

Powys THB Finance Department Financial Performance Report Board

**Period 11 (February 2024)
FY 2023/24**

**Date Meeting: 20/03/24
Item 4.1**

Patterson, Liz
19/03/2024 08:27:05

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 11 OF FY 2023/24
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
This paper provides an update on the February 2024 (Month 11) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Board is asked to RECEIVE the financial report and take ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place.
The Board is asked to CONSIDER and DISCUSS the financial forecast for 2023/24 and revised underlying deficit.

Approval/Ratification/Decision	Discussion
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2/18 ✓	✓
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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

Information	
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Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Revised Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-630	-553	↓
Reported Year To Date financial position – (deficit)/surplus	-11,370	-11,693	↑
Year end – (deficit)/surplus	-12,000	-12,000	→

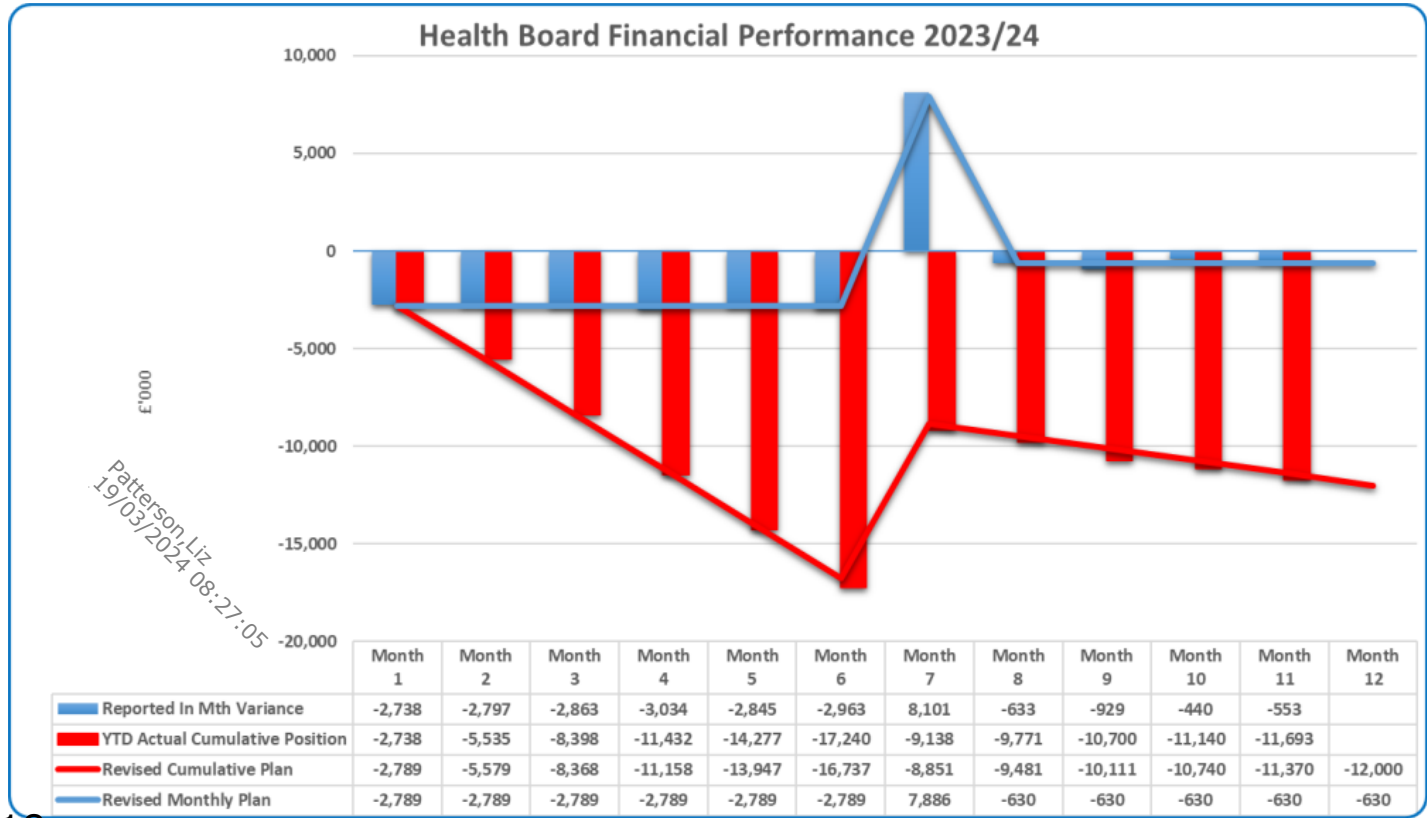
Capital		
	Value £'000	Trend
Capital Resource Limit	6,333	↑
Reported Year to Date expenditure	2,665	→
Reported year end – (deficit)/surplus – Forecast	0	→

In November, following the provision of £18.300m additional funding from WG, the Board agreed to revise the 2023/24 Financial Plan to the £12.000m deficit target control total given by WG.

At month 11, there is a £11.693m overspend against the revised planned deficit of £11.370m giving the Health Board a year-to-date operational overspend of £323k.

At this stage, the Health Board is forecasting that it will achieve the £12.000m deficit control total.

The capital resource limit for 2023/24 is £6.333m. To date £2.665m has been spent.



DAY FIVE – Flash

- Agency expenditure of £0.720m in February, continues to improve marginally month on month from high levels experienced this year. However, it remains higher than last year’s average spend.
- Overspend on commissioning budget, due to increased emergency activity and cost at providers; plus, transformational savings yet to be found by the organisation. WHSSC deteriorated by £300k in month.
- CHC has increased its forecast outturn in month 11, with a net increase of 6 packages of care, giving a total of 321 clients.
- These pressures have been offset this month with improvements in Prescribing, SLAs and slippage on Welsh Government funding.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(374,316)	(374,316)	0
02 - Capital Donations	(119)	(119)	0
03 - Other Income	(7,142)	(8,108)	(966)
Total Income	(381,577)	(382,544)	(966)
05 - Primary Care - (excluding Drugs)	42,160	41,389	(771)
06 - Primary care - Drugs & Appliances	32,441	32,364	(78)
07 - Provided services -Pay	97,442	100,140	2,699
08 - Provided Services - Non Pay	22,544	17,558	(4,986)
09 - Secondary care - Drugs	1,377	1,250	(127)
10 - Healthcare Services - Other NHS Bodies	150,325	154,079	3,754
12 - Continuing Care and FNC	26,533	27,326	793
13 - Other Private & Voluntary Sector	3,430	3,390	(41)
14 - Joint Financing & Other	8,710	8,756	45
15 - DEL Depreciation etc	4,555	4,555	0
16 - AME Depreciation etc	3,430	3,430	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	392,947	394,237	1,289
Reported Position	11,370	11,693	323

At Month 11, there is a £11.693m overspend against the revised planned deficit of £11.370m giving the Health Board a year-to-date operational overspend of £0.323m.

The most significant adverse variances are on:

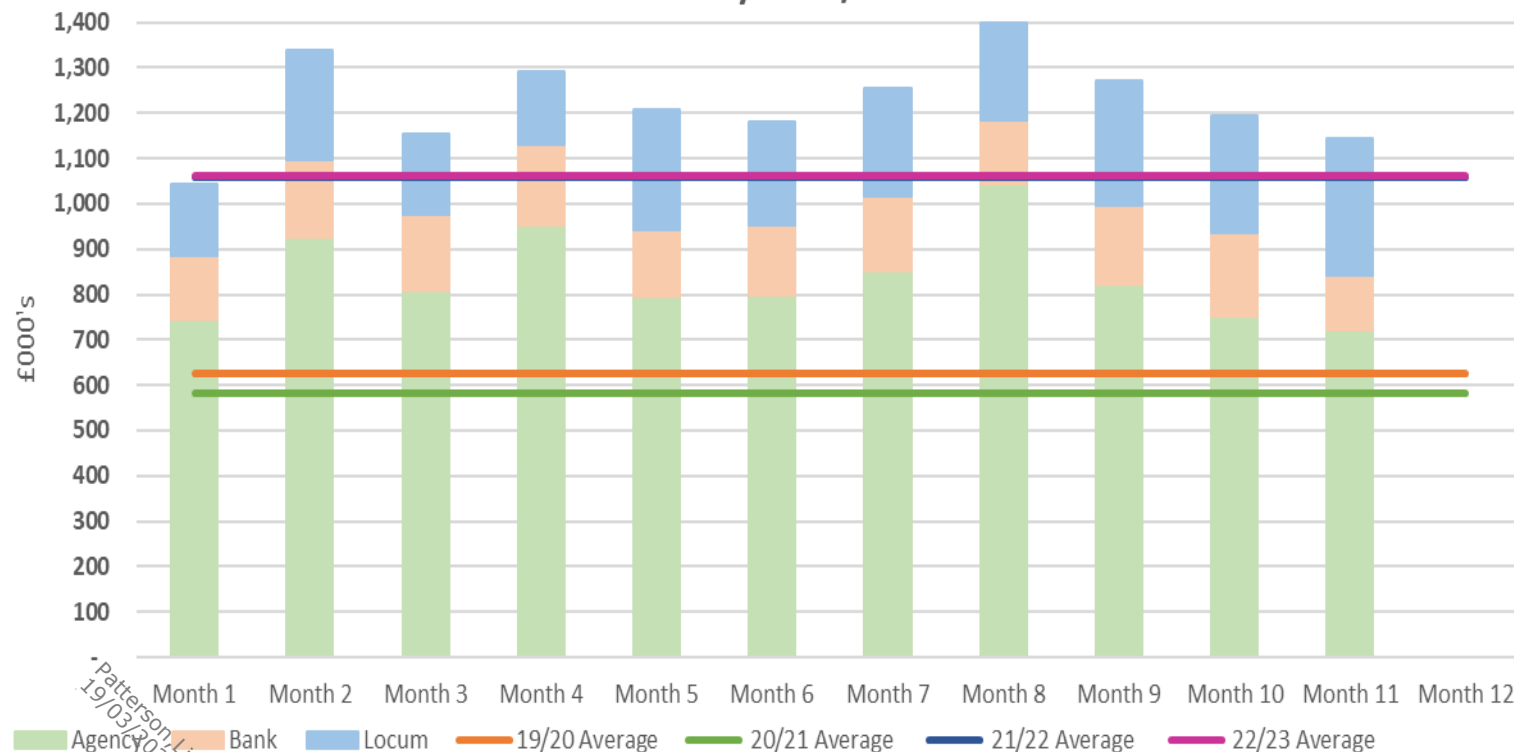
- pay budgets at £2.699m - driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April to February than it was for the equivalent months last year; and
- commissioned healthcare services at £3.754m - combination of two factors:
 - Costs of emergency activity greater than had been planned for; and
 - Transformational savings, which are intended to reduce expenditure on commissioned healthcare services are having less financial impact.

The underspend on non-pay budgets is due to accountancy gains and VAT rebates.

We are focused on this because:

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

Total Actual Variable Pay 2023/24 vs Previous Years



Performance and Actions

- The Month 11 YTD pay is showing an overspend of £2.699m against the year-to-date plan. The current level of vacancies is 270 (12%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 11 months of 2023/24 compared to the average value from each of the last 4 financial years. **The growth is particularly stark within our Mental Health services.**
- Powys appears to be an outlier within NHS Wales as agency spend was 11.2% of total pay in Month 10, against the Wales average of 4.4%.
- The HB's Variable Pay Reduction group is implementing its action plan.

Risks

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

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

We are focused on this because:

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

Status Update

At Month 11 overspend of £3.754m on year-to-date budget of £150.325m.
This is due to £1.873m on transformational savings not achieved and increased expenditure with English providers.

Commissioning Forecast 2023/24

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	41,730
English Providers	61,013	65,033	70,263
WHSSC / EASC	44,608	48,694	51,367
Other NHS Providers	4,374	4,501	3,916
Mental Health (LTAs Only)	742	851	810
Total	149,274	157,851	168,086

Risks

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

2023/24 forecast is affected by the pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% to cover non-pay / English providers 3.4%.
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- A review of activity information has identified a trend of increased emergency presentations. Providers ability to deliver both core and recovery activity is variable and is closely monitored.
- To date, the HB has experienced 5,498 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £3.241m to date.

We are focused on this because:

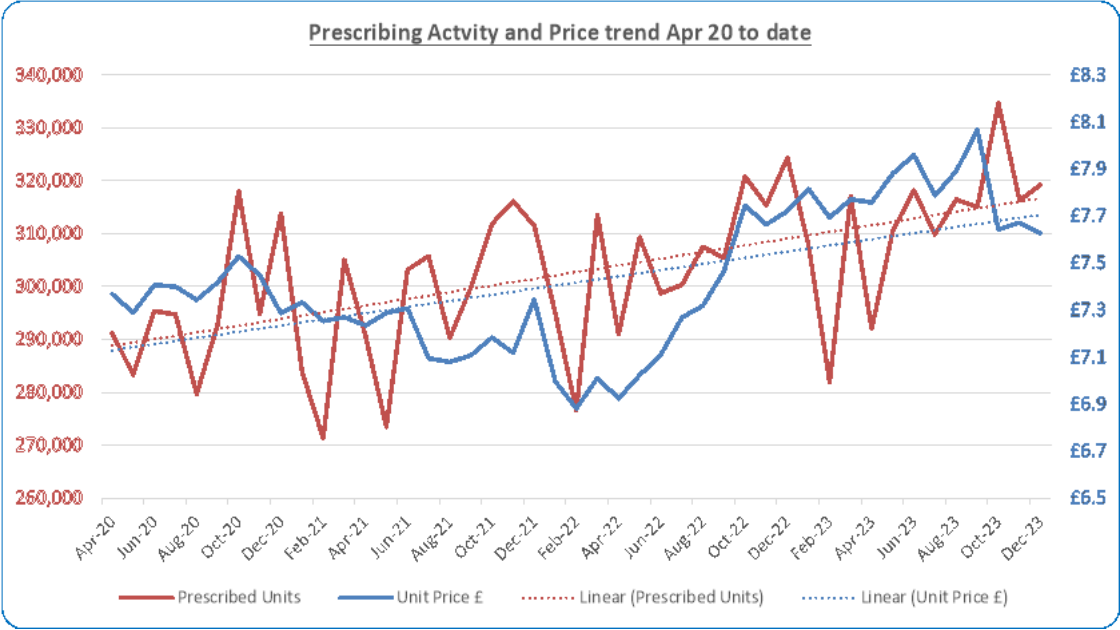
The costs of prescribing have risen significantly since April 2022. This has been driven by both price inflation and increased prescribing activity. Current adverse variance of £0.7m against the prescribing budget of £28.9m pa, will have a material impact on the Health Board’s financial obligations.

Status Update

At Month 11 forecast overspend of £0.668m on 2023/24 budget of £28.9m. Prescribing costs are reported 2 months in arrears. This is a £369k improvement on M10 outturn.

- YTD costs, M1-M9, are £1.794m higher than M1-9 in 2022-23 (8.1%).
- Unit price increase year on year of 5.9% to M9 23-24, driven by NCSO/price concessions.
- Prescribing activity steady year on year increase of 2.2%.

Prescribing cost increases	19-20	20-21	21-22	22-23	23-24 (f'cast)
		£k	£k	£k	£k
Prescribing Budget	23,142	22,320	23,182	24,694	28,959
Prescribing Annual costs	24,867	25,953	25,610	27,469	29,628
Yr on Yr % increase/decrease		4.4%	-1.3%	7.3%	7.9%
Yr on Yr increase £ Total		1,086	-344	1,859	2,159
Yr on Yr increase £ Growth		-109	475	655	604
Yr on Yr increase £ Inflation		1,196	-819	1,204	1,555



Risks & Challenges

- High proportion of dispensing practices:
 - 38% of patients receive medicines from a dispensing practice.
 - 79% of patients are registered with a dispensing practice.
- Access and control to prescribing data, audit participation, other services driving prescribing activity.
- Responsibilities for prescribing vs accountability for the prescribing budget.

Medicines Mgt savings performance and actions

- Medicines Mgt savings scheme forecasting £1.4m against prescribing budget plus £0.3m of rebates.
- Guidance & support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and prescribing guidelines, audit, shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums.

We are focused on this because:

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

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast %
Children	267	151	157	296	324	303	7	2.3%
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,525	1,064	43.2%
Mental Health	7,344	7,801	10,611	13,949	16,487	15,844	1,895	13.6%
Mid Locality	981	925	1,635	1,882	1,560	2,127	245	13.0%
North Locality	1,365	1,537	2,098	2,646	2,907	3,507	861	32.5%
South Locality	1,495	1,958	1,853	1,904	2,068	1,936	32	1.7%
Grand Total	12,410	13,941	17,994	23,138	25,927	27,242	4,104	17.7%
Number of active clients	236	252	294	307	324	321	14	4.6%

D2RA				696	648	198	(499)	-71.6%
FNC	2,218	2,095	1,960	2,131	2,370	2,370	239	11.2%
Total	14,628	16,035	19,954	25,966	28,945	29,810	3,844	14.8%

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2023/24 above that planned for.

What the table tells us

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

Performance and Action

The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 11, there is an overspend of £0.793m on year-to-date budget of £26.533m against Continuing Care and FNC. The number of CHC packages has increased by 6 from 315 to 321 in February.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGHs, prior to full CHC assessment.

Across Wales, at Month 10, the forecast is for a 15.9% increase in costs in 2023/24 compared to 2022/23.

We are focused on this because:

Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Finance	610	6,356	0	6,356	385	(5,747)	1042%
Medical	504	1,751	0	1,751	0	(1,247)	347%
Nursing	21	42	0	42	0	(21)	202%
Planning & Performance	2,570	959	10	969	246	1,601	38%
Primary & Community Care & MH/LD	1,464	603	0	603	893	860	41%
Therapies Directorate	211	281	0	281	203	(70)	133%
Public Health	2,089	2,091	0	2,091	0	(2)	100%
Workforce & Organisational Development	17	34	0	34	0	(17)	199%
Chief Executive	14	51	0	51	0	(37)	366%
Grand Total	7,500	12,169	10	12,179	1,728	(4,679)	162%

Performance and Actions

- The original 2023/24 Financial Plan was a deficit of £33.5m, this was predicated on the Health Board achieving £7.5m savings. The revised £12.0m 2023/24 Financial Plan still requires this as well as £3.2m of mitigating actions.
- As shown in the table opposite £12.179m schemes have been forecast (£12.169m Green and £0.010m Amber), with a further £1.728m Red pipeline ideas.
- Per the table below, due to the recognition of accountancy gains (non-recurrent), the HB is overperforming against savings profiled to date by £2.020m.
- The recurrent impact of saving schemes at £5.748m, is a shortfall of £1.752m against the £7.500m recurrent target.

Note: RAG rating is per WG’s guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Performance of Schemes

Green and Amber										RED		
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	10	2,912	6,288	3,376	610	6,356	5,747	605	525	6	385	453
Medical	8	611	1,489	879	504	1,751	1,247	687	1,895	0	0	0
Planning & Performance	7	2,532	864	(1,668)	2,570	969	(1,601)	2,301	478	1	246	493
Primary & Community Care & MH/LD	23	1,211	523	(688)	1,464	603	(860)	1,377	664	46	893	1,407
Therapies Directorate	5	111	233	122	211	281	70	59	59	6	203	367
Public Health	4	1,916	1,916	(1)	2,089	2,091	2	2,090	2,089	0	0	0
Workforce & Organisational Development	3	28	28	0	17	34	17	16	17	0	0	0
Chief Executive	4	48	48	0	14	51	37	0	0	0	0	0
Nursing	9	35	35	(0)	21	42	21	22	22	0	0	0
Grand Total	73	9,404	11,424	2,020	7,500	12,179	4,679	7,157	5,748	59	1,728	2,719

Risks

Timescales and capacity of teams to deliver the schemes.

What the tables tells us

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

We are focused on this because:

As we approach the end of the financial year, it is helpful for the Board to be aware of the key underlying assumptions and the range of risks and opportunities the Health Board is exposed to as it seeks to achieve the £12m target control deficit.

- **Assumptions** – there are £12.7m of anticipated allocations yet to be confirmed and received from Welsh Government. The top 3 cash related items are:
 - AME Non-Cash Depreciation - £8.4m
 - Real Living Wage - £2.3m (*this has been received in March*)
 - A4C Pay Award 2023/24 - £0.6m
- **Risks** that the financial position could deteriorate of £1.9m have been reported in the MMR. The key items are:
 - Increased activity by commissioned providers - £0.5m
 - Historic application of continuing healthcare determinations - £1.2m
 - Increased CHC costs - £0.1m
 - Prescribing - £0.1m
- **Opportunities** that the financial position could improve of £1.1m have been reported in the MMR. The key items are:
 - Underspend on dental ring fenced allocation - £0.3m
 - Reduced activity by commissioned providers - £0.5m
 - Reduced CHC costs - £0.1m
 - Prescribing - £0.2m

Summary:

- At month 11, PTHB is reporting a £11.693m overspend. This comprises the profiled revised planned deficit £11.370m, with an operational overspend of £0.323m.
 - The £7.5m savings target is profiled into the position. Actions are progressing to deliver a greater value of savings in 2023/24 than the target, but with a reduced recurrent impact.
 - The key operational pressure needing to be addressed is agency expenditure, especially within mental health services.
- The revenue forecast for 2023/24 remains at £12.0m in line with the WG control total. There are several underlying assumptions and a range of risks and opportunities surrounding this forecast.
- The underlying deficit of the Health Board is currently assessed as being £25.7m. In broad terms, this is due to £4.1m of the additional WG funding being non-recurrent, £1.8m recurrent shortfall on the savings programme and accountancy gains offsetting recurrent cost pressures.
- The Health Board has a £6.333m capital allocation, which it will manage within.
- Due to having a forecast financial deficit, the THB has received £11.8m of strategic cash support from Welsh Government.
- The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices.

Powys THB Finance Department

Financial Performance Report – Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th March 2024.

MMR Narrative


[https://
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MMR Tables

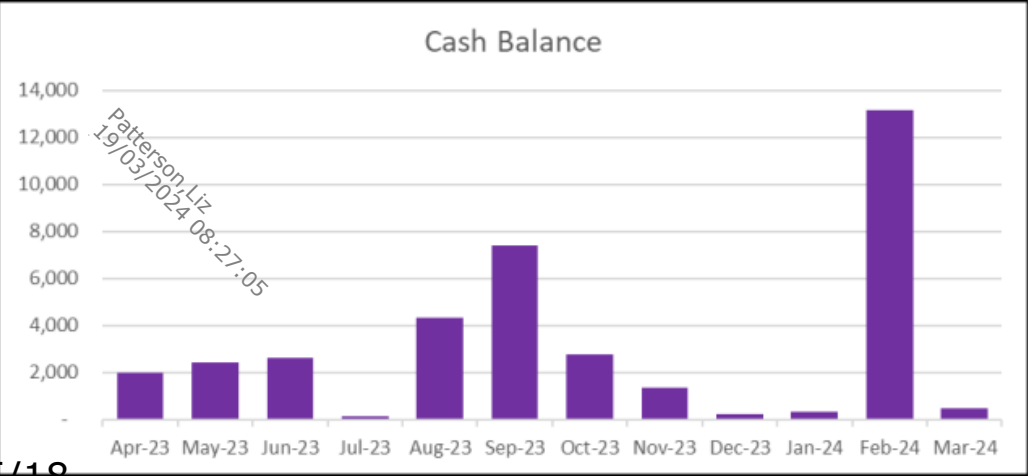

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 29th February 2024
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.993	0.993	0.890
EFAB Infrastructure	0.406	0.406	0.270
EFAB Fire	0.107	0.107	0.014
EFAB Decarbonisation	0.378	0.378	0.019
Llandrindod Fees	0.236	0.236	0.236
Replacement Roofing, Bronllys Hospital	1.468	1.468	0.887
Telephony Infrastructure upgrades	0.285	0.285	0.000
Minor Injury Unit Improvements	0.180	0.180	0.000
Diagnostic Equipment	0.120	0.120	0.000
Sanctuary Provision for Children and Young People	0.496	0.496	0.052
Digital Year End Funding - January 2024	0.792	0.792	0.293
DPIF - Digital Medicines Transformation Pre-implementation	0.100	0.100	0.004
Year End Funding - January 2024	0.313	0.313	0.000
Year End Funding - February 2024	0.123	0.123	0.000
Digital Year End Funding - February 2024	0.192	0.192	0.000
IFRS16 Leases	0.144	0.144	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	6.333	6.333	2.665

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	1,268	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	313	13,160
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,921	35,913	29,385	35,070	37,315	31,630	48,285	16,391
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(106)	(198)	(237)	(145)	(183)	(138)	(153)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	19	19	1,135	5	104	1,127	24	2,631
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	176	472	518	731	624	1,891
Income from other Welsh NHS Organisations	1,137	509	489	875	687	363	867	698	525	860	754	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	229	549	854	274	675	585	523	393	600
Total Receipts	39,303	36,149	43,020	35,746	37,070	37,201	31,600	36,775	38,864	34,733	49,927	21,983
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	1,998	2,606	2,561	3,003	2,505	3,102	2,989	3,295	2,520
Primary Care Services : Pharmacy Services	904	0	845	0	366	815	0	407	944	0	386	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	0	1,534	2,985	0	1,522	2,946	0	1,453	1,500
Primary Care Services : General Dental Services	307	465	545	628	488	439	585	463	370	593	98	450
Non Cash Limited Payments	81	81	88	85	75	89	96	96	126	92	148	80
Salaries and Wages	8,918	8,647	9,864	9,261	8,715	8,109	8,407	8,506	8,520	8,643	8,586	8,500
Non Pay Expenditure	22,723	24,070	25,201	26,123	19,041	18,979	23,875	24,406	23,888	21,725	22,371	16,852
Capital Payment	53	73	228	131	28	162	275	294	45	633	743	4,291
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	38,226	32,853	34,139	36,241	38,199	39,941	34,675	37,080	34,643
NET CASH FLOW IN MONTH	743	427	160	(2,480)	4,217	3,062	(4,641)	(1,424)	(1,077)	58	12,847	(12,660)
Balance c/f	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	313	13,160	500



Due to the £12m revised forecast financial deficit, the THB has received strategic cash support which has been received.

	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr-22	Feb-24	Mar-24
	£'000	£'000	£'000
Tangible & Intangible Assets	104,855	107,860	107,860
Trade & Other Receivables	18,154	13,803	13,803
Inventories	147	147	147
Cash	1,268	13,160	500
Total Assets	124,424	134,970	122,310
Trade and other payables	50,353	24,608	45,257
Provisions	15,842	7,955	7,955
Total Liabilities	66,195	32,563	53,212
Total Assets Employed	58,229	102,407	69,098
Financed By			
General Fund	11,604	55,782	22,473
Revaluation Reserve	46,625	46,625	46,625
Total Taxpayers' Equity	58,229	102,407	69,098

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Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

Core Financial Plan Year 1 2023/24

Financial Plan	(£m)
Underlying deficit	18.6
Inflationary pressures	8.9
Demand/ service growth	7.4
Net effect of allocation adjustments and COVID	6.1
Mitigating actions	(7.5)
TOTAL DEFICIT	33.5

The original 2023/24 Financial Plan was a deficit of £33.5m

Range of significant risks to be managed

All Health Boards asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing/ providing greater assurance on the forecast financial deficit

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

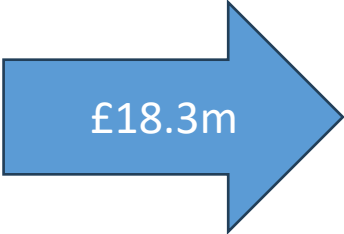
Following the additional allocations of £18.300m in Month 7, at the public Board meeting in November, the Board approved a revised financial plan for 2023/24, which aims to achieve a deficit £12m control total.

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Original Financial Plan

£33.5m

Additional Funding

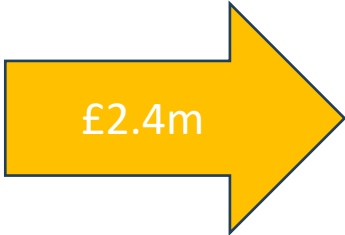


Interim Position @M7

£15.2m

Actions underway

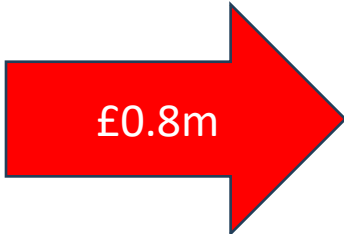
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|-------------------------------------|-------|
| • Slippage WG funding | £1.1m |
| • 10% schemes | £0.5m |
| • VAT rebate | £0.4m |
| • Dental contract under performance | £0.4m |



£12.8m

Stretch

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



£12.0m

Revised
Financial Plan

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19/03/2024 08:27:05



Agenda item: 4.2

Board Meeting		Date of Meeting: 20 March 2024
Subject:	Powys Teaching Health Board Integrated Performance Report Position at January 2024 (Month 10) 2023/24	
Presented by:	Executive Director of Planning, Performance and Commissioning	
Approved by:	Executive Director of Planning, Performance and Commissioning Assistant Director of Performance and Commissioning	
Prepared by:	Head of Performance Administrative Officer, Integrated Performance	
Other Committees and meetings considered at:	Executive Committee – 13 March 2024 who fulfilled its own Executive scrutiny role and supported the report to the Board.	

PURPOSE:

This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework up until the end of January 2024 (month 10).

RECOMMENDATION(S):

The Board are asked to:

- **DISCUSS** and NOTE the content of this report;
- Take **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
-

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

EXECUTIVE SUMMARY:

This report provides the Board with the latest available performance update against the 2023/24 NHS Wales Performance Framework.

This document includes data up until the end of month 10 (January 2024), provides a focus on metrics in escalation/exception and contains all the applicable NHS Performance Measures. Using this data, we highlight performance achievements and challenges at a high level, as well as comparison to the All-Wales performance benchmark where available.

Summary of health board performance for month 10 (January 2024)

This report provides the Board with the latest available performance update against the 2023/24 NHS Wales Performance Framework. The IPR format for Month 10 highlights areas of escalation and exception and further detailed slides for all measures as part of the bi-annual submission.

At the end of January 2024 (Month 10) the health board remains in a position of non-compliance against key and challenging PTHB set target trajectories for the Ministerial priority measures. The key challenge for the Powys planned care service is its highly fragile system capacity with significant pressures that are often outside of the health boards control e.g., industrial action, in reach consultant turnover and sickness. Looking at key areas such as diagnostics the

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performance is varied e.g., radiology non-obstetric ultrasound breaches have seen improvement dropping to 45 in Jan-24 whilst endoscopy breaches increased to 29 for the same period.

The therapies service specialties remain under pressure, with key services such as musculoskeletal (MSK) physiotherapy, podiatry, and speech and language (SALT) facing severe and ongoing workforce challenges of sickness and vacancies. It should be noted however that the therapies service are forecasting a significant improvement by month 12 in line with set improvement goals.

For referral to treatment (RTT) consultant led pathways improvements have been made but the provider still has breaches in 36+ and over 52-week pathways for patients who wait for a new outpatient appointment, and breaches over 52 weeks for treatment although no patients wait more than 104 weeks. Key challenges for RTT pathways include an especially fragile in-reach service provision (general surgery in south Powys as an example) and ongoing very high demand across multiple specialties with an increase in referred urgency of patient. Other challenges include in-reach commissioned fragility for outpatients and day case activity, and non-Powys (acute centre) complex diagnostic with additional reporting delays. Proactive steps are being taken operationally which include the use of private insourced capacity for planned care, extensive pathway validation and efficiencies work, and use of weekend clinics and theatre sessions. There is further risk going forward through Q4 and into next year which is outside health board control e.g., upcoming industrial action which effects local, in-reach commissioned, and all NHS commissioned services. This will result in the loss of capacity due to unavoidable hospital-initiated cancellations of day case, and outpatient sessions which will delay patient pathway length to treatment.

Mental health performance within the health board remains robust against national target apart from part 1a adult assessment which reports a drop (28.6% compliance in Jan-24). It should be noted that as predicted the part 1b adult intervention performance has improved significantly to 71% in January. Neurodevelopment assessment for children is also another key area of challenge following significant and ongoing referral demand pressure which started post pandemic 2021/22 and is seen as a national challenge with PTHB performance of 43.7% compliance reported in January 2024.

For those patients waiting in Powys commissioned planned cares services long waits remain a challenge. There has been improvement from Welsh providers albeit slow against key Ministerial priorities, but the challenge of equity remains when on average waits for NHS England pathways result in a quicker treatment than those within NHS Wales, industrial action will significantly impact wait times in Q4.

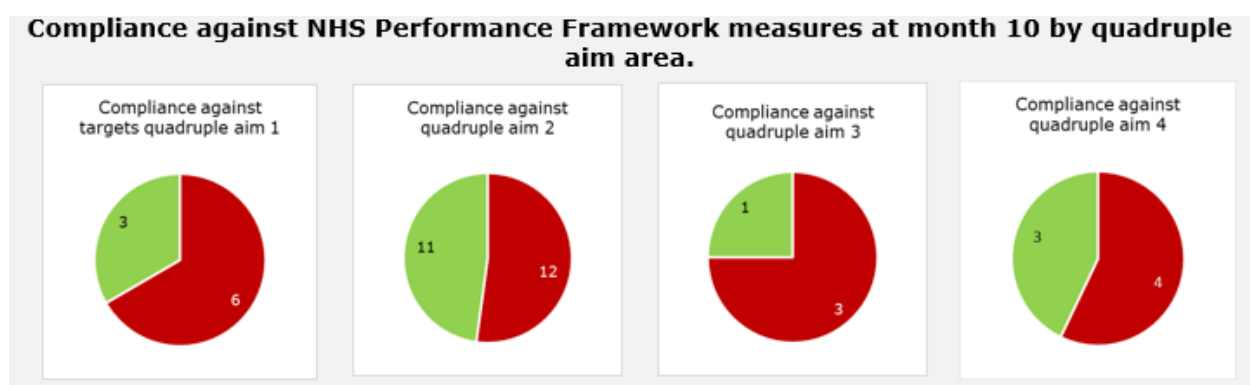
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Cancer performance remains poor against the 62-day targets in services commissioned from both NHS England and NHS Wales providers and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics, there is a significant challenge with Powys cancer pathways.

For emergency care Welsh Ambulance performance times remain poor with 44.1% of calls meeting the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 100% compliance on the 4hr target. However, all acute units in both England and Wales report challenging performance with extreme system flow pressure at the end of Q3. Welsh performance in this aspect is slightly better for residents but a significant number of patients wait beyond 4 hrs within emergency care departments.

Quadruple Aim Compliance

Compliance against quadruple aims remains challenging with all aims reporting a higher number of measures not meeting target:



Escalation & Exception

As part of the Integrated Performance Framework (IPF), process measures are now highlighted as escalations (*when a performance matter does not meet target and hits criteria for a higher level for resolution, decision-making, or further action*) or exception (*Referring to a deviation or departure from the normal or expected course of action*).

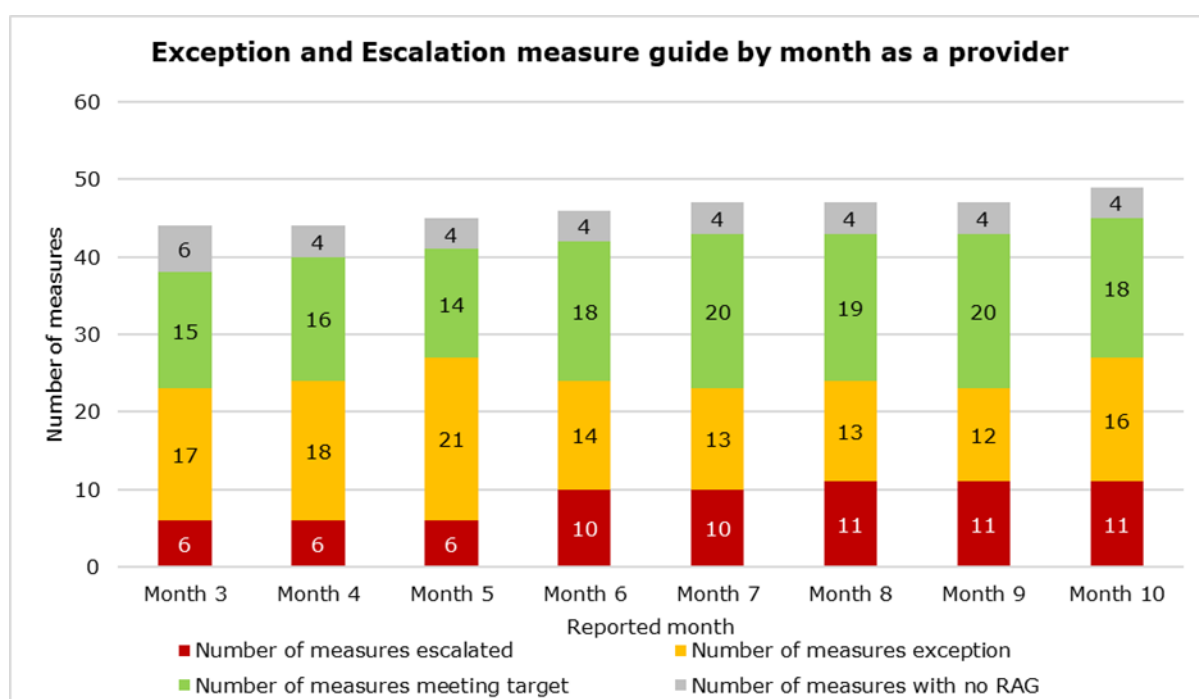
In Month 10 (January) 47 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework, with 11 of the measures escalated:

- Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment.
- Mental Health adult interventions.
- Patients waiting for diagnostics beyond 8 weeks.
- Percentage of children waiting under 14 weeks for a therapy.
- Patients waiting longer than 14 weeks for a therapy.
- Number of patients waiting over 52 weeks for a new outpatient appointment.

- Number of patients waiting more than 36 weeks for a new outpatient appointment.
- Patient follow-up (FUP) pathways delayed 100% and over.
- Number of patients waiting more than 52 weeks for treatment.
- Children/Young people neurodevelopmental waits.
- Mental Health adult care and treatment plan compliance.

Through the IPF, remedial action plans have been developed to address these escalated measures, those plans with a red RAG rating have currently been unable to identify an estimated recovery time or the plan has high risk of achievement.

This graph below provides the relative performance of the health board against the 2023/24 NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the IPR by exception.



Measures with no RAG rating are those with either insufficient data to determine compliance and those where PTHB reports but has no national target as a non-acute provider.

Ministerial Priorities 2023/24

At the end of January 2024, the health board is not meeting six of the targets to drive performance improvement (33% compliant 3 of 9). Four planned care measures are now not expected to achieve their target as of March 2024. All escalated measures are discussed within the Performance and Engagement group with key service leads and remedial actions plans are in place or under development.

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The performance team has included its RAG assessment of year end delivery against the Ministerial Priorities:

Ministerial Priority Measures		Month													Risk of delivery R.A.G
Measure		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Number of patients waiting over 8 weeks for a specified diagnostic	Performance Trajectory		160	160	150	130	120	110	100	80	50	30	15	0	
	Actual	161	159	160	117	134	152	139	132	190	192	168		246	
Number of patients waiting over 14 weeks for a specified therapy	Performance Trajectory		190	190	180	170	120	70	20	0	0	0	0	0	
	Actual	190	243	273	265	418	511	499	390	288	343	290		86	
Number of patients waiting more than 36 weeks for a new outpatient appointment	Performance Trajectory		35	35	35	30	30	25	20	15	10	5	5	0	
	Actual	32	67	98	112	126	159	197	257	222	213	192		149	
Number of patients waiting more than 52 weeks for a new outpatient appointment	Performance Trajectory		0	0	0	0	0	0	0	0	0	0	0	0	
	Actual	1	1	3	4	19	42	60	80	18	19	22		13	
Number of patients waiting more than 52 weeks for referral to treatment	Performance Trajectory		20	15	10	5	5	0	0	0	0	0	0	0	
	Actual	7	16	14	14	29	52	75	99	56	58	62		23	
Number of patients waiting more than 104 weeks for referral to treatment	Performance Trajectory		0	0	0	0	0	0	0	0	0	0	0	0	
	Actual	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%	Performance Trajectory		4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0	
	Actual	4755	4,763	1902	1667	1660	1683	1624	1575	1533	1568	1627		Not available	

NEXT STEPS

Through the IPF, work continues to implement the required process to provide effective challenge, support and scrutiny of both provider and commissioned services, with the aim to improve patient outcomes including regular discussion at directorate performance review meetings.

The Performance Team continues to work closely with commissioned service providers to understand referral demand, demand and capacity gaps, waiting list profiles at specialist level and model robust performance trajectories within the context of the NHS Wales Planning Framework and Ministerial Targets for 2023/24 for Powys provider, English and Welsh commissioned services.



Powys Teaching Health Board

Integrated Performance Report

Month 10 – Updated 08/03/2024

Select one of the below boxes to navigate to the required section of the report

[Introduction](#)

[Executive Summary](#)

[Escalated Performance Challenges](#)

[Exception Reporting](#)

[Appendix 1 – All metrics score sheet](#)

[Appendix 2 – Progress against Ministerial Priorities](#)

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What is the Integrated Performance Report (IPR)

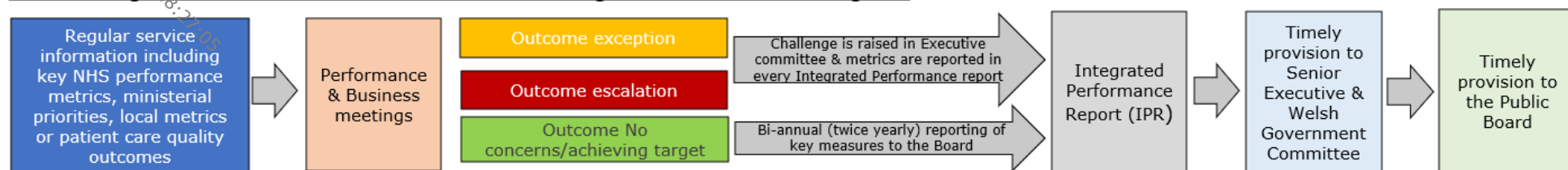
This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation	De-Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.	The appropriate trigger for a measure or service to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.
Criteria of an exception examples	Criteria for escalation examples	Criteria for de-escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.	Measure returns to within target values, or escalation element is downgraded from a ministerial priority
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its service plan to improve or maintain performance. Especially if measure/service reporting significant special cause concern with the making data count approach (SPC).	Performance or service recovers to planned levels following remedial action plan or another local plan (this may not require adherence to national target compliance e.g., moves to exception status).
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.	Quality standard challenge is resolved.
	Any metric or service can be raised to escalation level where concern is raised at internal Performance & Business meetings (PBM).	Senior committee decision following evidence via escalation process used within Performance & Business meetings (PBM).

PTHB Integrated Performance Framework challenge escalation flow diagram



Using statistical process control (SPC)

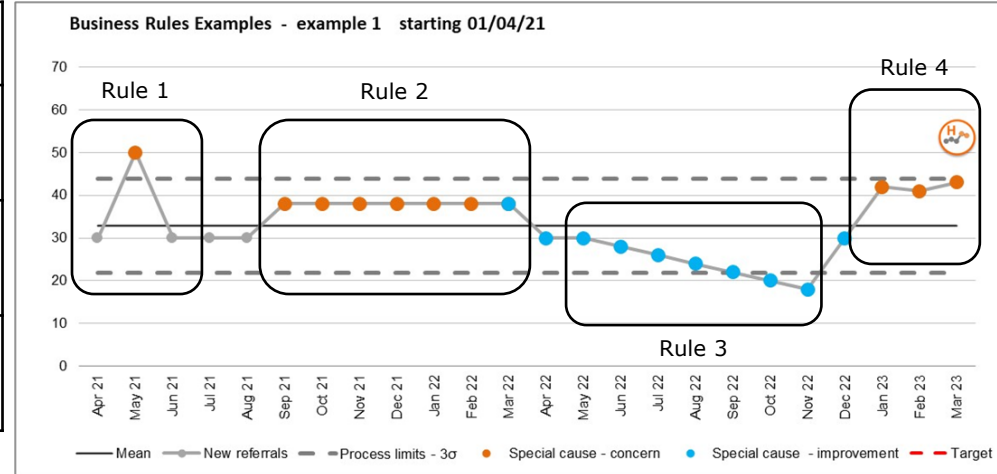
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

Key facts for SPC

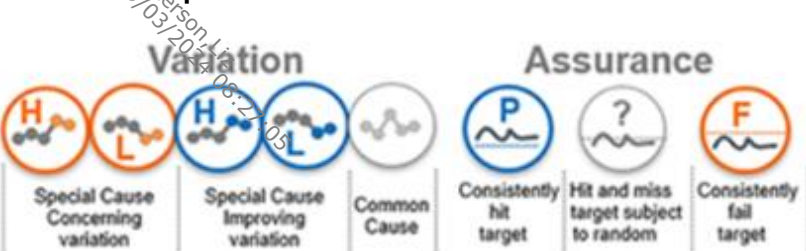
- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



NHS Improvement SPC icons

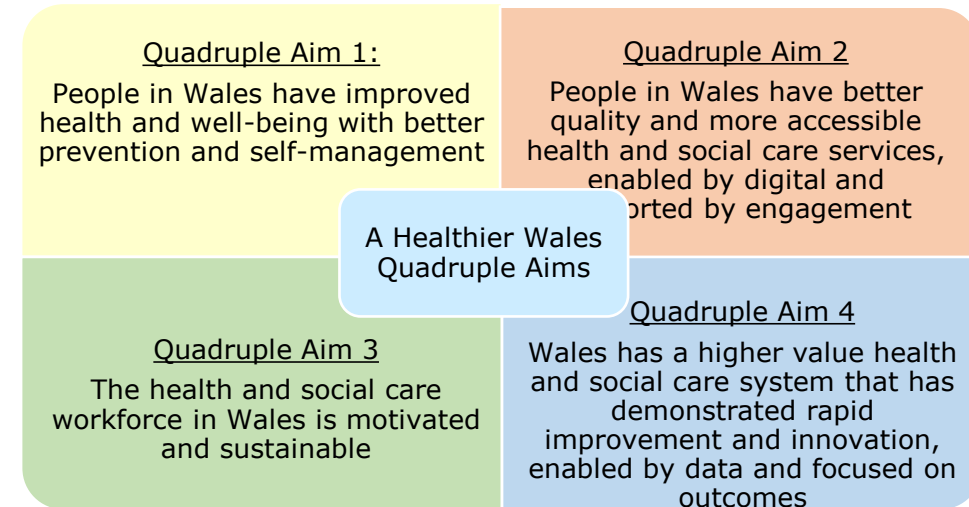




What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require health board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.

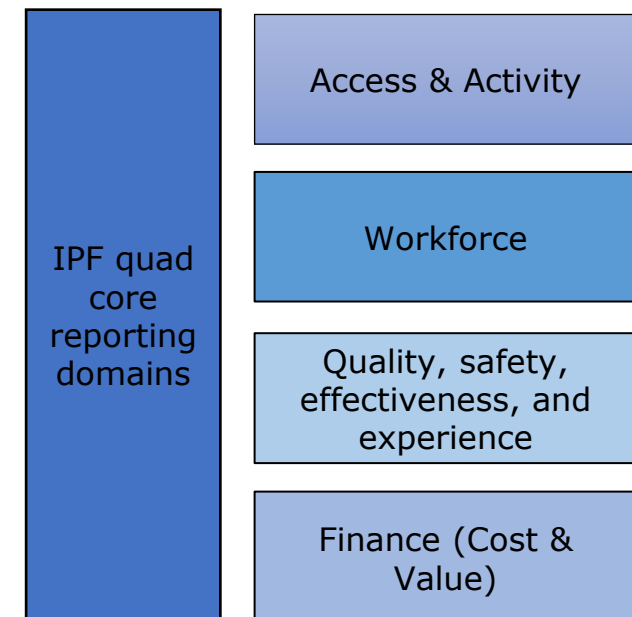


What is the Integrated Performance Framework (IPF) in Powys?

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators.

The IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

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



Narrative summary of performance at month 10 (January 2024)

This report provides the Executive Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. The IPR format for Month 10 includes all measures.

At the end of January 2024 (Month 10) the health board remains in a position of non-compliance against key and challenging PTHB set target trajectories for the Ministerial priority measures. The key challenge for the Powys planned care service is its highly fragile system capacity with significant pressures that are often outside of the health boards control e.g., industrial action, in reach consultant turnover and sickness. Looking at key areas such as diagnostics the performance is varied e.g., radiology non-obstetric ultrasound breaches have seen improvement dropping to 45 in Jan-24 whilst endoscopy breaches increased to 29 for the same period. The therapies service specialties remain under pressure, with key services such as musculoskeletal (MSK) physiotherapy, podiatry, and speech and language (SALT) facing severe and ongoing workforce challenges of sickness and vacancies. It should be noted however that the therapies service are forecasting a significant improvement by month 12 in line with set improvement goals. For referral to treatment (RTT) consultant led pathways improvements have been made but the provider still has breaches in 36+ and over 52-week pathways for patients who wait for a new outpatient appointment, and breaches over 52 weeks for treatment although no patients wait more than 104 weeks. Key challenges for RTT pathways include an especially fragile in-reach service provision (general surgery in south Powys as an example) and ongoing very high demand across multiple specialties with an increase in referred urgency of patient. Other problems include in-reach commissioned fragility for outpatients and day case activity, and non-Powys (acute centre) complex diagnostic with additional reporting delays. Proactive steps are being taken operationally which include the use of private in-source capacity for planned care, extensive pathway validation and efficiencies work, and use of weekend clinics and theatre sessions. There is further risk going forward through Q4 and into next year which is outside health board control e.g., upcoming industrial action which effects local, in-reach commissioned, and all NHS commissioned services. This will result in the loss of capacity due to unavoidable hospital-initiated cancellations of day case, and outpatient sessions which will delay patient pathway length to treatment.

Mental health performance within the health board remains robust against national target apart from part 1a adult assessment which reports a drop (28.6% compliance in Jan-24). It should be noted that as predicted the part 1b adult intervention performance has improved significantly to 71% in January. Neurodevelopment assessment for children is also another key area of challenge following significant and ongoing referral demand pressure which started post pandemic 2021/22 and is seen as a national challenge with 43.7% compliance reported in January.

For those patients waiting in Powys commissioned planned cares services long waits remain a challenge. There has been improvement from Welsh providers albeit slow against key Ministerial priorities, but the challenge of equity remains when on average waits for NHS England's pathways result in a quicker treatment than those within NHS Wales, industrial action will significantly impact wait times in Q4.

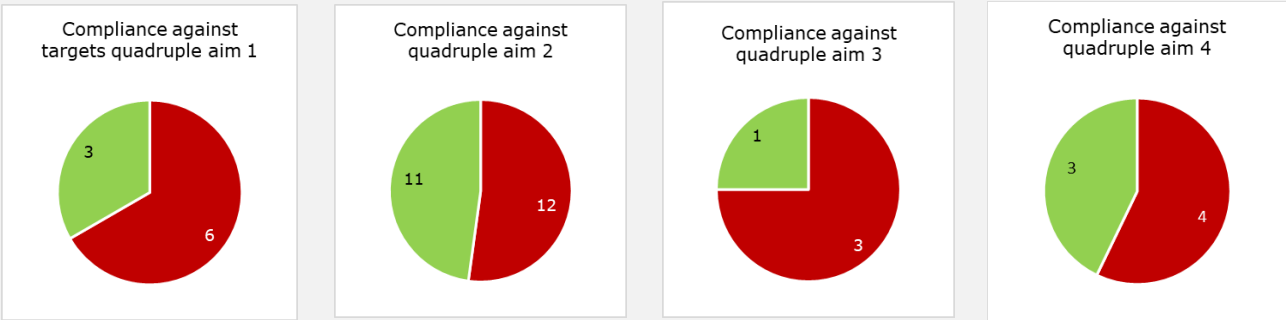
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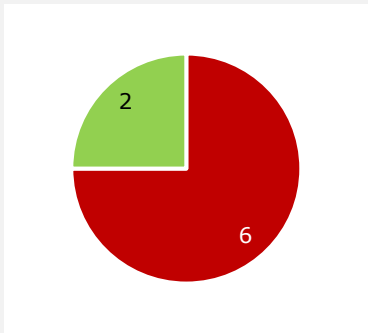
Visual summary of performance at month 10 (January 2024)

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

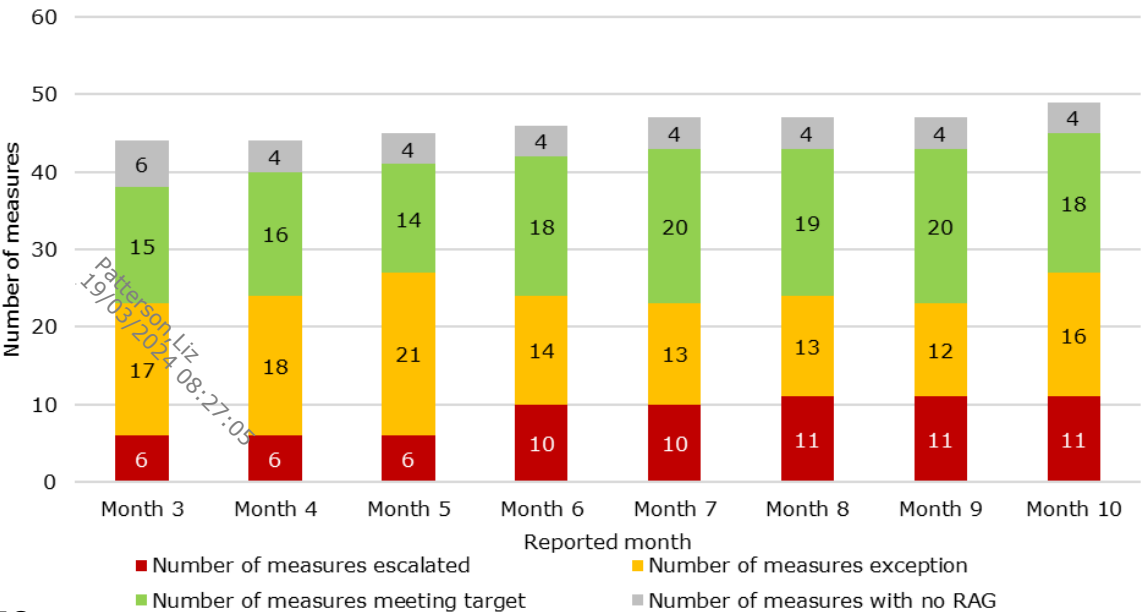
Compliance against NHS Performance Framework measures at month 10 by quadruple aim area.



Compliance against Ministerial priority trajectories.







Exception and Escalation measure guide by month as a provider






- In Month 10 (January) 47 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IPR.
- It should also be noted however that any measure can be raised as an escalation, even if performance meets national target.
- Measures with no RAG rating are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.




Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
2	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	Nov-23	90%	11.5%	Never		Timescale requested BSW
Why is this an escalated metric?		Escalated by Powys Performance team for historic and current poor target compliance.					
Key performance drivers		Key actions to recover					
Poor performance linked to the capacity for diagnostic endoscopy across Wales. Target is and has always been very challenging with low compliance across all providers.		Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team. Requested capacity for bowel screening from commissioned health providers via the CQPRM.					
17	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people 18 years and over	Jan-24	80%	71%	Never		By end 2024/25
Why is this an escalated metric?		This measure remains challenged, without intervention it will not meet target and has been escalated					
Key performance drivers		Key actions to recover					
Performance improved as expected. Exclusion of incorrect counselling referrals means that only interventions following a mental health assessment are being recorded.		Temporary admin support to increase capacity and reduce backlog has been put in place. Recovery and Development plan being implemented.					
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Jan-24	PTHB trajectory = <30	168	Jan-20		TBA 2024/25
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group.					
Key performance drivers		Key actions to recover					
Diagnostic waiting list position is challenged against health board submitted targets for the Ministerial priority. All specialties are reliant on fragile in-reach capacity. Demand remains high with increased acuity at referral stage. Industrial action in Q4 will affect the recovery of the waiting list against planned recovery.		Working with in-reach to review cardiology capacity due to changes in clinical practice – escalated via CQPRM. PTHB appointed own sonographers with training underway for 'lumps and bumps'					
26	Percentage of children (under 18) waiting 14 weeks or less for a specified Allied Health Professional	Jan-24	12-month improvement trend	81.2%	New measure data not available		Mar-24
Why is this an escalated metric?		This measure has been escalated from month 6 as part of the larger therapies escalation as confirmed by service leads (key specialties like speech and language therapy (Paediatrics) is impacting on the overall therapies position of the health board.					
Key performance drivers		Key actions to recover					
Majority of breaches are within OT Paeds and speech and language therapy linked to key challenges with staffing vacancies, unrecognised backlog of long waiting patients and a high caseload demand. General challenge of staffing and sickness across all therapy's specialties.		Remedial action plan undertaken by services for escalation as required. New standard operating procedure in place to improve service processes. Demand and capacity work has been undertaken to improve flow and recruitment plans underway.					

Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
27	Number of therapy breaches 14+ weeks	Jan-24	PTHB trajectory - 0	290	Dec-21		TBA 2024/25
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory.					
Key performance drivers		Key actions to recover					
Musculoskeletal (MSK), Podiatry, and Speech and Language Therapy (SLT) all have severe challenges to workforce and resultant capacity. These workforce problems are caused by both vacancies and long-term sickness in key subspecialties. Follow-up (FUP) caseload backlog impacting on new booking capacity.		Weekly management of waiting lists by Heads of Service. Remedial action plan templates completed for all challenge specs for escalated with significant improvement expected by March 2024. Additional locum to support MSK physiotherapy					
28	Number of patients waiting over 52 weeks for a new outpatient appointment	Jan-24	PTHB trajectory of 0	22	Jan-23		TBA 2024/25
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
Key performance drivers		Key actions to recover					
Ongoing risk of fragile across all in-reach consultant led pathways within the provider •Industrial action in Q3 has impacted on general surgery in-reach waits in North Powys. •February industrial action will impact on outpatients awaiting first appointment.		•Additional capacity has recommenced via insource from November 2023 to support backlog clearance for key challenge specialties. •In reach service fragility and capacity issues flagged via CQPRM, progressing additional in reach support with Commissioning					
29	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jan-24	PTHB trajectory of =< 5	192	N/A		TBA 2024/25
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory.					
Key performance drivers		Key actions to recover					
As above (measure 28)		As above (measure 28)					
30	Patient follow-up (FUP) pathways delayed 100% and over	Jan-24	PTHB Trajectory of 0	1627	Not available	N/A	Nov-23
Why is this an escalated metric?		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. The measure has also failed to meet the recovery by target date Nov-23					
Key performance drivers		Key actions to recover					
•Ongoing incorrect reported volumes result in challenges for service demand planning. •Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.		•Operational services continue to support the validation of records and provide challenge identification for the D&T team to investigate. •Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.					

Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
32	Number of patients waiting more than 52 weeks for treatment	Jan-24	PTHB Trajectory of 0	62	Sep-22		TBA 2024/25
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
Key performance drivers		Key actions to recover					
As per measure 28		As per measure 28					
34	Children/Young People neurodevelopmental (ND) waits	Jan-24	80%	43.7%	Aug-22		Linked to business case approval
Why is this an escalated metric?		Poor compliance with service agreement.					
Key performance drivers		Key actions to recover					
Referral rates into this service have been increasing steadily over the last 3 years, 2022/23 and up to the end of Q2 2023/24 reported special cause concern for the number accepted into the service. Other key challenges include no recurrent funding and a deficiency in permanent workforce to meet increased demand.		The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service. However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts. The ND business case was considered by the Health Board Investment and Benefits Group (IBG) and will be further considered by the Executive Committee in due course. Temporary additional capacity continues to support the service.					
45	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Jan-24	90%	78.0%	Nov-21		By end 2024/25
Why is this an escalated metric?		Poor compliance with service agreement.					
Key performance drivers		Key actions to recover					
Vacancies and sickness absence impact on the ability to meet this target however there has been a data quality challenges including post submission revisions which means that in the next reporting period there will be an impact on performance with improvement anticipated.		<ul style="list-style-type: none"> •Continue to advertise recruitment positions. •A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency. 					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q2 23/24	5% Annual Target	2.55%	Never	N/A	April 2025
Key performance drivers		Key actions to recover					
Cumulative quarters 1 & 2 2023/24 have seen a step change in performance reporting 2.55% significantly higher than 1.52% treated smokers for the same period in 2022/23		Health board to develop promotional campaign for Pharmacy L2 & L3 services Inc. additional training for technicians. Roll out of GP text message project to offer patient support, and other ongoing promotions of pathways to support smoking cessation.					
3	Percentage of children up to date with scheduled vaccinations by age 5	Q2 23/24	95%	89.8%	Never	N/A	Q3 24/25
Key performance drivers		Key actions to recover					
Key performance challenges include data recording on uptake and linking of digital systems (data cleansing ongoing). Workforce capacity challenges in primary care, reduction in vaccination due to pandemic. North Powys report lowest uptake.		Standard operating procedures (SOPs) have been developed to support primary care clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations. Lessons learnt from Polio/MMR catchup are being implemented. Uptake by age 4 has improved to 94.7%.					
4	Percentage of girls receiving HPV vaccination by age 15	Q2 23/24	90%	84.7%	N/A new metric	N/A	Awaiting further data
Key performance drivers		Key actions to recover					
Change in the methodology of age group for reporting. Press reports around change of vaccination schedule, and negative press regarding HPV.		Vaccination promotion in schools appropriately via curriculum, and review implementation of NICE guidelines (NG218) particularly recommendations 1.3.24 to 1.3.39.					
5	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Jan-24	75% (by end of season)	69.0%	N/A new metric	N/A	N/A
Key performance drivers		Key actions to recover					
Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates		Flu vaccine offered through Vaccination Centres from January 1st onwards. Additional targeted support provided to GP Practices including booking support to increase uptake further.					
6	Percentage uptake of COVID-19 vaccination for those eligible	Jan-24	75% (by end of campaign)	61.1%	Not applicable	N/A	N/A
Key performance drivers		Key actions to recover					
Data on COVID-19 vaccination uptake is sourced from PHW surveillance data which is based on total population, citizens only become eligible for a booster if they complete their primary course. National delay on data cleansing cohorts. BA.4.86 variant impact		Targeted interventions on immunosuppressed, ongoing work with care homes, and increasing local clinic offer to improve access. Supporting GP's to provide COVID vaccination clinics.					

Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
16	Percentage of LPMHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 years and over	Jan-24	80%	28.6%	Dec-23		Unavailable for this measure
Key performance drivers		Key actions to recover					
We have been working on a review of our LPMHSS referral data and waiting lists. During this process, we realised that one of our teams was reporting all referrals, i.e.. both counselling and assessments referrals. This has been the case for many years and is an historical issue. From January 2024 we are only reporting on our mental health assessment data		The referral recording on our systems was clarified so that assessments were easily identifiable from counselling across Powys and this plan was discussed with Dave Semmens from the NHS executives. We also discussed our measure reporting with Dave and indicated that our data would be changing when we could separate the referrals and be confident that our reporting was accurate. We agreed our data would be including MH assessment referrals only from January.					
18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jan-24	65%	44.1%	Feb-21		Unavailable for this measure
Key performance drivers		Key actions to recover					
This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas		All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. All Wales urgent care system escalation calls being held daily (often more than once per day)					
19	Median emergency response time to amber calls	Dec-23	12-month improvement	00:54:13	N/A		Unavailable for this measure
Key performance drivers		Key actions to recover					
Demand for urgent care services continues to increase including calls to 999 ambulance services. Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times		All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved					
22	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge – Powys resident view	Jan-24 (Dec-23 – Eng)	Powys – 95% Wales – 95% England – 95%	100% 62.2% 41.2%	Never met across all residents	TBC	PTHB target met N/A
Key performance drivers		Key actions to recover					
There are no issues with provider MIU services reported, but for Powys residents waits in commissioned units remain poor. Key issues remain ongoing including flow through acute units slowing emergency admissions and resulting in backlog and A&E impact.		To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.					
23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – Powys resident view	Jan-24 (Dec-23 – Eng)	Powys – 0 Wales – 0 England – 0	0 169 188	Never met across all residents	N/A	PTHB target met N/A
Key performance drivers		Key actions to recover					
Narrative as measure 22.		Narrative as measure 22.					

Exception Reporting - measures not meeting required performance

Local Measures and Assurance



No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
Commissioning measures	Commissioned referral to treatment (RTT) – Powys resident (the data from English providers does not allow comparison of patients waiting by stage, these metrics are not included).	Combined Latest Performance – Dec-23	+104 weeks	276	Never	Please look to slide for detail	Commissioned service trajectories - unavailable
			52+ weeks	2212			
			+36 weeks	4717			
			< 26 weeks	N/A*			
Commissioned RTT performance does not meet any set targets, please look to the slides for further details.							
Link	Powys commissioned private dermatology service (RTT)	Jan-24	< 26 week	84.1%	Not available	N/A	Under discussion with provider
			+36 week	15			
Cancer Measures	SCP - Commissioned Cancer Performance (Wales)	Jan-24	75% <62 days for treatment	56%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH – Dec	zero	6 Breaches	N/A		
		WVT - Jan		3 Breaches	N/A		
	Powys provider downgrade performance – 28 days best practice	Jan-24	TBC	4.17%	N/A		
Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.							

*Percentage unavailable due to late submission of data from SATH requiring manual data input

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Exception Reporting - measures not meeting required performance

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


No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Oct-23	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	12.1%	N/A	N/A	Plan development 2024/25
Key performance drivers		Key actions to recover					
Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology. It should be noted that HEIW have noted that current data has anomalies and ongoing work is required to resolve		Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. Roll out of Team Climate Surveys to support managers and improve retention. The health board have successful appointed to the Workforce Retention lead role which will support the delivery of the nurse retention plan within Powys.					
38	Agency spend as a percentage of the total pay bill	Jan-24	12-month reduction trend	10.6%	Apr-23		Plan development 2024/25
Key performance drivers		Key actions to recover					
Limited substantive professional workforce availability.		Reviewing operational footprint to further reduce reliance on temporary staffing, negotiations with on-contract agencies for additional recruitment. Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023					
39	PADR Compliance	Jan-24	85%	78.0%	Never		Plan development 2024/25
Key performance drivers		Key actions to recover					
Directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs. As of January 2024, there were 9 out of 17 service areas/Directorates whose performance was above the national target of 85%.		Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services.					


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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
42	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Dec-23	17% or more	9.7%	Never	N/A	Timescale requested WAST
Key performance drivers		Key actions to recover					
No issues currently reported		This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.					

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
44	Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan	Jan-24	90%	82%	Dec-23		February 2024
Key performance drivers		Key actions to recover					
CAMHS saw a demand increase post-Christmas. Also, patient acuity was high, with demand outstripping capacity. Consequently, administrators were overstretched, and CTP updates were delayed		CTPs are now back on track and CAMHS expect to hit the target in February.					

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
51	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jan-24	95%	67.3%	Never		Plan development 2024/25
Key performance drivers		Key actions to recover					
In-reach fragility impacts available capacity for specialty. Local staffing challenged reducing capacity include sickness absence, vacancies in theatre staffing and industrial action during Q4.		Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB					

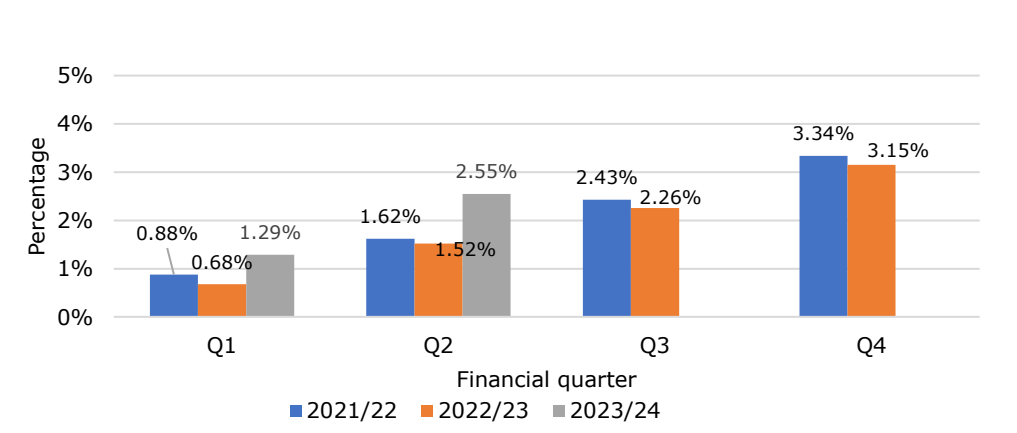
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Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner	Strategic priority	2
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Latest available	Q2 2023/24		
Reported performance	2.55%	All Wales positional rank and performance.	4th (2.43%)
Target	5% cumulative annual target		
Variance	N/A		Exception
Data quality & Source	Welsh Government Performance Scorecard		

Percentage of adult smokers who make a quit attempt



What the data tells us
Note: Performance has seen a step change in Quarters 1 & 2 2023/24; there were 54% more smokers supported by the service than in the same period 2022/23.
In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

Issues
<ul style="list-style-type: none">96% (22/23) of community pharmacies continue to deliver a Level 2 service, and 70% (16/23) of pharmacies are delivering Level 3 services, which matches pre pandemic levels. To increase activity (quit attempts and successful quits) to pre-pandemic levels, it has been identified that the pharmacy service needs to be promoted and pharmacy staff trained.As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit and are often facing complex issues.

Actions	Recovery by	April 2025
<p>Improving access and client focus:</p> <ul style="list-style-type: none">Smoking Cessation Team are providing face-to-face clinics across Powys in community venues and some GP Practices. Telephone support continues to be available. Group support is currently delivered in Brecon and Welshpool.Following good attendance and positive feedback from previous training a further session for community pharmacy staff is being planned. This training will be focused on prescription of Nicotine replacement therapy (NRT). The aim of the training continues to be to increase confidence of pharmacy staff in service delivery. Resources for promotion, as well as Carbon monoxide (CO) monitors, have been shared with all community pharmacies delivering the service. A competition was run leading to 9 community pharmacies in Powys creating promotional window displays for Help Me Quit (HMQ) pharmacy service.HMQ Baby referral pathway has been adapted in joint working with midwifery colleagues to accommodate research project SNAP3 in Powys. SNAP 3 is offering some pregnant women an additional option of preloading with NRT to further support a quit attempt. <p>Implementation of communication and engagement plan for public, professionals and partner agencies, including:</p> <ul style="list-style-type: none">The GP Text message project continues in 5 GP Practices, targeting smokers with offer of support. This commenced with GP Practices in more deprived areas. Initial results show an increase in the number of clients from those practices making a quit attempt following the month when text messages were sent out.Further patient stories are being produced of clients who have recently made a successful quit attempt with the service.		

Mitigations
<ul style="list-style-type: none">Work continues to re-orientate services to reach groups in deprived areas. Service delivery model continues to reoriented to provided blended model of delivery to include; Telephone support, one-to-one and Group support.

Healthier Wales Quadruple Aim 1



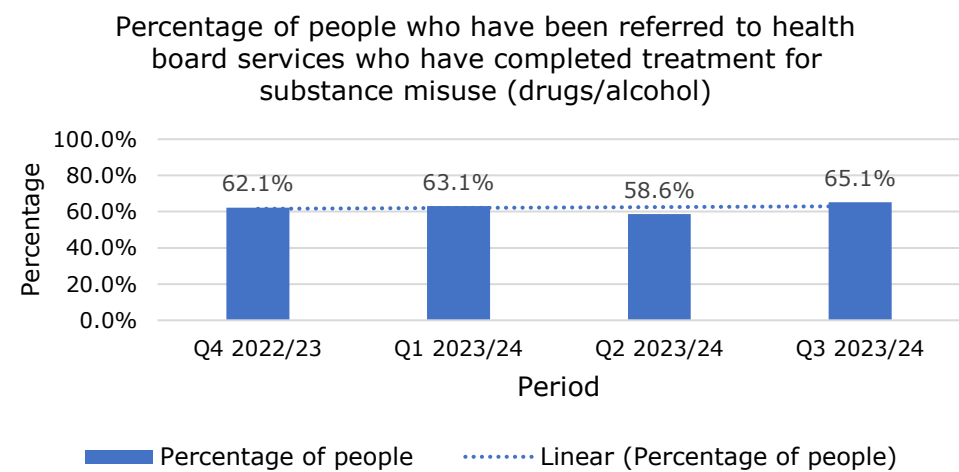
Access & Activity NHS Performance Measure – 2 Powys as a provider

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

New measure for 2023/24

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority
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Latest available	Q3 2023/24		
Reported performance	65.1%	All Wales benchmark	5 th (60.5%)
Target	4 quarter improvement trend		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for 2023/24 NHS Performance Framework. The measure aims to treatment services that are delivered by NHS teams and does not include voluntary or local authority services.

Reported performance in Q3 2023/24 has met the required target of a 4-quarter improvement trend.

The health board benchmarks 5th in Wales with an All-Wales position of 60.5%

Issues

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

Actions **Recovery by** **Awaiting interpretation for PTHB**

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from HIW review.
- PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023.
- Dual Diagnosis worker in Mid-Powys appointed, recently recruited to Sort Powys role.

Mitigations

- The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.
- Regular commissioning monitoring meetings with provider in place to monitor community demand.
- Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.
- Recruitment campaign for remaining vacant Dual Diagnosis post.

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 3

Powys as a provider

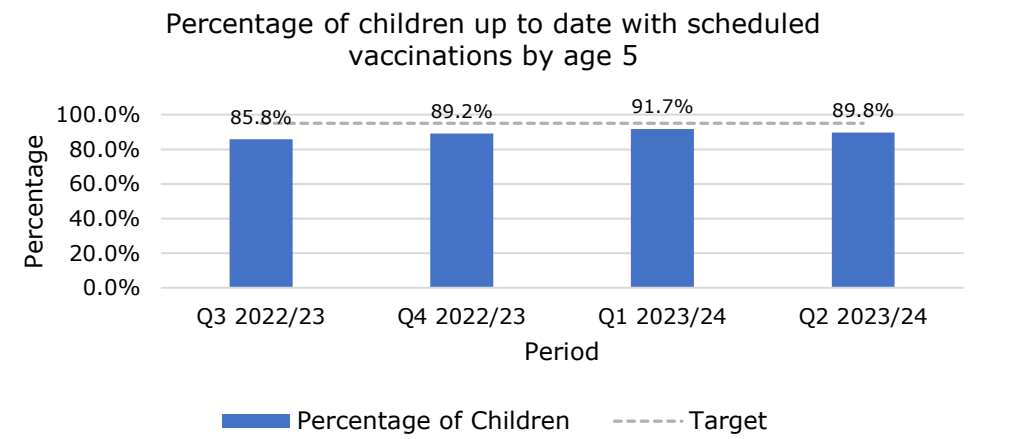


Vaccinations – Percentage of children up to date with scheduled vaccinations by age 5

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	89.8%	All Wales benchmark	2 nd 87.7%
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

Reported uptake performance 89.8% this remains below target (95%) but slightly above the same position for Q2 2022/23 (89.3%). This relates to 35 children requiring recording that they've been immunised.

The health board has fallen to 2nd in Wales but remains higher than the All-Wales benchmark of 87.7%, highest Health Board is reporting 90.7% uptake.

Although the amalgamated data is 89.8% the individual vaccination uptakes (MMR and 4in 1) are at 90% or higher.

Issues

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flow means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status for people who reside in Powys.
- Vaccination uptake in under 5-year-olds decreased during the pandemic.
- Workforce challenges: Some practices have booking queues due to staffing and working pressures resulting in delays in timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.
- Immunisation Coordinator post vacant from August 2023-Jan 2024.
- Showing variation in uptake across Powys at cluster level, with the north cluster having the lowest uptake during the quarter.

Actions	Recovery by	Q3 24/25
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- Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4), which includes:
 - Data cleansing.
 - Enhanced monitoring of practice queues lists.
 - Rolling enhanced monitoring pre-school lists.
 - Encouraging GPs to offer unscheduled vaccinations for other missed vaccinations.
 - Supporting Health Visitors to follow up where children have missed their vaccinations – Standard Operating Procedures (SOP) now ratified and in use.
- SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations.
- An equity review is being undertaken to identify areas of low uptake and any barriers to vaccination to inform targeted actions.
- New Immunisation Coordinator in post from Jan 2024.
- National MMR catch up occurring to target those under vaccinated to further increase MMR Vaccination rates.

Mitigations

- Ongoing support for Primary Care with queues list monitoring and prompting to review lists. MMR Catch-up linked to school-aged uptake being planned.
- Rolling enhanced surveillance of pre-school vaccination.
- Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
- Health Visitor SOP developed for Health Visitor Caseload: Follow up of Preschool Children Outstanding Routine Immunisations.

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 4

Powys as a provider



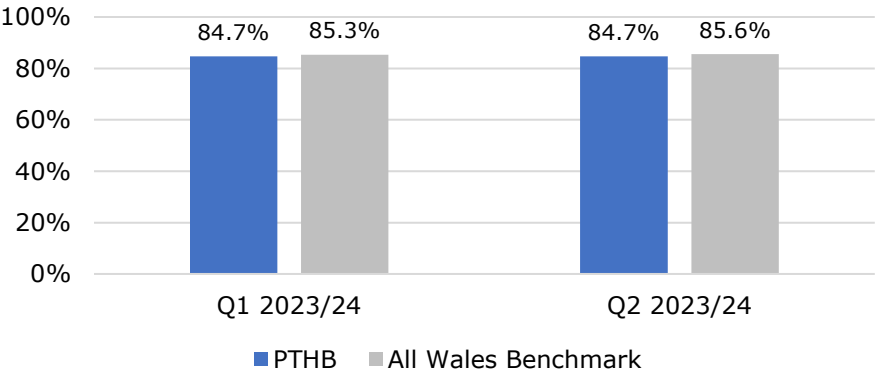
Vaccinations – Percentage of girls receiving Human Papillomavirus (HPV) vaccination by age 15

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	84.7%	All Wales benchmark	5 th (85.6%)*
Target	90%		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		

Percentage of girls receiving the HPV vaccination by age 15



What the data tells us

The health board reports 84.7% against the new 90% target for HPV vaccinations by age 15, this performance is slightly below the All-Wales benchmark of 85.6% (ranked 5th). The highest Health Board is reporting 90.6% uptake.

Previous HPV reporting has been for all children ages and routinely Powys have been around the 75 to 80% uptake, usually achieving higher than the Welsh benchmark.

Issues		
No issues to report		
Actions	Recovery by	Awaiting further data
<ul style="list-style-type: none">Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A New HPV toolkit has been released and is being promoted in schools.Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.		
Mitigations		
<ul style="list-style-type: none">New single dose vaccine is being implemented from academic year 2023/24 which should improve uptake further.		

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 5

Powys as a provider



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

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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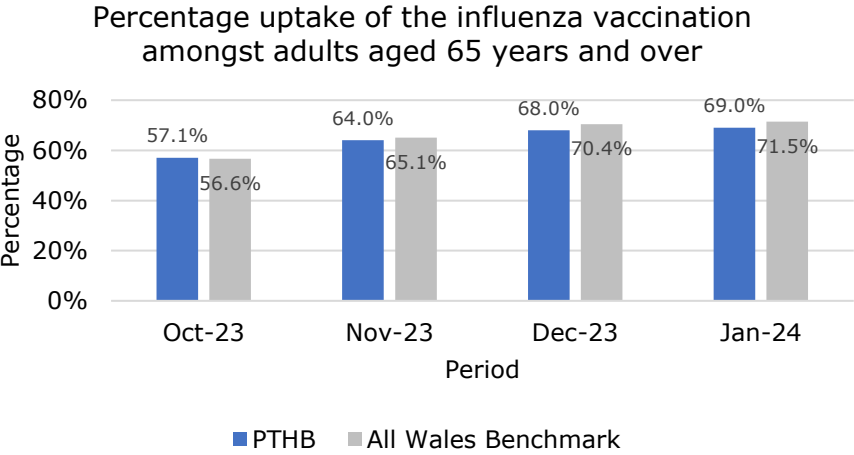
Latest available	Jan-24		
Reported performance	69.0%	All Wales benchmark	5 th (71.5%)
Target	75%		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		

Issues
<ul style="list-style-type: none">Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.

Actions	Recovery by	Not applicable
<ul style="list-style-type: none">GP led clinics organised across Powys for eligible residents by GP Practices.Pharmacy flu clinics also available in many communities across Powys.Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.Flu vaccine offered through Vaccination Centres from January 1st onwards.Additional targeted support provided to GP Practices including booking support to increase uptake further.		

Mitigations
<ul style="list-style-type: none">Continued monitoring of uptake, and engaging with those GPs to encourage further sessions, drop-ins and mop up clinics.

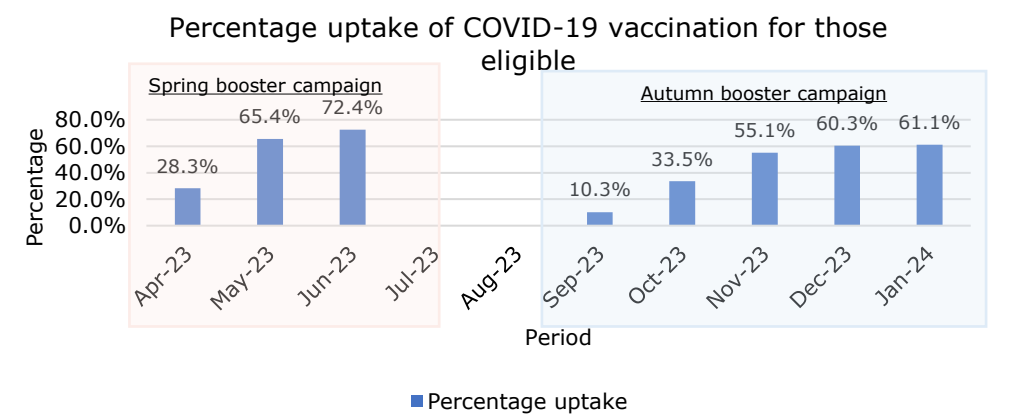
What the data tells us
<p>The reported position in January for the uptake of influenza vaccine has increased by 1% to 69.0% for PTHB. To note this is a cumulative measure.</p> <p>PTHB ranks 5th against the All-Wales benchmark of 71.5%, highest Health Board reporting 74.9%.</p>



Vaccinations – Percentage uptake of COVID-19 vaccination for those eligible

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority
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Latest available	Jan-24		
Reported performance	61.1%	All Wales benchmark	1 st (53.5%)
Target	75% by end of autumn campaign		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		



What the data tells us

Autumn booster campaign

Powys Teaching Health Board (PTHB) is again leading Wales in the vaccination of eligible citizens during the Autumn/Winter 2023/24 COVID-19 booster campaign. The campaign started on 11th September 2023 and runs until 31st March 2024. Health Board performance is reported at 61.1% (January) and should increase month on month until the end of the current campaign.

The All-Wales benchmark for the same period is 53.5% and PTHB ranks 1st.

Spring booster campaign

Powys Teaching Health Board lead Wales in the vaccination of eligible people for the Spring COVID-19 booster campaign. As of June 2023, 72.4% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

Issues

- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population, this doesn't take into account those who have opted out of vaccination, and therefore are not included in invitations for a booster.
- There was a National delay in carrying out data cleansing exercises for the Immunosuppressed cohorts (delayed from 8th May until 16th June 2023). This led to complexity around invitations for the immunosuppressed groups in the Spring Campaign.
- Vaccination Service underwent an organisational change process (OCP) process between February and May 2023, which directly impacted the workforce. Workforce on Fixed Term contracts until March 2024, impacting on recruitment challenges.
- Vaccination Service OCP and reduction in funding has led to a reduction from 3 vaccination centres to 2, meaning that there is a need for the population to travel further to receive their vaccination.
- Four nation concern over new BA.4.86 variant impacted on late change and logistical implications in Health Boards delivery plans for the Autumn/Winter 2023/24 Campaign.
- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.

Actions

Recovery by

Not applicable

- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.
- Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Active offers to eligible citizens who have not completed their primary course to increase the number of citizens in each cohort who will be eligible for a booster vaccination.
- Thorough screening of approximately 6,000 citizens who have previously "opted out" of vaccination but who are eligible for a vaccination during this campaign.

Mitigations

- Primary course is being reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will allow us to invite a larger proportion of the population for a booster during the Autumn Campaign.

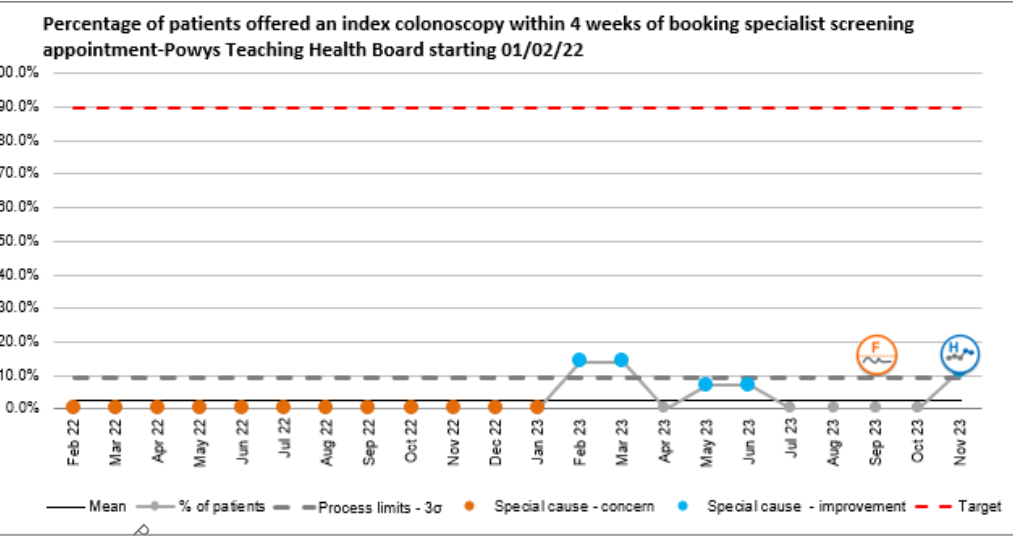
Healthier Wales Quadruple Aim 1

Screening – Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment

New measure for
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Officer lead	Senior Manager Planned Care	Strategic priority
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Latest available	Nov-23		
Reported performance	11.5%	All Wales benchmark	5 th (19%)
Target	90%		
Variance	Special cause - Improvement		Escalated
Data quality & Source		Welsh Government Scorecard	



What the data tells us

Powys performance against this measure is challenged reporting 11.5% in November 2023, All Wales performance is also significantly challenged against this measure.

Due to poor performance compliance this metric has been escalated by the Powys Performance team.

Issues

- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Powys is contracted to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.
- No health board in Wales meets required targets.
- Team leader recruitment under re-assessment following several unsuccessful recruitment rounds.
- Reliance of central capacity via BSW due to recruitment challenges, this capacity is at risk retraction of staff.

Actions

Recovery by

Timescale requested - PHW

- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Interim assistant medical director planned care working in partnership with Public Health Wales and clinical leads to review selection criteria and standard operating protocols for endoscopy including bowel screening.
- Requested capacity for bowel screening from commissioned health providers via the CQPRM.
- The Powys Performance team have escalated this new measure, with a remedial action plan requested. This plan will engage with both the provider and commissioner aspects of bowel screening in Powys.

Mitigations

- Successfully recruited two band 6 bowel screening specialist nurses.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.

Healthier Wales Quadruple Aim 1

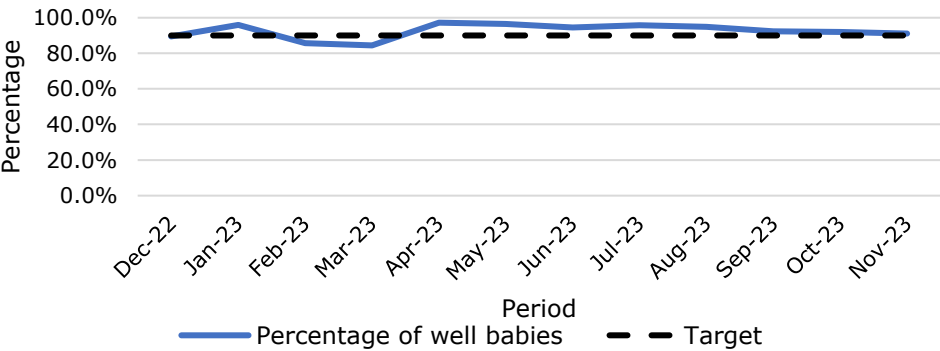
Screening - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

New measure for 2023/24

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s Services	Strategic priority	
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Latest available	Nov-23		
Reported performance	91.1%	All Wales benchmark	7 th (97.8%)
Target	90%		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	

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



What the data tells us

- This is a new measure for 2023/24 financial year.
- Powys performance has met the 90% national target for November reporting 91.1% compliance against the 90% target (ranked 7th in Wales).
- All Wales performance for November is 97.8%.

Issues

No issues reported

Actions

Recovery by

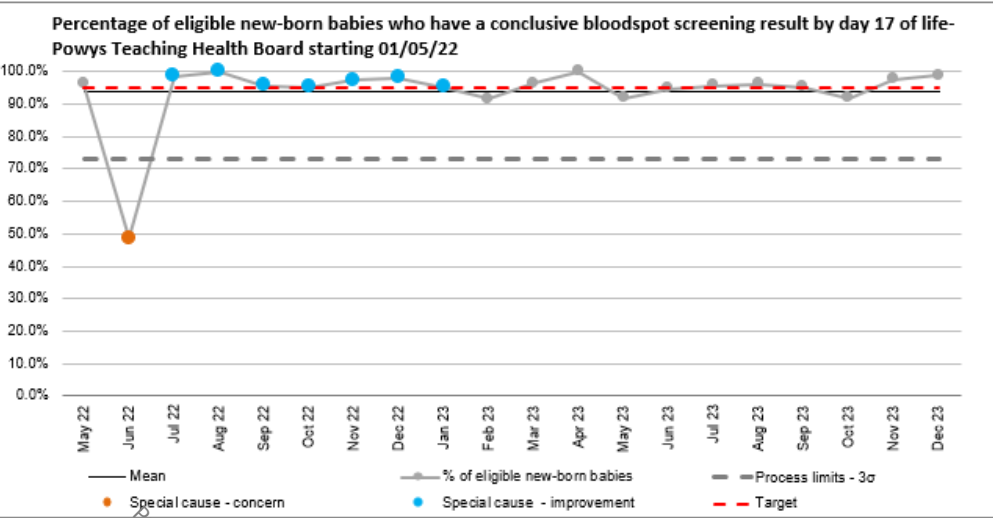
Mitigations

Screening - Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

New measure for
2023/24

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s Services	Strategic priority	
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Latest available	Dec-23		
Reported performance	98.8%	All Wales benchmark	1 st (96%)
Target	95%		
Variance			
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for 2023/24 financial year.

Powys Performance reported 98.8% in December against the national target of 95%. The health board ranks poorly reporting 6th in Wales against an All-Wales position of 96%. It should be noted that the health board is normally compliant.

Issues
No issues reported.

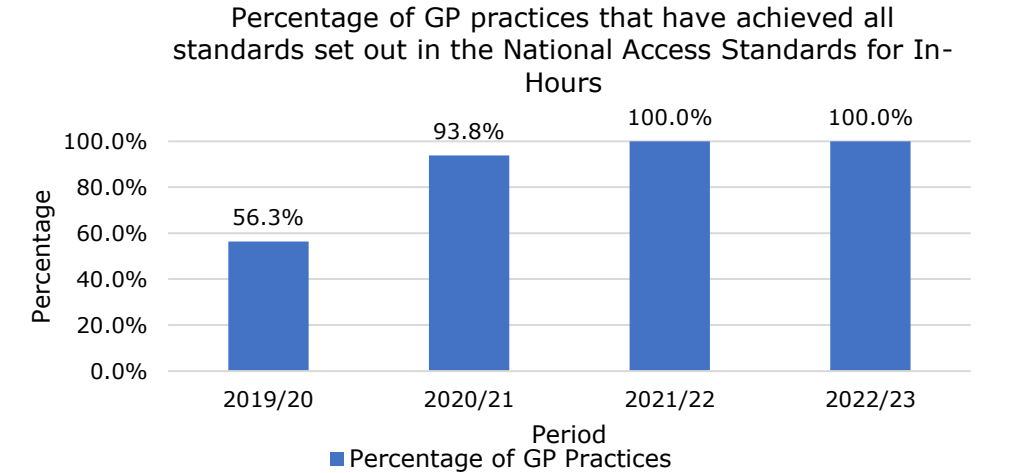
Actions	Recovery by
Continue to utilise the courier service to enhance timely collection and deliveries to laboratory.	
Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency.	

Mitigations
Collection days have been amended to improve transport to the laboratory.

GP Services - Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

Executive lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Officer lead	Assistant Director of Primary Care	Strategic priority	
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Latest available	2022/23		
Reported performance	100%	All Wales benchmark	1 st (95.5%)
Target	100%		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- 100% of Powys GP practices participate in the National Access Standards.
- National Access Standards achievement for 22/23 confirms 100% compliance against all targets.

Issues		
<ul style="list-style-type: none">No issues to report.		
Actions	Recovery by	N/A
<ul style="list-style-type: none">PTHB Access Forum monitors and reviews compliance with Access Standards – formal quarterly review in place, which feeds into the GMS Commissioning Assurance Framework (CAF) process.Compliance against open hours and appointment availability regularly monitored by PCD.		
Mitigations		
<ul style="list-style-type: none">Any raised access concerns are followed up with individual practices.		

Healthier Wales Quadruple Aim 2

Access & Activity

NHS Performance Measure - 11

Powys as a provider

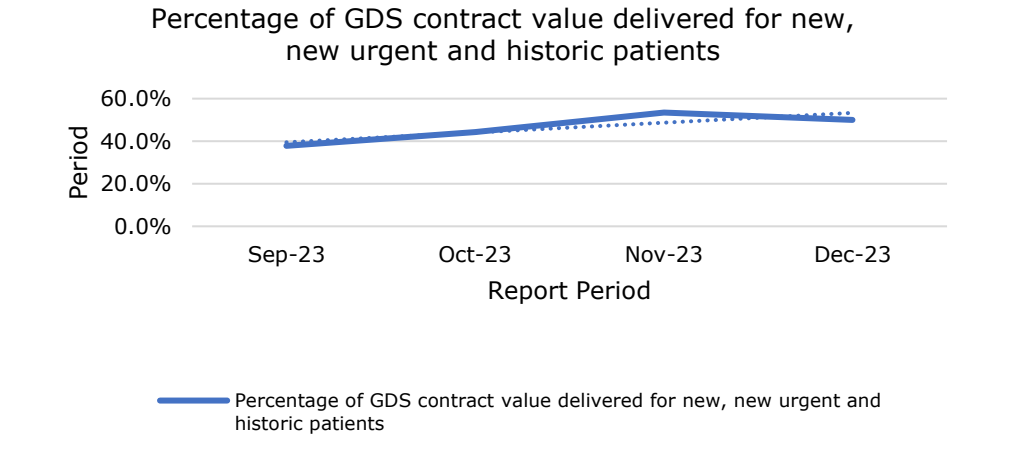


Dental - Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

New measure for 2023/24

Executive lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Officer lead	Assistant Director of Primary Care	Strategic priority
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Latest available	Dec-23		
Reported performance	50.1%	All Wales benchmark	6 th (57.5%)
Target	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024		
Variance			
Data quality & Source			



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

Rationale - Majority of oral and dental services are delivered within the primary care (GDS/CDS) setting. Management is based on completion of whole courses of treatment, which can take many months to fully complete before the final activity data is submitted to NHSBSA. As the optimum outcome measure is based on closure of each treatment course, this introduces a delay in accurate GDS data reporting. Approximately 30% of cases are closed by the mid-year activity review (September), which is a proxy for demonstrating and monitoring whether individual dental practices are on trajectory to deliver their full contract value. Mid-Year reviews have been completed with all practices and where necessary contracts have been adjusted accordingly – including contract reductions and contract increases to support maintaining access. Focusing on new, urgent and historic patient status is a proxy for patient access.

Issues

16 practices have signed up to Contract Reform (79%). 5 (21%) have chosen to stay with UDA contract delivery.

The end of year 22/23 data has been published and shared with contractors. Where applicable, this has included up to a 20% carry forward of underperformance from 22/23 into 23/24. Where this has been applied practices will be required to deliver the 23/24 metrics plus 22/23 underperformance.

Actions	Recovery by	N/A
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Mid-year review meetings will take place in October with all contractors to review contract delivery.

Mitigations

- Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.
- Practices with an underperformance value greater than £20k have been requested to submit a business plan regarding contract delivery for 23/24.

Healthier Wales Quadruple Aim 2

Access & Activity

NHS Performance Measure - 12

Powys as a provider



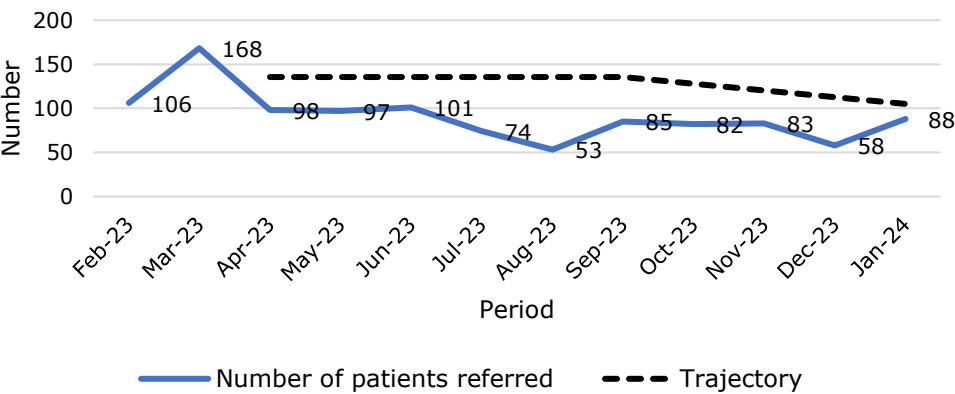
Ophthalmology - Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services

New measure for 2023/24

Executive lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Officer lead	Assistant Director of Primary Care	Strategic priority	
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Latest available	Jan-24		
Reported performance	88	All Wales benchmark	1 st (4728)*
Target	PTHB Trajectory – <= 105 (Jan-23)		
Variance			
Data quality & Source		Welsh Government Scorecard	

Number of patients referred from primary care into secondary care Ophthalmology services



What the data tells us

- This is a new measure for 2023/24 NHS Performance Framework. The aim of this measure is to reduce the number of referrals into secondary care departments (hospitals) by utilising optometry in primary care. As a result, it is hoped that the majority of care can be carried out closer to home, whilst hospital eye services can focus on those patients at greatest risk of sight loss.
- PTHB submitted a reduction trajectory for 2023/24 and currently the health board is achieving this with referrals below projected reporting 88 for the January period against a target of no more than 105.

Issues

No issues reported.

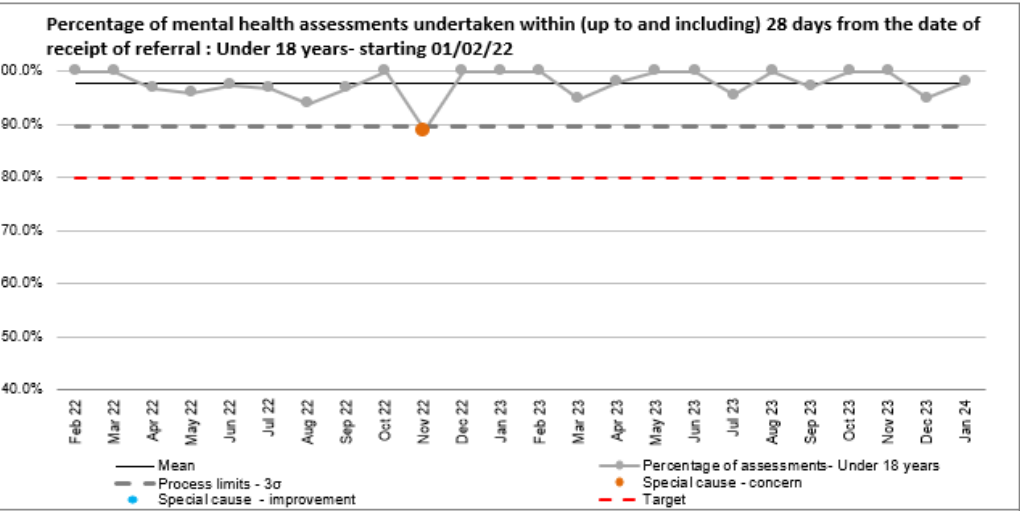
Actions	Recovery by	N/A
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Mitigations

Mental Health Assessments - Percentage of LMPHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jan-24		
Reported performance	98%	All Wales benchmark	3 rd (84.4%)*
Target	80%		
Variance	Special cause - improvement		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- LMPHSS assessment carried out for young people (under 18 years of age) is reporting 98% compliance in January 2024, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 3rd in Wales against 84.4% All Wales position for December 2023.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

Whilst improvement noted and no issues to report, important to note sustained increase in demand. Demand is being monitored.

Actions

Recovery by

N/A

Mitigations

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Issues	
No issues reported.	

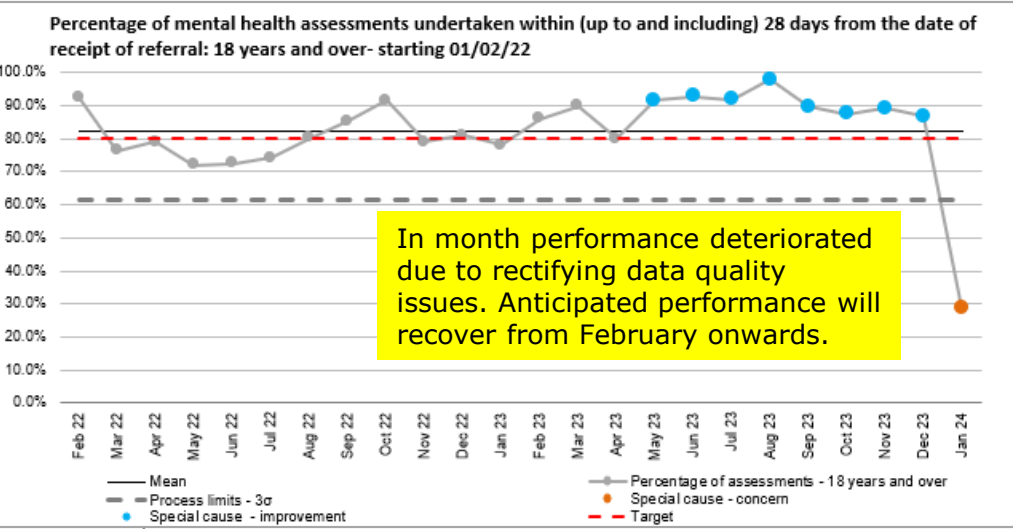


- Performance for under 18s interventions reports 88.6% in January against the 80% target with common cause variation.
- PTHB ranks 1st in Wales against an All-Wales position of 47.1% in December.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Mental Health Assessments - Percentage of LMPHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 years and over

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jan-24		
Reported performance	28.6%	All Wales benchmark	3 rd (69.2%)*
Target	80%		
Variance	Special cause - concern		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- The adult service of LMPHSS assessments reports a significant decrease in performance against the 80% target reporting 28.6% in January 2024.
- PTHB ranks 3rd with an All-Wales position of 69.2% in December 2023.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

Work has been undertaken on LPMHSS referral data and waiting lists. During this process, an inconsistent practice was noted in that one of our LPMHSS teams was reporting all referrals, i.e. both counselling and assessments referrals, this being an historic issue.

Shortfall in administrative capacity in South Powys team.

Actions	Recovery by	N/A
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The referral recording on PTHB systems was clarified so that assessments were easily identifiable from counselling across Powys and this plan was highlighted to and discussed with the NHS Executive Performance and Assurance Team. Also discussed measure reporting with the NHS Executive and indicated that our data would be changing when able to separate the referrals and be confident that our reporting was accurate. Agreed our data would be including MH assessment referrals only from January 2024.

Now able to provide the historic data, based only on Mental Health assessments going back to April 2023.

Deep dive to be undertaken of data quality issues and process to inform remedial action plan.

Mitigations

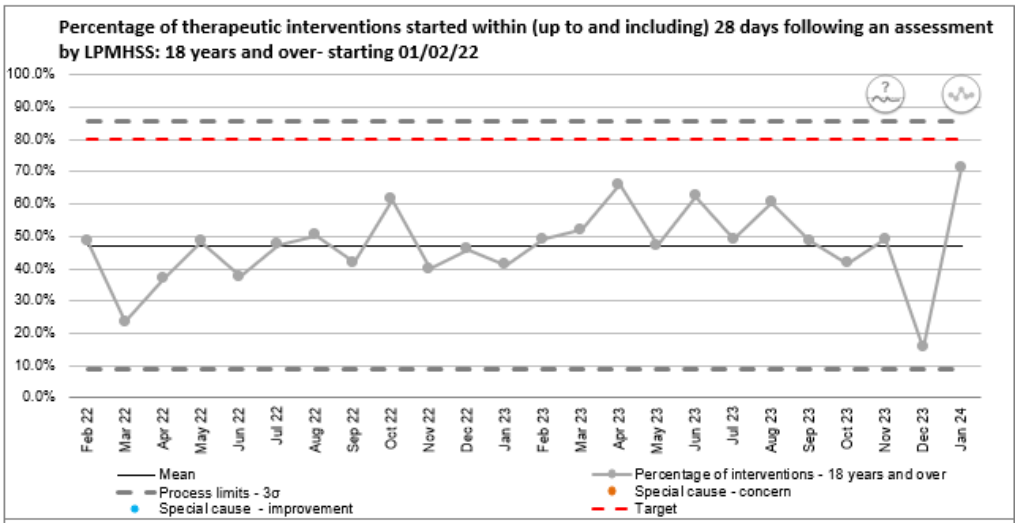
There is still a substantive shortfall in administration in the South Powys team - temporary uplift in capacity has now been put in place.

Deep dive to be undertaken.

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jan-24		
Reported performance	71%	All Wales benchmark	6 th (71.8%)*
Target	80%		
Variance	Common cause		Escalation
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Health board performance for adult interventions has not met the required target of 80% reporting 71% in January.
- This measure remains challenging with reported common cause variation, it is unlikely that this measure will routinely meet the national target without intervention and has been **escalated**.
- PTHB ranks poorly, 6th against the All-Wales position of 71.8% for the December benchmark snapshot available.
- Data quality and timeliness continue to be a challenge for the Mental Health submissions with regular retrospective change/validation.

Issues

- This month part 1b data has improved as expected.
- Excluding the incorrect counselling referrals means that now only recording the interventions following a mental health assessment.
- Inconsistent data capture across the teams has led to problems with accuracy but this has now been resolved.
- Data entry is duplicated on Welsh Community Care Integrated System (WCCIS) and Welsh Patient Administration System (WPAS) with some teams delaying entry on the one system, this backlog causes inaccurate data capture. Deficits in admin capacity in South Powys Local Primary Mental Health Service (LPMHSS) due to sickness has deteriorated again and created a greater backlog.
- Work to ensure practices are fully standardised across Powys are ongoing and alignment with [Matrics Cymru](#) stepped care model is a longer-term action within the remedial plan.

Actions

Recovery by

By end of 2024/25

- Recovery and Development Plan being implemented; Actions include;
 - A standard operating procedure (SOP) has been put in place to ensure consistent data capture and align capture of workflow across all areas with weekly touch points arranged to monitor consistency of reporting. This establishes clear Referral to Treatment (RTT) criteria - Tier 1 (part 1b; 28-day RTT) vs Tier 2 (part 2; 26-week RTT) criteria to ensure clients are placed on the appropriate RTT waiting list.
 - Implement clear cancellation and DNA Policy and CBP/DNA rates (north and south).
 - Introduction of centralised W/L and allocation process with treatment in turn in south Powys.
 - Build resilience and flexibility in existing model Improve case management processes including sessional limit and introduction of job plans.
- This measure has been escalated following the internal Integrated Performance Framework performance and engagement meeting with key service leads and clinical staff. A service recovery plan is in place and will be converted into a remedial action plan for Executive review and engagement.
- Temporary admin support to increase capacity and reduce backlog has been put in place.
- Mitigations and further information continues next page.

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Mitigations

- Reported last month that expected our Part 1b performance to improve but that this may be temporarily affected by the implementation of the Standard Operating Procedures (SOP) the decline to 15.6% is the effect. Please see below for more detail *.
- The remedial plan includes a review of current service model against Matrics Cymru stepped care approach, longer term plans to implement actions from review of use of 3rd sector, Silvercloud (Inc. blended), Psychology and alternative sources of mental health support / talking therapies and explore feasibility of pan-Powys online psychological groups.
- A Service Manager position has been put in place to cover LPMHSS and psychology service Pan Powys (Full Time Equivalent to end of March).

*SOP details, revised data and effect on reported performance

The new reporting and recording protocol gives a more accurate understanding of performance against part 1a (assessment) and part 1b (intervention) targets for the first time. This has identified a backlog of part 1a assessments and a recovery plan is now in place to address this, including:

- a new centralised allocation process for mental health assessments.
- job planned assessment clinics for mental health assessments.
- utilising 'capacity flex' to help address the backlog.

Reviewed data Part 1a (assessments)

Currently have **98 clients on part 1a waiting list** for a MH assessment in LPMHSS.

- 15 patients have already had an assessment and as such are over reporting the current wait position (will be removed from list).
- Projections indicate an improvement in Part 1a position by end February followed by a recovery (80% seen within 4 weeks of referral) by end March and then sustained recovery thereafter (maintenance target of 90% seen within 4 weeks of referral).

Reviewed data Part 1b (interventions)

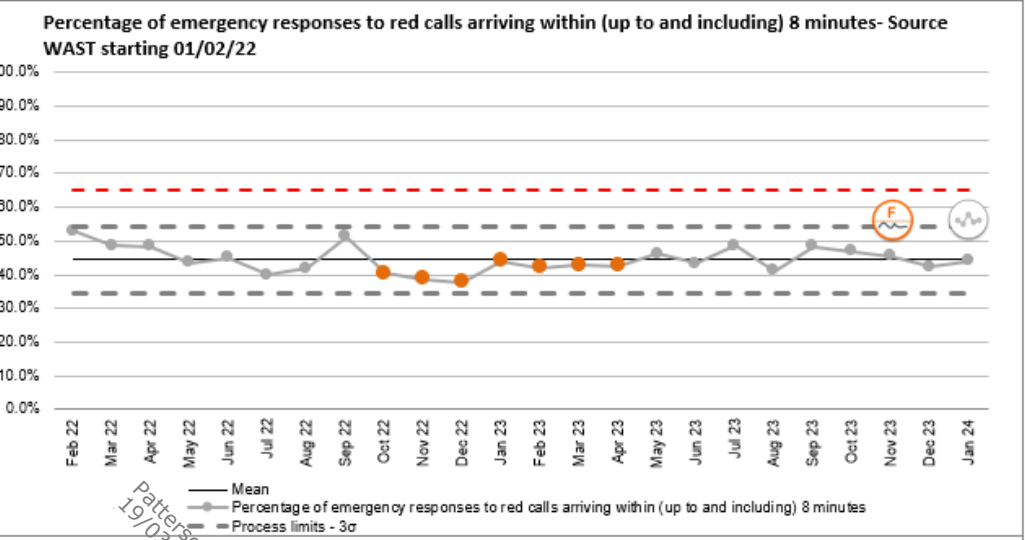
Following extensive and focused intervention, validation and caseload management, currently have **32 clients on part 1b waiting list**.

- Half of these have already commenced an intervention and as such are over reporting the current wait position (will be removed from list).
- Of the remaining, 25% have a follow up appointment booked.
- And a further 25% are waiting to commence an intervention.
- We project a significant improvement in our Part 1b position by the end of January followed by continued improvement in February and recovery (80% seen within 4 weeks of assessment) by the end of March.

Red Calls- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Jan-24		
Reported performance	44.1%	All Wales benchmark	6 th (48.8%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source		WAST	



What the data tells us

- The reported performance in January has slightly increased to 44.1% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation remaining below the 24-month average in January 2024.
- PTHB ranks 6th but the All-Wales position for the same period is also poor at 48.8%

Issues

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.
- Handover delays at Accident & Emergency (A&E) sites especially Wrexham Maelor, Morriston, Glangwili, Prince Charles Hospital, and the Grange are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions

Recovery by

Unavailable for this measure

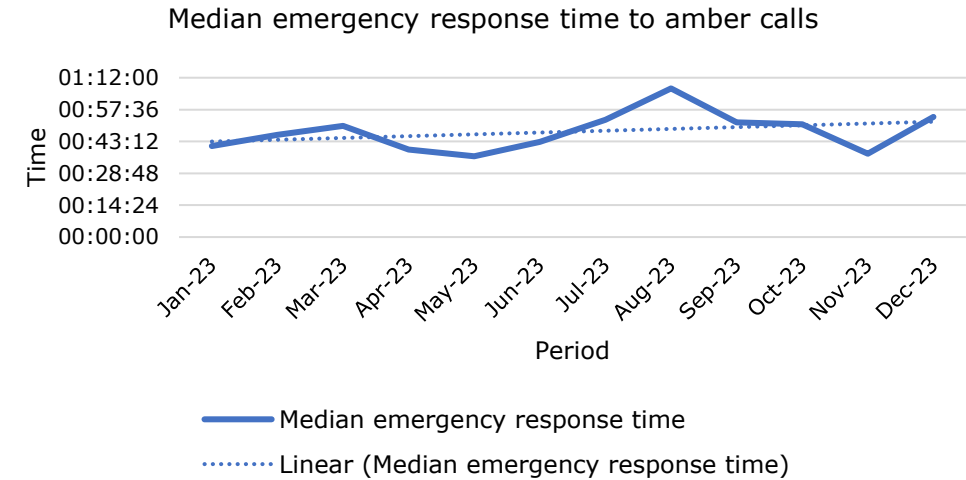
- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.

Mitigations

- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Dec-23		
Reported performance	00:54:13	All Wales benchmark	1 st (01:41:54)
Target	12 Month improvement		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Amber calls are deemed serious but not immediately life threatening, patients requiring an amber response time will have a response profile ensuring the most clinical resource is dispatched.

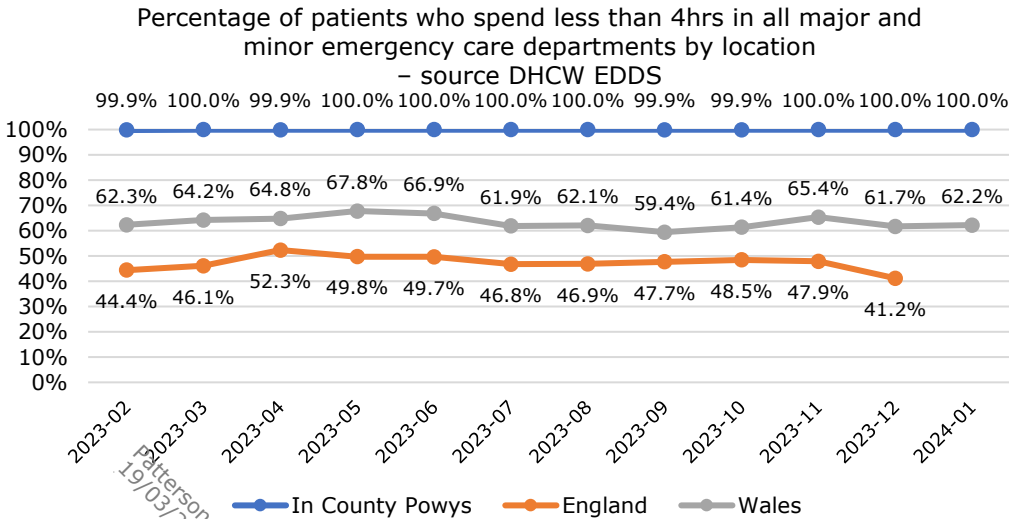
Median amber response times have improved over the last 12 month's meeting the national target, however the average (median) time for December increased from November to 54 minutes 13 seconds.

Issues		
<ul style="list-style-type: none">Demand for urgent care services continues to increase including calls to 999 ambulance services.Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.		
Actions	Recovery by	N/A
<ul style="list-style-type: none">All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.All Wales urgent care system escalation calls being held daily (often more than once per day).Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.		
Mitigations		
<ul style="list-style-type: none">Wider system calls being held daily with the aim to improve overall system flow.Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission.		

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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Jan-24 (Dec-23 England)		
Reported performance	Pow – 100%	All Wales benchmark	1 st as provider (66.7%)*
	Wal – 62.2%		
	Eng – 41.2%		
Target	Wales & England- 95%		
Variance	Powys – Common cause variation		Exception
Data quality & Source		DHCW EDDS	



Issues

- No issues with the Powys Minor Injury Units (MIU) currently reported.
- Powys residents attending English emergency departments generally wait longer to be seen.
- Key issues for acute care providers include high levels of demand with variance across sites.
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions

Recovery by

PTHB target met

- Reinstatement of Delivery Coordination Group from Q2 2023/24 to focus on key areas of challenge because of increasing pressure.

Mitigations

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

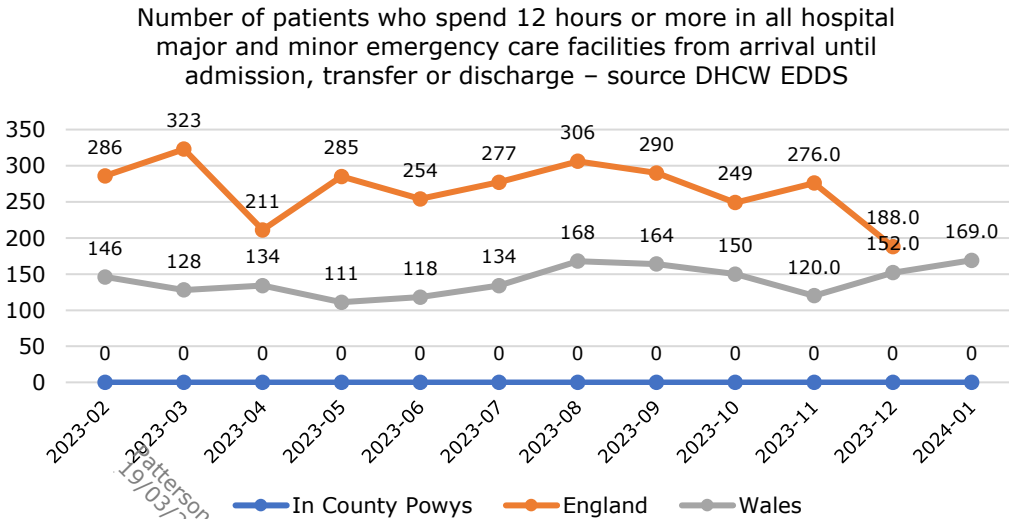
What the data tells us

- Powys Teaching Health Board (PTHB) as a provider of care via MIU’s continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- PTHB residents in Welsh emergency units have had 62.6% compliance against the 4hr target in January.
- PTHB residents attending English emergency units see the longest wait with 41.2% (December 2023) meeting the 4hr target.
- PTHB ranks 1st in Wales against a 66.7% benchmark for December, however this is not comparable with no acute units within the provider.

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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Jan-24 (Dec-23 England)		
Reported performance	Pow – 0	All Wales benchmark	1 st as provider (9,635)*
	Wal - 169		
	Eng - 188		
Target	Zero		
Variance	N/A		Exception
Data quality & Source			



What the data tells us

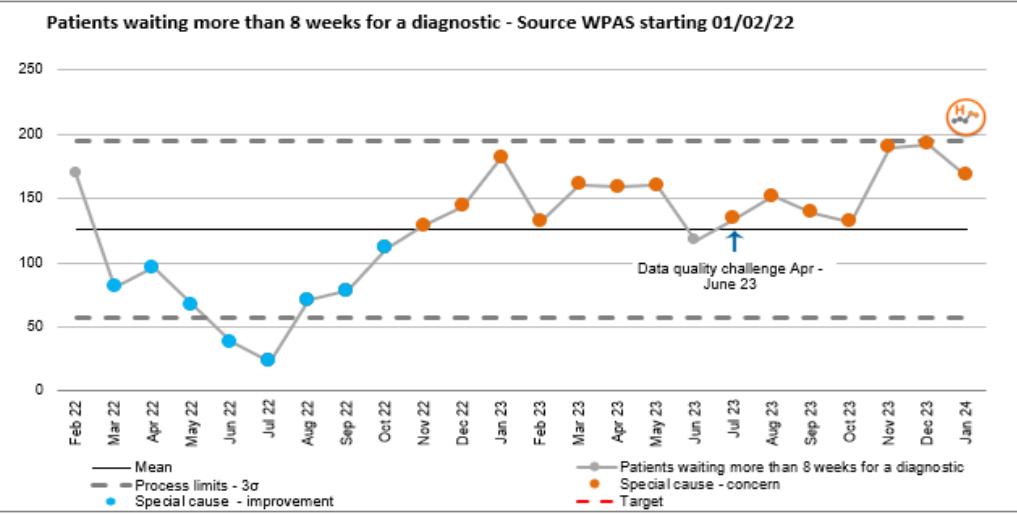
- Powys Teaching Health Board (PTHB) as a provider of care via MIU’s continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Welsh emergency departments are reporting an improvement when compared to 2022/23 but have seen a slight increase (169) in breaches compared to the December position.
- English emergency departments are reporting a significant decrease in December to 188 12hr breaches.
- PTHB ranks 1st in Wales against a 9,635 total breaches benchmark for December, however this is not comparable with no acute units within the provider.

Issues		
<ul style="list-style-type: none">No issues with the Powys MIU’s currently reported.Significant performance variance by provider/unit attended.Key issues for acute care providers include high levels of demand with pressure currently building into autumn.Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.		
Actions	Recovery by	PTHB target met
<ul style="list-style-type: none">Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.		
Mitigations		

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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jan-24	
Reported performance	168	All Wales benchmark 1 st (50,533)*
Target	PTHB trajectory target <30	
Variance	Special cause concern	Escalated
Data quality & Source		WPAS



What the data tells us

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

- The health board has reported 168 breaches in January 2024, 94 breaches are for Echo Cardiograms, 29 within Endoscopy, and 45 reported for Non-Obstetric Ultrasound.
- This measure has not met the PTHB submitted trajectory and remains **escalated**.

Please note detail on Endoscopy detail is available on the next slide

Issues

- Non-Obstetric Ultrasound (NOUS)**
- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity as a result of only being able to provide alternate specialty for “lumps & bumps” vs Musculoskeletal (MSK).
 - South Powys have a similar challenge with SBUHB effecting capacity type and resulting breaches.
- Cardiology**
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appoint.

Actions	Recovery by	TBA 2024/25
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- Non-Obstetric Ultrasound (NOUS)**
- Remedial action plan undertaken 6/9/23, recovery on-track but still fragile for Q3/Q4.
 - Use of agency for breaching patients.
 - Urgent referrals are routed to acute providers.
 - Demand and Capacity workstream to assess system efficiency and implement improvements.
 - PTHB have appointed own Sonographers.
 - Training of sonographer underway for “lumps and bumps”.
- Cardiology – (Echo Cardiogram)**
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
 - Development of clinical waiting list validation within reach clinical team: On-going.
 - Newly appointed PTHB physiologist capacity options being worked through in liaison with ABUHB discussing access to ABHUHB reporting systems to facilitate this.

Mitigations

- Non-Obstetric Ultrasound (NOUS)**
- Continuous monitoring of waiting list.
- Cardiology**
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal.

Diagnostics – Number of patients waiting more than 8 weeks for a specified diagnostic (Endoscopy specific narrative)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

When looking at Endoscopy specifically breaches have increased from the previous month (19) with 29 patients now breaching target in January, projections for the end of year are that we will be non-compliant against PTHB submitted trajectory target of zero.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service. This risk is escalated with severe capacity shortfall predicted from Q1 2024/25 as result of retirements, vacancies, and sickness absence.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bowel screening (BS) Faecal Immunochemical Test (FIT) test changes from Oct-22 have increased demand.
- Reliance of central capacity via Bowel Screening Wales (BSW) due to recruitment challenges, this capacity is at risk retraction of staff.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- The assurance inspection and accreditation of second site in Powys involves detailed service planning and process review and will require evidence of strengthened SLA medical leadership and decontamination compliance to meet assurance requirements.
- Joint Advisory Group ([JAG](#)) for Endoscopy accreditation at risk for Brecon Hospital day as a result of inreach fragility shortage of clinical oversight.
- Upcoming Industrial action 25 March (36 hrs).
- Trans nasal endoscopy pilot implementation currently delayed due to availability of training from acute providers due to industrial action.

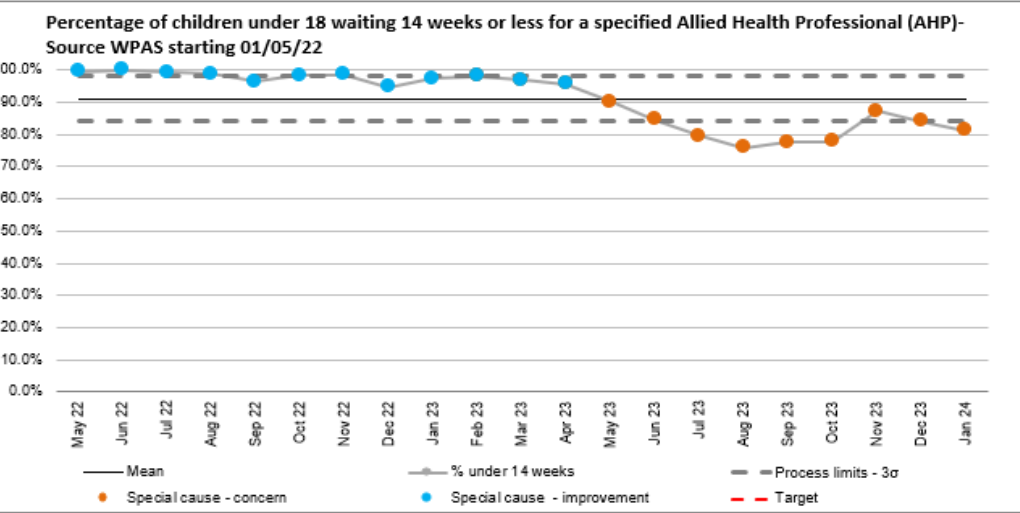
Actions	Recovery by	Schedule revised to June 2024 with insource capacity.
<ul style="list-style-type: none">• Additional capacity has recommenced via insource from November 2023 to support backlog clearance for both outpatients and diagnostic general surgery.• Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.• Start of sponge capsule (cytosponge) from 2nd October in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients. The service will be evaluated in May 24.• Ongoing Executive level discussions around service sustainability and joint work with CTMUHB Feb 24, March 24.		

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.
- PTHB has improved capacity for Gastroscopy following training of JAG accredited clinical endoscopists.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently supporting service.
- Review of standard operating procedures (SOP's) and related documentation completed.

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jan-24	
Reported performance	81.2%	All Wales benchmark *4 th (84.2%)
Target	12-month improvement trend	
Variance	Special cause - concern	Escalated
Data quality & Source		PTHB Information team (IFOR)



What the data tells us

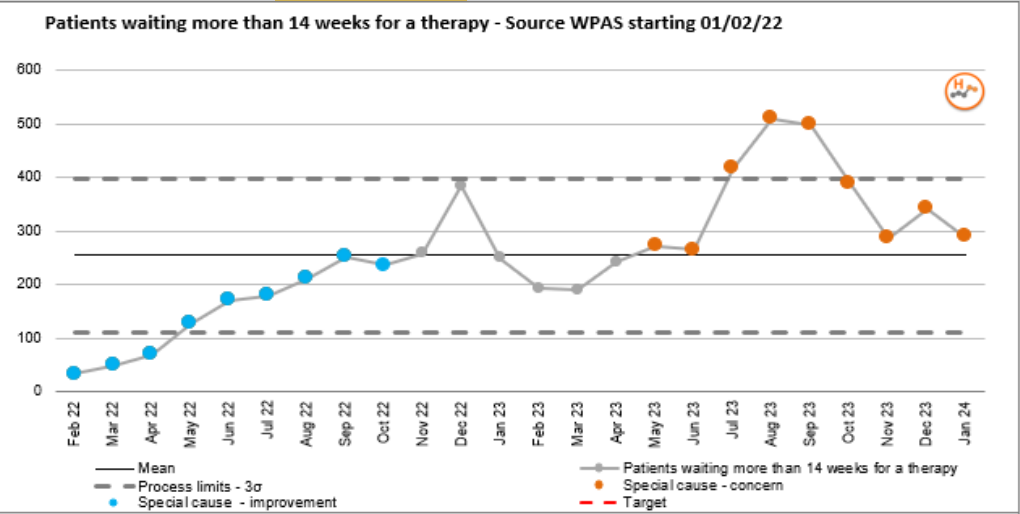
- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) has improved but does not meet the 12-month improvement trend reporting a slight decrease 81.2% in January.
- This measures has been **escalated** from Month 6 as part of the larger therapies escalation as confirmed with service leads.

Issues		
<ul style="list-style-type: none">• Majority of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).• The key challenges for SLT:<ol style="list-style-type: none">1. Significant staffing vacancy.2. Previously unrecognised backlog of long waiting patients.3. High caseload demand.• Key challenges for OT: 50% staff vacancy		
Actions	Recovery by	TBA 2024/25
<ul style="list-style-type: none">• Remedial action plan undertaken by services for escalation as required.• New standard operating procedure in place (SOP) to improve service processes for SLT.• Demand and capacity work is being undertaken to improve flow for SLT and OT.• Recruitment plans underway for SLT and OT.		
Mitigations		
<ul style="list-style-type: none">• Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.• Service Manager reviewing the caseload and waiting list.		

Number of patients waiting more than 14 weeks for a specified therapy (Inc. Audiology)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jan-24		
Reported performance	290	All Wales benchmark	2 nd (12,578)*
Target	PTHB Trajectory – 0 (Jan-24)		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 290 patients breached the 14-week target in January.
- The SPC chart continues to flag special cause concern for the last 8 months.
- As the measure has not met the required target since December 2021 it remains **escalated** to Service & Executive lead.
- This measure does not meet the submitted trajectory of no breaches failing the ministerial priority target set by the health board.
- Key breaching specialties include adult audiology, adult physiotherapy, routine podiatry, and speech and language therapy.

Issues

- Musculoskeletal (MSK), Podiatry, and Speech and Language Therapy (SLT) all have severe challenges to workforce and resultant capacity. These workforce problems are caused by both vacancies and long-term sickness in key subspecialties.
- Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service.
- Speech and Language unable to recruit or resource to support transgender/voice speech and language specialty.
- Follow-up (FUP) caseload backlog impacting on new booking capacity.
- Challenges with core reporting support escalated with Digital Transformation team.

Actions	Recovery by	TBA 2024/25
<ul style="list-style-type: none">Weekly management of waiting lists by Heads of Service.Remedial action plan templates completed for all challenge specs for escalated with significant improvement expected by March 2024.Additional locum to support MSK physiotherapy.Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .Podiatry (clinical) has increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas.SLT – Head of service reviewing on weekly basis. SLT – locum in place to cover voice and transgender waiting list; all long waits booked.Working with Robert Jones and Agnes Hunt NHS Trust to resolve Podiatric Surgery challenge.		

Mitigations

Improvement planned for full recovery by *Mar-24

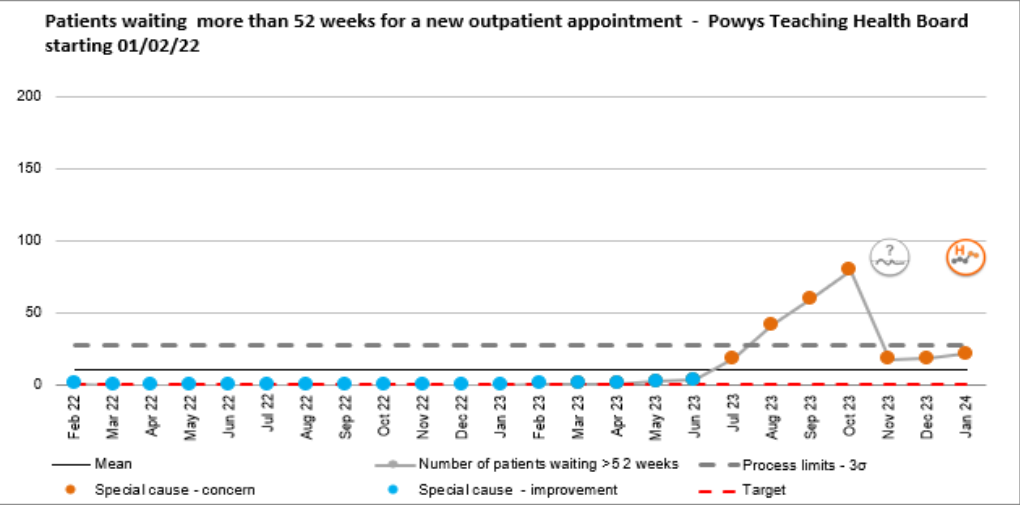
- MSK physiotherapy planned Q3 23/24.
- Podiatry planned Q4 23/24.
- Speech and language therapy Q4 23/24.

*Projections are based on recruitment plan/return to work, and that no other incidents of long-term sickness or maternity leave occur which results in capacity challenge/gaps in service.

New Outpatient – Number of patients waiting over 52 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jan-24		
Reported performance	22	All Wales benchmark	2 nd (56,936)*
Target	PTHB Trajectory – 0 (Jan-24)		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider remains of target for January reports 22 pathways waiting over 52 weeks for a new outpatient appointment.
- This measure reports special cause – concern variation for January 2024.
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks and remains **escalated**, the forecast to end of year target is at significant risk of compliance.
- Improvement for yearend forecast by service, although risk flagged.

Issues

- ENT in North Powys in-reach fragility for Betsi Cadwallader University Health Board (BCUHB) & Shrewsbury and Telford NHS Trust (SATH) services.
- Ongoing risk of fragile across all in-reach consultant led pathways within the provider.
- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service. This risk is escalated with severe capacity shortfall predicted from Q1 2024/25 as result of retirements, vacancies, and sickness absence.
- Cardiology in South Powys clinical pathway management change is impacting on first outpatient appointment (OPA) with patients being sent directly to Echo Cardiogram diagnostic prior to first new OPA.
- Industrial action in Q3 has impacted on general surgery in-reach waits in North Powys.
- February industrial action will impact on outpatients awaiting first appointment.

Actions

Recovery by

TBA 2024/25

- Additional capacity has recommenced via insource from November 2023 to support backlog clearance for key challenge specialties.
- In reach service fragility and capacity issues flagged via CQPRM, progressing additional in reach support with Commissioning.
- Remedial action plan templates created for senior escalation on key challenged specialties.

Mitigations

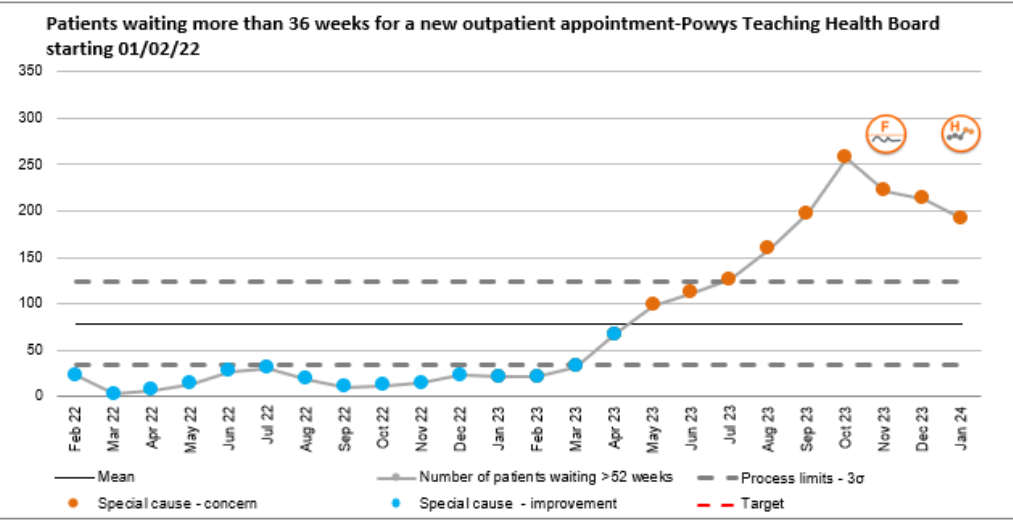
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.
- Enhanced clinical leadership team in place in Planned Care.

New Outpatient – Number of patients waiting over 36 weeks for a new outpatient appointment

New measure for
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jan-24		
Reported performance	192	All Wales benchmark	1 st (114,996)*
Target	PTHB trajectory – =< 5 (Jan-24)		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- Reported performance in January has seen limited improvement with the number of patients waiting over 36 weeks for a new outpatient appointment reducing slightly to 192.
- This measures is flagging as **escalated** and is of special cause concern, it fails to meet the ministerial priority target of 15 or less breaches.

- Issues
- ENT in North Powys in-reach fragility for Betsi Cadwalader University Health Board (BCUHB) & Shrewsbury and Telford NHS Trust (SATH) services.
 - Ongoing risk of fragile across all in-reach consultant led pathways within the provider.
 - In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service. General surgery capacity even does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer (USC) prioritised to all available clinic/diagnostic appointment slots.
 - Delays in DGH diagnostics (soft tissue & nerve conduction in particular). Histology/Pathology risk timeliness of pathways including USC.
 - Other challenging specialties within the provider include Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
 - Fragility of PTHB staffing and recruitment challenges nationally.
 - On-going impact of industrial action.

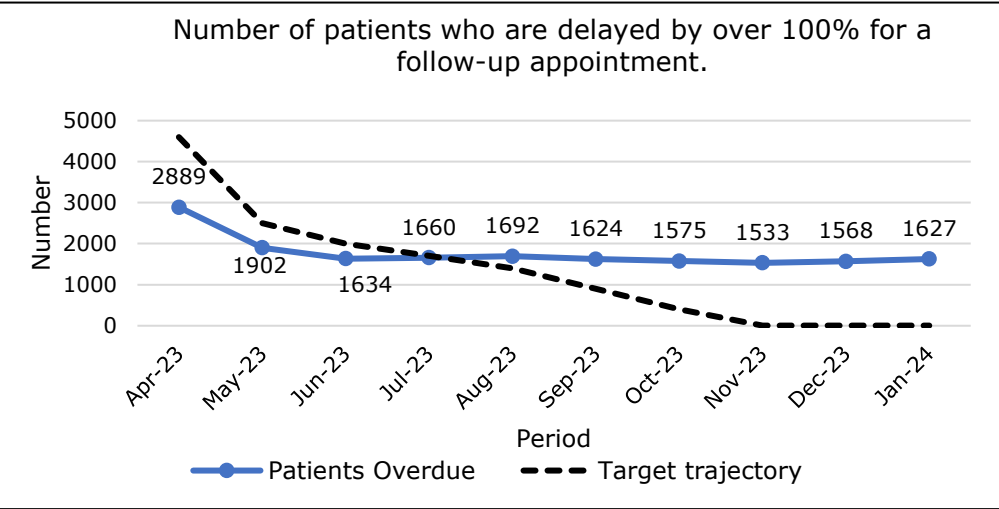
- | Actions | Recovery by | TBA
2024/25 |
|---------|-------------|----------------|
|---------|-------------|----------------|
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTMUHB to address (awaited).
 - Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
 - Measure has been escalated and waiting list challenges raised via the revised Performance & Business group with remedial action plans in place.

- Mitigations
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
 - Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled.
 - Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.
 - Enhanced clinical leadership team in place in Planned Care.

Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health*	Officer lead	Assistant Director of Community Services*	Strategic priority	5
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Latest available	Jan-24		
Reported performance	1627	All Wales benchmark	1 st (247,719)*
Target	PTHB set trajectory target equal or less than 0 (Jan-24)		
Variance	N/A		Escalated
Data quality & Source		WG Performance Scorecard	



What the data tells us

- PTHB is reporting "reportable" only FUP's to Welsh Government (WG) from April as required by the national measure.
- It should be noted that the recovery trajectory was set for 2023/24 included all FUP's within the calculation.
- Due to ongoing reporting challenges PTHB reports the as submitted value to WG.
- This measure remains in an **escalated** state as not meeting the submitted trajectory of 0 for December and data quality issues remain within the WPAS derived reports.

* This measure and they follow-up investigation, validation and recovery is currently led by the Interim Director of Performance & Commissioning and Director of Finance and ICT and Interim Deputy Chief Executive.

Issues

- Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this was an ambitious target and will not be achieved by March 2024, further escalation meetings planned Q4.
- Capacity challenges Reporting was updated to use National teams digital reporting stored procedure which returned significantly more pathways 2021/22.
- Digital & Transformation (D&T) team capacity limitations required Performance & Ops service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later, ongoing phases of validation underway with services.
- Ongoing incorrect reported volumes result in challenges for service demand planning.
- Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt SOS/PIFU pathways.

Actions	Recovery by	Nov-23
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- D&T team completed Phase 4 validation with circa 200 further records cleansed. Phase 5 validation is currently underway with National digital team and PTHB Applications team.
- Operational services continue to support the validation of records and provide challenge identification for the D&T team to investigate.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.

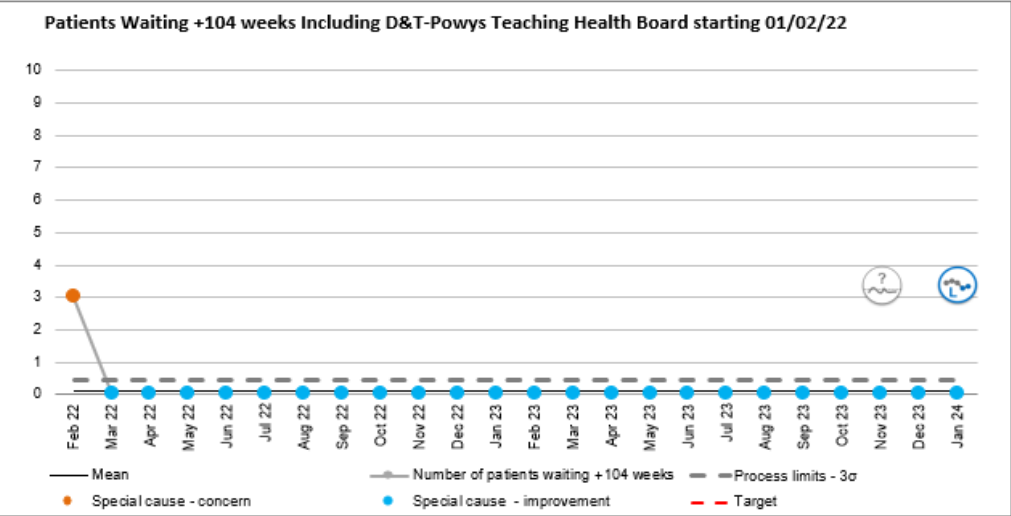
Mitigations

- On-going waiting list validation, in addition to extensive review undertaken in 2022.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Escalated as part of RTT and Performance Engagement Meetings.

Referral to Treatment – Number of patients waiting more than 104 weeks

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jan-24		
Reported performance	0	All Wales benchmark	1 st (24,248)*
Target	PTHB Trajectory - 0		
Variance	Special cause - improvement		
Data quality & Source		DHCW	



What the data tells us

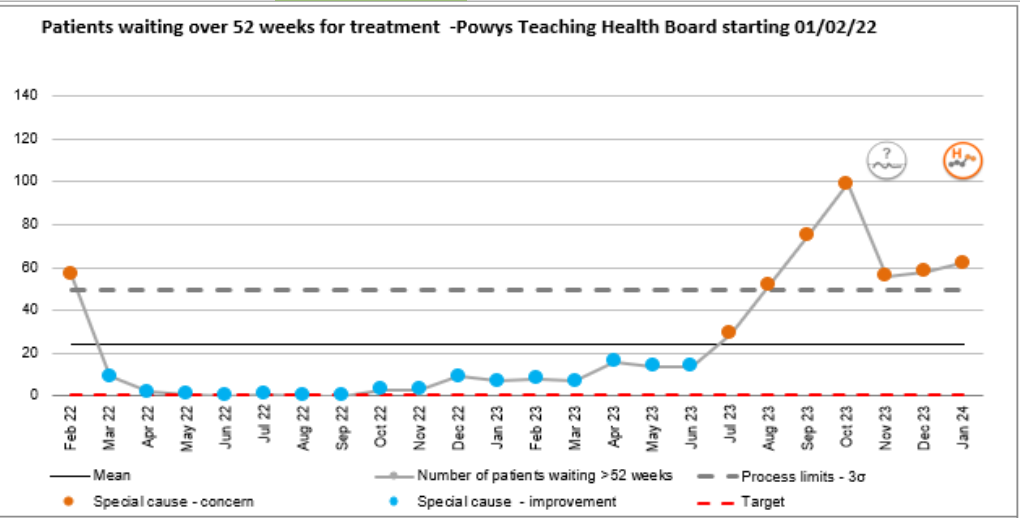
- PTHB has performed well recovering from COVID-19 backlog in March 2022. No patients have waited over 104 weeks since this period.
- Special cause - improvement is reported via SPC.

Issues		
<ul style="list-style-type: none">• No issue currently in relation to compliance against metric.• Planned care service challenges raised in previous slides.• Increasing waits for DGH diagnostic pathways including nerve conduction extend the PTHB RTT wait in some specialities.		
Actions	Recovery by	N/A
<ul style="list-style-type: none">• Regional working with commissioned providers including RJAH for nerve conduction.		
Mitigations		

Referral to Treatment – Number of patients waiting more than 52 weeks for treatment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jan-24		
Reported performance	62	All Wales benchmark	1 st (136,538)*
Target	PTHB Trajectory - 0		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

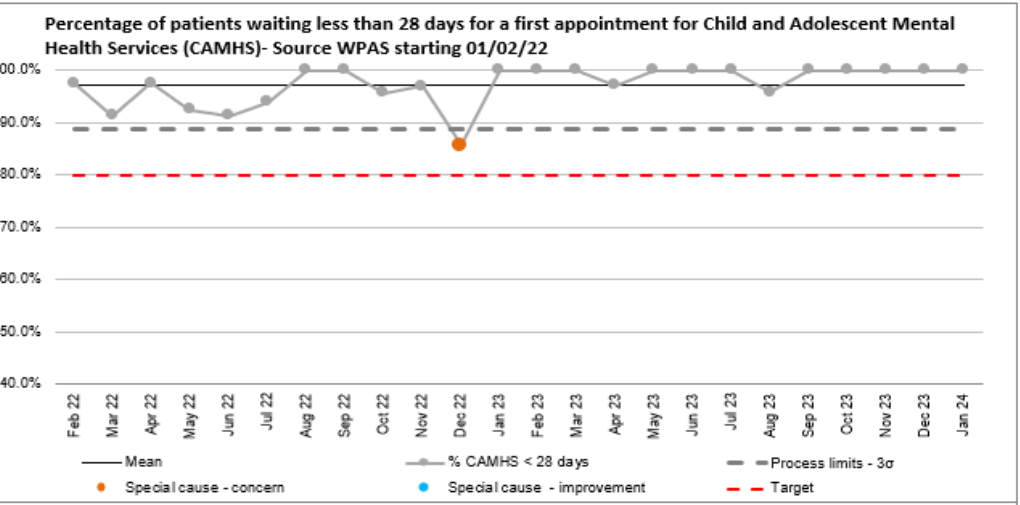
- The health board has failed to meet the submitted trajectory of zero or less breaches in January with 62 patients waiting more than 52 weeks for treatment.
- The measure still reports special cause concern and performance remains above the upper control limit.
- As a ministerial priority that is not meeting the PTHB set trajectory it remains **escalated**.

Issues		
<ul style="list-style-type: none">In-reach clinician fragility and sustainability across Planned Care specialities managed via PTHB Commissioning Assurance Framework.Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.In-reach Anaesthetics is a particular challenge with cover provided by in-sourceFragility of PTHB staffing and recruitment challenges nationally.Industrial actions during 2023/4 planning for Feb/Mar 24 on-going.		
Actions	Recovery by	TBA 2024/25
<ul style="list-style-type: none">Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.Capacity requirements provided for insourcing consideration corporately Q1 2023/4.Recruitment to Clinical Director Planned Care new medical leadership post revised timeline now Q4 2023/24.Measure has been escalated and waiting list challenges raised via the revised Performance & Business group with remedial action plans created.		
Mitigations		
<ul style="list-style-type: none">Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.Recruitment complete for 8b Senior clinician theatre endoscopy.Interim fixed term Assistant Medical Director Planned Care currently reviewing SOPs with the aim of improving service methods and efficiencies.Enhanced PTHB Clinical Leadership supporting service reviews.		

CAMHS – Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	
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Latest available	Jan-24
Reported performance	100% All Wales benchmark 1 st (80.4%)*
Target	80%
Variance	Common cause
Data quality & Source	PTHB Mental Health Service



What the data tells us

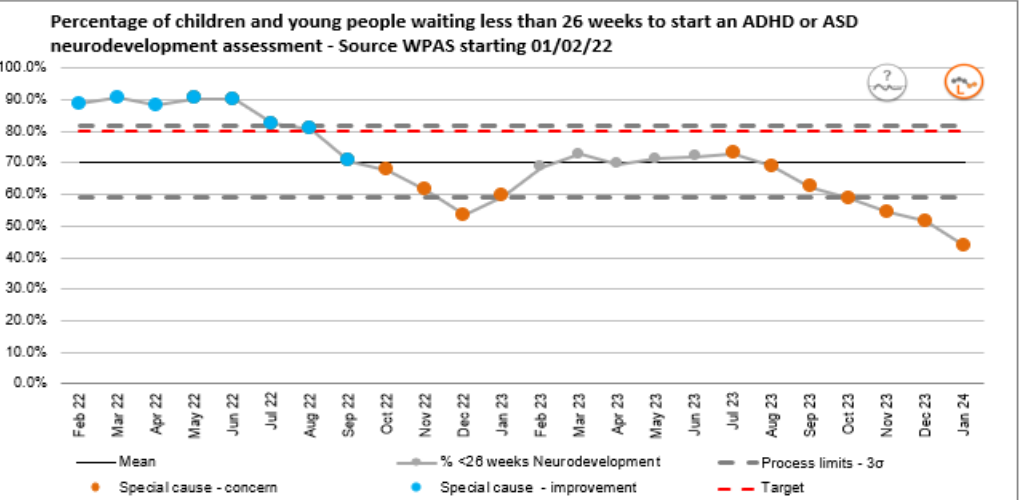
- Performance remains excellent in January with 100% compliance against the 80% national target.
- PTHB ranks first against the All-Wales position of 80.4%.
- This metric reports common cause variation.

Issues		
No issues reported.		
Actions	Recovery by	N/A
Mitigations		

Neurodevelopment (ND) Assessment – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s	Strategic priority	10
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Latest available	Jan-24		
Reported performance	43.7%	All Wales benchmark	1 st (27.9%) *(Nov-23)
Target	80%		
Variance	Special cause - concern		Escalation
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment has fallen to below the lower control limit in January (43.7%), as noted per month 7 snapshot without recovery the service performance has been escalated in line with the Integrated Performance Framework process following discussion with service lead.
- Performance is flagged as special cause concern.
- PTHB continues to benchmark positively against the All-Wales position.

Issues

- Referral demand on service has changed significantly post COVID. Analysing referral data shows a significant increase of **83.3%** between 2021/22 and 2022/23 financial year, and when comparing like for like referral demand for Q1 – Q3 2022/23 and 2023/24 shows a further **23.2%** increase in total referrals placing the service resource under extreme capacity pressure.
- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-26) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as of 31st December 2023.
- The capacity position further compounded by long term sickness at January 2023.

Actions

Recovery by

Linked to business case approval

- As a result of continued demand pressure, the Neurodevelopment service is prioritising patients waiting for first appointment, and those patients whose assessment is in progress.
- As part of the Powys Integrated Performance Framework approach the Womens & Childrens services will be engaged via Performance and Business meetings to support service recovery from Q4 2023/24.
- Deep dive to be undertaken to review referrals and triage; and revised business case.**

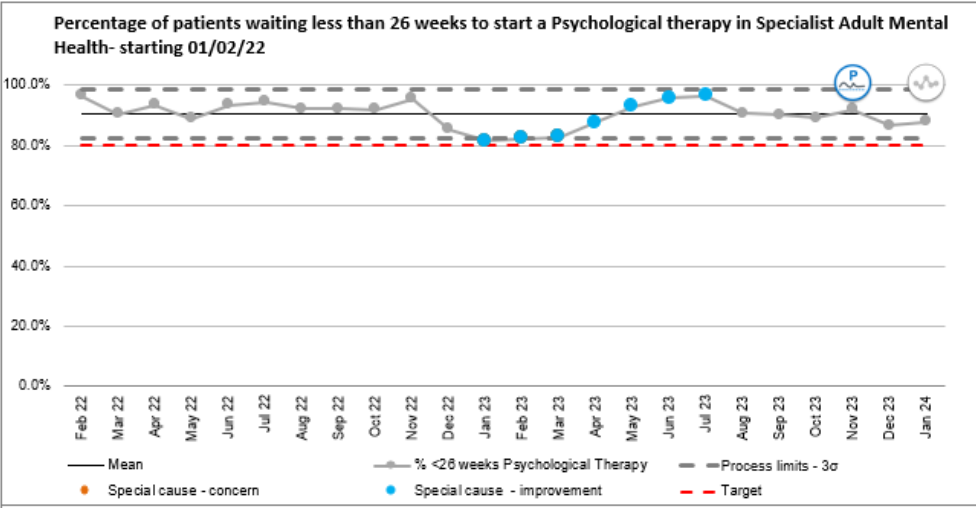
Mitigations

- The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service.
- However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts.
- The ND business case was considered by the Health Board Investment and Benefits Group (IBG) and will be further considered by the Executive Committee in due course. Temporary additional capacity continues to support the service.

Psychological Therapy - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jan-24		
Reported performance	87.8%	All Wales benchmark	2 nd (64.6%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance remains robust reporting 87.8% in January vs the national 80% target.
- The reported variation is common cause.
- Powys benchmarks positively and currently rank 2nd with the All-Wales position of 64.6% for December 2023.

Issues		
Whilst performance is good, PTHBs psychology service is reliant on locums (consistent locums) rather than substantive staff and recruitment process is ongoing. Significant work ongoing via LMPTC and to integrate with LPMHSS and revise and promote core offer for patients.		
Actions	Recovery by	N/A
Mitigations		

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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	Jan-24	No. long waits by cohort, with latest SPC variance						Total Waiting	Welsh key waiting time measures	
Welsh Providers	% of Powys residents < 26 weeks for treatment	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks					Stage 1 pathways over 36 weeks	Stage 1 pathways over 52 weeks
Aneurin Bevan Local Health Board	62.9%	645		375		74		2564	283	133
Cardiff & Vale University Local Health Board	50.9%	140		86		8		405	57	35
Cwm Taf Morgannwg University Local Health Board	60.8%	171		99		11		668	72	38
Hywel Dda Local Health Board	56.4%	507		269		36		1474	115	38
Swansea Bay University Local Health Board	57.8%	586		321		61		1992	103	0
Total	56.9%	2049		1150		190		7103	630	244

	Dec-23	No. long waits by cohort, with latest SPC variance						Total Waiting
Welsh Providers	% of Powys residents < 26 weeks for treatment	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks				
Betsi Cadwaladr University Local Health Board	44.9%	293		188		50		715

	Dec-23	No. long waits by cohort, with latest SPC variance						Total Waiting
English Providers	% of Powys residents < 26 weeks for treatment	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks				
English Other	72.3%	39		8		0		292
Robert Jones & Agnes Hunt Orthopaedic & District Trust	57.9%	959		417		16		3343
Wye Valley Trust	65.5%	664		219		0		3460
Shrewsbury & Telford Hospital NHS Trust	67.7%	755		225		0		4023
Total	64.2%	2417		869		16		11118

Further notes
Geographical equity of access continues to be a challenge for the PTHB responsible population, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts continue to providing a quicker service for access to treatment in the North & East of the county. Those residents who live within the southwest health economy e.g., Ystradgynlais etc have the poorest access times for treatment linked to Welsh providers under significant pressure and this results in longer waits.

What the data tells us

- Welsh commissioned providers
- Key waiting list information shows that NHS Wales continues to improve slowly on waiting times for Powys residents towards national targets.
 - The key positive achievement is that Swansea Bay University health board (SBUHB) reduced Powys residents waiting over 52 weeks for a new outpatient appointment (stage 1) to zero, this is the first health board in Wales to achieve this national target.
 - Aneurin Bevan University health board (ABUHB) show special cause concern for over 52-week waiters (increasing cohort).
 - Betsi Cadwaladr (BCUHB) University Health Boards show special cause for over 36 week waits (increasing cohort). But January data has a data quality issue which has been raised with the DHCW. As such only December data is available.
 - Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

- English Commissioned providers
- English providers still report an improved position when compared to waiting pathways in Wales .
 - Only Robert Jones and Agnes Hunt Orthopaedic NHS Trust (RJAH) report very long waits of over 104 weeks, these consisted of complex spinal pathways.
 - The total waiting lists continue to grow in England with 637 more pathways when compared to December 2022.

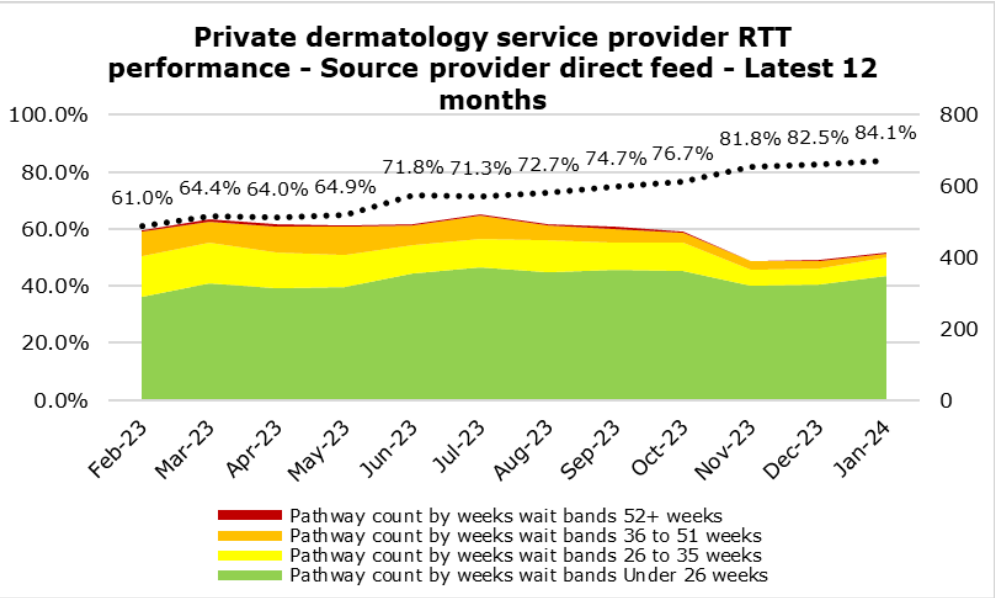
Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Issues		
<ul style="list-style-type: none">• PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with increased demand, and staffing fragility impacting throughput.• English and Welsh providers reporting workforce challenges including clinical staff retirements, recruitment, industrial action.• Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.• Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.		
Actions	Recovery by	Commissioned service trajectories – awaited from providers
<ul style="list-style-type: none">• Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.• Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.• Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.• The health board continues to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.• Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.• Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment. PTHB developing proposal to secure additional insourced capacity.• Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2023/24, the majority of PTHB patients in this cohort are sitting with commissioned providers.• PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.		
Mitigations		
<ul style="list-style-type: none">• All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.		

Insourcing/Outsourcing - Private dermatology service provider – Referral to Treatment (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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What the data tells us

In January 2024, the provider RTT performance has shown further improvement to 84.1% of the waiting list being under 26 weeks. Pathways that wait over 36 weeks have reduced to 15, very long waits of a year or more have reduced to 3.

Issues

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

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

Mitigations

- None reported

Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506
Apr-23	64.0%	315	98	75	4	492
May-23	64.9%	318	88	80	4	490
Jun-23	71.8%	354	79	58	2	493
Jul-23	71.3%	371	81	64	4	520
Aug-23	72.7%	359	89	41	5	494
Sep-23	74.7%	364	79	36	8	487
Oct-23	76.7%	362	78	28	4	472
Nov-23	81.8%	320	47	21	3	391
Dec-23	82.5%	325	45	18	6	394
Jan-24	84.1%	348	51	12	3	414

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW												
Provider	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01
Aneurin Bevan Local Health Board	87%	87%	55%	60%	56%	71%	67%	55%	65%	33%	63%	67%
Betsi Cadwaladr University Local Health Board	20%	29%	100%	63%	57%	25%	100%	0%	100%	50%	0%	
Cwm Taf Morgannwg University Local Health Board	25%	33%	38%	50%	0%	50%	29%	67%	43%	50%	75%	33%
Hywel Dda Local Health Board	57%	56%	56%	17%	13%	67%	100%	50%	43%	46%	40%	89%
Swansea Bay University Local Health Board	67%	50%	50%	67%	50%	100%	44%	80%	17%	33%	20%	17%
Total number treated within target (numerator)	24	36	19	19	17	21	18	16	19	12	12	22
Total pathways that started treatment (denominator)	41	53	35	36	41	34	32	27	38	29	28	39
Total monthly percentage compliance	59%	68%	54%	53%	41%	62%	56%	59%	50%	41%	43%	56%

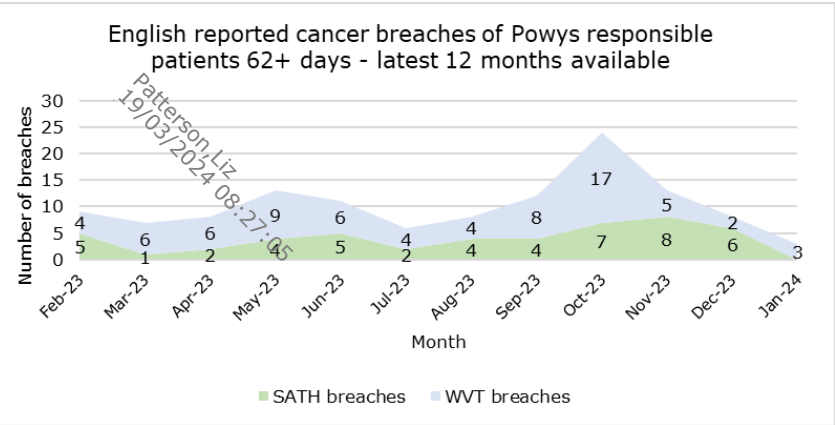
Data Quality & Source

DHCW -
Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

What the data tells us

Wales

- Performance in Wales remains challenging for cancer pathways, provisional data for January 2024 shows 62-day cancer compliance at 56% with 22 of 39 pathways treated within target.
- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to outpatient capacity (e.g., timely first outpatient), diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.



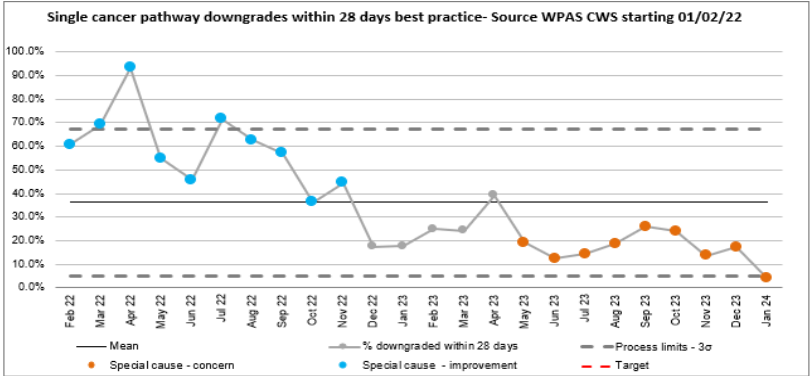
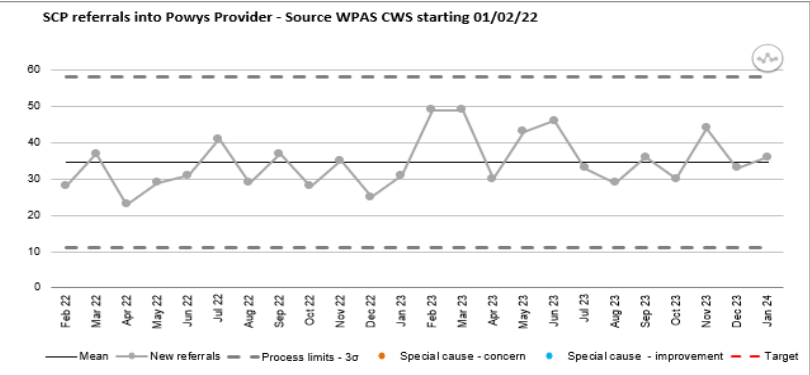
What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 6 breaches for Powys residents of their cancer pathways that breached in December. All breaches were patients waiting over 104 days, and all breaches were because of inadequate capacity in outpatient, diagnostic including reporting and tertiary complex diagnostic delays or surgical capacity. Three breaches were for urological pathways, a further two in breast, and the final breach in colorectal.
- Wye Valley NHS Trust (WVT) reports 3 breaches of their cancer pathway for Powys residents in January 2024. Reasons for cancer breaches and further details including pathway reviews are undertaken in the Commissioning, Quality and Performance meetings. It should be noted that breach information because of a data flow challenge has only been available since 29/01/2024 and will be investigated during Q4.

SCP - Powys provided cancer pathways (Powys does not provide treatment, but the health board is required to submit and validate downgrades)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. January reported 36 referrals into PTHB pathways. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has reported very poor performance of 4.17% in January.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB.

Issues

- In-reach clinician fragility resulting in service/capacity gaps and clinical continuity challenges, due retirement in Q2 2022/23 of Cwm Taf Morgannwg UHB CTMUHB clinician, awaiting replacement planning proposal (CTMUHB) as an outstanding risk. Further capacity gaps anticipated from March 24 due to in reach staffing shortfall.
- Underlying deficit in General surgery capacity due to increase in USC/Urgent referrals, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource, NHS wide speciality skills shortages in endoscopy and bowel screening.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

Actions

Recovery by

No recovery estimate available

- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTMUHB to address (awaited).
- Continue to transform gastroscopy service with implementation sponge capsule service (Oct 23) and transnasal endoscopy (Q1 2024/5) improving patient experience, increasing capacity.
- Cancer Tracking Officer post in place to 31 03 24 working to secure recurrent post funding.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Quality and Safety undertaking an audit on provider cancer pathways to support on-going service development and patient experience improvement.
- Successful recruitment to PTHB developmental specialist nurse roles for bowel screening service, training to be completed in Mar 24.

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity provided from Nov 23.
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.
- Regional working on-going as part of National Diagnostic workstream.
- Cancer tracking post appointed – improving local tracking significantly, recurrent funding secured Mar 24.
- Enhanced clinical leadership structure in place in Planned Care, seeking funding to appoint substantive Assistant Medical Director Planned Care.

Single cancer pathway All Wales summary - dashboard exerts December 2023 – [source DHCW SCP dashboard](#) (Welsh providers only)

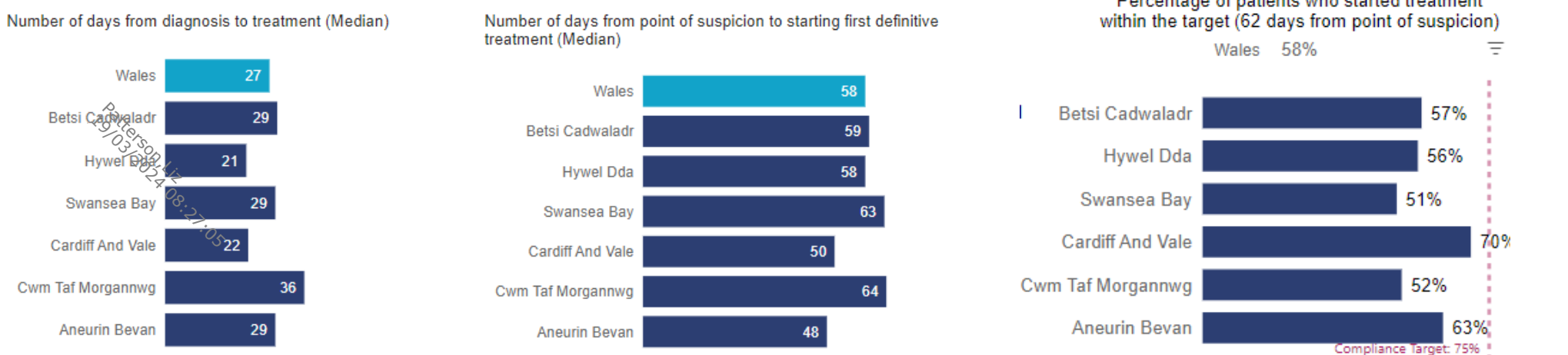
Median pathway waits for first appointment and to diagnostic test from point of suspicion in days December 2023



Comments

- Powys provider during Dec-23 reported median waits above (22 days) All-Wales average of 15 days, this measure not directly comparable to the acute providers who treat via multiple specialties whereas PTHB predominantly report lower gastrointestinal investigations which are among some of the most complex and capacity pressured pathways in the UK. It should be noted that suspicion to diagnostics performance also includes tests carried out and reported in acute providers (CT/MRI etc) which increases the median wait over such limited numbers.
- Powys is not included in the treatment performance (below right) as a non-acute provider. It should be noted that Powys responsible patients have treatment pathways in all Welsh health boards reported. Of those patients whose pathway closed in December, 43% were treated within 62 days this being below the All-Wales average (**please note this is preliminary data until the Q3 refresh and validation is complete**).

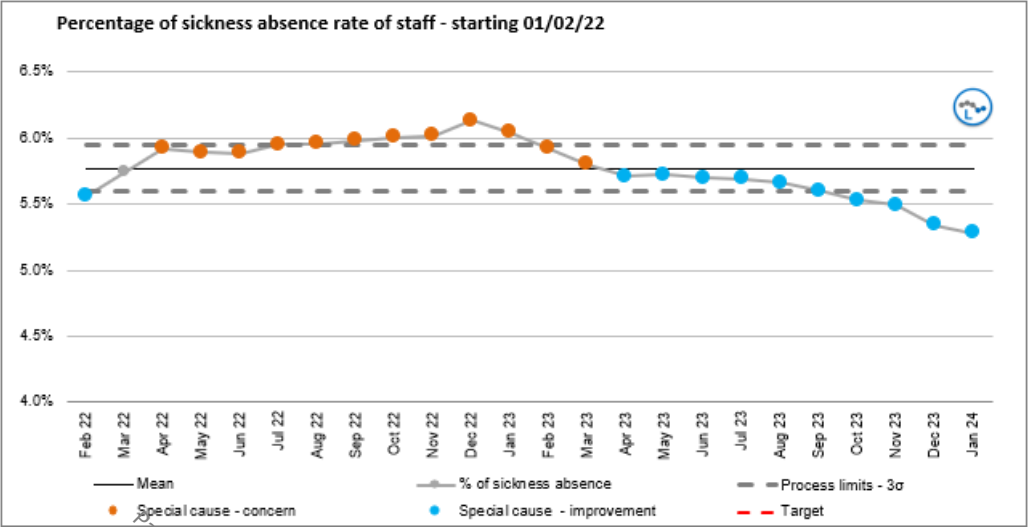
Median pathway waits from diagnosis to treatment (all patients in Wales), suspicion to treatment, and percentage compliance against 62-day target for treatment providers December 2023



Sickness Absence – Percentage of sickness absence rate of staff

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Jan-24
Reported performance	5.3% All Wales benchmark 4 th (6.2%) – Nov-23
Target	12 Month Reduction Trend
Variance	Special cause - improvement
Data quality & Source	PTHB Workforce



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.3% for January 2024.
- The Organisation benchmarks positively when compared with the All-Wales position of 6.1% (December 2023).
- Variation is special cause – improvement.

Issues

In the last 12 months there have been 2,773 episodes of absence recorded. Anxiety, Stress & Depression continues to be the top reason, accounting for nearly 28.1% of all sickness WTE days lost. This is followed by Other Musculoskeletal problems which accounted for nearly 8.9%.

Sickness absence rates are highest in the following staffing groups:

- Additional Clinical Services – 7.04%.
- Estates & Ancillary – 6.84%.
- Nursing & Midwifery – 5.59%.

Actions	Recovery by	N/A
<ul style="list-style-type: none">Directorates to actively promote all available wellbeing support to staff that are in work and absent.Long-term absence cases are being reviewed by managers to ensure all actions are up to date in line with the Managing Attendance at Work policy with support of the WOD team were appropriate.		

Mitigations

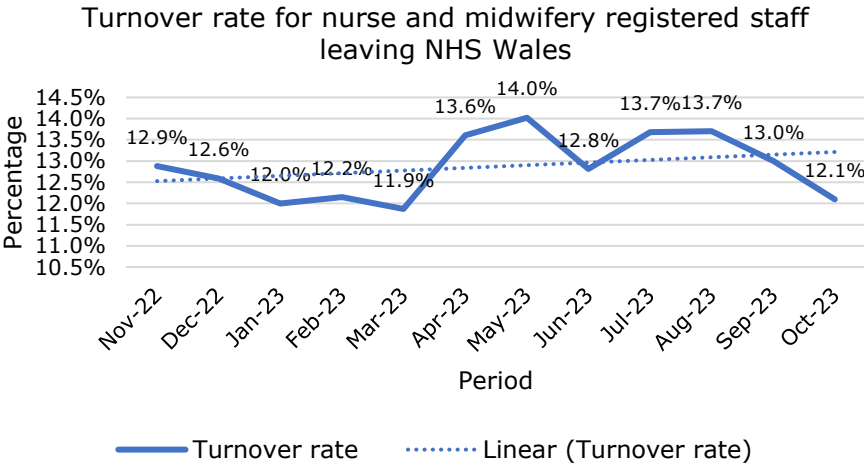
- The WOD Business Partners (BP) team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy.
- Sickness absence is monitored via directorate Senior Management Team meetings.
- A series of roadshows have begun across all hospital sites to support wellbeing.
- WOD Business Partners are reviewing absence triggers and long-term sickness cases to undertake targeted discussions with directorates to support interventions and offer bespoke training where required.

Workforce – Turnover rate for nurse and midwifery registered staff leaving NHS Wales

New measure for
2023/24

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Oct-23		
Reported performance	12.1%	All Wales benchmark	10th (6.9%)
Target	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This metric focuses on the measurement of staff leaving employment, and the identification of key causes and how best to tackle them. High staff turnover results in both high costs and a negative effect on services. It should be noted that this performance data is sourced from Welsh Government performance, and the data is classed as “experimental”.

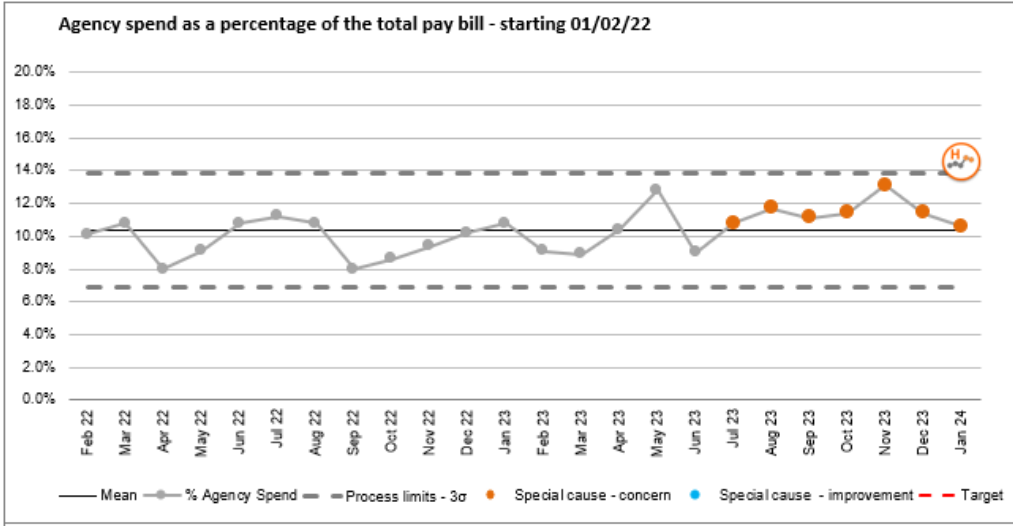
Issues		
<ul style="list-style-type: none">Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.HEIW have noted that " <i>current data has some anomalies and we will be going to organisations to discuss the raw data to iron these out</i>".		
Actions	Recovery by	Plan development 2024/25
<ul style="list-style-type: none">Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.The health board have successfully appointed to the Workforce Retention Lead role which will support the delivery of the nurse retention plan within Powys.		
Mitigations		
<ul style="list-style-type: none">The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.		

There has been a change in the method of headcount calculations resulting in some slight changes to turnover figures since the August 2023 report was produced. This new methodology will be used going forward.

Agency Spend – Agency spend as a percentage of the total pay bill

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	13
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Latest available	Jan-24		
Reported performance	10.6%	All Wales benchmark	10 th (6.9%) (Nov-23)
Target	12-month reduction trend		
Variance	Special cause - concern		Exception
Data quality & Source		PTHB Finance	



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction is not achieved and reported spend reduced to 10.6% (January), this is above average for the 24 months.
- Variation remains common cause.

Issues

- Limited substantive Professional workforce availability.
- Rurality.
- COVID & impacts of short-term Sickness absence.
- Patient acuity & dependency.
- Short term AHP locum use using WG AHP Funding to meet delivery plan targets.

Actions

Recovery by

Plan development 2024/25

- Reviewing operational footprint to further reduce reliance on temporary staffing.
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff.
- Refresh of actions from establishment review.
- Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023.
- Substantial recruitment to AHP posts utilising WG AHP funding.

Mitigations

Further tightening of operational processes including:

- Earlier roster planning.
- Improved roster compliance and sign off.
- Targeting of bank staff over agency.
- Targeted recruitment campaigns.
- Long lining of on contract agency.

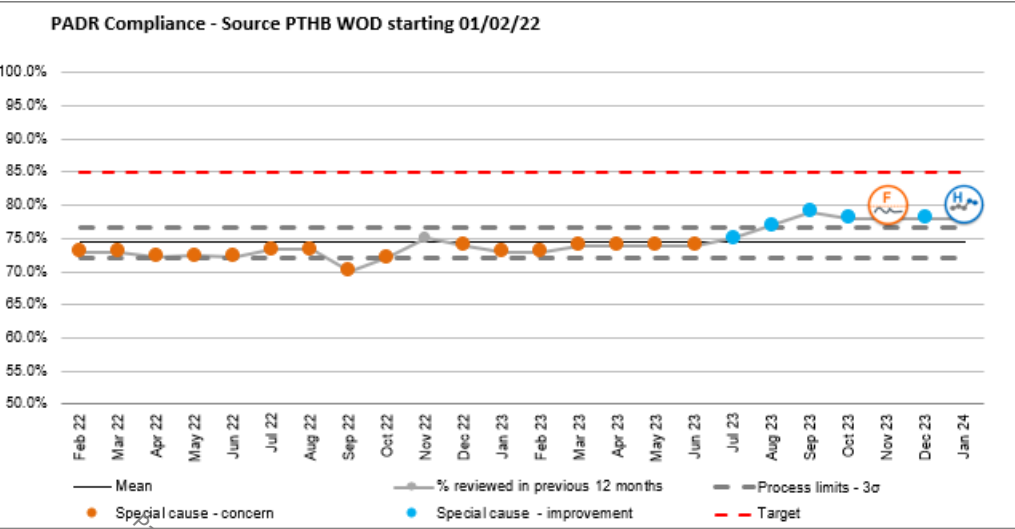
Establishment review

- On streaming of further overseas Nurses.
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
- Restrictions on sign off for on-contract agency use.
- Conversion of agency to substantive in one setting.
- Conversion of Thornbury nurses to on framework agency in high-cost area.
- Bi-weekly cross organisation group for scrutiny and challenge.
- Deep dive focus on Mental Health agency utilisation – improved position for December.
- Substantial recruitment to WG funded AHP posts to be complete Q4 2023/24.

PADR Compliance - Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Deputy Director of Workforce and OD	Strategic priority	14
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Latest available	Jan-24		
Reported performance	78.0%	All Wales benchmark	4th (72.4%) (Nov-23)
Target	85%		
Variance	Special cause- improvement		Exception
Data quality & Source		PTHB WOD	



What the data tells us

- PTHB PADR compliance is reported at 78.0% for January 2024, 7% below the national target of 85%.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 7 months.
- The health board benchmarks positively when compared the All-Wales position of 73.2% (December 2023).

Issues

- Directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs. As of January 2024, there were 9 out of 17 service areas/Directorates whose performance was above the national target of 85%.

Actions	Recovery by	Plan development 2024/25
<ul style="list-style-type: none">Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services.Low compliance is addressed with individual managers and signposting to guidance also takes place.Areas of particular concern are escalated to Executive Directors.		

Mitigations

- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g., Group PADRs and delegated responsibility.
- Managers toolkit on Pay progression has been developed and implemented.
- Frequently asked questions and guidance has been developed and shared.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 40

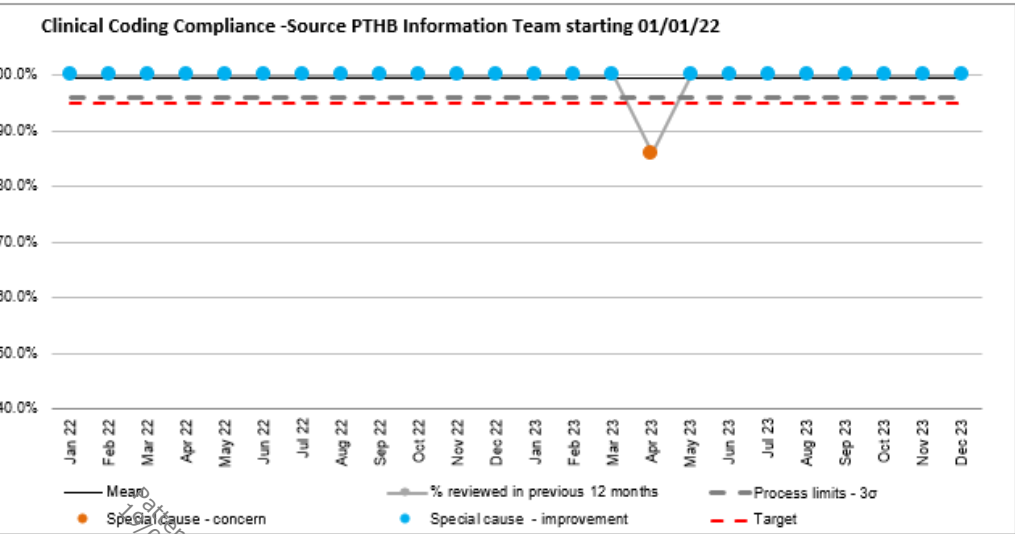
Powys as a provider



Percentage of episodes clinically coded within one month post discharge end date

Executive lead	Executive Director of Finance, IT and Information & Medical Director	Officer lead	Head of Information, digital transformation and informatics	Strategic priority
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Latest available	Dec-23
Reported performance	100% All Wales benchmark 1 st (67.3%)*
Target	Maintain 95% target or demonstrate an improvement trend over 12 months
Variance	Special cause - improvement
Data quality & Source	DHCW



What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.
- Variation is reported as special cause – improvement for December 2023.

Issues

- No issues to report as the target has been met.

Actions Recovery by N/A

- There are no outstanding actions.

Mitigations

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 41

Powys as a provider

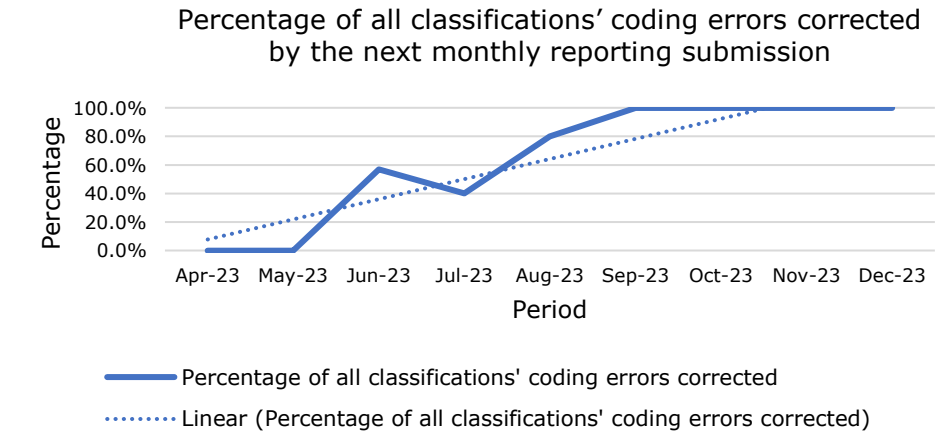


New measure for 2023/24

Percentage of all classifications’ coding errors corrected by the next monthly reporting submission

Executive lead	Executive Director of Finance, IT and Information & Medical Director	Officer lead	Head of Information, digital transformation and informatics	Strategic priority	
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Latest available	Dec-23		
Reported performance	100%	All Wales benchmark	1 st (65.9%)
Target	90%		
Variance	Not applicable (limited data points)		
Data quality & Source		Welsh Government Scorecard	



Issues

- No issues to report as the target has been met.

Actions

Recovery by

N/A

- There are no outstanding actions.

Mitigations

What the data tells us

This measure reports 100% compliance in December 2023.

Rationale - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 42

Powys as a provider

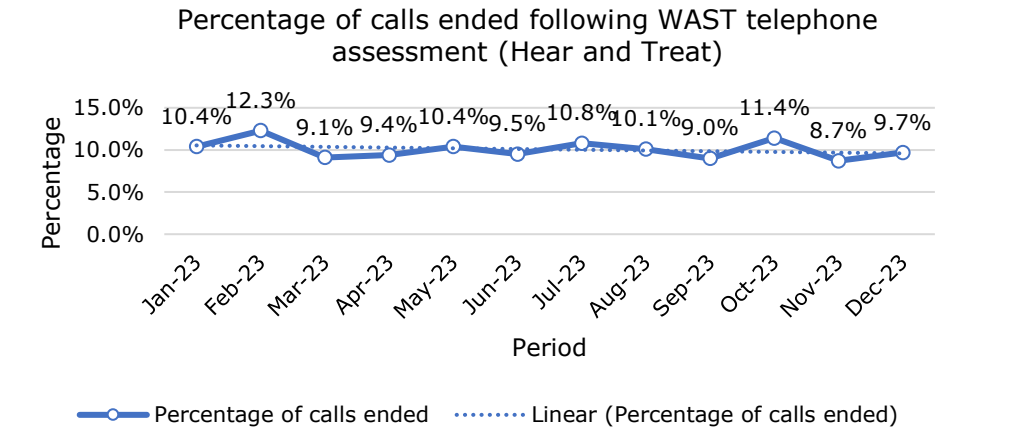


New measure for 2023/24

Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority
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Latest available	Dec-23		
Reported performance	9.7%	All Wales benchmark	7 th (14.3%)
Target	17% or more		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



Issues		
<ul style="list-style-type: none">This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.		
Actions	Recovery by	Timescale requested WAST
-		
Mitigations		
<ul style="list-style-type: none">Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.		

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.

Powys has not met the national target in December with 9.7% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 14.3%.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 43

Powys as a provider

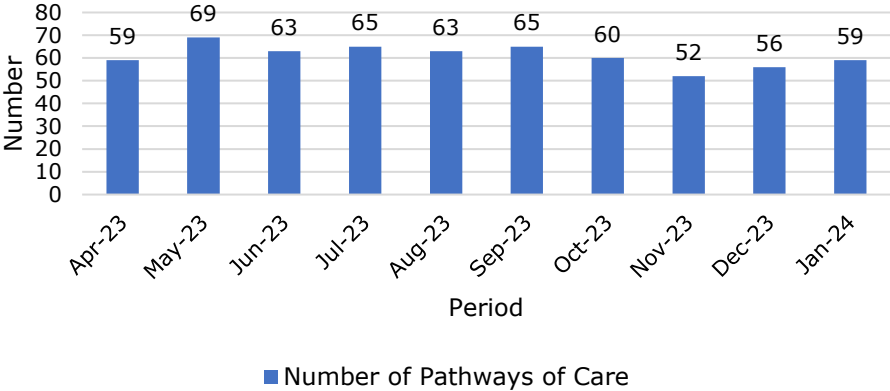


New measure for 2023/24

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	
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Latest available	Jan-24		
Reported performance	59	All Wales benchmark	2 nd (1,548)
Target	12 month reduction trend		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	

Number of Pathways of Care delayed discharges



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Key to this rationale is due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales.

Issues

- Increased deconditioning following extended stays.
- Increased assessment delays trending upward.
- Limitations of domiciliary care market.
- Market capacity.
- Market responsiveness.
- Increasing community demand.
- Limitations on care home market capacity.
- Delayed social care allocation and assessment.
- Requirement to refresh community hospital model.

Actions

Recovery by

N/A

- Recruitment discharge liaison officers underway, two out of the three in post.
- Bed census to better understand and inform patient need prior to admission and change in need to support discharge.
- Domiciliary care market exploration capacity/ demand.
- Participation in Accelerated Sustainability Model workstream.
- System engagement with Powys County Council to inform market development.

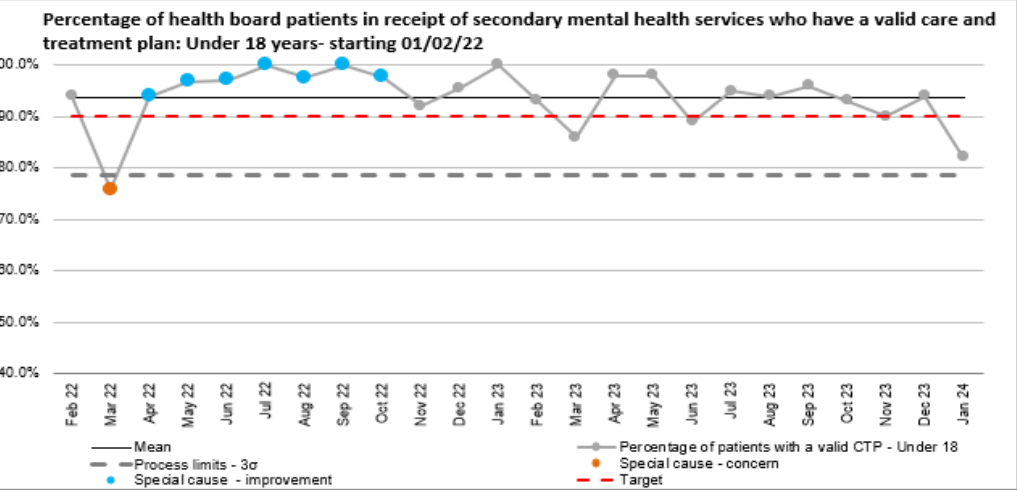
Mitigations

- Promotion of Home First model as per Goal 5 focus outcomes.
- Promotion of reablement, reduced LOS and activities to reduce deconditioning.
- Daily Sitrep and flow discussions.
- Bi-weekly focus on stranded patient review.
- Weekly themes and trends meeting.
- Accelerated Sustainability model planning to inform community offer.
- Continued participation in market engagement with care providers/ third sector provisions.
- Attendance to SaTH & WVT silvers daily by Senior Manager Unscheduled Care.

Mental Health CTP, Under 18's- Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	
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Latest available	Jan-24		
Reported performance	82.0%	All Wales benchmark	1 st (88.8%)*
Target	90%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance in January has decreased to 82% from 94% in Dec-23 against a 90% national target. The health board ranked 1st against the All-Wales position of 88.8% in December 2023.
- Variation remains common cause.

Issues

CAMHS saw a demand increase post-Christmas. Also, patient acuity was high, with demand outstripping capacity. Consequently, administrators were overstretched, and CTP updates were delayed.

The completion of the HIW self-assessment stretched admin resource further.

CTPs are now back on track and CAMHS expect to hit the target in February.

Actions

Recovery by

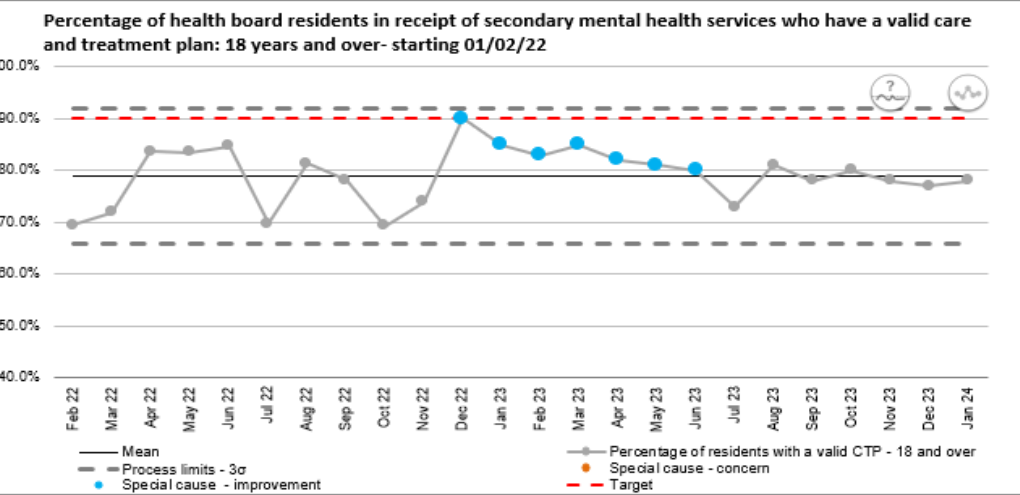
February 2024

Mitigations

Mental Health CTP, 18 years+ Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jan-24		
Reported performance	78.0%	All Wales benchmark	5 th (77.4%)*
Target	90%		
Variance	Common cause		Escalated
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Adult and older CTP compliance has measured at 78.0% and reports common cause variation, increasing slightly from December 2023.
- In December PTHB benchmarked 5th against an All-Wales position of 77.4%.
- This measure has been **escalated** because of poor compliance with service agreement.

Issues

- North Powys vacancies and sickness absence continue to impact.
- The service is significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Data quality challenge including post submission revisions.

Actions

Recovery by

By end of 2024/25

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council’s responsibilities in Community Mental Health Teams. Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model including a change to the duty and assessment model to be scoped with investment from 6 goals to mitigate for the impact this has placed on capacity for urgent care.
- Continue to advertise recruitment positions.
- A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
- Remedial action plan in place.

Mitigations

- Clinical assessment and prioritisation of caseloads.
- Prioritising data cleansing and data accuracy.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a ‘MH Measure’ data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.
- Change to Service Manager model to create portfolios that will focus on specific services i.e. one service manager for all Adult CMHTs.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 46

Powys as a provider



New measure for 2023/24

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	
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Latest available	
Reported performance	
Target	Month on month improvement
Variance	
Data quality & Source	CIVICA

Month	Surveys			Responses				Targeted Contacts	
	Number of Surveys with New Responses	Surveys with New Targeted Responses	Surveys with New Passive Responses	Total New Responses	# of New Targeted Responses	# of New Passive Responses	# of Responses in Welsh	# of Contacts by SMS	# of Contacts by IVR
Feb-24	18	0	18	192	0	192	2	0	0
Jan-24	20	0	20	117	0	117	1	0	0
Dec-23	17	2	16	65	3	62	0	0	0
Nov-23	17	0	17	65	0	65	0	0	0
Oct-23	20	0	20	105	0	105	0	0	0
Sep-23	16	0	16	149	0	149	1	0	0
Aug-23	15	0	15	99	0	99	3	0	0
Jul-23	13	0	13	116	0	116	1	0	0
Jun-23	8	0	8	31	0	31	0	0	0
May-23	11	0	11	28	0	28	0	0	0
Apr-23	6	0	6	19	0	19	0	0	0

Targeted responses are those collected via SMS, IVR and Email. Passive responses are those collected via all other delivery methods such as QR codes and survey links

Issues

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.

Actions	Recovery by	N/A
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- Leads defined within all teams to develop and promote the use of CIVICA.
- Share good practice from Wellbeing service where use of CIVICA has enabled change and development of the service.
- Commenced proactive use of SMS for those residents in receipt of commissioned care.

Mitigations

- Support is being provided within the Q&S team to provide some capacity to develop the use of CIVICA in the health board.

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

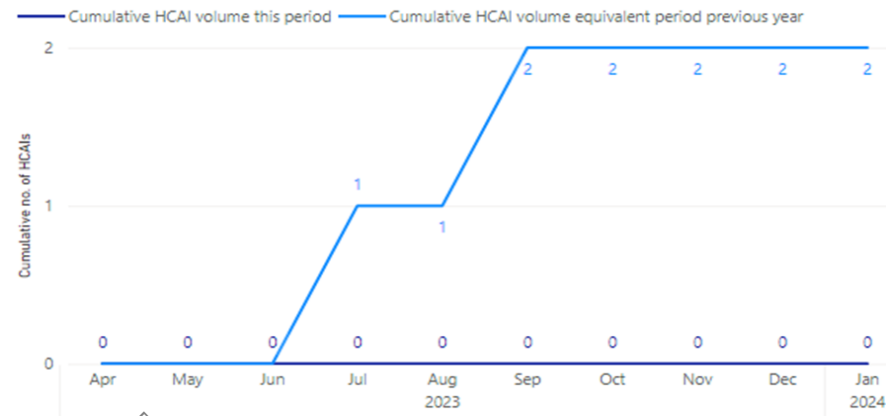
Rationale - Every person in Wales who uses health services has the right to receive excellent care as well as advice and support to maintain their health. Gathering patient feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that patients feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. This indicator measures compliance with the completion of patient experience surveys on CIVICA ensuring that satisfaction rates can be monitored.

HCAI - Klebsiella sp and Aeruginosa cumulative number

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority	
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Latest available	Jan-24	
Reported performance	0	
Target	Health Board Specific Target	
Variance	N/A	
Data quality & Source		HCAI Dashboard

PT LHB cumulative volume of HCAIs - All sites



What the data tells us

- The Health Board has reported 0 cases of Klebsiella or Aeruginosa sp for the current year 23/24. This is a reduction on 2 from the equivalent 22/23.

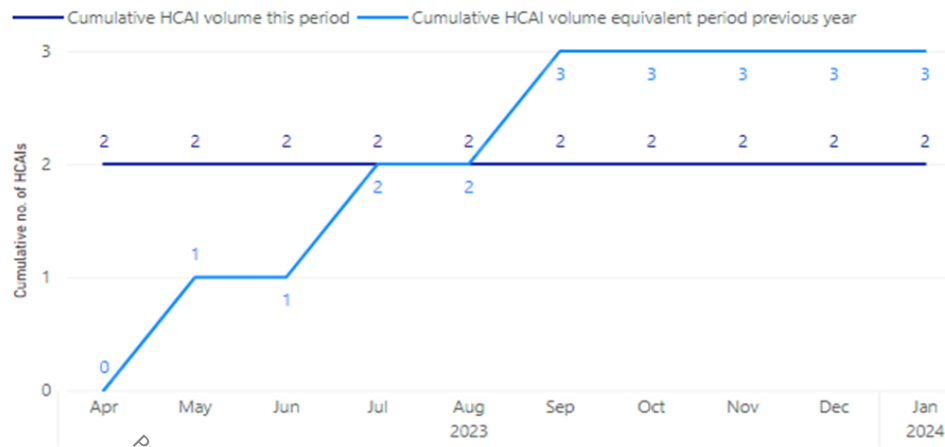
Issues		
<ul style="list-style-type: none">No issues identified with Klebsiella or Aeruginosa sp for the year 23/24.		
Actions	Recovery by	N/A
Mitigations		

HCAI – Gram Negative bacteraemia (E.coli, Klebsiella sp and Pseudomonas Aeruginosa) cumulative number

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority	
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Latest available	Jan-24
Reported performance	2.68
Target	Health Board Specific Target
Variance	N/A
Data quality & Source	<div></div> HCAI Dashboard

PT LHB cumulative volume of HCAIs - All sites



What the data tells us

- For the year 23/24 two cases of E.coli have been identified (April 2023).

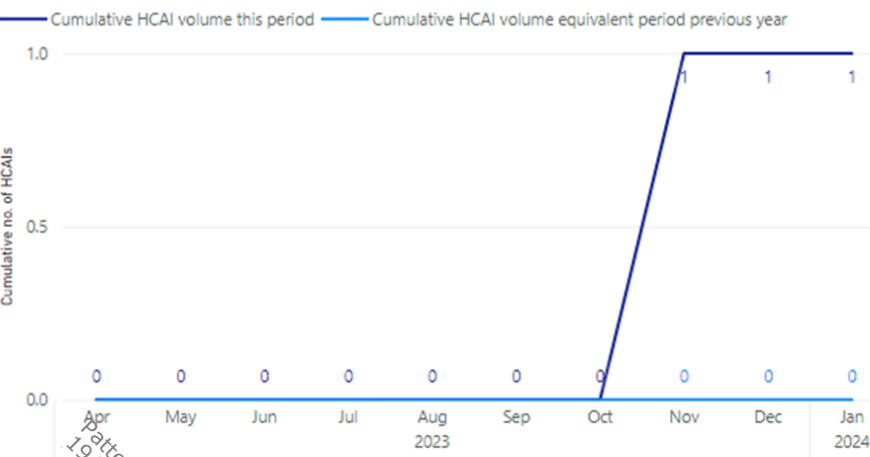
Issues		
1. Post infection reviews were held for the cases identified in April and subsequent follow up actions have been implemented and continue to be monitored across the organisation, including catheter management.		
Actions	Recovery by	N/A
Mitigations		
1. No further cases of E.coli bacteraemia have been identified within the organisation since April 2023.		

HCAI - S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director Quality & Safety	Strategic priority	
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Latest available	Jan-24	
Reported performance	1	
Target	Health Board Specific Target	
Variance	N/A	
Data quality & Source		HCAI Dashboard

PT LHB cumulative volume of HCAIs - All sites



What the data tells us

- The health board has reported 1 case of S.aureus bacteraemia for the period Apr-23 to Jan-24. This is 1 more than the equivalent period in 2022/23.

Issues

- A post infection review was held for the identified case of S.aureus, which identified some organisational learning in relation to the management of patient deterioration.

Actions

Recovery by

N/A

Mitigations

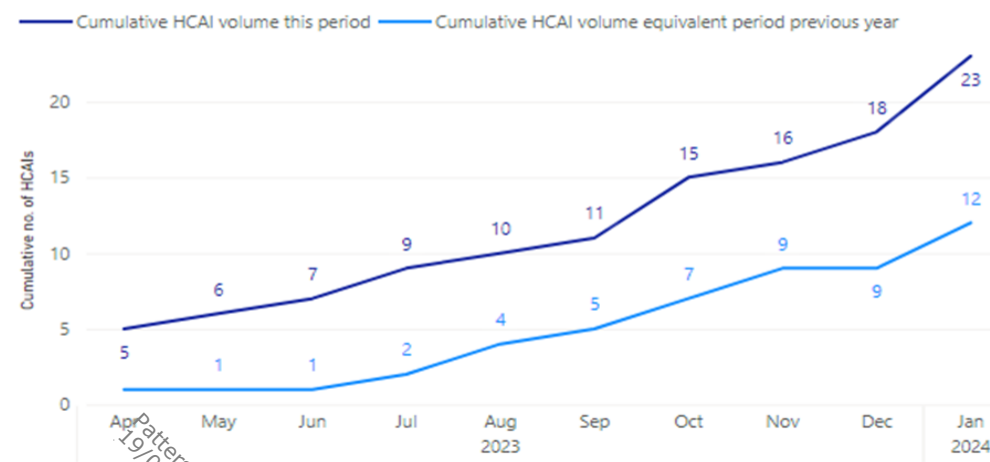
- Subsequent meetings are being held in relation to the deteriorating patient policy, including compliance with the sepsis 6 bundle. A task and finish group has been established with key colleagues to look at the pathway and policies.

HCAI - cumulative rate of C.Difficile cases per 100,000 population

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority	
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Latest available	Jan-23
Reported performance	20.55
Target	Health Board Specific Target
Variance	N/A
Data quality & Source	HCAI Dashboard

PT LHB cumulative volume of C. difficile - All sites



What the data tells us

- 23 cases of c.difficile have been reported for the year 23/24.
- 5 of the 23 cases are Hospital Onset cases.
- 18 of the 23 cases are Community Onset cases.
- 8 more equivalent c.difficile noted for 23/24 than the equivalent period in 22/23.

Issues
1. Antimicrobial prescribing within primary care has been identified as a challenge, with some practices still prescribing Metroniadzole as first line treatment for C.difficile
2. PTHB residents, as part of Whole Genome Sequencing (WGS) have been identified as part of a larger cluster outbreak associated with SBUHB
3. Environmental cleanliness within inpatient areas, especially near patient equipment has been identified on multiple IP&C audits to be sub-standard
4. There remains issue with laboratory results from commissioning organisations namely Shrewsbury and Telford and Wye Valley, in terms of notification of results and/or results not being communicated to the IP&C team in a timely manner, which means that we cannot be assured that PHW dashboards are aligned.

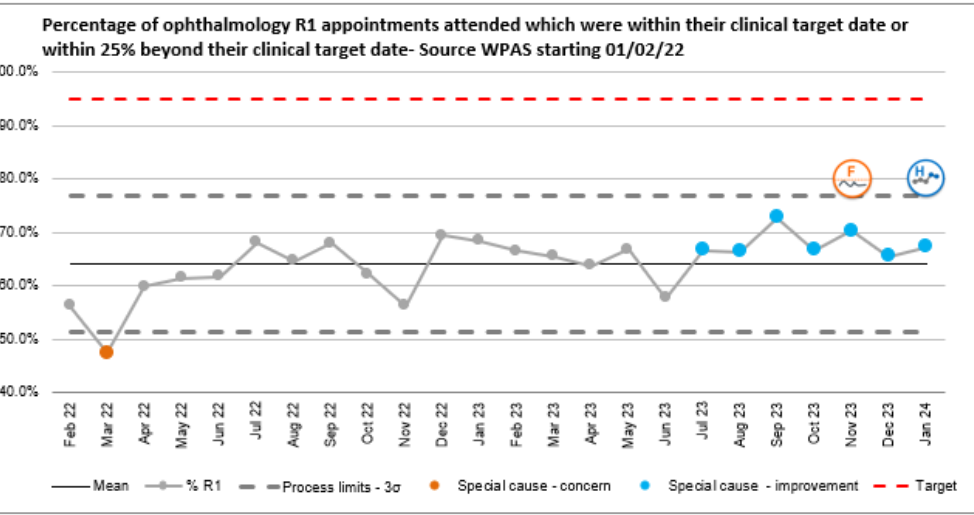
Actions	Recovery by	N/A
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Mitigations
1. Prescribing being monitored through AMR group and Medicines management team. Recent communication to all GP practices informing them of current prescribing guidelines, and directing to MicroGuide.
2. Equipment cleanliness discussed with Head of Nursing for CSG, and subsequent assurance mechanisms put into place for regular compliance reporting
3. IP&C to provide targeted education sessions on C.difficile to staff across the organisation, including opportunistic teaching whilst undertaking site visits.
4. The IP&C team continue to link regularly with SaTH and Wye Valley IP&C teams, these issues are also being highlighted at a national level in the cross-border data sharing meetings. The issues will also be highlighted at upcoming CQPRM meetings.

Ophthalmology - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jan- 24		
Reported performance	67.3%	All Wales benchmark	4 th (64.9%)*
Target	95%		
Variance	Special cause - improvement		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target. Performance has slightly improved in January to 67.3%.
- The health board ranking has fallen as well to 4th in Wales.
- All Wales performance is 64.9% for December.

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4 (NHS England Industrial Action is having a particular impact on eyecare as majority of provision is from WVT).
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting outcome of DHCW Review of National Digital Eye Care Programme anticipated November 2023.

Actions

Recovery by

Plan development 2024/25

- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway.
- Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.

Mitigations

- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 53

Powys as a provider

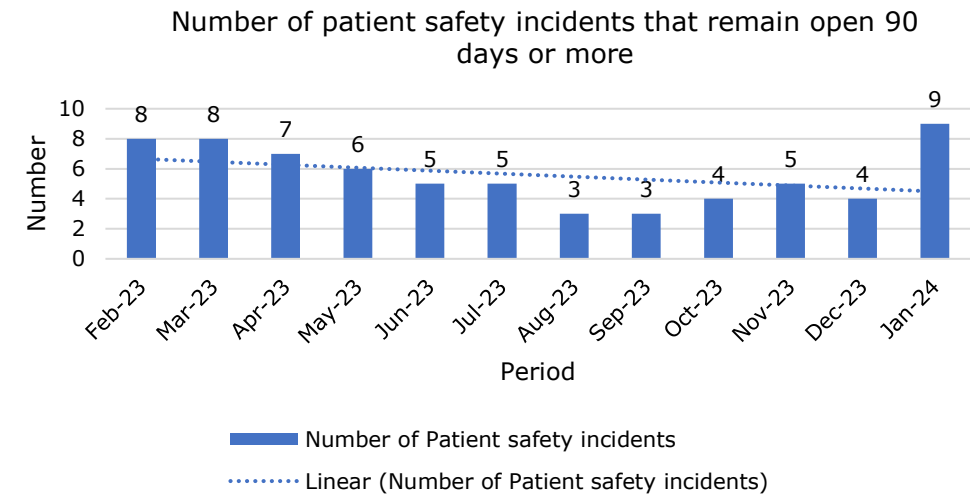


New measure for 2023/24

No of nationally reportable patient safety incidents that remain open 90 days or more

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority	
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Latest available	Jan-24		
Reported performance	9	All Wales benchmark	4 th (297)
Target	12-month reduction trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



Issues		
<ul style="list-style-type: none">Complexity of 2 NRI's have led to significant timescales to investigate (outside of control of PTHB).Capacity of teams to complete investigations within a timely manner.		
Actions	Recovery by	N/A
<ul style="list-style-type: none">Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.		
Mitigations		
<ul style="list-style-type: none">Regular communication with NHS Executive to ensure data is accurate.		

What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. NHS organisations are required to report and investigate patient safety incidents in accordance with national policy requirements, ensuring that learning is embedded. This measure will monitor NHS Wales compliance with the standard, ensuring the timely resolution of incidents and identification of lessons learnt.
- Powys reported 9 patients safety incidents that remained open over 90 days in January.



Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self-management	Executive Director of Public Health	Consultant in Public Health	1	% Attempted to quit smoking		5% annual target	Q2 2023/24	1.52%		2.55%	4th	2.43%
	Interim Executive Director of Operations / Director of	Assistant Director of Mental Health	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend	Q3 2023/24	57.7%	58.6%	65.1%	5th	60.5%
	Executive Director of Public Health	Consultant in Public Health	3	% of children up to date with scheduled vaccinations by age 5		95%	Q2 2023/24	89.3%	91.7%	89.8%	2nd	87.7%
	Executive Director of Public Health	Consultant in Public Health	4	% of girls receiving HPV vaccination by age 15		90%	Q2 2023/24			84.7%	5th	85.6%
			5	Flu Vaccines - 65+		75%	Jan-24		68.0%	69.0%	5th	71.5%
			6	% uptake of COVID-19 vaccination for those eligible (Autumn booster)		75%	Jan-24		60.3%	61.1%	1st	53.5%
	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Senior Manager - Planned Care	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	Nov-23	0.0%	0.0%	11.5%	5th	19.0%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Women's and Childrens Services	8	% of well babies completing the hearing screening programe within 4 weeks		90%	Nov-23	91.7%	91.9%	91.1%	7th	97.8%
			9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%	Dec-23	95.1%	97.6%	98.8%	1st	96.0%

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Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Assistant Director of Primary Care	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
			11	% of primary care dental services (GDS) contract value delivered (new,new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by	Dec-23		53.5%	50.1%	6th	57.5%
			12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 105	Jan-24	86	58	88	1st*	4,728
	Medical Director	Chief Pharmacist	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Dec-23	478	409	532	7th*	7,331
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	14	Assessments <28 days <18	✓	80%	Jan-24	100.0%	94.9%	98.0%	3rd*	84.4%
			15	Interventions <28 days <18	✓	80%	Jan-24	90.3%	88.2%	88.6%	1st*	47.1%
			16	Assessments <28 days 18+	✓	80%	Jan-24	78.0%	86.7%	28.6%	3rd*	69.2%
			17	Interventions <28 days 18+	✓	80%	Jan-24	41.0%	15.6%	71.0%	6th*	71.8%
	Interim Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Jan-24	44.1%	42.4%	44.1%	6th	48.8%
			19	Median emergency response time to amber calls	✓	12 month improvement trend	Dec-23	01:44:49	00:37:36	00:54:13	1st	01:41:54
			22	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	✓	Improvement compared to the same month in 2022-23, towards the national target of	Jan-24	100.0%	100.0%	100.0%	1st*	66.7%
			23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	✓	PTHB Trajectory - 0	Jan-24	0	0	0	1st*	9,635
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of < = 30	Jan-24	182	192	168	1st*	50,533
			26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Jan-24	97.4%	84.2%	81.2%	4th*	84.2%
			27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory = 0	Jan-24	249	343	290	2nd*	12,578
			28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory = 0	Jan-24	0	19	22	2nd*	56,936
			29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - <= 5	Jan-24	21	213	192	1st*	114,996
			30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory = 0	Jan-24		1568	1627	1st*	247,719
			31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory = 0	Jan-24	0	0	0	1st*	24,248
			32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory = 0	Jan-24	7	58	62	1st*	136,538
		Assistant Director of Mental Health	33	CAMHS % waiting <28 days for first appointment	✓	80%	Jan-24	100.0%	100.0%	100.0%	1st*	80.4%
		Assistant Director of Women's and Children's	34	Children/Young People neurodevelopmental waits	✓	80%	Jan-24	59.4%	51.5%	43.7%	1st* (Nov-23)	27.9%
		Assistant Director of Mental Health	35	Adult psychological therapy waiting < 26 weeks	✓	80%	Jan-24	81.5%	86.6%	87.8%	2nd*	64.7%

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Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Executive Director of Workforce and Organisational Development	Head of Workforce	36	(R12) Sickness Absence	✓	12 month reduction trend	Jan-24	6.1%	5.3%	5.3%	4th (Nov-23)	6.2%
			37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Oct-23	12.3%	13.0%	12.1%	10th	6.9%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services Group	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Jan-24	10.8%	11.4%	10.6%	12th (Nov-23)	4.2%
	Executive Director of Workforce and Organisational Development	Head of Workforce	39	Performance Appraisals (PADR)	✓	85%	Jan-24	73.0%	78.0%	78.0%	4th (Nov-23)%	72.4%

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Appendix 1

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Head of Information-Digital Transformation and Informatics	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	Dec-23	100.0%	100.0%	100%	1st*	67.3%
			41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	Dec-23		100.0%	100.0%	1st	65.9%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Dec-23	11.7%	8.7%	9.7%	7th	14.3%
			43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Jan-24		56	59	2nd	1,548
		Assistant Director of Mental Health	44	% residents with CTP <18	✓	90%	Jan-24	100.0%	94.0%	82.0%	1st*	88.8%
			45	% residents with CTP 18+	✓	90%	Jan-24	85.0%	77.0%	78.0%	5th*	77.4%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Data currently not available					
	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target	Jan-24		0	0	PTHB is not nationally benchmarked for infection rates	
			48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target	Jan-24		3	2.68		
			49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target	Jan-24	13.45	18.01	20.55		
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Jan-24	69.5%	65.6%	67.3%	4th*	64.9%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend	Jan-24	6	4	9	4th	297



Appendix 2

Progress against Ministerial Priorities 2023/24 – (trajectories submitted to Welsh Government performance in Mar-23)

Submitted trajectories vs Actuals

Ministerial Priority Measures		Month													Risk of delivery R.A.G
Measure		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Number of patients waiting over 8 weeks for a specified diagnostic	Performance Trajectory		160	160	150	130	120	110	100	80	50	30	15	0	
	Actual	161	159	160	117	134	152	139	132	190	192	168		246	
Number of patients waiting over 14 weeks for a specified therapy	Performance Trajectory		190	190	180	170	120	70	20	0	0	0	0	0	
	Actual	190	243	273	265	418	511	499	390	288	343	290		86	
Number of patients waiting more than 36 weeks for a new outpatient appointment	Performance Trajectory		35	35	35	30	30	25	20	15	10	5	5	0	
	Actual	32	67	98	112	126	159	197	257	222	213	192		149	
Number of patients waiting more than 52 weeks for a new outpatient appointment	Performance Trajectory		0	0	0	0	0	0	0	0	0	0	0	0	
	Actual	1	1	3	4	19	42	60	80	18	19	22		13	
Number of patients waiting more than 52 weeks for referral to treatment	Performance Trajectory		20	15	10	5	5	0	0	0	0	0	0	0	
	Actual	7	16	14	14	29	52	75	99	56	58	62		23	
Number of patients waiting more than 104 weeks for referral to treatment	Performance Trajectory		0	0	0	0	0	0	0	0	0	0	0	0	
	Actual	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%	Performance Trajectory		4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0	
	Actual	4755	4,763	1902	1667	1660	1683	1624	1575	1533	1568	1627		Not available	



Appendix 2

Progress against Ministerial Priorities 2023/24 – (trajectories submitted to the Delivery Unit)

Submitted trajectories vs Actuals

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% LMPHSS assessments undertaken within 28 days from the date of receipt of referral - Under 18	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%
		Actual	98.0%	100.0%	100.0%	95.6%	100.0%	97.1%	100.0%	100%	94.9%	98%		
% LMPHSS assessments undertaken within 28 days from the date of receipt of referral - 18 & over		Performance Trajectory	80.0%	82.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%
		Actual	80.4%	91.6%	92.9%	91.9%	97.9%	89.7%	87.5%	89.1%	86.7%	28.6%		
% therapeutic interventions started within 28 days following an LPMHSS assessment - Under 18	80%	Performance Trajectory	77.5%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	78%	83%	88%	90%	79%	80.8%	89.2%	88.1%	88.2%	88.6%		
% therapeutic interventions started within 28 days following an LPMHSS assessment - 18 & Over		Performance Trajectory	66.0%	68.0%	70.0%	72.0%	70.0%	75.0%	78.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	65.8%	47.2%	62.3%	49.0%	60.5%	48.5%	41.7%	49.2%	15.6%	71%		
% patients waiting less than 28 days for first appointment for sCAMHS		Performance Trajectory	98.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
		Actual	97.2%	100.0%	100.0%	100.0%	95.8%	100.0%	100%	100%	100%	100%		
% children & young people waiting less than 26 weeks to start ADHD or ASD ND assessment		Performance Trajectory	70.0%	71.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	69.7%	71.3%	72.2%	72.9%	68.9%	62.3%	58.8%	54.3%	51.5%	43.7%		
% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult MH		Performance Trajectory	86.0%	93.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%	86.6%	87.8%		
% HB residents in receipt of secondary MH services who have a valid CTP - Under 18	90%	Performance Trajectory	97.8%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
		Actual	97.8%	98.0%	89.3%	94.5%	94.3%	96.2%	93.0%	90%	94%	82%		
% HB residents in receipt of secondary MH services who have a valid CTP - 18 & over		Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%
		Actual	87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78.0%	77.0%	78%		

Document Notes

Data quality challenge for planned care waiting time submissions

Challenge reference	Description	Measures impacted
1	Referral to treatment national reporting quality risk A data quality issue for waiting list performance as reported in the combined RTT was flagged. Diagnostic cardiology waits were included in both the combined RTT and the separate Diagnostic and Therapy Waits submissions, resulting in an overall double counting for diagnostic cardiology waits. This issue had been flagged to Welsh Government and has now been resolved by the Powys Data Intelligence Team. Only the consultant-led main cardiology pathway waits are included in the re-submissions. This challenge did and does not impact patient care but did impact the reporting accuracy of the health board. The below table denotes the count/% changes pre and post re-submission of the combined RTT for the provider period April 2023 to November 2023.	25, 28, 29, 30,31,32

Calculated difference from original monthly submissions to re-submission by snapshot date, waiting time band, and key waiting time metrics as part of the ministerial priorities.

Snapshot Date	Waiting list by wait bands					
	<26 weeks	26 - 35 weeks	36 - 52 weeks	53 - 76 weeks	77 - 104 weeks	Grand Total
20230430	-279	0	0	0	0	-279
20230531	-234	-1	0	0	0	-235
20230630	-234	0	0	0	0	-234
20230731	-220	0	0	0	0	-220
20230831	-250	-8	0	0	0	-258
20230930	-249	-9	0	0	0	-258
20231031	-251	-15	-1	0	0	-267
20231130	-283	-17	-5	0	0	-305
Grand Total	-2000	-50	-6	0	0	-2056

Key waiting time metrics					
	% 26 weeks	36+ weeks	Over 52 weeks	Number stage 1 +36	Number stage 1 over 52 weeks
Apr-23	-0.24%	0	0	0	0
May-23	-0.22%	0	0	0	0
Jun-23	-0.21%	0	0	0	0
Jul-23	-0.21%	0	0	0	0
Aug-23	-0.21%	0	0	0	0
Sep-23	-0.25%	0	0	0	0
Oct-23	-0.22%	-1	0	0	0
Nov-23	-0.18%	-5	0	0	0
YTD	-0.21%	-6	0	0	0

Performance by report month snapshot following re-submission including target compliance RAG

Key waiting time metrics					
Report month	% 26 weeks	36+ weeks	Over 52 weeks	Number stage 1 +36	Number stage 1 over 52 weeks
Apr-23	93.2%	164	16	67	1
May-23	92.0%	211	14	98	3
Jun-23	92.5%	203	14	112	4
Jul-23	91.9%	232	29	126	19
Aug-23	90.0%	272	52	159	42
Sep-23	88.5%	331	75	197	60
Oct-23	87.5%	414	99	257	80
Nov-23	88.2%	400	56	222	18
YTD	90.5%	2227	355	1238	227

Difference highlighted by colour gradiance, the value is either the number of pathways change or % reduction

Data source - Powys Information monthly submission files

Data resubmission did not effect reported compliance with the ministerial measures, compliance in table RAG rated



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Plan Progress Report

Quarter 3 2023/ 2024

October to December 2023

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey - Not due yet

Pink - Not Applicable

- *Entries in pink are reflecting those areas which have been deprioritised, rescoped or rescheduled as part of the reset work in November 2023.*
- *A description has been included on each of the entries in pink noting the new status of each item and the relevant commentary provided in November 2023 has been retained for this quarter to provide context in each case.*



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Plan on a page 2023 > 24



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



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



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



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

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

In Year Strategic Priorities:
(incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



WORKFORCE FUTURES



DIGITAL FIRST



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP

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

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

- Capital and estates programme
- Environmental management and decarbonisation

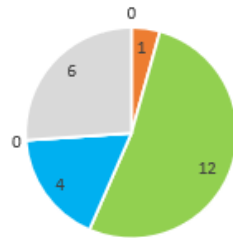
- Governance
- Quality Governance
- Engagement and Communication
- Strategic Commissioning and Performance
 - Strategic Planning
- Innovation and Improvement
- Strategic Equalities and Welsh Language

Enabling Priorities 2023-2026

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

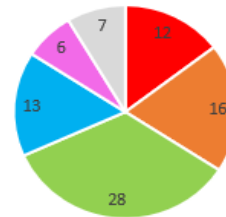
SUMMARY OVERVIEW

Focus on Wellbeing



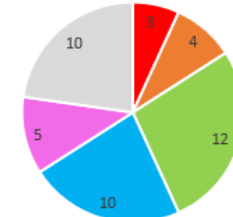
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Early Help and Support



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Tackling the Big Four



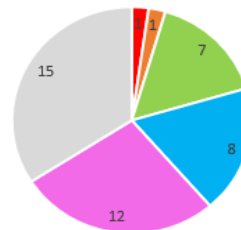
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Joined Up Care



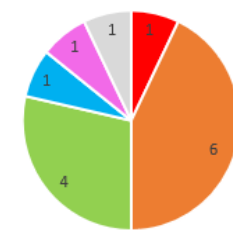
■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Workforce Futures



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Digital First



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Innovative Environments



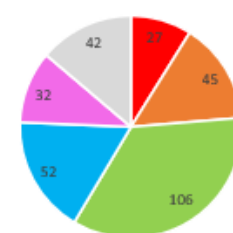
■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Transforming in Partnership



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Overall



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ NA ■ Not due yet

Patterson Liz
19/03/2024 08:27:05

Focus on Wellbeing

Strategic Priority 1 – Population Health improvement including Health Inequalities

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

Commentary on Progress in this Quarter:

- Healthy Child Wales Programme (HCWP) – HCWP and HCWP Flying Start being delivered and subject to regular review and performance management via the Womens & Childrens Senior Management Team (SMT) and any actions required implemented.
- Delivery of Pathfinder Early Years Integration Programme – Pilot commenced April 2023 reporting to Start Well 'Early Help and Play' workstream board. Programme implementation on track. Exit strategy to commence in Quarter 4.
- Delivery of the NYTH/NEST Programme – partnership engagement under Start Well workstreams, all underpinned by the NYTH/NEST principles. Programme implementation on track.
- There has been a step change in number of smokers accessing support with the number of quits attempts April-September 2023/24, 54% higher than the same period last year. A text messaging project for identified smokers continues to be rolled-out through GP practices; a training and communication plan has been developed for quarter 4 for Community Pharmacies to enhance delivery and improve awareness of smoking cessation services in pharmacy settings.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	Status BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Patterson, Liz 19/03/2024 08:27:05	• Healthy Child Wales Programme Q1 – Q4	DoNM	Green	Green	Green		H	H	H	H
	• Designed to Smile Q1 – Q4	D Ops	Green	Green	Green		H	H	H	H

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

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

Change in Scope

☐

Change in Timescale

☐
☐

N/A

Executive Director Sign Off

Mererid Bowley (Director of Public Health)
Claire Roche (Director of Nursing and Midwifery)

Strategic Priority 2 – Health Protection including vaccination

Executive Lead – Director of Public Health

Commentary on Progress in this Quarter:

- COVID-19 Autumn Booster Campaign delivered in line with Welsh Government directives. Achieved Welsh Government target of all appointment invitations sent out by 30th November 2023 and all first appointments offered before 17th December. To date, Autumn boosters have been administered to 61.7% of the eligible population in Powys. This is the highest uptake of all Health Boards in Wales, with the Welsh average at 53%.
- Improvements have been seen in pre-school childhood immunisations uptake (now at 94.7%). An enhanced surveillance project, in partnership with Primary Care, included reviewing and updating records, and proactively offering vaccinations to children overdue. In addition, weekly monitoring of children on lists for immunisation is being undertaken, and in liaison with Primary Care to identify reasons for waits, sustainable solutions and support for barriers to uptake have been offered.
- A range of options are offered to Health Board staff to get flu and Covid-19 vaccinations, including daily walk-ins to vaccination centres, weekly outreach and drop-ins with a focus on lower uptake areas and offering vaccination at clinical education sessions. For flu only (due to movement restrictions with Covid-19 vaccines) there are weekly walkabouts offering staff vaccination. Data is being cleansed and analysed to identify areas/staff requiring further focus.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework	• Implement revised mass vaccination model in line with agreed OCP Implementation Plan Q1	DPH	Blue				H	H	H	H
	• Deliver covid-19 booster campaigns in line with Welsh Government directives Q1, Q2, Q4		Green	Green			H	H	H	H
	• Develop a vaccine equity plan to reduce variation in uptake Q3				Green		H	H	H	H
	• Promote uptake of immunisation for all ages Q1 - 4		Green	Green	Green		H	H	H	H
	• Implementation of immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars Q3 - Q4				Green		M	H	H	H

Patterson, Liz
19/03/2024 08:27:05

		<ul style="list-style-type: none">Promote uptake of national cancer screening in partnership with Public Health Wales Q1 – Q4		Green	Green	Green		H	H	H	H
Delivery of local component of Health Protection response aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees		<ul style="list-style-type: none">Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales Q4	DPH					H	H	H	H
		<ul style="list-style-type: none">Annual review of civil contingency response plans, participation in training and exercises Q4						H	H	H	H
		<ul style="list-style-type: none">Work with partners to develop a joint recovery plan for Hepatitis B and C – delivery Q2			Green			H	H	H	H
		<ul style="list-style-type: none">Work with Public Health Wales and Local Authority to evolve a transitional health protection service to respond to public health threats within allocated funding Q1 - 4		Amber	Amber	Amber		M	M	H	H
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
N/A											
Executive Director Sign Off		Mererid Bowley (Director of Public Health)									

Strategic Priority 3 – Health Protection – Infection Prevention and Control Executive Lead – Director of Nursing and Midwifery
Commentary on Progress in this Quarter: <ul style="list-style-type: none"> Infection Prevention Control (IPC) Improvement Plan progress as below. This is reported to the Executive Committee and Patient Experience Quality and Safety Committee (PEQs).

Patterson.Liz
19/03/2024 08:27:05

Summary Delivery vs Plan		
Delivery against Plan	RAG Status Definition	%
% of activities which are complete	The action has been completed and there is a record of evidence to support it's completion.	60%
% of progress being made	Progress is good and the action is likely to be achieved within timescale.	19%
% of activities which are late or confirmed as being late	Work is significantly behind schedule and no progress has been made/or progress has been made but the timescale has not been achieved.	2%
% of activities on track	Progress being made and is on track and will be completed on timescale.	19%

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver improvements in Infection Prevention and Control, building on and strengthening learning from the Covid-19 pandemic and beyond	<ul style="list-style-type: none"> Diagnostic phase: Gap analysis of Infection Prevention and Control Q1 	DoNM	Blue				H	H	H	H
	<ul style="list-style-type: none"> Implementation of Improvement Programme, "Journey to Excellence" informed by diagnostic assessment above, to include objective setting for year 1 – Q3 				Blue		H	H	H	H
	<ul style="list-style-type: none"> Completion and embedding of immediate "make safe" actions, as identified in "Infection Prevention and Control: Journey to Excellence" Q4 						H	H	H	H
	<ul style="list-style-type: none"> Completion of Year 1 objectives Q4 						H	H	H	H

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope		Change in Timescale	
N/A			
Executive Director Sign Off	Claire Roche (Director of Nursing and Midwifery)		

Early Help and Support

Strategic Priority 4 – Primary Care *Ministerial priority

Executive Lead – Director of Finance and IT

Commentary on Progress in this Quarter:

- General Medical Services (GMS) – New GMS Regulations in place, with supporting national Contract Assurance Framework agreed. All practices have declared participation in the QI projects to complete end Q4. Gilwern branch surgery closure 30th November 2023, supporting future sustainability of Crickhowell Medical Practice – cross-border task-and-finish group in place along with a robust mitigation plan in place supporting continued access to patient services in Gilwern.
- Community Pharmacy - The health board's medicines management team has continued to work with GP practices to move to 56 day prescribing, although this has only been possible for our non-dispensing practices. Dispensing practices are reluctant to move due to the impact that it will have on their income. As a consequence, pharmacist time is not being released to allow them to focus on more clinical duties.
- The health board's medicines management team continues to monitor uptake of clinical community pharmacy services and provides contractors with monthly updates. Where a commitment has been given to provide these services, but there is no evidence of provision, discussions are taking place with contractors to understand barriers.
- The health board is promoting Pharmacist Independent Prescribers and providing support as appropriate to those considering training.
- Clusters – Accelerated Cluster Development foundation year in progression, collaboratives in place in line with milestones.
- General Optometry Services (GOS) – New GOS Regulations in place. Independent Prescriber Optometry Service (IPOS) service now complete. National delay with finalisation of Welsh Government OS4 clinical services manual creating risk to the implementation of service by end March 2024 (medical retina/glaucoma services).
- General Dental Services – New Newtown contract fully embedded and contract is increasing each quarter towards achieving full capacity. Llanfdrindod contract in place, but unlikely to be at full capacity by year end. Brecon provider fully operational. Hay on Wye contract terminated on 30th November 2023, PTHB salaried service in place, currently being managed at Brecon Community Dental Service. Currently scoping out using the mobile dental unit to run out of the Hay area. Urgent access being managed, and transfer of patients from waiting list continues.

Commentary on red rated actions:

- General Optometry Services – School service vision delayed as part of reset work.
- Work to improve use of community pharmacy continues although it hasn't been possible to progress some areas due to the workforce challenges faced by community pharmacy e.g. Development of a workforce model including out of hours
- An evaluation of rota services has not yet taken place, although this is something that the health board needs to do to ensure that citizens are gaining a benefit from the investment. This is something that we hope to do during 2024/25. One multiple has provided assurance that they would like to work closely with the health board to review rota service provision.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Increased access to GP and Community Services	• GP Practice Sustainability and contract reform Q1 - 4	DFIT	Green	Green	Green		H	H	H	H
	• Data analysis and review, including review of additional investment Q1 - 4 - REDUCTION		Green	Green	Green		H	H	H	H
	• Analysis of feedback and lessons learnt Q1 - 4 - REDUCTION		Green	Green	Green		H	H	H	H
	• Quality Improvement Data Activity Project will conclude Q1 - 4		Green	Green	Green		H	H	H	H
	• Engagement with patients and stakeholders on the perception and experience of access Q1 - 4 - REDUCTION		Green	Green	Green		H	H	H	H
	• Maturing Clusters and GP Collaboratives in line with Cluster plans Q1 - 4		Green	Green	Green		H	H	H	H
Improved use of Community Pharmacy	• Development of a workforce model including out of hours model Q1 - 4 - POSTPONE	DFIT	Red	Red	Red		M	L	L	L
	• Community Pharmacy Service contract implementation to be monitored Q1 - 4		Green	Green	Green		H	H	H	H

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

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	<ul style="list-style-type: none"> Establish inter-practice referral for urgent cases Q1 		Amber	Green	Blue		M	H	H	H
	<ul style="list-style-type: none"> 1 optometrist qualified as prescriber in North Powys; inter-practice referral in this area; second role with inter practice referral Q2 - 4 			Green	Blue		M	M	H	H
	<ul style="list-style-type: none"> School vision and eyecare access improvements Q1 - 4 - DEFERRED 		Amber	Amber	Red		M	M	M	L
	<ul style="list-style-type: none"> Scope and develop health board led domiciliary service Q4 						L	L	L	L
	<ul style="list-style-type: none"> Agree and implement 'The Eyes Open' communication campaign Q2 			Green			M	M	H	H
Increased use of Dental	<ul style="list-style-type: none"> Implementation of new Llandrindod Wells contract with full operational capacity up to contract value Q1 - 4 	DFIT	Green	Green	Green		H	M	M	L
	<ul style="list-style-type: none"> Rural enhancement offer for Foundation Dentists - two posts in place Q3 - 4 				Green		H	H	H	H
	<ul style="list-style-type: none"> Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner Q1 - 4 		Green	Green	Green		M	M	H	H
	<ul style="list-style-type: none"> Procure dental service in Newtown (North Powys Cluster) Q1 - 4 		Amber	Green	Green		M	H	H	H
	<ul style="list-style-type: none"> Recruit additional dental officer for sedation Q4 - DELAYED 				NA		M	H	H	Select
	<ul style="list-style-type: none"> Recruit dental therapist in Mid Powys Cluster Q4 - DELAYED 				NA		M	M	M	Select
	<ul style="list-style-type: none"> Rescoped mobile dental services operational in areas with limited or no access Q4 						H	H	H	H
	<ul style="list-style-type: none"> South Powys Cluster dental provider fully operational Q3 				Green		M	M	M	H
	<ul style="list-style-type: none"> Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end Q1 - 4 		Green	Green	Green		M	H	H	H

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	<ul style="list-style-type: none">Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 - DELAYED				NA		L	M	M	L
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023:										
Increased access to GP and Community Services: <ul style="list-style-type: none">Data analysis and review, including review of additional investment Q1 – 4 - Reduction focussing on mandatory and contractual obligationsAnalysis of feedback and lessons learnt Q1 – 4 - Reduction focussing on mandatory and contractual obligationsEngagement with patients and stakeholders on the perception and experience of access Q1 – 4 - Reduction focussing on mandatory and contractual obligations										
Improved use of Community Pharmacy: <ul style="list-style-type: none">Development of a workforce model including out of hours model Q1 – 4 - Request to postpone until next 24/25 due to conflicting pressuresWork with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 – 4 - Request to postpone until next 24/25 due to conflicting pressuresScoping, viability assessment, business case and skill development for identified opportunities Q2 – 4 - Request to postpone until next 24/25 due to conflicting pressures										
Improved use of Optometry <ul style="list-style-type: none">Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster; implementation Q1 – 2 - Deferred to next financial yearSchool vision and eyecare access improvements Q1 – 4 - Deferred to next financial year due to recruitment not being successful in year										
Increased use of Dental: <ul style="list-style-type: none">Recruit additional dental officer for sedation Q4 - Delayed – won't be in post until new financial yearRecruit dental therapist in Mid Powys Cluster Q4 - Delayed to next financial year – will not start until April 2024Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 - Delayed until next financial year – estimated start September 2024										
Executive Director Sign Off		Pete Hopgood (Director of Finance, Information and IT)								

Strategic Priority 5 – Diagnostics *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Transnasal Endoscopy (TNE): Full charitable funding was secured to purchase the equipment and maintenance which has now been through procurement and received on site. Patient information leaflets and Standard Operating Procedures have been drafted, approved and signed off by the Medical Director. For the nasal spray a second Pharmacist is now reviewing and approving so the protocol can be signed off. Cwm Taf Morgannwg University Health Board (CTMUHB) is still unable to provide the training as planned due to capacity issues and this is now being explored with Wye Valley Trust (WVT) which has confirmed it has the capacity to support, and this is being taken forward as a matter of urgency. This is now critical to ensure delivery in Q4.
- Dermatology: General Practitioner with Extended Role (GPwER) in Dermatology appointed and in post. This had been based on appropriate Clinical Governance arrangements being in place, but unfortunately SBUHB was unable to fulfil the support promised in principle. A readiness assessment was undertaken and approval for go live given subject to alternative Clinical Supervision arrangement being secured. This has been proving challenging. The GPwER in the interim has been undertaking work on Interventions Not Normally Undertaken (INNU) as part of the Value Based Healthcare programme. In addition, funding has been secured through the Welsh Cancer Network to provide each GP Practice (engaged with the Dermatology Education Training Programme) with a Dermatology Dermoscopy camera. The camera will be provided to each GP Practice to help with dermatological referral management and to provide better quality dermatology referrals into secondary care. 14 out of 16 Practices have signed up and will receive the equipment and training which will be led by the GPwER in Dermatology.
- Community Cardiology: North Powys: Implementation of the Community Cardiology Service in North Powys is in place. A GP with a Special Interest has been secured on a permanent basis working with a team including Advanced Cardiac Physiologist, Cardiac Rehabilitation Specialist, Cardiac Specialist Nurses and Assistant Practitioners. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to 2 outpatient clinics are held in Newtown per week. The service is now receiving 50-60 referrals per month. Of the 410 patients seen to date only 17 have required onwards referral to a DGH Consultant. 333 patients have received an echocardiogram in Powys and 23 an ECG. Treatment plans have been put in place for 230 patients locally.
- Community Cardiology – Rehabilitation: The part time Cardiology Rehabilitation Specialist for North Powys has been in post since October 2023 and the mid/south commenced in post on 8th January 2024. The rehabilitation programme is being delivered in Newtown with 12 patients currently on the programme, and 38 patients having completed it. Rehabilitation programmes in Welshpool and across the mid and South will commence in quarter 4. Engagement with general practices has taken place, a performance dashboard and electronic referral process are being developed.

Commentary on red rated actions:

- Community Dermatology: The progress which has been made is described in the narrative above. However, it has not yet been possible to secure an alternative provider for ongoing clinical supervision after the original health board had to withdraw. Thus, at present progress is being made in relation to the implementation of the Dermatoscopes, referral improvement and in relation to INNU but the other aspects of the implementation are paused due to this issue.

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Access to additional regional diagnostics capacity	<ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access Q2 – 4 – PARTIALLY DEFERRED 	D Ops		Green	NA		M	M	M	Select
	<ul style="list-style-type: none"> Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2 			Amber			H	M	M	M
	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements Q3 - 4 				Blue		H	H	H	H
	<ul style="list-style-type: none"> Adjust in year Long Term Agreements where solutions can be expedited Q3 				Red		M	L	L	L
Implementation of Transnasal Endoscopy	<ul style="list-style-type: none"> Readiness assessment, capital installed, pilot initiated in Mid and South Powys, review, Plan for North Powys developed Q1 - 4 		Green	Green	Green		H	H	M	M
Implementation of Community Cardiology	<ul style="list-style-type: none"> Implementation of plan for first phase of Community Cardiology and transition to business as usual in North Powys; tracking activity, patient outcomes and experience Q3 				Blue		M	M	M	H
	<ul style="list-style-type: none"> Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) Q4 						M	M	M	H
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 				Blue		M	M	M	H

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Implementation of Dermatology	<ul style="list-style-type: none"> Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) Q1 - 4 		Green	Green	Red		M	M	H	L
Complete access to Rapid Diagnostic Clinics	<ul style="list-style-type: none"> Interim access for Mid Powys Q1 		Amber				H	H	L	M
	<ul style="list-style-type: none"> Research potentiality of rural model Q1 - 2 		Green	Blue			H	H	H	H
	<ul style="list-style-type: none"> Agree longer term model Q2 			Blue			H	M	H	H
Straight to Test Model	<ul style="list-style-type: none"> Work with commissioned services on straight to test models Q1 - 2 		Amber	Amber			M	M	M	M
	<ul style="list-style-type: none"> Review impact on outpatient delivery, business case development, implementation Q3 - 4 				Red		M	M	M	L
Implement Regional Image Sharing Platform & capital review of diagnostic equipment	<ul style="list-style-type: none"> Regional Image Sharing Platform implementation plan Q4 						M	L	L	H
	<ul style="list-style-type: none"> Capital bid complete Q3 				Blue		H	L	L	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023 <u>Access to additional regional diagnostics capacity</u> <ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access Q2 - 4 - Partially deferred to next financial year due to challenges and capacity across NHS providers. Significant delays are currently experienced by DGH partners in interpreting and reading scans. Plans to work up insourced provision e.g. Medinet is being worked up for Q4 to achieve the 36 week and 14 week targets. 										
Executive Director Sign Off		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)								

Strategic Priority 6 – Admission Avoidance

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Secure approval for business case and implement phase 1: Work has been undertaken on admission avoidance focusing on the Cellulitis and Urinary Tract Infection Pathways. A presentation including data analysis related to IV Therapy was shared with the Accelerated Sustainable Model (ASM) Diagnostic, Ambulatory and Planned Care Programme Board on 27th October 2023. A meeting has taken place with the national lead for Cellulitis on the 12th December 2023 and a Value-Based business case is being developed for Investment Benefit Group to align to the national recommendation for Cellulitis pathway. The business case will be considered by the Value Based Healthcare Programme Board on the 25th January 2024 and will be submitted to IGB shortly thereafter. A Task and Finish group is being established to take forward the development UTI Pathway work, including the development of the business case for Investment Benefits Group (IBG).

Commentary on red rated actions:

- As reported in Q2, during August and the beginning of September the Accelerated Sustainable Model Programme Boards were stood down at the request of the Executive Committee whilst urgent work was undertaken in relation to savings requirements. As previously reported, this has had a knock-on effect on the timelines for this programme, and a request was made for these to be reset. However, as the only reset options in the reset was to retain or cease the work, the work has continued but the timescales are no longer possible.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)	<ul style="list-style-type: none"> Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for admission avoidance in Powys Q1 - 2 	D Ops	Blue	Blue			H	H	H	H
	<ul style="list-style-type: none"> Develop a business case, with phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2 			Red			H	M	L	L
	<ul style="list-style-type: none"> Secure approval for business case and implement Phase 1 – Q3 				Red		Blank	M	M	L

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	<ul style="list-style-type: none"> Implement Phase 2 – Q4 							Blank	M	M	L
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
N/A											
Executive Director Sign Off		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)									

Strategic Priority 7a) – Planned care (Transformation / Accelerated Sustainable Model) Executive Lead – Director of Community and Mental Health
Commentary on Progress in this Quarter: <ul style="list-style-type: none"> Gap assessment of Planned Care infrastructure: Whilst progress has been made in terms of recruitment of a Theatre Manager and interim Clinical Director for planned care, increased clinical capacity is required to fully complete this task. Plans are being developed to increase the clinical time of the clinical director for planned care role and this role will be advertised within the next quarter – see point below Delivery of Theatre Efficiency Plan: The health board is now part of the Getting It Right First Time (GIRFT) Theatre Efficiency all Wales workstream. Current sessions delivered benchmark well when compared with peers but fall below recommended GIRFT levels of efficiency. The GIRFT improvement plan details action all HBs need to undertake to improve efficiency. It is expected that during 24/25, theatres run in Powys will operate at GIRFT standards for the majority of sessions run. Appointment of Planned Care Director: An interim arrangement is in place for one day per week. Directors are considering the need for this to be extended to include additional sessions. Commissioning Intentions/Service Level Agreement (SLA): As part of the 23/24 mid-year plan reset, the HB decided not to expand the repatriation of cases back to Powys given the fragility of some of the In-reach support required from neighbouring NHS bodies to assist (across England and Wales). This will be pursued in 24/25 including the use of outpatient treatment rooms for some procedures to be undertaken (where clinically appropriate to do so) Wet AMD and Cataracts: Wet AMD clinics have now returned to full capacity –6 full days per month. PTHB has trained and employed its first Eye Care Nurse who qualified as a nurse injector. Further development of Eye Care in North Powys includes environmental, and equipment upgrades and appointment of Senior Nurse Manager for Outpatients Development Plan. Introduction of scanners in Welshpool, Llanidloes and Machynlleth has allowed repatriation of North Powys patients back into Powys. Patients on South waiting lists if required are offered appointments in the Mid to support backlog. A review of all surgical cataract patients treatment pathway and outcomes that attended between March 2023-May 2023 that attended both Llandrindod Wells and Brecon Hospital has been carried out. One hundred and fifty medical notes were audited using the

audit tool developed. As of November 2023, there are no patients waiting 52 weeks plus for cataract outpatient appointment or cataract procedure in PTHB. The in-reach consultant service remains fragile with consultant absence due to annual leave, sickness absence and vacancies. Backfill of missed sessions does not always happen and this is raised at the SLA meetings with providers.

- GIRFT: Substantial work has been undertaken through this programme in relation to the GIRFT reviews of Ophthalmology, Orthopaedics, General Surgery, Gynaecology and Urology which will be reported in Q4.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strengthen existing infrastructure and governance	<ul style="list-style-type: none"> Gap assessment of Planned Care infrastructure inc. Operational Management; Clinical Leadership and supervision; quality and safety governance Q2 - 4 	D Ops		Green	Amber		H	M	M	M
Deliver improvements in line with Getting It Right First Time reviews	<ul style="list-style-type: none"> Delivery of Theatre Efficiencies Plan Q2 - 4 			Green	Amber		H	H	H	M
	<ul style="list-style-type: none"> Implement Getting It Right First Time recommendations for orthopaedics, general surgery and gynaecology including repatriation of L complexity day cases Q4 						H	H	H	L
	<ul style="list-style-type: none"> Detailed exploration of Insourcing to provide additional capacity extended Q4 						M	H	H	H
Deliver benefits of Outpatient Transformation	<ul style="list-style-type: none"> Appoint Planned Care Clinical Director Q3 				Amber		H	M	H	M
	<ul style="list-style-type: none"> Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1 - 4 		Green	Amber	Amber		M	M	M	M

Access to additional regional planned care capacity	<ul style="list-style-type: none"> Identify potential locations across five regions for PTHB flow; equality impact assessment and identify related engagement and consultation requirements Q2 			Amber			M	L	L	L
	<ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer Q2 – PARTIALLY DEFERRED 			Red	NA		M	H	L	Select
	<ul style="list-style-type: none"> Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2 			Amber			H	M	M	L
	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited Q3 				Blue		M	H	H	H
Improve Value in key specialties	<ul style="list-style-type: none"> Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement, commissioning intentions, Long Term Agreements / Service Level Agreements Q1 - 4 		Green	Green	Green		H	H	M	M
	<ul style="list-style-type: none"> Musculoskeletal - Develop Action Plan Q1 - 2 		Green	Blue			H	H	H	H

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

Change in Scope

☐

Change in Timescale

☐
☐

Commentary provided for Plan Reset exercise November 2023

Access to additional regional planned care capacity

- Identify potential to repatriate low complexity activity and clarify basis of access e.g. second offer Q2 - Partially deferred to next financial year in terms of access to NHS Unit additional capacity due to commissioned capacity challenges. Actively exploring Medinet to provide managed service to clear waiting lists prior to year end.

Executive Director Sign Off

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

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

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Digital Maternity Cymru (DMC) – Project board including DHCW national DMC team representation, continues to steer Powys delivery. Recruitment of a nationally funded local health board (HB) Project Manager has been agreed for 2024/25 to support implementation of DMC in Powys with a defined high level work plan. Assurance also received confirming of funding re the Senior Lead Maternity Clinical Informaticist role in 2024/25. However, future funding for this post will become the responsibility of local HBs thereafter and a business case anticipated.
- National system procurement delayed to March 2024 whilst an Outline Business Case (OBC) is developed, and it is anticipated that the DMC solution will be fully implemented across Wales by March 2027. Therefore, the 2023/24 project plan progressed in line with national approach.
- Maternity Continuous Improvement Plan – continues to progress. Reviewed monthly and reports to Maternity Matters.
- Implement recommendations of All Wales Maternity Neonatal Report – incorporated into maternity continuous improvement plan. National focus on Modified Early Warning Score (MEWS) and Avoiding Term Admissions Into Neonatal Units (ATAIN) and implementation in Powys due to commence in Qtr4. Work will continue into 2024/2025.
- Birth Rate Plus Recommendations – SBAR developed in Quarter 3 for consideration in Quarter 4, hence Amber status.
- Health Inspectorate Wales (HIW) Recommendations for birth centre environments – Llanidloes birth centre works complete. No progress re Knighton, hence Amber status.
All Wales HIV Plan – PTHB sexual health attend national meetings, however, local progress is led by the Public Health service to support implementation this work has been expanded to include the reduction in blood born viruses.
- Women's Health Implementation Group (WHIG) – WHIG have developed a national plan to be implemented under local health boards based on the Quality Statement. The W&C progress has included development of a robust data capturing system to identify patients referred to the service and to map data regarding patient referred other service. Coding commenced in 2023 to inform the demand and capacity exercise.
- Scale up Endometriosis & Menopause pilots, based on evaluation outcomes – Endometriosis service fully operational at Quarter 2 but the service excludes menopause. Menopause review to commence in 2024/25.
- Community Paediatric Remodel (including alignment to the Neurodevelopment (ND) service redesign) – Workstreams SBARs in progress to inform an overarching a Community Paediatric Remodel SBAR. The Recommendations report to be considered in Quarter 4.

Commentary on red rated actions:

- Gender Identity – Service Level Agreement (SLA) needs further revision and work currently underway to agree a sustainable and financially affordable future model.
- Delivery of Getting it Right First Time (GIRFT) Gynaecology Recommendations – There is a GIRFT action plan, however, we continue to work with planned care colleagues, commissioning and planning on what actions can realistically delivered.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment
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							0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of the Maternity Assurance and Safety Improvements	<ul style="list-style-type: none"> Implement the Digital Maternity Cymru solution with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan Q1 - 4 	D Ops	Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> Implement PTHB Maternity Continuous Improvement Plan 		Green	Green			H	H	H	H
	<ul style="list-style-type: none"> Implement recommendations of All Wales Maternity Neonatal Report Q2 - 4 			Amber	Amber		H	M	M	M
	<ul style="list-style-type: none"> Review establishment against Birth Rate Plus Recommendations and develop response Q2 - 3 			Green	Amber		M	M	M	H
	<ul style="list-style-type: none"> Deliver the transfer from South Powys Maternity Pathways from Aneurin Bevan University Health Board to Cwm Taf Morgannwg Q3 - 4 				Blue		H	H	H	H
	<ul style="list-style-type: none"> Implement Healthcare Inspectorate Wales (HIW) recommendations for birth centre environments including CAD designs and works for Llanidloes/Knighton Q3 - 4 				Amber		M	L	L	M
Delivery of the Women's and Sexual Health Improvement Plans	<ul style="list-style-type: none"> Implement All Wales case management system Q3 				Amber		M	L	L	L
	<ul style="list-style-type: none"> Implement the All Wales HIV Plan Q1 - 4 		Amber	Amber	Amber		M	M	L	L
	<ul style="list-style-type: none"> Develop sustainable model for Gender Identity Service Q1 - 4 - DELAYED 		Amber	Amber	Red		M	M	M	L
	<ul style="list-style-type: none"> Delivery of All Wales Women's Health Implementation Group Priorities and Getting it Right First Time Gynaecology recommendations Q1 -4 		Red	Red	Red		M	L	L	L
	<ul style="list-style-type: none"> Delivery of recommendations of the demand and capacity exercise Q3 - 4 				Green		H	L	L	M
	<ul style="list-style-type: none"> Scale up Endometriosis & Menopause pilots, based on evaluation outcomes Q2 - 3 			Green	Green		H	H	H	H

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Implementation of Paediatric Remodel including Paediatric Therapies	<ul style="list-style-type: none"> Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management including cross border Q1 - 4 		Green	Green	Green		H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023 Delivery of the Women's and Sexual Health Improvement Plans <ul style="list-style-type: none"> Develop sustainable model for Gender Identity Service Q1 – 4 - Work on this area continues as part of the national programme. Unable to deliver this year as will require additional funding to expand the number of GI sessions required in Powys to meet current need. 										
Executive Director Sign Off	Joy Garfitt (Director of Operations/ Director of Community and Mental Health)									

Tackling the Big Four

Strategic Priority 8 – Cancer *Ministerial priority

Executive Director – Medical Director

Commentary on Progress in this Quarter:

- Cancer Improvement Plan: The PTHB Cancer Improvement Plan, which was approved by the Executive Committee on 20th September 2023, is in place and will be reviewed annually. Further discussions to take place to agree how the annual review will be undertaken in future years.
- Transnasal Endoscopy (TNE): Full charitable funding was secured to purchase the equipment and maintenance which has now been through procurement and received on site. Patient information leaflets and Standard Operating Procedures have been drafted, approved and signed off by the Medical Director. For the nasal spray a second Pharmacist is now reviewing and approving so the protocol can be signed off. Cwm Taf Morgannwg University Health Board (CTMUHB) is still unable to provide the training as planned due to capacity issues and this is now being explored with Wye Valley Trust (WVT) which has confirmed it has the capacity to support, and this is being taken forward as a matter of urgency. This is now critical to ensure delivery in Quarter 4.
- Cytosponge (now Endosign): A pilot is underway using a different Capsule Sponge Testing device called Endosign (the functionality is the same). Initial training clinics took place in October 2023. One Endoscopy Nurse is now trained, once they have completed 30 procedures they will be able to train other clinicians. The pilot has successfully run four clinics and seen 24 patients. Further clinics and an evaluation of the pilot is to take place in Quarter 4. Excellent feedback has been received through PREMS.

- Cancer Tracker: The Cancer Tracker Post, situated in the Patient Services team, continues to review patients on the suspected cancer pathway for PTHB as a provider and works with the Quality & Safety team to review and improve processes.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)	• Map, benchmark and agree actions for nine themes; implementation, Review and plan next year Q1 – 4	MD	Green	Green	Blue		H	H	H	H
	• Single Cancer plan for Powys agreed Q1 – 2		Green	Blue			H	H	H	H
Rapid Diagnostic Clinics	• Review solution in place for access for Mid Powys patients Q1 - 2		Green	Blue			H	H	H	H
	• Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 Q2			Blue			M	H	H	H
	• Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 – 2 - PAUSE		Green	Blue	NA		M	H	H	Select
Delivery of Key Initiatives to improve access: • Cancer tracking	• Transnasal Endoscopy pilot Q2 – 4			Green	Green		H	H	M	M
	• Pilot the use of Cytosponge Q3 – 4				Blue		M	H	H	H
	• Set up Cancer tracking pilot approach within PTHB as a provider Q1 – 3		Green	Green	Blue		H	H	H	H
	• Evaluation and approval for the way forward Q4						H	M	M	M

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Quality Statement and Pathways	<ul style="list-style-type: none"> Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 - DELAYED 		Green	Amber	Red		H	M	L	Select
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
<p>Commentary provided for Plan Reset exercise November 2023</p> <p><u>Rapid Diagnostic Clinics</u></p> <ul style="list-style-type: none"> Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 – 2 - Request to pause given additional competing priorities this will be taken next year. <p>This action was marked as blue in Q2 as it was completed, with the following wording: <i>RDC Research Project: The initial findings from a research project undertaken in collaboration with the Wales Cancer Network were discussed at the Cancer Programme Board Meeting on 6/6/23 and final conclusions and recommendations were presented at the Cancer Programme Board Meeting on 19/9/23. The outcome at this stage show that further changes to the RDC model would not be sustainable at present, the actions for this year are complete. However, in a future plan there could be the exploration of a hybrid model.</i> The action was to consider the research project, which was done, and it was determined that there was nothing further to progress in this financial year. There is an arrangement for the Mid Powys patients to access BCUHB in the interim which will remain in place</p> <p><u>Quality Statement and Pathways</u></p> <ul style="list-style-type: none"> Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 - The pathways element is unlikely to be achieved as WCN has withdrawn support for the work. This element will be delayed and considered 24/25 										
Executive Director Sign Off		Kate Wright (Medical Director)								

Tackling the Big Four

Strategic Priority 9 - Circulatory *Ministerial priority

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

Commentary on Progress in this Quarter:

- Community Cardiology – North Powys: Implementation of the community cardiology service in north Powys is in place. A GP with a Special Interest has been secured on a permanent basis working with a team including an Advanced Cardiac Physiologist, Cardiac Rehabilitation Specialists, Cardiac Specialist Nurses and Assistant Practitioners. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to 2 outpatient clinics are held in

Newtown per week. The service is now receiving 50-60 referrals per month. At the end of December 2023 of the 410 patients seen to date only 17 have required onward referral to a DGH consultant. 333 patients have received an echocardiogram in Powys and 23 an ECG. Treatment plans have been put in place for 230 patients locally.

- **Community Cardiology – Rehabilitation:** The part time Cardiology Rehabilitation Specialist for North Powys has been in post since October 2023 and the Rehabilitation Specialist for mid / south Powys commenced in post on 8th January 2024. The rehabilitation programmes is being delivered in Newtown with 12 patients currently on the programme, and 38 patients having completed it. Rehabilitation programmes in Welshpool and across mid and south Powys will commence in quarter 4. Engagement with general practices has taken place, a performance dashboard and electronic referral process are being developed.
- **NT-proBNP blood test:** The NT-proBNP blood test is used routinely in primary care to detect heart failure.
- **Care processes and treatment targets for Diabetes:** The 2021-22 National Diabetes Audit data has been analysed to identify which general practices need to increase the uptake by patients of the eight annual care processes and three annual treatment targets in primary care for type 1 and type 2 Diabetes. In quarter 4 the PTHB Diabetes Clinical Lead will engage with the GP collaboratives and individual practices. The audit identifies PTHB as the best performing health board in Wales for the uptake of the annual care processes but only the fourth best performing for the annual treatment targets.
- **National prescribing indicators for Atrial Fibrillation:** The Medicines Management team monitor the percentage of patients with AF with a risk score of 2 or more who are prescribed anticoagulants, which is currently 93.1% (latest data available is Q1 2023/24). This milestone has been achieved ahead of quarter 4.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Quality statement and pathways	<ul style="list-style-type: none"> • In partnership with the All Wales Strategic Clinical Networks work towards compliance with Quality Statements for Stroke, Diabetes and Cardiac Q4 	DPH					M	M	M	M

Cardiac	<ul style="list-style-type: none"> First phase of Community Cardiology; transition to business as usual in North Powys; tracking activity, outcomes and experience Q3 	DP&C			Blue		M	M	M	H
	<ul style="list-style-type: none"> Commence roll-out of the next phase of the community cardiology service to mid and south Powys (subject to successful recruitment) Q4 						M	M	M	H
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 				Blue		M	M	M	H
	<ul style="list-style-type: none"> Work with primary care on use of NT-proBNP blood test and clinical guidance for referral Q3 - 4 				Blue		H	H	H	H
	<ul style="list-style-type: none"> Review national prescribing indicators for Atrial Fibrillation and explore improvements Q4 						H	H	H	H
Diabetes	<ul style="list-style-type: none"> Review The National Institute for Health and Care Excellence (NICE) care processes and treatment targets for Diabetes and explore improvements Q3 - 4 				Green		H	H	H	H
Stroke	<ul style="list-style-type: none"> Participation in All Wales and Herefordshire and Worcestershire strategic change programme Q1 - 4 		Green	Green	Green		H	H	H	H

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

Change in Scope

☐

Change in Timescale

☐
☐

N/A

Executive Director Sign Off

Mererid Bowley (Director of Public Health)

Stephen Powell (Director of Performance and Commissioning)

Strategic Priority 10– Respiratory *Ministerial priority

Executive Director – Director of Therapies and Health Science

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Commentary on Progress in this Quarter:

- Individual now in post with work beginning with clusters but yearend completion is a challenge.

Commentary on red rated actions:

- Welsh Government have stopped funding ICST app which ends March 31st 2024. Awaiting further guidance from Welsh Government.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	O	Q1	Q2	Q3
Implementation of the Respiratory Quality statement	<ul style="list-style-type: none">Asthma Specialist Post and Primary Care roles recruitment Q1; Operational Q2 – DEFERRED	DoTHS	Red	Red	NA		M	M	H	L
	<ul style="list-style-type: none">Compliance to be achieved by Q4						M	L	M	M
	<ul style="list-style-type: none">Review of Medical Model Q4 - DEFERRED				NA		L	L	M	M
The use of Asthma plans for children and young people	<ul style="list-style-type: none">Continued Promotion of The Institute of Clinical Science and Technology (ICST) All-Wales App - Annual Delivery Q1 – Q4 – TO BE REVIEWED		Green	Green	Red		H	H	H	L
	<ul style="list-style-type: none">Implementation of plan for use of asthma plans for children and young people to be progressed as part of new roles Q1 – Q4 - DEFERRED		Amber	Amber	Amber		H	M	M	M
	<ul style="list-style-type: none">Plans in place by Q4						H	M	M	M

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

Change in Scope		Change in Timescale		
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Commentary provided for Plan Reset exercise November 2023

Implementation of the Respiratory Quality statement

- The asthma specialist post is recruited to, but not yet started and so we will not be compliant by Quarter 4 and so needs deferring to next year due to recruitment challenges

<ul style="list-style-type: none"> The medical model for respiratory care will not be completed in 23/24 and needs deferring to next financial year <p><u>The use of Asthma plans for children and young people</u></p> <ul style="list-style-type: none"> Whilst the promotion of the ICST App continues and is successful and on target, there is a risk as to whether this App will continue to be supported by Welsh Government and so this whole priority may need review. The children's asthma plans will not all be in place by Quarter 4 due to the delayed recruitment of the asthma specialist and needs deferring to next year 	
Executive Director Sign Off	Claire Madsen (Director of Therapies & Health Sciences)

Strategic Priority 11– Mental Health *Ministerial priority

Executive Director – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- The transformation of mental health, including a more joined up approach with physical health, is a key dimension of the "Better Together" draft design report in relation to the sustainable model submitted to the Planning, Partnerships and Population Health Committee on the 16th November 2023. A Mental Health Programme Board is in place chaired by the Executive Director for Community and Mental Health. (However, there has not been a Transformation Programme Manager in place since April 2023, due to a vacancy, which has limited progress- although recruitment is underway.) Work was shared with the North Powys Programme to inform demand and capacity modelling and further work is underway. The work on sustainable transformation includes embedding a value-based approach.
- The transformation work includes developing an approach for 'Step Down'. Part-time fixed term support has been secured for this project from 11th December 2023. The step-down provision should assist in helping patients with complex needs return to Powys. The development of the approach to capital is being supported by the Estates Department
- 111P2 – in place and now business as usual however exciting new developments are planned to develop 111 press 2 as a front door to mental health services and onto further support.
- As reported in Q1 and Q2 a Change Request was requested for revised wording as it was known that the Sanctuary project would not be going to tender within this financial year due to the financial situation. A multi-agency Sanctuary Task and Finish Group is in place and the specification for the service for adults has been further refined, including service user input. The specification has been developed in line with national policy requirements, taking into account what works well elsewhere as well as the needs of the population in Powys. The draft specification was further considered at the Mental Health Transformation Programme Board on 8th January 2024. Work has will now begin on the financial appraisal and broader business case, with a view to commencing the procurement process at the beginning of the 2024/25 financial year. During Q3 we received approval from Welsh Government to develop and children and young people's sanctuary provision and to extend our crisis respond service. Recruitment to these roles is underway. As is building works to a property which will provide an age-appropriate environment to support

and assess children and young people during a period of Mental Health crisis. This key development will enable us to avoid unhelpful and lengthy periods of mental health assessment in neighbouring Emergency Departments.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Mental Health Service Transformation	• Design stage of the accelerated sustainable model to confirm scope of mental health transformation Q2 – Q4	D Ops		Amber	Green		H	H	M	H
	• Interim sustainability improvements Q1 - 2		Green	Green			H	H	H	H
	• National peer and clinical pathway review Q3				Amber		M	H	H	H
	• Implementation Q4						M	H	H	H
	• 111 press 2 implementation Q1		Blue				H	H	H	H
	• Demand and capacity review Q4						H	H	H	H
Pathway design and development	• Sanctuary service specification and tender Q2			Red			H	H	L	H
	• Contract award Q3 – 4 - DEFERRED				NA		H	H	L	Select
	• Perinatal mental health key posts Q1		Green				H	H	L	H
	• Training, service user focus groups and outcome measures, online platform Q1 - 3		Green	Amber	Green		M	H	M	H
	• Peer review Q1		Green				M	M	M	H

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	<ul style="list-style-type: none"> Update operational policy in line with all Wales pathway Q4 					M	M	M	M
CAMHS	<ul style="list-style-type: none"> Update part 1 scheme no wrong door panel Q1 - 2 		Green	Green		H	H	H	H
	<ul style="list-style-type: none"> Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) Q1 - 4 		Green	Green	Green	H	H	H	H
	<ul style="list-style-type: none"> Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3 - DEFERRED 			Amber	Green	M	M	L	H
	<ul style="list-style-type: none"> Develop as a trauma informed service (Incorporating TSW, ACE, HUB, NEST/NYTH) Q3 				Green	H	H	H	H
	<ul style="list-style-type: none"> Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 - DEFERRED 			Amber	NA	M	M	L	Select
	<ul style="list-style-type: none"> Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); create a DBT service Q4 					H	H	H	M
	<ul style="list-style-type: none"> Improve physical health monitoring for young people being prescribed medication Q2 - 4 			Amber	Amber	H	H	M	M
	<ul style="list-style-type: none"> Increase service user involvement especially with recruitment and service development Q1 - 4 		Green	Green	Green	H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope		Change in Timescale							
Commentary provided for Plan Reset exercise November 2023 <u>Pathway design and development:</u> <ul style="list-style-type: none"> Contract Award Q3-4 - Sanctuary Service specification and tender will be complete this year but contract award will now be deferred to next year 									
CAMHS	<ul style="list-style-type: none"> Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3 - Will do next year - some interim arrangements have been put in place for extended rapid access to CAMHS 								

- Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 - Focusing on training of staff in this financial year - will go live next year. EMDR remains a priority due to presentations of young people who have experienced complex trauma.

Executive Director Sign Off

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

Joined Up Care

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

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- First phase of implementation; detailed scheduling determined at Design stage: The overarching frailty model has been agreed previously and implementation is underway through the Accelerated Sustainable Model Frailty & Community Model Programme Board.
- Community hospital model and ward design developed: this is being progressed through the Accelerated Sustainable Model and Frailty & Community Model Programme Board. The draft Better Together Design work has helped to develop the detailed data analysis provided to the North Powys Wellbeing Programme modelling work to inform the community hospital requirements for North Powys, whilst also aligning to the pan-Powys model.
- Implementation of revised model for East Radnorshire: the four reablement rooms at Panpwnton Ward have continued to provide step down care for local residents to support them to return home. Funding from the League of Friends has enabled the purchase of an audiometer, with 121 patients having attended for their hearing test to date. Public Health Wales Diabetic Retinopathy Eye Screening Team visits are continuing and plans have been finalised to develop the garden area.
- Define Powys approach to Frailty Scoring, rollout and review: Recruitment to key posts to support the overarching PTHB Frailty Model, including Frailty scoring, has continued. The Clinical Director in Community Frailty Medicine post, the four Allied Health Professional Clinical Specialists in Frailty posts and one of the Assistant Therapy Practitioners in Falls Prevention post have all been recruited to, with individuals either in post, or taking up their posts in January 2024 (the two remaining Assistant Therapy Practitioners in Falls Prevention posts are currently being shortlisted). The South Cluster Frailty proposal has been approved and the North Cluster Frailty proposal is being finalised, both of which will support the overarching PTHB Frailty Model.
- Reduce use of out of county community hospital beds through escalation and tracking: Escalation and tracking is in place. In August-November 2023, there were 836 bed days at out of county community hospitals, compared with 1,046 bed days in August-November 2022, representing a 20% reduction.

- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay: PTHB is engaging with the national deconditioning work, with has been focussing on supporting patients at risk of deconditioning whilst waiting in A&E and/or within an ambulance. PTHB has participated in the review by the national Goal 5 team of the Top 10 longest length of stay in each health board, which has identified actions to support the local approach to prevention of deconditioning through the Accelerated Sustainable Model Frailty & Community Model Programme.
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life: A workshop was held on 9 October 2023 to identify with stakeholders what was currently working well, what needed to be improved and what potential service models could look like in the future. From this, the workstream is focussing on improving the coordination of the last year of life across relevant major conditions / diseases, with its first meeting postponed to Q4 due to operational capacity issues at the end of Q3.
- Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111:
 - There has been significant progress in relation to Falls, the pathway has been redesigned, the PTHB Therapies Department is piloting the pathway. There has been recognition of the good practice which is being developed in Powys from Audit Wales. However this is being reported as a Red due to an Information Governance issue which is affecting the timing of the formal launch.
 - The revised Falls Pathway has focused on the prevention of falls through the creation of a single point of access for referrals from professionals or for self-referrals, for individuals who are at risk of a fall in line with NICE clinical guideline [CG161]. Referrals will be triaged by a newly established multidisciplinary team (MDT) consisting of health, social care and third sector representatives. The MDT will triage referrals and determine if a multifactorial assessment is required and this assessment has been built into an app for professionals to complete. Once completed, the assessment will identify which services the individual may benefit from to reduce the falls risk. Colleagues from Shropdoc and from the WAST 111 Team have been positive about the new pathway as the single point of access will streamline their referral processes. Following discussion with the Powys Local Medical Committee, GPs will refer into the single point of access via the Welsh Clinical Communications Gateway.
 - As part of this project, a Clinical Specialist Physiotherapist for Falls and Vestibular Rehabilitation role has been advertised and recruited to during 2023/24 to lead this work and to lead the MDT, and Admin support has been secured. Assistant Therapy Practitioner roles have been created and are being recruited to, to provide falls prevention advice and support embedded in the community, including within care homes in Powys as part of the new pathway and following the Value-Based Health Care multiagency falls project.

Commentary on red rated actions:

- During the Summer, and following approval from the PTHB Information Governance Department, training about the multifactorial assessment app was provided to the PTHB Therapies Team to pilot the app before the formal launch of the new pathway. Further queries were received from the PTHB Information Governance Department in December 2023 about the Information Sharing Protocol underpinning the new pathway and the MDT. The PTHB Information Governance Department is prioritising this work in January 2024, however this has delayed the formal launch. In the meantime, the PTHB Therapies Team has continued to pilot the app and the wider roll out will take place in early 2024, with communication and promotional materials prepared ready for this.

Progress against key actions and milestones											
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Design and delivery of an Accelerated Sustainable Model	• First phase of implementation; detailed scheduling determined at Design stage Q1 - 4	D Ops	Green	Green	Green		H	H	M	H	
	• Community hospital model CONTINUING and ward design including East Radnorshire and Out of County bed use RE-CONSIDERED Q1 – 4		Amber	Amber	Amber		M	M	M	M	
Improve key pathways and interventions	• Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 - 4		Amber	Amber	Amber		M	M	M	M	
	• Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111 – Q3				Red		M	M	M	H	
	• Reduce use of out of county community hospital beds through escalation and tracking Q1 - 4		Amber	Green	Green		H	H	H	H	
	• Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 – 4		Green	Amber	Amber		M	H	H	M	
	• Improve co-ordination in the last year of life and the support available at home and in the community at the end of life Q1 - 4		Amber	Green	Green		M	M	M	M	
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
Commentary provided for Plan Reset exercise November 2023 <ul style="list-style-type: none">Design and delivery of an Accelerated Sustainable Model											

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

Executive Director Sign Off

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

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

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Scope expansion of community based urgent care (Accelerated Sustainable Model): The design work undertaken on Better Together has set out the proposed Same Day Urgent Care model for Powys. Work is commencing to provide PTHB Minor Injury Unit staff with training to enhance the scope of patients they can treat. A Task & Finish Group has been established to determine the scope for a PTHB Rapid Response in the Community Service. As detailed in Strategic Priority 6, work is underway to enhance the Cellulitis pathway and the Urinary Tract Infection pathway in Powys to avoid urgent and emergency admissions.
- Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model: PTHB has participated in the Enhanced Community Care project developed through the nationally-led Strategic Programme for Primary Care, which has been built into the draft Better Together Design Report. Work has taken place to identify the existing agreements which underpin Powys' virtual wards and virtual hospital models. The Better Together Report through the Accelerated Sustainable Model has outlined the proposed models to be implemented.
- Swift transaction of out of county repatriation requests Q1 – 4: Additional Care Transfer Coordinators in place to provide additional support to out of county sites, continued targeting of patients in acute beds. Continued engagement with out of county escalation processes, including daily review of discharge planning at flow meeting. Work underway to review All-Wales Repatriation Policy in conjunction with Goal 5 Action Group, Six Goals for Urgent and Emergency Care due for completion early Q4, with subsequent developments to National Repatriation Database planned to commence Q4.
- Cluster led risk stratification, care co-ordination Q1 – 4: Work underway to review existing Enhanced Service offer in collaboration with Primary Care Department. Further development awaiting impending national communication. The South Cluster Frailty proposal has been approved and the North Cluster Frailty proposal is being finalised, both of which will support the overarching PTHB Frailty Model.
- Embed improved whole system approach to Pathways of Care Delays (POCD) Q1: Previously marked as Green for Q1, revised to blue. Pathway of Care Delay data are reported monthly, approved by PTHB and Powys County Council, and submitted to the NHS Executive. In line with the data, a joint PTHB/Powys County Council Pathway of Care Action Plan is in place, being implemented and monitored. Achieved in Q1.
- Additional Discharge Liaison Officers Q2: Previous request to change of timescale. Through control process delivery of additional posts was identified as not achievable by 30th September 2023, as such this action was marked red in Q2. Interviews and appointments completed Q3. Start dates for appointed individuals imminent.

- Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 – 4: D2RA Pathways embedded and recorded for each patient at ward level. Work underway to develop digital initiative to enhance Health Board wide Pathway allocation. There is a proposal under consideration for the adaptation of the Pathway 1 Home First service.
- Patient level pathway assignment and tracking Q2 – 3: D2RA Pathways embedded and recorded for each patient at ward level. Interim solution of WPAS utilisation for identification of patient level pathway assignment. Work underway to develop digital initiative to enhance Health Board wide Pathway allocation, data quality and input process for clinical staff.
- Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 – 4: Red to Green days beginning to be monitored. Work underway to develop digital initiative to enhance input and monitoring of Red to Green days including aim to capture full extent of Pre-Clinically Optimised Red Codes in line with Goal 5, Six Goals for Urgent and Emergency Care.
- Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1: Previously marked as Green for Q1, revised to blue. The collation of the data has been taken forward as part of the PTHB Integrated Performance Framework. Data is being utilised by the operational Unscheduled Care Team as part of bed utilisation, pathway flow management and capacity. Work underway to develop digital patient flow initiative that will further enhance availability and visualisation of Unscheduled Care data.

Commentary on red rated actions:

- Roll out Trusted Assessor Q1 – 2: Previous request to change of wording and timescale. Through control process delivery of model was identified as not achievable 30th September 2023, as such this action is now red. Collaborative governance process with Powys County Council in development. Planned pilot of Trusted Assessment, aimed to commence Quarter 4. The roll out of the trusted assessor model has commenced focusing on discharges from community hospitals however this will be expanded to other care settings in order to enable timely discharge and flow into appropriate care environments.
- Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 – 3: There is a proposal under consideration for the adaptation of the specification of Home First and the rehabilitation bridging team as part of the Section 33 agreement with Powys County Council. This action was due to be completed in Quarter 3, but the meeting had to be postponed to 15 January 2024 due to operational pressures for both Powys County Council and PTHB.

Progress against key actions and milestones

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

Deliver alternatives to Urgent and Emergency Care	<ul style="list-style-type: none"> Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1 - DEFERRED 	D Ops	Green		NA		M	M	M	M
	<ul style="list-style-type: none"> Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model Q3 - 4 				Amber		M	H	H	M
	<ul style="list-style-type: none"> Swift transaction of out of county repatriation requests Q1 - 4 		Green	Green	Green		M	M	M	M
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan	<ul style="list-style-type: none"> Cluster led risk stratification, care co-ordination Q1 - 4 		Amber	Amber	Amber		Tb c	M	M	M
	<ul style="list-style-type: none"> Phone First embedded in Minor Injury Units 		Blue				H	H	M	H
	<ul style="list-style-type: none"> Embed improved whole system approach to Pathways Of Care Delays (POCD) Q1 		Green				M	H	H	H
	<ul style="list-style-type: none"> Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 - 4 		Amber	Amber	Amber		M	M	M	M
	<ul style="list-style-type: none"> Additional Discharge Liaison Officers Q2 			Red	Blue		H	H	H	H
	<ul style="list-style-type: none"> Roll out Trusted Assessor Q1 - 2 		Green	Red			M	H	L	L
	<ul style="list-style-type: none"> Explore and complete benefits analysis of an Integrated Brokerage Process development Q2 			Blue			M	M	H	H
	<ul style="list-style-type: none"> Patient level pathway assignment and tracking Q2 - 3 			Blue	Blue		M	M	M	H
	<ul style="list-style-type: none"> Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 - 3 		Amber	Amber	Red		M	H	H	L
	<ul style="list-style-type: none"> Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2 			Blue			M	M	H	H
	<ul style="list-style-type: none"> Implementation of 111 Press 2 on track for delivery Q1 		Blue				H	H	H	H
	<ul style="list-style-type: none"> Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 - 4 			Green	Green		M	M	M	M

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	<ul style="list-style-type: none">Implementation of guidance to prevent deconditioning Q1 – 4 - DUPLICATION		Green	Green	NA		M	M	M	Select
	<ul style="list-style-type: none">Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1		Green				M	M	M	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023										
Deliver alternatives to Urgent and Emergency Care										
<ul style="list-style-type: none">Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1- Scoping exercise complete by year end and will expand next year.										
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan										
<ul style="list-style-type: none">Implementation of guidance to prevent deconditioning Q1 – 4 - Duplication from SP 12										
Executive Director Sign Off		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)								
Strategic Priority 14– Specialised Care										
Executive Lead – Director of Performance and Commissioning										
Commentary on Progress in this Quarter:										
Reasonable progress has been made this quarter.										
Commentary on red rated actions:										
Equitable access – Improving data oversight to the number of patients experiencing unwarranted variation has been completed and is routinely reported upon particularly for planned care and emergency care. Resolving the problem will be addressed as part of the next 5 year plan. The impact of patients experiencing unwarranted variation is being developed through patient experience data collection exercises but also in conjunction with Llais and their 'deep dive' exercises in our various communities.										
Progress against key actions and milestones										
Key Actions	Key Milestones					Lead Executive	BRAG ('not due' already greyed out)		Year End Delivery Confidence Assessment	
0 = Original										

			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value. It will work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost.	<ul style="list-style-type: none">Equitable access; reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the population Q1 - 4	DP&C	Red	Red	Red		M	M	M	L
	<ul style="list-style-type: none">Reviewing Parenteral Nutrition pathways		Green	Green			M	M	H	H
	<ul style="list-style-type: none">Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements Q1 - 4		Green	Green	Amber		M	M	H	M
	<ul style="list-style-type: none">Reviewing specialised psychology services		Green	Green			M	M	H	H
	<ul style="list-style-type: none">Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms Q1 - 4		Green	Green	Green		M	M	H	H
	<ul style="list-style-type: none">Evaluating investments over 3 years to test and map benefits and to re-target as appropriate		Red	Amber			M	M	H	H
	<ul style="list-style-type: none">Welsh Health Specialised Services Committee (WHSSC) - Appoint to specialised pathway lead Q3				Amber		M	M	H	M
	Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off		Stephen Powell (Director of Performance and Commissioning)								

Strategic Priority 15 – Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Draft workforce resource plan – Accelerated Sustainable Model (ASM) – There have been adjusted timescales in the progress of the Accelerated Sustainable Model programme. Workforce data has been provided to the ASM project team detailing our current workforce baseline across particular professional groups, such as District Nurse teams, Mental Health and Minor Injury Units, broken down into 3 clusters, 7 Public Service Boards and 13 Localities.
- PTHB welcomed our newest overseas nurse recruits at the end of October 2023. All 5 nurses arrived safely and an existing employee who is an internationally educated nurse (IEN) has also joined the cohort. All 6 have been fully onboarded and supported through the Objective Structured Clinical Examination (OSCE) Preparation programme and sat their OSCE Exams in early January. Unfortunately, only 1 out of the 6 successfully passed and will move into a Band 5 role once NMC registration is granted. Work is already underway to support the other 5 with the preparation needed for the OSCE resits. Looking forward, further overseas nurse recruitment is planned for March 2024 and June 2024. In a bid to enhance the overseas nursing recruitment programme, a formal 'Project Group' has now been established, chaired by the Assistant Director for Community Services Group (CSG). Having a formalised approach with representatives from CSG, WOD, Finance, and Estates allows for a more robust and planned approach with clear allocation of responsibilities to prepare and support any incoming cohorts. Planning for the imminent arrival of the Feb 2024 cohort is well underway and discussions with our partners in NWSSP to plan the recruitment process for June 2024 have started.
- The retention lead role for PTHB has now been recruited to and is due to start in role early February 2024. Online staff retention resources have been developed and are available on the HR SharePoint intranet pages for staff to access. Workforce futures have developed an Employee Experience Toolkit which is available to staff across the partnership via the RPB internet page. HEIW have not progressed the work on 'stay interviews' but this is something the PTHB retention lead can develop once in post.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Workforce Planning	<ul style="list-style-type: none">• All prioritised service areas to have a workforce plan Q4	DWOD					H	M	L	M

	<ul style="list-style-type: none"> Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4 – TIMING ADJUSTED 			NA		H	L	L	Select
	<ul style="list-style-type: none"> Organisational Change approach to support Accelerated Sustainable Model Q2 -DEFERRED 		Red	NA		H	M	L	Select
Recruitment redesign	<ul style="list-style-type: none"> Direct Sourcing Model in place Q4 					M	H	M	M
	<ul style="list-style-type: none"> All appropriate marketing material bilingual Q4 					H	H	H	M
	<ul style="list-style-type: none"> 4 Overseas Nurses fully onboarded Q2 - 3 		Green	Blue		H	H	H	H
	<ul style="list-style-type: none"> Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3 - 4 			Blue		M	H	H	H
Variable Pay Reduction	<ul style="list-style-type: none"> Reduce on and off contract agency spend by increasing Bank shift take up rates as well as successful recruitment and retention activities to increase those on the Bank Q4 					M	M	M	L
	<ul style="list-style-type: none"> Incentivise Bank take up with more flexible arrangements for accessing wages Q1 - 2 	Green	Green			H	H	H	H
Education and Role Development	<ul style="list-style-type: none"> Develop Aspiring Nurse Programme with Health Education and Improvement Wales and Bangor University by year end Q4 					M	H	H	H
	<ul style="list-style-type: none"> Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year Q4 - STOP 			NA		M	M	L	Select

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

Change in Scope

Change in Timescale

Commentary provided for Plan Reset exercise November 2023

Workforce Planning

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

<u>Education and Role Development</u> <ul style="list-style-type: none">Recruit 20 Reservists (NHS Pilot) Q4 - Stop. National withdrawal of funding.	
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)

Strategic Priority 16 – A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- National Staff Survey has been delivered and closed with a 28% response rate (the highest of the health boards in Wales). Initial results due in February, with anticipated full results in March/April.
- Team Climate Survey has been delivered in Mental Health Services (at end of Q2/Beginning of Q3) and in Finance/Digital transformation (64 responses). Survey is currently live in Support Services.
- Health metrics - A wider range of information is being added to the Workforce Performance Report.
- Chat to Change Paper has been developed to be discussed at Informal Execs in Q4. Chat to Change will form an important part of the "Speaking Up Safely" Framework implementation.
- 2 tiered Clinical Leadership Programme - Tier 1 pilot group 1 delivered with small numbers but good feedback. Pilot group 2 currently underway. Tier 2 in development with potential support from University of South Wales (USW) around the leadership aspect with intended pilot roll out in the new financial year. Project was slowed slightly due to financial pressures restricting availability of course participants.
- Evaluate the benefit of the Intensive Learning Academy - This was a USW piece of work that hasn't yet been delivered due to challenges in participants providing feedback. 2024/25 will be the last year of funding so a full internal evaluation needs to be undertaken to understand the benefits and consideration for future model.

Commentary on red rated actions:
N/A

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

Temperature Checks and Analytics Capability – WORK WILL CONTINUE BUT WILL CONCLUDE IN 2024/2025	<ul style="list-style-type: none">Promotion and utilisation of outputs of National Staff Survey Q1 - 4	DWOD	Green	Green	Green		M	H	H	L
	<ul style="list-style-type: none">Conduct Team Climate Survey (targeting one service area per quarter) Q1 - 4		Green	Green	Green		H	H	M	H
	<ul style="list-style-type: none">Develop team health metrics; apply by year end Q4						H	H	H	H
	<ul style="list-style-type: none">Review and relaunch Chat 2 Change Q3 – 4				Green		H	H	H	H
Leadership Development	<ul style="list-style-type: none">Design and deliver a two-tiered Clinical Leadership Programme Q2 – 3 - ADJUSTED			Green	NA		M	M	M	Select
	<ul style="list-style-type: none">Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4 - DEFERRED				NA		H	H	H	Select
Professional Development	<ul style="list-style-type: none">Promote and increase self-sufficient use of simulation space in Health & Care Academy Q1 - 4		Green	Green	Green		M	M	M	M
Employee Support	<ul style="list-style-type: none">Achieve Employers for Carers accreditation, identifying and offering signposting Q4						H	H	H	M
	<ul style="list-style-type: none">Adopt All Wales approach to ‘Speaking Up Safely’ about concerns or issues by end of year Q1 - 4		Green	Green	Green		H	H	H	M
	<ul style="list-style-type: none">Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on ‘stay’ interviews Q3 - 4				Blue		H	H	M	H
	<ul style="list-style-type: none">Workforce Policies Caseload review; social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, workshops Q2 - 3			Green	Blue		H	H	M	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								

Commentary provided for Plan Reset exercise November 2023

Temperature Checks and Analytics Capability

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

Leadership Development

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

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

Strategic Priority 17 – Employee Health and Wellbeing

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Wellbeing Roadshow - 7 of 9 roadshows undertaken so far with 211 participants (just under 90% of staff available on sites on the day). Wellbeing road trips are also planned for a small group of people to visit the satellite sites.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

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

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

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

Change in Scope

Change in Timescale

Commentary provided for Plan Reset exercise November 2023

Wellbeing Roadshows & Other Events

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

Mentoring

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

Executive Director Sign Off

Debra Wood-Lawson (Director of Workforce and Organisational Development)

Strategic Priority 18 – Joint Workforce Futures Programme

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Introduction to Compassionate Leadership programme has been delivered to 308 participants across Health and Social Care. Pilot of full The Compassionate Leader Programme has delivered days 1 and 2 to 30 participants across health and social care. However, HEIW have not met deadlines to finish writing the course for days 3 and 4, with no update on anticipated timescales.
- Joint wellbeing survey has been delivered and results analysed and fed back to various stakeholders. Additional 'you said, we did' communications are being rolled out. This will be triangulated with National Staff Survey outcomes when available.

Commentary on red rated actions:

- Whilst a change request was made in Quarter 2 to move from one per month to delivery based on demand, Health Education Improvement Wales (HEIW) are currently re designing the Joint Induction workbook to ensure that it meets the required objectives for both Health and Social Care sectors, following the evaluation of the pilot courses earlier in the year. PTHB staff are working with colleagues in Social Care Wales (SCW), HEIW and Hywel Dda University Health Board to undertake this piece of work. Therefore further joint induction courses have been paused until the new All-Wales workbooks are ready for a relaunch.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Designing, Planning and Attracting the Workforce	• Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people Q4	DWOD					H	H	H	H
	• Upscale the Health and Social Care Schools training programme to two further schools Q4						H	H	H	H
	• Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4 - DEFERRED				NA		H	H	H	Select
Leading the Workforce	• Compassionate Leadership Programme trial Q2 - DELAYED			Amber	NA		M	L	L	Select

	<ul style="list-style-type: none"> Rollout 4 a month (12 per cohort) Q4 - DELAYED 				NA		M	M	L	Select
Engagement and Wellbeing	<ul style="list-style-type: none"> Understand the lived experience of the workforce Q2, Q4 		Green				M	H	H	M
	<ul style="list-style-type: none"> RPB action plan to improve wellbeing and engagement across the sector Q4 						H	H	H	H
Education Training and Development	<ul style="list-style-type: none"> After an initial pilot, deliver one joint induction programme per month by year end Q1 - 4 	Green	Amber	Red			M	M	L	L
	<ul style="list-style-type: none"> Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4 - DELAYED 			NA			M	M	M	Select
Partnership and Citizenship	<ul style="list-style-type: none"> Carers strategic framework by year end to increase support to paid and unpaid carers Q4 - DEFERRED 			NA			H	H	H	Select
	<ul style="list-style-type: none"> Increased volunteering opportunities Q4 						H	H	H	H

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

Change in Scope

Change in Timescale

Commentary provided for Plan Reset exercise November 2023

Designing, Planning and Attracting the Workforce

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

Leading the Workforce

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

Education, Training and Development

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

Partnership and Citizenship

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

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

Strategic Priority 19 – Digital Strategic Framework

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter:

- Framework has been approved by Board.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients	<ul style="list-style-type: none"> Develop and agree the Digital Strategic Framework to prioritise delivery Q2 	DFIT		Green			H	H	H	H

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

Change in Scope		Change in Timescale	
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N/A	
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)

Strategic Priority 20 – Implement clinical digital systems

Executive Lead – Director of Therapies

Commentary on Progress in this Quarter:

- Map functional requirements – Staffing issues have led to delays in this piece of work being addressed
- Implement standardised processes – work has commenced. Will be further supported once the Deputy Chief Clinical Informatics Officer (CCIO) is appointed.
- The Electronic Prescribing and Medicines Administration (ePMA) project is in its pre-implementation phase. Discovery work has been completed to fulfil the requirements of the business case which will be submitted to exec board in March. Invite to Tender document has closed with 2 suppliers competing for the contract.
- Regional Information Sharing Platform – A PACS Manager has been appointed who commenced in December.
- The Health Pathways is a national challenge and there is very little guidance about this to date.

Commentary on red rated actions:

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

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Patterson, Liz 19/03/2024 08:27:05	• Map functional requirements for service areas Q2	DoTHS		Red			H	M	L	L

Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare	<ul style="list-style-type: none"> Assessment, review and gap analysis of all clinical applications to rationalise and avoid duplication Q3 – SEE COMMENTARY BELOW 			Amber		M	M	M	M
	<ul style="list-style-type: none"> Support secondary care information flow into commissioned NHS Trusts in England Q4 					M	M	M	M
	<ul style="list-style-type: none"> Implement standardised processes using policy, SOPS and staff training and support Q2 – 4 - SEE COMMENTARY BELOW 		Amber	Amber		H	M	M	M
	<ul style="list-style-type: none"> Support national digital system implementations e.g. Regional Imaging Sharing Platform, Electronic Prescribing and Medicines Administration Q1 - 4 	Green	Green	Amber		M	M	H	M
	<ul style="list-style-type: none"> Health Pathways implementation - scoping Q1 – 2 - SEE COMMENTARY BELOW 	Red	Red	Red		M	M	L	L
	<ul style="list-style-type: none"> Health Pathways - recruiting, implementing Q2 – 3 - SEE COMMENTARY BELOW 		Red	Red		M	L	L	L

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

Change in Scope		Change in Timescale		
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<p>Commentary provided for Plan Reset exercise November 2023</p> <p><u>Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare</u></p> <ul style="list-style-type: none"> The CCIO role is overseeing the review and development of multi-disciplinary accessible systems led by Digital Transformation & Informatics Gap analysis is completed, the landscape assessment to map duplication is ongoing – 75% will be completed Q3 Standardisation exercises are being developed, this would benefit from a dedicated clinical service lead to engage which will be reviewed in the next financial year. Health Pathways work is currently the responsibility of the Medical Director, and the work has not started due to resource capacity. 	
Executive Director Sign Off	Claire Madsen (Director of Therapies and Health Sciences)

Strategic Priority 21 – Resilient, Cybersecure Infrastructure

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter:

- Measurable improvements have been made during Quarter 3 in this area across health board sites. Several wards have benefited from strategic network, cabling and wifi upgrades to enable wider ambitions to support delivery of the digital strategic framework . Further work is planned with funding aligned for Q4 and funding for consistent progress is being sourced and secured for further improvements in Financial Year 24/25.
- Core elements of a network redesign to increase availability capacity & stabilise connectivity have been implemented leading to a period of migration to the new topology in Quarter 2 24/25 allowing completion of the work in Quarter 3 24/25. The work is resourced and has project management support.

Commentary on red rated actions:

- Telephony procurement has been delayed due to quality of responses on initial invitations to tender. Tender has been re-developed and has attracted more interested bidders. We are expecting to award tender and begin implementation in Quarter 4 with transition activities moving into Quarter 1 24/25

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver a resilient, cyber secure infrastructure within the PTHB buildings	• Upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity. Pace of delivery subject to additional funding Q1 - 4	DFIT	Amber	Amber	Green		M	M	L	H
	• Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording The pace of delivery will be subject to availability of additional funding Q1 - 4		Amber	Red	Amber		M	M	L	L

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	<ul style="list-style-type: none">Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans Q1 - 4		Green	Green	Blue		M	M	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)									
Strategic Priority 22 – Electronic Document Management and Digitisation										
Executive Lead – Director of Finance and I.T.										
Commentary on Progress in this Quarter: N/A										
Commentary on red rated actions: N/A										
Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Develop and implement electronic document management policies and processes, digitalisation of paper records	Pace of delivery will be subject to availability of additional funding Q1 – 4 - DEFERRED	DFIT	Red	Red	NA		M	L	L	Select

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

Strategic Priority 23 – Modernise Data Architecture and Business Intelligence

Executive Lead – Director of Finance and I.T. /Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Creation of Health & Care Platform: PTHB has taken significant steps towards implementing a modern Data Architecture and BI Platform with a planned holistic approach and has implemented an NHS UK First Federated Lakehouse, with a Cloud Data Platform which acts as our 'one source of truth'. This enables us to collect data from a variety of applications (both Nationally and locally built). This platform acts as both an Operational & Analytical Data Store enabling elements such as predictive analytics, comprehensive Data Cataloguing & Streaming live dashboards, all while being future proof, FHIR compliant & National Data Resource (NDR) aligned. Challenges to the completion of the key milestones is constrained by system access to make the data available.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
	<ul style="list-style-type: none"> Creation of Health & Care Data Platform Q3 				Amber		M	L	L	L

Provide a modern data architecture and improved business intelligence and knowledge for informed decision making	• Explore opportunities Robotic Automation (RPA) to release administrative time Q2		DFIT/ DP&C		Green			M	H	H	H
	• Workforce collaboration to make the best use of the workforce resource data available Q2				Amber			M	M	M	M
	• Explore and develop the platforms to support PROMS, PREMS and the Integrated Performance Framework Q1 - 4			Amber	Green	Green		M	M	H	M
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
N/A											
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)										

Innovative Environments

Strategic Priority 24 – Capital and Estates Programme

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter:

- Financial status review by Welsh Government for Capital has seen introduction of new Prioritisation process in Quarter 3 for submission at end Quarter 4.
- Business Justification Case (BJC) work for Llandrindod is complete but further discussion is required with Welsh Government in Quarter 4 around review/choice of business case process to follow.
- North Powys has seen good progress in terms of design development and master planning along with Target Operating Model in Quarter 3 – concern for Quarter 4 is to secure Capital funding for fees which will enable consultant support for continued Outline Business Case activity.
- Consultant appointment in place to support Estates Strategy development which will target draft document for April 2024.
- New cleaning standards have been implemented with changes to the frequency of office cleaning.

Commentary on red rated actions:

- Llanfair Caereinion progress is dependent on Third Party Developer and affordability. Alternative option available to bid for Regional Partnership Board Integrated Regional Care funding as Capital project managed by Health Board.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of major capital programmes including:	<ul style="list-style-type: none"> Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development – Business Justification Case; work to commence Q1 - 3 	ADoEP	Green	Green	Green		H	H	M	M
	<ul style="list-style-type: none"> Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth Q1 - 4 		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2 - DEFERRED 			Green	NA		M	M	M	Select
	<ul style="list-style-type: none"> Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 – 4 - PAUSED 			Red	Red		M	L	L	Select
Delivery of Estates Strategy including:	<ul style="list-style-type: none"> Develop and agree an Estates Strategy to prioritise delivery Q2 - DELAYED 			Amber	NA		M	M	M	Select
	<ul style="list-style-type: none"> Delivery of urgent compliance capital projects including EFAB (Estates Funding Advisory Board) schemes, focussing on essential improvements to 		Green	Green	Green		H	H	H	H

	infrastructure, fire safety and decarbonisation Q1 - 4									
	<ul style="list-style-type: none">Delivery of Regional Partnership Boards (RPB) Innovative Environments Capital Plan in support of the RPB Area Plan Q2			Green			M	H	H	H
	<ul style="list-style-type: none">Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services Q4						H	H	H	H
Implementation of 'Soft' Facilities Management	<ul style="list-style-type: none">Cleaning Standards review Q1		Green				M	M	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023 <u>Delivery of major capital programmes including:</u> <ul style="list-style-type: none">Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2 - North Powys: the BJC for Infrastructure is no longer required by Welsh Government. The next major milestone will be OBC submission in Q2 2024/25 subject to confirmation of continued business case development from Welsh Government in December 2023.Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 – 4 - Work has paused with an affordability issue raised by the Third Party Developer - if this approach becomes unviable, then Capital funding will need to be sought from Regional Partnership Board (RPB) Integrated Regional Capital Funding (IRCF) monies and a project team appointed. <u>Delivery of Estates Strategy including:</u> <ul style="list-style-type: none">Develop and agree an Estates Strategy to prioritise delivery Q2 - Work continues to produce key enabling data such as 6 Facet Survey to enable the strategy document to be produced – timescale will be Q4 or Q1 2024/25										
Executive Director Sign Off		Wayne Tannahill (Associate Director of Estates and Property)								

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Strategic Priority 25 – Environmental Management and Decarbonisation

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter:

- Welsh Government Energy Service and Re:fit has seen Investment Grade Proposal for between £2.5M to £3.5M produced, and undergoing scrutiny, for submission for Salix Revenue funding from Welsh Government. This work for energy efficient lighting, solar panels, heating controls, etc. will see overall positive decarbonisation reduction of circa 13%. Work could commence in Q4 dependant on Welsh Government approval timeline.
- Agile working initially focussed at Bronllys to support relocation of staff from Neuadd Brycheiniog leased accommodation with progress limited by resource, but progressing.

Commentary on red rated actions:
N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q3	Q4
Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act Delivery of energy efficiency improvements Decarbonisation including ambition for Net Zero by 2030 across public sector including	• Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1	ADoEP	Blue				H	H	H	H
	• Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3				Green		H	H	H	H
	• Commence Re:fit programme of works activity Q4						H	H	H	M
	• Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3 - RESCOPED				NA		M	L	L	Selec
	• Quarterly tracking and internal reporting to Environment & Sustainability Group against 46		Blue	Blue	Blue		H	H	H	H

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	Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan Q1 - 4										
	• Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3 - DEFERRED				NA		M	M	M	Select	
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
Commentary provided for Plan Reset exercise November 2023 <u>Decarbonisation including ambition for Net Zero by 2030 across public sector including</u> <ul style="list-style-type: none">Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3 - Training will only be sought for key individuals and not at an organisational accreditation level. Consideration being given to rolling out an ESR training module for environment in 2024/25.Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3 - Activity to relocate staff from Neuadd Brycheiniog, Brecon to Bronllys continues and will be delivered within financial year. The work to define written procedures and principles will be deferred until 2024/25.											
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates and Property)										

Transforming in Partnership											
Strategic Priority 26a - Corporate Governance											
Executive Lead – Director of Corporate Governance											
Commentary on Progress in this Quarter: <ul style="list-style-type: none">The Board Assurance Framework is being scoped out and on track for phase 1 to be delivered for the end of March 2024.Board and Committee planning and the quality of information objectives continue to progress and are ongoing throughout the year.The Board development programme is in place and being actively delivered. Commentary on red rated actions: <ul style="list-style-type: none">No comments as the Board Advisory Structure work has been stopped in year (as per the Board presented revised plan in Nov 2023).											

Progress against key actions and milestones											
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Delivery of the Annual Programme of Governance and Corporate Business Plan Further improve the effectiveness of the Board and its committees	• Reviewing and recreating a revised Board Assurance Framework (design, delivery) Q2 - 4	DCG		Green	Green		H	H	H	H	
	• Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register Q1 - 4		Green	Green	Green		H	H	H	H	
	• Further improving the quality of information to the Board and its Committees Q1 - 4		Green	Green	Green		H	H	H	H	
	• Design and Delivery of a Board Development programme that underpins the High Performing Board programme Q1 - 4		Green	Amber	Green		H	H	M	H	
	• Reviewing the Board's Advisory Structure and implementing relevant changes Q1 – 2 - REMOVE		Green	Red	NA		M	M	L	Select	
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
Commentary provided for Plan Reset exercise November 2023											
Delivery of the Annual Programme of Governance and Corporate Business Plan											
Further improve the effectiveness of the Board and its committees											
• Reviewing the Board's Advisory Structure and implementing relevant changes Q1 – 2 - Propose to remove for 23/24 and implement in 2024/25. It is recognised the action is linked to an external audit action within the Structured Assessment report that will also need to be updated to reflect the change of date.											

Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)
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Strategic Priority 26b - Quality Governance

Executive Lead – Director of Nursing and Midwifery

Commentary on Progress in this Quarter:

- The establishment of a Quality Governance Infra-structure to support and discharge a governance framework aligned to Duty of Quality is fundamental to the remaining actions. A paper will be presented to the Exec Committee within Quarter 4 that will provide clarity on the actions required to establish and implement the required infra-structure for floor to Board reporting aligned to the Duty of Quality.
- The development of a library of patient stories to support learning and improvement is a priority for Quarter 4 2023/24 and Quarter 1 2024/25 to positively inform team meetings, Board and Sub-Committees. As there are currently no resources to support the production of patient stories, the Assistant Director of Quality & Safety has purchased equipment to digitally record stories for sharing as required.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)	<ul style="list-style-type: none"> Continue implementation of PTHB's Duty of quality and Duty of Candour Implementation Plan Q1 	DoNM	Blue				H	H	M	M
	<ul style="list-style-type: none"> Monitoring of the actions aligned to the implementation plan Q2 			Amber			H	H	L	L
	<ul style="list-style-type: none"> PTHB governance framework aligned to Duty of Quality, completion of the Implementation plan Q3 				Amber		H	H	M	M

	<ul style="list-style-type: none">Production of annual report aligned to Duty of Candour. Continued monitoring of the Quality Management System Q4						H	H	H	H
	<ul style="list-style-type: none">Deliver Patient Stories project Q1 – 4	DoNM	Green	Amber	Amber		TB C	M	L	L
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off		Claire Roche (Director of Nursing and Midwifery)								

Strategic Priority 27 – Engagement and Communication

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter:

- The Engagement Manager came in to post shortly before the start of Quarter 3 and is supporting the health board to continue to strengthen our strategic engagement infrastructure. During Q3, key priorities have included continued engagement on proposals affecting Aneurin Bevan University Health Board minor injury unit services (including Nevill Hall Hospital) ending in December 2023, delivery of local support for phase 2 engagement on NHS EMRTS / Wales Air Ambulance (during October and November 2023), and delivery of a nation-wide conversation on the future of health and care being led by the Bevan Commission (during October and November 2023). The multi-agency co-ordination of engagement activity also continues to develop through the establishment of a joint Engagement and Participation plan across Powys Regional Partnership Board and Powys Public Service Board partners, which is overseen through the Powys Engagement and Insight Network currently chaired by the Health Board's deputy director (engagement, communication & corporate governance)
- Key priorities for the communications team have included the delivery of our revised approach for the Staff Excellence Awards, with a series of eight virtual events covering each of our excellence categories. In-person visits to our winners by the Chair, Vice Chair, Chief Executive and other members of the Board began in December and continue to March. Continued publicity for winter preparedness (COVID vaccination, flu vaccination, Help Us Help You, respiratory and hand hygiene) remain key priorities as part of the health board's wider approach to winter pressures. The team has also provided advice and support to financial and operational planning to support the health board's response to the financial challenges facing the NHS.
- Looking ahead to Q4, work is under way to plan for Phase 3 of the EMRTS/Welsh Air Ambulance engagement during February, and for widespread public and stakeholder engagement on the health board's Accelerated Sustainable Model alongside the county council's Sustainable Powys approach to gather insight and shape the future of health and wellbeing in the county. Recruitment to the vacancy in the SilverCloud team

will enable a refreshed approach to communications and marketing including support for a re-branding of the programme. Work is also under way to continue to test GovDelivery for direct distribution of news and updates from the health board to residents and wider stakeholders through a free subscription service.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

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

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

Change in Scope		Change in Timescale		
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N/A

Executive Director Sign Off Helen Bushell (Director of Corporate Governance)

Strategic Priority 28 – Strategic Commissioning
Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Reasonable progress has been made this quarter apart from the delivery of financial savings.
- Deliver Commissioned Savings – the level of financial savings allocated to the commissioning budget will not be achieved in the financial year. Work is ongoing to improve the forecast outturn position. A letter has been issued to all Welsh Health Boards in relation to the Referral To Treatment Time (RTT) £50m planned care allocation issued by Welsh Government in 23/24 given PTHB did not receive its full share of the allocation due to the way in which it was allocated.

Commentary on red rated actions:

- Processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken – this task is in progress and will be complete during quarter 4.

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Commissioning	<ul style="list-style-type: none">Develop commissioning intentions and manage any in year adjustments Q1 - 2	DP&C	Amber	Blue			H	M	H	H
	<ul style="list-style-type: none">Implementation of Getting It Right First Time (GIRFT) recommendations Q1 - 4		Green	Green	Amber		M	M	H	M
	<ul style="list-style-type: none">Refinement of baseline activity against contract and targets Q1 - Q4		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none">Develop external and internal commissioner / provider relationship Q1 - 4		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none">Review sustainability of secondary care in-reach provision Q2			Amber			M	M	H	H
	<ul style="list-style-type: none">Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken Q2			Red			H	H	H	M

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	<ul style="list-style-type: none">Deliver commissioned services financial savings plan Q1 - 4		Amber	Red	Red		L	L	M	L		
	<ul style="list-style-type: none">Review of Service level Agreements (SLAs) with third sector organisations Q2 - 3			Green	Amber		M	H	H	M		
Formal change request (Please tick as applicable and provide explanation below)												
Change in Scope		Change in Timescale										
N/A												
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)											

Strategic Priority 29 – Integrated Performance Executive Lead – Director of Performance and Commissioning				
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> Reasonable progress has been made this quarter where the capacity exists within the Team. Demand & Capacity Planning – whilst a demand and capacity tool has been developed, the lack of capacity within the performance team has delayed the rollout and usage. A plan to enhance the capacity of the team has been developed and in the process of Executive review. <p>Commentary on red rated actions:</p> <ul style="list-style-type: none"> As above for the Demand and Capacity action. The Remedial Action plan delay at quarter 1 has since been resolved and implemented. 				
Progress against key actions and milestones				
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment 0 = Original

			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Integrated Performance	<ul style="list-style-type: none">Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) Q1 - 4	DP&C	Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none">Preparation and delivery and production of annual report Q1		Blue				H	H	H	H
	<ul style="list-style-type: none">Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers Q1 - 4		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none">Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) Q1 - 4		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none">Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) Q1 - 4		Amber	Amber	Red		H	H	M	L
	<ul style="list-style-type: none">Implement and rollout the Integrated Performance Framework from both a governance and system perspective for all commissioned services. (As per Implementation plan) Q1 - 2		Green	Amber			H	H	M	M
	<ul style="list-style-type: none">Develop Demand & Capacity Model Q1		Amber				H	H	H	H
	<ul style="list-style-type: none">Roll out use of Demand & Capacity Model Q1 - 3		Amber	Amber	Red		H	M	M	L
	<ul style="list-style-type: none">Develop Performance Escalation and Exception reporting Q1		Blue				H	H	H	H
	<ul style="list-style-type: none">Implement Remedial Action Plan regime for services failing targets Q1		Red				H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										

Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)
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Strategic Priority 30 - Strategic Planning Executive Lead – Director of Performance and Commissioning				
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> Plan Reset exercise carried out with outputs considered at Board Development, Executive Committee and then approved at PTHB Board as part of the reporting against the Q2 period The team piloted a new method of engagement across Executive leads during the Plan Reset exercise and as a result of positive feedback has since applied this to other core work including the collation of updates for the Q3 Progress against Plan and the Strategic Plan development. PTHB Planning Team led the production and co-ordination of the RPB System Resilience (Winter Plan) which was finalised in Q3 Development of the Plan for 2024 onwards underway during Q3 with sessions at Board Development including agreement of the Plan Approach at PTHB Board during the Autumn 2023, with a particular focus on maintaining alignment to the long term health and care strategy, A Healthy Caring Powys A Deep Dive exercise was facilitated at Board Development in December 2023 to explore the Well-being Objectives used in the Strategic Plan, using a MOSCOW (Must do, Should do, Could do, Would or Wont Do) prioritisation technique, with outputs informing the first draft set of strategic priorities A Five Year Planning group was established in October 2023 to carry out the underpinning technical work for the Plan, enabling the 'poly-angulation' of the baseline data across finance, workforce, activity and performance. This forms the baseline for trajectory setting over a five year period. Collaboration across the key Powys partnerships is in place to ensure alignment of plans locally – including the assimilation of outputs from the Discovery phase of the Accelerated Sustainable Model of Care and 'Better Together' Quarterly updates of the stocktake of Strategic Changes around the Powys borders are also in place and enabling tracking of the key programmes and developments that may impact on the healthcare pathways for Powys residents – this also informs the strategic plan for 2024 onwards. <p>Commentary on red rated actions: N/A</p>				
Progress against key actions and milestones				
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment

							0 = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Strategic Planning	<ul style="list-style-type: none">Development of the Integrated Plan for the organisation: co-ordinating internal and external processes and providing support and guidance to teams and Directorates Q3 - 4	DP&C			Green		H	H	H	H	
	<ul style="list-style-type: none">Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2			Green	NA		H	H	H	Select	
	<ul style="list-style-type: none">Management of monitoring of progress against plan Q1 - 4		Green	Green	Green		H	H	H	H	
	<ul style="list-style-type: none">Leading Strategic Change horizon scanning, surveillance, tracking and production of management information Q1 - 4		Green	Green	Green		H	H	H	H	
	<ul style="list-style-type: none">Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan Q1 - 4		Green	Green	Green		H	H	H	H	
	<ul style="list-style-type: none">Delivery of Planning module of PTHB Managers Training Q1 - 4		Green	Green	Green		H	H	H	H	
	<ul style="list-style-type: none">Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes Q1 - 4		Green	Green	Green		H	H	H	H	
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
Commentary provided for Plan Reset exercise November 2023											
Strategic Planning											
<ul style="list-style-type: none">Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2 - Rationalisation of additional formats to ensure Planning capacity is deployed on immediate priorities. This does not fully deliver against accessibility standards; however alternative formats can be produced if specifically requested.											

Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)
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Strategic Priority 31 – Innovation and Improvement

Executive Lead – Medical Director

Commentary on Progress in this Quarter:

Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model is red. This is for the following reasons:

- The plan to engage with the community was to be linked to the discussion about the ASM. It has been agreed that this public engagement is now taking place jointly between PTHB and PCC but does not include the Powys Innovation Challenge. We were advised that multiple engagements with our communities should be avoided.
- Powys Innovation Challenge report shared with Assistant Director Transformation and Value. Further discussion required to ensure innovation is considered as part of the development and delivery of the ASM.
- In light of this there is a request for change below relating to this milestone within the Innovation & Improvement actions.

Commentary on red rated actions:

- Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model (ASM) is red. This is for the following reasons:
 - The plan to engage with the community was to be linked to the discussion about the ASM. This engagement has not taken place.
 - Powys Innovation Challenge report shared with Assistant Director Transformation and Value however, ASM team hasn't engaged the innovation team so far.
 - In light of this a discussion is required about retaining this milestone within the Innovation & Improvement actions.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment 0 = Original
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			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Innovation and Improvement	• Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model Q2 – 4	MD		Green	Red		H	H	H	L
	• Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2			Green			H	H	H	H
	• Develop School of Research Innovation and Improvement activity, launch of Fund, suite of tools and training, embed community of practice Q1 – 3		Green	Green	Green		H	H	H	H
	• Embed Quality Improvement approach Q1 – 4		Green	Green	Green		H	H	H	H
	• Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle Q3				Green		H	H	H	H
	• Develop research participation and Powys led studies with academic and industry engagement; Cascade learning Q1 - 2		Green	Green			H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	x	Change in Timescale								
Commentary provided in January 2024										
<ul style="list-style-type: none">Milestone 'Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2'. Request again that this is amended to 'Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2' on several occasions. Please can this be changed. Decision not to proceed with WAST taken at Q1										
Milestone 'Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model'.										
<ul style="list-style-type: none">The plan to engage with the community around innovation was to be linked to the consultation about the ASM.It has been agreed that this public engagement is now taking place jointly between PTHB and PCC but does not include the Powys Innovation Challenge. We were advised that multiple engagements with our communities should be avoided.										
In light of this we are requesting that this milestone within I&I is closed.										

NB – Change requested was accepted at Executive Committee.	
Executive Director Sign Off	Kate Wright (Medical Director)

Strategic Priority 32 - Strategic Equalities and Welsh Language

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Development work has continued on the Strategic Equality plan and Welsh in Healthcare Strategy, which are being reviewed by the board prior to final drafting during January 2024.
- Development of both Gender Awareness and Welsh Language for Managers’ Training Programmes is complete; bookings are being taken and delivery of both programs will begin in January 2024.
- An update is being sought from Welsh Government regarding the Anti-Racist Action Plan which will clarify the position.

Commentary on red rated actions:

N/A

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

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

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PTHB Board		Date of Meeting: 20 March 2024
Subject :	Progress Against the Integrated Plan 2023-2026, for the Quarter 3 Period, October to December 2023	
Approved and Presented by:	Director of Performance and Commissioning	
Prepared by:	Assistant Director of Planning/ Planning Managers	
Other Committees and meetings considered at:	Executive Committee 14 th February 2024 Delivery and Performance Committee 29 th February 2024 The Executive Committee moderated the report ahead of submission to Delivery and Performance Committee who subsequently considered the report, took assurance appropriate monitoring systems are in place and supported the reports submission to PTHB Board.	
PURPOSE:		
This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2023). This report will be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, following consideration at PTHB Board.		
RECOMMENDATION(S):		
The Board is asked to:		
<ul style="list-style-type: none">RECEIVE the report and take ASSURANCE the Executive Committee and Delivery and Performance Committee have executed their collective role in the moderation and monitoring of progress against the Annual Delivery Plan.		

Approval/Ratification/Decision ¹	Discussion	Information
		✓

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2023).

Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan.

Once approved, this report will subsequently be provided to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, following consideration at PTHB Board.

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2023).

Completion of the report

Each of the 32 Strategic Priorities set out in the Integrated Plan has been reviewed and a commentary provided on key achievements and challenges, where required for Quarter 3. An additional explanation including mitigating action is also included where any items are rag rated as red.

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

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

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Continuous improvements

Continuous improvements have been made to both the process for monitoring progress against plan and the format and content of the report itself and this is built into this report.

These improvements are intended to produce a more consistent and meaningful overview across a complex and multi-dimensional plan.

An approach was trialled to collate the information for this report where Planning Managers hosted pop up sessions with the Executive Directors and their nominated leads in order to collect the information required. This was received favourably as it allowed for a more interactive and collective consideration of progress and ratings.

In response to feedback from an Independent Member at the Delivery and Performance Committee, the categorisation of the RAG ratings has been further refined in this version of the report. This is in response to an observation made in relation to the proportion of items marked as 'Not Due'. This category was capturing items that can more appropriately be designated as 'Not Applicable in this Quarter', due to the Plan Review and Reset exercise noted below. Therefore a new category of 'Not Applicable' has been introduced and those items coded accordingly. It is intended that this helps to provide a clearer view across progress against plan, taking into account the decisions made and supported by PTHB Board on items which were deprioritised, rescope or rescheduled (as explained below).

Alignment with the Plan Review and Reset exercise

An exercise was undertaken commencing in September and concluding in November 2023, to identify areas of the current year's plan where changes in prioritisation, scope or timescale were required, following on from the Executive Opportunities work carried out in the organisation (and reported separately to Committees and Board).

Following on from this, entries highlighted in pink are reflecting those areas which have been deprioritised, rescope or rescheduled as part of the reset work in November 2023. A description has been included on each of the entries in pink noting the new status of each item and the relevant commentary provided in November 2023 has been retained for this quarter to provide context in each case.

NEXT STEPS:

This report will be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, following consideration at PTHB Board.

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	✓

Board		Date of Meeting: 20 March 2024
Subject:	Update on Speaking Up Safely Framework Implementations. Approval of policy statement for All Wales Staff Raising Concerns procedures.	
Approved and Presented by:	Debra Wood-Lawson, Executive Director of Workforce and Organisational Development	
Prepared by:	Rhys Brown Head of Organisation Development	
Other Committees and meetings considered at:	Informal Executive Committee – 13 March 2024	

PURPOSE:

The report provides an update on progress against Speaking Up Safely: A Framework for the NHS in Wales.

This report also sets out a recommended formal policy statement that supports the all-Wales Procedure for NHS Staff to Raise Concerns that is required to be approved by Board.

RECOMMENDATION(S):

That the Board

- a) **NOTE** the progress to date against Speaking Up Safely framework, and
- b) **APPROVE** the policy adoption statement and the revised All Wales Procedure for NHS Staff to Raise Concerns.

Approval/Ratification/Decision¹

Discussion

Information

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

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

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

EXECUTIVE SUMMARY:

Speaking Up Safely: A Framework for the NHS in Wales was launched via the **Welsh** Health Circular in September 2023, with a requirement for Health Boards to develop an action plan to implement the framework. The Health Board developed an action plan which was submitted to Welsh Government on the 30th of October 2023 and an internal working group was formed to be the mechanism to embed the approach.

This paper provides an update of progress against the action plan to date **and** includes high level National Staff Survey data which provides a useful baseline measurement of current staff feelings about their ability to speak up and be listened to.

Linked to the Speaking Up Safely Framework is the **All-Wales Procedure for NHS Staff to Raise Concerns**, which was adopted by PTHB in October 2023. As part of the desire to create a culture of speaking up, the Executive

Committee is also asked to consider the policy adoption statement in readiness for a formal adoption and approval by Board.

DETAILED BACKGROUND AND ASSESSMENT:

Speaking Up Safely (SUS) update

A SUS **Framework** for the NHS in Wales was launched in September 2023 through the Welsh Health Circular (WHC)/2023/036, having been developed and approved in social partnership. This framework sits above formal routes or procedures such as the all-Wales Procedure for NHS Staff to Raise Concerns, DATIX, Respect and Resolution Policy etc. and sets the tone for the culture required within NHS organisations.

The Health Circular also required that, a self-assessment against the organisational requirements was undertaken and an action plan developed to address any gaps between current practice and the expectations of the framework.

The plan is separated into 4 themes and was submitted by the required deadline date of the 30th of October:

- Governance and Assurance
- Policies and Processes
- Communications and Engagement
- Development and Implementation

The Executive Director of Workforce and Organisational Development has been appointed as Executive lead, with the Chair of the Board as the Independent Member champion.

To implement the plan, a working group has been established with the Deputy Director of Workforce and Organisational Development as Chair and the Head of OD as project co-ordinator. The working group has a range of senior staff who have responsibility for areas of the plan, as well as partnership and Chat to Change representation. The group has met monthly since December 2023

Progress Update

The working group's activity to date has been focused on understanding the mechanisms through which staff can speak up safely. This element has been far more complex than first recognised as there are multiple routes depending on the circumstances, not limited to:

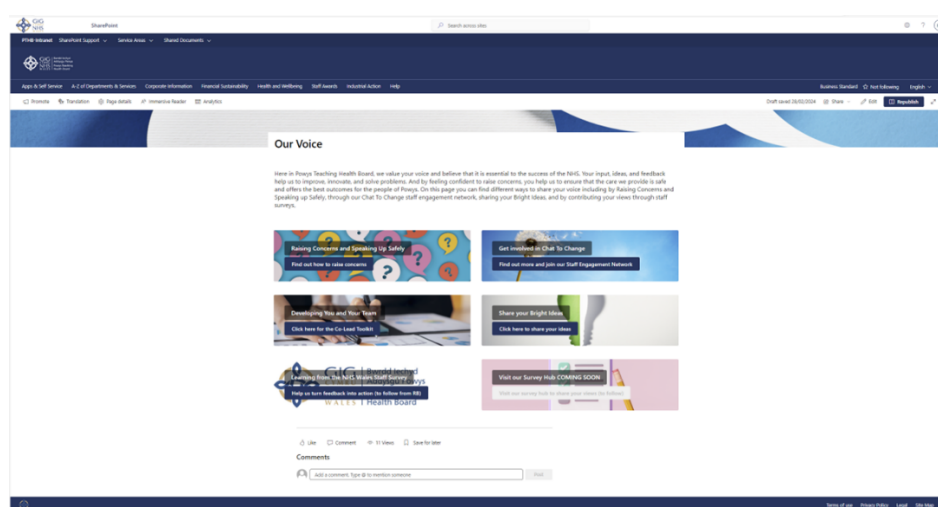
- Critical Incidents

- Safeguarding
- Employment Relations or working relationships
- Fraud

The working group has create an 'our voice' portal/ hub on the intranet which can be a single point of access and information providing:

- Clear links and flow chart to the formal channels to raise concerns as well as a form to completed if the person is not sure what to do that will be monitored by WOD.
- Links to relevant policies
- Resources for team activities to develop a culture of speaking up safely, including a specific resource that enables teams to agree language that signals that they are trying to speak up.
- A survey portal to access any published surveys as an opportunity to provide the organisation with feedback, including the outputs and actions associated with the national staff survey.
- The host page for Chat to Change.
- A Link to the Bright Ideas initiative.

The intention is to launch the page as a focal point for all Speaking Up Safely communications and initiatives. The our voice' portal/ hub **will** be the vehicle to enable the rest of the action plan to be delivered.



In addition to the development of this page/ hub, the following actions have also been completed:

- A Chat to Change Refresh paper was agreed at a Formal Executive meeting which describes the role of Chat to Change as advocates for Speaking up Safely.

- Speaking up Safely has been included as a conversation topic in PADR paperwork.
- Speaking Up Safely has been added as a discussion topic in leadership and management programmes, especially when understanding how to create psychologically safe environments that enable the informal mechanisms to speak up.
- Speaking Up Safely has been included as a specific question in the Team Climate Survey

National Staff Survey Data SUS benchmarking

The survey was completed in November 2023 by 28% of PTHB staff and whilst the detailed data is due to be released in April the high level data released in March provides a section with the following questions specifically related to Speaking Up Safely.

Select Theme

Autonomy and control

Raising concerns

We are all able to speak up					
Raising concerns					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	4%	10%	27%	41%	17%
I feel safe to speak up about anything that concerns me in this organisation.	3%	10%	22%	46%	19%
I would feel secure raising concerns about unethical behaviour.	2%	5%	12%	46%	34%
I would feel secure raising concerns about unsafe clinical practice.	2%	4%	20%	42%	33%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	4%	14%	30%	39%	13%

The results show a number of respondents scoring in the neither agree, nor disagree option for most of the 5 questions, and whilst 58% state they are confident that PTHB would address their concern there is further exploration to be undertaken in relation to instilling confidence. Once the detailed data is released in April we will be able to undertake better analysis of the findings.

All-Wales Procedure for NHS Staff to Raise Concerns – Policy/procedure Adoption Statement

Linked to the Speaking Up Safely Framework is the All-Wales Procedure for NHS Staff to Raise Concerns, which was adopted by PTHB in October 2023. This is a Board retained document for decision.

Within the SUS action plan there is a requirement to review our policies and procedures to ensure that it is clear when they should be utilised.

In order to strengthen the raising concerns procedure The Health Board is asked to adopt **the** following policy statement (this is also attached with the procedure in appendix 1):

Starts...

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. Powys Teaching Health Board (PTHB) and senior management are committed to providing an environment which facilitates open dialogue and communication to ensure that any concerns which staff may have, are raised as soon as possible.

This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic, or last resort act which can hold negative connotations.

PTHB is working towards a culture that embeds the spirit of the NHS Wales Speaking Up Safely framework and encourages the raising of any concerns by staff into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. We also recognise that the rural and dispersed nature of Powys as a county means that individuals are working in small teams, and it is critical that they have an environment where concerns can be raised, heard, and acted upon effectively.

Our commitment to create a culture where staff feel able to raise concerns, will also enable our ability to meet our responsibilities towards the Duties of Quality and Candour, recognising that where staff feel safe and trusted to have open and honest dialogue with each other, they will also naturally do this with patients, service users and their families.

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across PTHB that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice, or wrongdoing in the workplace. This procedure sets out the PTHB commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated, and acted upon as necessary.

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales under the Speaking Up Safely Framework to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

NEXT STEPS:

1. Communicate adopted policy statement relating to Raising Concerns
2. Through the SUS working group Continue to progress the actions within the SUS action plan and formally Launch the 'Our Voice' Portal/hub

Policy Statement – All Wales Procedure for NHS Staff to Raise Concerns

Document Reference No:	PTHB /	
Version No:	1.0	
Issue Date:	Month YYYY	
Review Date:	Month YYYY (3 year maximum review period)	
Author:	Head of Organisational Development	
Document Owner:	Workforce and Organisational Development	
Accountable Executive:	Executive Director of Workforce and Organisational Development	
Approved By:	PTHB Board	
Approval Date:	Add once approved	
Document Type:	Policy Statement and Procedure	Non-clinical
Scope:	PTHB wide	

***The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.***

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Policy Statement

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This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic, or last resort act which can hold negative connotations.

PTHB is working towards a culture that embeds the spirit of the NHS Wales Speaking Up Safely framework and encourages the raising of any concerns by staff into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. We also recognise that the rural and dispersed nature of Powys as a county means that individuals are working in small teams, and it is critical that they have an environment where concerns can be raised, heard, and acted upon effectively.

Our commitment to ensure a culture where staff feel able to raise concerns, will also enable our ability to meet our responsibilities towards the Duties of Quality and Candour, recognising that where staff feel safe and trusted to have open and honest dialogue with each other, they will also naturally do this with patients, service users and their families.

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across PTHB that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice, or wrongdoing in the workplace. This procedure sets out the PTHB commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated, and acted upon as necessary.

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales under the Speaking Up Safely Framework to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

Powys Teaching Health Board

Procedure for NHS Staff to Raise Concerns

*(To be read alongside the Speaking Up Safely Framework.
This procedure will be subject to further review in due
course)*

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Introduction

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. The *Health Board*, Board and senior management are committed to providing an environment which facilitates open dialogue and communication so as to ensure that any concerns which staff may have are raised as soon as possible.

This procedure refers in the main to ‘raising concerns’ rather than ‘whistleblowing’ because the latter has come to denote a sudden, drastic or last resort act which can hold negative connotations.

The *Health Board* is working towards a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which *Health Board* sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments). Staff should also recognise that elements of wrongdoing that involve aspects of Fraud, Bribery or Corruption, have a separate reporting process, which should be presented to your Local Counter Fraud team for investigation.

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across *Powys Teaching Health Board* that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. This procedure sets out the *Health Board’s* commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated and acted upon as necessary.

‘Whistleblowing’ is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. The types of situation where this will be appropriate are outlined in Appendix 1. “Protected disclosure” is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public (see appendix 2).

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee’s contract of employment and may need to be amended from time to time.

1. A Commitment to Support Those Who Raise Concerns

1.1 *Powys Teaching Health Board* actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns.

1.2 *Powys Teaching Health Board* aims to ensure that individuals:

- Are fully supported to report concerns and safety issues;
- Are treated fairly, with empathy and consideration when raising concerns; and
- Have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.

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- 1.3 *Powys Teaching Health Board* aims to develop and maintain a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns.
- 1.4 Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. This leads to increased reporting, learning and sharing of incidents and development of best practice. *Powys Teaching Health Board* recognises that this is the responsibility of everyone involved in the provision of health and social care services. *Powys Teaching Health Board* is committed to working towards ensuring that all individuals are treated in a service which is open to feedback and encourages as well as supports its staff to raise concerns.
- 1.5 *Powys Teaching Health Board* will ensure that individuals always feel free to raise concerns through local processes and are supported to do so directly with the *Health Board*, their professional regulatory body, professional association, regulator or union.
- 1.6 Powys Teaching Health Board facilitate an individual to raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.
- 1.7 Powys Teaching Health Board is committed to: -
- Working in partnership with other organisations to develop a positive culture by promoting openness, transparency and fairness;
 - Fostering a culture of openness which supports and encourages staff to raise concerns;
 - Sharing expertise to create effective ways of breaking down barriers to reporting incidents and concerns early on;
 - Exchanging information, where it is appropriate and lawful to do so, in the interests of patient and public safety; and
 - Signposting individuals to support and guidance to ensure that they are fully aware of and understand their protected rights under the Public Interest Disclosure Act 1998.
- 1.8 A definition of whistleblowing is included at appendix 1.

1.9 *Powys Teaching Health Board* will monitor the use of this procedure and report to the Board or a sub committee, as appropriate.

2. About this Procedure

2.1 The aims of this procedure are:

- (a) To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate,
- (b) To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.
- (b) To provide staff with guidance as to how to raise those concerns.
- (c) To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

2.2 This procedure applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.

2.3 This procedure should be read in conjunction with the All Wales Speaking up Safely framework. This framework sets out the informal approaches that staff should utilise in order to raise a concern in the workplace.

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3. Raising a Concern

- 3.1 All healthcare settings and workplaces should encourage ongoing open dialogue and feedback on matters relating to provision of care/service delivery through supervision, team or departmental meetings, staff forums. These ongoing mechanisms are the place where *Powys Teaching Health Board* will actively seek suggestions for improvement and regularly review the safe and effective delivery of services and ways of working.
- 3.2 All managers will ensure that there is a shared responsibility to focus positively on the quality of service/care, continuous improvement and/or problem solving.
- 3.3 If concerns are held by an individual or individuals *Powys Teaching Health Board* will ensure that such concerns are addressed and responded to with the outcome being verbally communicated, as a minimum, to the individual or individuals raising the concern. An individual may raise a concern in Welsh and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

3.4 More Serious Concerns

Confidentiality

As noted in section 1.3 of this procedure “*Powys Teaching Health Board* aims to develop and maintain a culture across all parts of the organisation that provides for an environment where people feel able to raise concerns”. It is therefore hoped that all staff will feel able to voice concerns openly under this procedure. However, if an individual wants to raise a concern confidentially this will be respected. It is sometimes difficult however, to investigate a concern without knowing the individual’s identity. In such circumstances if it is considered absolutely necessary to share the identity of the person raising the concern this will be discussed with them prior to any disclosure being made, and their permission sought.

Internal (Formal) Stage

If, having followed the approach outlined in the Speaking Up Safely Framework, the individual's concerns remain, or they feel that the matter is so serious then they can move on to use the more formal steps as follows.

The individual should make their concerns known to an appropriate senior manager in writing. The WB1 forms in appendix 3 are included to help an individual formulate concerns but they do not need to be used if an individual chooses to use a different approach.

They may also wish to involve their Trade Union/Staff Representative.

When a concern is raised it is helpful to know how the individual considers the matter might be best resolved.

The senior manager will meet with the individual raising the concern within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Once an individual has told someone of their concern, whether verbally or in writing, *Powys Teaching Health Board* will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

Powys Teaching Health Board will aim to keep the individual informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent specific details of the investigation or any disciplinary action from being disclosed. All information about the investigation should be treated as confidential.

If the matter falls more appropriately within the remit of other W&OD policies, the employees should be advised that they should pursue the matter through the relevant policy and that the Procedure for NHS Staff to Raise Concerns will not be followed (see appendix 1).

Powys Teaching Health Board does not expect any individual reporting a matter under this procedure to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so any evidence that they have such as letters, memos, diary entries etc. will be useful. These will need to be redacted if they contain any patient identifiable information.

If the alleged disclosure is deemed to be serious enough, then the *Health Board* may follow the process laid down in the Disciplinary policy and procedure, where the issues raised could relate to individual misconduct, when considering the most appropriate line of action.

The aim of this procedure is to provide an effective process for serious concerns to be raised. If it is concluded that an individual has deliberately made false allegations maliciously or for personal gain, then *Powys Teaching Health Board* will instigate an investigation into the matter in accordance with the Disciplinary policy and procedure.

Subject to any legal constraints, *Powys Teaching Health Board* will inform the individual(s) who raised the concern, of an outline of any actions taken. However, it may not always be possible to divulge the precise action, e.g., where this would infringe a duty of confidentiality of *Powys Teaching Health Board* towards another party.

Executive Director - Stage

If an individual is either dissatisfied with a decision to only undertake an informal review or is dissatisfied with the outcome of the internal (formal) stage through the mechanisms outlined previously, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chair. Exceptionally, an individual should be able to go directly to this stage if the concerns are so serious as to warrant it **or** the previous stages have failed to address their concerns.

The Chief Executive or Chair (or a nominated representative not previously involved) will meet the individual within 28 working days. Again, the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Serious or Continued Concerns and Regulatory/Wider Disclosure Stage

The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing/inappropriate practices in the workplace. In most cases individuals should not find it necessary to alert external parties.

However, the law recognises that in some circumstances it may be appropriate to report concerns to an external body. It will very rarely if ever be appropriate to alert the media. It is strongly encouraged that an individual seeks advice before reporting a concern to external parties. The independent charity, Protect operates a confidential helpline to support individuals in determining the appropriate course of action. They also have a list of prescribed regulators for reporting certain types of concern. Protect details are included later in this procedure.

All staff have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse. Children and adults with vulnerabilities can be subjected to abuse by those who work

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with them in any setting; all allegations of abuse must therefore be taken seriously and treated in accordance with the [Wales Safeguarding Procedures](#). These procedures may dictate that any investigation should be handled by a partner organisation such as Social Services or the Policy which would take precedence over internal procedures, therefore advice from a safeguarding professional should be sought at the earliest opportunity.

If an individual has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact: -

The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the online reporting facility at <https://cfa.nhs.uk/reportfraud> (if your concern is about aspects of Fraud, Bribery or Corruption).

Powys Teaching Health Board hopes that this procedure will provide individuals with the reassurances required to raise any matters of concern internally or exceptionally with the organisations referred to above. However, there may be circumstances where individuals are required under their professional regulations to report matters to external bodies such as the appropriate regulatory bodies, including: -

- ❖ General Medical Council (www.gmc-uk.org)
- ❖ Nursing and Midwifery Council (<https://www.nmc.org.uk/>)
- ❖ Health and Care Professions Council (www.hpc-uk.org)
- ❖ General Pharmaceutical Council [General Pharmaceutical Council \(pharmacyregulation.org\)](http://pharmacyregulation.org)

Powys Teaching Health Board would rather the matter is raised with the appropriate regulatory body than not at all. Other regulatory bodies may include;

- Health and Safety Executive
- Health Inspectorate Wales
- Wales Audit Office
- Police

(This list is not exhaustive).

If an individual needs further advice they can contact the charity Protect on 020 3117 2520 or by email at whistle@protect-advice.org.uk. Protect can advise individuals how to go about raising a matter of concern in the appropriate way <https://protect-advice.org.uk/>. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at <https://speakup.direct/>.

Appendix 1:What is whistleblowing?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff;
- Poor quality care;
- Acts of violence, discrimination or bullying towards patients or staff;
- Malpractice in the treatment of, or ill treatment or neglect of, a patient or client;

- Disregard of agreed care plans or treatment regimes;
- Inappropriate care of, or behaviour towards, a child /vulnerable adult;
- Welfare of subjects in clinical trials;
- Staff being mistreated by patients;
- Inappropriate relationships between patients and staff;
- Illness that may affect a member of the workforce's ability to practise in a safe manner;
- Substance and alcohol misuse affecting ability to work;
- Negligence;
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
- Where fraud or theft is suspected;
- Disregard of legislation, particularly in relation to Health and Safety at Work;
- A breach of financial procedures;
- Undue favour over a contractual matter or to a job applicant has been shown;
- Information on any of the above has been / is being / or is likely to be concealed.

This procedure should not be used for complaints relating to your own personal circumstances, such as the way you have been treated at work. In these cases, the Respect and Resolution Policy should be used. Link can be found [here](#).

Appendix 2

Protection of those making disclosures

It is understandable that individuals raising concerns are sometimes worried about possible repercussions. *Powys Teaching Health Board* aims to encourage openness and will support staff who raise genuine concerns under this procedure, even if they turn out to be mistaken. In addition, there are statutory provisions for individuals who make what are termed “protected disclosures”.

In law individuals must not suffer any detrimental treatment as a result of raising a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If an individual believes that they have suffered any such treatment, they should inform a member of the Workforce and Organisational Development department, immediately. If the matter is not remedied, they should raise it formally using the All Wales Respect and Resolution Policy.

Those who raise concerns must not be threatened or retaliated against in any way. If an individual is involved in such conduct, they may be subject to disciplinary action. [In some cases, the individual raising a concern could have a right to sue for compensation in an employment tribunal.]

Powys Teaching Health Board aims to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur. Staff who make what is referred to as a “protected disclosure”, i.e., a disclosure concerning an alleged criminal offence or other wrongdoing, have the legal right not to be dismissed, selected for redundancy or subjected to any other detriment (demotion, forfeiture of opportunities for promotion or training, etc.) for having done so and the protections are set out in law in the Public Interest Disclosure Act 1998.

If an individual is raising a matter of serious or continued concern the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with the Health Board although it is preferred that the *Health Board* should be given an opportunity to resolve the matter first.

If an individual is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur and in addition they honestly and reasonably believe that the information and any allegation contained in it are substantially true. The Public Interest Disclosure (Prescribed Persons) Order 2014 amends the list of prescribed persons and came into force on 1 October 2014 and applies to disclosures made on or after this date. The new list of prescribed persons in respect of matters relating to healthcare services is set out below: -

Relevant matters	Prescribed person
Matters relating to the registration and fitness to practice of a member of a profession regulated by the relevant council and any other activities in relation to which the relevant council has functions.	The Nursing and Midwifery Council, Health and Care Professions Council, General Medical Council, General Chiropractic Council, General Dental Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council.

For healthcare services in Wales (specifically):

Relevant matters	Prescribed person
Matters relating to the registration of social care workers under the Care Standards Act 2000.	Care Council for Wales
Matters relating to: <ul style="list-style-type: none"> The provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989. The inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Health and Standards) Act 2003. The review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003. The regulation of registered social landlords in accordance with Part 1 of the Housing Act 1996 (as amended by the Housing (Wales) Measure 2011). 	Welsh ministers

If an individual is making a wider disclosure (for example to the police, or an Assembly Member (AM) (other than the Welsh Ministers) there are rigorous conditions for such wider qualifying disclosures to be protected:

Belief. The individual must reasonably believe that the information disclosed, and any allegation contained in it, are substantially true.

Not for gain. The individual must not make the disclosure for the purposes of personal gain (but rewards offered under statute, for example by HMRC, are ignored).

The individual must:

- have **previously disclosed** substantially the same information to their employer or to a prescribed person; or
- reasonably believe, at the time of the disclosure, that they will be subjected to a **detriment** by their employer if they make disclosure to the employer or a prescribed person; or
- reasonably believe (where there is no prescribed person) that material evidence will be **concealed or destroyed** if disclosure is made to the employer.

Reasonableness. In all the circumstances of the case, it must be reasonable for them to make the disclosure.

Protect or a Trade Union will be able to advise on the circumstances in which an individual should use this procedure and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998.

Speaking up safely and raising
concerns report
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Appendix 3 - Powys Teaching Health Board Form WB1 – Recording a concern raised under the procedure

Concern raised by (name):			
Designation			
Ward / Department			
Confidentiality requested:	yes		No
Nature of concern raised:	Delivery of care/services to patients		
	Value for money		
	Health and safety		
	Unlawful conduct		
	Fraud, theft or corruption		
	The cover-up of any of the above		
Details of concern raised: (Continue overleaf is necessary)			

Evidence to support the concern (if available): (Continue overleaf if necessary)		
Any suggestions from employees as to a resolution?		
How will the matter be handled?	Informal review	
	Internal investigation	
Concern reported to:		
Contact name:		
Designation:		
Telephone no:		

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Signed:	
Date:	
N.B. Once completed, this form should be retained on a case file	

Appendix 4 - Powys Teaching Health Board

Form WB2 Concerns Raised Under the Procedure: Summary of findings and outcome of investigation

Concern raised by (name):	
Designation:	
Informal review undertaken by:	
Investigation undertaken by:	
Summary of findings of review / investigation: (continue overleaf if necessary)	

Outcome: Action taken: (continue overleaf if necessary)	
No action taken for the following reasons:	
Further action (if appropriate): (e.g., report the matter to Welsh Government / Regulator)	
Name:	
Signed:	

Designation:	
Date:	
N.B. Once completed, this form should be retained on a case file.	

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No.	Action	Lead(s)	Responsible Person	Start Date	Identified Issues to be resolved	Speaking Up Safely Section 6 Reference	Progress	Completed Date - RAG
Governance and Assurance								
1	Appoint a Speaking Up Safely Exec Director Lead.	DCG	CEO	Apr-23	N/A	6a	Exec Director of Workforce and OD is the Exec lead as set out in the Scheme of Delegation	
2	Appoint a Speaking Up Safely Independent Member Champion.	DCG	DCG/Chair	Oct-23	Clarity of the role of a Board Champion	6a	Chair of Board is IM Champion	
3	Amend terms of reference for the Workforce and Culture and Patient, Experience and Quality Committees to hold joint responsibility for oversight of Health Board's approach to the Speaking Up Safely Framework.	DCG/ DWOD/DoN	DCG/Chair	Feb-24	Realignment of Committee workplans	6c	The first joint Workforce and Culture and Patient, Experience and Quality Committees was held on 24th October 2024, and the action plan on Speaking Up Safely was considered. Further joint committees will be organised to jointly consider progress against the action plan	
4	Amend the terms of reference for the Health Boards Chat to Change Group to oversee the development and implementation of the Speaking Up Safely plan in partnership. Chat2Change action plan adjusted to reflect their key role in supporting the implementation of SUS	DD/AD of WOD/ Chair of Chat to Change Group	DWOD	Dec-23	Extending the remit of the Chat to Change Group	6c	Chat to Change refresh paper agreed at Executive Committee that includes the role of Chat to Change as advocates for Speaking Up Safely	
5	Develop a resource plan which identifies areas of investment to support the delivery and embed the Health Board's approach to Speaking Up Safely.	DD of Workforce and OD/ADs	DWOD	Jan-24	Need to align and understand potential of demand on resources/finances	6b	Group agreed that currently no new resource required, resource identified as the working group and those in associated teams that are delivering the plan.	
7	Undertake an equality impact assessment (EIA) to help ensure that our Speaking Up Safely initiatives and decision-making processes are fair and do not present barriers to participation or disadvantage to any protected groups. Further actions may be added to this plan as a result of the EQIA.	DD Workforce and OD/ Head of EDI and Welsh Language	DWOD	Dec-24	Need to align and understand potential of national resources and training	6e,i	The already developed organisational EQIA process will be utilised 04/12 - Adam pearce will act as the professional lead to provide advice on what elements will need an EQIA	
8	Assurance report to the Joint Workforce and Culture/Patient Experience and Quality Committee on the implementation of the Speaking Up Safely Framework at least annually	DDWOD/AD Quality and Safety	DWOD	Apr-24	Alignment of Committee workplans	6c, f, g, h, i, j	Assurance report to Board in March/April 2024	
9	Develop KPI for response handling under the agreed policies and procedures and prepare an analysis of any trends including protected characteristics of the Equality Act 2010.	DD Workforce and OD/AD Quality and Safety	DWOD/DoN/DCG	Feb-24	Alignment of Committee workplans	6f	This action will take place once 'Our Voice' portal has been established so that clear definitions can be derived around KPIs Initial understanding of the various routes staff can take to raise a concern has been undertaken to try to establish common data.	
Policies and Processes								

10	Develop a process to get feedback from those staff who have used the different policies and processes to Speak Up Safely to ensure their views inform future developments and to ensure they do not suffer detriment.	DWOD/Head of Workforce/staff side	DWOD	Jan-24	Considering the appropriate methods for colation of the feedback, that is sensitive to needs/preferences	6g	Initial approach will be to launch the 'Our Voice' portal to create clarity around how to speak up. This will include an open form for people to feedback their experiences.	
11	Publication of the flow chart for staff to guide them through how they can Speak Up Safely.	AD Quality and Safety/DD Workforce and OD	DWOD/DoN	Dec-23	Consideration for those who do no access IT equipment	6d	The 'Our Voice' portal will lead people to the correct route. Further development needs to take place around Exec owners, especially for submissions through the Procedure for NHS Staff to Raise Concerns	
12	Review relevant health board policies to ensure they are clear about when they should be used and the alternative options to Speaking Up Safely that are available if appropriate.	DD Workforce and OD	DWOD/DoN	Nov-23	Some of these policies are All Wales Policies and amendment will need to be made nationally	6d, g	A review of all policies is already underway	
13	Develop an accessible in-house digital Speaking Up Safely platform, to enable staff to Speak Up Safely in confidence or anonymously according to their preferences.	CDO and Asst Director of Digital Transformation	DWOD/DoF&IT	Jan-24	App needs to meet the required information and reporting specification. Need to scope the need/demand for such a platform	6i	Our Voice' Portal will be launched by 1 April 2024	
14	Ensure all staff who raise concerns are aware of the policy/procedure their concerns are being dealt with under.	DD Workforce and OD/AD Quality and Experience/ staff side	DWOD	Nov-23	Helping staff navigate the right process, and supporting understanding	6d, g	Part of the information on the 'Our Voice' Portal	
15	Embed Speaking Up Safely conversations into PADRs	AD OD / Head of OD	DWOD	Dec-23		6m	Workbook edited, awaiting translation and upload	
Communications and Engagement								
16	To develop a Communications Plan in partnership to support the awareness, understanding and embed the Speaking Up Safely Framework across all services, including national branding.	DDEC/DD of WOD/staff side	Director of Corporate Governance/ DWOD	Nov-23	Need to align implementation timing alongside organisation context and messaging	6k, l	Portal will be launched by the 1st of April 2024	
17	To develop a dedicated SharePoint page, which contains all information managers and staff will require to enable them to Speak Up Safely and address concerns appropriately.	CDO and Asst Director of Digital Transformation	DWOD/DCG	Dec-23	Consideration for those who do no access IT equipment	6d	Portal will be launched by the 1st of April 2024	
Development and Implementation								
18	Undertake engagement sessions with staff, WOD, TU, Chat2Change and others to co-design the plan to embed cultural change	AD OD / Head of OD	DWOD	Jan-24		6e	Steering group in place and meeting monthly	
19	Develop an approach to enable, senior leadership to gain an understanding of staff experience in speaking up safely through one to one and group discussion	AD OD / Head of OD	DWOD	Feb-24	Availability of Execs to undertake activity	6e	Awaiting outcomes of national staff survey to target specific areas for senior leaders to engage with. Detailed results will be released in April 2024	

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20	Gather face to face feedback from staff on their ability to Speak Up Safely. Utilising OD team and wellbeing roadshow opportunities.	AD OD/Head of OD	DWOD	Jan-24		6j	Initial awareness raising undertaken in roadshows in autumn/winter 2023/24, additional Roadshows will take place in autumn/winter 2024/25. Chat to change will support this following refresh and awareness training in Q1.	
21	Develop appropriate training to enable Chat to Change Shapers to act as Champions for Speaking Up Safely across the Health Board.	Asst Director of OD/ Chair of Chat to Change Group/ all ADs	DWOD	Dec-23	Need to align and understand potential of national resources and training . Extending the remit of the Chat to Change Group when there will be significant organisation change taking place	6m	Part of the Chat to Change review and will be included in awareness training in Q1	
22	Include Speaking Up Safely within the Board Development programme of work	DCG	DCG/Chair	Feb-24		6m	Once 'Our Voice' portal launched, a deomonstration will be given in a Board Development session, including a discussion around the Speaking Up Safely framework and the role of the Board in developing the culture.	
23	Integrate Speaking up Safely within the Health Board's compassionate leadership programme, managers training and corporate induction.	AD OD/ Head of OD	DWOD	Nov-23		6m	Completed	
24	Integrate Speaking Up Safely within Team Climate surveys.	AD OD/Head of OD	DWOD	Dec-23	Realignment of the tool for inclusion of Speaking up Safely	6m	Completed	
25	Speaking Up Safely to be discussed on team meeting agendas, including the development of short workshop materials/toolbox talks crib sheets to enable discussion.	all Exec Directors/ AD OD / Head of OD	CEO	Dec-23	Quality time is given over for discussion in busy team meetings	6m	Tools being included on the 'our voice' portal. Approach to training 'team champions' to be developed	

Role Key

DWOD - Director of Workforce & OD

DON - Director of Nursing

DCG - Director of Corporate Governance

CEO - Chief Executive Officer

DDOD - Deputy Director Organisational Development

DDWOD - Deputy Director Workforce & OD

DDEC - Deputy Director (Engagement and Communication)

DoF&IT - Director Finance, Information & IT

ADOD - Assistant Director of Organisational Development

RAG Key



Completed



Delivery to timescales will not be achieved/there are significant barriers to achieving the action



Activity has started but behind expected completion deadlines



Activity on track

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Agenda item:4.5

Board		Date of Meeting: 20 March 2024	
Subject:	Annual Report on the work of the Corporate Health and Safety Group		
Approved and Presented by:	Claire Madsen, Executive Director Therapies and Health Sciences		
Prepared by:	Jason Crawl, Assistant Director Health and Safety and Support Services		
Other Committees and meetings considered at:	Health and Safety Group 22nd January 2024 Executive Committee 7 th February 2024 Delivery & Performance Committee 29th Feb 2024 – who took assurance from the annual report.		
PURPOSE:			
To provide the Board with the Annual Report update from 1 January 2023 to 31 December 2023 in relation to the work of the Corporate Health and Safety Group and the progress that has been made with the 2023/24 work plan and the plans for 2024.			
RECOMMENDATION:			
The Board is asked to: <ul style="list-style-type: none">• NOTE that the Delivery and Performance Committee received the report on the 29 February 2024 and took ASSURANCE from the report;• RECEIVE and take its own ASSURANCE that the organisation implemented its Health and Safety 2022/23 work plan, and it is implementing the programme for 2024.			
Approval/Ratification/Decision ¹		Discussion	Information
✓		✓	

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**

EXECUTIVE SUMMARY

Powys Teaching Health Board (PTHB) is committed to ensuring the health, safety and welfare of all our employees, and those who may be affected by our work activities or undertakings.

Furthermore, ensuring that those who are engaged to carry out work on our premises, and/or on our behalf are also committed to ensuring the health and safety of their employees and others.

The Health and Safety Annual Plan is the first to be produced by the Health Board with the intention that it is available for the Board and for the public.

The Annual Report describes the activity of the Health and Safety Group during 2023 and describes its work and that of the Health and Safety Unit across five themes.

The revised Health and Safety Policy Framework implemented in 2022 has strengthened the Health Boards Health and Safety Management System and was given a rating of reasonable assurance by the internal audit team. The improvement in reporting of accidents and incidents and access to training and resources is helping to improve the Health and Safety culture of the organisation.

There is still much work to be done to increase training compliance and reduce areas of accidents and incidents in particular areas, notably in moving and handling and Prevention Management of Violence and Aggression (PMVA).

The work plan now established by the Health and Safety Group will continue this work into 2024 to ensure that a positive Health and Safety culture continues to develop.

BACKGROUND AND ASSESSMENT:

This is the first ever Health and Safety Annual Report to be developed for the Board with the intention for sharing in the public domain. The current arrangements are for the Annual Report to be presented via the Board.

From April 2024 Health and Safety Group will return to a quarterly meeting and will receive a formal quarterly report. To reflect the key role of workforce and culture within delivering successful Health and Safety the Health and

Safety Group report will be taken via the Workforce and Culture Committee on a quarterly basis and the Board will receive an Annual Report. Also, from February 2024 to ensure there is collective governance between Health and Safety and Clinical Safety the Assistant Director of Quality and Safety will attend HSG and The Assistant Director of Health and Safety and Support Services will attend the Patient Experience Committee (PECS). The HSG quarterly report will also be taken to PECS.

The Annual Report describes the activity of the Health and Safety Group during 2023 and describes its work and that of the Health and Safety Unit across five themes which are:

1. Assurance and Reporting Arrangements
2. Achieving Health and Safety excellence in reporting incidents and learning
3. Developing a Health and Safety Culture by Training and Development
4. Achieving Excellence in Training Compliance
5. Strengthen Inspection.

Key areas of note in the report are:

- Interim changes to Executive Portfolio as they relate to the work of the Health and Safety Group.
- The review undertaken by Internal Audit gave a rating of reasonable assurance for the way the policy framework was being delivered. An action plan has been agreed and will be taken forwards in 2024.
- Policy development and maintenance has been maintained.
- There have been no HSE enforcement activity in 2023.
- Significant work has been completed in developing improved Activity and Incident monitoring data. There is further work planned in 2024 to improve the quality of the data.
- There has been an improvement in reporting rates for areas associated with violence and aggression and an overall improvement in the confidence in using the Datix system.
- Collaborative working with Trades Unions who undertake Health and Safety Audits and play a key role at the Health and Safety group.
- Activity and Incident data is overall reasonable. However there has been an increase in physical assaults to staff which remains a concern to the Health and Safety team and the Service Directorates.

- A letter sent to all health Boards in April 2023 outlining the findings of the national HSE review into NHS management of Prevention Management of Violence and Aggression (PMVA) identified universal issues experience by NHS organisations. The Health and Safety Unit worked with ABUHB on a new model for training to improve attendance rates and deliver a more efficient model. A service level Agreement has been agreed and this training will commence in January 2024.
- Despite training spaces being available for PMVA and Moving and Handling, training compliance is below accepted levels and reflects a known issue of M&S compliance within the Health Board. The Health and Safety Unit continues to work with service Directorates and WOD to improve attendance rates.
- There has been a reduction in RIDDOR reported incidents to HSE against the previous three years.
- There were no recorded Health and Safety risks escalated to the corporate risk register by the Health and Safety Group. With risk management being managed by the Service and Administrative Directorates.

The Health and Safety Group Workplan for 2024 will continue with the five themes and is building on a continuous improvement cycle reporting back to the Health and Safety Group and the Executive Committee.

The report notes that there is still much work to be done to increase training compliance and reduce areas of accidents and incidents in particular areas, notably in moving and handling and PMVA training, to complete the action plan resulting from the Internal Audit and maintain the continuous improvement cycle to strengthen occupational health and Safety.

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	✗

	Level of risk identified				<div>Statement</div> <div>This cover paper and the associated Health and Safety annual Report supportive of the Equality Act 2010.</div>
	None	Low	Moderate	High	
Clinical		✓			
Financial		✓			
Corporate		✓			
Operational		✓			
Reputational		✓			

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Powys Teaching Health Board Health and Safety Group Annual Report 2023

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HEALTH AND SAFETY GROUP (HSG)

The Health and Safety Group is the principle overarching strategic management meeting for the organisation. The groups' purpose, in line with the terms of reference is to

- *"Review and monitor health and safety matters to comply with the Health & Safety at Work Act 1974*
- *Provide the leadership for the development of health & safety within the Health Board."*

The Focus of the Group is Primarily Occupational Health and Safety.

Statutory Compliance Requirements are reported via the Innovative Environments Group, these include, but are not limited to, individual policies for:

- Water Safety
- Piped Medical Gases
- Asbestos
- Fire Safety
- Electrical Safety
- Gas Safety
- Lifts, Lifting Equipment and component parts
- Medical Devices
- Radiation
- Work Equipment

Following organisational change in April 2023 the group has been chaired on an interim basis by the Director of Therapies and Health Sciences (DoTHS) and meets bi-monthly.

Directorate/service group representation has been strong since the changes to the reporting and membership were implemented. The

standardisation of the Highlight Reports has provided an improved focus from Service Groups and Directorates and further work has now begun to develop the reporting format further, so that it strengthens the following areas:

- RIDDOR reported incidents from each area.
- Oversight of unmanaged incidents
- Learning from incidents.
- How learning has been disseminated
- Mandatory and Statutory Training compliance.

As well as the specific representatives from across the Organisation, the Group continues to have good attendance from Health and Safety Officers, Medical Devices Manager, Infection Prevention and Control Practitioners, as well as staff side.

Several groups which formally underpin and support the work of the Health and Safety Group, namely Fire Safety Group and Security Oversight Group continue to report via this group. Following the organisational change, the former group is now chaired by the DoTHS, and the latter is chaired by the Assistant Director of Health and Safety and Support Services. Each group has a standardised agenda and a standing reporting item for escalation to the Health & Safety Group (HSG) as required.

Additionally, the HSG receives an update from the Site Co-ordination Forum, which is now chaired on an interim basis by the Assistant Director of Health and Safety and Support Services. Previously this group was chaired by the Director of Environment role which has been removed from the Health Board Management Structure.

Interim Changes to the Chairing of Assurance Groups

Group	Previous Chair	Current Chair	Group Reports to
Health and Safety Group	Director of Environment	Executive Director of Therapies and Health Sciences	Executive Committee
Fire Safety Group	Director of Environment	Executive Director of	Health and Safety Group

		Therapies and Health Sciences	
Security Group	Director of Environment	Assistant Director Health and Safety and Support Services	Health and Safety Group
Site Coordination Forum	Director of Environment	Assistant Director Health and Safety and Support Services	Health and Safety Group

The Health and Safety Policy outlines the nominated lead Director roles which were changed in 2023 on an interim basis as outlined below.

Interim Nominated Lead Directors are as follows:

- Fire Safety – Executive Director Therapies and Health sciences (Interim)
- Medical Gases - Associate Director of Capital, Estates and Property
- Asbestos – Associate Director of Capital, Estates and Property
- Electrical Safety - Associate Director of Capital, Estates and Property
- Water Safety – Associate Director of Capital, Estates and Property
- Radiation – Director of Therapies & Health Sciences (no change)
- Civil Contingency & Emergency Planning – Director of Public Health (no change)
- Corporate Risk – Board Secretary (no change)
- Site Co-ordinators - Executive Director Therapies and Health sciences (Interim), delegated to Assistant Director Health and Safety and Support Services.
- Infection Control and Prevention – Executive Nurse of Director (no change)
- ICT equipment, Infrastructure and Maintenance, ensuring that all the equipment meets the current requirements for Health and Safety – Finance Director. (no change)

HEALTH AND SAFETY GROUP WORK PLAN for 2023/24

The HSG work plan 2022/23 followed the fiscal year and was completed and reported to the May meeting. The HSG implemented a new work planning 2023/24 to focus on the core areas designed to provide focus based on risk and assist in targeting the limited resources of the small health and safety unit.

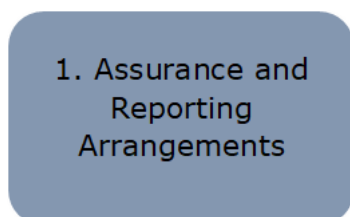
HSG workplan aims provide focus for the work of the Group based on the commonly occurring themes arising from field work, training compliance or issues reported to the Group, namely:

- HSG to get assurance through reporting of compliance with Policy and of effectiveness of procedures.
- HSG aims to ensure that the Datix system becomes the primary recording tool for Health and Safety incidents and accidents across the organisation.
- HSG to get assurance that Services develop and maintain departmental training needs analysis, identifying mandatory Health and Safety training for all employees within their area.
- HSG to strengthen the environmental inspection regime across the Health Board.
- Undertake an external baseline assessment of the Health Boards position in relation to the Dangerous Substances and Explosive Atmospheres Regulations 2002.

The annual plan is reviewed formally at each Health and Safety Group meeting and is made up of the following subject areas, with various pieces of work within those categories.

The workplan covered:

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Assurance and Reporting Arrangements

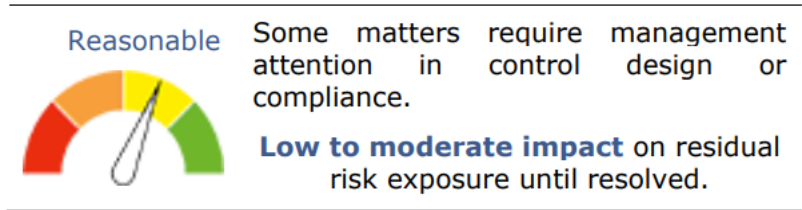
Internal Audit Review of Health and Safety Arrangements

An Internal audit was conducted in November 2023 and reported back in December 2023.

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Purpose: The overall objective of the audit was to review and assess the adequacy of the processes in place within the Health Board to ensure compliance with Health & Safety legislation.

The internal audit provided an overall rating of Reasonable Assurance but identified training as providing limited assurance, due to the challenges in delivering the training as outlined in the Health and Safety Policy, which due to challenges with workforce vacancies may be unsustainable.



Objectives	Assurance
1 The Health Board has health and safety policies in place which comply with the requirements of health and safety legislation. The policies are accessible to staff	Substantial
2 Training requirements and needs have been identified for staff. Training is undertaken and up to date	Limited
3 The health board has an appropriate structure to manage health and safety responsibilities and governance arrangements are in place for the regular monitoring and reporting of health and safety matters	Reasonable
4 Health & Safety risks are appropriately assessed and there is an up-to-date health and safety risk register in place	Substantial

The matters requiring management attention include:

- Improving the processes in place for the identification of health and safety training requirements to ensure that all staff receive appropriate training.
- Establish a training matrix for Health and Safety training.
- Clarifying the Committee reporting structure for the Health & Safety Group.

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- Formalising the monitoring and reporting arrangements for Health & Safety Training.
- The Health and Safety Unit have been tasked to review the organisations Health and Safety Training requirements and will use the Health and Safety Executive Five Step Approach and report back in June 2024.

The Health and Safety Executive five-step approach:

- Decide what training your organisation needs.
- Decide your training priorities.
- Choose your training methods and resources.
- Deliver the training.
- Check that the training has worked.

Policy Development

During 2023 a new Personal Protective Equipment Policy was developed to strengthen the existing Health and Safety Policies which are detailed below.

Number	Policy Title	Status
PTHB HSP001	Health & Safety Policy	Current
PTHB HSP002	Health and Safety Local Implementation Procedure	Current
PTHB HSP003	Manual Handling Policy	Current
PTHB HSP004	Hand Arm Vibration	Current
PTHB HSP005	Violence and Aggression Policy	Current
PTHB HSP006	Lone Working Policy & Procedure	Current
PTHB HSP007	Display Screen Equipment Policy (DSE)	Current
PTHB HSP008	Management of Contractors	Current
PTHB HSP010	New and Expectant Mothers Policy and Procedure	Current
PTHB HSP011	Stress Management Policy (Wellbeing in the Workplace)	Current

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PTHB HSP012	The Control of Risks at Work to Young Persons Policy and Procedure	Current
PTHB HSP013	Control of Substances Hazardous to Health (COSHH) Policy & Procedure	Current
PTHB HSP019	First Aid at Work Policy	Current
PTHB HSP021	Reducing False Alarms Procedure & Guidance	Current
PTHB HSP022	Fire Risk Assessment Procedures and Guidance	Current
PTHB HSP023	Arson Prevention Procedures	Current
PTHB HSP024	Emergency Evacuation of Disabled Persons	Current
PTHB FTP 005	Security Protective Measures Policy	Current

Health and Safety Executive Activity

The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. They aim to influence change and help organisations manage risks at work. These include:

- providing advice, information and guidance
- raising awareness in workplaces by influencing and engaging
- operating permissions and licensing activities in major hazard industries
- conducting targeted inspections and investigations
- taking enforcement action to prevent harm and hold those who break the law to account.

There was no enforcement by HSE activity in 2023.

In 2023 there were no FFI received. The Fee For Intervention (FFI) in 2023 was £166.00 and is applied to the organisation if HSE identify a material breach of health and safety law because of a direct inspection or as a separate findings during a routine visit or inspection.

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Enforcement Record

Type of HSE Enforcement Action	2019	2020	2021	2022	2023
Prosecution					
Prohibition Notice					
Improvement Notice					
Fee for Intervention (FFI)					

Previous HSE Enforcement

HSE Activity	Reason	Action Completed
2019	FFI Manual Handling	Revision of the Manual Handling training and reporting arrangements. Improved reporting instigated with compliance rates reported by each service via the Health and Safety Group.
2019	Legionella Improvement Notice	Action plan implemented with oversight from the Executive Committee. New documentation, systems and compliance audits put into place. Water Safety Group monitors activity regarding legionella assessments. Live Water Safety Plan created. Annual Compliance Report reviewed via the Delivery and Performance Committee.
2021	Hand Arm Vibration Syndrome (HAVS) Improvement Notice	Revisions to the Occupational Health Assessment and Management. New HAVS Policy created and implemented. Removal of machinery which have a high HAVS risk. All relevant equipment checked for HAVS risks. New Training requirements for
2022	Hand Arm Vibration Syndrome (HAVS) Prosecution	

		roles and tasks created. HAVS compliance is monitored via Health and Safety Group.
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Ionising Radiation

The Powys Teaching Health Board (PTHB) Radiology service operates in collaboration with Radiation Protection Adviser's (RPA) and Medical Physics Expert's (MPE) who are appointed in writing from the Director of Therapies and Health Science (DOTHS) as per the Ionising Radiation safety policy Rad 002. The MPEs/RPA from Velindre Medical Physics, Swansea Bay Medical Physics and North Wales Medical Physics support Brecon, Llandrindod Wells, Ystradgynlais, Machynlleth, Welshpool and Newtown, respectively. Each Radiology/Dental/ Theatre department in PTHB has a Radiation Protection Supervisor (RPS) appointed in writing.

Prior to the RPC, the radiation safety and operational policies (RAD 002, RAD 004), local rules and radiation risk assessments are circulated for comments, reviewed in line with the review dates, then presented to the RPC whereby they are ratified.

Regulatory audits are performed typically in quarter 2 in preparation for the annual Radiation Protection Committee (RPC) which is chaired by the DOTHS. Each RPS presents their report for their specific radiology/ dental/ and theatre department at the RPC, escalating or giving assurance regarding Quality Assurance (QA), service, audit, radiation incidents/ monitoring/ compliance.

The local radiology risk register is maintained in a timely manner, is in date and any risks identified 9 or above are escalated to the Community Service Group (CSG) risk register. This risk register is also shared with the DOTHS on a quarterly basis. Currently, there is one risk in the red category regarding the lack of a capital financial solution to purchase the essential Digital Radiology equipment associated with the implementation of the Radiology Informatics System Procurement programme when the Fuji contract ends in 2027.

The Personal Dosimetry policy is in place and has recently been reviewed. There are no recorded radiation doses to staff to date, with all staff badge monitors recording 0.00mSv (dose below recording level). There were six reportable radiation incidents pan Powys, relating to patients either being X-rayed on the wrong side or relating to equipment malfunction, none of which exceeded the threshold dose to be externally reportable to Health Inspectorate Wales (HIW), they were reported to the MPE's following PTHB procedure.

The radon report from the meeting of the Estates Compliance Group (ECG) was presented to the RPC, which advised there have been some changes to the radon map, which have now been taken into consideration when conducting the surveys and all sites are now being evaluated for radon. Five sites have mitigation units, and they are all operating correctly.

The governance structure for Radiology is as follows; there are quarterly meetings for radiology governance, and biannual Radiation Images Optimisation Team (RIOT) meetings which report to the RPC. The date of the last RPC was 19th October 2023. The next annual RPC is scheduled for 14th November 2024. The overarching RPC outcome report is presented to the execs in Quarter 4 by the DOTHS.

Asbestos

Asbestos can be found in several products including pipe lagging, wall insulation, false ceiling tiles, sprayed onto steelwork, external roofing material, guttering and down pipes, floor tiles, lining in fire doors, ovens and gaskets, and as textured ceiling coatings (Artex). The supply and use of asbestos was prohibited in 1999, therefore any buildings built after this period should not contain asbestos. But buildings built before 1999 (particularly between 1950 and 1970) will probably contain asbestos. Powys Health Board has a significant proportion of older estate which will have asbestos integrated into the buildings. Asbestos compliance is managed via the Estates team and reported to Board on an annual basis as part of a dedicated Asbestos Annual Report.

PTHB undertakes asbestos inspections on an annual basis. All relevant PTHB buildings have been surveyed to identify, where reasonably practicable, the presence, extent and condition of asbestos containing

materials. The surveys are undertaken and reported by an accredited consultant, in accordance with HSE guidance.

The Health and Safety Unit are active members of the Asbestos Compliance Group which reports to the Estates Compliance Group and have created a dedicated resource page where staff can access the PTHB Guide to Asbestos in the Workplace.

There have been no asbestos related incidents reported to the Health and Safety Unit in 2023. The current Asbestos Management Policy which directs the working arrangements was updated in 2022 and will remain in place until 2025.

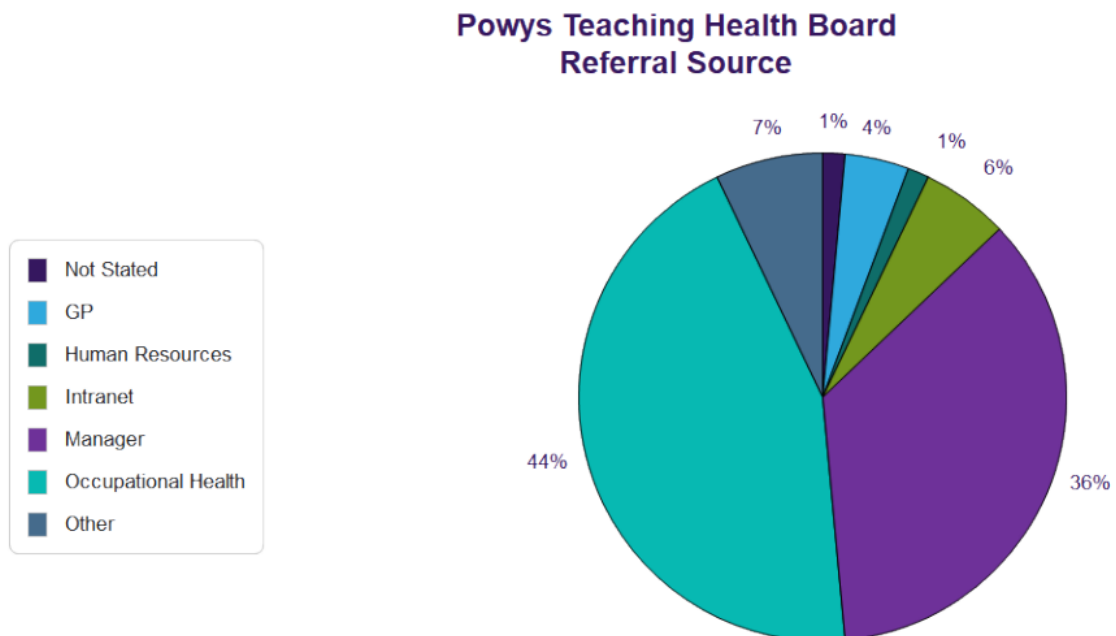
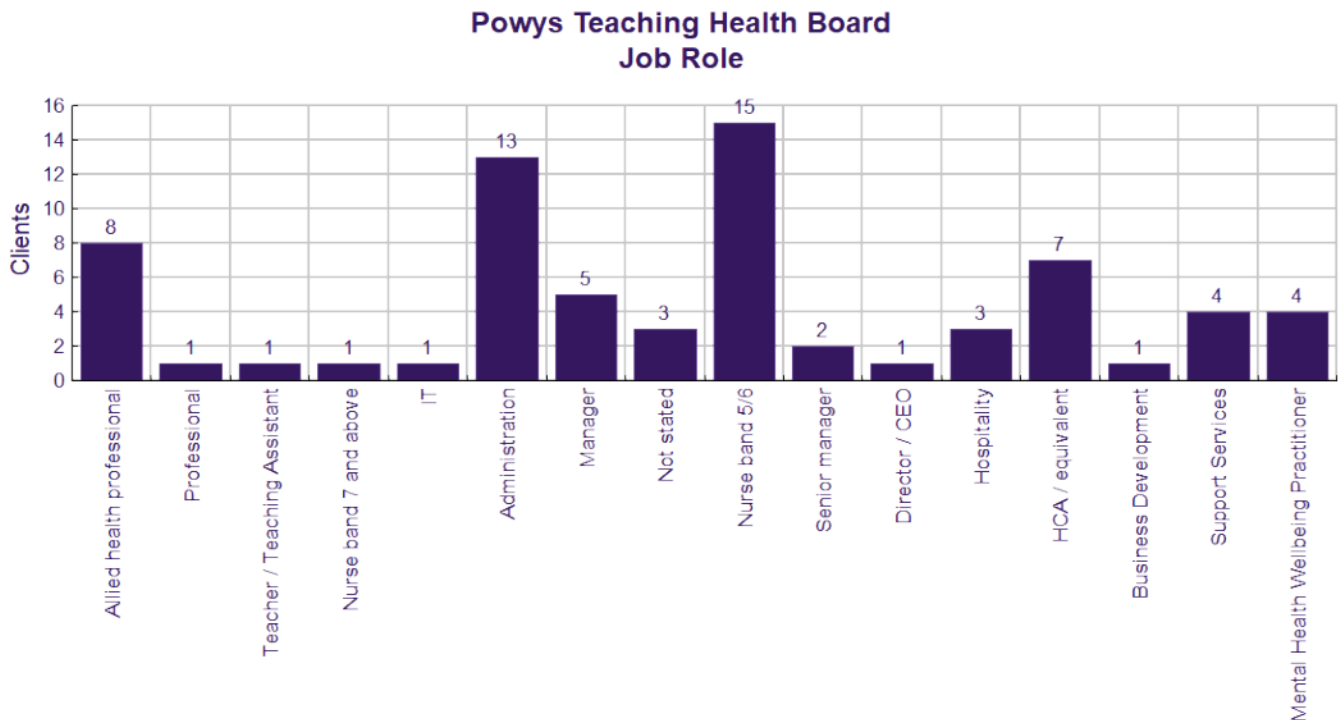
Work Based Stress

Version nine of the Stress Management and Wellbeing Policy in the Workplace was reviewed in 2022 is in date. Stress and anxiety remain one of the highest reported reasons for staff absence. Workplace stress is attributed to the busy operational environments staff work in. However, some stress has its root in issues and anxieties that fall outside the workspace.

The Occupational Health department provide an update to the Health and Safety Group on the activity and trends reported to them relating to work-based stress and wellbeing through their Employee Assistance Programme. This provides the following:

- 24-hour, 7 day a week, confidential help line 365 days a year.
- Face to face and virtual counselling.
- Self-help books and downloads.
- Podcasts and blogs.
- Debt and utility payment advice.
- Domestic abuse support and signposting.
- Benefit advice.

Referrals to the Service.



Managers have an important role to play in supporting staff that are experiencing mental health problems. This involves supporting employees in the workplace and supporting them back to work after a period of

absence. Managers have shown to have a huge impact on supporting their staff by communicating, listening, being open to adjustments where required and by providing support and signposting as necessary. Line manager training enables managers to initiate conversations with their employees, facilitate reasonable adjustments/return to work meetings and to identify signs of mental health issues to signpost them into the EAP service.

2. Achieving H&S excellence in reporting incidents and learning

Achieving H&S Excellence in Reporting Incidents and Learning

Accidents and Incidents

A fundamental role of the HSG is to monitor and review learning from accidents and incidents. A summary report is provided at each meeting with details of incidents at departmental level. Work has been undertaken during the year to improve the data quality in the Datix reporting system.


Discussion at HSG focuses on ensuring robust review at departmental level of the incidents and ensuring closure and learning. Review of data output from Datix is also assisting in improving the quality of the data input.



















The Health and Safety Group monitor several Occupational Health and Safety Incident Types.

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The data is taken from the new Once for Wales Datix system which can now provide two full years of consistent data.

Accident or Injury comparison table 2022 and 2023

Stay the Same or improved  Deteriorated 

Description	Group	2022	2023	Position
Burns or scalds.	Patient/Service User	10	4	
	Public/Visitors	0	0	
	Staff / Contractors	3	8	
Contact with or exposure to hazardous substance.	Patient/Service User	0	2	
	Public/Visitors	0	0	
	Staff / Contractors	1	1	
Contact with Needles or Medical Sharpes	Patient/Service User	1	2	
	Public/Visitors	1	0	
	Staff / Contractors	18	12	
Entrapment / Drawn in.	Patient/Service User	1	2	
	Public/Visitors	0	0	
	Staff / Contractors	6	0	
Environmental hazards / issues.	Patient/Service User	8	7	
	Public/Visitors	1	1	
	Staff / Contractors	13	9	
Manual Handling - Non patient/service user handling.	Patient/Service User	0	1	
	Public/Visitors	0	0	
	Staff / Contractors	9	8	

Absconding or missing service user	Patient/Service User	31	12	✓
	Public/Visitors	0	0	✓
	Staff / Contractors	0	0	✓
Aggressive/threatening behaviour	Patient/Service User	61	38	✓
	Public/Visitors	3	2	✓
	Staff / Contractors	61	59	✓
Harassment	Patient/Service User	8	1	✓
	Public/Visitors	0	0	✓
	Staff / Contractors	0	4	✗
Patient clinically challenging behaviour	Patient/Service User	3	2	✓
	Public/Visitors	0	0	✓
	Staff / Contractors	4	10	✗
Physical assault (physical contact)	Patient/Service User	30	41	✗
	Public/Visitors	0	4	✗
	Staff / Contractors	30	70	✗
Verbal Assault (All types)	Patient/Service User	1	2	✗
	Public/Visitors	1	0	✓
	Staff / Contractors	1	18	✗
Self-Harm Injurious Behaviours	Patient/Service User	45	61	✗
	Public/Visitors	0	0	✓
	Staff / Contractors	0	0	✓

Reporting of Injuries, Diseases Occurrences Regulations (RIDDOR)

Resources are provided for managers on the Health and Safety Resource pages relating to Accidents, Incidents and Reporting of Injuries, Diseases Occurrences Regulations 2013 - (RIDDOR). In Powys, all reports are entered by services via Datix, and these are then reviewed by the Health and Safety Unit for action and investigation. Where the incident meets the requirements for reporting to the Health and Safety Executive, they are then termed a RIDDOR.

Numbers for Powys are low and consistent with the type of services we provide and small staff, patient, visitor and contractor numbers.

Reported Date						
Cause of RIDDOR	2019	2020	2021	2022	2023	Totals
Slip, Trip, Fall	2	1	3	3	0	9
Fall from Height	1	0	0	2	0	3
Manual Handling	0	2	2	1	1	6
Injury at Work	0	1	1	1	1	4
Physical Assault	1	0	0	1	3	5
Repetitive Strain	0	0	1	0	0	1
Hand Arm Vibration	0	4	2	2	0	8
Electrocution	0	0	0	1	0	1
Chemical Incident	0	0	0	0	1	1
Road Traffic Collision	0	0	0	0	1	1
Total	4	8	9	11	7	

Trends and Themes from the Accident and Incident data

Several key themes have been identified and are being managed by the Health and Safety Group which are summarised in the table below:

- Increase in reports of physical assault with physical contact.
- Trend of attempted self-harm using same types of clothing which has been subject to a spotlight review.
- Training and attendance rates
- Quality of Datix reports and closure of incidents.

Spotlight Review

When a recurring theme is identified a formal Spotlight review is undertaken. This is a new process introduced for this year.

A Spotlight Review is provided by the Powys Health and Safety Unit working with managers, clinicians, teams with the following aims:

- look at an issue from the perspective of risk management, prevention and improvement.
- raise awareness and share learning.
- explore ways to prevent harm.
- Create local action plans.

The focus for a Spotlight presentation is triggered by:

- An increase in Datix or RIDDOR reports which fall under an area of enforcement by the Health and Safety Executive
- In response to a published enforcement or a change in regulation.
- In response to an inspection by the Health and Safety Executive.
- In response to audit results.

Prevention Management of Violence and Aggression (PMVA)

HSE wrote to each Health Board and NHS Trust in March 2023 outlining the findings of their thematic review into prevention and management of violence and aggression.

The common feature identified by the HSE review where contraventions were identified were failings of the management systems and relate to the following four categories:

- Risk Assessment
- Training
- Roles and Responsibilities
- Monitoring and Review

The Health and Safety Team consider the PMVA as an area of continuous improvement activity due to the changing nature of the pressures on the system and legislation.

Current Work being undertaken to improve PMVA.

Following a review with stakeholders across the organisation following priority areas have been identified in 2023 for PMVA training.

Staff Group	Training Type
MH Inpatient ward staff	Module D
Community Mental Health Teams	Module D
CAMHS	Module D
MH Bank Staff	Module D
LD Teams	Breakaway
MH Medical staff	Breakaway
Domestics working in MH inpatient wards	Breakaway
Porters working in MH Inpatient Wards	Breakaway
MIU	Breakaway
District Nurses	Breakaway
As per risk assessment for remaining groups	Breakaway

It is recognised that the current training model of 4 foundation and 10 refresher training sessions for the mandatory Module D should meet the training requirements of staff.

However, a further review undertaken in partnership with the Mental Health and learning Disabilities Service has identified that the current model is not effective in providing training, as the operational teams cannot be released in the numbers required to make the courses viable and there is a reliance agency staff to back fill training, which increases risks for patient care and is very expensive.

In 2023 Powys Teaching Health Board and Aneurin Bevan University Health Board (ABUHB) started to explore options to provide more flexible training provision for the service in partnership. The aim was to improve access for operational services with a more flexible training model. The model for training has been agreed and will commence in January 2024.

The review also identified that the Health Board should work with stakeholders to review the roles and responsibilities for PMVA and how these are referenced in the policies.

In line with the Welsh Government guidance 'Reducing restrictive practices framework 2022' a further revision of the policy framework is being undertaken, to strengthen this area for staff working within the Health Board.

The Prevention Management of Violence and Aggression advisory role undertaken by the Health and Safety Unit monitors activity trends and acts as a key liaison role between staff, social service and the police.

The Health and Safety Dashboard has been developed in the Datix system to provide improved data and direct access for RIDDOR Reporting and PMVA activity.

Hand Arm Vibration Syndrome

Hand Arm Vibration Syndrome (HAVS) is a reportable work-related disease, caused by excessive exposure to vibration over time, whilst using handheld or guided vibratory work equipment, causing damage to the nerve, vascular systems in the hands and arms along with muscular skeletal effects of the disease.

In May 2020, the Health & Safety Unit were informed that during routine health surveillance one of the Estates Operatives had been diagnosed with HAVS due to exposure to vibration at work over several years. This diagnosis was reported to the Health and Safety Executive (HSE), as an Occupational Disease, in line with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) processes. There have been additional members of staff diagnosed with HAVS since the initial numbers and as of January 2023, a total of 8 members of staff have been diagnosed with HAVS and reported to HSE.

An updated HAVS training strategy was developed and implemented in 2023, including a new policy and training. The current training approach has ensured all relevant staff are now trained and none are due for renewal until 2024.

3. Creating H&S culture by Training and Development

Creating Health and Safety Culture by Training and Development

During 2023 the organisation provided a range of training relating to Health and Safety

Health and Safety Training Delivered:

- IOSH Leading Safely,
- IOSH Working Safely, one day courses IOSH Working Safely as part of ILM level 5 Leadership and Management Course.
- Mandatory Level 1 Health and Safety e-learning package for all staff

In 2023 services across the organisation provided training in specific subjects to promote and maintain health and safety within the workforce.

- Corporate Induction - Health and safety forms part of the corporate induction day. A 30-minute H&S awareness session is being delivered, covering the following areas: H&S Responsibilities, V&A, Manual Handling, Fire Safety, Lone working, Driving for work, DSE assessments and Datix reporting.
- Specialist training for 'Authorised and Responsible' staff with prescribed roles, under requirements set out under Health Technical Memorandums
- Patient Handling and Object Handling
- Manual Handling for Managers
- Fire Safety courses
- Fire Warden and Fire Incident Coordinator Training
- Toolbox talks are short talks or presentations on specific Health and Safety subject or task.
- Datix Manager Training

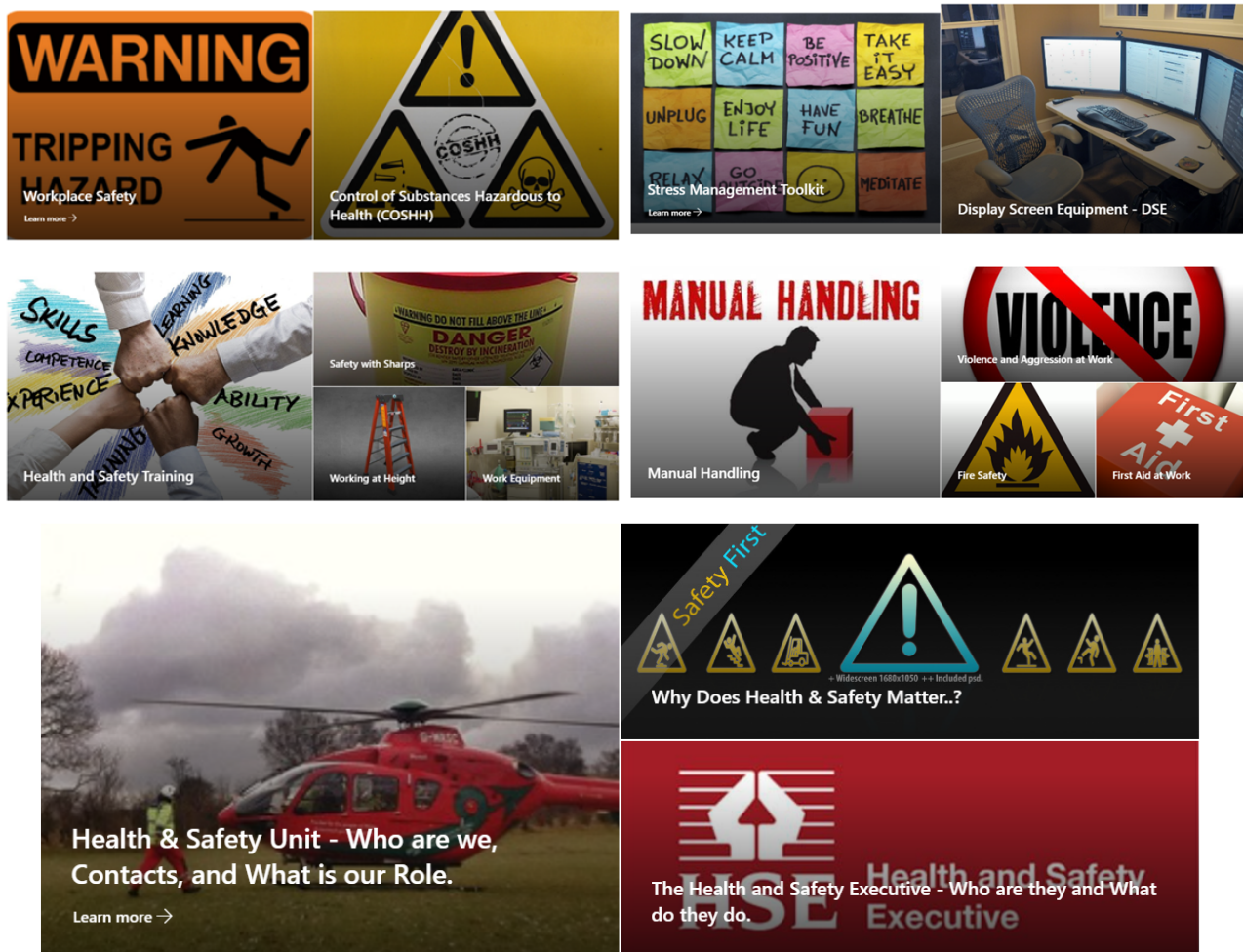
- How to submit an incident on Datix training
- Personal Protective Equipment - COVID 19 Training
- Specific training on identified equipment such as the robotic mower.
- Investigation and Root Cause Analysis Training

Health and Safety – Corporate Web Page and Move to SharePoint

A key element of the role of the health and safety function is to support the understanding and awareness of health and safety issues, but most importantly, how local teams can manage such matters. A completely new website has been constructed, implemented and promoted in 2023. This is updated continually as Health and Safety evolves and contains advice, guidance on several health and safety subjects along with easy-to-follow videos on risk assessment and lone working. All H&S template documents are available through the web site and SharePoint. This site acts as a one stop shop resource page for leaders, managers and staff.

Example from the Health Board Health and Safety Resource Pages





4. Achieving Excellence in Training Compliance

Achieving Excellence in Training Compliance

The main Health and Safety Training Compliance Risks

The Health and Safety Group redesigned its Directorate Report template in 2023 to include a standardised report for monitoring Statutory and Mandatory Training Rates.

Training compliance rates are reported through several Groups and Committees within the Health Board. The key challenge reported in the early part of 2023 was the ability of departments to release staff to catch up with training after the pandemic.

Health and Safety Statutory and Mandatory Training rates

Competency Name	Assignment Count	Required	Achieved	Compliance %
Manual Handling for Managers - No Renewal	236	236	172	72.88%
Moving and Handling - Level 1 - 2 Years	819	819	688	84.00%
Moving and Handling - Level 2 - 2 Years	1555	1555	1192	76.66%
Violence and Aggression (Wales) - Module B - 3 Years	2120	2120	1984	93.58%
Violence & Aggression Module D - 1 Year	74	74	40	54.05%

Health and Safety Unit

The Health and Safety Team is led by the Assistant Director of Health and Safety and Support Services and consists of two full time Health and Safety Officers who are Chartered Members of the Institution of Occupational Safety and Health (IOSH) the chartered body for health and safety professionals. The two officers are supported by the Prevention

Management of Violence and Aggression (PMVA) and Manual Handling trainer/advisers and part time administration support.

As part of the work to strengthen the Health Boards awareness of Health and Safety, its role has been re defined during 2023 and the team are now referred to as the Health and Safety Unit.

The Health and Safety Unit provides a corporate function and is currently hosted by the Directorate of Therapies and Health Sciences.

The role of the Health and Safety Unit is to:

- Provide impartial expert and specialist advice on all health and safety matters across the Health Board.
- Provide guidance and advice on health & safety management, professional and technical advice along with support at all levels within the organisation.
- Provide professional guidance and technical support to assist managers in their duties of implementing PTHB's health & safety policies at a directorate and service level.
- Provide advice and support in relation to risk assessments.
- Undertake audits and inspections as part of the assurance and compliance monitoring arrangements of the Health Board.
- Conduct and assist in incident/accident investigations, where appropriate.
- Representing PTHB at the All Wales NHS Health & Safety Managers group and subgroups.
- Consulting and liaising directly with the enforcement authorities on behalf of PTHB.

- Contributing to the development of a positive health and safety culture for the organisation.
- Where work practices have been identified as dangerous and placing persons at risk of harm, to intervene and control the risk to ensure persons are protected; and then to report and escalate the issue to the relevant Manager or Director.

Health and Safety Unit Budget

All Health and Safety posts were fully funded for the fiscal year 2023/24. The Health and Safety Training budget was increased from £6000 to £25,000 for the year 2023, which covered most of the training costs.

Specialist Training delivered by the Health and Safety Officers

Staff Group	Face Fit Testing Type 1 (2 Years)	Face Fit Testing Type 2 (2 Years)	Face Fit Testing- Non-licensed Asbestos Management (2 Years)	HAVS Awareness Training - Level 3 (3 Years)	HAVS Management Essentials Training (3 Years)	Medical Gas Safety for Porters (1 Year)
Scientific and Technical Group	4	10				
Additional Clinical Services	65	68				
Administrative and Clerical	3	3		3	10	1
Allied Health Professionals	12	6				
Estates and Ancillary		19	19	158	15	37
Healthcare Scientists	2					
Medical and Dental	4	10				
Nursing and Midwifery	76	93				

Total	166	209	19	161	25	38
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Toolbox Talks

In addition to the Statutory and Mandatory training, both Estates and Support Services provide competency training via 'toolbox talks.' Toolbox talks are informal group discussions that focus safety issues. Use of toolbox talks help to promote department safety culture and start health and safety discussions within the team.

There are 62 separate general toolbox talks in use and 10 bespoke ones which are delivered on an annual basis to staff according to their job role and requirements.

Manual Handling Training

To support the ongoing local management and compliance for staff relating to manual handling, the work for 2023/24 has included a specific focus on manual handling involving the introduction and training of manual handling link workers as identified in a Health and Safety Executive (HSE) Notification of Contravention in 2019. To date nine link workers have been trained and are directly supporting their work environment.

The training is delivered in line with the All-Wales NHS Passport scheme and the standards contained therein, this is currently version 3, 2020.

The All-Wales NHS Manual Handling Training Passport and Information Scheme (Passport Scheme) was developed by the All-Wales NHS Manual Handling Group. It was originally launched in 2003 with endorsement from the Welsh Government, NHS Wales and the Health and Safety Executive. After several minor reviews in the intervening years, a comprehensive review was undertaken in 2013-2014 to consider changes to the structure of the NHS in Wales: to ensure learning objectives are relevant, measurable, and achievable; so that the revised Passport Scheme continues to reflect best practice and meets the requirements of NHS organisations in Wales.

The Moving and Handling training aims to plan training on a six-month basis to meet the needs within the organisation and can add more moving and handling courses that may be required. There have been some limitations on training during 2023 due to access to training rooms on the Bronllys and

Llanidloes Sites. The Health Board is opening much needed additional training venues in Llandrindod in 2024, which is expected to improve the availability for training spaces.

Moving and Handling Training delivered in 2023.

Moving & Handling Courses Breakdown - 1st January - 31st December 2023		
Course	Number of courses	Number attended
1 Day Refresher	43	245
2 Day Foundation	35	210
Object/Load	56	296
Managers Module G	17	17
Totals	151	768

Prevention Management of Violence & Aggression Training

As noted above an update on the challenges in delivering PMVA training was received by the Health and Safety group during the year with compliance rates dropping to 45 % by the end of 2023. This was in part due to due to the difficulties in releasing staff to attend the training dates provided, the loss of the training room for refurbishment and the delay in securing an out of county Health Board provider.

During 2023 the training for prevention and management of violence and aggression was provided by external training contractors to cover the planned leave of the dedicated trainer. Work has been ongoing with Aneurin Bevan University Health Board since the Summer and has been finalised by the end of 2023 with both Health Boards collaborating to provide PMVA training in 2024.

Training delivered in 2023.

PMVA Courses Breakdown - 1st January - 31st December 2023		
Course	Number of courses	Number attended
4 Day Foundation	3	13
2 Day Refresher	10	61

1 Day Breakaway	13	78
Totals	26	152

5. Strengthen Inspection

Strengthen Inspection

Risk Assessments & Audits

Assessing and managing risks within departments is one of the most fundamental elements of health and safety. In 2022 the Health and Safety Unit commenced a programme of auditing twenty teams across various departments in Support Services, Estates, Workforce and OD, Women and Childrens Service Group and Community Services Group. Where deficiencies/non compliances were identified, a written report was provided to each service and a local action plan developed. The findings of the audits were reviewed by the Health and Safety Group which accepted the key learning which was in the areas itemised below.

The modules audited.

- Driving for Work
- Lone Working
- Display Screen Equipment
- Violence and Aggression
- Manual Handling
- Workplace Stress

During 2023 the services have worked on their local improvement plans as part of a continuous improvement cycle.

7 Module Audit key learning

Key Learning	Action Implemented
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Gain assurance from those departments not audited, that they have the necessary audits in place.	On going - All Directorates are required to provide an update and assurance to Health and Safety Group on their compliance.
Improve access to information and awareness of the relevant H&S advice and policies for each module.	Develop dedicated resource pages on the Health and Safety Resource Site. This has been completed and pages can be accessed here, Health and Safety (sharepoint.com)
Strengthen knowledge and practical skills in risk assessment.	Improved information available for teams via the Health and Safety resources pages
Strengthen managers awareness of their responsibilities in the Health and Safety Policy.	Health and Safety Unit strengthen awareness and advice to managers, promoting the use of site support and access to the online resource pages.
Enable departments to undertake their own audits and report these back to their Directorate Management teams.	Health and Safety Unit are developing audit tools which departments can use to check their compliance on a range of Health and Safety responsibilities.

Staff Side Engagement and Support

The role of trades unions in Health and Safety is underpinned by statute law and includes the right to appoint Health and Safety Representatives and these must be invited to the relevant Health and Safety meetings so that they can be consulted on Health and Safety Matters.

Staff side representatives of the various unions which are supported by the health Board are active members of the Health and Safety Group and work closely with the Health and Safety Unit and departments to encourage, monitor and report on health and safety in the workplace.

Staff side undertake regular Health and Safety inspections which helps to raise issues and strengthens the overall awareness and supports improvements across the organisation.

CORPORATE HEALTH AND SAFETY RISKS

In 2023 There were no Health and Safety Risks escalated to the Corporate Risk Register.

Patterson
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11:27:05

Risks held on local Directorate Risk Registers are reviewed by the Directorate Management teams on a regular basis and escalated to the Health and Safety Group as required.

LOOKING AHEAD 2024/25

The Health and Safety group Workplan for 2024 will maintain five themes and the continuous improvement cycle reporting back to the Health and Safety Group and the Executive Committee.

A dedicated work programme for the Health and Safety Unit has been drawn up which continues the focus on the themes of the previous year with the addition of:

- Scoping a dedicated system to enable risk assessments to be created and stored and audits to be completed by departments. The aim of this system is to dramatically improve the oversight and reporting of compliance and risk in respect to health and safety issues across the organisation.
- Develop an App to enable staff to access the Health and Safety Resources pages via their mobile phone when working in the community.
- Strengthening the safety culture of the organisation by promoting more resources, awareness sessions and support to managers.
- Piloting the IOSH Managing Safely, three-day course to senior managers directly involved with responsibilities of the Health and Safety function.

CONCLUSION

Patterson
19/03/2024 15:27:05

Powys Teaching Health Board is committed to ensuring the health, safety and welfare of all our employees, and those who may be affected by our work activities or undertakings. Furthermore, ensuring that those who are engaged to carry out work on our premises, and/or on our behalf are also committed to ensuring the health and safety of their employees and others. The revised Health and Safety Policy Framework implemented in 2022 has strengthened the Health Boards Health and Safety Management System and was given a rating of reasonable assurance by the internal audit team. The improvement in reporting of accidents and incidents and access to training and resources is helping to improve the Health and Safety Culture of the organisation.

There is still much work to be done to increase training compliance and reduce areas of accidents and incidents in particular areas, notably in moving and handling and PMVA.

The work plan now established by the Health and Safety Group will continue this work into 2024 to ensure that a positive Health and Safety culture continues to develop.

Patterson
19/03/2024 11:27:05

BOARD MEETING on 20/03/24		Agenda Item 4.6
Subject:	The Socio-Economic Duty: Update and Assurance	
Approved and Presented by:	Meredith Bowley, Executive Director of Public Health	
Prepared by:	Alison Merry, Consultant in Public Health/Deputy Director of Public Health	
Purpose:	The purpose of this paper is to provide an update on the Socio-Economic Duty and to provide assurance about the Health Board’s compliance with the Duty.	
Recommendations:	<p>The BOARD is asked to:</p> <ul style="list-style-type: none"> • NOTE the Planning, Partnerships and Population Health Committee received and took ASSURANCE from the report on the 20 February 2024; • Take its own ASSURANCE about the Health Board’s compliance with the Socio-economic Duty 	
Board Summary:	<p>The Socio-economic Duty came into force on 31 March 2021 under the Equality Act 2010 and aims to deliver better outcomes for people and communities who experience socio-economic disadvantage through better decision-making.</p> <p>The Duty places a legal responsibility on public sector bodies, including Local Health Boards, to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage when they take strategic decisions. It supports the seven goals in the Well-being of Future Generations (Wales) Act 2015: Achieving a More Equal Wales. Public bodies are encouraged to embed the Duty into how they think, act and deliver services to the most deprived groups.</p> <p>This paper provides an overview of the Duty and the requirements it places on Local Health Boards. A toolkit is available to support organisations to understand their responsibilities under the Duty and to implement and embed it into their decision-making. The toolkit highlights the importance of leadership and recommends system level change. A link to the toolkit is provided in the paper.</p> <p>This paper also aims to provide assurance to the Board about the progress made by PTHB to date in implementing the requirements of the Duty. A number of examples are provided to illustrate how the</p>	

Introduction: The Socio-Economic Duty

- The Socio-economic Duty came into force on 31 March 2021, under the Equality Act 2010.
- It places a legal responsibility on public sector bodies, including Local Health Boards, to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage when they are taking strategic decisions.
- It aims to deliver better outcomes for people and communities who experience socio-economic disadvantage through better decision-making.
- It supports the seven goals in the Well-being of Future Generations (Wales) Act 2015: Achieving a More Equal Wales.
- Public bodies are encouraged to embed the Duty into their systems and approaches so that it makes a systematic difference rather than being a tick-box exercise.
- The Socio-economic Duty provides an opportunity for organisations to change the way they think, act and deliver services to the most deprived groups. The Duty can be used as a lever to routinely embed thinking about the impact of decisions on socio-economically disadvantaged groups into systems and processes within the organisation.
- A toolkit is available to support implementation (*A guide to using the Socio-economic Duty in policy and practice in Wales at: [Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage \(nhs.wales\)](https://www.nhs.uk/health-wellbeing-for-people-and-communities-experiencing-socio-economic-disadvantage/)*).

"Socio-economic disadvantage"

- Living in less favourable social and economic circumstances compared to others in the same society.
- Results from complex interactions of a wide range of factors e.g. poverty, material deprivation, health, housing, education, poor access to basic goods and services, limited social mobility and a lack of expectations.
- Someone who experiences socio-economic disadvantage may be income deprived, live in a deprived area or belong to a community that disproportionately experience poverty and social inequality, for example, lone parents or some larger ethnic minority families.
- Socio-economic disadvantage is a determinant of inequality of outcome.



Source: WG, Wellbeing of Future Generations website
([The Well-being of Future Generations | GOV.WALES](https://gov.wales))

Background: The relationship between socio-economic disadvantage and inequality of outcome

Socio-economic disadvantage is a determinant of inequality of outcome. Contributing factors include:

Area deprivation

- more deprived areas have poorer health (physical and mental) and social outcomes and poorer outcomes for factors that influence health eg lower educational attainment or poor house (eg damp, cold)
- NB: area-based measures may hide rural deprivation

Low/no wealth

- link between wealth (savings, financial resources etc) and health
- wealth may be a greater driver of population health than income inequality
- wealth itself is influenced by factors such as educational attainment, employability and earnings

Socio-economic background

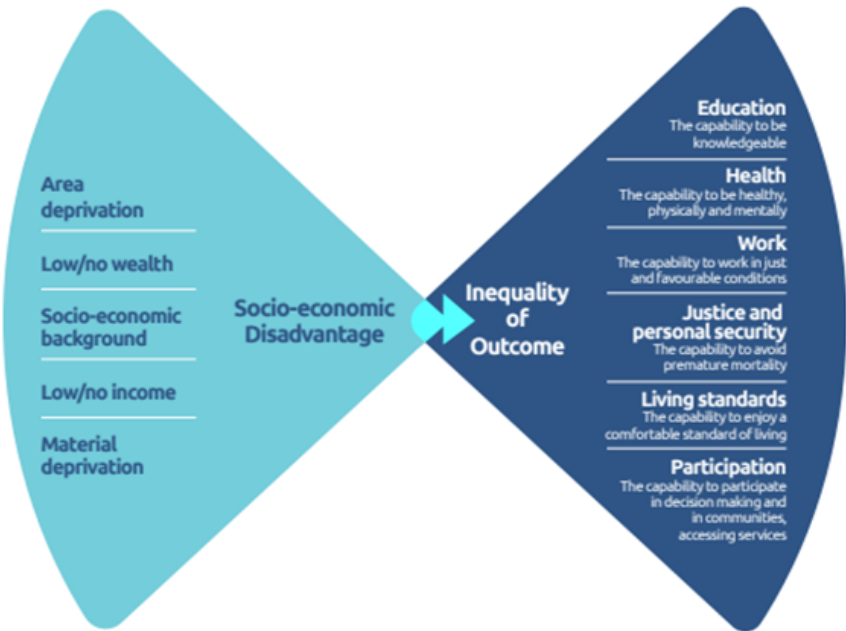
- factors include: parental education and occupation, household income, income/other support such as free school meals
- generational element: correlation between parents' income, educational attainment etc and child's; socio-economic position, health and health inequalities transmitted from one generation to the next

Low/no income

- low income is strongly correlated with poor health and poor mental health
- higher incomes are associated with higher healthy life expectancy/longer time spent in good health
- lower income families are more likely to be unable to heat their home (leading to health problems) and less likely to have access to a car (affecting access to affordable food, employability etc)
- rising cost of living has a higher impact for low-income families

Material deprivation

- inability to afford things such as goods, services and activities that people would usually be able to afford
- associated with negative health outcomes eg low mental wellbeing


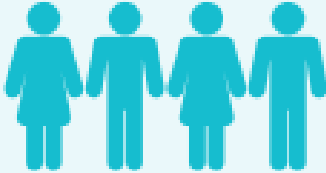



(Source: A More Equal Wales, 2021)¹

Source: PHW, A guide to using the Socio-economic Duty in policy and practice in Wales.

Three lenses for considering socio-economic disadvantage under the Socio-economic Duty in Wales:

- communities of place
- communities of interest
- intersectionality

Socio-economic disadvantage		
		
Community of place	Community of interest	Intersectionality
Shared geographical locations, for example where people work or live.	A shared identity, for example lone parents or care leavers.	The way in which characteristics such as gender, race or class can interact and produce unique and often multiple experiences of disadvantage.

“Intersectionality”

Refers to the duty to consider the ways in which different aspects of someone’s identity such as gender, race or class interact or overlap leading to multiple impacts and or unique experiences of disadvantage.

Examples: “disabled single parent” or “young black care leaver”.

Overlapping characteristics may not be obvious from the data, but considering these and seeking views from those with lived experience will help to ensure that policies and processes better meet their needs.

Background: Guidance for implementing the Socio-economic Duty

A toolkit to support implementation has been published by PHW: *Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage: a guide to using the Socio-economic Duty in policy and practice in Wales* ([Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage \(nhs.wales\)](#)). This aims to support organisations to understand their responsibilities under the Duty and to embed the Duty into their decision-making. It highlights the importance of leadership and recommends a system level change.

Guidance includes a five-stage approach for paying due regard to the Socio-economic Duty which covers identifying the need to carry out an assessment, how to complete an assessment, the cycle of reviewing the policy or intervention, and reporting to senior decision-makers or Board members.

Carrying out an impact assessment				
Plan	Evidence	Assessment and improvement	Strategic decision makers	Recording
Is the decision a strategic decision?	What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this decision? Have you engaged with those affected by the decision? Have you considered both places and communities of interest?	What are the main impacts of the proposal? How can the proposal be improved so it reduces inequalities of outcome as a result of socio-economic disadvantage?	This stage is for decision makers to confirm that due regard has been given, for example executives and non-executive directors, board and committee members. They must be satisfied that the body has understood the evidence and likely impact, and has considered whether the policy can be changed to reduce inequality of outcome as a result of socioeconomic disadvantage.	This stage is the process of evidencing and recording how 'due regard' has been given. At this stage changes to the decision should be made and recorded.

Source: Adapted from A More Equal Wales¹



Source: PHW, A guide to using the Socio-economic Duty in policy and practice in Wales.

The toolkit includes a checklist for organisations to use to assess their progress in complying with the Duty:

Check-list of questions to enable internal system change

- Is there an understanding and awareness from Board level to delivery teams in your organisation of what the Socio-economic Duty is and what is needed to meet the duty?
- Do you have a process to ensure strategies are reviewed in light of the Socio-economic Duty?
- Do you have an integrated impact assessment process?
- Is the impact of strategies on lower socio-economic groups and other inequalities in health highlighted on Board paper templates?
- Do you have an authentic process to ensure co-production and the voices of people who are affected by deprivation are heard?
- Can you be assured that the Socio-economic Duty is not just a tick-box exercise but genuinely being used to embed improving health inequalities in the work your organisation does?
- Do you have champions for the Socio-economic Duty across your organisation including at Board level?

Equality Impact Assessment Process

An Equality Impact Assessment Process is in place and includes an Equality Impact Assessment Template. This should be completed for new policies, new strategies, new services and proposed service changes. The template includes consideration of socio-economic conditions as part of the equality impact assessment process.

Strategic Equality Plan

A draft Strategic Equality Plan has been developed (pending Board approval).

Board and Committee Papers

The templates for board and committee papers have been updated and include a new Committee Briefing Template (in PowerPoint) for papers for information, discussion, assurance (the template that has been used for this briefing), and an updated Committee Paper Template (in Word) which is to be used for papers for decision.

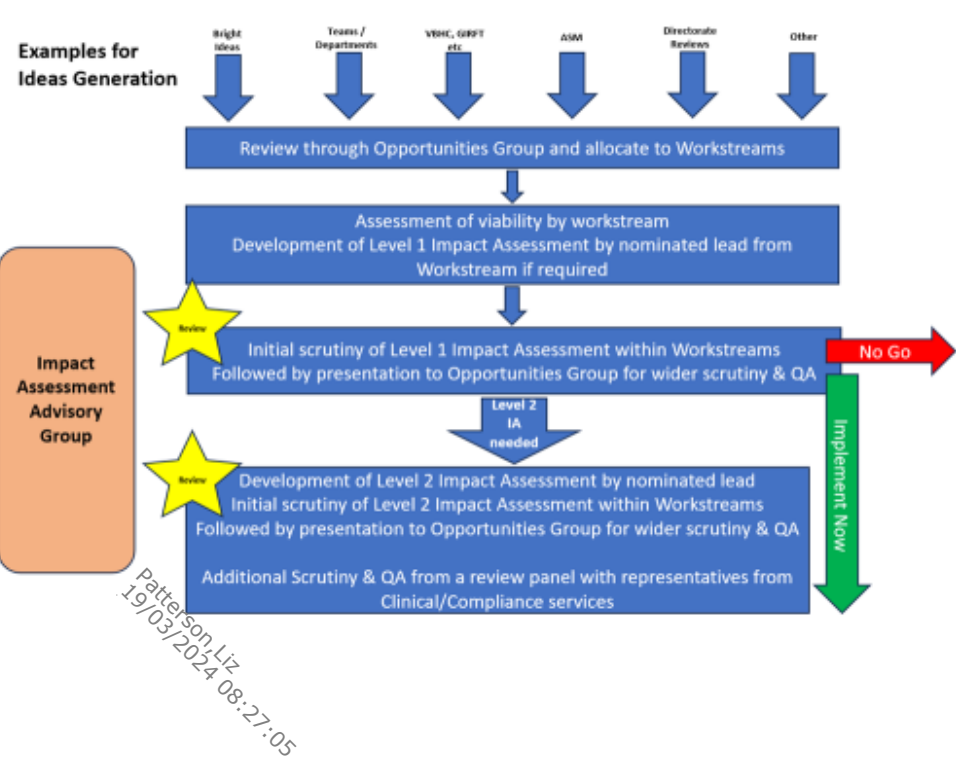
The impact assessment section of the Committee Paper Template now includes "socio-economic status" as one of the criteria which must be considered as part of the decision-making process (see right under the heading "equality").

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				
A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.				
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 Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.				
RISK ASSESSMENT:				
	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (13-25)
Clinical				
Financial				
Corporate				
Operational				
Reputational				
A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.				

Example for assurance: Executive Opportunities Group – Impact Assessment Process

In reviewing the savings proposals put forward as part of the financial opportunities work that commenced in 2023, the Executive Opportunities Group and its workstream groups have taken account of the impact of the proposals on socially-deprived groups in their decision-making. The decision-making process (below left) includes level 1 and level 2 impact assessments with the potential impact of socio-economic circumstances included in the list of characteristics for consideration in the level 2 impact assessment template (below right).

The decision-making process, including the impact assessment templates, are currently under review in order to support the financial opportunities work as it continues to develop into 2024/25.



Characteristic	Potential Impacts	Risk of Adverse Impact ³		
		Likelihood	Impact	Score
Summary	Use this space to summarise the key themes from your equality impact assessment. This could include general issues that apply across multiple equality characteristics (e.g. a general impact across a specific geography). The Adverse Impact score should be the highest individual score across all 12 quality standards. This content will be included in Section A.3			
Age	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Disability	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Gender Reassignment	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Marriage and Civil Partnership	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Pregnancy and Maternity	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Race	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Religion or Belief	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Gender	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Sexual Orientation	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Welsh Language	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Socio-Economic Circumstances	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Social Exclusion	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Carers	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			

Example for assurance: Case Study - Belmont Branch Surgery, Gilwern

Have Your Say

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Find out more or visit our website: pthb.nhs.wales/gilwern

How You Say

Gofyn am eich barn ar gas gan Bractis Grŵp Crickhowell i gau Meddygfa Belmont yng Ngilwern

10 Ionawr 2023 i 6 Mawrth 2023

Rhagor o wybodaeth neu ewch i wefan: biap.gig.cymru/gilwern

During Q3 2022/23, Crickhowell Group Practice submitted an application to the health board to close their Belmont Branch Surgery in Gilwern. Such applications are considered by the health board in accordance with our Branch Practice Review process. This included a process of engagement and impact assessment with patients and stakeholders, followed by analysis and conscientious consideration by the Health Board, which ensured that the Socio-Economic Duty was a key consideration in our deliberation and due diligence:

- The engagement materials included a draft Equality Impact Assessment that highlighted potential impacts in relation to socio-economic issues and sought feedback (January 2023)
- Key stakeholders with a potential interest in socio-economic impacts (e.g. Gwent Association of Voluntary Organisations) were identified as part of the stakeholder analysis and were invited to contribute to the engagement (January 2023)
- The engagement process actively encouraged comments and feedback on socio-economic impact, including through the engagement questionnaire (January to March 2023)
- An updated impact assessment was produced following engagement, reflecting the feedback and comments received (April 2023)
- The report on engagement summarised key themes including potential impacts on people facing socio-economic disadvantage (April 2023, see right)
- The impact assessment and report on engagement were presented to a meeting of the Board in May 2023 and formed part of its conscientious consideration of the application (May 2023)
- Deliberations by the Board included agreement of a mitigation plan which included specific actions to respond to issues raised in relation to socio-economic impact such as travel & transport, and digital access (May 2023)
- A task-and-finish group has been in place to support delivery and monitoring of the mitigation plan, with multi-sector representation (PTHB, ABUHB, Monmouthshire County Council, Llais in attendance) to ensure a broad focus on the determinants of health and on multi-agency action (updates to Board in July 2024, September 2024, November 2023, January 2024)

10.12 Socio Economic Disadvantage

Examples of potential impacts on people facing socio-economic disadvantage:

- People on lower incomes are more likely to be regular users of health services, for example due to health conditions where higher prevalence is associated with higher levels of deprivation. Changes to primary care services may have an increased impact for people on low income e.g. due to ability to drive and access to a vehicle, ability to pay for public transport and/or taxi fares etc.
- People on lower incomes may be less likely to have access to digital and telephone services due to cost of equipment, contracts, calls etc.
- People commented that Gilwern has an ageing population and for many local residents the branch surgery is within walking distance, and that Crickhowell is not easy to access by public transport.
- Particular concerns were expressed in relation to the Clydach area which is furthest south from Crickhowell.

Potential action that could be taken to mitigate the impact in relation to socio-economic disadvantage:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for people on lower incomes who do not have access to these technologies and services.
- Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.
- Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions) and identifying alternatives to accessing these services digitally.
- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to consider alternative provision and to address the disadvantage that people on low income may experience from any changes?
- Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.

Extract from Engagement Report (above).
Regular reports on the mitigation plan have been presented to the Board (below)

GIG NHS

Bwrdd Iechyd Adfyddu Powys
Powys Teaching Health Board

GIG NHS

Bwrdd Iechyd Prifysgol Aberystwyth
Aberystwyth University Health Board

Belmont Branch Surgery Mitigation Plan Tracking

Updated based on discussion and review at
Task and Finish Group meeting on 5 September 2023

Example for assurance: Vaccine Equity work (Public Health Team)

Inequalities are seen in the uptake of routine vaccinations: in Wales, a clear gradient in uptake is seen across deprivation quintiles with the lowest levels of uptake in the most socio-economically deprived quintile.

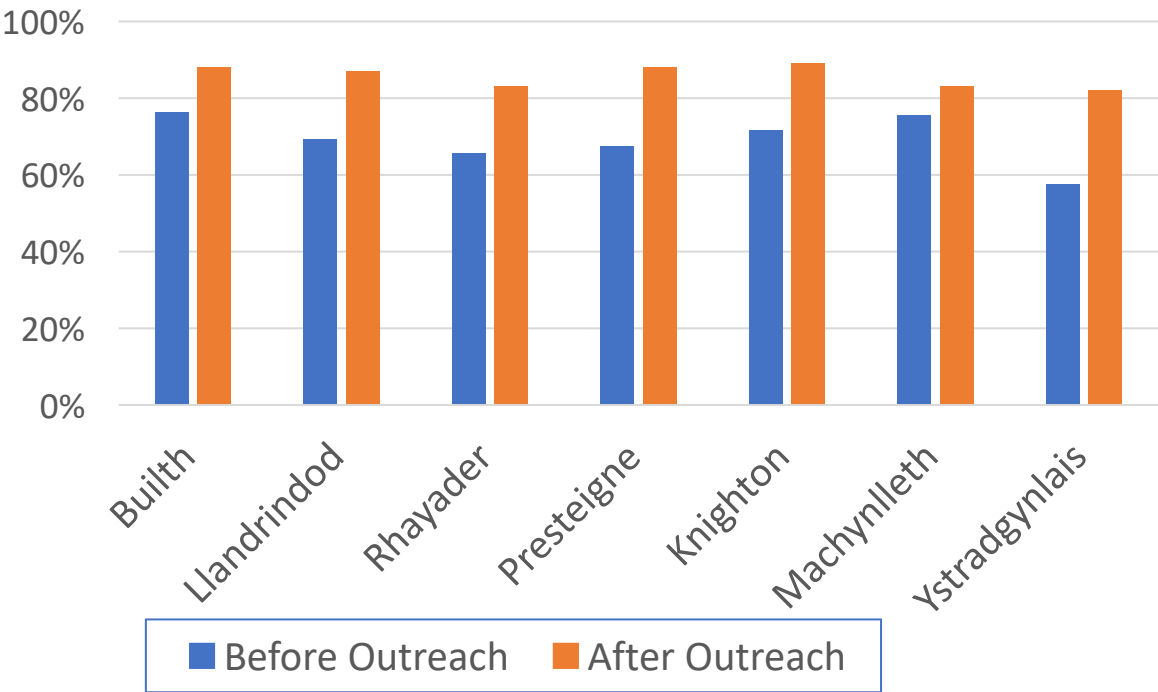
Inequitable vaccine uptake is also evident in Powys between deprivation quintiles although the pattern seen nationally is not always as apparent in Powys as it is in Wales as a whole, potentially reflecting the smaller numbers locally and the impact of rurality for example on ease of access to services.

The Powys public health team is leading work to understand and address variation and inequity in vaccine uptake in Powys. During 2023/24 this work has included:

- Delivery of a polio vaccination catch up programme
- Delivery of an MMR catch up programme
- Pre-school enhanced monitoring of pre school childhood immunisation lists
- COVID vaccination outreach sessions in targeted areas of lower uptake
- Developing a Vaccine Equity Strategy for Powys



Percentage uptake before and after targeted outreach by area (Spring Campaign)



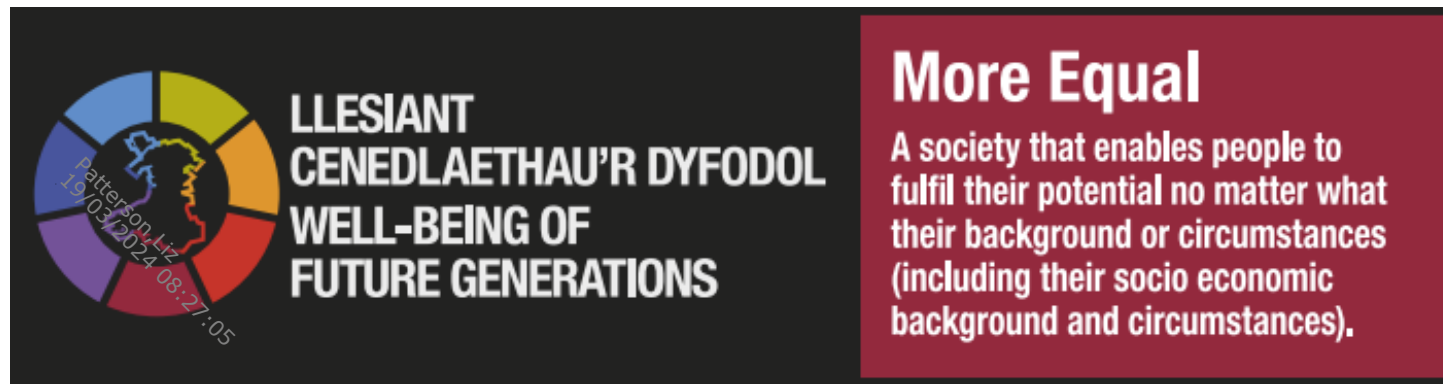
Example for assurance: Powys Health Equity Workshop (Public Health Team)

- During Q3 2023/34 the local public health team held a 'Powys health equity workshop' for key stakeholders with the potential to impact health inequalities. Participants attended from the health board, county council and third sector.
- Evidence was presented on health inequalities in Powys, including due to socio-economic disadvantage.
- Participants heard a presentation on the 'Healthy Ystradgynlais' project (an area of socio-economic disadvantage in Powys).
- The workshop identified organisations, projects and services that are working to improve health inequalities for the people of Powys.

The workshop including interactive sessions to identify gaps in provision and to generate ideas for future action which included:

- engaging with service users which would support the implementation of the Socio-economic Duty in relation to seeking and understanding the views and needs of those impacted by decisions
- improved integrated working which would have the potential to improve inequalities related to socio-economic disadvantage
- increasing understanding of inequalities which would have the potential to improve decision-making in relation to socio-economic disadvantage
- reviewing referral pathways using an inequalities lens.

Whilst this work is at an early stage, it provides evidence of the Duty being used in practice.



Summary

This briefing has provided an overview of the Socio-economic Duty and a link to a toolkit published by Public Health Wales to support public sector organisations in Wales to comply with the Duty.

By ensuring that the requirements of the Duty are met, the health board will be better able to reduce inequalities of outcome and to ensure that services meet the needs of people experiencing socio-economic deprivation.

The briefing has provided a range of examples to show some of the ways in which the health board is complying with the Duty.

Referring back to the checklist on slide 8, it can be seen that whilst the Duty will by its nature require ongoing work, the examples provided show that good progress has been made. These examples provide a firm foundation for ongoing work to embed the Duty across the breadth of work undertaken by the health board.

Recommendations

Members of Board are asked to:

- NOTE the contents of this briefing
- TAKE ASSURANCE about the progress made in implementing the Socio-economic Duty in PTHB

Patterson, Liz
19/03/2024 08:27:05

Board		Date of Meeting: 20 March 2024
Subject:	CORPORATE RISK REGISTER (February 2024)	
Approved and Presented by:	Director of Corporate Governance and Board Secretary	
Prepared by:	Senior Administrator/Personal Assistant to Director of Corporate Governance and Board Secretary	
Other Committees and meetings considered at:	Executive Committee – 06 March 2024	

PURPOSE:

The purpose of this paper is to provide the Board with the February 2024 version of the Corporate Risk Register for discussion and assurance. 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.

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** the February 2024 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks, recognising that a broader review of the organisation's risks is currently underway.
- **NOTE** that details of CRR 009 (Cyber Security) and CRR011 (power outage) will be reported to the In-Committee Board due to the confidential nature of its content.

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	✓

BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

The Corporate Risk Register is presented for assurance at each meeting of the Board. Development of a revised Corporate Risk Register is currently underway to ensure that the register continues to accurately reflects the organisations current strategic risks in the context of our longer term strategic objectives set out in the Strategy. The review is being led by the Director of Corporate Governance, in collaboration with Executive Leads, whilst this work is underway the extant risks have been updated for reporting to the March Board, with an anticipation that the revised CRR will be presented to the Board in line with the next 5-year plan in March 2024. Originally it was proposed the revised risks would be presented to the Board earlier, on reflection it makes more sense to align the revised risks to the new plan and the refreshed risk appetite – all in one cohesive package.

The refreshed risk register will also include more information on relevant assurances and contribute more directly to the Board Assurance Framework.

Proposed Changes to the Corporate Risk Register

The Board is asked to **RECEIVE** the following amendments for CRR 009 proposed by the Director of Finance, Information and ICT (as the Senior Risk Owner) and supported by the Executive Committee:

The Board is asked to **RECEIVE** the following amendments for CRR 012 proposed by the Director of Public Health (as the Senior Risk Owner) and supported by the Executive Committee:

Current Corporate Risk	Change to Risk	Proposed new risk score
<p>CRR 009: A cyber-attack results in significant disruption to services and quality of patient care</p> <p>Risk Score: L4 X I5 =20</p>	<p>Risk score amended</p>	<p>CRR 009: A cyber-attack results in significant disruption to services and quality of patient care</p> <p>Risk Score: L4 X I4 = 16</p>

<p>CRR 012: A national power outage results in significant disruption to services and the equality of patient care</p> <p>Risk Score: L4 X I5 = 20</p>	<p>Risk Score Amended to align with CRR 009</p>	<p>CRR 012: A national power outage results in significant disruption to services and the equality of patient care</p> <p>Risk Score: L3 X I5 = 15</p>
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The full Corporate Risk Register is attached to this report as **Appendix 1**. For ease of reference, updates to mitigating actions and progress is included within the risk register and included in red font.

CRR 009 (cyber security) and CRR 011 (power outage) are provided to the Board in the In-Committee meeting of the Board owing to the sensitive nature of the content.

NEXT STEPS:

The revised corporate risk register will continue to be developed in line with the next 5 year plan 2024-29.

Senior Risk Owners, their directors and Executive Committee will continue to monitor organisational risks, considering risks for escalation to the Corporate Risk Register where appropriate, to ensure that the Corporate Risk Register articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

The third meeting of the reconvened Risk and Assurance Group was held on 5 March 2024, and will meet a minimum of quarterly going forward to enable it to play its full role in the risk management framework for the organisation.

Audit and Risk Assurance Committee will continue to see assurance in relation to the risk management framework.

Board Committees will continue to receive and review the risks that fall within the remit of each Committee.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register February 2024

Patterson.Liz
19/03/2024 08:27:05

Appendix 1 – Corporate Risk
Register

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Board
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CORPORATE RISK HEAT MAP: February 2024

There is a risk that...

In-Committee Risks (Private)		<ul style="list-style-type: none"> CRR 009 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L4 x I4 = 16) CRR 012 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L3 X I5 = 15) 					
Impact	Catastrophic	5				<ul style="list-style-type: none"> the health board fails to manage its financial resources in line with statutory requirements – current financial year the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens the health board fails to manage its financial resources in line with statutory requirements – medium term 	
	Major	4			<ul style="list-style-type: none"> a significant public health event/emergency impacts on provision, continuity and sustainability of services 	<ul style="list-style-type: none"> the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services the care provided in some areas is compromised due to the health board's estate being not fit for purpose 	<ul style="list-style-type: none"> inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens the demand and capacity pressures in the primary care system lead to services becoming unsustainable
	Moderate	3			<ul style="list-style-type: none"> ineffective partnership working, including on service 		

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				change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		
	Minor	2				
	Negligible	1				
		1	2	3	4	5
		Rare	Unli kely	Possible	Likely	Almost Certain
		Likelihood				

CORPORATE RISK DASHBOARD – February 2024

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIT	CRR 001a	Financial Sustainability	The health board fails to manage its financial resources in line with statutory requirements -current financial year	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIT	CRR 001b	Financial Sustainability	The Health board fails to manage its financial resources in line with statutory requirements – medium term	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIT	CRR 002	Financial Sustainability	The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	4 x 4 = 16	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DoNM/MD	CRR 003	Quality	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	4 x 4 = 16	Minimal	6	✗	Patient Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4
D Ops	CRR 004	Safety	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	4 x 5 = 20	Averse	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DP&C	CRR 005	Quality	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	5 x 4 = 20	Minimal	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Minimal	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DP&C	CRR 007	Partnerships	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Open	6	✗	Planning, Partnerships and Population Health	Organisational Priorities underpinning WBO 8
DFIT	CRR 008	Safety	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	5 x 4 = 20	Averse	8	✗	Planning, Partnerships and Population Health	Organisational Priorities WBO 4
DFIT	CRR 009	Performance and service sustainability	A cyber-attack results in significant disruption to services and quality of patient care	4 x 4 = 16	Cautious	12	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
ADoEP	CRR 010	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Minimal	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPH	CRR 011	Performance and Service Sustainability	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Cautious	12	✓	Delivery and Performance	Health and wellbeing of the population
DPH	CRR 012	Performance and service sustainability	A national power outage results in significant disruption to services and the quality of patient care	3 x 5 = 15	Cautious	12	✗	Executive Committee	Health and wellbeing of the population

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KEY

Risk Appetite Descriptors and Categories

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

Executive Lead:	
CEO	Chief Executive
DFIT	Director of Finance, Information and IT
D Ops	Director of Operations/Director of Community and Mental Health
DoNM	Director of Nursing and Midwifery
MD	Medical Director
DPH	Director of Public Health
DWOD	Director of Workforce & Organisational Development
DoTHS	Director of Therapies & Health Sciences
DP&C	Director of Performance and Commissioning
ADoEP	Associate Director of Estates and Property
DCG	Director of Corporate Governance


Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

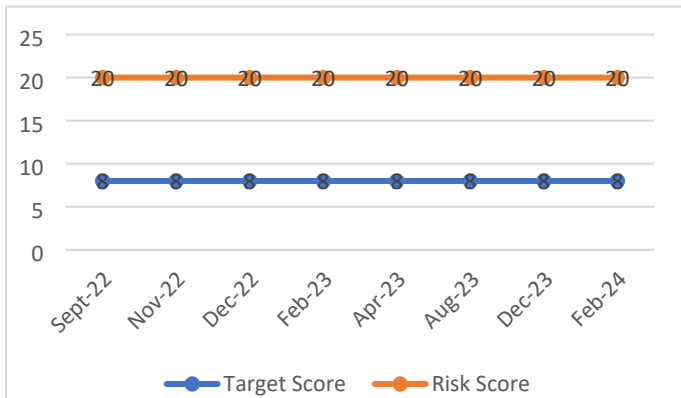
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CRR 001a		Executive Lead: Director of Finance, Information and IT																												
Risk that: the health board fails to manage its financial resources in line with statutory requirements – current financial year		Assuring Committee: Delivery and Performance																												
Risk Impacts on: Organisational Priorities underpinning all objectives		Date last reviewed: February 2024 December 2023																												
<div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated & Split June 2023</div>	 <table><caption>Risk Score Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr><tr><td>Apr-23</td><td>8</td><td>20</td></tr><tr><td>Aug-23</td><td>8</td><td>20</td></tr><tr><td>Dec-23</td><td>8</td><td>20</td></tr><tr><td>Feb-24</td><td>8</td><td>20</td></tr></tbody></table>	Period	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Dec-22	8	20	Feb-23	8	20	Apr-23	8	20	Aug-23	8	20	Dec-23	8	20	Feb-24	8	20	Rationale for current score: <ul style="list-style-type: none">Financial planning for 2023/24 has identified that the THB will have a significant deficit.The Plan submitted to WG in March 2023 was for a deficit of £33.5m in 2023/24 with a planned underlying deficit carried forward into 2024/25 of £33.5m.Following the receipt of £18.3m funding in October and the setting of a target control total of £12m deficit by WG, the Health Board instigated actions and approved a revised Financial Plan of £12m deficit.The THB forecasts that it can manage its capital expenditure within the capital allocation.	
Period	Target Score	Risk Score																												
Sept-22	8	20																												
Nov-22	8	20																												
Dec-22	8	20																												
Feb-23	8	20																												
Apr-23	8	20																												
Aug-23	8	20																												
Dec-23	8	20																												
Feb-24	8	20																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Clear Financial Plan included in IMTP Submission with recurrent mitigating actions of £7.5m.Additional control - Finance and Performance Group established as sub-group of Executive Committee is monitoring the achievement of the mitigating actions.Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.Service Reviews / Performance reviews to strengthen financial monitoring		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.</td><td>DFIIT</td><td>March 2024</td></tr><tr><td>Revisit the assessment of cost pressures in the Financial Plan for 2023/24.</td><td>DFIIT</td><td>Completed</td></tr><tr><td>Consider whether saving schemes can achieve more in 2023/24.</td><td>DFIIT</td><td>Completed</td></tr></tbody></table>		Action	Lead	Deadline	The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.	DFIIT	March 2024	Revisit the assessment of cost pressures in the Financial Plan for 2023/24.	DFIIT	Completed	Consider whether saving schemes can achieve more in 2023/24.	DFIIT	Completed															
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<p>of performance and longer-term impact on financial plan (support better decision making).</p> <ul style="list-style-type: none"> Contracting Framework to monitor and forecast the impact of arrangements in 2023/24 and going forward. Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach. Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position. Value Programme Board supporting a series of Getting it Right First Time Reviews and Planned Care Programme Board implementing the findings to improve outcomes and use of resources. Revised Financial Plan approved in November 2023, including clear mitigating actions targeting a £3.2m stretch improvement. 			
	<p>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.</p>	DFIIT / MD	Established
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	<p>Finance and Performance Group is focussing on delivery of recurrent £7.5m mitigating actions targeted for 2023/24.</p> <p>Recent exercise focused on financial improvement has helped to inform actions being taken to manage and off-set emerging cost pressures.</p> <p>Clear, risk rated mitigating actions targeting a £3.2m stretch improvement.</p>		

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CRR 001b Risk that: the health board fails to manage its financial resources in line with statutory requirements – medium term		Executive Lead: Director of Finance, Information and IT Assuring Committee: Delivery and Performance																												
Risk Impacts on: Organisational Priorities underpinning all objectives		Date last reviewed: December 2023 February 2024																												
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Date	Target Score	Risk Score																												
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Nov-22	8	20																												
Dec-22	8	20																												
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Apr-23	8	20																												
Aug-23	8	20																												
Dec-23	8	20																												
Feb-24	8	20																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Clear Financial Plan included in IMTP Submission with recurrent mitigating actions of £7.5m. Plus, non-recurrent stretch actions for a further £2.8m in 2023/24.Additional control - Finance and Performance Group established as sub-group of Executive Committee is monitoring the achievement of the mitigating actions.Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.</td><td>DFIIT</td><td>March 2024</td></tr><tr><td>Revisit the assessment of cost pressures in the Financial Plan for 2023/24.</td><td>DFIIT</td><td>Completed</td></tr></tbody></table>		Action	Lead	Deadline	The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.	DFIIT	March 2024	Revisit the assessment of cost pressures in the Financial Plan for 2023/24.	DFIIT	Completed																		
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<ul style="list-style-type: none"> ▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks. ▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making). ▪ Contracting Framework to monitor and forecast the impact of arrangements in 2023/24 and going forward. ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. ▪ Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position. ▪ Value Programme Board supporting a series of Getting It Right First Time Reviews and Sustainable Model Planned Care Programme Board implementing the findings to drive improved outcomes and use of resources. ▪ Following the issue of the 2024/25 Allocation Letter, the financial plan for 2024/25 and underlying deficit is being prepared. ▪ As part of planning for 2024/25, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings. 	<p>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.</p>	<p>DFIIT / MD</p>	<p>Established</p>
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>4 x 5 = 20</p>	<p>Finance and Performance Group is focussing on delivery of £7.5m recurrent mitigating actions targeted for 2023/24.</p> <p>As part of planning for 2024/25, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings.</p>		

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CRR 002

Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities

Risk Impacts on: Organisational Priorities underpinning all WBOs

Executive Lead: Director of Finance, Information and IT

Assuring Committee: Delivery and Performance

Date last reviewed: December 2023 February 2024

Risk Rating

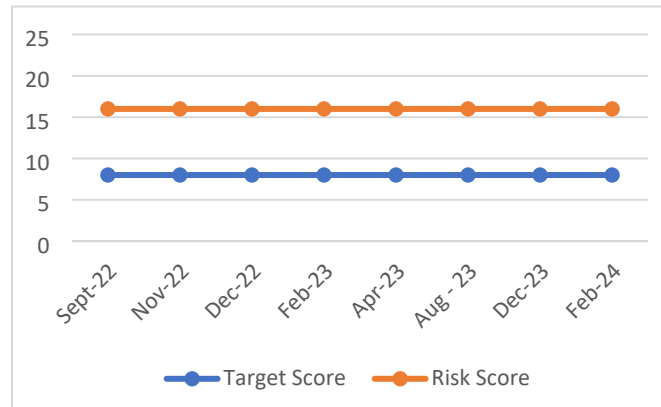
(likelihood x impact):

Inherent: $4 \times 5 = 20$

Current: $4 \times 4 = 16$

Target: $2 \times 4 = 8$

Date added to the risk register
September 2022

**Rationale for current score:**

- Planned deficit of £33.5m for 2023/24 indicates that resources are being consumed above planned and allocated levels. Reconfirmed by revised 2023/24 financial plan with £12m target control total.
- Lack of data re Patient Outcome and Experience to support understanding. Nationally the PROMS and PREMS electronic platforms have been procured separately. The platform for patient experience is in place, but does not have all the necessary functionality for PROMS collection and analysis.
- Value Based Healthcare approach introduced, but not yet embedded into financial plan and budget allocation fully.
- Value Programme Board established and key action is to develop the Health Board approach to PROMs and PREMs (to measure patient experience and outcomes) to inform future resource allocation. Procurement of a national platform is underway.
- PTHB is working with national groups to ensure that dashboards show a resident health board position, including English flows, rather than a Welsh provider position, so that they are reliable for corporate decision making in Powys.
- CEO led Sustainable Model Programme Board in place, embedding a value based health care approach, with supporting executive led

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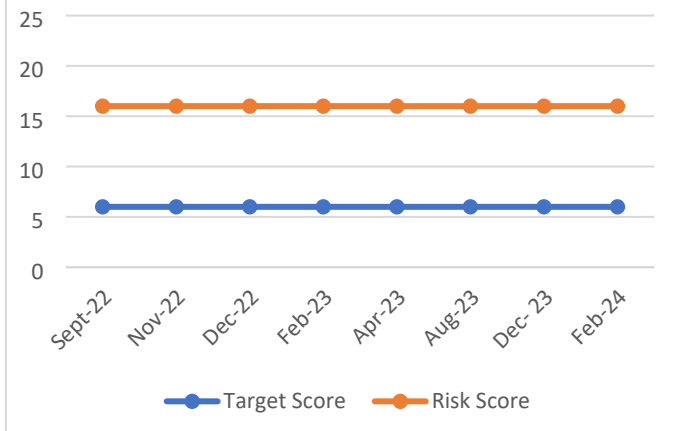
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	<p>programmes for Frailty, Community Urgent Care; Planned Care, Diagnostics and Admission Avoidance; and Mental Health</p> <ul style="list-style-type: none">▪ Draft design report submitted to PPPH Committee, to be considered as next part of next iteration of long term plan.▪ Value Programme Board continuing to support a series of Getting It Right First Time Reviews▪ Sustainable Model Planned Care Programme implementing findings from a series of Getting It Right First Time Reviews; and rolling out implementation of value based service developments and clinical techniques.▪ Frailty, Community and Urgent care Programme Board; Planned Care Programme Board; and Mental Health Programme Board helping to develop and deliver the sustainable model.▪ Following the reduction in funding from WG for Recovery and an exercise to reduce expenditure, £500k has been removed from the budget for transformation.															
Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)															
<ul style="list-style-type: none">▪ Value Board established (report via Sustainable Model Executive Committee Programme Board).▪ Value approach embedded in IMTP focused on outcome, experience and cost.▪ Organisational position in relation to PROMs-and PREMs (to inform resource allocation and actions) approved in principle by Executive Committee, based on EQ5DL for PROMS, overlaid with condition specific outcomes.▪ CIVICA in place for the collection of patient experience.▪ PROMS Group established to assist with technical implementation of PROMS. Value Opportunities Group established.▪ Interventions Not Normally Undertaken Group established.▪ Information and Data Dashboards under development to inform reporting re outcomes and experiences, with work undertaken to ensure national dashboards are amended to show resident health board position including English patient flows.	<table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Ongoing Action as per the Value Group Workplan.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Continue to progress work on the Better Together Accelerated Sustainable Model including Design and Delivery phases, including work on planned care, frailty and mental health.</td><td>Execs and ADTV</td><td>23/24</td></tr><tr><td>Development of shared understanding of value with Powys County Council and Regional Partnership Board, with support from the national lead for value.</td><td></td><td>23/24</td></tr></table>	Action	Lead	Deadline	Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.	Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.	Continue to progress work on the Better Together Accelerated Sustainable Model including Design and Delivery phases, including work on planned care, frailty and mental health.	Execs and ADTV	23/24	Development of shared understanding of value with Powys County Council and Regional Partnership Board, with support from the national lead for value.		23/24
Action	Lead	Deadline														
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Development of shared understanding of value with Powys County Council and Regional Partnership Board, with support from the national lead for value.		23/24														

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<ul style="list-style-type: none">▪ Accelerated Sustainable Model Programme in place with Discovery Report completed, embedding value approach, to help guide prioritisation and resource allocation for maximum value impact.▪ Approach agreed with WOAD and Programme Board to develop and embed organisational understanding of value from induction through to leadership development.▪ Series of Getting It Right First Time Reviews completed with implementation underway through the Sustainable Model Planned Care Programme Board▪ Reports for Community Cardiology indicate positive shift underway. First phase roll out in North Powys, in January 2024 at end of December 2023, showed that of 42210 patients seen to date only 187 have required onward referral to a DGH consultant. 333 patients have received an echocardiogram in Powys and 23 an ECG. Treatment plans have been put in place for 230 patients locally▪ Full Board involvement in development of priorities and financial plans for 2023/24.		ADTV & RSB	
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	N/A		


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CRR 003 Risk that: citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers		Executive Lead: Director of Nursing and Midwifery, Medical Director Assuring Committee: Patient Experience, Quality and Safety																												
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: December 2023 February 2024																												
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Date	Target Score	Risk Score																												
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Integrated Performance Framework▪ Powys Clinical Audit plan▪ Internal Audit annual plan of audits▪ NHS Wales collaborative management groups and associated peer groups▪ Collaboration with the Delivery Unit (NHS Wales)▪ Review of CQC and HIW reports for all providers where Powys residents receive care▪ Triangulation of concerns, complaints (PTR) and incidents▪ Operational arrangements for operational delivery (e.g DCG)▪ Partnership with PCC▪ Communication and engagement with the public and stakeholders		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP PC DoTH</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td></td><td>Dec 2022</td></tr><tr><td>Revisions to IPF to include a strengthened focus of Quality. This will come through to PEQs and Board , will become the IQPF</td><td>DoNM/ DoPP</td><td>June 2024</td></tr></tbody></table>		Action	Lead	Deadline	Improve and refine the Integrated Performance Framework	DoPP	Sept 2022	Monitor fundamentals of care (provider services)	DoNM	Ongoing	Mortality Reviews	MD	Ongoing	Address inequalities of access	DoPP/ DOMHP PC DoTH	Ongoing	Implement Patient experience system (Civica)		Dec 2022	Revisions to IPF to include a strengthened focus of Quality. This will come through to PEQs and Board , will become the IQPF	DoNM/ DoPP	June 2024						
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	Quality and Performance Escalation Framework in development (QuPEF)		
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	<p>This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key matters at February meeting include an update of Maternity Services (Powys Provider), preparation for the implementation of the Duty of Quality and Duty of Candour and progress with the National Nosocomial Framework. Focus on concerns/ complaints will now focus on themes and trends identifying priorities for learning, now that process matters have been addressed.</p> <p>Integrated Performance framework - Approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. Duty of Quality and the implementation of a Total Quality Management System as part of the IPF will be Powys THB vehicle for quality control and quality planning.</p> <p>4.09.2023: The scoring of this current risk needs to remain the same presently. There is an acknowledgement that this current risk is multiple risks in one and therefore needs to be fully re-assessed. The Medical Director and Director of Nursing and Midwifery have a meeting planned with the Director of Corporate Governance/ Board Secretary to agree a course of action.</p> <p>01.03.2024: The score of this risk remains the same presently.</p>		

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CRR 004 Risk that: the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		Executive Lead: Director of Operations/Director of Community and Mental Health Assuring Committee: Delivery and Performance Committee																											
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: December 2023 February 2024																											
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 4 = 12	 <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sept-22</td><td>12</td><td>20</td></tr> <tr><td>Nov-22</td><td>12</td><td>20</td></tr> <tr><td>Dec-22</td><td>12</td><td>20</td></tr> <tr><td>Feb-23</td><td>12</td><td>20</td></tr> <tr><td>Apr-23</td><td>12</td><td>20</td></tr> <tr><td>Aug-23</td><td>12</td><td>20</td></tr> <tr><td>Dec-23</td><td>12</td><td>20</td></tr> <tr><td>Feb-24</td><td>12</td><td>20</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Dec-22	12	20	Feb-23	12	20	Apr-23	12	20	Aug-23	12	20	Dec-23	12	20	Feb-24	12	20	Rationale for current score: <ul style="list-style-type: none"> ▪ Fragility and rising demand on the unscheduled care system, including 111, GP In and Out of Hours, WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators. ▪ Planned industrial action and potential impact on the urgent and emergency health system capacity to meet demand and timely response for care. ▪ Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds. ▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.
Month	Target Score	Risk Score																											
Sept-22	12	20																											
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Feb-24	12	20																											
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																											

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<ul style="list-style-type: none"> ▪ Daily management system in place to manage patient flow including multiple daily local and national calls. ▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos. ▪ Weekly reviews of long stay patients in community hospitals to reduce average length of stay. ▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. ▪ Review of urgent care team arrangements, with agreement to fund a business case for increase in numbers of Discharge Liaison officers. ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. ▪ Care Home risk and escalation plans to support care home capacity. ▪ Reinstatement of Delivery Coordination Group including Senior Social Care attendance. ▪ Winter Plan reviewed to manage whole system pressures. Refresh of escalation options in development between health and social care to increase community care capacity and to reduce delays. ▪ Industrial action command and control structure in place to manage service impact and to minimise disruption to services. ▪ Daily operational management of patient flow. ▪ Refresh of Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ System escalation including senior officer daily review and weekly Gold level oversight. ▪ Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow. ▪ Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels. 	Action	Lead	Deadline
	Review of Complex Care arrangements in place to improve system improvements and to reduce delays. Active planning and implementation of new ways of working to create capacity within current system. Internal Audit have commenced structured audit of Continuing Health Care.	DoO	April 2024
	Transformational development of urgent care system (6 Goals) including ICAP and focus on handover delays.	DoO	
	Delivery of RPB Plan including additional capacity for Supported Living.		October 2024
	Deliver the Integrated Care Action Plan (ICAP).		2025
	ASM Programme for Frailty and Community Model.		2025
	North Powys Wellbeing Programme.		
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	N/a - new risk September 2022		

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CRR 005

Risk that: inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens

Executive Lead: Director of Performance and Commissioning

Assuring Committee: Delivery and Performance

Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4

Date last reviewed: December 2023 February 2024

Risk Rating

(likelihood x impact):

Inherent: $5 \times 4 = 20$

Current: $5 \times 4 = 20$

Target: $3 \times 4 = 12$

Date added to the risk register

Risk Updated December 2022

**Rationale for current score:**

Baseline as at end of September 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,194 patients waiting over 36 weeks, of these 2,795 are waiting over 52 weeks of those 668 wait longer than 104 weeks.

Validated position: at end November December 2023 in NHS Wales commissioned service providers, 26081 Powys residents waiting > 104 weeks; 1343155 Powys residents waiting 53-104 weeks.

At end of September November 2023 in NHS England commissioned service providers, 112 Powys residents waiting > 104 weeks; 8945 Powys residents waiting 53-104 weeks.

A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times.

If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.

Controls (What are we currently doing about the risk?)

- Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS

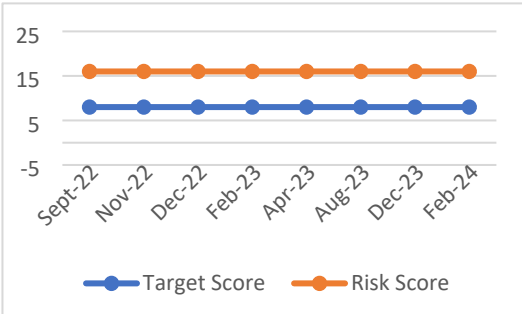
Mitigating actions (What more will we do?)

Action	Lead	Deadline
Secure performance improvement trajectories from providers.	DPP	April 2024

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<p>Wales to understand year-end position for 2023/24 (with reference to NHS Wales Planning Framework 2023-26 and NHSE access target requirements by March 2024).</p> <ul style="list-style-type: none">▪ Medinet contract previously extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a direct award to June 2024 and also to issue a tender for insourced provision in 2024/25.▪ Proposals being developed with Robert Jones and Agnes Hunt to provide increased capacity for high volume low complexity long waiting orthopaedic patients.▪ Identify key priorities to deliver elective treatments within ministerial access targets.▪ Implementation of Integrated Performance Framework. Performance Engagement Group and Business Meeting established.▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.▪ Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub.			
Current Risk Rating	Update including impact of actions to date on current risk score		
5 x 4 = 20	Improved performance experienced within NHS England commissioned service providers; same level of improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.		

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CRR 006 Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	Executive Lead: Director of Workforce and Organisational Development Assuring Committee: Workforce and Culture																																													
Risk Impacts on: Organisational Priorities underpinning all WBOs	Date last reviewed: December 2023 February 2024																																													
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8	 <table><caption>Target and Risk Scores</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>16</td></tr><tr><td>Apr-23</td><td>8</td><td>16</td></tr><tr><td>Aug-23</td><td>8</td><td>16</td></tr><tr><td>Dec-23</td><td>8</td><td>16</td></tr><tr><td>Feb-24</td><td>8</td><td>16</td></tr></tbody></table>			Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16	Apr-23	8	16	Aug-23	8	16	Dec-23	8	16	Feb-24	8	16																
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	Rationale for current score: As of the 31 st of January 2024, the Health Board contracted vs budgeted showed a vacancy rate of 13.5% . After the use of overtime, additional hours, Agency and Bank this fell to 7.05% . The below table provides a breakdown by staffing group of the Contracted WTE vs Budgeted WTE: <table><thead><tr><th rowspan="2">Staff Group</th><th colspan="3">Jan-24</th></tr><tr><th>Contracted</th><th>Budgeted</th><th>Vacancies</th></tr></thead><tbody><tr><td>Add Prof Scientific and Technic</td><td>79.81</td><td>98.33</td><td>18.52</td></tr><tr><td>Additional Clinical Services</td><td>390.12</td><td>442.81</td><td>52.69</td></tr><tr><td>Administrative and Clerical</td><td>557.26</td><td>594.16</td><td>36.90</td></tr><tr><td>Allied Health Professionals</td><td>152.05</td><td>175.44</td><td>23.39</td></tr><tr><td>Estates and Ancillary</td><td>167.29</td><td>176.25</td><td>8.96</td></tr><tr><td>Healthcare Scientists</td><td>9.21</td><td>9.31</td><td>0.10</td></tr><tr><td>Medical and Dental</td><td>34.56</td><td>48.58</td><td>14.02</td></tr><tr><td>Nursing and Midwifery Registered</td><td>567.24</td><td>717.90</td><td>150.66</td></tr><tr><td>Grand Total</td><td>1957.53</td><td>2262.78</td><td>305.25</td></tr></tbody></table> The below table provides a breakdown by staffing group of the Contracted & Variable WTE V Budgeted WTE.			Staff Group	Jan-24			Contracted	Budgeted	Vacancies	Add Prof Scientific and Technic	79.81	98.33	18.52	Additional Clinical Services	390.12	442.81	52.69	Administrative and Clerical	557.26	594.16	36.90	Allied Health Professionals	152.05	175.44	23.39	Estates and Ancillary	167.29	176.25	8.96	Healthcare Scientists	9.21	9.31	0.10	Medical and Dental	34.56	48.58	14.02	Nursing and Midwifery Registered	567.24	717.90	150.66	Grand Total	1957.53	2262.78	305.25
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Staff Group	Contracted WTE	Budgeted WTE	Vacancies WTE
Add Prof Scientific and Technic	80.71	94.77	14.06
Additional Clinical Services	435.79	438.80	7.02
Administrative and Clerical	562.74	593.56	31.42
Allied Health Professionals	152.69	174.64	22.75
Estates and Ancillary	181.25	176.25	-5.00
Healthcare Scientists	9.21	9.90	0.10
Medical and Dental	40.57	47.92	8.01
Nursing and Midwifery Registered	628.89	714.61	89.01
Grand Total	2091.85	2250.45	158.60

The challenges in recruitment are more pronounced in clinical roles with vacancies running at 28.87% for Medical and Dental, 20.99% for registered Nursing and Midwifery and 18.84% for Add Prof Scientific & Tech.

To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in January 2024 from information held on the Health Roster/TSU systems:

- Additional Clinical Services: 23.11 WTE
- Nursing & Midwifery Registered: 38.66 WTE
- Medical & Dental:

Controls (What are we currently doing about the risk?)

- Safecare has been implemented to support and monitor safe staffing levels on wards.
- A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review

Mitigating actions (What more will we do?)

Action	Lead	Deadline
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.	DWOD	Q1 23/34 Ongoing

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rosters for the week ahead and prioritise areas requiring additional staffing.

- A Variable Pay Group has been established and meets twice monthly and a range of performance measures have been developed to monitor variable pay levels.
- Workforce projections have been developed for all wards predicting future staffing levels against known pipelines.
- Monthly reporting of Time to Hire and recruitment KPI's.
- Monthly vacancy reporting in place identifying vacant posts against the financial ledger.

<ul style="list-style-type: none"> • Monthly workforce planning training in place • Bespoke sessions to be delivered for CSG & MG • Intranet page with information on Workforce Planning set up for managers • Ongoing discussions with AD's for CSG & MH to ensure targeted support to areas of most need. 		<p>Complete</p> <p>Complete</p> <p>Ongoing</p>
Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.	DWOD	Q1 23 24 /24 25
Increase bank supply: <ul style="list-style-type: none"> • Recruitment Open days taking place at Hospital sites in January and February and March and will continue throughout the year • Targeted Bank adverts for Registered Nurses and HCSW posts • Wage stream introduced for Bank staff 	<p>DWOD</p> <p>DWOD</p> <p>DWOD</p>	<p>Q4</p> <p>On-going</p> <p>Complete Q3 (23/24)</p>
Continue international nurse recruitment: <ul style="list-style-type: none"> • 11 4 of the Over sea Internationally Educated Nurses have passed their OSCE exam 	DWOD	Q3 (23/24) ongoing

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	and have received their NMC PIN. They are now all deployed to work on the wards in Welshpool and Llandrindod. 5 OSNs currently working in Llandrindod Hospital and will be taking their OSCE exam in early January 2024. A further cohort of 4 internationally educated nurses landed in the UK at the end of February 2024 and will commence the OSCE preparation program imminently, with a further cohort of 4 planned to land in June 2024.		
	Continued deployment of the Aspiring Nurse Programme: 22 Aspiring Nurses have commenced their roles in September 2023. They are working 30 hours a week across adult and Mental Health Wards (17 for CSG and 5 for Mental Health Wards)	DWOD	Q2 (23/24) Complete
	Review of Variable Pay: Deployment of the variable pay action plan	DCSG	Ongoing
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	A Workforce Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.		

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CRR 007

Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys

Risk Impacts on: Organisational Priorities underpinning WBO 8

Executive Lead: Director of Performance & Commissioning

Assuring Committee: Planning, Partnerships and Population Health

Date last reviewed: December 2023 February 2024

Risk Rating

(likelihood x impact):

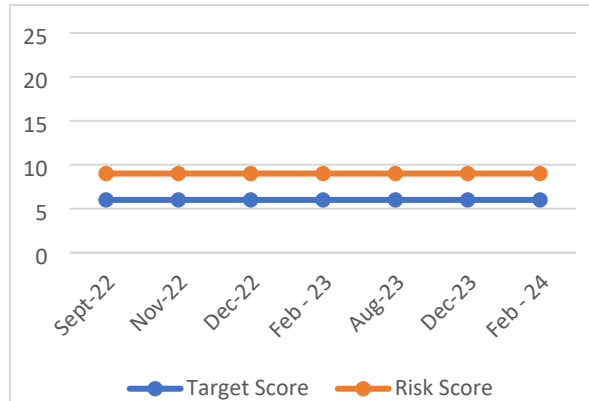
Inherent: 3 x 4 = 12

Current: 3 x 3 = 9

Target: 2 x 3 = 6

Date added to the risk register

Risk Updated
September 2022

**Rationale for current score:**

- Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.
- Further, achievement of the health board's Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.

Controls (What are we currently doing about the risk?)

- Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership Board
- High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board
- Powys Health and Care Strategy in place with Powys County Council and PAVO
- Active engagement with Mid Wales Joint Committee
- Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit

Mitigating actions (What more will we do?)

Action	Lead	Deadline
Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/05/2024
Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	28/02/2024 31/03/2024
Development and population of a Partnership Register	BS	31/03/2024
Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/05/2024

Current Risk Rating

3 x 3 = 9

Update including impact of actions to date on current risk score

No further update

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CRR 008

Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable

Executive Lead: Director of Finance, Information and ICT

Assuring Committee: Planning, Partnerships and Population Health

Risk Impacts on: Organisational Priorities underpinning WBO 4

Date last reviewed: December 2023 **February 2024**

Risk Rating

(likelihood x impact):

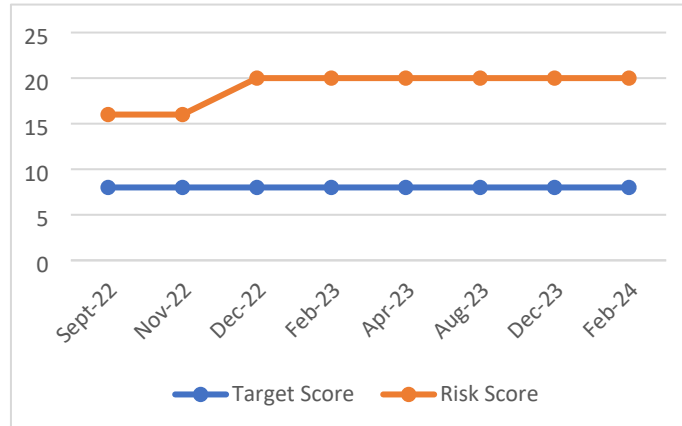
Inherent: $4 \times 4 = 16$

Current: $5 \times 4 = 20$

Target: $2 \times 4 = 8$

Date added to the risk register

Risk Updated
September 2022

**Rationale for current score:**

- Sustainability assessment and escalation tool of GP Practices identifying consistently high risk practices across Powys. Practices may not be able to provide sustainable GMS services. **Over 50% of GP Practices reporting level 3/level 4 currently.** Appointment/contact activity data confirms continued high patient demand. In addition, tripartite contract negotiations with GPC Wales have reached an impasse. WG have formally escalated situation and potential outcome unknown.
- RAAC (reinforced autoclaved aerated concrete) assessments ~~currently being undertaken~~ **completed** by all primary care contractors – assessment findings may have impact on future service delivery. **Currently being reviewed**
- ~~National roll out of SALUS OOH system has been terminated.~~ Extension and associated costs for extending Shropdoc Adastra contract may have financial impact to PTHB.
- Dental access continues to be challenging in areas with recruitment challenges. The PTHB Dental waiting list continues to demonstrate an increasing pressure on timely access to dental services. Currently there are approximately 5000 patients on the waiting list
- New Optometry Regulations in force Oct 2023, and ongoing implementation. National delays with WGOS4 clinical guidance, and on circulation believed to be not fit for purpose and local implementation deadline of 31st March 2024 may be compromised.

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Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)
<ul style="list-style-type: none"> National tripartite contract negotiations with GPC Wales have concluded and 5% pay award for staff agreed. This will support some of the financial pressures being experienced in general practice. Monitoring and liaison with practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix and considering sustainability funding applications. National Contract Assurance Framework being finalised. Ongoing sustainability conversations with three practices RAAC assessment outcomes will be reviewed in conjunction with the PTHB Estates team during February 2024. Report to be submitted to WG by end of February. Implementation of Accelerated Cluster Development Programme. Health Board management of GDS practices if contracts are handed back until tendering process is successful. Regular contact with Shropdoc to ensure continuation of out of hours services. and assurances received there is no current anticipated risk to service supply with Adastra. Ongoing conversations with Shropdoc regarding SLA post current contract termination PTHB allocate new patients from the GDS waiting list to dental practices, however this is a slow process. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. 		Action
		Lead
		Deadline
		<ul style="list-style-type: none"> Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of GP Escalation tool National NHS Primary Care Sustainability Assurance Framework being considered, national conversations ongoing. Regular discussions with Cluster Leads and LMC regarding ongoing demands and additional actions to manage peaks. Winter Resilience pilot agreed and implemented in North GMS Collaborative funded through Cluster budget. Implementation of the Accelerated Cluster Development Programme to meet national milestones. Utilising CDS service for increased input to support urgent GDS access provision when required. Optometry – PTHB linking into the National Implementation Board regarding suitability of WGOS4 guidance and feasibility of implementation deadline.
		DFIT
		Ongoing
Current Risk Rating		Update including impact of actions to date on current risk score
5 x 4 = 20		Mitigating actions continue to manage the risks

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CRR 010

Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose

Executive Lead: Associate Director of Capital, Estates and Property

Assuring Committee: Delivery and Performance

Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4

Date last reviewed: December 2023 February 2024

Risk Rating

(likelihood x impact):

Inherent: $4 \times 5 = 20$

Current: $4 \times 4 = 16$

Target: $3 \times 3 = 9$

Date added to the risk register
January 2017

**Rationale for current score:**

- **Estates Compliance:** 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. **Backlog Maintenance at circa £70M.**
- **Capital:** the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. Whilst PTHB is fortunate to receive significant slippage monies from Welsh Government each year, due to financial challenges this may not be possible at the end of this year. **Financial constraints for NHS Wales has seen the introduction of a Capital Business Case Prioritisation Process which will test all current projects for benefits and affordability from April 2024 and this could impact the PTHB capital programme / transformation agenda. NWSSP-SSU audit in February 2024 identified a shortfall in WG Capital against backlog maintenance across the NHS estate with a Limited Assurance finding. Affordability concerns for larger contractors working in rural Powys with high overheads impacting scheme viability.**

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		<p>▪ Environment & Sustainability: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.</p>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<p>ESTATES</p> <ul style="list-style-type: none"> ▪ Specialist sub-groups for each compliance discipline ▪ Risk-based improvement plans introduced ▪ Specialist leads identified ▪ Estates Compliance Group and Capital Control Group established ▪ Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group and Ventilation Safety Group in place. ▪ Capital Programme developed for compliance and approved capital programme ▪ Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan ▪ Address (on an ongoing basis) maintenance and compliance issues ▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p>CAPITAL</p> <ul style="list-style-type: none"> ▪ Capital Procedures for project activity ▪ Routine oversight / meetings with NWSSP Procurement ▪ Specialist advice and support from NWSSP Specialist Estates Services ▪ Audit reviews by NWSSP Audit and Assurance ▪ Close liaison with Welsh Government, Capital Function ▪ Reporting routinely to Delivery & Performance Committee ▪ Capital Programme developed and approved ▪ Detailed Strategic, Outline and Full Business Cases defining risk <p>Capital and Estates set as a specific Organisational Priority</p> <p>ENVIRONMENT</p> <ul style="list-style-type: none"> ▪ Retained ISO 14001 accreditation ▪ Environment & Sustainability Group 		Action	Lead	Deadline
		Implement the Capital Programme and develop the long-term capital programme.	AD Estates & Property	In line with Annual Plan for 2023-24
		Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage with additional £1.1M received. Estates Funding Advisory Board (EFAB) for 2023/24 and 2024/25 secured. Phase 2 project Llandrindod with endorsed PBC and SBAR, with a total cost of £3.4M submitted to WG and BJC cases being developed. Machynlleth £15.2 reconfiguration of front of hospital completed March 2023.	AD Estates & Property	In line with Annual Plan for 2023-24
		Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2023-24
		Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	AD Estates & Property	March 2024

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<ul style="list-style-type: none">NWSSP Specialist Estates Services (Environment) support and oversightWelsh Government support and advice to identify and fund decarbonisation project initiatives Welsh Government Energy Service / Re:fit energy programme of works underway. High Level Appraisal completed, and Investment Grade Proposal (IGP) published to illustrate invest to save projects.			
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	<p>Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group.</p> <p>Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.</p> <p>Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway.</p> <p>Finance: significant cost pressures related to fuel and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to defects identified and scheduled from new Maintenance Contract roll out.</p>		

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CRR 011 Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services		Executive Lead: Director of Public Health																																																						
Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Assuring Committee: Delivery and Performance																																																						
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12 Date added to the risk register February 2020		Date last reviewed: December 2023 February 2024																																																						
<div><div><div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12 Date added to the risk register February 2020</div><div><table border="1"><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sep-20</td><td>12</td><td>16</td></tr><tr><td>Jan-21</td><td>12</td><td>16</td></tr><tr><td>Mar-21</td><td>12</td><td>16</td></tr><tr><td>May-21</td><td>12</td><td>16</td></tr><tr><td>July-21</td><td>12</td><td>12</td></tr><tr><td>Sept-21</td><td>12</td><td>12</td></tr><tr><td>Nov-21</td><td>12</td><td>12</td></tr><tr><td>Jan-22</td><td>12</td><td>16</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr><tr><td>July-22</td><td>12</td><td>12</td></tr><tr><td>Sep-22</td><td>12</td><td>12</td></tr><tr><td>Nov-22</td><td>12</td><td>12</td></tr><tr><td>Dec-22</td><td>12</td><td>12</td></tr><tr><td>Feb-23</td><td>12</td><td>12</td></tr><tr><td>Aug-23</td><td>12</td><td>12</td></tr><tr><td>Dec-23</td><td>12</td><td>12</td></tr><tr><td>Feb-24</td><td>12</td><td>12</td></tr></tbody></table></div></div></div>		Date	Target Score	Risk Score	Sep-20	12	16	Jan-21	12	16	Mar-21	12	16	May-21	12	16	July-21	12	12	Sept-21	12	12	Nov-21	12	12	Jan-22	12	16	Mar-22	12	12	July-22	12	12	Sep-22	12	12	Nov-22	12	12	Dec-22	12	12	Feb-23	12	12	Aug-23	12	12	Dec-23	12	12	Feb-24	12	12	Rationale for current score: Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022. It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 and other respiratory viruses is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution. During the winter months other respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) co-circulate with Covid-19, and over winter 2022/23 there was an increase in Strep A virus. An overlap in waves of infection due to different respiratory and other infectious viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed.
Date	Target Score	Risk Score																																																						
Sep-20	12	16																																																						
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	<p>Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19 and it's important that those eligible continue to take up the offer of a vaccine and treatment. The NHS is already operating at near maximum capacity. From 1 April 2023 WG has stopped routine testing for respiratory infections, testing decisions are now being clinically led to support antiviral treatment and to manage high risk settings. The risk score will therefore need to be kept under regular review.</p> <p>Impact: 'Major'. COVID-19 presents five harms to the population: -</p> <ol style="list-style-type: none">1. The direct harm arising from the disease itself;2. The harm caused by an overwhelmed NHS;3. The harm caused by stopping other non-COVID activity; and4. The wider harm to wellbeing caused by population level measures in response to COVID-19.5. Harms rising from exacerbated or new inequalities <p>Risks posed by outbreaks of measles in England with lower MMR vaccination rates across parts of England and Wales. With Powys bordering with English counties and commissioned services, there is a risk that there is a delay/missed test results for infections for Powys residents being notified to PHW/HB/LA for timely follow-up action due to different systems.</p>		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
1. Spring (2023) Booster Programme implemented between April - June 2023 for eligible groups in line with JCVI and WG guidance with the primary objective to augment immunity in those at higher risk of COVID-19 and thereby optimise protection against COVID-19, specifically hospitalisation and death. Completed successfully. 2. Delivered Autumn Covid-19 Booster programme to eligible booster cohort between September 2022 and March 2023, with walk ins available at all MVC's and between January & March 2023 offer flu vaccine to eligible population, and non-attendees offered reappointment achieving high uptake rates. Joint	Action	Lead	Deadline

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<p>management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas e.g. MPox, Ukrainian refugees.</p> <p>3. Test, Trace Protect programme transitioned during April – June 2023 to a Health Protection Service in line with <i>'Together for a Safer Wales'</i> with significant smaller team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none"> • WG patient-facing testing framework published 30th March 2023 remains in place with approach being test to diagnose to support clinical care and treatment and test to safeguard; • PCR testing will be focused on those in an outbreak situation and those immunocompromised; • Contact tracing will only take place during period of escalation and to manage high risk outbreaks; • Care home cell meeting will continue with ability to stand up in an incident; • Regional response cell meetings stood down but to reconvene if required. <p>4. Working as part of the wider system in Wales through participation in national planning and response arrangements as these evolve to respond to stage of pandemic and wider health protection issues.</p> <p>5. Continued delivery of <i>'Together for a Safer Future'</i> transition in line with WG policy decisions and national health protection review.</p> <p>6. Staff IPC measures and protective behaviours (PPE/Social distancing etc) guidance updated regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use (this guidance has since been updated, mask usage is kept under review in line with current guidance)</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use (this guidance has since been updated, mask usage is kept under review in line with current guidance)</p> <p>8. Staff testing guidance kept under review in line with WG Guidance and under direction of HB Infection Prevention and Advisory Group. There is currently no requirement to carry out staff testing. December 2023 no testing of staff for Covid-19 in line with National advice.</p>	<p>Continued delivery of COVID-19 and flu vaccination planning and delivery for 2023/24 in line with WG funding and directives, and JCVI guidance</p> <p>Development of a smaller Health Protection service with training and skilling up to enable to provide a 'All Hazards' approach to infectious diseases.</p> <p>Additional phase (phase 3) of Care Home visits planned to undertake infection control and environment visits.</p>	<p>MB/SB</p> <p>NB/CW</p> <p>NB/CW</p>	<p>31/03/24</p> <p>31/03/24</p> <p>31/03/24</p>
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<p>9. Surge vaccination plan developed and submitted to WG in January 2023, and exercised in March 2023.</p> <p>10. Reviewed vaccination plan (workforce and venues) in line with substantially reduced WG funding for 2023/24 (implemented April 2023).</p> <p>11. Scoping health protection response in line with WG funding and requirements for 2024/25. Significant reduction in funding and local resource available to respond to all health protection 'hazards'. Anticipating further reduction in funding for 2024/25 but still a requirement to respond to all health protection 'hazards'.</p> <p>12. Preparing for Autumn/Winter Respiratory viruses and preventative preparedness support offered to care homes for older adults, during August/September 2023, including:</p> <ul style="list-style-type: none"> - delivery of IP&C workbooks. - staff training offered for swab sampling, use of PPE and hand hygiene - sampling processes/pathways - evidence base for vaccinations. <p>13. Updated and commenced implementation of plans for 2023/24 winter respiratory vaccination programme in line with national changes to Covid-19 vaccination planning communicated to Health Boards on 30 August 2023.</p> <p>14. Blended model of delivery for influenza vaccination in place involving GP Practices, Pharmacies, School Nursing Team, Vaccination Service with learning from 2022/23 incorporated into 2023/24 delivery plans.</p> <p>15. Completion of visits for Care homes for older adults for preparedness support regarding IP&C and training (August – December 2023).</p> <p>16. Covid-19 Vaccination Autumn 2023/24 programme delivered from 11 September 2023 starting with Care Home Residents. All eligible patients sent an appointment letter by 30 November 2023 and offered an appointment by 17 December 2023 as per WG request. Current phase of programme in 'leave no one behind' and embarking on tasks of recall and reappointing. Programme increased number of Outreach clinics and Pop-Up clinics (Community Settings) over course of delivery phase. Programme worked with GP practices to also support delivery with 7 practices taking part and offering co-administration with influenza vaccine, where possible.</p> <p>17. Targeted scheme offered to primary care to increase uptake of the influenza vaccine in those aged 2-3 years in line with the CMO recommendations.</p>	<p>Structure of the small Health Protection team being reviewed and developed to meet ongoing needs</p> <p>MMR Working Group established to increase MMR rates in children and young people</p>	<p>MB/NB</p> <p>Sb</p>	<p>30/06/24</p>
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<p>18. Health Board Staff Flu programme delivered from 09 October 2023 starting with appointments at the 2 x vaccination centres. The centres allowed the offer of co-administration of flu with Covid-19 vaccines. Further delivery has included a Peer Vaccinator model, at Occupational Health appointments, drop-ins at vaccination centres and outreach and vaccinator site walk arounds.</p> <p>19. GP practices and Pharmacies have delivered the influenza vaccination programme 2023-24</p> <p>20. A Data Sharing across Borders Task and Finish Group has been established for border HBs, led by PHW, to explore lab issues and strengthen/resolve reporting of results pathways.</p> <p>21. MMR Working (border response) Task and Finish Group set-up to co-ordinate system action to increase MMR vaccination rates and target groups. Audit of healthcare staff MMR vaccination rates undertaken. MMR vaccination being offered through drop-in aswell as targeted letters through vaccination service, and GP Practices. Plan being developed for catch-up implementation in schools.</p>				
Current Risk Rating		Update including impact of actions to date on current risk score		
3 x 4 = 12				

Patterson.Liz
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Report:	Regional Directors Report
Period Covered:	25th January – 15th March 2024
Author:	Katie Blackburn
Status:	For Information
Date:	11th March 2024

Health and Social Care Advocacy Team Update

At the time of writing this report, the Datix system is being migrated to a new CRM system; a verbal update will be provided, noting that there are no significant changes to the previous reports.

Who we've met and what we've heard.....

Our report which outlines what we heard during our engagement in Builth Wells and Llanwrtyd Wells area has been published on our website:

<https://www.llaiswales.org/news-and-reports/reports/report-what-we-heard-builth-wells-engagement>

We carried out focused engagement in the Llanidloes locality during February and we are in the process of analysing all of the information and preparing the report. We were warmly welcomed in each group or venue that we attended and we found that people were very willing to share their experiences with us.

What we've heard.....key themes:

Key themes from engagement:

- We heard many positive statements about the local services such as the GP practice, district nurse team, community pharmacy, clinics and services available in the hospital, the Leg Club, Bodlondeb Home Support team and Care & Repair.
- Some frustration was expressed about the triage system and the difficulty obtaining face-to-face appointments at the GP practice.
- There is a desire for better communication between services – examples given were between GP and pharmacy, between primary care and secondary care, speedier results following diagnostic tests.
- Challenges in accessing an NHS dentist.
- Concerns regarding emergency care services, including long waits in uncomfortable conditions, inadequate facilities, and issues highlighted with cross-border healthcare.
- Mixed comments about mental health services, with some people outlining very positive experiences whilst others expressed frustration at the lack of support provided.
- More information and support is needed for children and adults with learning disabilities and their families.
- Concerns with ambulance response times. People referred to situations where they had taken patients to hospital because an ambulance was not available.

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- Distance to travel for secondary care, lack of public transport to get there and difficulty with parking at hospital sites.
- Would like more diagnostic procedures to be provided locally.
- Better co-ordination between NHS and Social Care Services is needed, especially after hospital discharge or when navigating long-term care scenarios.
- Shortage of social work staff which is resulting in delays in referrals, delays in care plan reviews, carers trying to co-ordinate services between multiple organisations.
- Long waits for care packages due to shortage of paid carers leading to delayed discharge from hospital or people trying to manage difficult circumstances without the support they need.
- Fear of losing the day centre.
- Some people referred to the Emergency Medical Retrieval & Transfer Service review and expressed their worries about losing the air ambulance from the base in Welshpool. We encouraged people to put forward their views by completing the survey or writing to the Chief Ambulance Services Commissioner.

We are sending a Llais representative to each of the Sustainable Powys workshops which have been organised jointly between the Health Board and Local Authority. These started in February and will finish on 20th March.

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The list of activities undertaken since my last report are shown in the table below:

Date	Activity
30 January	Meeting with Miranda Mihkelson from Improving Cancer Journey in Powys – introduction
1 February	Llanidloes Focused Engagement – Meeting with Manager of Maes-y-Wennol Care Home
2 February	Llanidloes Focused Engagement – Friday Friends Group – Learning Disabilities Craft Group at Hanging Gardens
5 February	Llanidloes Focused Engagement - Llanidloes Hospital Outpatients Department
6 February	Llanidloes Focused Engagement – Arwystli Medical Practice, Llanidloes Health Centre
6 February	Llanidloes Focused Engagement – Llandinam Pop-Up Coffee Morning
12 February	Llanidloes Focused Engagement – Llanidloes Pharmacy
12 February	Llanidloes Focused Engagement – Llanidloes Hospital Ward / Maternity
13 February	Credu Carers Group in Welshpool – gathering views about Air Ambulance proposals

14 February	Llanidloes Focused Engagement - Llanidloes Friends Together – St Idloes Church Hall
15 February	Llanidloes Focused Engagement - Trefeglwys Lunch Club
19 February	Llanidloes Focused Engagement – Llangurig Coffee Morning
20 February	PCC/PTHB Sustainable Powys Workshop in Crickhowell
21 February	PCC/PTHB Sustainable Powys Workshop in Llanidloes
21 February	PAVO Community Workers Network, Llandrindod, Rhayader, Builth & Llanwrtyd Wells
21 February	Llanidloes Focused Engagement – Versus Arthritis Support Group
22 February	Llanidloes Focused Engagement – Llanidloes Leg Club in Y Fan Institute
23 February	PCC/PTHB Sustainable Powys Workshop in Newtown
26 February	Llanidloes Focused Engagement - Llanidloes High School
26 February	PCC/PTHB Sustainable Powys Workshop in Llandrindod Wells
29 February	PCC/PTHB Sustainable Powys Workshop in Builth Wells
4 March	Engagement at Haygarth Medical Practice, Haye on Wye Surgery
4 March	PCC/PTHB Sustainable Powys Workshop in Hay on Wye

5 March	PCC/PTHB Sustainable Powys Workshop in Knighton
5 March	PAVO Community Workers Network, Machynlleth Locality
5 March	Engagement at Celebrating International Women's Day event in Knighton Community Centre
6 March	PAVO Community Workers Network, Newtown Locality
7 March	PAVO Community Workers Network, Crickhowell Locality
7 March	PCC/PTHB Sustainable Powys Workshop in Brecon
11 March	PCC/PTHB Sustainable Powys Workshop in Machynlleth
12 March	PCC/PTHB Sustainable Powys Workshop in Welshpool
13 March	PCC/PTHB Sustainable Powys Workshop in Ystradgynlais
13 March	Powys RPB/PSB Engagement & Insight Network
14 March	SATH Hospital Transformation Programme Engagement Session in Montgomery
14 March	PAVO Community Workers Network, Brecon Locality
15 March	Engaging in Builth Wells Livestock Market

A brief review of the last year - (April 2023 – February 2024)

Who have we heard from: 2841 individuals

[an average of...] 258 individuals pcm
60 individuals

Where have we been? 154 Events
[an average of...]14 events a month
3 events a week

[Engagement Presentation for Volunteers 29 02 24 \(youtube.com\)](#)

March Newsletter

Katie Blackburn
Regional Director – Llais Powys
15 March 2024

Patterson Liz
19/03/2024 08:22:05

Newsletter for Volunteers – Powys



Issue 7 – March 2024

Volunteer Spotlight: A Day of Inspiration at The Hanging Gardens, Llanidloes

We're thrilled to share a heartwarming tale from a recent visit to The Hanging Gardens in **Llanidloes**. On Friday, 2nd February 2024, Naren Keeble and one of our dedicated volunteers, Bob Benyon, had the pleasure of immersing themselves in the warmth and creativity of this community project.

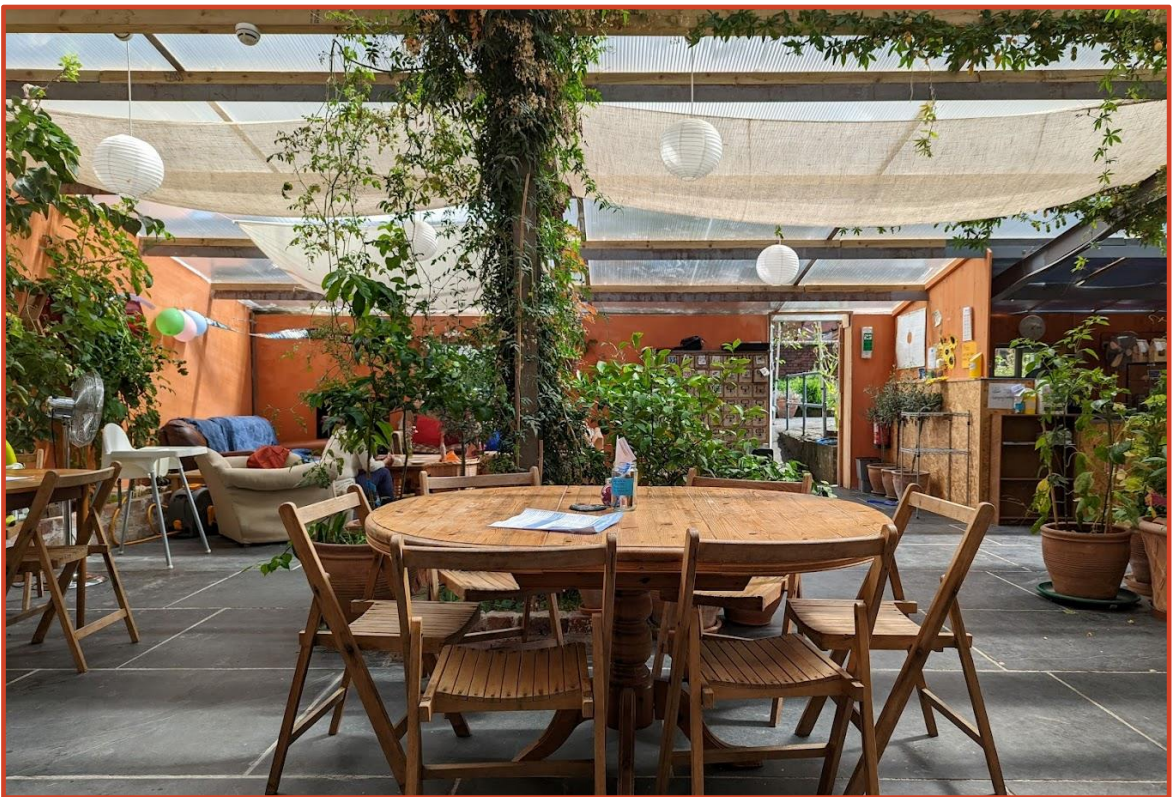
The Hanging Gardens, a delightful endeavour by the local charity Wilderness Trust, is nestled in the heart of Llanidloes. Naren and Bob had the honour of meeting with Director Fran Blockley, who shared insights into the charity's vision and the transformative aims of The Hanging Gardens.

Originally established at Old Chapel Farm, Wilderness Trust endeavours to foster deeper connections with nature, promote sustainable lifestyles, and enrich both individuals and the community. Fran's passion for the project shone through as she recounted the journey from the acquisition of Bethel Chapel in 2017 to its ongoing transformation into a vibrant community space.



The visit was a whirlwind of activity, with Naren and Bob warmly welcomed into the Friday Friends Art Group. This inclusive gathering provides individuals with learning disabilities, aged between 18 and 40, a nurturing environment to express their creativity.

As Naren introduced themselves and shared the mission of Llais, emphasising the importance of local engagement, they were met with enthusiasm and openness. The exchange of stories and experiences highlighted the profound impact of community connections in shaping services within Powys.



Guided by Fran, Naren and Bob explored the impressive theatre and garden spaces, brimming with potential for community involvement. Fran's infectious enthusiasm and unwavering dedication underscored the resilience of Wilderness Trust in overcoming challenges and realising their vision.



Photos: Bob Benyon
at the Hanging
Gardens, Llanidloes



The Hanging Gardens stands as a shining example of community ingenuity and collaboration, breathing new life into rural Llanidloes. It serves as a beacon of hope, enriching lives and fostering valuable social opportunities.

Before leaving, Naren and Bob had the pleasure of sharing surveys, posters, and booklets, further extending the reach of their inspiring experience.

As we reflect on this uplifting tale, let's celebrate the spirit of resilience and community that thrives within The Hanging Gardens. Your dedication and support make moments like these possible, reaffirming the power of volunteering to make a difference.



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Community Connection at Llanidloes Health Centre: Making the Most of Every Moment



We're excited to share an update from our recent engagement at Llanidloes Health Centre on Tuesday, 6th February 2024. Naren Keeble and Heulwen Hulme had the pleasure of meeting with Mrs. Claire Tanner, the Patient Services Manager responsible for administration staff.

Despite the hustle and bustle of the health centre, Naren and Heulwen were warmly welcomed by Mrs Tanner. Due to ongoing renovations, the main reception desk in the waiting room was closed, but they were graciously offered space near the temporary desk at the front entrance. Setting up a small table and chairs, they arranged our booklets and surveys for easy access.

The health centre was bustling with activity throughout their visit from 10:00 am to 12:00 pm, with the waiting room consistently full. Although they were unable to leave materials inside the waiting room itself, Naren and Heulwen took the initiative to introduce themselves to those waiting and engaged in brief conversations with willing participants.

Despite the challenges posed by limited space and a busy environment, they managed to strike up conversations with individuals passing through the front entrance or queuing for the dispensary. In total, they distributed nine surveys and several booklets, making the most of every moment to connect with the community.

While the visit presented its share of obstacles, Naren and Heulwen's commitment to community engagement shone through. Every interaction, no matter how brief, contributed to our ongoing efforts to gather feedback and share valuable information.



Embracing Community Care: Our Experience at Llanidloes Pharmacy

We're thrilled to share our recent engagement at Llanidloes Pharmacy, where Naren Keeble and Jane Randall-Smith, a committed volunteer, delved into community connection on Monday, 12th February 2024.

Meeting with Mr Dylan Jones, the welcoming owner of the pharmacy, Naren and Jane were treated to a tour of the modern facility, showcasing its focus on patient care and access to treatment. Dylan's dedication to providing holistic care was evident as he shared insights into the pharmacy's services and its significant impact on the local community.



Photo: Naren Keeble and Jane Randall-Smith with staff at Llanidloes Pharmacy

Despite the bustling atmosphere and limited space, Naren and Jane engaged with visitors near the pharmaceutical supplies, initiating conversations and distributing surveys. Although privacy was somewhat constrained, they seized every opportunity to connect with those browsing nearby and offered valuable resources to interested individuals.

While challenges were present, Naren and Jane's commitment to community engagement left a lasting impression, reinforcing the importance of fostering connections and providing support within our community.



Community Connection at St Idloes Church: A Snapshot

We're excited to share a glimpse into our recent engagement at St Idloes Church in Llanidloes on Wednesday, 14th February 2024. Naren Keeble and Heulwen Hulme from Llais were warmly welcomed by Christine Bryant, the event organiser, as they prepared to join the Friends Together gathering.

Friends Together serves as a delightful social space where members of the community gather for friendly conversations over a cup of tea. With around twenty-five attendees, the atmosphere was buzzing with anticipation.

Christine graciously invited Naren and Heulwen into the main hall, where they were introduced to the day's agenda. The event kicked off with an engaging talk by a local resident on the history of Llanidloes, setting the stage for meaningful conversations.



During the talk, Naren and Heulwen took the opportunity to introduce themselves and share insights into the work of Llais. They extended a warm invitation for attendees to chat with them after the talk, fostering connections and inviting community engagement.



Photos: Naren
Keeble and Heulwen
Hulme talking to
members of the
public at The Friends
Together Gathering,
St Idloes Church



In a cozy corner, Naren and Heulwen prepared engagement bags containing surveys and booklets, ready to gather feedback and share valuable information with attendees.

The event at St Idloes Church was a wonderful opportunity to connect with the community, share our mission, and engage in meaningful conversations. Stay tuned for more exciting updates as we continue to build bridges and foster community connections together.



Photo: Naren Keeble and Heulwen Hulme with Christine Bryant, event organiser



Celebrating Community Connection: A Day at Trefeglwys Village Hall



We're excited to share a heartwarming experience from our recent visit to Trefeglwys Village Hall on 16th February 2024. Naren Keeble and Bob Benyon were greeted with warmth and hospitality as they joined the vibrant lunch club organized by the lovely Elizabeth Green.

Arriving early, Naren and Bob had the pleasure of setting up a table displaying our booklets, surveys, and printed information, ready to engage with the attendees. Despite being offered a complimentary dinner, they graciously declined, preferring to immerse themselves in the spirit of community connection.

The event buzzed with energy as twenty individuals gathered, eager to share stories and enjoy a meal together. Naren and Bob took the opportunity to introduce themselves to each guest, sparking meaningful conversations and distributing flyers and booklets to curious minds.



Photo: Bob Benyon talking to members of the public at Trefeglwys Lunch Club

As lunch was served, the atmosphere brimmed with camaraderie and laughter, setting the stage for heartfelt interactions. Following the meal, Naren and Bob invited attendees to share their thoughts and experiences, leading to engaging and in-depth conversations that highlighted the strength of community bonds.

The day at Trefeglwys Village Hall was a shining example of the power of connection and community spirit. Through simple acts of kindness and genuine conversation, volunteers like you contribute to creating spaces where everyone feels welcomed and valued.

We encourage you to join us in embracing opportunities for community engagement, whether it's through lunch clubs, volunteer events, or other initiatives. Your presence and positivity make a difference in the lives of those around you, fostering a sense of belonging and connection in our community.

Thank you for your dedication and commitment to making our community a brighter and more inclusive place for all.

Thank You

We would like to say thank you to everyone who attended the Volunteer face to face meeting which was held at the Radnor YFC Centre in Llandrindod Wells at the end of February, it was great to see so many of you there and we hope that you found the meeting interesting and informative.

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Agenda Item: 5.1

BOARD MEETING		DATE OF MEETING: 20 March 2024	
Subject:	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Hayley Thomas, Chief Executive		
Prepared by:	Interim Head of Corporate Governance		
Considered by Executive Committee on:	Various aspects covered in Executive Committee business		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Approval/Ratification/Decision		Discussion	Information
x		✓	x

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

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

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held virtual meetings on 30 January 2024 and an extraordinary meeting on 27 February 2024. The papers for this meeting are available at: [2023/2024 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/wha/2024/01/2023-2024-Meeting-Papers-Welsh-Health-Specialised-Services-Committee)

The briefing report from the meeting held on 30 January 2024 is attached at **APPENDIX 1**. The briefing report from the meeting held on 27 February 2024 will be shared at the next meeting of Board.

Emergency Ambulance Services Joint Committee (EASC)

The EAS Committee held a virtual meeting on 30 January 2024. The papers for the meetings are available at: [January 2024 - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/wha/2024/01/January-2024-Emergency-Ambulance-Services-Committee)

The Chair's Report from 30 January 2024 and the minutes from the meeting on 21 December 2023 are attached at **APPENDIX 2** and **APPENDIX 3**.

Mid Wales Joint Committee for Health and Social Care

The Next meeting of Mid Wales Joint Committee is scheduled at the end of April. An update will be provided to Board in May.

NEXT STEPS:

Relevant updates will continue to be brought to each scheduled meeting the Board.

To note this will be the last report of WHSSC and EASC due to the planned change to the Welsh Joint Commissioning Committee from 1 April 2024 (separate papers included for Board meeting agenda).

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 30 JANUARY 2024

The Welsh Health Specialised Services Committee held its latest public meeting on 30 January 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:

[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 21 November 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) **Noted** the report and presentation; and (2) **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further discussion be undertaken with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The plan should then be brought back to an extraordinary Joint Committee for approval in February 2024.

4. Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales

Members received a report and a presentation providing an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans.

Members (1) **Noted** the presentation, (2) **Noted** the report, (3) **Noted** the current and future Advanced Therapy Medicinal Product (ATMP)

positions and implementation progress to date, (4) **Noted** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities, (5) **Noted** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers, (6) **Noted** the proposed ATMP Commissioning Framework (Appendix 1), (7) **Noted** the development of an ATMP Commissioning Strategy for Wales; and (8) **Supported** that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

5. Chair's Report

Members received the Chair's Report and **noted**:

- **Key Meetings attended.**

Members **noted** the report.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **The increased thrombectomy access for Welsh patients in Bristol** - North Bristol NHS Trust have informed WHSSC that from 15 January 2024 they are able to offer access to thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepts patients at 8.00am. Access to thrombectomy is increasing in south Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate is 2.18% of stroke patients accessing thrombectomy which is still well below the target of 12.5%; and
- **NHS Wales Joint Commissioning Committee Implementation** WHSSC were informed at the National Commissioning Review Oversight Board that it is unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by Welsh Government with 'sign off' by the Director General of NHS Wales. This work will be completed in the next few weeks.

Members **noted** the report.

7. Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)

Members received a report seeking approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales.

Members (1) **Noted** the report, (2) **Noted** the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales, (3) **Noted** the benefits and risks associated with the investment, (4) **Approved** the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and (5) **Approved** the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.

8. WHSSC Cardiac Review – Outcomes of Phase 1

Members received a summary on the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. In January 2023 the Joint Committee agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase focussed on the future configuration of WHSSC commissioned TAVI and cardiac surgery.

Members (1) **Noted** the findings of Phase 1 of the WHSSC Cardiac Review, (2) **Noted** that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB), (3) **Noted** the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and (4) **Noted** the work ongoing to clarify and reduce TAVI valve costs.

9. Mental Health Specialised Services Strategy for Wales 2024/25-2028/29

Members received a report presenting the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and to outline the governance structure for the implementation programme.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.

10. All Wales PET Programme Progress Report

Members received a report providing an update on several issues facing the Projects within the All Wales Positron Emission Tomography (PET) Programme.

Members (1) **Noted** the proposed actions regarding escalation to the Sponsor (Section 3.3.4), (2) **Noted** the issues and risks facing the projects; and (3) **Noted** the progress made by the Work streams and other enabling activities.

11. Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee

Members received a report outlining the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee on 1 April 2024.

Members (1) **Noted** the report; and (2) **Noted** the risks associated with the implementation of the new NHS Wales Joint Commissioning Committee, and noted that the WHSSC Corporate Risk Assurance Framework (CRAF) will be updated to include the risks to specialised service business continuity.

12. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023, (2) **Approved** the CRAF as at 31 December 2023; and (3) **Noted** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings.

13. WHSSC Integrated Performance Report – November 2023

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

14. Financial Performance Report – Month 9 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 9 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 9 for WHSSC (excluding EASC) was an underspend against the ICP financial plan of (£5.018m), the forecast year-end position is an underspend of (£10.416m).

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

15. South Wales Trauma Network Delivery Assurance Group

Members received a report providing a summary of the Quarter 2 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members (1) **Noted** the report; and (2) **Received assurance** that the Major Trauma Network's delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).

16. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report

17. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Kidney Network (WKN).

18. Any Other Business

- **Farewell to CEO Hywel Dda UHB**– members noted that it would have been Steve Moore, CEO Hywel Dda UHB's last Joint Committee meeting following his appointment to a new role. Members thanked him for his contribution and commitment to developing specialised commissioning in Wales and wished him every success in future; and
- **Farewell to Assistant Director of Finance, WHSSC** – members noted that it was James Leaves, Assistant Director of Finance, WHSSC's last meeting and members thanked him for his hard work and commitment and wished him well in his new role with CVUHB.



Tîm Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



Patterson, Liz
19/03/2024 08:27:05



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	30 January 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/current-and-past-papers/january-2024/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 21 December 2023.

The Chair wished to place on record his personal and the Committee's thanks and best wishes to Steve Moore who would be leaving Hywel Dda UHB at the end of the month to take up a new post.

PATIENT STORY FROM THE WELSH AMBULANCE SERVICES NHS TRUST (WAST)

Jason Killens introduced a video with a patient story (Steven's story).

Members noted:

- the patient story had been presented at the WAST Quality and Safety Committee and Trust Board
- the 999 call and the indicated delayed ambulance response
- the decision to convey Steven's grandfather by private transport, bypassing Nevill Hall Hospital and attending the Grange University Hospital
- at the Emergency Department it was confirmed that Stephen's grandfather had suffered a cardiac arrest
- a 'Putting Things Right' concern was submitted, WAST had investigated and responded
- WAST colleagues had since met with the family to discuss the concern and the impact of this event.

Noted:

- the importance of learning from this patient story and Jason Killens agreed to share with Members the investigation and summary of contact made with the family
- ABUHB would also consider this experience with staff and their Board in order to learn lessons
- the opportunity to use the story as motivation to improve services
- the need to always ensure that the commissioning approach undertaken has the patient experience at its centre.

The Chair thanked Jason Killens for introducing a very sobering story that reflected the pressure across the system and for agreeing to share further details to ensure learning across the system.

On behalf of the Committee, the Chair also thanked Steven for sharing the story to aid understanding and further recognition of system pressures and the impact on patients and their families.

PERFORMANCE REPORT

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- 999 call volumes in December 2023 were 19.3% lower than December 2022
- 7.5% reduction in incidents in December 2023 compared to October 2022
- Hear and Treat levels were 0.7% higher in December 2023 compared to December 2022
- Red incidents in December 2023 were 10.7% higher compared to December 2022 but decreased by 8.9% between December 2022 and December 2023
- Amber incidents in December 2023 were 29.8% higher compared to December 2022.
- Ambulance handover lost hours in December 2023 were 29.1% lower compared to December 2022. Some improvements had been made on a number of metrics, the percentage of patients handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between October 2023 and December 2023 there had been a 1.98% increase in handover lost hours.

Noted:

- The significant challenges in relation to handover hours lost and that work had commenced to compare English handover delays, this would be presented to a future meeting
- Improvements were seen in November but performance has since deteriorated
- A number of business continuity incidents had been declared during January
- Targeted actions relating to the Integrated Commissioning Action Plan (ICAPs) were being taken forward via the weekly Chief Operating Officer's meeting and monitored by Welsh Government
- A bespoke dashboard had been developed to monitor progress against the ICAP priorities.

Nick Wood, Deputy Chief Executive of NHS Wales drew Members' attention to the impact of this increased focus on priority areas in South and South East Wales. He expressed disappointment at the lack of progress regarding the use of some of the specialist pathways, including for patients with fractured neck of femur and frailty, in some health board areas. As a key part of the Six Goals for Urgent and Emergency Care Programme (Six Goals), this would continue to be closely monitored over the winter period.

Members noted:

- The lack of improvement in red performance as a result of a reduction in handover hours lost

- A chart prepared by WAST was shared in the Teams 'chat' showing an increasing number of red incidents responded to within 8 minutes against increasing total red demand
- The need to understand what was behind the increase in red demand, and whether opportunities to better respond / manage that increasing demand profile were available. It was stated that WAST had made changes to reflect the coding of patients in England and that this had increased acuity levels
- That WAST monitor and check their call categorisation and, while the red percentage had increased, this remained lower than in NHS England
- That although there was variation, there were positive signs in terms of improvements in amber performance
- WAST had been asked to undertake a deep dive into performance in the Cardiff and Vale (CVUHB) area, this work would be reported as soon as available in order that lessons would be shared
- There was a need to be more specific in the commissioning approach around data linking and that work was being undertaken around areas of deprivation and the impact of this
- It was important that the ICAP process be incorporated into the work of the new Joint Commissioning Committee once established
- That a range of actions were underway and that there was an expectation of an improvement in performance.
- **AGREED THE NEXT STEPS**
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- The significant challenge in WAST for complainants to receive a reply within 30 days, and the need to improve their performance against the 75% target in coming months, currently at 38%
- 22 cases identified by WAST as requiring joint investigation in November 2023. The joint process had been implemented in the last 12 months and would be reviewed in 2024 (Legacy)
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 77.9%
- Work had commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates had increased to 22.2% which was believed to reflect the impact of the Cymru High Acuity Response Unit (CHARU) service
- The continued large number of patients that self-presented at ED with a high triage category, with 574 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention) in November.

Noted:

- That this was a slightly shorter update due to the close proximity to the previous meeting
 - The challenge for the WAST team to respond to concerns within 30 days and the additional resource that had been put in place with a view to improving the position
 - Winter funding had been provided in many previous years to support the work of WAST's 'Putting Things Right' team in order to improve the response during this period and to ensure that there was no backlog, but this funding had not been available this year
 - The work being undertaken with WAST and Digital Health Care Wales linking data on patient outcomes, this was in progress for cardiac arrest patients initially with other patient groups to follow including major trauma and stroke
 - The number of patients self-presenting at ED and that these present a different challenge to the department than those patients conveyed by ambulance (with their immediate care needs addressed)
 - New systems and processes are being tested by WAST to reduce the number of patients self-presenting at ED, this work had just commenced and included input from WAST senior clinicians, an update would be provided at the next meeting
 - The detailed work being undertaken by concern group in order to continue to learn from data relating to clinical outcomes
 - The request from the Chief Ambulance Services Commissioner (CASC) for comments from members to support the further development of the Quality & Safety Report
 - The action to work with HM Coroners to ensure a consistent national understanding and approach and a meeting was being sought
 - The action to work with Hywel Dda UHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.
- **AGREED THE NEXT STEPS**
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.
 - The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances
 - Specific work with Hywel Dda UHB would continue.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- The EASC Team had held discussions with WAST and the Emergency Medical Retrieval and Transfer Service (EMRTS) regarding the draft Commissioning Intentions, these would be presented at a future meeting for approval
- The Committee had approved the enactment of the work to develop a new long term vision for Non-Emergency Patient Transport Services (NEPTS) that reflected health board planned services changes. Therefore, following the development of each organisation's Integrated Medium Term Plans (IMTPs) for 2024-27, the EASC Team would hold a workshop in April 2024 (Legacy).

- Members noted the importance of ensuring that representatives from health boards be in attendance, the EASC Team would be confirming the details of the workshop and seeking nominations shortly
- The growth in demand of renal and oncology patients already impacting significantly on NEPTS capacity and resulting in increased levels of corresponding demand relating to the service, with further growth expected
- With the commencement of the new Joint Commissioning Committee (JCC) in April 2024, a review would be undertaken of the structure of the ICAPs to ensure they are aligned to all commissioning and system requirements (Legacy)
- The EASC team would take a pragmatic approach to the development of the 2024-27 IMTP, recognising that 2024/25 in particular would be a transition year for the team and the committee with the establishment of the new arrangements
- With the responsibility for commissioning of 111 and 111 Press 2 services to the new Joint Commissioning Committee the plan would also explore the opportunities for these services moving forward
- That work would be undertaken with health boards to ensure that there was a regional focus where required when developing Commissioning Intentions and the IMTP.

Members agreed that the plan would assume that the financial allocation and uplift would be in line with that received by Health Boards. Work would be undertaken with Directors of Finance and Directors of Planning to ensure this would be transacted.

• **AGREED THE NEXT STEPS**

The EASC Team would:

- Facilitate the NEPTS Vision Workshop in April 2024
- Undertake a review of the ICAP format
- Strengthen the draft Commissioning Intentions 2024-25 for endorsement by sub groups before being presented to Committee for approval
- Continue to work with Members to enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system using the different elements of the collaborative commissioning approach including:
 - EASC Commissioning Frameworks
 - Integrated Commissioning Action Plans
 - EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker).

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

This section of the minutes will be presented in a different way to the normal EASC minutes. This is due to the increased interest in this agenda item. The recording of the meeting (held in public) is available at (starting at 1hr 09 minutes and 3 seconds)

<https://www.youtube.com/watch?v=cHHcmDagkOk&feature=youtu.be>

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave a short overview of work to date in line with the phased approach.

Members Noted:

- The update provided to EASC on 21 December 2023 where it was agreed that a third and final phase of engagement would be held in February 2024
- That discussions and considerations continued with Llais
- The work undertaken in preparation for the Phase 3 engagement
- That the EASC Team was grateful for the support from engagement leads within health boards particularly in view of the short timescales involved
- The Options Appraisal Workshop had taken place on 12 January with representatives from health boards and NHS Trust, which included clinical, operational, planning and engagement staff
- That Llais had continued to advise and support the development of the Phase 3 process and the team was grateful for their support
- Phase 3 was planned go live on 1 February 2024 and conclude on 29 February with a report to the next EASC on 19 March 2024
- The risks identified within the report.

Stephen Harray, Chief Ambulance Services Commissioner (CASC) responded to the overview of the report and:

- Reiterated that the work with Llais had been continued (including helpful comments on draft documents) and also with engagement colleagues in health boards
- Explained that further development of the Equality Impact Assessment (EIA) had taken place after receiving comments to take account of the current user profile of EMRTS patients
- Explained that an engagement document was being developed as well as the 'Easy read' version
- Re-emphasised that a recommendation or a decision had not yet been made, highlighting the importance of Phase 3 to be able to listen further to the public on the options identified.
- That he would be interested in members views about the approach to the Options Appraisal Workshop, the impact of the workshop and the opportunity for the public to comment on option A and B identified.
- Highlighted the additional actions which could be taken, as a perfect option had not yet been identified
- Recognised that there continued to be a lot of public interest in the work and the team are keen to gather feedback and comments from the public
- Assured Members that the EASC team would work with everyone on a health board by health board basis to provide subject matter expertise or additional information or presentations as required
- Understood that Health Boards would want to discuss the feedback and information from the formal engagement process prior to decision at EASC
- Suggested that the EASC meeting scheduled for 19 March 2024 may not align with HB meetings and suggested the meeting of EASC be rearranged to allow opportunity for consideration at health boards before a final decision at EASC.

Hayley Thomas (Powys) responded by:

- Thanking the CASC for the update and welcomed the strengthening of the Equality Impact Assessment (EIA) including impacts and mitigation
- Highlighting that for the decision making process it would need a strong assessment and costing of the mitigations proposed

- Welcoming that an easy read version would be available and the assurance from the CASC regarding liaison with Llais
- Agreeing that there was substantial public interest. Some people would want all of the information whilst others would only want a summarised version to engage with.
- Raising that of the options discounted that adequate information would be provided including the costs and reasons
- Raising concern about whether the timeline at the end of the engagement period would allow sufficient time to consider in view of the potential scale of the responses and to ensure that health boards properly consider everything prior to any decision making.
- Recognising the amount of work undertaken by the CASC and the EASC team.

Stephen Harrhy responded by

- Agreeing to share the information shared at the Option Appraisal Workshop and how options were ordered including the affordability and value for money considerations
- Agreeing that in order that HBs could respond adequately to issues raised, would want sufficient information for their consideration but if this became an issue this would be discussed broadly and members would be notified
- Identifying some mitigating actions which would support the analysis of the feedback from the public. This would include continuing the work with HB engagement leads as well as Llais and the Team would provide a weekly update report ensuring ongoing analysis from day one
- Making a commitment to meeting the deadlines already identified.

Phil Kloer (Hywel Dda) supported the issues raised by Hayley Thomas and:

- Welcomed the additional information provided as had identified similar concerns in relation to the time for analysis at the end of the engagement period
- Raised concerns over 'digital accessibility' for some people, as there was considerable interest in the engagement process and noted the EASC Team were in regular contact with Hywel Dda UHB staff.

The CASC thanked the HBs for the support already received from each area and assured members that additional information would be provided by the EASC team during the engagement process for people requiring specific information.

Nerissa Vaughan (SBUHB) also supported the information raised by Hayley Thomas and raised concerns on:

- Whether the revised documentation sent yesterday had been shared with Llais and the importance that they should have an opportunity to comment and make suggestions or changes
- Seeking assurance that HBs had the opportunity to consider the proposals within their own governance processes and timescales (outside of the work of EASC).

The CASC responded:

- Support for changing the timescales to ensure health boards could properly consider the responses received in line with their governance arrangements
- The ongoing work with Llais and taking into account and considering all feedback received on the engagement documents and assured members of his commitment to continuing this with Llais
- Agreed to update Llais following the meeting .

Carol Shillabeer (BCUHB) supported previous colleagues and asked (to check her understanding):

- Whether Llais had reviewed the documents and given their comments?
- In relation to the ideas and views from members of the public and groups which had previously been received, sought confirmation that an explanation of why options had been discounted and not included in the shortlisted options was available within the engagement documentation. Furthermore, whether supplementary communication would be required for this matter?
- To confirm in relation to the timescales for the engagement process would start on 1 February and close on 29 February. The date for reviewing and analysing including financial and non-financial aspects would be moved to the end of March to ensure the analysis could be considered by each health board to understand their view and come forward for decision making with their preferred way forward.

The CASC confirmed:

- That Llais were reviewing the documents and had given some comments and this work was continuing
- That the EASC meeting would be moved to ensure health boards had the opportunity to consider the feedback from the engagement process prior to decision making
- In relation to the engagement documents that clarity was provided on how the shortlisting process was undertaken and it would be important to take into account the views the public would want to address in order to make the best recommendation possible.

Carol Shillabeer raised an additional question in relation to the variation in the feedback and comments for different health board areas and the mechanisms to work through these.

The CASC confirmed that as much support as possible would be provided to health boards (of subject matter expertise) depending on individual health boards requirements. The aim was to continue to meaningfully engage with the public, analyse responses and share information with members in line with the other phases of the engagement process.

Nerissa Vaughan raised a query related to the practicalities of the approach depending on what health boards required and how this would be synthesised into a final decision.

The CASC responded by accepting this was a challenge but would continue with the collaborative approach and ensure no surprises for members (health boards).

Nerissa Vaughan made a plea that Llais were fully involved in the work and the CASC gave a further assurance that this was the case and explained the approach in liaising with the national officers.

The CASC also understood that health boards would have local links with Llais and would be happy to provide further support if required on this matter.

The Chair asked for any further comments or questions before summarising the resolution:

- **Approving** the material we are going to engage on
- Had some questions and reassurance in relation to the involvement of Llais

- Needing to work very closely with HBs (an absolute must)
- Would move the March date of EASC to allow for health board consideration of the engagement materials.

At this point, Nerissa Vaughan commented on behalf of Swansea Bay to say that they were happy with the documentation subject to Llais having a look at the documents and explained that she did not believe that this was the case at Llais. She felt it was important that Llais had sight of the documents and been able to make the amendments that they would want to make and this was a request from the engagement lead at SBUHB.

The CASC responded and offered that if there was anything more that the HB would like the team to do with Llais locally that they should contact the team. The CASC again assured members that work was continuing with the Llais national team and assumed that the onward communication internal to the organisation would take place but would be happy to further support health boards.

Phil Kloer asked whether there was confidence to deliver the go live date for the engagement following the discussion at the meeting. The CASC responded that there was and he was confident that all issues could be taken on board to deliver to the deadline agreed.

The Chair confirmed and Members **RESOLVED** to:

- **APPROVE** the start the phase 3 engagement on 1 February 2024 and end on 29 February 2024
- **NOTE** that a period of analysis would then take place
- **NOTE** that the EASC meeting would be moved in March to allow health boards consideration although recognising that there was a risk associated with the end of March and the development of the new Joint Commissioning Committee which would have new members. The risk to the Charity was also identified and therefore he believed there was an obligation on EASC Members to try and conclude the work and finalise the process. The new date for the EASC meeting would be sought and shared in due course.

WELSH AMBULANCE SERVICES NHS TRUST PROVIDER REPORT

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.

Members noted:

- The consult and close rate of 14.1% in December 2023 (WAST ambition to achieve 17% by the start of Quarter 4) with a corrective action plan in place. This was more consult and close activity than had previously been delivered
- That consult and close required staff to utilise different skills in order to undertake remote assessment of patients, work was being undertaken to explore a bespoke qualification for this
- The need to better understand the themes within the alternative transport outcome arising from consult and close activity on a health board footprint

- Good performance (74% with a target of 70%) against enhanced renal journeys that arrived within 30 minutes prior to their appointment time in December 2023; further work required regarding advanced discharge & transfer journeys collected within 60 minutes of their booked ready time (78% against a target of 90%)
- Members recalled the discussion on the recommendations arising from the Manchester Arena Inquiry, work had been undertaken internally on this and a first draft would soon be considered by the WAST Executive Team, this will be reported via EASC governance processes in coming months
- There was the equivalent of an Integrated Commissioning Action Plan (ICAP) in place for WAST with more and more emphasis on remote clinical working and local initiatives including mental health and stroke services.

• **AGREED THE NEXT STEPS**

- WAST would continue to focus on tactical actions in support of winter systems resilience
- ORH to complete the independent and collaborative strategic EMS Demand & Capacity Review in Quarter 4
- EASC Team and WAST to collaborate on finalising their respective 2024-27 IMTPs to ensure they are aligned
- WAST to continue to develop its strategic response to treating demand at the earliest point in the five step Emergency Medical Services (EMS) ambulance care pathway, aligning to the Six Goals for Urgent and Emergency Care Programme
- Health Boards to continue focus on handover lost hours reduction.

FOCUS ON – TRANSITION TO NEW JOINT COMMISSIONING COMMITTEE

Stephen Harrhy presented slides to aid discussion on the work to transition to the new Joint Commissioning Committee utilising the commissioned services lens.

Members noted:

- Opportunities for EASC commissioned services including NHS Wales 111 services, Major Trauma and Neonatal/Paediatric Transport
- The Welsh Government Policy view regarding the need to maintain an ambulance commissioning team as described in the EASC Regulations and Directions
- Risks for EASC commissioned services identified included:
 - maintaining the profile (of ambulances) within the larger Joint Commissioning Committee responsibilities
 - lack of engagement from the existing 111 programme team
 - capacity of the ambulance commissioning team
 - dilution of role and function of Chief Ambulance Services Commissioner (CASC) and ambulance commissioning team
 - loss of the existing integrated collaborative commissioning team approach
- The existing integrated and flexible approach of the National Collaborative Commissioning Unit.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harrhy. The report highlighted key areas which included:

- Winter Ambulance Improvement Plan

- Connected Support Cymru
- Data Linking
- Transfer of 111 Services.

Members particularly noted:

- Connected Support Cymru - This service enabled individuals to get support in their home and avoided unnecessary hospital visits. This had been extended until the end of March 2023. Monthly reports continue to show the positive impact of the service and a detailed report on delivery, outcomes and next steps for the service would be brought to a future meeting.

FINANCE REPORT MONTH 9

The EASC Financial Performance Report at Month 9 in 2023/24 was received. Stacey Taylor presented the report and Members noted that there were no variances within the plan; the position showed £21k underspend.

EASC GOVERNANCE

The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Arrangements for the new Joint Commissioning Committee.

Noted that:

- The Risk Register had recently been reviewed (January)
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups to ensure correct representation at meetings
- Getting the right contacts was highlighted as being very important, this was reflected in the recent Option Appraisal Workshop for the EMRTS Service Review held on 12 January, the level of input and collaboration from health board and Trust colleagues from a broad range of disciplines was very helpful, resulting in a very successful meeting. The Chair thanked all colleagues for their support and participation
- Arrangements to create a new National Joint Commissioning Committee continued, this included recruitment of the Chair and Lay Members and developing the supporting governance arrangements
- Legislation had been drafted and would be laid before the Senedd in early February
- Potential delays to some timelines particularly in relation to the completion of the Organisational Change Process (OCP) for the Tier 1 and Tier 2 posts
- The work was underway to develop a comprehensive legacy statement which would be presented at the next meeting.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process

Matters requiring Board level consideration

- At the Health Board meeting in March 2024, boards will be asked to consider the feedback from the EMRTS Service Review Phase 3 engagement
- To acknowledge the continued significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	19 March 2024			

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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
21 DECEMBER 2023 AT 09:30HOURS
HELD VIRTUALLY BY MICROSOFT TEAMS 'LIVE'**

PRESENT

Members:	
Chris Turner	Independent Chair (in person)
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan University Health Board (ABUHB)
Adele Gittoes	Interim Executive Director of Operations, Betsi Cadwaladr University Health Board
Abigail Harris	Executive Director of Planning, Cardiff and Vale University Health Board (CVUHB) (in part)
Paul Mears	Chief Executive, Cwm Taf Morgannwg University Health Board (CTMUHB) (in part)
Linda Prosser	Executive Director of Strategy and Transformation Cwm Taf Morgannwg University Health Board (CTMUHB) (in part)
Steve Moore	Chief Executive, Hywel Dda University Health Board (HDUHB)
Hayley Thomas	Interim Chief Executive, Powys Teaching Health Board (PTHB)
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Nick Wood	Deputy CEO NHS Wales, Welsh Government (in part)
Nerissa Vaughan	Interim Director of Planning, Swansea Bay University Health Board (SBUHB)
Geraint Farr	Associate Director of Emergency Care, Betsi Cadwaladr University Health Board (BCUHB)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stacey Taylor	Director of Finance for EASC and Director of Finance and Information Welsh Health Specialised Services Committee

In Attendance:	
Lee Leyshon	Interim Assistant Director of Communications and Engagement Lead for the EASC Team
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/123	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 23/124	APOLOGIES FOR ABSENCE Apologies for absence were received from Richard Evans and Deb Lewis (SBUHB), Suzanne Rankin and Paul Bostock (C&VUHB) Carol Shillabeer (BCUHB) and Steve Ham (Velindre University NHS Trust).	Chair
EASC 23/125	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 23/126	MINUTES OF THE MEETING HELD ON 21 NOVEMBER 2023 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 21 November 2023. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 21 November 2023. 	Chair
EASC 23/127	ACTION LOG Members RECEIVED the action log. In view of the recent EASC meeting the Chair asked for an update on one action related to the call handling system and clinical assessment tool for the 111 Service. Jason Killens confirmed that work was progressing well, the 111 Programme Board was sighted on options being considered and a monthly assurance report was being provided. Members RESOLVED to: NOTE the update.	Chair

EASC 23/128	MATTERS ARISING There were no matters arising from the minutes.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/129	PERFORMANCE REPORT The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas. Members noted: <ul style="list-style-type: none"> • 999 call volumes in October 2023 were 7.7% lower than October 2022 • 7.4% reduction in incidents in October 2023 compared to October 2022 • Hear and Treat levels were 2.3% higher in October 2023 compared to October 2022 • Red incidents in October 2023 were 7.8% higher compared to October 2022. • Amber incidents in October 2023 were 6.1% higher compared to October 2022. • Ambulance handover lost hours in October 2023 were 19.8% lower compared to October 2022. Some improvements had been made on a number of metrics, % of patient handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between September 2023 and October 2023 there had been a 18.4% increase in handover lost hours. Members noted: <ul style="list-style-type: none"> • Challenging performance picture in October • Progress had been made during the course of the year but finding improvements in performance were still difficult • The growth in red and amber demand • Slightly lower handover delays but the total hours lost was very challenging for health boards and WAST • Impact of funding and overtime on units of hours produced • Discussions also taking place in the wider system and at the NHS Leadership meetings • Specific requests had been made (of EASC) in relation to the Integrated Commissioning Action Plans (ICAPs): <ul style="list-style-type: none"> - A specific focus on a minimum of two priority actions from HB plans - all Members asked to confirm their actions to Stephen Harry as soon as possible for coordination - common actions to be identified and opportunities for all Wales actions - actions to be prioritised locally identification of system indicators to use and add to the EASC Team weekly dashboard for wider sharing.	

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	<p>Members agreed:</p> <ul style="list-style-type: none"> • commitment had been given by all at the NHS Leadership Board to ensure these actions were implemented. <p>Nick Wood, Deputy Chief Executive of NHS Wales reiterated discussions held, and commitments made, at the NHS Wales Leadership Board and the actions from the existing health board ICAPs. The identification of 2 or 3 actions and ensuring the delivery on a consistent basis and the commitment to provide assurance that this was the case. The CEOs or Chief Operating Officers in HBs would be asked for confirmation this and also for confirmation from WAST about the actions detailed in the Winter Plan and also from those areas where working together was essential.</p> <p>Nick Wood also reminded Members of the clear policies and procedures which had been developed in the system but were potentially not being implemented or utilised. These included:</p> <ul style="list-style-type: none"> • Same Day Emergency Care (SDEC) services and the referral of patients through the 999 route or conveyance routes. The numbers of patients referred would be monitored and variation should be avoided; there needed to be a consistent pathway for access into the SDEC services • Clinical Advice Hubs, most HBs had versions of these and would need to be fully implemented (including ensuring consistent access) • Immediate diagnostic front door pathways with the expectation that HBs and WAST would work together for access particularly for issues like direct admission and timely handover arrangements and for specific illnesses such as stroke and fractured neck of femur. <p>Members noted that the weekly CEO meeting would monitor progress and performance indicators would be developed to measure progress on the key actions identified. Nick Wood asked Members to work with the CASC to identify issues and provide assurance that the actions had been initiated and were consistent in the system in order to mitigate any unacceptable patient safety risks.</p> <p>Members agreed:</p> <ul style="list-style-type: none"> • To provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST. <p>The Immediate Release Report was discussed.</p>	<p>ALL</p>
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	<p>A meeting had been arranged by the EASC Team between HBs and WAST in particular to look at the data and also the consistency of the approach. The key issues had been captured, recommendations had been made and subsequently endorsed by the EASC Management Group. Further work would take place to streamline the process and improve compliance and understanding across the system.</p> <p>Information had been presented in draft using the Statistical Process Control (SPC) as requested by Members. Comments had been requested and it was agreed that they would be integrated as part of the information for future meetings.</p> <p>Stephen Harrhy highlighted specific information from the SPC Charts including:</p> <ul style="list-style-type: none"> • The improvements in the units of hours produced for emergency ambulances • The Cymru High Acuity Response Units (CHARU) and their positive impact on the system (particularly as recruitment was increasing) and the important impact on quality of services received by patients. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report • NOTE the Ambulance Services Indicators • NOTE the information within the performance dashboard • NOTE the inclusion of SPC Charts within EASC reporting dashboard • NOTE the ongoing work regarding resource utilisation. • AGREE to provide responses in relation to local plans and commitments by the first week of January 2024 to the CASC for ongoing coordination as agreed at the NHS Leadership Board. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee - the SPC charts would be included in future dashboards. 	
<p>EASC 23/130</p> <p>Patterson, L 19/03/2024 08:27:02</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The significant challenge at WAST for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months, it is currently 21% (October) 	

- 16 cases identified by WAST as requiring joint investigation in October 2023. This joint process had been implemented in the last 12 months and would be reviewed in 2024
- 51 National Reportable Incidents had been made by WAST to date; this was raised with Welsh Government official at the Quality and Delivery meeting
- An increased number of patients were waiting over 12 hours for an ambulance response in October 2023 (677) compared to July 425, August 554, Sept 609
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 76.4%
- Work has commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates was 17.1% which was believed to reflect the impact of the CHARU service
- The number of patients that self-presented at ED with a high triage category, with 314 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention)
- Falls the biggest reason for a 999 call in October.

Members noted:

- The request from the CASC for comments to support the further development of the Quality & Safety Report
- The action to work with HM Coroners to ensure a consistent national approach and a meeting was due to be arranged
- The work would continue to be reported to Directors of Nursing and Quality
- The ongoing work on data linking and the impact.

Members raised

- Issues related to the new escalation process in Hywel Dda UHB and cohorting at the 2 hour level. The internal quality assurance team were working to ensure this was being closely monitored in terms of mortality and morbidity in as close as possible to real time. It was suggested it could be helpful to align the work being led by the EASC Team with this new area of work at HDUHB, especially in view of the impact of system pressures. It was agreed that Ross Whitehead would work with HDUHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.

Members **RESOLVED** to:

NOTE the content of the Quality and Safety Report

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	<ul style="list-style-type: none"> • NOTE the impact of performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services • NOTE the information provided regarding the independent review into patient safety concerns and governance processes at the North East Ambulance Service • AGREE that Ross Whitehead support the work in Hywel Dda for wider system learning. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee. - The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances - Specific work with Hywel Dda UHB. 	
EASC 23/131	<p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:</p> <ul style="list-style-type: none"> • The emphasis on the collaborative approach to the development of the EASC Commissioning Intentions for 2024 to 2025. <p>Members noted:</p> <ul style="list-style-type: none"> • The EASC Team would work with WAST and Emergency Medical Retrieval and Transfer Service (EMRTS) colleagues to further develop the draft Commissioning Intentions, these would be presented at a future meeting for approval • WAST and EMRTS would have an opportunity to comment on the draft versions • The need to consider the inclusion of other issues, for example mental health as appropriate • Intentions would be developed to reflect the interdependencies with other programmes of work across the system, e.g. Six Goals for Urgent and Emergency Programme and how the system would work together to deliver against these • Intentions would be developed to confirm the actions for health boards, health boards and WAST and WAST itself • Trajectories would be developed against the agreed actions • The need to consider funding bids to support delivery of the agreed actions if required 	

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	<ul style="list-style-type: none"> • The CASC would attend the meeting of the Directors of Planning in January to discuss. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the role of Commissioning Intentions in setting out the strategic priorities of the Committee for the next financial year • NOTE the focus of intentions on outcomes, value, quality and safety of service delivery with a view to ensuring reasonable expectations for the ongoing improvement of commissioned services • NOTE the draft Commissioning Intentions for Emergency Medical Services for 2024-25 • NOTE that Commissioning Intentions for both Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service would be discussed at the respective Delivery Assurance Group • NOTE that Commissioning Intentions would be approved at a future meeting of the Committee. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - The EASC Team would consider comments received on the Commissioning Intentions from members of the EASC Management Group and NEPTS and EMRTS Delivery Assurance Groups - The EASC Team would discuss intentions with WAST and EMRTS colleagues - Commissioning Intentions would then be submitted for approval by the EASC Committee - The Commissioning Intentions would be issued to each of the commissioned services. - The EASC team would continue to work with Members to enact the priorities of the Committee for the HB populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system. - This would include the different elements of the collaborative commissioning approach including: <ul style="list-style-type: none"> • EASC Commissioning Frameworks • Integrated Commissioning Action Plans • EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker) • EASC Commissioning Intentions. 	
EASC 23/132 <div style="transform: rotate(-45deg); font-size: small; position: absolute; left: 0; bottom: 0;"> Ref: EASC/2024/08:27:05 </div>	<p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report on the EMRTS Service Review was received.</p>	

Lee Leyshon presented the report and gave a detailed overview of work to date according to the phased approach.

Noted:

- The approach taken in Phases 1 and 2 of the 19 week engagement process
 - The number of responses received and the wide-ranging emergent themes from the most recent engagement in Phase 2
 - The CASC had attended Board sessions in both Betsi Cadwaladr University Health Board and Powys Teaching Health Board over recent months
 - The CASC had been in contact with Llais throughout the process; since Phase 2 has been underway queries had been raised by some Llais members and these had been informally addressed
 - Correspondence from Llais was received by the CASC on 29 November 2023 formally raising concerns about the next steps of the Review and recommending that this Review was taken to a formal public consultation
 - Queries initially raised by Swansea Bay University Health Board (SBUHB) at the EASC Management Group in October had been responded to and a follow-up meeting with SBUHB colleagues had taken place.
 - EASC had received a further communication from SBUHB reiterating the same points which would be responded to alongside the Llais recommendation
 - A letter had been received from the Wales Air Ambulance Charity setting out the impact that a delay would have on them and requesting that the extensive process was brought to a conclusion as soon as possible
 - Health Board representatives had been nominated to participate in the evaluation process originally scheduled for 14 December, this had been rearranged in light of Llais' letter and the recommendation being considered by the Committee.
 - EASC had previously endorsed the proposal that the preferred and recommended option going to EASC would be taken back to each respective health board for individual board consideration before a collective Joint Committee decision was made. It was proposed that this remained the case
 - The Options Appraisal, using the agreed evaluation framework, with nominated health board representatives would take place in early January
 - The outcome of the Options Appraisal (i.e. shortlisted options) would be shared with Llais and developed into Phase 3 documents
- The shortlisted options – to include a preferred option – would be shared with the public and stakeholders

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- Phase 3 would last for 4-weeks, online during February 2024 and in order to address the needs of the digitally excluded in the population, health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important process
- The following range of bilingual documents would be developed as a minimum:
 - Updated equality impact assessment
 - Phase 3 document focusing on the impacts and pros and cons and costs with an opportunity to comment
 - A plain language or easy read version
- The aim of the documents would be to meet the principles for 'consultation' to ensure that sufficient reasons were put forward for any proposal to permit 'intelligent consideration'. This would include data where possible with as much explanation (and costs) as possible to continue the work of Phases 1 and 2.
- The shortlisted options – to include a preferred option would be simultaneously considered by each health board
- The public and stakeholder feedback would be considered by the CASC; Llais would also have an opportunity to comment
- Each health board would need to provide their respective board views to the CASC by 29 February 2024
- A preferred option would be recommended by the CASC for the Committee to make a final decision on, expected to be at the planned meeting of EASC on 19 March 2024.

Members noted:

- The comprehensive update provided, reflecting the breadth of the public responses received, including in relation to rural communities
 - The recent conversation with Alyson Thomas, Chief Executive of Llais and noted that Llais were content with the approach put forward for a 4-week Phase 3 of the public engagement process, building on Phases 1 and 2 allowing the public opportunity to comment on the options which would include additional detail and costs
 - That Llais referenced service development (rather than service change) and it had been confirmed that Llais wanted the public across Wales to be able to comment on the options shortlisted
 - The support required from health board communication, engagement and service change leads during the engagement period to ensure the consistent approach across Wales
 - All health boards are impacted by the EMRT service as there are patients in every area who do not currently receive a service (unmet need)
- The need to complete the process correctly, building on the comprehensive approach undertaken to date, but also mindful of the impact on others (Charity) in a timely manner

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	<ul style="list-style-type: none"> • The CASC would respond to Llais on behalf of the Committee (and would share a copy with Members) • The concern of the Wales Air Ambulance Charity in respect of further delays to the process. • The CASC expressed his thanks to the Charity for staying with the process, despite the delay causing the Charity potential difficulties. <p>The Chair thanked Members for their support, reiterating that this had been an extremely comprehensive process. It was helpful to receive the Members support for the next phase and there was a need to work together to complete the process to arrive at a decision in March and prior to the development of the new Joint Commissioning Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress on Phase 2 and extent of the engagement to date • NOTE the thematic analysis of public and stakeholder feedback of Phase 2 • NOTE the ongoing risk to patients (unmet need) and under-utilisation levels across Wales • NOTE the potential risk to the Charity • NOTE the contents of the letter from Llais • APPROVE the proposed next steps of the Review to include: <ul style="list-style-type: none"> - Options Appraisal with health board representatives - Phase 3 process - Local support is provided by each health board engagement teams to provide local opportunities for the digitally excluded - Simultaneous health board consideration - Recommended option to be received by the Committee in March 2024. • NOTE that the EASC Team would continue to work with health board engagement, communication and service change leads, and Llais throughout the Review. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - Following the meeting on 21 December, the Commissioner would to send a formal response to Llais on behalf of the Committee confirming the agreed EASC position and clarifying the adjusted timeline for the Review going forward. - Issue a public communication confirming the Committee's agreed position and next steps for the EMRTS Service Review including any adjusted timeline. - Make operational arrangements to deliver the EASC agreed next steps of the process. 	
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<p>EASC 23/133</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harray. The report highlighted key areas which included:</p> <ul style="list-style-type: none"> • WAST Stakeholder Briefing • Winter Ambulance Improvement Plan <p>Members particularly noted:</p> <ul style="list-style-type: none"> • The WAST Stakeholder Briefing sent by WAST at the start of December which had raised some concerns regarding timing and content, and noting that a formal response would be prepared by the CASC on behalf of the Committee. It was agreed that the CASC would share a draft response to health boards for comment before formally responding to WAST. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the contents of the WAST Stakeholder Briefing • NOTE the request to provide comments on the Briefing to the EASC Team in order to prepare a response on behalf of the Committee • NOTE the contents of the briefing on the Winter Ambulance Improvement Plan • NOTE the expectation of health boards and WAST to identify key priority areas • AGREE the actions that would be prioritised by their organisation over coming months. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - Once responses are received on the recent WAST briefing, before, at the meeting or following a response would be sent. This would be shared in advance with Members - Commissioners had an opportunity to input actions for the Winter Ambulance Improvement Plan and these would be forwarded to Welsh Government as soon as possible. 	
<p>EASC 23/134</p> <p>Patterson 19/03/2024 08:27:05</p>	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Additional information in line with discussions at the meeting would be included for the next version.</p> <p>Members RESOLVED to: APPROVE</p>	

Part 3. OTHER MATTERS		ACTION
EASC 23/135	ANY OTHER BUSINESS There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions and wished members the compliments of the season.	

DATE AND TIME OF NEXT MEETING		
EASC 23/136	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 30 January 2024 (re-scheduled from 16 January 2024) virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.

This document / form is also available in Welsh.

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AGENDA ITEM: 5.2

BOARD MEETING		DATE OF MEETING: 20 March 2024
Subject:	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Hayley Thomas, Chief Executive	
Prepared by:	Corporate Governance Business Officer	
Considered by Executive Committee on:	Various aspects covered in Executive Committee business	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

The purpose of this report is to provide 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).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
x	✓	x

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

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

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 18 January 2024. The papers for this meeting are available at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#). The assurance report from that meeting is attached at **Appendix 1**.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: [Browse meetings - Public Service Board Cyngor Sir Powys County Council \(moderngov.co.uk\)](#)

The PSB last met on the 13 March 2024 where the meeting considered:

- Undertaking a whole system approach to healthy weight
- Evidence and insight
- Responding to the climate emergency
- Serious violence duty strategic needs assessment
- In confidential session:
 - RPB/PSB asset workshop
 - Partnership conversation

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB has not met since the last meeting on 8 December 2023 the next meeting of the RPB is scheduled for 22 March 2024.

A copy of the Terms of Reference is attached at **Appendix 2**.

Replacement arrangements for the Joint Partnership Board

The Joint Partnership Board was discontinued as of 31 December 2023 with arrangements made to replace this with a Joint Leadership Team (JLT) and Board to Cabinet Forum (BCF). The JLT met on 11 March 2024 where the Terms of Reference were agreed (attached at **Appendix 3**), and the BCF met on 12 March 2024 where the Terms of Reference were agreed (attached at **Appendix 4**).

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 January 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. These included:

- Meeting with Ministers in December where there was some unsolicited positive reflections from Judith Paget on the role of NWSSP, particularly in helping to support NHS Wales in meeting the challenges of the financial climate;
- NHS Wales Chairs' meeting in January which is always helpful in terms of being kept informed on developments and risks; and
- Attending the Velindre University Trust Board at the end of November with the Managing Director to provide updates on development within NWSSP and progress with the IMTP.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The recent JET meeting with Welsh Government colleagues covering performance, governance, quality, and workforce planning was very positive with Welsh Government acknowledging the significant role that NWSSP plays within NHS Wales;
- The significant involvement in the response to the industrial action taken in the week of the 15th January and particularly the impact on the NWSSP Payroll Division with the need to amend the pay of those on strike;
- An incident was noted immediately prior to Christmas that led to a number of staff, primarily employed in BCUHB, not receiving their pay as expected.

Although NWSSP received the calls relating to this issue, the delay was caused by the Health Board's flexible pay arrangements provider. This incident has led to an acknowledgement of the need to revisit the respective responsibilities for this arrangement and Workforce Directors are meeting to discuss this;

- The TUPE process for the Cwm Taf laundry staff is underway and we are also supporting Hywel Dda UHB in the meetings with the staff affected by the planned closure of their laundry and the associated creation of a laundry hub; and
- Advanced negotiations with the landlord are on-going for the fit-out of the building on the Nantgarw estate that will be used to house staff moving from both Companies House and our current HQ in Nantgarw. The expected date for us to move into this accommodation will be in the latter part of 2024.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2024-27

The draft IMTP was submitted for approval. The Ministerial Priorities for 2024-25 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services. The financial allocation letter for 2024-2027 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December and has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years. In line with the direction from the Minister for Health and Social Care, we recognise the need to focus on a smaller number of priorities for 2024-25 which are as follows:

- Doing the basics well;
- Financial sustainability;
- Duty of Quality; and
- Staff Wellbeing.

It was noted that NWSSP did not receive the 3.67% core uplift provided to other NHS organisations which has limited the ability to deliver certain service developments and initiatives that would benefit NHS Wales. The Committee acknowledged that there was a need to uplift the services provided by NWSSP under a SLA. The achievement of the financial plan for 2024-27 will be challenging and there are several significant financial risks to be managed to achieve this aim.

The plan was well received by Committee members who emphasised the need for a co-ordinated approach to ensure that all NHS Wales organisations were working to support each other in the light of the financial challenges that all organisations

currently face. The Plan would be reviewed at touch point meetings scheduled for February.

The Committee **APPROVED** the IMTP for submission to Welsh Government subject to any further significant changes being brought back for review.

Mamhilad Lease

The renewal of the lease for the part of Mamhilad House occupied by the NHS Wales Counter Fraud Service was presented to the Committee for approval.

The Committee **APPROVED** the renewal of the Lease.

All-Wales Overpayments Procedure

The procedure was submitted to the Committee for approval. Over recent years the number and value of overpayments has risen substantially and operating with 13 separate overpayment policies across NHS Wales hinders attempts to comprehensively address this issue which has been a regular finding in internal audit reports. Despite a number of attempts to introduce a once-for-Wales approach, this has not been achieved, and so the Directors of Finance tasked the Deputy Directors of Finance to establish a Task and Finish Group to take this forward. The Group included representation from Payroll, Counter Fraud, Internal Audit and Finance. The group had consulted widely and taken on board an extensive range of comments and produced a number of iterations and were currently on version 10 of the procedure. Presentations had been made to the All-Wales Deputy Directors of Finance forum and the All Wales Directors of Workforce forum. The outcome of the Group was the procedure that was presented to Committee for approval, and which generated significant discussion. Members acknowledged the significant amount of work that had gone into producing the draft procedure and welcomed the progress made in producing an All-Wales procedure. A number of constructive comments were made which would be incorporated in the final version of the procedure. Although this is a procedure rather than a policy, it was thought helpful for the document to be reviewed at the Business Committee of the National Partnership Forum.

It was therefore agreed to further update the procedure to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.

Commercial Storage and Distribution

The renewal of the contract for the commercial storage of medical consumables was presented to the Committee. The proposed renewal represents a saving on the current contract as less storage space is required.

The Committee **APPROVED** the renewal of the Contract.

Radiopharmacy Clean Room

The closure of legacy facilities in the Cardiff area makes the case for development of an alternative facility an urgent priority. The SSPC approved the business case for the Radiopharmacy service at the November meeting and were now presented with a proposal for the design and build of a Clean Room. Funding for this development has been approved, but the work will be undertaken in phases with each phase being dependent on the satisfactory conclusion of the previous stage. A formal tender exercise has been undertaken and contract award is dependent upon SSPC and then the Velindre University Trust Board approval.

The Committee **APPROVED** the Clean Room Proposal.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP is reporting a break-even outturn position for 2023/24. The 2023/24 forecast is currently being reviewed which may lead to an increase in the £1.6m distribution identified in August 2023. The Welsh Risk Pool forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. NWSSP is on track to fully utilise its capital allocation.

People & OD Update – Sickness absence rates have reduced further to 2.89% (against a target of 3.3%) for the 12 months to 31 December 2023. Statutory and Mandatory training compliance is above 96% although this figure excludes the Single Lead Employer staff.

Performance – The report covered the period to 30th November. Of the 42 KPIs reported 37 were on target. The targets that were off track covered recruitment services (2) and audit and assurance (3).

Project Management Office Update – All projects are on track with the exception of the TRAMs programme and the Primary Care Workforce Intelligence System. The TRAMs programme has been hit by the lack of available capital funding, but good progress is now being made with the Radiopharmacy Unit. The Primary Care system has been impacted by a six-week delay in receiving key information from the supplier.

Corporate Risk Register – The number of red-rated risks has reduced from seven to five covering industrial action, financial climate, TRAMs programme, Brecon House, and the COVID-19 Public Inquiry.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 8 and 9).

AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none">The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	21 March 2024

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Powys Regional Partnership Board

Terms of Reference

Version control

Version	Main updates	Approved
Draft 6 – Produced on 20 th June 2016	By S Hughes & R Jones	
Draft 7 – Produced on 29 August 2016	By S Hughes	
Draft 8 – Produced on 1 st February (Board Members amended)	By S Hughes	
Draft 9 – Produced 30 th June post RPB meeting	By S Davies	Due for Approval 7 th August
Version 10 – Produced 20 th Sept post RPB meeting (Aug 2017)	By S Davies	Approved in August 2017
Version 11 – Updated March 2018		
Version 12 – Updated January 2019		
Version 13 – Drafted -Oct 2021 for consideration by RPB	By J Wellard	Approved by RPB Members on 25th November 2021
Version 14 – Drafted – Nov 2023 for consideration by RPB	RPB Team	Approved by RPB Members on 8th December 2023 with recommended changes

POWYS REGIONAL PARTNERSHIP BOARD (Powys RPB)

TERMS OF REFERENCE

1. BACKGROUND

- 1.1 Regional Boards are a legislative requirement under the Social Services and Well-being (Wales) Act 2014 (Part 9) and the Partnership Arrangements (Wales) Regulations 2015. Amendments to Part 9 of the Act were made by Welsh Government in January 2020 which sought to strengthen elements of the partnership arrangements.
- 1.2 The regulations set out by Welsh Government establish the main requirements, purpose, and responsibilities of the Regional Partnership Board, known hereafter as the 'Board'.
- 1.3 These Terms of Reference build upon the guidance provided by Welsh Government and set out specific local detail for the Powys Regional Partnership Board. They will be reviewed on an annual basis to ensure they remain fit for purpose. If in the event any serious concerns are raised in the management and operation of the Board; or further amendments are made to the Social Services and Wellbeing Act, they can be reviewed earlier.

2. PURPOSE

- 2.1 The specific purpose of the Powys RPB as defined by the SSWB Act is:
 - Respond to the population assessment in accordance with section 14 of the Act;
 - Implement the plans for Powys under section 14A of the Act;
 - Ensure sufficient resources for the partnership arrangements in accordance with the powers under section 167 of the Act;
 - Promote the establishment of pooled funds where appropriate;
 - Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region; Commit to using any resources in the most effective and efficient way, congruent of financial standing instruction and prudent approaches
 - Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
 - Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this
- 2.2 The Board will, through its agreed work plan, prioritise specific areas. In doing this, it will recognise the priorities set out in the Act in relation to the integration of services for:
 - Older people with complex needs and long-term conditions, including dementia;
 - People with learning disabilities;
 - Carers, including young carers;
 - Integrated Family Support Services;
 - Children with complex needs including:

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- Children with disabilities and/or illness
- Children who are care experienced
- Children who are in need of care and support
- Children who are at risk of becoming looked after
- Children with emotional and behavioural needs

3 STATEMENT OF STRATEGIC INTENT

3.1 The Board will provide strategic advice and guidance on a wide range of care and service-related matters. It will be supportive and assist to unblock any issues that are preventing progress on the agreed work plan and priorities, and it will constructively challenge progress on specific topics and make recommendations to other partnerships/groups/fora as and when necessary.

3.2 Many statements of strategic intent (*What exactly are we trying to accomplish*) that partner organisations follow are either implicit or explicit in existing documentation and in the detail of the Social Services and Wellbeing Act. For the purposes of this Board the statements of strategic intent are as follows:

- Create a momentum for critical improvements, by identifying key priorities for Powys citizens and concentrate efforts to ensure those are being addressed, through creating the conditions that help local system actors work together and learn together to help enable better outcomes for people.
- Increase the focus on early intervention and prevention by encouraging citizen control and ownership in health and wellbeing matters to minimise the escalation of need.
- Ensure the voice of the Citizen is not only heard but acted upon to improve services.
- Utilise intelligence on existing and future needs of citizens in the planning of services throughout the spectrum of need and ensure resources are maximised through judicious engagement with other bodies undertaking similar activity.
- Ensure quality services are delivered efficiently and effectively through a skilled and motivated workforce and volunteers.
- Promote the integration of care and support between Social Services and Health
- Ensure co-production and the commissioning of services with the public, private and voluntary sectors that promotes connected and seamless services working effectively together. Underpinned by research, foster innovative new practices and improvements through the encouragement of an experimental approach to both changes in management practice, processes and systems that can enact structural change; and, underpinned by evaluation, promote a culture of learning including creating the enabling conditions for an effective learning system at team/organisational levels.
- Ensure effective mechanisms are in place to bridge the gap between organisational and public communication on the planning and achievements of services; to communicate good practice nationally to aspire structural change where required, such as new, sustainable models of care and support.
- Use inclusive and consistent language that is understandable to all partners, avoiding abbreviations as much as possible, and improving clarity and understanding as part of any communication and engagement work under the Regional Partnership Board.

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- 3.3 These have been captured in development of a shared Health and Care Strategy 'A Healthy Caring Powys' that sets the strategic direction to 2027 in the shape of four key priorities – Focus on Wellbeing; Early Help and Support, the 'Big Four'; and Joined-Up, supported by four key enablers: Workforce; Innovative Environments; Digital First; and Transforming in Partnership. These priorities are underpinned by the following principles: Do What Matters; Do What Works; Focus on greatest Need; Offer Fair access to all; Be Prudent; and Focus on people's strengths.

4 DELEGATED POWERS AND AUTHORITY

- 4.1 The Regional Partnership Board is authorised by the Powys Teaching Health Board and Powys County Council to ensure delivery of the requirements of Part 9 of the Act.
- 4.2 The Regional Partnership Board has authority to establish short life working groups which are time limited to focus on a specific matters of advice or assurance as determined by the Partnership Board.
- 4.3 All Members of the Board have delegated power on issues of operational matters that require urgent attention.
- 4.4 In unusual or extenuating circumstances, where decisions are required outside of formal meetings and agreed governance arrangements, interim governance arrangements can be enacted to allow decisions to be made – **Appendix A**. Where any decisions are made under the interim governance arrangements, the Chair (and/or Vice Chair(s)) will advise Board members as soon as possible thereafter regarding the details and reasons for decisions that have been made outside of formal governance arrangements. Retrospective endorsement by the Board will then be sought. There would be an expectation that full board governance arrangements are returned to as soon as possible.
- 4.5 When a full member is unable to attend, a nominated representative can take on the role of a full member including delegated decision-making responsibility. Nominated representatives must declare their nomination at the beginning of each meeting. They will be assumed to be representing the identified Board member and will take responsibility for inputting and feeding back to their sovereign organisation.
- 4.6 Presenters may participate in discussions only on their particular item. Only full members of the Board may agree recommendations.

5 STAKEHOLDER VOICES

- 5.1 Regional Partnership Boards are asked to have regard to the voices of their various stakeholders and to have in place arrangements to receive feedback and to respond appropriately.
- 5.2 Regular communication to the public and directly from the public will be seen as key to the work of the Board and the need for broadening ownership and accountability. A communications plan will support the work of the board and drive forward this work.

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6 MEMBERSHIP

- 6.1 The Regional Partnership Board will have a core membership and may co-opt other individuals onto the group for specific business reasons for an agreed length of time. New members may be recommended and considered through a nominated process which shall be discussed at a Board meeting with all members. The membership is provided in more detail in Appendix B, and will include *as a minimum* the following:

Individual Agency Governance Representatives	Elected member for a Caring Powys (Powys County Council)
	Elected member Children Social Care (Powys County Council)
	Board representative Powys Teaching Health Board
Strategic – Health	Powys Teaching Health Board Strategic rep
	Powys Teaching Health Board Strategic rep
Strategic - Social Services	Social Services Department under section 144 of the Act in respect of Powys County Council, or their nominated representatives
	Social Services Strategic Rep
Strategic Links	Public Health
	Powys County Council Head of Housing
	Registered Social Landlord
	Education
	Welsh Ambulance Service Trust (WAST)
	Llais Cymru (observer)
Third Sector	Overarching Voluntary sector body - PAVO
	Voluntary sector body (national perspective)
Care provider	one person who represents the interests of care providers
Citizens	person to represent people with needs for care and support, or their carer
	person to represent people with needs for care and support, or their carer
	Citizen Rep
	Citizen Rep

The RPB may co-opt individuals to attend the RPB Board meeting when certain agenda items require this. Additional representation may be made available to individuals as observers to the Board – this will be clearly demarcated in the following table. Individuals co-opted onto the Board or acting as an observer do not have any voting rights as part of any decision making process that requires this. However, their voice and input will be equally valued alongside the wider membership.

- 6.2 An annual general meeting will be convened in May during which a Chair and two Vice Chairs will be selected from amongst the RPB membership. The Chair can be nominated for one successive year up to a maximum of two years, after which a new RPB Chair must be nominated.

- 6.3 A new Chair or Vice Chair(s) may be recommended and considered through a nomination process which shall be discussed at a Board meeting with members. An outlined nomination process is included in **Appendix C**.

- 6.4 Regional Board members are members on the basis of their roles within the organisation or community. The citizens on the Board representing the interests of a particular community of interest will serve for a three-year term with the option to extend (with the Chair's agreement) for a further 12 months. Following this, a minimum 12 month 'rest period' would be expected.
- 6.5 Every person becoming a Regional Partnership Board member will be required to sign a declaration of acceptance and of willingness to conduct themselves in a manner that is befitting of public office.

7 REGIONAL PARTNERSHIP BOARD MEMBERS RESPONSIBILITIES

7.1 The Board members responsibilities include:

- Agree the governance of the Board
- Set priorities for a programme of work in relation to requirements of the Act
- Creating an environment in which the work programme can be openly discussed and thrive
- Be the conduit by which views are collected and disseminated to and from the Board for their particular community of interest
- Endorse, advise, support and challenge project sponsors and programme managers
- Approving the progress of the programme against the strategic objectives and agreeing corrective action where needed
- Discuss and agree any potential risks; issues and opportunities
- Providing visible leadership and commitment to the programme at communication events
- Making recommendations to other partnerships/fora
- Report on Achievement, Issues and Actions (AIA) quarterly to relevant strategic groups/bodies
- Ensure that the programme benefits, outcomes and outputs are secured.
- Approve supporting communications plan to ensure information on the progress of the Board widely available across the organisation, to patients/service users, the public and other external organisations.
- Celebrate success.

8 CONFLICTS OF INTEREST/DISCLOSURES

8.1 Members of the Board are expected to conduct themselves in an appropriate manner. They must refrain from actions that are likely to create any real or perceived conflict of interest, save those that are inherent in the institutional interests of the organisations that members represent.

8.2 Conflicts of interest may arise where a member of the Board has:

- a personal or financial interest in the matter being considered; or
- Where contracts are discussed, a close connection that may affect impartiality.

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8.3 A member of the Board that has such an interest in a matter being considered must disclose the nature of the interest at the meeting, prior to discussions taking place and they must decide if they:

- remain in the meeting and contribute to the discussion;
- remain in the meeting, but wish to refrain from participating in the discussion, voting, and attempting to influence any vote; or
- leave the meeting for the duration of the item under consideration.

9 CEASING TO BE A REGIONAL PARTNERSHIP BOARD MEMBER

9.1 A Regional Board member's term of office will be considered for termination if:

- They resign from office by notice to the Board
- They change their role within their organisation
- They have, without the consent of the Regional Board, failed to attend Regional Board meetings for a continuous period of 3 meetings
- The member has made a serious breach of the conduct/standards of behaviour agreed to by the Board. In these instances the Chair, Vice Chair and one other member shall be asked to deliberate and make the decision.

10 MANAGEMENT OF MEETINGS

10.1 Decision Making

Members have the right to participate fully in discussions. The Board can make decisions and recommendations within the authority of its members. Any decisions or recommendations will be by consensus. In the unlikely circumstances where consensus cannot be reached the meeting will be adjourned and reconvened within a three-week period, or as soon as reasonably practical. This will allow further discussions to take place.

The meeting will be regarded as quorate when there is a representative from four of the groups highlighted in section 6. On the rare occasion the meeting is not quorate, discussions and/or recommendations may still be made as members are expected to send a representative.

Although the RPB Board meetings are periodically held in person, most meetings are hosted online. To ensure that communication and decision making is fair and equitable, all members are expected to follow the guiding principles for virtual meetings, which include accessibility guidance.

Please refer to **Appendix E: Guiding Principles for Virtual Meetings**.

10.2 Frequency

Meetings will be held bi-monthly.

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The Secretariat will meet at intervening periods between the Regional Partnership Board meetings, in part to ensure that any required decisions and / or actions required at short notice can be undertaken and reported back to Board members.

10.3 Minutes

Minute taking duties will be performed by the RPB Administration Officer of the RPB Team and overseen by the RPB Co-ordinator. Minutes will be taken of the discussions, agreements and actions and a record kept of those present and in attendance.

Minutes of meetings shall be made available electronically to all members and presented and agreed at the next available meeting.

Minutes will also be made available to the leads of subgroups and made available bilingually on the RPB Website.

10.4 Agenda Items

Agenda items should normally be submitted to the RPB Co-ordinator at least one calendar month before each Partnership Board meeting.

Papers will be distributed a minimum of 5 working days before each meeting. Urgent agenda items may be brought up on the day with the agreement of the chair

10.5 Reports/Presentations to Board

The reports to Board will be in a standardised format and include an RPB Front Cover Sheet summarising main points as follows:

- Be clear what is required of the Board
- illustrate the specific reference point referenced to the Board's responsibilities
- highlight any risk / escalation of concern
- summarise the critical points for discussion and agreement
- Clearly identify any intended benefits
- Be explicit in the financial implications
- Make clear recommendations

10.6 Venue

Meetings will be convened virtually unless there is a specific business need to meet in person. Efforts to ensure face to face meetings particularly in relation to strengthening elements of partnership working around relationships and trust will be prioritised where possible.

10.7 Key aspects and specific Responsibilities of the Chair

Key aspects of the Chair role include:

- focusing at a strategic level on the key outcomes we seek to deliver as a partnership
- building consensus in partnership working with collective responsibility and accountability

- chairing and facilitating discussions, formal and informal, incorporating a range of views on matters in drawing together a way forward
- enabling a culture of teamworking

Specific responsibilities of the role include the following:

- to chair meetings of the Regional Board
- set the agenda for meetings
- to provide a direct link between the Regional Partnership Board and the Public Service Board
- Be responsible for feedback to Welsh Government **at Ministerial Level**

10.8 Core Regional Partnership Board Team (RPB Team)

The Social Services and Wellbeing Act states that partners should ensure sufficient resources for the partnership arrangements in accordance with the powers under section 167 of the Act.

Under a Section 33 arrangement the RPB Team, acting in accordance with these terms of reference, will support with the coordination and delivering of the Regional Partnership Boards aims and objectives in line with the Health and Care Strategy. The make-up of the core RPB Team, who will be hosted by Powys County Council, is provided in **Appendix D**

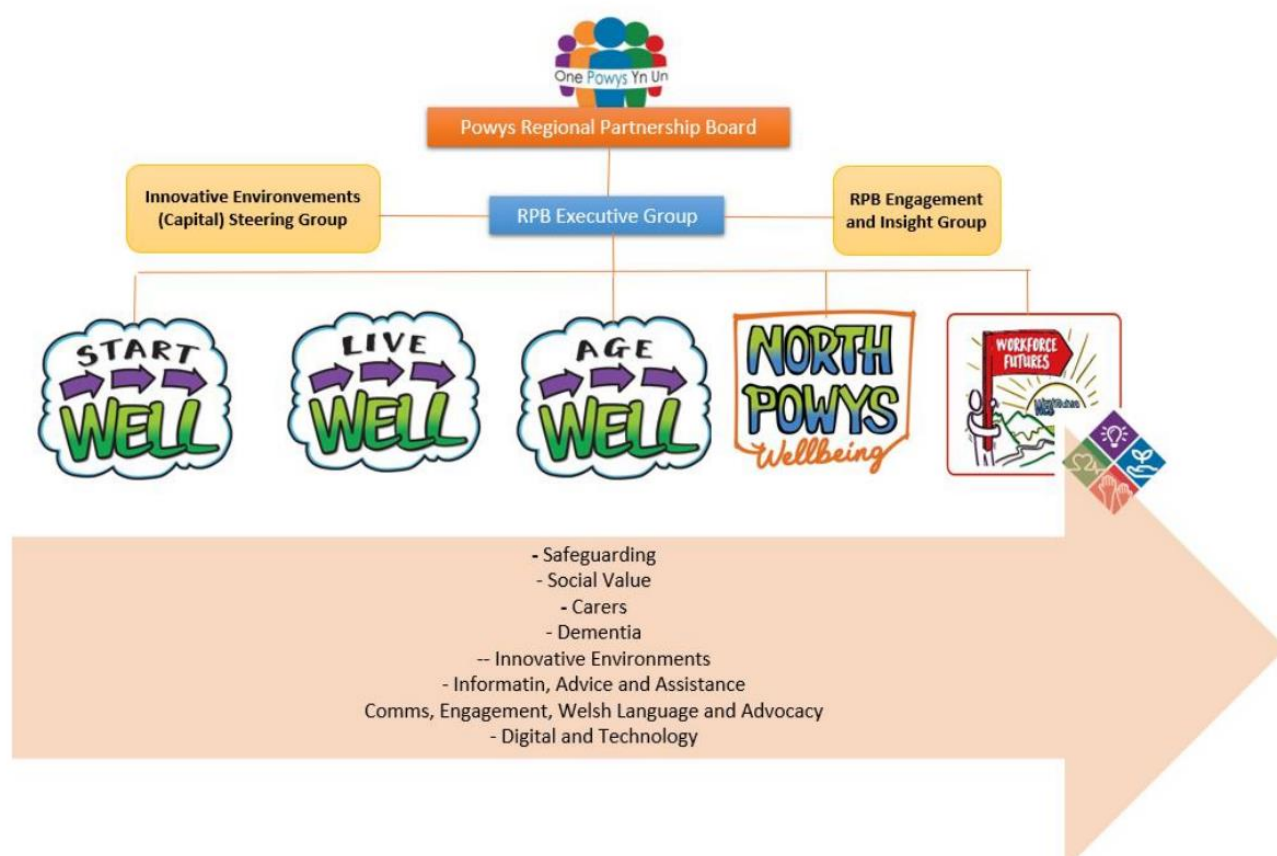
11 RELATIONSHIPS TO OTHER BOARDS / COMMITTEES

The diagram below depicts the current partnership arrangements to effectively manage the Board's business and ensure mechanisms are in place for strategic collaboration with other Boards.

The Board shall respect the mandates of any other Boards and Committees, and shall ensure that appropriate mechanisms are in place to receive and share reports and advice on interrelated matters

It should be noted that partnerships and their interconnection and compliance with the Act is an ongoing piece of work and therefore the diagram below may be subject to further amendments to ensure it remains fit for purpose and compliant:

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The above structure will be supported by the following partnership arrangements:

- 11.1 The Regional Partnership Board will have a strategic focus. It will not receive regular/routine update reports on integration projects as these will be managed through the partnership groups supporting the RPB. However, it will receive Reports where there are clear recommendations being made on integration projects and where professionals need specific guidance/authorisation or where issues and risks require escalation to board level.
- 11.2 The RPB Executive Group, made up of the Chairs and Co-Chairs of the Partnership Groups and other executive leads, led by the RPB Co-Ordinator, will meet on a monthly basis to lead and drive the work of the RPB Board between meetings.
- 11.3 The RPB Co-Ordinator, reporting to and guided by the RPB Executive Group, would be responsible for managing the grants allocated to the RPB Board, reporting to and taking guidance from the key budget holder and agreeing proposals with the RPB.
- 11.4 Under the RPB there will be a series of Partnership Groups that will be responsible for delivery of agreed aspects of the Health and Care Strategy and Area Plan and addressing the RPB priorities via agreed Delivery and Resource Plans. These groups will report on progress to the RPB on a regular basis including raising any areas of success to celebrate or escalating any issues of risk or concern for the RPB.

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- 11.5 Each Partnership group would have a Chair and Co-Chair and they will have clear responsibility & accountability for driving on the outcomes within the agreed parameters of work. Each Chair and Co-Chair will prepare a bi-annual report to help demonstrate the impact of and difference made by the investment and how this has helped deliver against the agreed priority areas. This will be fed into the RPB Annual Report. Additional reports will be required to demonstrate progress against other identified RPB priorities as per the Area Plan, including key cross cutting and enabler work such as unpaid Carers.
- 11.6 Each Partnership group will have a clear delivery plan which addresses the RPB priorities – its Delivery and Resource Plan. However, these groups may also provide a multi-agency planning and delivery forum for other related issues which may not necessarily be RPB priorities but are still of relevance. While the Partnership groups can consider additional areas of work, the Chair/Co-Chair must ensure that 80% of the agenda is consistently devoted to the agreed areas of work of the RPB.
- 11.7 Each Partnership group will have a designated lead officer to support the Chair in leading the group and providing efficient administration of the group both in and between meetings.
- 11.8 The Partnership Groups will meet on at least a quarterly basis and may establish further subgroups for expediency; for example the autism group, the care homes group. However, the Chair and Co-chair is ultimately responsible for progress and reporting on that progress.
- 11.9 Each Partnership group will ensure balanced representation from the public, voluntary and private sector. It is considered good practice to have independent citizens also represented on the groups or at least clear mechanisms in place to support citizen engagement.
- 11.10 The Board will receive **at least** one report per year on the cross-cutting developments/themes of the Board however additional reports and/or information may be requested by the Board as and when necessary.

12 INFORMATION SHARING

- 12.1 Information obtained during the business of the Board must only be used for the purpose for which it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services. The main purpose of sharing such information will be to inform new service models and innovative approaches to integration; such information should not be used for other purposes.
- 12.2 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Board. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

13 ANNUAL REVIEW PROCESS/MEASURING SUCCESS

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- 13.1 The Board shall undertake a self-assessment of its effectiveness on an annual basis. This may be facilitated by an independent advisor if the Chair of the Board considers this appropriate or necessary.
- 13.2 Measures of Success will be determined on how effective it has been on delivering on its statement of strategic intent.
- 13.3 The Board will produce an annual report to Welsh Government on its progress.

14 COMPLAINTS

- 14.1 All Board members are to conduct themselves in a manner that respects the views and opinions of others. In the rare case where a Board Member feels the need to make a complaint, this complaint must be listened to. Views, wishes and feelings must be heard; and concerns should be resolved quickly and effectively.

15 EXPENSES

- 15.1 The Powys Regional Partnership Board recognises the contribution that the independent citizens make to the development of the Board. It does not wish to see the citizen financially disadvantaged and will aim to ensure that a contribution is made to out of pocket expenses. The only expenses allowable are to those individual members of the board who do not directly represent an organisation at the Board. The following expenses are allowable:

- Mileage at £0.45p per mile
- Expenses for providing care if the individual needs to pay over and above what is normally paid to attend a meeting.
- Parking fees
- Loss of earnings as a result of attending Board Meetings. In such cases where loss of earnings will occur, citizens are entitled to receive an hourly rate which is in line with the local authority's agreed Living Wage. To access this funding there will be a requirement to demonstrate the loss of earnings.

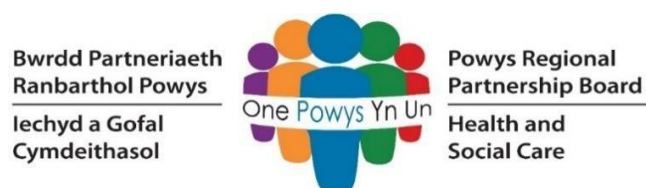
- 15.2 All expenses claims must be submitted to the Secretariat detailing the exact nature of the expense and shall be received no later than one month after the Board meeting. Expense claims will be paid within one month of submission.

16 SAFEGUARDING

- 16.1 Safeguarding remains everyone's business as part of the Board's responsibilities to citizens. The core safeguarding work will be undertaken by the Regional Safeguarding Boards.

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Appendix A – Powys RPB Interim Governance Arrangements



Powys Regional Partnership Board - Interim Governance Arrangements

Background

Regional Boards are a legislative requirement under the Social Services and Well-being (Wales) Act 2014 (Part 9) and the Partnership Arrangements (Wales) Regulations 2015. Amendments to Part 9 of the Act were made by WG in January 2020 which sought to strengthen elements of the partnership arrangements.

The regulations set out by Welsh Government establish the main requirements, purpose, and responsibilities of the Regional Partnership Board, known hereafter as the 'Board'. The RPB Terms of Reference build upon the guidance provided by Welsh Government and set out the specific local governance arrangements for Powys Regional Partnership Board.

The following interim arrangements have been developed to offer a framework for decision making to allow key decisions to be made in the unlikely event that the RPB is unable to operate under these current arrangements, due to unusual or extenuating circumstances.

This document should be considered alongside the Board's normal Terms of Reference to offer context to the broader remit of the RPBs and how any interim changes to decision making differ from these.

Purpose

These interim governance arrangements are developed in the context of the current COVID-19 Pandemic - the key driver for the development of these interim arrangements comes in recognition of the impact of COVID-19 on the RPB's ability to operate normal governance arrangements during an emergency response to the pandemic. In light of this the following framework offers an alternative business and decision-making process on an interim basis to ensure Partners are kept informed about emerging priorities and that there is governance oversight of any decisions being made.

These arrangements will need to be regularly reviewed to ensure they remain fit for purpose.

Principles

The following principles will be adhered to in the event of enacting these interim arrangements:

- RPB Partners will continue to operate within the spirit of the Social Services and Wellbeing Act and Partnership working, albeit within extenuating circumstances, and maximise opportunities to work in partnership in response to the current circumstances.
- All decisions made under the interim arrangements will be made in the spirit of the Social Services and Wellbeing Act and recognition of the impact on Partners.

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- Communication with partners will be prioritised as much as possible - any decisions made will be communicated to RPB Members as soon as practicable and endorsement sought once normal governance is returned.
- Interim arrangements will only be operated for as long as it is strictly necessary to do so and a return to full RPB governance arrangements will be realised as soon as possible.

Enacting interim arrangements

In unusual or extenuating circumstances, where decisions are required outside of formal meetings and agreed governance arrangements, interim governance arrangements can be enacted to allow decisions to be made. It is proposed that the current governance arrangements, including prearranged meetings, would be suspended until further notice.

This decision can be made by a tri-party agreement – see below.

Tri-Party Decision Making Process

Where timely decisions are required outside of formal meetings and agreed governance arrangements, these will be made by a tri-party agreement of the Chair and Vice Chairs of Powys RPB as agreed by the current Terms of Reference Membership, ensuring that this make-up of Chair / Vice Chairs represents Health, Social Care and Third Sector.

Where any decisions are made under the interim governance arrangements, the Chair (and Vice Chairs) will advise Board members as soon as possible thereafter regarding the details and reasons for decisions that have been made outside of formal governance arrangements and retrospective endorsement by the Board will then be sought.

RPB Resources

Any decisions regarding changes to the current RPB investment and spend plans of RPB resources can be considered by the tri-party arrangement of the Chair and Vice Chairs of Powys RPB under these interim arrangements.

All decisions will remain in line with Welsh Government Guidance, expectations, and any flexibilities agreed nationally.

Revenue

- The RPB Team will work with Project Leads to identify those projects that are not able to maintain service delivery as a result of any extenuating circumstance. ICF Project leads may be requested to release project funds to support emergency activity.
- Where projects identify realignment to better support emergency activity - then this will be supported but must be communicated to the RPB Team so a log of project changes can be made and the change in outcomes be reported in line with ICF monitoring arrangements.

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- Each project and programme will operate within the limit of its cash allocation and where additional resources are required then this request will be forwarded to the RPB Team for consideration in line with the decision-making process.
- Thematic Chairs (for Start Well, Live Well and Age Well Partnerships), will be involved with any changes / requirements to projects assigned to their partnership.
- The RPB Team will provide direct communication with ICF project leads disseminating key messages and developments emerging from key Response Command groups (e.g. Silver/Gold.)
- All financial records and changes will be maintained by both Powys Teaching Health Board (PTHB) (accountable body) and Powys County Council (PCC) where there is a devolution of resource and provided on a monthly and quarterly basis.

Managing ICF Revenue slippage:

- Project Lead – delegated authority to 10% of project allocation. Variations must be tracked and annual budget not to be exceeded without agreement.
- Where there is a desire to redistribute funding across a number of approved projects e.g., Partners wish to re-profile their budget across their suite of approved projects there is delegated authority up to 25% of their allocation.

Capital

- The RPB Team will work with Capital Leads to identify those projects that will be unable to deliver in the time scales.
- Capital expenditure for emergency activity will be explored and in line with any updated guidance from WG.

In all cases, ongoing monitoring is required at the local / project level to ensure that all resources utilised can be tracked and comply with good governance at all times. Where any flexibilities are introduced in reporting during these interim arrangements, normal monitoring and reporting will resume as soon as possible and it is important that clear records, audit trails and accountability are retained locally.

Communication

Routine monthly updates will be produced for RPB members which will include a log of key decisions made under the tri-party agreement and communicated via an e-Bulletin.

Regional Partnership Board Team

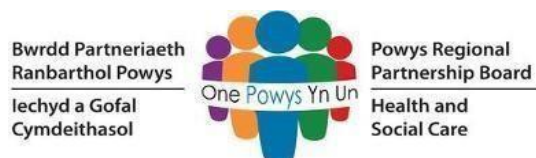
The Regional Partnership Team and other partnership funded positions may be diverted away from non-urgent business but will keep an overview of Welsh Government requirements and project queries to ensure the RPB does not default; that RPB Resourcing remains in line with guidance; that decisions are able to take place within the framework of these interim arrangements; and that these are logged and communicated to RPB Members as stated above.

Grouping	Position	Individual
Individual Agency Governance Representatives (3)	Elected members	Cllr. Sian Cox Cabinet Member for a Caring Powys, PCC
		Cllr Sandra Davies Cabinet Member for Future Generations PCC
	Board representative Powys Teaching Health Board	Kirsty Williams, Vice Chair PTHB and RPB Chair
Strategic – Health (2)	Powys Teaching Health Board Strategic rep	Hayley Thomas Interim Chief Executive Powys Teaching Health Board (RPB Chair) PTHB
	Powys Teaching Health Board Strategic rep	TBC
Strategic - Social Services (3)	Social Services Department under section 144 of the Act in respect of Powys County Council, or their nominated representatives	Nina Davies Director of Social Services and Housing PCC
	Social Services Strategic Reps	Rachel Evans Interim Head of Commissioning PCC Sharon Frewin, Head of Adult Social Services PCC
Strategic Links (4)	Public Health	Mererid Bowley Executive Director of Public Health PTHB
	Powys CC Head of Housing	As per director of social services and housing
	Registered Social Landlord	Steve Jones Operational Director Barcud
	Education	Lynette Lovell Director of Education PCC

APPENDIX B – Powys RPB Membership

	Welsh Ambulance Service Trust (WAST)	Estelle Hitchon Director of Partnerships and Engagement PTHB
Third Sector (2)	Overarching Voluntary sector body - PAVO	Clair Swales Chief Executive of Powys Association of Voluntary Organisations PAVO
	Voluntary sector body (national perspective)	Sandra White Operational Director Action for Children
Care provider (1)	One person who represents the interests of care providers	Melanie Minty Policy Advisor Care Forum Wales Network Body
Carer and citizen members (4)	Two carer members	Hayley Mann Carer Member
		Kim Spelman Carer Member
	Two citizen members	Nicholas Lancaster Citizen Member
		Helen Wear Citizen Member
Observers	Health and Social Care Citizen Voice	Katie Blackburn Regional Director (Powys) Llais Cymru

Appendix C – Powys RPB Chair / Vice-Chairs nomination process



Powys Regional Partnership Board outline nomination process for electing a new RPB Chair

1. **Nomination of potential Chair.** Nominations for the role of Chair are welcomed from any RPB Member. For any nominee for the Chair position, a short brief as to their qualities for the Chair role needs to be provided alongside the nomination. Self-nominations are welcomed, however, if you are considering nominating another member of the RPB agreement to do so would be needed.
2. **Several people nominated.** If several people are nominated, preference process for the role of Chair would be implemented. RPB members would be asked to indicate their preferences for the role of Chair against nominees and, in the event that there are more than 2 nominees, a 1st, 2nd, 3rd preference system would be put in place
3. Clear timeframes around the nomination process will need to be communicated to RPB Members

Nomination process and indication of preference for Chair will be held and dealt with in confidence

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APPENDIX D – Powys Regional Partnership Board Core Team

	Position	Current position holder
	RPB Co-Ordinator	Joe Wellard
	Strategic Commissioning and Project Coordinator	Georgia Price
	Partnership and Programme Support Officers.	Kevin Holcroft Kate Light
	RPB Communication and Engagement Officer	Michelle Wozencraft
	RPB Administration Officer	Lara Hill
	Other roles required by the RPB - TBC	

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Appendix E: GUIDING PRINCIPLES FOR VIRTUAL MEETINGS

Powys Regional Partnership Board Virtual Online Etiquette

GUIDING PRINCIPLES FOR VIRTUAL MEETINGS

The principles set out in this document aim to support professional and inclusive virtual RPB meetings. The principles apply to all virtual meetings both formal (Board meetings, partnership meetings, external meetings with contributing extended partners etc) and informal (member to member conversations that happen outside of formal meetings).

PREPARING FOR VIRTUAL MEETINGS

Teams profile picture: Please ensure you use a professional profile picture.

Background: Please ensure the background behind you is appropriate and there is no confidential or identifiable information that could be viewed by other participants. Teams allows you to apply an artificial background which will hide your surroundings if required. The communications team across all partners have created a suite of backgrounds for you to use. If you choose to select an artificial background, please ensure it is business appropriate.

Base for virtual meeting: If you are planning on joining a virtual meeting with a colleague or another RPB member and you are in the same room in a partner owned office space, please ensure you have read and adhere to all relevant COVID public health guidance.

Lighting: Please ensure that your face is well lit and not in shadow. If your back is to a window, then pull the blind or curtains and rely on the room lighting.

Devices: Please ensure that the device you are using to access the meeting is fully charged, or that you are positioned close to and/or connected to a power supply.

Personal Presentation: Please ensure you are professionally presented in terms of your attire and, where possible, ensure your camera is on throughout. (There is an acceptance that turning off cameras can help with some connectivity at certain times.)

Other guidance:

- Please ensure you are on time for meetings and inform the Chair ahead of the meeting if you are going to be late due to other commitments.
- Please try to stay present unless the Chair calls for a formal break. If a formal break is called, please ensure you return from these on time.
- Please try to refrain from eating during virtual meetings.
- Please be aware of the movements in your ergonomic chair if you have one and try to avoid any repetitive movements as this can be distracting for others.

Joining the virtual meeting: Teams will alert you when another participant starts a meeting. If you can we suggest that you join a virtual meeting 5 minutes before the official start time. We appreciate that this is not always possible. Please try to ensure prior to the meeting that your internet connection, your camera and your microphone are all working, and that they are positioned correctly.

Background Noise: Please mute your microphone if you are not speaking. Please turn off/mute any mobile devices, beepers, etc for the duration of the meeting. Any background noise will be distracting to other participants on the call and the minute taker.

ACCESSIBILITY GUIDANCE

- Provide any materials for the session at least 48 hours in advance to allow participants time to read and prepare. Some participants may prefer Word documents to PowerPoint presentations, as the former works better with access technologies. Consider offering both options.
- Ask participants to introduce themselves on the call with the chair indicating the person's name as a cue for the introduction.
- During the session, individuals should introduce themselves before speaking. This is especially important if the participants do not know each other well and cannot recognise their voices.
- Some participants may be unable to use the raise the hand function. Ask participants to raise their hand on camera or use the hand function. At the end go round the group and check there is nothing to add.
- If a participant has shared that they have access requirements ahead of the session that you are unsure about, don't be afraid to contact them prior to the session for clarification.
- When there is background noise or interference, ask all participants to mute themselves when they are not speaking.
- When providing a presentation / sharing a document on the screen, ensure all the information is read out and that you describe any visual information such as diagrams or graphics.
- Ensure documents and presentations being shared are fully accessible.

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- If you set up break out rooms, alert participants that they are going into a breakout room and that they will be automatically moved in the next 10 seconds etc. Ensure the person facilitating the breakout session introduces everyone within the breakout room. Reference: *RNIB - Top tips for accessible meetings, workshops and events.*

ETIQUETTE DURING A VIRTUAL MEETING

Introductions:

The Chair will welcome all participants to the meeting and may ask for introductions.

Contributions to meetings:

- If you know in advance that you wish to raise a topic for conversation, please notify the Chair/lead ahead of the virtual meeting. If your question does not relate to a specified agenda item it can be addressed in any other business. During formal virtual meetings, the Chair will remind participants that their microphones should be muted until they wish to speak and that they should raise their hand, via the “raise your hand” function in Teams if they wish to contribute to the meeting.
- In addition to the “raise your hand” function participants can also use the chat function to contribute to meetings. The chat function can be used to both ask and answer questions and share additional information such as website links. The chat function should be used for relevant contributions only as it can be distracting for some members and for the Chair. The RPB team will monitor the chat during meetings.
- When contributing please identify yourself when you start speaking. It is often helpful for other participants if people speak a little slower than usual and if they try and keep remarks concise and to the point.
- Please wait for the Chair to acknowledge that you wish to contribute to the discussion and try not to interrupt or speak over others as we want to ensure that everyone has an opportunity to contribute to the meetings if they want to.

Presentations:

- Teams enables participants to share their screens when presenting an item. Presenters should do their best to adhere to the time allocated to them. This will ensure that all agenda items receive the time allocated to them.
- Please ensure, when sharing your screens, that the content is appropriate to the audience and make sure you are not sharing any personal or confidential information.
- Presenters should be clear whether they wish to receive comments or questions after or during presentations.

Remain Present:

Please stay present during virtual meetings and try and avoid distractions. If an issue arises that means you have to go ‘off screen’ please make the other participants aware by posting a comment in the chat bar and then mute your mic and turn your camera off. When you

return to the meeting, please make the other participants aware by posting in the chat bar or turning on your camera.

End of the meeting:

The Chair will thank everyone for their participation in the meeting and note the date of any future meetings if appropriate.

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JOINT LEADERSHIP TEAM

Terms of Reference & Operating Arrangements

Approved at the Joint Leadership Team

11 March 2024

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1. INTRODUCTION

- 1.1 In 2017, the Health and Care Strategy for Powys was launched following an extensive period of engagement with the people of Powys as well as stakeholders and other partners.
- 1.2 Recognising the significant role of both Powys County Council (PCC) and Powys Teaching Health Board (PTHB), both organisations maintained the Joint Partnership Board (JPB) that sought to bring together nominated strategic leaders from both organisations. It set out to provide strategic leadership and make key decisions to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.
- 1.3 In December 2023, Powys Teaching Health Board and Powys County Council agreed to disband the previously established Joint Partnership Board in favour of creating revised governance arrangements, reflecting the needs of both organisations at the current time.
- 1.4 The revised arrangements include the establishment of:
 - The Joint Leadership Team (JLT)
 - The Board and Cabinet Forum (BCF)
- 1.5 The JLT and the BCF have a unique role focussing on the joint areas of interest between PCC and PTHB, the revised governance arrangements are designed to complement the work of other Partnership Forums including the Regional Partnership Board (RPB) and the Public Services Board (PSB).
- 1.6 The remainder of this document set out the terms of reference for the Joint Leadership Team (JLT). The responsibilities of the previous Joint Partnership Board have been integrated into either these terms of reference for the Joint Leadership Team or into the Board and Cabinet Forum (BCF).

2. PURPOSE and RESPONSIBILITIES

- 2.1 The Joint Leadership Team (JLT) is the senior staff group that drives the design and delivery of the identified joint areas of interest between the two organisations.

APPROVED BY JLT on 11 March 2024

2.2 The purpose of the JLT, in line with the strategic direction and principles set out in the Health and Care Strategy for Powys is to:

- oversee the continued development and integration of health and social services, together with related enabling services;
- support the development of a health and social care system that delivers co-ordinated care in the community to enable people to live longer and live better;
- oversee organisational development and culture change to deliver innovation and transformation;
- ensure that NHS and Local Authority resources are directed to support transformation and effective service delivery as required.

2.3 More specifically, the key responsibilities of the JLT include:

- Developing and promoting a culture of high quality, effective partnership working to maximise the working relationship, efficiency and shared responsibilities of both organisations
- Ensuring the delivery of the transformation agenda (Better Together and Sustainable Powys) and therefore acting as the strategic vehicle for sustainable and affordable services into the future
- Maximising the shared areas of Workforce Futures to recruit, sustain and maximise highly effective teams
- Confirming key areas of service delivery, legislation, public engagement and other requirements that require effective partnership working
 - Ensuring relevant structures are in place to support requirements
- Maximising the identifying and sharing of learning and improvement between organisations
- Strategic consideration and forewarning of system issues and risks by exception, for example Winter Planning and Flow
- Identifying and effectively overseeing the management of wider asset sharing
- Clarification of respective responsibilities in shared areas of new legislation or policy (e.g. ALN Bill)
- Ensuring the provision of, and delivery against, relevant Section 33 Agreements ensuring process for dispute and mediation
- Building on what is strong and fixing what needs improving / unblocking with appropriate delegation to appropriate groups / colleagues

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- Agreement of the handling of challenges and difficult issues that may arise from time to time.
- Ensuring that organisational resources are directed to support joint priorities / areas of work and therefore
 - Guard against single points of failure
 - Avoid duplication
 - Guard against misaligned activity/decision-making.

3. DELEGATED POWERS AND AUTHORITY**Authority**

- 3.4 The JLT does not have delegated powers to make decisions on behalf of the sovereign bodies but nevertheless will attempt to reach agreement by consensus on matters within the terms of reference and will rely on the delegated authority of the appropriate officers in each organisation to formally make and implement the consensus reached.
- 3.5 The JLT recognises that individual executive and corporate officers carry specific responsibilities both corporately and professionally that are respected and understood.
- 3.6 The JLT may obtain external legal or other independent professional advice and to secure the attendance of external advisors with relevant experience and expertise if it considers it necessary (subject to appropriate procurement, budgetary and any other applicable standing requirements).

Access

- 3.7 The respective Internal Auditors shall have unrestricted and confidential access to the Joint Chairs of the Committee.

Sub Groups

- 3.8 The JLT may establish sub-groups or task-and-finish groups to carry work out on its behalf.

Programme of Work

- 3.9 Each year the JLT will determine its priorities for its programme of work, based on the Health and Care Strategy for Powys and each

APPROVED BY JLT on 11 March 2024

organisation's underpinning delivery plans; always focussing on the agreed joint areas of interest. Consequently, these Terms of Reference are provided as a framework for the JLT's programme of work and are not an exhaustive list for full coverage. This approach recognises that the JLT's programme of work will be dynamic and flexible to meet the needs of both organisations throughout the year.

- 3.10 The work of the JLT will not in any way duplicate the work of the Regional Partnership Board (see appendix one).

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Joint Chairs	PCC and PTHB Chief Executives
Members	All members of the PCC Corporate Leadership Team and the PTHB Executive Team
	The JLT may also co-opt additional, independent, external members with specialist skills, knowledge and expertise where required.

Attendees

- 4.2 In attendance: colleagues from each organisation may be asked to attend the JLT to provide support and contribution as required.

Secretariat

- 4.3 PCC Head of Legal Services and Monitoring Officer and PTHB Director of Corporate Governance will provide secretariat services to the JLT. This will be rotated on an annual basis.

Governance and Legal Advice

- 4.4 PCC Head of Legal Services and Monitoring Officer and PTHB Director of Corporate Governance will provide governance and legal advice to the JLT as required.

5. MEETINGS

Quorum

- 5.1 At least **three** members of each organisation must be present to ensure the quorum of the Forum, one of whom must be one of the Joint Chairs.
- 5.2 Where members are unable to attend a meeting, they may send a deputy in their place. The deputy will not contribute towards a quorum.

Frequency of Meetings

- 5.3 The JLT will usually meet monthly. The Joint Chairs of the meeting will determine the timing and frequency of meetings as required.
- 5.4 The Joint Chairs of the JLT may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Decision Making

- 5.5 Subject to clause 3.4 above, the JLT will aim to achieve a consensus for all decisions as securing the support of both organisations will be critical. The Chair will not have a casting vote.
- 5.6 Where a decision cannot be made through consensus, the issue will be referred back to the CEO of each respective organisation or to the Cabinet of Powys County Council and the Board of Powys Teaching Health Board as appropriate.

Conflicts of Interest

- 5.7 Officers of the JLT are expected to conduct themselves in an appropriate manner, in line with the Nolan Principles of Public Life and relevant policies of their own organisations. They must refrain from actions that are likely to create any real or perceived conflict of interest, save those that are inherent in the institutional interests of members' organisations.
- 5.8 Conflicts of interest may arise where a member of the JLT has:
- a personal or financial interest in the matter being considered; or

APPROVED BY JLT on 11 March 2024

- a close personal or professional connection with any individuals that may be directly affected by the matter being discussed.

5.9 A member of the JLT that has such an interest in a matter being considered must disclose the nature of the interest at the meeting.

5.10 Depending on the topic under discussion and the nature of the conflict of interest, the member will decide if they:

- remain in the meeting and contribute to the discussion;
- remain in the meeting, but asked to refrain from participating in the discussion and voting; or
- leave the meeting for the duration of the item under consideration.

Information Sharing

5.11 Information obtained during the business of the JLT must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services. The main purpose of sharing such information will be to inform new service models and innovative approaches. Such information should not be used for other purposes.

5.12 Officers are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the JLT. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Joint Chairs. Such items should not be disclosed until such time as it has been agreed that this information can be released.

Openness and Transparency

5.13 Given the corporate and operational nature of the business of the JLT, meetings will not be held in public. The JLT does not constitute a formal part of either organisation's governance structure, it is a vehicle to enable appropriate and effective collaboration and partnership working between PTHB and PCC.

5.14 The respective CEOs remain accountable for their organisational delivery of plans; the PCC Cabinet and PTHB Board remain accountable for their organisational governance responsibilities and delivery of longer-term vision and strategy.

6. REPORTING AND ASSURANCE ARRANGEMENTS

- 6.1 The JLT does not have any formal reporting requirements. Each organisation will report to its own respective governance arrangements and remain accountable and responsible for the delivery of each organisations plans.

7 REVIEW

- 7.1 These Terms of Reference shall be reviewed annually by the JLT, any changes will be agreed by the JLT and shared with the Board and Cabinet Forum (BCF) for reference.

Appendix One – Role of the Regional Partnership Board

Regional Boards are a legislated requirement under the Social Services and Well-being (Wales) Act (SSWB) 2014 (Part 9) and the Partnership Arrangements (Wales) Regulations 2015. Amendments to Part 9 of the Act were made by Welsh Government in January 2020 which sought to strengthen elements of the partnership arrangements.

The specific purpose of the Powys RPB as defined by the SSWB Act is:

- Respond to the population assessment in accordance with section 14 of the Act;
- Implement the plans for Powys under section 14A of the Act;
- Ensure sufficient resources for the partnership arrangements in accordance with the powers under section 167 of the Act;
- Promote the establishment of pooled funds where appropriate;
- Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region; Commit to using any resources in the most effective and efficient way, congruent of financial standing instruction and prudent approaches
- Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
- Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of

The RPB, through its agreed work plan, prioritises specific areas. In doing this, recognises the priorities set out in the SSWB Act in relation to the integration of services for:

- Older people with complex needs and long-term conditions, including dementia;
- People with learning disabilities;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with complex needs including:
 - Children with disabilities and/or illness
- Children who are care experienced
- Children who in need of care and support
- Children who are at risk of becoming looked after
- Children with emotional and behavioural needs

The RPB has a wider membership than PTHB and PCC including care providers, citizens, third sector, unpaid carers, education and WAST.

In summary, the RPB plays a key and legislated role in responding to the population assessment for Powys citizens. The terms of reference for the JLT and the BCF are designed to recognise current, modern working relationships and further enhance the partnership between PTHB and PCC specifically, not in any way overlapping with the work of the RPB. It is recognised that there is work to do to further enhance the partnership governance arrangements between the RPB and PTHB/PCC.

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BOARD AND CABINET FORUM

Terms of Reference & Operating Arrangements

Approved at Board and Cabinet Forum

12 March 2024

Patterson, Liz
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1. INTRODUCTION

- 1.1 In 2017, the Health and Care Strategy for Powys was launched following an extensive period of engagement with the people of Powys as well as stakeholders and other partners.
- 1.2 Recognising the significant role of both Powys County Council (PCC) and Powys Teaching Health Board (PTHB), both organisations maintained the Joint Partnership Board (JPB) that sought to bring together nominated strategic leaders from both organisations. It set out to provide strategic leadership and make key decisions to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.
- 1.3 In December 2023, Powys Teaching Health Board and Powys County Council agreed to disband the previously established Joint Partnership Board in favour of creating revised governance arrangements, reflecting the needs of both organisations at the current time.
- 1.4 The revised arrangements include the establishment of:
 - The Board and Cabinet Forum (BCF)
 - The Joint Leadership Team (JLT)
- 1.5 The BCF and the JLT have a unique role focussing on the joint areas of interest between PCC and PTHB, the revised governance arrangements are designed to complement the work of other Partnership Forums including the Regional Partnership Board (RPB) and the Public Services Board (PSB).
- 1.6 The remainder of this document set out the terms of reference for the Board and Cabinet Forum (BCF). The responsibilities of the previous Joint Partnership Board have been integrated into either these terms of reference for the BCF or into the Joint Leadership Team (JLT).

2. PURPOSE and RESPONSIBILITIES

- 2.1 The Board and Cabinet Forum (BCF) is the most senior partnership forum comprising the PTHB Board, the PCC Cabinet and the PCC Corporate Leadership team. The BCF constitutes the most senior level of partnership working between the two organisations, in the interest of the people of Powys and the respective organisations.

2.2 The purpose of the BCF, in line with the strategic direction and principles set out in the Health and Care Strategy for Powys is to:

- Develop and promote a culture of high quality, effective partnership working at the highest level, setting the tone and culture of partnership working across and between both organisations
- Identifying key areas of current and future joint work that contribute to the longer-term vision for health and care in Powys and deliver the shared strategic proprieties and population outcomes
- Develop shared long term strategic direction and priorities.

3. DELEGATED POWERS AND AUTHORITY

Authority

3.4 The BCF does not have delegated powers to make decisions on behalf of the sovereign bodies but nevertheless will attempt to reach agreement by consensus on matters within the terms of reference and will rely on the delegated authority of the appropriate Cabinet members, Board members or and /or Council/PTHB officers to formally make and implement the consensus reached.

3.5 The BCF recognises that individual executive and corporate officers carry specific responsibilities both corporately and professionally that should be respected and understood.

3.6 The BCF is authorised to obtain external legal or other independent professional advice and to secure the attendance of external advisors with relevant experience and expertise if it considers it necessary (subject to appropriate procurement, budgetary and any other applicable standing requirements).

Access

3.7 The respective Internal Auditors shall have unrestricted and confidential access to the Joint Chairs of the Committee.

Sub Groups

3.8 It is unlikely the BCF would need to establish sub groups on the basis any identified areas would involve the engaging of with the

JLT or the respective corporate/executive teams in each organisation.

- 3.9 The existing meeting between the PCC Leader, Deputy Leader and CEO and PTHB Chair, Vice Chair and CEO is anticipated to continue to meet on a monthly basis.

Programme of Work

- 3.10 The agenda for each meeting will centre around the purpose and responsibilities set out in these terms of reference. The Joint Chairs will agree the agenda for each meeting. This approach recognises that the BCF's programme of work will be dynamic and flexible to meet the needs of both organisations.

- 3.11 The work of the BCF will not in any way duplicate the work of the Regional Partnership Board.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Joint Chairs PCC Leader and PTHB Chair of the Board

Joint Vice Chairs PCC Deputy Leader and PTHB Vice Chair

Members All members of the PCC Cabinet, Corporate Leadership Team and the PTHB Board.

The BCF may also co-opt additional independent, external members with specialist skills, knowledge and expertise where required.

Attendees

- 4.2 In attendance: colleagues from each organisation may be asked to attend the BCF to provide support and contribution as required.

Secretariat

- 4.3 PCC Head of Legal Services and Monitoring Officer and PTHB Director of Corporate Governance will provide secretariat services to the BCF. This will be rotated on an annual basis.

Governance and Legal Advice

- 4.4 PCC Head of Legal Services and Monitoring Officer and PTHB Director of Corporate Governance will provide governance and legal advice to the BCF as required.

5. MEETINGS

Quorum

- 5.1 At least five members of each organisation must be present to ensure the quorum of the BCF, one of whom must be one of the Joint Chairs and at least two of whom from each organisation should be Cabinet Members and Independent Members.
- 5.2 Where officials are unable to attend a meeting, they may send a deputy in their place. The deputy will not contribute towards a quorum.

Frequency of Meetings

- 5.3 The BCF will meet at least bi-annually. The Joint Chairs of the meeting shall determine the scheduling of meetings.
- 5.4 The Joint Chairs of the Committee may call additional meetings when required.

Decision Making

- 5.5 Subject to clause 3.4 above, the BCF will aim to achieve consensus for all decisions as securing the support of both organisations will be critical. The Joint Chairs do not have a casting vote.
- 5.6 Where a decision cannot be made through consensus, the issue will be referred back to the Cabinet of Powys County Council and the Board of Powys Teaching Health Board as appropriate.

Conflicts of Interest

- 5.7 Members of the BCF are expected to conduct themselves in an appropriate manner in line with the Nolan Principles of Public Life and their respective organisational policies. They must refrain

from actions that are likely to create any real or perceived conflict of interest, save those that are inherent in the institutional interests of the organisations that members represent.

5.8 Conflicts of interest may arise where a member of the BCF has:

- a personal or financial interest in the matter being considered; or
- a close personal or professional connection with any individuals that may be directly affected by the matter being discussed.

5.9 A member of the BCF that has such an interest in a matter being considered must disclose the nature of the interest at the meeting.

5.10 Depending on the topic under discussion and the nature of the conflict of interest, the Joint Chairs will determine if they:

- remain in the meeting and contribute to the discussion;
- remain in the meeting, but refrain from participating in the discussion and voting; or
- leave the meeting for the duration of the item under consideration.

Information Sharing

5.11 Information obtained during the business of the BCF must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services. The main purpose of sharing such information will be to inform new service models and innovative approaches. Such information should not be used for other purposes.

5.12 Officers are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the BCF. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Joint Chairs. Such items should not be disclosed until such time as it has been agreed that this information can be released.

Openness and Transparency

5.13 Given the informal nature of the BCF, meetings will not be held in public. The BCF does not constitute a formal part of either organisation's governance structure. It is a vehicle to enable

appropriate and effective collaboration and partnership working between PTHB and PCC.

- 5.14 The respective CEOs remain accountable for their organisational delivery of plans; PCC Cabinet and PTHB Board remain accountable for their organisational governance responsibilities and delivery of longer-term vision and strategy.

6. REPORTING AND ASSURANCE ARRANGEMENTS

- 6.1 The BCF does not have any formal reporting requirements. Each organisation will report to its own respective governance arrangements and remain accountable and responsible for the delivery of each organisations plans.

7 REVIEW

- 7.1 These Terms of Reference shall be reviewed initially after one year and then every two years by the BCF, any changes will be agreed by the BCF.
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