. This service provided one helicopter to 1.8million people. The service in Wales operates 4 helicopters to 3.1million people.

Wellbeing Goal	Considerations	Examples of Feedback
A healthier Wales	People being able to improve/ maintain healthy lifestyles: consider the impact on healthy lifestyles, including health eating, being active, no smoking/smoking cessation, reducing the harm caused by alcohol and or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc. A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.	Scepticism expressed about service developments made by Health Boards and Local Authorities, with the perception that they are resulting in worse services. There's concern that any base moves could negatively affect other emergency responders in the Powys area. Overwhelmingly, local people to the air bases considered themselves much safer in terms of having a local air base. Frequently people misunderstood that EMRTS did not provide a fast ambulance and regularly suggested that this was all that was required. The pre-hospital critical care service meant that many felt this was very important as they did not have a district general hospital.
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances). People being able to access the service offered: consider access for those living in areas of deprivation and or those experiencing health inequalities	Wider discussion was heard in relation to primary care services as well as ambulance services. The low level of performance in the areas was a topic of concern and the potential change for this high-end service seemed to escalate the perceived impact. A range of potential perceived equality impacts have been identified in the previous section about emergency health needs for rural communities – with mitigation actions agreed as appropriate – as part of any decision-making process.
A Wales of cohesive communities	People in terms of social and community influences on their health: consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identify; cultural and spiritual ethos Attractive, viable, safe and well-connected communities.	Local communities visited had a high level belonging and use of social networks. The responses reflect the sense of a community asset and the strength of feeling to maintain this. There was balance, that the service should see as many people as possible, as long as this did not move the base. Many local (to base) respondents suggested that if the base was moved that they would no longer contribute to the Wales Air Ambulance Charity. This was a frequent response which suggested that they felt the service was closing and there would not be a service. Despite reassurances this message appears to be unheard. Respondents have identified concerns about overall community viability and cohesiveness about public services generally. They have identified concerns about an erosion of public services that believe will affect people's choices around moving to or staying in rural areas, and this might affect overall community sustainability.

Wellbeing Goal	Considerations	Examples of Feedback
A Wales of vibrant culture and thriving Welsh language	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation. People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	No examples were shared; however, every session had simultaneous translation and 121s had bilingual staff ready to engage with the public. All documents were produced bilingually There are opportunities to continue to support and develop the service through the medium of Welsh.
A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work. People in terms of their income and employment status: consider the impact and availability and accessibility of work, paid and unpaid employment, wage levels, job security, working condition	People raised the dangerous occupations regularly. Respondents expressed concerns that the loss of EMRTS and other health services primary care GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc.

Table 24: Impact on Well-Being of Future Generations Act

Summary of Emergent Themes

There was good quality dialogue and/or feedback in all sessions - drop-ins, in-person public meetings, and virtual/on-line.

Whilst the focus of the engagement has been on the EMRTS Service Review and how to develop the air ambulance service that is provided in partnership by the Wales Air Ambulance Charity and Emergency Medical Retrieval and Transfer Service Cymru (NHS Wales), throughout the dialogue feedback surfaced that covered health and social care issues more broadly. This has provided rich intelligence shared with colleagues across NHS Wales and Welsh Government.

Many personal experiences and testimonials were shared during the engagement through all response routes. This feedback highlights the value placed on the service and the general sense of anxiety over any proposed base move amongst respondents living in the Caernarfon and Welshpool areas (Betsi Cadwaladr University Health Board and Powys Teaching Health Board areas.)

It is evident from feedback that there are several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively):

- Dissatisfaction and opposition to the closure of air bases in Welshpool and Caernarfon.
- Concerns about longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas.
- Criticism of the proposed new location for air ambulance services and doubts about its effectiveness.
- Belief of the impact on rural communities, aging populations, and workers in hazardous professions.
- Risk of decreased donations to the Wales Air Ambulance charity, potentially threatening its sustainability.
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage to other areas as an alternative to closure.
- Emphasis on equitable access to pre-hospital critical care across all regions of Wales.
- Calls for decision-makers to reconsider proposed options and prioritize the health and safety of residents.

These themes highlight the importance identified by the respondents to the need to address the needs of rural communities and protected characteristic groups, ensuring timely access to pre-hospital critical care, and maintaining essential life-saving services across Wales.

Notwithstanding the concerns of the public and stakeholder feedback in these areas there is a consensus of understanding that:

- Unmet patient need must be provided for by the service; and
- Highly skilled clinical teams need to be used in the best way to provide for patients.

n addition, the national feedback concluded the following priorities:

- everyone in Wales should have equal access to the service;
- the service should be structured to treat as many people as possible
- before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

Emergency Ambulance Services Committee
Unit 1, Charnwood Court
Billingsley Road
Parc Nantgarw
Cardiff
CT15 7QZ

www.easc.nhs.wales

Llais,
33-35 Heol y Gadeirlan,
Caerdydd,
CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB

Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

15 March 2024

Dear Hayley,

Following the publication on 12th March 2024 of the papers for the next meeting of the Emergency Ambulance Services Committee (EASC) on 19th March 2024, Llais has prepared an update for consideration by the Health Boards at their forthcoming Board meetings.

Llais had access to meeting papers, including the final Emergency Medical Retrieval and Transfer Service (EMRTS) review recommendation report, at the same time as the public on 12th March 2024.

Llais raised concerns with EMRTS review team before Phase 3 that the timescales of this last stage were tight and shared concerns that these timescales should not compromise the important need of meaningful consideration of the comments, views, issues, and concerns shared by individuals during Phase 3 nor the final decision-making process.

Throughout the process The Board of Community Health Councils/ Llais have listened and shared what has been heard with CASC, EASC and the seven Health Boards.

This summary builds on the Llais feedback given throughout the process and relates to Phase 3, recognising that the concerns and issues raised have been consistent throughout the process.

What have we heard?

We have predominantly heard from the communities of Mid and North Wales; the feedback Llais has seen largely mirrors the themes reflected in the EMRTS Phase 3 Engagement report.

Llais,
33-35 Heol y Gadeirlan,
Caerdydd,
CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB

In addition, Llais has heard:

- People and communities are not reassured of the impact of the proposal on rural areas
- People and communities are not reassured that there will be no impact by the decision to move bases
- People feel strongly that Option A and B will lead to a further reduced emergency provision in rural Wales – DGH/ WAA/WAST (particularly given red call response time statistics) (*Llais recognises that this is somewhat addressed in the final report recommendation 4*)
- Concerns about further erosion of services to rural areas
- People and communities do feel they have been engaged with, but some report not feeling listened to
- A continuous feeling, as per other phases, that a decision had been made before any engagement had been undertaken
- People found it hard to understand because of the complexity and volume of the documentation, and the lack of clearly summarised information for those who wanted the facts
- The workshop (to decide on shortlist of options) was not inclusive ie. no community representation
- That the only two options provided in Phase 3 were option A) a base in Rhuddlan and option B) a base in Rhuddlan with an RRV in Wrexham
- Conflicting analysis of EASC's data [by a member of a campaign group]

<u>Llais' observations</u>

Although NHS bodies retain the responsibility for service change, it is important that they work in partnership with their communities and develop proposals in a genuinely co-designed way. Llais remains concerned that not enough clear and easy to understand information was provided for people to be able to engage effectively in Phase 3 and

Llais,
33-35 Heol y Gadeirlan,
Caerdydd,
CF11 9HB

Llais,
33-35 Cathedral Road,
Cardiff,
CF11 9HB

for informed views to be considered and reflected in the final proposals. Such as:

- There are a high volume of social media comments (circa 17K FB comments) and petitions that have not *yet* been analysed nor taken into account in writing the final recommendation report.
- Llais remains concerned that the Phase 3 engagement may have digitally excluded some people from effectively engaging with the process
- We have some concerns that there is insufficient detail in the five recommendations to provide assurance that community concerns have been a) addressed b) incorporated and c) mitigated

Representation has been made to EASC in Llais' response to the Phase 3 engagement report, which we note EASC will address at the Joint Committee Meeting.

Yours sincerely

Regional Director
Llais Powys

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**
Prif Weithredwr / Chief Executive: **Alyson Thomas**
E-bost / E-mail: **enquiries@llaiscymru.org**
Ffôn / Tel: **02920 235558**

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

Agenda item:3.5

BOARD	**DATE OF MEETING: 20 March 2024**
Subject:	Corporate Parenting Charter
Approved and presented by:	Claire Roche, Executive Director of Nursing and Midwifery
Prepared by:	Assistant Director Nursing, Safeguarding
Other Committees and meetings considered at:	PTHB Safeguarding Strategic Group

PURPOSE:

To update the Board on the Corporate Parenting Charter that has been developed by the Welsh Government to support the delivery of the Welsh Government programme to strengthen public bodies in their role as Corporate Parents, and the recommendation from Welsh Government that all public service leaders in Wales sign up to the Charter.

RECOMMENDATION(S):

The Board is asked to:

1) **NOTE** the Principles and Promises that have been drawn for the Corporate Parenting Charter
2) **APPROVE** the signing of the Corporate Parenting Charter.

Approve/Take Assurance	Discuss	Note
Y/N	Y/N	Y/N

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

EXECUTIVE SUMMARY:

1. Corporate Parenting and the Corporate Parenting Charter

Corporate parenting promotes the collective responsibility of local authorities and public bodies to safeguard and promote the rights and life chances of care-experienced children and young people.

The Corporate Parenting Charter has been developed to support the delivery of the Welsh Government programme to strengthen public bodies in their role as Corporate Parents. It should help public bodies to understand and develop their responsibilities towards care-experienced children and young people, and to ensure they have the same life chances as all children living in Wales.

The Corporate Parenting Charter is a set of **principles** and **promises** which has been developed in collaboration with care-experienced children and young people. They align to the United Nations Convention on the Rights of the Child (UNCRC). They also reflect the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children).

At the official public launch of the Corporate Parenting Charter on 22nd of September 2023, both the First Minister and the Permanent Secretary signed the Charter on behalf of Welsh Ministers and Welsh Government respectively.

Support for the Charter is being sought from all organisations and senior public sector leaders by signing up to the Charter and making a clear public commitment to become "corporate parents" and deliver on the principles and promises outlined in the Charter.

HEADING:

2. Corporate Parenting Charter Principles and Promises

The Corporate Parenting Charter is a set of **principles** and **promises** which has been developed in collaboration with care-experienced children and young people. They align to the United Nations Convention on the Rights of the Child (UNCRC). They also reflect the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children).

2.1 Shared Principles for Corporate Parents

I. Equality – We will support care-experienced children and young people to have the same life chances as every other young person in Wales. This is because all children have rights, no matter who they are (Article 1. UNCRC)

II. Eradicate Stigma – We will recognise care-experienced children and young people for who they are, not just by their experience of being in care. This is because all children have a right not to be discriminated against (Article 2)

III. Togetherness – We will work alongside care-experienced children and young people to ensure their views, feelings and ideas are integral to, influence and inform the services they receive and the way they receive those services. This is because all children have a right to be listened to and taken seriously (Article 12).

IV. Support – We will ensure professionals working with care-experienced young people understand their care experiences children and young people's needs and/or have access to information and training.

V. Ambition – We will ensure every care-experienced child and young person reaches their potential and can enjoy a wide experience of leisure, cultural, sport and social activities. This is because all children have a right to be the best they can be (Article 3 and 29) and have the right to relax and play (Article 31).

VI. Nurture – We will make all care-experienced children and young people feel valued, respected, cared for and loved. This is because all children have a right to be safe and protected from harm (Article 19) and because all children who are not living with their families should be checked on regularly to make sure they are okay (Article 25).

VII. Good Health – We will provide support to access the right health care and advice needed to support the best physical, mental health and general well-being for all care-experienced children and young people. This is because all children have the right to the best possible health and support (Article 24 and 39).

VIII. A Stable Home – We will seek out and provide stable places to live that are right for all care-experienced children and young people. This is because all children have a right to special protection if they don't live with their family (Article 20). This is because any adoption must be overseen by Government to make it supports the young person in their growth and development, is lawful and that it prioritises children's best interests (Article 21).

IX. A Good Education – We will provide opportunities and support for all care-experienced children and young people to learn/develop and help them become who they want to be. This is because all children have a right to an education (Article 28 and 29).

X. Thrive – We will ensure all care-experienced children and young people are prepared for the future and are able make positive choices for independent living and adulthood. This is because all children have a right to reach their potential (Article 3 and 29).

XI. Lifelong – We will work to provide access to and raise awareness of the support and information available after leaving care. This is because adults have a duty to act in children's best interests (Article 3).

2.2 Promises as Corporate Parents

Promises as Corporate Parents are the promises all Corporate Parents should fulfil when working with care-experienced children and young people:

I. We will take time to listen to all care-experienced children and young people and ensure their views, wishes and feelings are heard and actively considered in all decisions made about them.
II. We will treat all care-experienced children and young people with respect.
III. We will involve all experienced children and young people in decisions that are made about them.
IV. We will keep all care experienced children and young people informed about our involvement with them and explain our actions to them.
V. We will use straightforward language when we communicate with all care-experienced children and young people.
VI. We will show compassion when considering the needs of all care-experienced children and young people.
VII. We will work with all care-experienced children and young people to help them achieve their goals.
VIII. We will advise all care-experienced children and young people of the process to make a complaint should they feel we are not adhering to this charter.
IX. We will advise all care-experienced children and young people that they have a right to access independent advocacy to make sure their views, wishes and feelings are heard during decisions being made or when they are unhappy and want something stopped, started or changed.

3. Implication or the Health Board and Local Context

3.1 There is no specific implications for PTHB in signing the Charter, the health board should already align its services to the United Nations Convention on the Rights of the Child (UNCRC), the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children).

3.2 Powys Local Authority have signed the Corporate Parenting Charter. A discussion is due to take place in April 2024 within the local Corporate Parenting Group regarding how the Principles and Promises can be woven into the work of the Group, how organisations who have signed the Charter can begin to demonstrate their commitment to the Charter and support and challenge each

other when required. PTHB are represented on the Group by the Assistant Director of Nursing, Safeguarding.

NEXT STEPS:

- agree to sign the Corporate Parenting Charter Corporate parenting Charter | GOV.WALES
- continue to be represented at the Local Corporate Parenting Group where, with our partners, the Charter can begin to be embedded and be referenced in work of the Corporate Parenting Group, and where agencies can demonstrate and challenge each other's commitment to the Charter.
- Build on the current data set which supports PTHB demonstrate compliance with the Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children)
- Build on the work already underway in PTHB to gain feedback from Children who are looked after and support their voices to be heard.
- Report on progress embedding the Charter and it impact within PTHB Strategic Safeguarding Group

IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	X				No additional comments to report.
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

Llywodraeth Cymru
Welsh Government

Corporate Parenting Charter – A Promise from Wales

"A SHARED PARENTING PLEDGE"

gov.wales

What is Corporate Parenting?

- Corporate parenting promotes the collective responsibility of local authorities to safeguard and promote the rights and life chances of care-experienced children and young people. Children can find more information about their rights here: **Children's Commissioner for Wales – UNCRC Childrens Rights**.
- Supporting care-experienced children and young people through their childhoods and as they leave care should be the responsibility of all public sector bodies.
- We want these bodies to understand and develop their responsibilities towards care-experienced children and young people, and to ensure they have the same life chances as all children living in Wales.

Why a Charter? What's it for?

- A Charter is a set of principles and promises. This Charter has been developed in collaboration with care-experienced young people.
- This Charter is a set of promises that can be adopted by any public sector body when engaging with care-experienced children and young people.
- It also sets out shared principles that all bodies and their leaders should follow when providing services to care-experienced children and young people.
- We want all public sector bodies and senior leaders to sign up to this Charter as a good Corporate Parent. This Charter is not exclusive to local authorities and public bodies, and we would welcome any members of the third sector and private sector to sign up and become a Corporate Parent.
- The development of this Charter takes into account the overarching duties laid out in Part 2, General Functions of the Social Services and Well-being (Wales) Act 2014. Specifically, that a person exercising functions in relation to an individual for example a looked after child must have regard to the characteristics, culture and beliefs of the individual (including, for example, language). **www.law.gov.wales/social-services-and-well-being-wales-act-2014-further-legislation-codes-and-guidance-made-under-act**
- The Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children) will be revised to include additional guidance on the Charter. The updated Code of Practice will be published in 2024 and Charter will be reviewed as part of this process.

Which kind of public sector body, public service or professionals do we mean?

This charter is for any public sector body or individual who engages with or is responsible for care-experienced children and young people to adopt. For example:

- Politicians – Welsh Ministers, Members of the Senedd, (**United Nations Convention on the Rights of the Child, Article 4**).
- Independent Bodies – The Children's Commissioner, The Future Generations Commissioner and The Welsh Language Commissioner.
- Local Authorities – councillors, chief executives, directors of social services, local authority commissioners and procurement teams, housing and education, Foster Wales and National Adoption Service.
- Local Health Boards.
- NHS Trusts.
- Regional Partnership Boards.
- Social Care Providers – Local authorities, residential children's homes and independent foster agencies.
- Social Care Professionals and practitioners – social workers, Independent Reviewing Officers (IROs), personal advisers, youth and support workers, residential children's home staff, foster carers, kinship carers and adoptive parents.
- Housing Providers – housing associations.
- Education – schools, governors, universities, colleges and Qualifications Wales.
- Transport for Wales.
- Third Sector Organisations and voluntary adoption agencies or services.
- Inspectorates – Care Inspectorate Wales (CIW), Estyn and Health Inspectorate Wales (HIW).
- Cafcass Cymru.
- Department for Work and Pensions.
- Police – youth justice teams and those supporting individuals in custody.
- Employers/Apprenticeship/Traineeship providers.
- Other public bodies: National Resources Wales, National Park Authorities, The Arts Council of Wales, Sport Wales, National Library of Wales and National Museum of Wales. (**As listed in Section 6 of the Wales Future Generations Act 2015**).

Shared Principles for Corporate Parents

- **Equality** – We will support care-experienced children and young people to have the same life chances as every other young person in Wales. This is because all children have rights, no matter who they are (Article 1. UNCRC)
- **Eradicate Stigma** – We will recognise care-experienced children and young people for who they are, not just by their experience of being in care. This is because all children have a right not to be discriminated against (Article 2)
- **Togetherness** – We will work alongside care-experienced children and young people to ensure their views, feelings and ideas are integral to, influence and inform the services they receive and the way they receive those services. This is because all children have a right to be listened to and taken seriously (Article 12).
- **Support** – We will ensure professionals working with care-experienced young people understand their care experiences children and young people's needs and/or have access to information an training.
- **Ambition** – We will ensure every care-experienced child and young person reaches their potential and can enjoy a wide experience of leisure, cultural, sport and social activities. This is because all children have a right to be the best they can be (Article 3 and 29) and have the right to relax and play (Article 31).
- **Nurture** – We will make all care-experienced children and young people feel valued, respected, cared for and loved. This is because all children have a right to be safe and protected from harm (Article 19) and because all children who are not living with their families should be checked on regularly to make sure they are okay (Article 25).
- **Good Health** – We will provide support to access the right health care and advice needed to support the best physical, mental health and general well-being for all care-experienced children and young people. This is because all children have the right to the best possible health and support (Article 24 and 39).
- **A Stable Home** – We will seek out and provide stable places to live that are right for all care-experienced children and young people. This is because all children have a right to special protection if they don't live with their family (Article 20). This is because any adoption must be overseen by Government to make it supports the young person in their growth and development, is lawful and that it prioritises children's best interests (Article 21).

- **A Good Education** – We will provide opportunities and support for all care-experienced children and young people to learn/develop and help them become who they want to be. This is because all children have a right to an education (Article 28 and 29).
- **Thrive** – We will ensure all care-experienced children and young people are prepared for the future and are able make positive choices for independent living and adulthood. This is because all children have a right to reach their potential (Article 3 and 29).
- **Lifelong** – We will work to provide access to and raise awareness of the support and information available after leaving care. This is because adults have a duty to act in children's best interests (Article 3).

Our Promises as Corporate Parents

Set out below are the promises all Corporate Parents should fulfil when working with care-experienced children and young people:

- We will take time to listen to all care-experienced children and young people and ensure their views, wishes and feelings are heard and actively considered in all decisions made about them.
- We will treat all care-experienced children and young people with respect.
- We will involve all experienced children and young people in decisions that are made about them.
- We will keep all care experienced children and young people informed about our involvement with them and explain our actions to them.
- We will use straightforward language when we communicate with all care-experienced children and young people.
- We will show compassion when considering the needs of all care-experienced children and young people.
- We will work with all care-experienced children and young people to help them achieve their goals.
- We will advise all care-experienced children and young people of the process to make a complaint should they feel we are not adhering to this charter.
- We will advise all care-experienced children and young people that they have a right to access independent advocacy to make sure their views, wishes and feelings are heard during decisions being made or when they are unhappy and want something stopped, started or changed.

References

Reference	Description
UNCRC Article 2	The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.
UNCRC Article 4	Governments should make these rights available to children.
UNCRC Article 12	Respect for children's views. Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously.
UNCRC Article 19	Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.
UNCRC Article 20	Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.
UNCRC Article 21	Adoption. Government must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests.
UNCRC Article 24	Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.
UNCRC Article 25	(Review of treatment in care). If a child has been placed away from home for the purpose of care or protection (for example with a foster family or in a hospital they have a right to a regular review of their treatment, the way they are cared for and their wider circumstances.
UNCRC Article 28	Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.
UNCRC Article 29	Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their own and other cultures and the environment.
UNCRC Article 31	All children have a right to relax and play, and to join in a wide range of activities.
UNCRC Article 39	Children who have been neglected or abused should receive special help to restore their self-respect.

UNCRC

The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement that protects the human rights of children up to the age of 18. It recognises not only their basic human rights but gives them additional rights to protect them from harm as one of the most vulnerable groups in society. In 2011 the Welsh Government made the UNCRC law in Wales, with the Rights of Children and Young Persons (Wales) Measure 2011. The Measure places a duty on Welsh Ministers to have a due regard to the UNCRC and its Optional Protocols when making their decisions. Altogether there are 54 articles in the convention. Articles 1-42 set out how children should be treated.

For further information on the United Nations Convention on the Rights of the Child please visit:
The Welsh Government's UNCRC website **Children's rights | Sub-topic | GOV.WALES**.

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 March 2024
CYFARFOD O: **MEETING OF:**	Powys Teaching Health Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales**
AWDUR YR ADRODDIAD / REPORT AUTHOR	Rani Dash, Director of Corporate Governance, Aneurin Bevan University Health Board, and Chair of National Commissioning Programme Governance Workstream
CYFLWYNYDD YR ADRODDIAD / REPORT PRESENTER	
PWRPAS YR ADRODDIAD / **REPORT PURPOSE**	To provide an update on the establishment of the NHS Wales Joint Commissioning Committee and to seek adoption of its governance framework, as a Joint Committee of the Board.

1. Situation/Background

1.1 Welsh Government's *"A Healthier Wales: long term plan for health and social care"* committed to a review of national commissioning functions. Consequently, an independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

1.2 The scope of the Review, as set out in its Terms of Reference, was to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps;
- Horizon scan future national (and regional) commissioning requirements;
- Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive;

- Describe the potential national commissioning functions to be undertaken ('function');
- Describe the different options for delivery of those function ('form');
- Describe the different options for future governance and decision-making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive;
- Make recommendations on a preferred way forward; and
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation).

1.3 The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.

1.4 In summary, the recommendations made were:

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
- The term "specialist" [or "specialised"] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

1.5 While the commissioning of 111 services was not explicitly included in the initial scope of the review, this was considered under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore

be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

1.6 It was also confirmed that the planned transfer of the Sexual Assault Referral Centres (SARCs) commissioning service from the NHS Executive to the NCCU on 1 April 2024 would also be included within the remit of the work to be taken forward.

1.7 In response to the review, a National Commissioning Programme, led by Welsh Government with accountability to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales, was established. The purpose of which being to implement the recommendations arising from the review and to provide strategic direction and control to ensure all required preparatory work and engagement was undertaken in readiness for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

2. Establishment of the NHS Wales Joint Commissioning Committee

2.1 On the 6 November 2023, the Minister for Health and Social Services confirmed the title of the new national commissioning joint committee would be, NHS Wales Joint Commissioning Committee / Cyd-bwyllgor Comisiynu GIG Cymru.

2.2 The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are: (a) specialised services for: (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children; (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis; (c) emergency medical services; (d) non-emergency patient transport services; (e) emergency medical retrieval and transfer services; (f) NHS 111 services; (g) sexual assault referral centres; and (h) other services as directed by the Welsh Ministers.

2.3 For the purpose of jointly exercising those functions set out within the Directions, the Local Health Boards will establish a joint committee to be operational on 1 April 2024, which will supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee as Joint Committees of Local Health Boards.

2.4 The Directions determine that the host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).

2.5 The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 (the Regulations) were laid before Senedd Cymru on 9th

February 2024 and will come into force on 1st April 2024. These Regulations make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee (the Joint Commissioning Committee [JCC]), including its procedures and administrative arrangements. An Explanatory Memorandum was also laid before Senedd Cymru.

2.6 As set out within Part 2 of the Regulations, membership of the JCC will consist of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers.

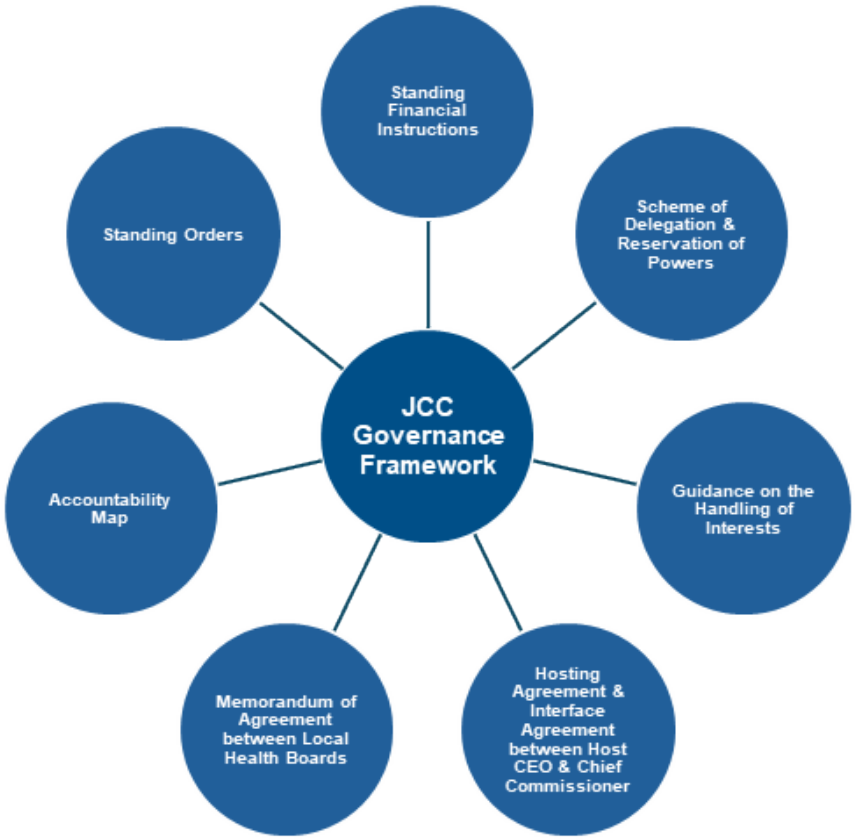
2.7 In addition, the JCC's membership will include an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the intention is for the Chief Commissioner to hold Accountable Officer status, delegated by Welsh Government, for accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

2.8 At the time of writing, processes are underway to appoint the JCC's Chair and Lay Members and an Interim Chief Commissioner. Announcements in respect of these are expected imminently.

3. Governance Framework of the NHS Wales Joint Commissioning Committee

3.1 The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Board and have been developed within that context.

3.2 The Governance Framework of the JCC will contain the following and an update on each element is provided below:



3.3 Standing Orders – The JCC's Standing Orders are to be issued by Welsh Ministers to Local Health Boards (LHBs) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board in Wales must agree the Standing Orders for the regulation of the NHS Wales Joint Commissioning Committee's proceedings and business to form part of each LHBs Standing Orders.

The JCC Standing Orders therefore form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day-to-day operating practice.

3.4 Scheme of Delegation and Reservation of Powers – The JCC's Scheme of Delegation and Reservation of Powers will form an annex to the JCC's Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the JCC's business:

- Those matters reserved for Local Health Boards;
- Those matters delegated from Local Health Boards and reserved for the JCC; and
- Those matters further delegated from the JCC to the Chief Commissioner (and other Officers as appropriate).

In addition to the responsibilities delegated from the JCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out

within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It will also be necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

3.5 Standing Financial Instructions – The JCC's Standing Financial Instructions (SFIs) will form an annex to the JCC's Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the JCC's Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

3.6 The approved Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions, will be issued under Ministerial Direction by the end of March 2024 in readiness for the JCC to become operational on 1st April 2024. The Board is required to formally adopt these as part of its overall governance framework for the Health Board, with the JCC being a formal Joint Committee. As these documents are not available at the time of writing, **the Board is asked to AGREE the use of Urgent Chair's Action, in-line with the Health Board's Standing Orders**, to formally adopt the JCC's Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions by 1st April 2024. These will then be formally presented to the full Board at its next meeting held in public, along with other components of the JCC's governance framework, for information, as set out below.

3.7 Accountability Map - an Accountability Map for the JCC has been developed and at the time of writing is subject to final agreement. The purpose of the Accountability Map is to outline the formal accountabilities and formal relationships between Welsh Government, Local Health Boards, the Host Body (CTMUHB), the JCC and its Team.

3.8 Guidance on the Handling of Interests – Guidance has been developed to set out the arrangements for the appropriate handling of declarations of interests within the JCC's business, ensuring that the JCC operates within its Standing Orders and the Standards of Behaviour Framework set by CTMUHB as the Host Body. This guidance extends to the handling of interests which may, or be perceived to, arise where a JCC Officer Member (a Chief Executive of a Local Health Board) is an employee of an organisation which is a provider of services commissioned via the JCC.

3.9 Memorandum of Agreement between Local Health Boards - To ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement between all 7 Local Health Boards (LHBs) will be established, which

will set out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officer of each constituent LHB as individual officer members of the JCC.

3.10 Hosting Agreement – A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards will be established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This will be supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

4. Recommendations

4.1 The Board is asked to:

a. NOTE the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers;

b. NOTE that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024;

c. NOTE the development of the JCC's governance framework, as a key component of the Health Board's governance framework; and

d. AGREE the use of Urgent Chair's Action, in-line with the Health Board's Standing Orders**,** to formally adopt the JCC's Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions by 1st April 2024.

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.

Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report. There is not expected to be an additional cost as costs associated with the establishment of the new NHS Wales Joint Commissioning Committee will be borne out of existing budgets of WHSSC, EASC, NCCU and costs relating to any other commissioning functions transferred into the new Joint Commissioning Committee.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.7

BOARD MEETING	**20 March 2024**
Subject:	Integrated Quality & Performance Framework – 2024 Revision
Approved and presented by:	Stephen Powell, Executive Director of Planning, Performance and Commissioning Claire Roche, Executive Director of Nursing and Midwifery
Prepared by:	Assistant Director of Performance and Commissioning Assistant Director of Quality and Safety
Other Committees and meetings considered at:	Executive Committee - 6March 2024. Board Development – 14 March 2024

PURPOSE:

The Powys Teaching Health Board (PTHB) Integrated Performance Framework (IPF) was approved in September 2022. The framework has been updated to include additional detail regarding a Quality and Performance Escalation process within the context of The Health and Social Care (Quality & Engagement) (Wales) Act ('the Act') which came into force on 1st April 2023.

The purpose of this paper is to provide an update on the modification of the IPF which has been renamed as the Integrated Quality & Performance Framework (IQPF).

RECOMMENDATION(S):

The Board is asked to:

1. **DISCUSS** and **APPROVE** the proposed revisions to the new Integrated Quality and Performance Framework to include a Quality and Performance Escalation process.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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

EXECUTIVE SUMMARY

PTHB is committed to developing a compassionate and collective culture that is underpinned by effective quality and performance management focusing on continuous improvement.

The Health and Social Care (Quality & Engagement) (Wales) Act ('the Act') became law on the 1st June 2020 with the intention to support an ongoing, system-wide approach to quality improvement within the NHS in Wales; further embed a culture of openness and honesty; and help drive continual public engagement in the design and delivery of health and social care services.

The Act reframes and broadens the existing duty of quality on NHS bodies and aims to improve and protect the health, care and well-being of both current and future populations of Wales by focusing securing improvement in Health Services; implementing a Duty of Candour; establishing a Citizen Voice Body for health and social care; and the appointment of Vice Chairs for NHS Trusts bringing them in line with Health Boards.

To secure improvement in health services, the Health Board requires a framework that supports a Quality Management System. It is proposed that the existing IPF is updated to further refine the quality and performance escalation process; is renamed the IQPF; and is utilised as the vehicle for deploying required quality & performance assurance.

The quality and escalation process within the IQPF is based on the principle that wherever possible performance issues should be resolved at individual, team, clinical service group and corporate directorate level, with the quality and escalation process to be followed where necessary with appropriate support and intervention provided at the earliest opportunity to optimise performance.

DETAILED BACKGROUND AND ASSESSMENT

The purpose of the addition of the Quality and Performance Escalation tool is to:

- Set out the PTHB approach to establishing and maintaining an effective quality and performance management mechanism to enable, monitor and achieve delivery of the Health Board's strategic priorities and operational plans, with a focus on quality and safety.

- Drive improvement, deliver operational commitments and support the delivery of better outcomes for our patients and staff.

- Set out the expectations of the Health Board as a whole, those of Clinical Service Group, Directorates, Services and individuals, providing a framework for how the Health Board monitors and manages its own performance.

To achieve its ambitions, PTHB must ensure consistency in its approach to managing and delivering its priorities and plans, that sufficient escalation triggers are in place and that the Board is routinely sighted on and involved in the mitigation of key risks.

The addition of the Quality and Performance Escalation tool within the renamed IQPF aims to continually assess PTHB provider and commissioned services against a determined criteria and provides PTHB with a mechanism to escalate services to further scrutiny where improvements are required. The IQPF:

- Will act as the overarching mechanism for performance management across the Health Board and will form part of the assurance to the Board regarding achieving the strategic objectives within the developing Board Assurance Framework (BAF).

- Describes the meeting and reporting structure that will be required to be in place to ensure that there is effective performance management across the Health Board and the roles and responsibilities of all individuals are clear.

- Set out the performance management principles for the Health Board to support a culture of continuous improvement.

The proposed additions within the IQPF are as follows:

1. Updated responsibilities of the Executive Directors.
2. System of reporting, review, escalation and assurance (service and corporate level).
3. Escalation process across 4 domains and 3 levels of escalation.

The updated and renamed IQPF is included in Appendix One (paper 3.7a).

IMPACT ASSESSMENT

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

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

Powys Teaching Health Board

Integrated Quality & Performance Framework

2024/25 – 2026/27

(a three year framework allowing for annual review)

Document Control

Document Author:	Stephen Powell; Claire Roche; Chris Moss; Zoe Ashman; Simon McLellan
Document Owner:	Stephen Powell and Claire Roche
Electronic File Name:	PTHB Integrated Quality & Performance Framework
Document Type:	
Approval:	Executive Committee Delivery and Performance Committee Board
Frequency of Review:	12 monthly
For Use By:	Internal use for Health Board

Version History and Control

Version	Date	Author	Reason and Changes
Draft v1	Ffion Ansari	19/04/17	First draft
Draft v2	Ffion Ansari	19/05/17	Revision following discussion with DP&P, CEO, Asst. Dir. Commissioning
Draft v3	Ffion Ansari	01/06/2017	Minor amendments following discussion with Dir. Governance & Corporate Affairs
Draft v4	Ffion Ansari	02/06/2017	Comments of DP&P 17/06/2017 included
Draft v5	Ffion Ansari	16/06/2017	Feedback of D&P Group included in for revised draft
Draft v6	Ffion Ansari	20/07/2017	Revised structure to reflect comments of CEO, Medical Director and further comments from Planning & Performance Team
Final Draft v7	Ffion Ansari	01/09/2017	Updated following final review by Delivery and Performance Group on 09/08/17
Final Version v8	Ffion Ansari	14/09/17	Additional content on Benchmarking included following Finance Planning & Performance Committee 12/19/17

Version	Date	Author	Reason and Changes
2022 New Integrated Performance Framework Draft version 1	Stephen Powell	15/09/2022	First Draft – updating the previous Improving Performance Framework and incorporating the previous Commissioning Assurance Framework
2022 New Integrated Performance Framework Draft version 2	Stephen Powell	23/09/2022	Updated to reflect comments received at Executive Director session held 22/9/22
2024 Integrated Quality & Performance Framework	Chris Moss Zoe Ashman	4/03/2024	Updated to reflect increased focus on Duty of Quality

Powys THB Integrated Quality & Performance Framework

2024/25 – 2026/27

1. PURPOSE

Powys THB is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of Powys. To ensure that the best possible health and wellbeing outcomes are achieved for Powys residents and that services are provided to the necessary standards, the Health Board sets out in its framework for improving quality and performance processes to provide assurance on the comprehensive implementation of its Integrated Medium Term Plan (IMTP).

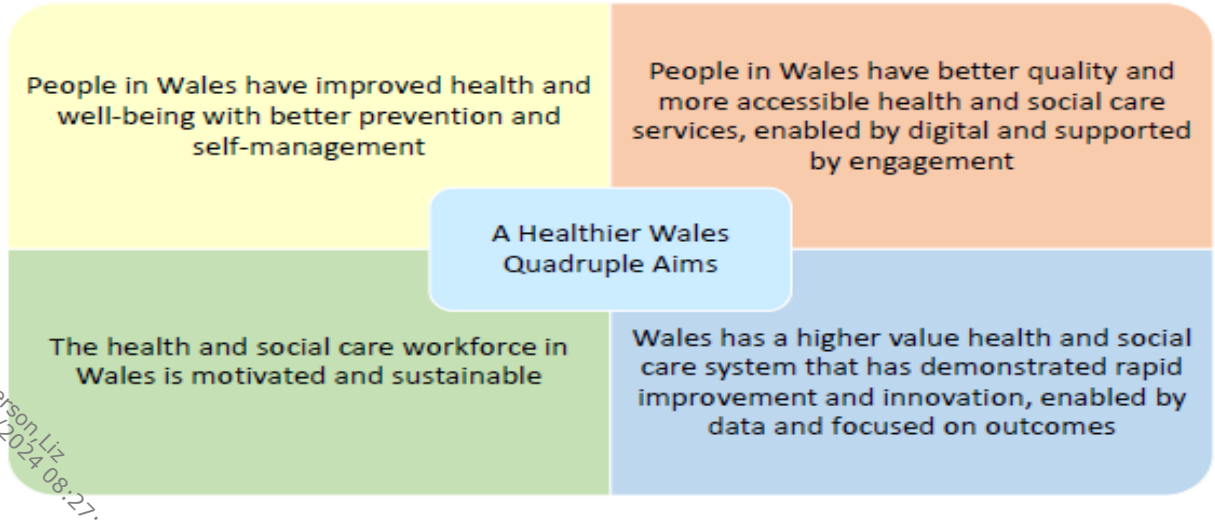
The objective of this framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.

The Integrated Quality & Performance Framework (IQPF) is a contributor to the Board Assurance Framework (BAF). This will ensure there are sufficient, continuous and reliable assurance on the management of the major risks to the delivery of strategic objectives and most importantly to the delivery of quality, patient centred services.

The purpose of this framework is to primarily integrate key performance measurables from:-

1. The Welsh NHS Performance Framework.
2. Finance and Delivery unit minimum data set (MDS) annual plan objectives and any associated accountability conditions upon the plan.

The key drivers for healthcare in Wales as required by Welsh Governments "A Healthier Wales" are captured in the diagram. Health Board's management function including the Board need to be able to monitor progress upon these key deliverables.



Measurement of actual performance versus target requirement on a frequent basis will enable proactive and appropriate interventional actions when required in challenging or deteriorating situations and drive continuous improvement in service delivery for the benefit of our responsible population's health and wellbeing. To do this effectively, information must be timely, accurate and maintain the health boards confidentiality, whilst evidencing quality and performance management.

Improving and managing quality of care along with performance is everyone's business, positive performance management will enable service improvement, strengthen planning and risk management whilst facilitating effective problem solving to support delivery without stifling innovation and change. The improving quality, performance and planning arrangements in place have developed a solid foundation for effectively managing performance. This revision of the framework seeks to ensure alignment with the principles of Duty of Quality to facilitate a step change in quality informed performance improvement and management. This will build on the foundations in place to create a culture of quality focussed positive performance improvement which supports the delivery of the IMTP, manages risks effectively and provides assurance to the Board on delivery.

Ultimately the IQPF aims to report holistically at service, directorate, or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall quality and performance will be assessed via intelligence gathered across key domains including access & activity; finance & value; workforce & culture; and quality, safety & patient experience outcomes and performance indicators.

2. SCOPE

The IQPF applies to all activities in all parts of the Health Board. The scope therefore includes all services the Health Board provides and those commissioned in County and out of County. The previous separate Commissioning Assurance Framework has been incorporated into this framework.

The key purpose of the framework is to:

- Define roles and responsibilities for managing and improving performance;
- Describe the structures required to deliver robust quality care, performance management and improvement;
- Set out the processes of a quality management system which will support quality improvement, quality planning and quality control through proactive problem solving and risk management.
- The format and delivery of services may change over time. The areas where the IQPF apply are shown below. This is not an exhaustive list.

Areas of Application	
Commissioned Services	Community, Mental Health & Secondary Care providers – England and Wales
	Joint Commissioning Committee
	Voluntary Sector
	Residential and Nursing Home Packages of Care
PTHB Provided Services	Primary Care including GMS, GDS, GOS, GPS
	Maternity Services
	Community Service Group
	Women and Childrens Service Group
	Mental Health and Learning Disabilities
	Corporate Departments including support services

The IQPF is not intended to:

- Exhaustively measure all aspects of organisational and commissioning performance.
- Replace or duplicate the role of Health Inspectorate Wales, Care Inspectorate Wales and for services based in England the Care Quality Commission.

3. COMPONENTS OF THE FRAMEWORK

3.1 Guiding Principles

The following principles underpin the framework:

- **Culture of Innovation and Improvement:** These arrangements are intended to support the development of a culture of continuous performance improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the Personal Appraisal and Development Review (PADR) process. Good performance will be recognised, and staff supported and engaged with an understanding of expectations. At directorate level, the Framework for Improving Performance should also be used as a driver for cultural change and engagement.

- **Transparency:** Agreed performance objectives will be clear and performance measures transparent. Expectations and accountabilities will be clearly set out for individuals, directorates and teams through agreed plans, quality performance targets and measures with clear escalation arrangements in place to manage non delivery.

- **Integrated:** The quality performance management approach will be integrated, action orientated and focussed on delivering improved performance. Performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, financial and workforce performance, benchmarking and delivery of actions against planned milestones.

- **Proportionality and Balance:** Quality performance management arrangements will seek to ensure that performance management interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support is maintained. The framework will also endeavour to balance the burden of reporting with the assurance requirements necessary for the Board.

- **Accountability:** Quality & performance management arrangements will ensure that all parties are clear where lines of accountability lie with processes in place to manage escalation of poor performance or non-delivery against plan. This will be supported by the Integrated Quality & Performance Group and directorate review meetings to review and challenge delivery and performance.

- **Empowerment and Delegation:** Higher performance will earn greater levels delegated authority. Conversely, there will be greater levels of performance management intervention in underperforming areas. The health board's longer term direction for performance management is to develop an approach which will allow consistently high performing Directorates to be assessed against a clear set of governance criteria, with success resulting in reward such as reduced reporting frequency and flexibilities around decision making and innovative ways of working.

- **Promoting excellence and quality:** ensuring service provision meets the "Fundamentals of Care" and NHS Wales's Health and Social Care Quality and Engagement Act (2021).

- **Focussed on outcomes:** PTHB can influence outcomes for services directly provided and will work in partnership with other service providers where required.

- **Evolve over time:** The IQPF be based on what can be measured now and will be updated as time progresses to reflect either new data becoming available or a change to regulatory or national oversight measures.

4. ROLES & RESPONSIBILITIES

A key element of quality and performance improvement and assurance arrangements is the need to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance across both directly provided and commissioned services. The Board's Strategic Objectives will be cascaded through the IMTP, Annual Plan and Directorate Plans to inform objectives for all teams and individuals throughout the organisation, and measurable targets will be set and agreed. This links directly to the continuous development and improvement of Individual Performance Review and Personal Development Planning.

Whilst it is everyone's role to manage performance, the Board must drive a culture of quality and performance by providing a clear vision together with health board

aims, objectives and priorities by holding the Executive Team to account for the delivery of the IMTP.

Effective performance improvement requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

4.1 Board

The Board has overall responsibility for the implementation of the Framework for Improving Performance. The Board provides leadership and direction to the organisation and will agree the health board's vision, aims, strategic objectives and annual priorities through approval of the IMTP and the Annual Plan and will undertake and annual assessment of its performance. The Framework for Improving Performance provides evidence to support the Board in receiving assurances on performance, safety and delivery against these aims, objectives and priorities.

4.2 Chief Executive Officer

The Chief Executive Officer is responsible for the management of the organisation including ensuring that financial and quality of service responsibilities are achieved within available resources and identifying opportunities for improvement and ensuring those opportunities are taken.

The Chief Executive has delegated responsibility for the detailed operation of the Framework for Improving Performance to the Executive Director of Planning and Performance. To discharge this responsibility, s/he will work with the Executive Directors to ensure effective performance management and improvement arrangements are in place across the health board.

4.3 Executive Team

The Executive Team, through the Delivery and Performance Group, provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees. The Executive Team also decides, given evidence from directorate or corporate teams, whether any deviation from required performance is material in relation to the health board's escalation process (described in section 6).

4.4 Executive Directors

Each Executive Director is responsible for supporting the development of strategic and organisational plans including the IMTP and Annual Plan and in the development and implementation of their own Directorate Plan ensuring all plans are informed by evidence, are achievable and challenging with particular reference to their areas of responsibility and/or expertise. Each Director also has responsibility for supporting the analysis and reporting of performance for their areas of responsibility though the structures set out in the Framework for Improving Performance, including participating in Directorate Performance Reviews for all Directorates and leading the performance review of their own directorate.

- The **Executive Director of Nursing and Midwifery** ensures that the required levels of nursing performance are in place through the IQPF and

ensures that delivery against the Quality Outcomes Framework is embedded into this process.

- The **Executive Director of Workforce and OD** is responsible for ensuring that affordable and appropriate workforce planning is in place along with robust arrangements for reviewing the performance of all staff on an individual basis. They work closely with the Medical Director, Director of Nursing and Midwifery and the Director of Therapy and Health Science who have individual responsibilities for ensuring clinically qualified staff have appraisals which deliver their professional standards.

- The **Executive Director of Public Health** is responsible for ensuring that robust plans are in place to secure improvement in population health and well-being and to protect the health of the local community.

- The **Medical Director** ensures that the required levels of medical performance and relevant quality areas are in place through the IQPF.

- The **Executive Director of Therapies and Health Science** ensures that the required levels of therapy and health science performance and relevant quality areas are in place through the IQPF.

- The **Executive Director of Finance, Information and Information Technology** is responsible for ensuring there is an effective system of internal control and financial governance and there is a financial strategy and annual plan and budget plan established for the organization which matches the workforce & service plans. As part of delivery and monitoring and reporting, the DoF will ensure there are mechanisms established to provide financial information, analytics and insight into this performance framework.

- The **Director of Corporate Governance** is responsible for advising on the process and system of reporting/escalation to the Committees and the Board in line with the IQPF and is responsible for the health board's corporate governance framework.

Each Director holds accountability for the performance of the area for which they have delegated authority within their Job description and in the Scheme of Delegation.

4.5 Director of Planning & Performance

In addition to the responsibilities described above, the Director of Planning and Performance also has the delegated responsibility for the development and implementation of performance management and improvement arrangements and has delegated responsibility for preparing, implementing, and updating the Framework for Improving Performance:

- Ensuring that robust systems are in place for the performance management of national, local and internal targets;
- Preparing the quarterly Integrated Quality & Performance Report giving assurance to the Board on performance;
- Facilitating performance reporting to the Finance, Planning and Performance Committee, including exception reporting for poor performance;
- Ensuring that plans to address poor performance are developed and implemented;
- Ensuring that governance arrangements to support performance management are in place, robust and effective; and
- Ensuring that all aspects of the health board's responsibilities are reflected within the framework.

They are also responsible for the strategic planning process within the health board and facilitating the development of the health board's IMTP and annual plan.

4.6 Senior Management

Senior Management across the organisation has responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their Directorate Plans and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting a culture of performance management and improvement, participating in the development of strategic plans, and supporting the reporting of performance and delivery.

4.7 All Staff

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data and information on their activity and understand how that translates to the corporate performance of the organisation, taking positive personal action and responsibility to improve their own practice and performance. Data input and data quality is a vital part of performance management in providing the right information for analysis enabling the detection of poor and best practice or patient care and enabling changes and improvements to patient care to be undertaken effectively. All staff have a responsibility to contribute to planning and performance improvement though their Personal Appraisal and Development Review process.

4.8 Performance Management – A Patient Perspective

A patient centred approach to care involves engaging patients and their families in decision making, giving them greater responsibility for their own health. Patients must be given adequate information on timescales, anticipated process, and their own responsibilities to assist the health board to provide efficient and effective treatment. Patients will be empowered through this information to question and monitor their own progress against targets.

5. COVERAGE AND ATTRIBUTES

In order that the health board can robustly assess performance across all aspects of service and delivery it is vital that the Framework for Improving Performance supports an integrated approach. To enable an integrated approach to

performance improvement, the framework sets out the necessary attributes and coverage requirements of performance management and reporting processes.

The coverage requirements below set out the areas which inform assurance processes, and which must be considered and evaluated within the framework of organisational performance.

Coverage of the IQPF

The attributes identified describe the necessary elements or reporting required to enable the effective implementation of the Framework for Improving Performance.

Attributes of the Framework for Improving Performance

Attribute	Description
Link to Aims & Strategic Objectives	Clear links to strategic aims, objectives, and annual priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of poor or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual information providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.
Analytics	Looking beyond results to interpret and communicate meaningful patterns in data.
Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery and to enable regular monitoring of performance.
Performance Against Targets	Using status scales to effectively communicate performance against plan/target/trajectory.

Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and performance recovery is delivered.
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review escalations in particular pulling out 'performance hotspots'. Focus upon Accountability through management intervention - actions, consequences, tolerances, incentives

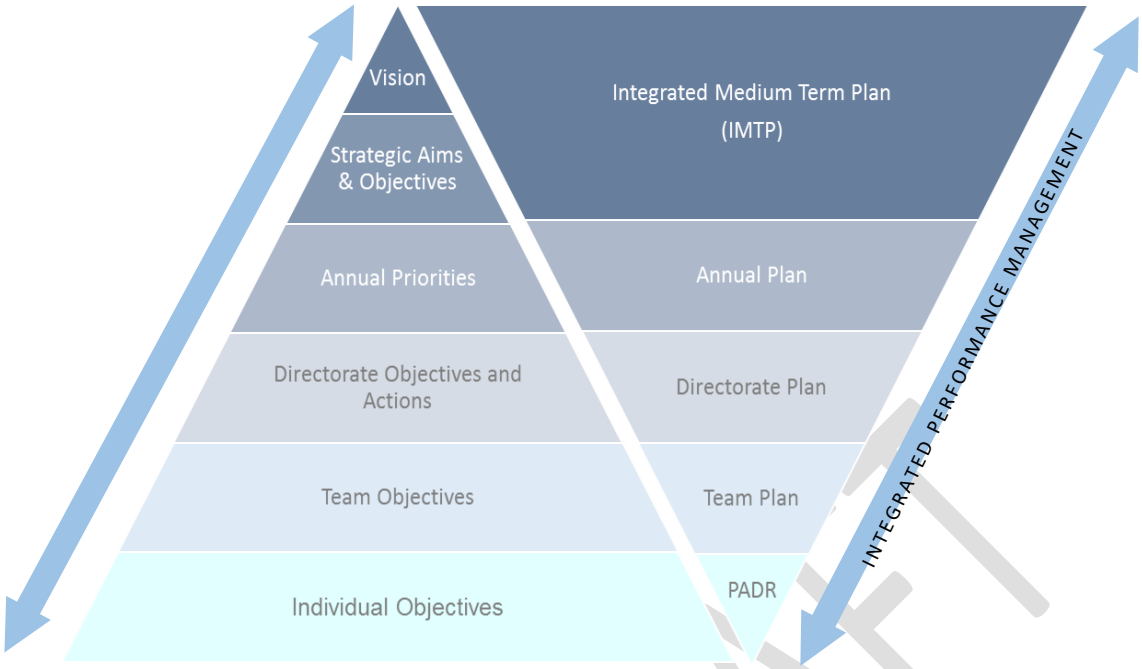
6. BUSINESS AND OPERATIONAL USE OF THE IQPF

6.1 Planning for Performance Delivery

Fundamental to robust performance management and improvement is alignment with the strategic planning cycle and processes. Developing robust plans will ensure a clear focus on delivery and a framework for prioritising resources. Coherent plans with clear alignment between the IMTP, Annual Plan, Directorate Plans, Team Plans and Personal Appraisal and Development Reviews help to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance.

At every level of the organisation stemming from the Chairperson and Chief Executive, staff will need to be involved in the process of agreeing plans, objectives, performance measures and targets to ensure ownership of the process and as a core component of the pay progression process. This means that performance improvements and objectives must be assessed to be stretching but achievable. These will reflect the Board's strategic objectives, translated into operational and individual objectives. Recognising that the workforce is key to delivery, the health board will reflect and incorporate learning on the deployment of planning and performance management across the organisation to ensure continued improvement.

This alignment of plans to personal objectives and the relation to the Performance Management Framework is described in the following illustration:



6.2 Performance Reporting and Assurance

6.2.1 Measuring Performance

The use of targets, measures, indicators and trajectories and their deployment across the organisation is a key part of implementing the Framework for Improving Performance. All means of measuring performance should facilitate organisational understanding of performance and delivery and therefore should have the following characteristics:

- Relevant
- Able to avoid perverse incentives
- Clear accountability
- Well defined
- Timely
- Reliable
- Comparable
- Verifiable

Performance measures will be agreed at various levels in the organisation. These include specifically Board, Board Committees, Directorate, Team, and an individual level. Performance measures will include the following:

Performance Measure	Description
NHS Wales Performance Framework	Through the specific measures of the NHS Wales Performance Framework the health board is measured on the delivery of services and processes that contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national indicators of the Wellbeing of Future Generations Act as well as its contribution to meeting the Social Services and Wellbeing Act requirements.
Minimum Data Set (Finance & Delivery Unit)	This data set introduced to measure against key areas of primary care, mental health, cancer care, unscheduled care, planned care and includes

	forecasts and actual in revenue and workforce planning.
Powys Outcome Measures	Additional measures will be agreed locally through Board approval of the IMTP and Annual Plan to monitor performance against priorities identified in the IMTP and Annual Plan.
Local Measures	Further local measures may be agreed at a Directorate/Team level to support the delivery of Directorate and Team Plans.
Primary Care Performance	Primary care is at the heart of the vision for health services in PTHB. It is necessary that primary care performance systems and measures within the NOF, the Quality & Outcomes Framework and locally agreed key performance indicators are aligned to the overarching health board Framework for Improving Performance.
Performance Trajectories	Performance trajectories are set where possible against targets and measures to demonstrate schedule for delivery and to enable the monitoring of improvement throughout the year. Trajectories against national measures, MDS measures and key priority areas are agreed through Board approval of the IMTP and Annual Plan and are to be monitored at committee level with additional trajectories set, agreed and monitored by Directorates/Teams as appropriate.
Social Services National Outcomes Framework	The Social Services Outcomes Framework applies to outcomes for people in need of care and support and carers in need of support. While this outcomes framework is directly linked to performance within social services it should be considered as part of the broader framework for delivery, and it therefore forms a key part of the whole system outcomes framework the health board aims to develop.
Whole System Health and Care Outcomes Framework	In 2017/18, the health board is committed to developing an outcomes framework which brings together the three national outcomes measures (Public Health, NHS and Social Services) and sets out measures for integration of health and social care.

6.2.2 Business Intelligence

Business intelligence will play a central role in providing both assurance to the Board, and critical intelligence to leaders and managers, teams and individuals throughout the organisation to focus improvement efforts. The development of this core organisational functionality will continue to receive focus as information capabilities across the range of areas of the health board continue to mature. The provision of effective business intelligence will be key to ensuring that the organisation has a clear and consistent picture of performance and further work will take place in assuring the organisation of the integrity of the intelligence it places reliance upon. The Board's Information Management Technology and

Governance Committee has delegated responsibility to ensure that the integrity of data and information is protected ensuring valid, accurate, complete, and timely data and information is available for use within the organisation.

6.2.3 Benchmarking

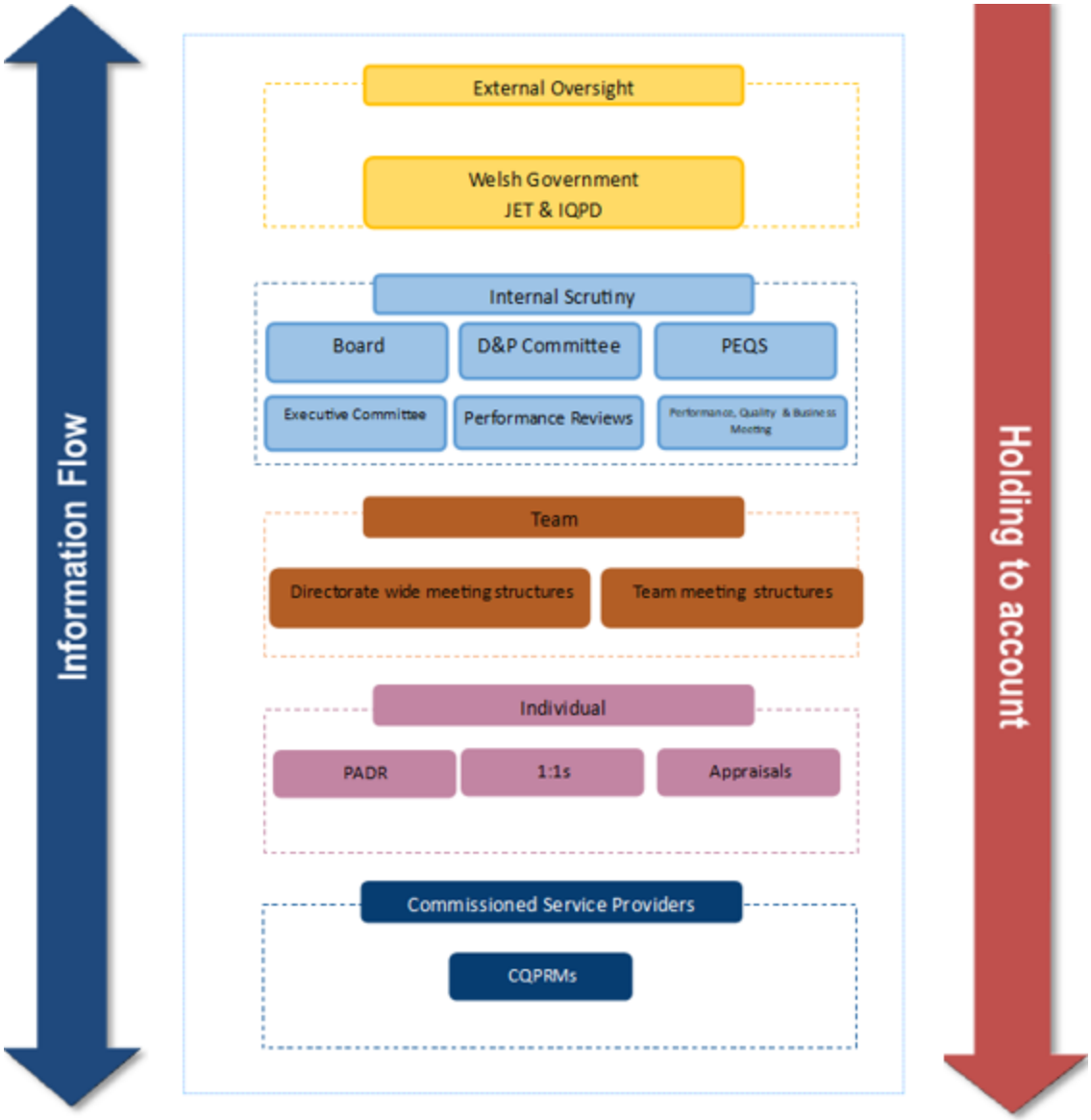
Benchmarking performance will be a key component of improving service delivery. Using robust benchmarking will enable the contextualisation of performance through comparison to best practice and peers and will aid in the identification of areas for improvement. Benchmarking will be appropriately applied using comparisons internally, across Wales, across the U.K. or internationally as possible and applicable and strengthening the health board's ability to establish benchmarking across performance areas will be a key action. Benchmarking will utilise systems and national group examples such as CHKS, NHS benchmarking project Wales, NHS benchmarking club, Model system (English providers only, Get it right first time (GIRFT).

6.3 System of Reporting, Review, Escalation and Assurance

The principal mechanism for assessing performance and agreeing actions to improve performance will be through performance review meetings. The base arrangements for these meetings are set out below for both Clinical Service Group and Corporate Directorates. Any earned autonomy or escalation outside of these arrangements is set out within this Framework.

Performance reporting is undertaken on quality & safety, operational delivery, progress against the Health Boards plan, and finance. It is undertaken at monthly and quarterly intervals. These performance reports provide Welsh Government, Board, Quarterly Committees and Executive Team with assurance on our organisational performance. As the escalation and assurance processes embed these, performance reports will be used to inform the inputs needed for management and monitoring of each Service Area and corporate directorate.

It is the expectation that the performance review meetings at both clinical service group and corporate level will report to the Executive Committee for onward submission to the Delivery and Performance Committee / PEQs as appropriate, ultimately then reporting to Board. The illustration below sets out the high-level approach to performance oversight:



6.3.1 Oversight & accountability

It is important that there is clarity on the standard and minimum level of oversight. The table below sets out the "base" position for performance meetings. The application of any external or internal escalation level will modify the base position as set out below:

Level	Mechanisms	Frequency	Coverage
Welsh Government *External Oversight*	Joint Executive Team (JET)	6 Monthly	• Review of Organisational Performance and Delivery
	Integrated Quality Performance and Delivery (IQPD)	Monthly	• Quality and Safety, Performance Framework and thematic deep dives on ministerial priorities
Board *Internal Scrutiny*	Board	Bi-monthly	• Quarterly Outcomes (life course) Report •
	Patient Experience Quality Safety Committee (PEQS)	Quarterly	• Quality Outcomes Framework
	Delivery and Performance Committee (D&P)	Bi-monthly	• Outcomes Framework • Finance Report
	Workforce & Culture	Quarterly	• Workforce Report
Executive *Executive oversight*	Executive Committee	Fortnightly	• Monthly focus on performance delivery by exception
Clinical Service Group *Accountability & Assurance*	Clinical Area Assurance Meetings (detail below)	Monthly	• Quality & Safety • Finance • Delivery • Workforce
Corporate Teams *Accountability & Assurance*	Corporate Assurance meetings (detail below)	Quarterly	• Quality & Safety • Finance • Delivery • Workforce
Directorate/ Team *Collective Responsibility*	Internal governance tailored to directorate/ team	Monthly	• Quality & Safety • Finance • Delivery • Workforce
Individual *Personal contribution*	PADR	Quarterly	• Delivery against objectives
	One to Ones	Monthly	• Delivery against objectives
	Appraisals and validation	Annual	• Delivery against objectives

6.3.2 Management and Monitoring

Central to the efficacy of the IQPF is clarity on where the "business of performance" is undertaken.

For Clinical Service Groups these will take the form of a monthly meeting with the focus of the monthly widening for each quarter. Details of the meetings arrangements are set out below:

Monthly Assurance Review Meetings – Integrated Quality & Performance Group
For the standard monthly assurance review meeting the following features will apply:

- Meeting between 60-90 mins.
- Chaired by Clinical Director (MD/DoTH/EDoNM).
- Vice chair Director with lead for Performance (Director of Planning and Performance).
- Service Group triumvirate (or where relevant quadrumvirate) will represent.
- Corporate representation from Deputy/Assistant Director Finance/Workforce/Quality/Planning/Performance/Innovation & Improvement Business Partners.
- Other members can be co-opted to cover areas of specialist expertise should this be determined to be helpful.

The meeting will be a focused meeting and will concentrate on a subset of key quality, performance and financial metrics as required by the health board plan; this will be done by exception. Should separate, more detailed finance (or other) discussions be required, these will be agreed through the assurance review process using the escalation options.

There is a clear expectation that the reviews will build on historical reporting to look ahead on a rolling quarterly basis and define the critical actions to ensure performance is delivered and where relevant recovered from any position of variance.

The review will consider the content of the Service Performance report/ performance dashboard and will be supported by agreed action notes for each session.

Quarterly Assurance Review Meetings
The quarterly meeting will cover a broader agenda and so involve a wider representation of the Service Group/Corporate leadership team:

- The meetings will be two hours long.
- Each quarter will have a different focus with quarters 2 and 4 meetings chaired by the Chief Executive and quarters 1 and 3 chaired by the Deputy CEO.
- Where necessary, deep dives into key areas of challenged quality, performance and finance will be requested in advance and considered within the meeting agenda. This meeting will also consider progress against specific actions set out in the Health Board plan and will be subject to the requirement for an additional return (slide deck), reflecting this, on a quarterly basis. These reviews will also include specific consideration of the highest rated risks along with mitigating actions to manage these.
- The review will consider the key performance indicators (working towards a standard performance dashboard by area/service) and will be supported by agreed action notes and a formal letter from the chair of the meeting.

The Quarter 4 review will be modified further to function as a review of the year in total, providing an opportunity to fully celebrate and recognise the successes and achievements of the Service Group/Directorate and enable a discussion on delivery plans for the year ahead.

Corporate teams - six monthly Assurance Review Meetings

This IQPF applies to the whole organisation although the approach for corporate departments is modified from the operational Services. Each of the following Corporate Directorates will have a six-monthly performance review to cover off the areas of their portfolio as agreed in the scheme of delegation:

- Public Health
- Planning and Performance
- Digital
- Corporate Governance
- Therapies and Health Science
- Finance
- Medical
- Nursing
- Workforce & OD

These reviews will be chaired by the CEO. A cross-directorate review of Quality and Patient Safety across Medical, Nursing and Therapy Directors will be developed.

Corporate reviews will focus on key objective delivery and financial, workforce and other performance and will be supported by agreed action notes and a formal letter from the Chair of the meeting.

Internal Service and corporate team arrangements

It is the responsibility of each Clinical Service Group and Corporate Directorate to implement their own local performance reporting and management systems. The expectation is that they are established although the precise timing and nature of these discussions will be at the discretion of the individual Clinical Service Group

or Corporate Directorate, but it is expected that these arrangements will include, as a minimum, the following areas of discussion on a minimum of a monthly basis.

- Performance meeting including key metrics and delivery against agreed trajectories and forecast.
- Quality and safety which risk, clinical governance, patient experience, health & safety etc. is discussed.
- Monthly financial position review (key drivers of the financial position to be discussed in detail; this will vary by Service and Directorate).
- Monthly savings review to assure in-year plans and build a pipeline of future savings opportunities.

This IQPF does not set out arrangements for a process to manage aspects of performance which cut across lines of management responsibility. In the first instance these "whole system" performance matters will be considered within each Service/Corporate Directorate through existing lines of accountability. As the IQPF matures discussions will be held as to how to develop effective cross system performance management arrangements structured to incentivise good performance and deploy proportionate and appropriate accountabilities to improve performance which is off target.

7. ESCALATION

The operationalisation of the IQPF is predicated on the principle that, wherever possible, issues should be resolved at individual, team, Clinical Service Group or Corporate Directorate level and that Clinical Service Groups and Corporate Directorates should work collaboratively and be mutually supportive in line with HB values. This means escalation should be very much the exception and that, where it is necessary, proportionate, and appropriate support and intervention takes place at the earliest opportunity to ensure performance remains on track to achieve our objectives.

There will be times when Clinical Service Area or corporate team performance and delivery is triggering cause for concern with no evidence of sustained improvement. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation. The levels of the framework, triggers and escalation response are set out below.

Escalation level	Trigger	Action expected	Monitoring and support
Level 1: Normal arrangements (consider earned autonomy)	Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.	No escalation action. Could result in freedom from some of monitoring mechanisms and meetings.	Main monitoring through base performance review process.

Escalation level	Trigger	Action expected	Monitoring and support
	No exceptions or quality concerns. Sound governance arrangements in place. Performance within expected targets.		
Level 2a	Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. Sustained deterioration on 1 or more domain. This can include: • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation.	Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. Recovery plan to be developed that address issues to be recovered/improved. Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency. Reported through to Executive Committee.	Options include: • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. Minimum monthly updates to Executive Committee.

Escalation level	Trigger	Action expected	Monitoring and support
	• Failure of quality standard.		
Level 2b (Financial)	Specially for finance: Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special **'Budget Review Meeting'** of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). Agreed action plan established: – monitored through financial reporting arrangements. - Review period established if plan failing.
Level 3	Serious concerns on quality and governance. Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. Clear articulation of reasons for escalation and criteria for escalation. This can include: • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution,	Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. Improvement/recovery plan required to address issues identified. Reported through to executive and relevant committee.	Actions could include: - Independent review of service/corporate department effectiveness. - Temporary or permanent change in leadership arrangements. - Consideration of compliance with Professional codes and standards and proportionate response. - Deployment of appropriate HR policies e.g. Capability policy. - Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). Minimum monthly updates to executive and relevant committee.

Escalation level	Trigger	Action expected	Monitoring and support
	decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard.		

Escalation status for Service Area and Corporate Departments will be reviewed each quarterly/six-monthly meeting based on month end reporting against the key deliverables in the health board plan. An escalation level against each domain will be agreed post each quarter meeting and will be reported as part of the quarterly report. Once placed into a level of escalation the actions and improvements required to be de-escalated will be agreed with and communicated to Service Area and Corporate Departments.

In addition to the information and outcome information informing the review meetings additional sources of insight will be considered including, but not limited to, external reviews, HIW reports and Audit reports.

These act as a framework and may need to be flexed to respond to the specific circumstances and context. Broad triggers are described as a level of judgement that will need to be used about escalation decisions. However, the intention will be to maintain all Clinical Service Areas and Corporate Departments as low down the escalation framework as possible. Consideration will be made, as the IQPF beds in, on increasing the breadth of the benefits of earned autonomy which could include fewer performance meetings, changes in financial delegations, lighter touch Vacancy and Non Pay Control measures as examples. This will be considered as part of the development of the IQPF.

8. FEEDBACK

Key to continuous improvement, learning and development is effective feedback. The reporting and escalation process set out in the framework should be accompanied by feedback on actions taken, outcomes and learning.

9. REVIEW OF THE FRAMEWORK FOR IMPROVING PERFORMANCE

This IQPF will be approved by the Board. It will be reviewed annually by the Delivery and Performance Committee who will make recommendations for refresh when deemed necessary or in three years whichever comes first.

10. IMPLEMENTATION

The implementation of the IQPF will continue with the revised framework implemented from 1st April 2024. The implementation plan will be managed via the Delivery and Performance Committee as will any infrastructure reporting changes required as a result of the implementation of this revised framework.

11. SUPPORTING INFORMATION - ASSOCIATED FRAMEWORKS, STRATEGIES, PLANS AND POLICIES TO SUPPORT THE CONSTRUCTION OF THE INTEGRATED PERFORMANCE FRAMEWORK

11.1 NHS Wales Escalation and Intervention Arrangements (2014)

The Powys THB Framework for Integrated Performance sits within the broader performance management arrangements of NHS Wales. The Framework for Integrated Performance assists the health board in fulfilling its duties to maintain appropriate governance arrangements to ensure it is operating effectively and delivering quality and safe care to patients. The framework also supports the health board to provide accurate and timely responses to requests for information from Welsh Government and enables cooperation with action taken under the collective arrangements of the NHS Wales Escalation and Intervention Arrangements (2014) where necessary.

11.2 Board Assurance Framework

Performance management is a major part of PTHB's assurance arrangements and an important component of its overall system of internal control. Performance reports and review meetings generate valuable information for an assurance framework and so performance reporting and the Board Assurance Framework are strongly aligned. Performance reports will detail known performance issues and the planned corrective action. These, in turn, will be reflected in the assurance framework within the descriptions of gaps in control. Similarly, the results of performance reporting will be used to regularly review the effectiveness of internal controls and inform integrated planning processes.

11.3 Strategic Planning Cycle

The effective alignment of the Framework for Improving Performance with the Strategic Planning Cycle is vital for the success of planning in the organisation. The implementation of the Framework for Improving Performance will facilitate a more robust understanding of achievements, risks and issues to delivery, highlighting issues of capacity, resource and prioritisation. This will enable the IMTP, Annual Plan, Directorate Plans and Team Plans to be evidence based, challenging and achievable.

The Framework for Improving Performance supports the health board's strategic planning cycle at each stage of the cycle as follows:

Stage	Performance Management Contribution
Plan	• Informing the development of organisational strategic aims and objectives based on robust evidence of delivery and risks. • Informing the development of future plans through identifying risks and issues in delivery and performance.
Execute	• Driving the quarterly review of delivery against plan and ensuring action plans to enable corrective action where performance deteriorates.
Manage	

11.4 Strategic Commissioning Framework

The Framework for Improving Performance is a key part of the implementation of the health board's Strategic Commissioning Framework. It supports the stages of the commissioning cycle as follows:

Stage	Performance Management Contribution
Analyse	• Demonstrating performance against targets, outcome measures and benchmarking. • Identifying current performance trends and risks to delivery.
Plan	• Providing robust evidence to support prioritisation and development of aims, objectives and plans.
Do	• Monitoring delivery against plan and targets and ensuring action plans to enable corrective action where performance deteriorates.
Review	• Supporting assessment of performance and improvement in delivery.

11.5 Integrated Performance Framework – Gaining oversight on commissioned and provided services and ensuring consistency of performance oversight.

11.5.1 Commissioned Services - Commissioning Performance & Assurance via Clinical Quality Performance and Review Meetings (CQPRM)

For services PTHB commissions, the Clinical Quality Performance and Review Meetings (CQPRMs) are a vital mechanism to the way in which the health board seeks assurance on the performance of its commissioned services. This revised framework, now incorporating the previous Commissioning Assurance Framework (CAF), will monitor performance on a monthly basis against the core areas of this framework:

Coverage of the IQPF

	Coverage	Description
Core Areas	Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
	Quality & Safety *	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.
	Finance & Activity	Assurance that services are improving efficiency and productivity and financial plans are being delivered.
	Patient Experience * & Effectiveness *	Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.
	Finance & Value	Prudent or value-based health care
	Governance & Risk Management	Reporting progress against audit recommendations, the management of risk registers and links to Board Assurance Framework (BAF).
**** Alignment to Clinical Quality Framework Approach (Darzi approach)***		

All elements of the performance information sought and reported through the CQPRM meetings will be utilised within organisational performance management processes. A monthly commissioning report will be produced to provide an integrated performance update across each provider the health board commissions from. A dashboard will be created for each provider that will feature overall performance information across the core access domains selected alongside a Powys specific sub-set where information allows. This will give greater insight into the services residents are receiving out of county versus the resources deployed. It will also provide an update to report progress against strategic plans.

11.5.2 Powys Provider Services

To ensure consistency of reporting and parity of insight, services provided within Powys will also be measured against Core Areas of the Integrated Performance Framework as per 10.5.1 above.

11.6 Performance and Outcomes Frameworks

There are three key National Outcome Frameworks which need to be considered within the Framework for Integrated Performance; The NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework. These frameworks set out the population and process outcomes to be delivered through both health and social care. The health board and Powys County Council will work from 2022/23 to develop a coherent whole system performance outcomes framework; aligning these three frameworks and other performance frameworks to enable more efficient and effective performance management and improvement across health and care. Further detail of the three frameworks is provided below.

11.7 Wellbeing of Future Generations Act (2015)

The Wellbeing of Future Generations Act sets a legal requirement on Welsh Ministers to set national indicators for the purpose of measuring progress towards the achievement of the national wellbeing goals. Other performance management and indicator frameworks should be viewed in the context of the Wellbeing of Future Generations Act.

11.8 NHS Wales Performance Framework which includes Ministerial priorities

Organisational delivery measured against the annual NHS Wales Performance Framework evidences the delivery of services and processes which contribute to the goals of the Public Health Outcomes Framework for Wales and ultimately the national indicators of the Wellbeing of Future Generations Act. The Powys THB IQPF to support the health board in providing assurance to the Welsh Government that it is delivering against priorities and driving up standards through reporting against the delivery framework measures.

Performance reporting within the health board will be aligned to its IMTP and therefore to the agreed aims and strategic objectives. However, the alignment to the seven NHS delivery domains will be maintained through the comprehensive reporting against the measures within the national delivery framework.

11.9 Public Health Outcomes Framework

While not a performance management framework, the Public Health Outcomes Framework enables a greater understanding of the impact of individual behaviours, public services, programmes and policies on health and wellbeing in Wales. The framework was developed within the context of the other national outcomes framework and more particularly underpins the national indicator for the wellbeing of Future Generations Act, providing a detailed range of measures that reflect the wider determinants that influence health and wellbeing. Accordingly, the Public Health Outcomes Framework will likely be integral to the development and monitoring of the Powys Public Service Board's Wellbeing Plan and the Health and Care Strategy for Powys.

11.10 Social Services Outcomes Framework

The Social Services Outcomes Framework was developed to fulfil the requirements of the Social Services and Wellbeing Act (2014). The outcomes framework sets the national direction to promote the wellbeing of people who need care and support and carers who need support in Wales, it describes the important national wellbeing outcomes that people who need care and support and carers who need support should expect to lead fulfilled lives and it also provides greater transparency on whether services are improving wellbeing outcomes for those people who need care and support and carers who need support.

11.11 Health and Social Care (Quality and Engagement) (Wales) Bill / Act

To include associated performance measures as they become operable within the Welsh NHS including Duty of Quality and Duty of Candour.

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON THURSDAY 31 JANUARY 2024

VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Hayley Thomas (HT)	Interim Chief Executive
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Rhobert Lewis (RL)	Independent Member (General)
Ian Philips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Pete Hopgood (PH)	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell (SP)	Director of Planning, Performance and Commissioning
Claire Madsen (CM)	Director of Therapies and Health Sciences
Debra Wood-Lawson (DWL)	Director of Workforce and OD
Kate Wright (KW)	Medical Director
Mererid Bowley (MB)	Director of Public Health
Claire Roche (CR)	Director of Nursing and Midwifery
David Farnsworth (DF)	Interim Executive Director Operations, Community and Mental Health

In Attendance

Helen Bushell (HB)	Director of Corporate Governance / Board Secretary
Lucie Cornish (LC)	Deputy Director of Therapies and Health Sciences
Sue Williams (SW)	Health Disability Activity Practitioner
Nina Davies (ND)	Associate Member (Director of Social Services Powys County Council)
Katie Blackburn (KB)	Regional Director Llais
Liz Patterson (LP)	Interim Head of Corporate Governance

Belinda Mills (BM)	Corporate Governance Officer

Apologies for absence

Chris Walsh (CW)	Independent Member (Local Authority)
Joy Garfitt (JG)	Director of Operations/Community and Mental Health

PRELIMINARY MATTERS	
PTHB/23/132	**WELCOME AND APOLOGIES FOR ABSENCE** CC welcomed all participants to the meeting. CC provided an overview of the role of the Board and the agenda for the day. Apologies for absence were noted and recorded as above. CC welcomed DF as Interim Director of Operations role covering for JG who was unwell and receiving treatment. CC congratulated ND on her recent appointment as the substantive Director of Social Services and Well Being in Powys County Council.
PTHB/23/133	**DECLARATIONS OF INTEREST** The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure application) • RA, Independent Member declared that several family members were registered with Crickhowell Group Practice (Gilwern), therefore he would not participate in the agenda item. • KW, Medical Director declared that she was a patient of Crickhowell Group Practice (Gilwern) and would therefore limit her contribution to the item to that of her professional capacity as Medical Director; and • KB, Regional Director Llais declared that she was a patient of Crickhowell Group Practice (Gilwern) and would therefore limit her contribution to the articulation of the perspective of Llais.
PTHB/23/134	**BOARD ACTION LOG** HB presented the action log report. In relation to the completed items the deep dive into ambulance performance is included in the Delivery and

	Performance Chair's Report to Board, the food hygiene inspection and closure of Nevill Hall MIU are included in the Chief Executives Report to Board RL advised in respect of ambulance performance that the Delivery and Performance Committee will continue to monitor performance, but a face-to-face meeting with the Chief Commissioner and WAST is required as ambulance response performance remains low and has shown little improvement in the last two years. Assurance is also needed that operations will be appropriately adjusted in relation to proposed strategic changes, such as stroke services and the Super Hospital in Hywel Dda. HT stated that the planned work for the Delivery and Performance Committee is just one part of upcoming conversations with the Chief Ambulance Service Commissioner and Chief Executive of WAST would be asked to join a Board Development in March 2024. RA acknowledged Bronllys Hospitals food hygiene rating increasing from 1 to 5, paying tribute to the team that had achieved this. He requested that reporting mechanisms to Delivery and Performance Committee were put in place to provide assurance that kitchens were well run without relying on outcomes of regulatory inspections. HT stated that the Ystradgynlais hospital kitchen had recently been rated five. The Health Board have completed a quality and assurance review of our internal systems and identified processes to enhance them. These improvements are now in place, and systematic reporting to Delivery and Performance Committee will be added to the work programme twice a year. **Action: Director of Corporate Governance** CM added that extra measures were put in place to ensure that all lessons from the Bronllys kitchen inspection were implemented across all kitchens with increased oversight during the interim period, particularly focusing on staff training. Discussions are taking place with internal audit, to request an audit in 2024/25 for further assurance purposes.
PTHB/23/135	**EXPERIENCE STORY** **a) Patient Experience Story** CR introduced the item which outlined the experience of a patient named Paul who successfully quit smoking with the assistance of the Help Me Quit service.

	The Board welcomed the presentation and expressed its thanks to Paul for sharing their experience. **b) Staff Experience Story** DWL introduced SW (Health Disability Activity Practitioner) who provided an overview of her career journey and the support she received to return to the NHS practice and expressed great satisfaction in her current position in Powys. The Board welcomed the presentation and wished to extend its thanks to SW for sharing their story, the learning from which had been significant.
PTHB/23/136	**UPDATE FROM THE CHAIR** CC presented his report and drew attention to the following. • Chief Executive Officer Recruitment • Independent Member (IM) Recruitment He noted that today marks Carol Shillabeer's last day as substantive Chief Executive, as she moves to her new role at Betsi Cadwaladr UHB on the 01 February 2024 expressing thanks for her contributions and achievements during her time in Powys and wished her well in her new role. **UPDATE FROM THE VICE CHAIR** KWi presented her report. **UPDATE FROM THE CHIEF EXECUTIVE OFFICER** HT presented her report and drew attention to the following: • oversight and Escalation Status – The Health Board remains in Enhanced Monitoring Status, as part of the Escalation and Intervention Arrangement led by the Welsh Government. The Health Board is fully engaged in all governance and assurance requirements. • national Commissioning Joint Committee developments will be covered in Partnership Reports • changes in the Minor Injury Unit services in Gwent - Aneurin Bevan University Health Board has decided to close the Nevill Hall Minor Injury Unit between 01.00 and 07.00, the implementation timetable is awaited. • the Outline Business Case has been approved at Shrewsbury and Telford NHS Trust. • the Emergency Ambulance Service Committee (EASC) meeting on January 30, 2024, agreed in principle the

	proposed phase three engagement process for the Air Ambulance service subject to Llais confirming their view on the engagement papers. • winter pressures and managing the first junior Doctors' strike in January has presented a significant challenge for many healthcare providers in Wales. *Regarding MIUs changes in Nevill Hall, can assurance be provided that the changes will be publicised when the details are known?* HT confirmed that the Health Board are actively working with Aneurin Bevan to ensure that information is being shared in a proactive manner with the public, ahead of the go live date. *Regarding the measles outbreak in the West Midlands, can assurance be provided that the Health Board is taking every possible action to raise vaccination rates and achieve herd immunity?* MB stated that enhanced work has taken place over the last six months to identify unvaccinated young people up to 16 years old. The team have also worked closely with primary care to ensure that pre-school children receive timely vaccinations. This strategy has increased uptake by age four to 94%. A Borders Group has been formed to explore further action. Uptake rates for Measles Mumps Rubella (MMR) 1 in young people up to age 16 are 94% for MMR2 are 90.6%. The Health Board is currently analysing uptake by school in Powys and will take more targeted action. *Does Wales have a target similar to NHS England's 500 winter bed pressures and did we achieve it?* HT confirmed Wales increases bed capacity in line with winter surge. All Health Boards, including Regional Partnership Boards, have been through their winter planning looking at how to flex their capacity. There has not been a national statement from NHS Wales on this matter this year. *Can you clarify the use of term Lay members in the Chief Executive report in relation to the National Commissioning Joint Committee?*

	HT advised that the terminology for non-officer members is subject to discussion, and it has been recommended that the term 'Lay Member' is used. The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.
PTHB/23/137	**ASSURANCE REPORTS OF THE BOARD'S COMMITTEES** The following Chair's Assurance Reports were received: <u>Patient Experience Quality and Safety Committee</u> KWi gave an oral update on meeting of Patient Experience, Quality Committee held on 23 January 2024. She highlighted the following: • concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023) – The Committee received a further report on the current progress of our Civica usage, with questionnaires in progress and the rollout expanding. To date, few patients have shared their experiences and the staff in the programme are analysing barriers to understand why this might be happening. • infection Prevention and Control (reported to Board In-Committee July 2023) – The Committee continues to monitor the implementation improvement plan and is assured by the progress of the plan. It is expected that all actions will be completed within the designated timeframe. • the Committee received a paper detailing the findings of a recent Incident Management Quality and Safety Review of mental health services. The Committee took assurance that the plan will now be developed and approved by the Executive Committee to address the findings of the report. This Committee will continue to receive reports. The Board NOTED the report. <u>Executive Committee</u> HT presented the item which provided an overview of matters considered by the Executive Committee between the 08 November to the 20 December 2023.

	Can the Board reflect on the content, structure, and use of plain English in reports received to better enable assurance to be taken? HT stated that much business is discussed enroute to other Committees and the Board. Executive Committee transacts a lot of operational matters given its remit. There is a clear consensus at Executive Committee on matters that need to go to committee and Board. HB stated that there is a large amount of material that needs to be reported and colleagues strive to communicate it as clearly as possible. Any feedback for improvement is welcomed. The Board NOTED the report. <u>Audit, Risk and Assurance Committee</u> RL gave an oral update on the meeting of Audit, Risk and Assurance Committee held on 16 January 2024 including: • the Committee had received a presentation from Internal Audit comparing Powys' internal audit outcomes with other Health Boards in Wales. This analysis revealed that 67% of all assurance ratings for Powys are reasonable or substantial, indicating a strong position. In clinical governance the assurance is slightly stronger in Powys. • there will be a significant agenda in March, including internal audit reports on IT infrastructure, Estates, Board and Committee effectiveness and an All-Wales review of planned care and primary care from Audit Wales. A written report would follow to the next Board meeting. The Board NOTED the report. <u>Delivery and Performance Committee</u> RA presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 19 December 2023. • the Committee brought to the ongoing attention of Board the Emergency Access as an escalated matter (related to the attendance of the Chief Ambulance Services Commissioner

	and Chief Executive of WAST into a future Board session for further discussion). • the next meeting will focus on assessing agency costs and implementing effective controls. *Regarding the Board's sightedness on primary care performance, what can we anticipate in terms of how and when we will develop our performance sightedness and performance management of primary care?* HT stated that this was contained in the Health Board draft Structured Assessment report from Audit Wales and work is being undertaken with primary care and the performance team to put forward a proposal to further develop the Board and Committee's awareness regarding primary care. In addition, more detailed information on the primary care strategic programme and cluster development work will be provided. Arrangements for enabling increased sightedness would be discussed when setting Board and Committee work programmes. PH added that work is being done with performance colleagues to develop a dashboard that reports on those metrics for the Board to address areas of concern. Regular reports on access and primary care performance are provided through our committee structures, ensuring that the right information is available in a timely manner to our independent practitioners and businesses. This allows the Health Board to assess ongoing work and ensure it meets the Board's requirements. The Board NOTED the report. <u>Workforce and Culture</u> IP presented the item which provided an overview of matters considered by the Workforce and Culture Committee on 14 December 2023. The Board NOTED the report. <u>Charitable Funds</u> CC presented the item which provided an overview of matters considered by the Charitable Funds on 07 December 2023 and

	17 January 2024. CC drew the following matters to the attention of the Board: • PT confirmed that the Health Board will not be in a position to file its 2022-2023 Charitable Funds accounts with the Charity Commission by the deadline of 31 January 2024. The Health Board Final Audit opinion from Audit Wales is pending third party control assurance from our investment management company. The rest of the audit is complete with no issues. The Health Board's investment management company is actively working to resolve this issue promptly, and once the audit is completed, the Health Board will file accounts with the Charity Commission. • HT stated this is a matter that is also affecting other Health Boards' ability to submit their annual report and accounts. The Board NOTED the report. <u>Planning, Partnership and Public Health Committee</u> RL presented the item which provided an overview of matters considered by the Planning, Partnership and Population Health Committee on 16 November 2023. The Board: RECEIVED the summary assurance reports appended to this covering paper taking ASSURANCE that Board Committees are fulfilling their roles and reporting accordingly to the Board.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/23/138	**INDEPENDENT PATIENT FUNDING REQUESTS (IPFR) POLICY APPROVAL** KW presented the report which presented the outcomes from the engagement process with key stakeholders to review the All-Wales Independent Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The review had been led by WHSSC. The IPFR policy is owned jointly by Health Boards, each with its own IPFR Panel. The IPFR process looks at individual funding for treatments not covered by the Health Board. It aims to balance individual patient needs with wider population needs. In 2021, a judicial review resulted in an IPFR decision being overturned, leading to an review of the policy.

	No significant changes were made to the policy. Some wording has been simplified. A table has been added to the policy for decision-making and the policy has been restructured to improve clarity. *Can a summary be provided of the actions the Health Board will take with the IPFR Panel to ensure training and updates are in place so compliance with the new policy is ensured?* KW explained the importance of recognising the policy and the significance of its application. The Panel is multidisciplinary including senior clinicians and Lay members. There is a clearly laid out process and the changes are not significant. It is crucial to ensure that the Panel is engaged and understands the subtle changes, that decisions are meticulously documented, outlining the procedures used in making each decision. *Recognising this is an all Wales review, are there any plans to view the policy from a patients' perspective?* KW stated that Lay involvement in the development of the policy would be clarified. The Board: • NOTED the report and the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders, • NOTED that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and • APPROVED the local adoption of the All-Wales IPFR Policy, and Once the revised policy has been approved by all Health Boards (HBs) it will be shared with Welsh Government prior to adoption.
PTHB/23/139	**PUTTING THINGS RIGHT POLICY** CR presented the report which provided an updated procedure for the Effective Management and Resolution of Complaints and Concerns, ensuring changes following the implementation of the Quality & Engagement Act 2020 are captured. CR outlined: • the policy is informed by the guidance produced for the NHS in Wales to effectively manage concerns according to the

	requirements in the NHS Concerns, Complaints and Redress Arrangement (Wales) Regulations 2011. • the Policy has been updated as a result of updates to the Welsh Government Putting Things Right guidance as a result of bringing into effect of the Duty of Quality and Candour from 1 April 2023. • it was noted that the term 'concern' incorporates complaints, claims, and reported patient safety instance and includes concerns which triggers the candour procedure as set out in the Duty of Candour procedure Regulations 2023. *In relation to 3.4 should reference to advocacy support be made part of this policy for those who lack capacity?* CR stated that advocacy support would be considered in such cases. *Can assurance be provided on our ability to implement this policy, that Investigators receive appropriate training and dedicated time to undertake investigations, so these are undertaken in a consistent way?* CR confirmed that over the last 18 months, the central quality and safety team has focused on investigation training and seen an excellent uptake of colleagues from across the Health Board. The Health Board is enhancing support across the organisation, led by the Quality and Safety team to ensure consistent understanding and application of the policy by all employees. The updates in relation to the Duty of Candour have been included when preparing for the implementation deadline and have been incorporated into investigation training touch points within the organisation. Before the Duty of Candour came into effect, capacity issues were a challenge for the Health Board and remain so, but a significant improvement is being seen in the quality of investigations as more people go through training and receive support. Confidence and competence in conducting investigations is increasing. *Can assurance be provided that this policy will be available through the medium of Welsh?* CR confirmed that the policy will be available in medium of Welsh. *The document is lengthy which makes it difficult for staff and patients to find the relevant section. Can the document be reviewed for consistency in relation to the terms used?* CR stated that the language reflects the Putting Things Right Guidance, nationally from Welsh Government. It is

	acknowledged the language may be confusing for some. The policy has been simplified with the use of flow charts at the end, enabling our Quality and Safety Team to support and develop people's confidence in managing Putting Things Right. *Does the policy pass through a formal review group before it comes to Executive Committee?* CR explained that this would not be necessary as it is an update in relation to revised Duty of Candour guidance from Welsh Government which the Health Board in mandated to implement. *The policy does not specify how formal and informal concerns or complaints are determined or who makes that judgment?* CR clarified that this was set out within the Putting Things Right guidance. *The concerns regarding terminology are particularly pertinent in relation to the ability of patients to understand the document. Has there been patient involvement in the development of the policy?* CR acknowledged that the terminology can be confusing for our service users. It is important that there are arrangements in place to explain this when they express concerns. Our Putting Things Right team is directly accessible to address questions and signpost individuals, providing valuable support behind the scenes. The Health Board follows Welsh Government regulations that changed the terminology from Informal Concerns to Early Resolution some years ago. In relation to the public, we are frequently and consistently seeking feedback from the public in relation to their experience of raising a concern. CR undertook to make some minor amendments to the Policy in response to matters raised during the meeting. The Board: • APPROVED the revised Putting Things Right Policy subject to minor amendments that will be agreed by the Chair.
PTHB/23/140	**DIRECTOR OF CORPORATE GOVERNANCE REPORT:** HB presented the report which included two items for the Board's consideration: • the application of the Common Seal had been applied on one occasion. • Board Member declarations of interest register had been updated to the end of December. It was confirmed DF

	had since been appointed as Interim Director of Operations and had submitted his declaration. The register will be updated accordingly. The Board: • RATIFIED the application of the Common Seal applied on one occasion since the last report and receive ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders; • RECEIVED the contents of Register of Interests for PTHB Board Members at 31 December 2023 (Appendix A) and took ASSURANCE that the Audit and Corporate Governance Committee has taken its own assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.
PTHB/23/141	**MINUTES OF PREVIOUS MEETING: 29 November 2023 (FOR APPROVAL)** The minutes of the meeting held on 29 November 2023 were APPROVED as a true and accurate record.
ITEMS FOR BOARD ASSURANCE	
PTHB/23/142	**FINANCIAL PERFORMANCE MONTH 09** PH presented the report which provided an update on the December 2023 (Month 09) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board's attention as of month 9: • the Health Board is continuing to hold it forecast to hit its targeted control total of £12m, • the Health Board is £589k behind the planned position of £12m. However, the forecast is being held due to confidence that this variance can be managed. • key areas of highlight include continuing high level spend on agency, pressure against our commission services position (relating to increased emergency activity) and relating to Continuing Health Care and complex Health care packages. • agency is subjected to a further deep dive review that will be presented at the upcoming Delivery and Performance Committee. It is important to stay focused on these areas and reduce spend where possible. • in November there was a significant spike in agency spend but that has reduced in December and returned to levels

	similar to previous months. This needs further improvement to help meet our financial target. • commissioning and contracting positions are also included, emergency admissions are resulting in significant challenges and pressure within the system. The usual analysis in relation to prescribing and CHC forecast is also included. • the Health Board is overperforming against the original savings target of £7.5m related to the need to identify further schemes to offset pressures in year, and to the additional control target ask of £12m. However, an element of this is nonrecurrent and it will be essential to the delivery of the plan to ensure the pipeline of saving ideas continues to develop • a summary of how the Health Board financial plan has moved from the original to the revised plan is included at Appendix 5. HT emphasised the seriousness of the situation in relation to the overspend and the need to achieve the control target by year end. It will be necessary to examine current models when planning for future years to tackle issues such as rising emergency admissions which impact on planned care, whilst also considering the effects of industrial action on the system. The Health Board will need to examine what is realistic, sustainable and deliverable in the long term. *Given the continuous focus on variable pay and the challenges of delays and costs, at what point would the organisation conclude our goals may not be achievable.* DF noted that reliance on agency staff was less than optimal. Developing the staffing model and creating sustainable services will be critical. The potential to bring services together, either geographically or by specialty will be examined. *Can ongoing discussions with local authorities provide a roadmap to reduce cost pressures in the health and social care system?* ND added that it is very clear that the finances are challenging across the public sector. It is important we work together with partners, and as partners across Health and Care, third sector and provider landscape. The Regional Partnership Forum plays a key role in this partnership work. In terms of discharge this is being prioritised in the local authority and close working is

	ongoing with colleagues in the Health Board in this regard. This needs to be progressed at pace. KW commented that whilst finance was really important, quality is essential. A quality service will provide value and there are quality concerns when using high numbers of agency staff. DF noted key areas of consideration for patients stranded in community hospitals were enabling access to appropriate health and social care in the community, ensuring patients waiting for discharge maintained their health and welfare to avoid a need for higher levels of care, and to support people to avoid coming into the system in the first place. The Accelerated Sustainable Model will develop this and will be preferable to delivering the current fragile services which are not optimal for patients. *Can clarification be provided on the application for strategic cash support, what does that mean for the Health Board and when are we likely to hear to the Welsh Government?* PH clarified that the Health Board is in deficit position and will require strategic cash support to make payments to creditors. The request has been submitted and approved by Welsh Government. PH stated that the Health Board has limited resources (financial, workforce and capacity), and we need to make sure we allocate those resources in the right place to deliver those safe and quality care outcomes. The Board: • RECEIVED the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place. • CONSIDERED and DISCUSSED the financial forecast for 2023/24 and revised underlying deficit.
PTHB/23/143	**INTEGRATED PERFORMANCE REPORT MONTH 08** SP presented the item which provided an update on the latest available performance position against NHS Wales Performance Framework up until the end of November 2023 (month 8). • pages 2-3 of the report highlights challenges in provider services to delivering planned care, but progress is being made. Despite challenges, steps are being taken to reduce

	long waiting times for patients and fill key roles in planned care and endoscopy. • minor Injury Unit services maintain very good compliance against the 4 hour target. From a commissioned perspective performance is below target, particularly in Accident and Emergency, Cancer Targets, and Referral to Treatments Times. • the Welsh Ambulance Service and Health Boards have agreed on a Winter Impact Plan. However, performance from an ambulance perspective remains poor despite additional efforts to improve performance. In Wales, all District General Hospitals are at high escalation levels due to winter pressures and emergency demand, Shrewsbury and Telford Hospitals have declared a critical incident and Wye Valley NHS Trust are busy from an urgent care perspective. • pages 4-5 outlines the Health Board's progress on internal indicators and identify services needing further escalation and scrutiny. However, the Health Board has remedial action plans for improving services and is working to determine when a return to compliance will be seen. • page 6 describes performance against the Ministerial Measures. The Health Board are meeting 3 out of 9 ministerial targets and saw improved performance in 5 out of 6 indicators in November compared to October. The Health Board met 6 out of 9 mental health performance targets and have remedial action plans to improve performance. • long wait times continue to be challenging with all commissioned providers. Improvement is slow across England and Wales and Junior Doctor and Consultant strikes have disrupted capacity. • despite all the challenges as a provider, the Health Board is making positive progress to improve care closer to home and additional services in Powys. For example, Robert Jones and Agnes Hunt will provide additional Orthopaedic services in North Powys for some Carpel Tunnel surgical outpatient procedures. An agreement has been reached with Hywel Dda to bring outpatients' Colorectal clinics into Powys and discussions are underway with Hywel Dda to develop Rheumatology and Neurology services in Powys. *Commissioned work recovery will be slow and measured in timescales of years and the achieving targets and ministerial*

	priorities will be limited. Is this a true and candid picture representing the NHS professionals' consensus? SP explained there are substantial performance challenges in Accident and Emergency, Referral to Treatment times and Cancer. A performance forecast will be presented during our Board Development planning session next week to demonstrate how the recovery of these key indicators will progress over the next few years. Some variables are complex, but there are also huge opportunities such as in the areas of Getting It Right First Time (GIRFT) where using existing facilities more efficiently will result in quicker recovery of backlogs. *Regarding Ministerial priorities, what re the implications should the Health Board not deliver on those priorities?* SP stated the importance of delivering on these priorities as they are crucial for achieving good clinical outcomes and align with Ministerial priorities in improving recovery of the waiting list position in Wales. Not delivering these priorities results in longer wait times for patients and the Health Board has an increased the backlog of patients to be treated in the next financial year. The consequences of not delivering on the Ministerial Priorities will be picked up through routine monitoring with Welsh Government, the end of year Joint Executive Team meetings, and monthly Integrated Quality Planning and Delivery meetings. KW added that there is a huge amount of work ongoing to improve efficiencies, address the backlogs and catch up but more needs to be done. The Health Board must prioritise long term goals and prevention efforts to maintain focus on prevention. HT stated that the Health Board has maintained its enhanced monitoring status in the last review. However, if the Health Board fails to meet these performance outcomes, further monitoring/escalation would likely result. Additional funding has been provided to the Health Board to address long wait times, but this funding is contingent on the delivery on those outcomes. We continue to be open and honest about our performance. We are striving to find a balance between clearly understanding how our actions impact our patients whilst acknowledging the positive work staff are undertaking.

	In relation to Robert Jones and Agnes Hunt for Orthopaedic and Hywel Dda in terms of colorectal patients, rheumatology and neurology and Nevill Hall for cataracts, given the extreme long waiters in England, is there any potential for us to further repatriate some of our patients? SP explained that there is opportunity for Powys to repatriate some patients, but it is subject to the sustainability of our service in Powys and some key recruitment. *Can you clarify if the turnover rates for nursing midwifery staff in the graph represent HEIW figures or Powys figures, and explain any differences or issues?* DWL explained that the issue with the data lies with HEIW, as they are responsible for nationally collecting and reporting turnover data. The Health Board is aware of some glitches in their system which are being addressed. The Health Board will continue to caution that there may be some inaccuracies in the data and have reported this to the Workforce and Culture Committee. In the meantime, the Health Board is conducting its own assessment of turnover, particularly in areas such as Nursing and Midwifery where issues are known. SP added that putting together the integrated plan for this financial year was a delicate balancing act, described as the best offer to manage finances, staffing resources and commissioned resource while ensuring quality outcomes, managing risks, and promoting good governance. The Board: • 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.
PTHB/23/144	**PLANNING APPROACH 2024 ONWARDS** SP presented the report which provided an update on the development of the PTHB Integrated plan for the period March 2024 onwards. The Boards previous decision to produce a five-year plan instead of a traditional three year plan was noted. The paper is built on the preliminary work undertaken as an organisation starting last autumn and is based on the planning guidance

	issued by the Welsh Government on 18 December. Attention was drawn to the following matters: • the revised NHS Oversight Framework which identifies the Health Board as under Enhanced Monitoring - Level 3 (previously Level 2), • acknowledgement that given the current challenges there will be a known period of non-compliance on some of the financial targets and access targets over the next five-year period. This assertion will be supported by our ongoing analytical work, • arrangements are being made to ensure the plan is socialised and integrated with partners including the Regional Partnership Board, Clusters and Powys County Council to ensure successful integration and coherence of the plan, • NHS Wales planning guidance is outlined along with the Ministerial Priorities, • the requirement to breakeven within a three year period was noted, • learning from the business case development for the North Powys wellbeing project have been built in, • the paper includes projected changes in the NHS over the next decade, highlighting the demographic and disease burden challenges that will need to be addressed during this period, and • the schedule for plan delivery was outlined. HT highlighted that the planning requirements are complex and require a significant amount of effort. Clear communications on the Health Board position are crucial to all stakeholders including staff and the wider public. There is ongoing work to map out the extent to which the Health Board can meet its statutory financial requirements within three years and still meet other statutory accountabilities such as the Duty of Quality. These conversations will continue to take place over the next two months before the plan is brought back to Board for final approval. The new plan will mark the beginning of a phase of public engagements. This work will be scheduled in tandem with similar work the local authority is undertaking. IP noted the importance of long-term focus and consideration for staff impact, while also expressing the need to engage the

	public. However, this issue is not specific to Powys but is a broader problem within NHS Wales. ND added that there wil have to be open, honest and difficult conversations with the people of Powys including the need to shift investment and disinvest. In the next couple of months, there will be engagement across the County as part of efforts to keep working together. *What can we learn from the past about what stands in the way of real progress, and what can we do differently now so that we do not face the same barriers and obstacles?* SP mentioned that many of the issues are widespread across the NHS in England and Wales, and significant effort is being put into addressing these urgent problems. There are still significant gains to be made in Wales, and in other areas including clinical networks and partnership. The Board: • CONSIDERED the update provided, noting any feedback – this will be used to inform the final stage of development of the plan; • Took ASSURANCE that an appropriate approach is in place to develop the PTHB Integrated Plan for the period March 2024 onwards.
PTHB/23/145	**THERAPIES AND HEALTH SCIENCES ANNUAL UPDATE** LC gave a presentation which provided an annual update on workforce issues within the Therapies and Healthcare Sciences Directorate. The range of staff and services within the Directorate were outlined along with new approaches to tackle recruitment challenges by using existing budgets and seeking funding from HEIW (for 'Grow your own') and Welsh Government (Adfeiriad funding) to support new professionals and enable the repatriation of services. An integrated approach has been adopted along with increasing the digital offer, working on accelerated cluster development and improved partnership working. The team have worked with the University of South Wales to improve processes and improved professional governance arrangements. A case load review has improved case load management and a department staff survey resulted in primarily positive responses with smaller areas for improvement.

	Can we evaluate the benefits of interventions in primary care, such as improved patient experience, faster response times, GP time savings, and reduced need for surgical operations in the long term? LC explained that a recent evaluation of the service in the mid cluster had been presented to a panel meeting where the data from patient reported experience and user experience from a GP perspective is positive. There is strong evidence supporting reduced demand on GP time and high utilisation of the service. The Health Board is currently evaluating the service in the North, Mid and South clusters. However, it may be challenging to see a decrease in referral rates and decreased activity in secondary care orthopaedics. *Are there lessons from the success of the Musculo-Skeletal (MSK) did not attend (DNA) project that other services can learn from?* CM stated that as part of the project on demand and capacity, they have been examining DNA. A pilot was conducted in MSK as part of the Safe Care Collaborative work and has been shared as an all-Wales piece of work. The Health Board is considering rolling it out in Powys looking next at psychology. LC added that learnings from the MSK DNA project have been shared with the digital team, who are exploring next stages through a text messaging service to demonstrate their potential in using that function. The Board: • RECEIVED the information in the presentation as part of the Boards ongoing programme of assurance, and • DISCUSSED any relevant themes impacting on the organisations strategic approach to workforce.
PTHB/23/146	**BELMONT BRANCH SURGERY** PH presented the report which provided updates to 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. • the Task-and-finish group met on 9 January 2024 and reviewed the mitigation plan. There were no issues to escalate to the Board,

	• a further meeting of the task-and-finish group is scheduled for mid March where agreement will be proposed to move to business as usual arrangements,
	• key areas of focus includ:
	  ○ Monitoring for patient concerns or complaints
	  ○ Reviewing Community transport
	  ○ Reviewing Practice registration and sustainability position
	  ○ Keeping track on the wider service provision
	• an update will be provided to the March Board meeting.
	
	The Board:
	• RECEIVED 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.

PTHB/23/147	**CORPORATE RISK REGISTER, DECEMBER 2023** HB presented the item which provided the Board with the December 2023 version of the Corporate Risk. The risk register forms part of the Board Assurance Framework and provides a summary of the significant risks to the delivery of the Health Board's strategic objectives. It was noted that a revised Corporate Risk Register is in development alongside the Integrated Plan 2024-29 will be presented to Board in due course March in line with the Board Risk Appetite Statement. 12 risks were presented, two of which relate to cyber security and national power outage details of which are included in the confidential papers. The risk scores for these items are included in the board pack for the in public meeting. *Regarding risk 007 (partnership working), and acknowledging the significant work underway, are we content that this is green?* HB clarified that the score (likelihood/impact) was amber rating and the green related to the Board Risk Appetite. HT added that there is more work to be done, with substantive changes in place but this is not yet reflected in the detail of the Corporate Risk Register. The Board:

	• RECEIVED the December 2023 version of the Corporate Risk Register, ensuring that it was 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 that CRR 009 (cyber security) and CRR011 (power outage) will be reported to the In-Committee Board due to the confidential nature of its content.

PTHB/23/148	**ASSURANCE REPORTS OF BOARD PARTNERSHIP ARRANGEMENTS**
	
	Reports from the NWSSP held on 23 November 2023 and the Powys PSB held on 15 December 2023 were RECEIVED.
	
	HT provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:
	
	• NHS Wales Shared Services Partnership Committee (NWSSPC) held on 23 November 2023.
	
	• Powys Public Services Board (PSB) held on 15 December 2023.
	
	• the RPB met on 8 December 2023 where the following items were discussed:
	  ○ Terms of Reference
	  ○ Winter/system resilience
	  ○ RPB Executive Group update
	  ○ RPB Investment Plan 2024/25 onwards, final draft
	  ○ RPB Strategic Capital Programme Review
	  ○ Welsh Government self-assessment RPB Board
	
	The Joint Partnership Board (JPB) has not met since the last meeting of the Board. It was noted that a decision was been made to discontinue the JPB arrangement between the local authority and the Health Board. Instead, the Joint Executive Team between the Health Board and Local Authority have been meeting regularly and there are plans to bring the Board and Cabinet together shortly to discuss joint working.
	
	Where is the Health Board in the process of drafting, developing, and adopting the new arrangements to replace the JPB, and what can be expected moving forward?
	
	HT explained that agreement will be made in the joint session between the Board and Cabinet.

	KW stated that the RPB has met since September, but the minutes from the December meeting have not yet been ratified. During the December meeting, there was an agreement on indicative plans for the upcoming financial year, and work is progressing at pace. The Board: • RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
PTHB/23/149	**ASSURANCE REPORT OF JOINT COMMITTEES** HT 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 . Welsh Health Specialised Services Committee (WHSSC) held on 21 November 2023: A further meeting was held on 30 January 2024, where the Integrated Commissioning Plan was discussed, but member Health Boards were unable to approve the draft due to the significant investment decisions needed in comparison to the overall cost and assumptions made for the Integrated Plan. There will be an extra meeting of WHSCC to address the matter regarding Health Board plans. Emergency Ambulance Service Committee (EASC) held on 21 December 2023 – the report was noted. A further meeting was held on 30 January 2024, HT provided a verbal report with attention drawn to the following items: o progress on work to undertake high impact actions into the Integrated Commissioning actions plan between Health Boards and Welsh Ambulance Services Trust o there had been considerable public interest and opinions about the Emergency Medical Retrieval and Transfer Service review, which is being closely done in collaboration with Llais. o the outcome of the options appraisal technical work undertaken was discussed to look at the long lists of options for the future of that service that recommends further options. It was also agreed and looked at the engagement materials to go out for the final phase which is phase three

	engagement period with the public. In principle it was agreed subject to Llais being comfortable with the engagement materials to start that public engagement process this week finishing off at the end of February. *Regarding the WHSCC minutes, there was a projected underspend of £9m. What action can be taken in respect of this reported underspend?* HT explained that there is a consistent underspend pattern in the Integrated Commissioned Plan with WHSCC. The draft plan revealed a 6.4% increase in the Health Board allocation of funding for specialised services. Further work is being undertaken to understand the relationship between these elements before consideration and approval of the plan for WHSCC. • The Board NOTED the report.
PTHB/23/150	**ASSURANCE REPORTS OF LOCAL PARTNERSHIP FORUM** DWL provided an update on the work of the Board's Local Partnership Forum at the recent Local Partnership Board meeting on 18 January 2024. A development session had taken place where career pathways and non-pay aspects of the pay deal was discussed. • The Board RECEIVED the oral update.
PTHB/23/151	**LLAIS REGIONAL DIRECTOR REPORT** KB presented her report stating that Powys is leading the way with the hyper local approach in conjunction with the communities of Powys, local authorities and the third sector. An in-depth deep dive of the local community for Builth Wells had been completed and the focus would now move to Llanidloes in February. A rotation system will ensure that coverage spans across 13 localities across Powys. Following the Builth Wells deep dive, Llais requested a response from the Health Board and local authority. All parties were convened to discuss the report and collaborate on an action plan. This had proved effective. *Given that Llais has appointed regional ambassadors, what relationship should we start building with the Powys ambassador?* KB stated that as with the previous Community Health Council arrangements, there were Chair to Chair and Chief Officer to

	Chief Officer meetings. There is no longer a local Board and therefore no Board to Board meetings will take place. The relationship will be explored further. • The Board NOTED the report
	OTHER MATTERS
PTHB/23/152	**ANY OTHER URGENT BUSINESS** No other urgent business was raised.
PTHB/23/153	**DATE OF THE NEXT MEETING:** 20 March 2024, via Microsoft Teams
PTHB IC/23/154	The following motion was passed: ***Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

Present

Carl Cooper	Chair
Hayley Thomas	Interim Chief Executive
Kirsty Williams	Vice Chair
Ian Phillips	Independent Member (ICT)
Rhobert Lewis	Independent Member (General)
Simon Wright	Independent Member (University)
Cathie Poynton	Independent Member (Trade Union)
Jennifer Owen Adams	Independent Member (Third Sector Voluntary)
Ronnie Alexander	Independent Member (General)
Pete Hopgood	Deputy CEO / Director of Finance, Information and IT
Mererid Bowley	Director of Public Health
Claire Madsen	Director of Therapies & Health Sciences
Debra Wood Lawson	Director of Workforce, OD & Support Services
Kate Wright	Medical Director
Stephen Powell	Director of Planning, Performance & Commissioning
Claire Roche	Director of Nursing & Midwifery
David Farnsworth	Interim Director of Operations, Community Care and Mental Health

In Attendance

Helen Bushell	Director of Corporate Governance

Liz Patterson	Interim Head of Corporate Governance

Apologies for absence

Chris Walsh	Independent Member (Local Authority)
Joy Garfitt	Interim Director of Operations, Community Care and MH

PRELIMINARY MATTERS	
PTHB IC/23/155	**WELCOME AND APOLOGIES FOR ABSENCE** CC welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/156	**DECLARATIONS OF INTEREST** No interests were declared in addition to those already declared within the published register.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/23/157	**COPRORATE RISK REGISTER -CYBER SECURITY & NATIONAL POWER OUTAGE** 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 Board RECEIVED and noted the two confidential risks.
PTHB IC/23/158	**ASSURANCE REPORT FROM BOARD COMMITTEES REMUNERATION AND TERMS OF SERVICE** Rationale for item being held in private: The Committee meets in an In-Committee environment as per its terms of reference due to the sensitive and often confidential nature of the agenda. All relevant information is released into the public domain, at a later date, via the Annual Accountability and Remuneration Report. • The Board RECEIVED the summary report taking assurance that the Committee was fulfilling its role appropriately.
PTHB IC/23/159	**MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 29 NOVEMBER 2023, 12 DECEMBER 2023 AND 11 JANUARY 2023 AND ACTION LOG** The minutes of the In-Committee meetings held on the 29 November 2023, 12 December 2023 and 11 January 2024 were AGREED as a true record.

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 - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 20 March 2024)								
31/01/2024	PTHB/23/134	DCG	Action Log	Twice yearly reporting to the Delivery and Performance Committee on Hospital kitchens to be programmed.	**20.03.2024:** This has been included in the work programme for 2024/25			Completed