

Board

Wed 22 May 2024, 10:30 - 14:30

Agenda

10:30 - 10:30

0 min

1. PRELIMINARY MATTERS

 Board_Agenda_22MAY24 FINAL.pdf (3 pages)

1.1. Welcome and Apologies for Absence

Oral *Chair*

1.2. Declarations of Interest

Oral *All*

1.3. Board Action Log

Attached *Chair*

 Board_1.3_Action Log 2024-25.pdf (1 pages)

1.4. Experience Story

Attached *Director of Workforce and OD*

 Board_1.4_Staff Experience story.pdf (5 pages)


1.5. Question to Board from the Public

Oral *Director of Corporate Governance*


1.6. Updates from:

Attached *Chair, Vice Chair and Chief Executive*


1.6.1. Chair

 Board_1.6a_Chair's Report to Board May 2024.pdf (4 pages)

1.6.2. Vice Chair

 Board_1.6b_Vice Chair's report May 2024.pdf (3 pages)

1.6.3. Chief Executive

 Board_1.6c_CEO Board paper May 2024.pdf (7 pages)

1.7. Assurance Reports of the Board's Committees

 Board_1.7_Committee Chair Reports_May 2024.pdf (5 pages)

1.7.1. Patient Experience, Quality and Safety Committee

 Board_1.7a_App A_PEQS Chairs Assurance Report.pdf (5 pages)

1.7.2. Executive Committee

 Board_1.7b_EC Chair's Assurance Report May24.pdf (9 pages)

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1.7.3. Audit, Risk and Assurance Committee

- Board_1.7c_App C_ARA_Committee Chair's Assurance Report_22 May.pdf (8 pages)
- Board_1.7ci_Annex 1_Audit Wales 2023-24 NHS Audit Plan Powys THB.pdf (20 pages)

1.7.4. Delivery and Performance Committee

- Board_1.7d_AppD_D&P Cttee Chairs Assurance Report Oral.pdf (1 pages)

1.7.5. Planning, Partnerships and Population Health Committee

- Board_1.7e_AppE_PPPH Cttee Chairs Assurance Report Oral.pdf (1 pages)

10:30 - 10:30 2. CONSENT AGENDA BUSINESS

0 min

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main Agenda

10:30 - 10:30 3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

0 min

3.1. Annual Delivery Plan 2024-25

Approval Director of Planning, Performance and Commissioning

- Board_3.1_Annual Delivery Plan 24-25 Cover Paper.pdf (5 pages)
- Board_3.1a_Annual Delivery Plan 24-25.pdf (32 pages)

3.2. Charitable Funds Annual Accounts and Report 2022-23 (including ISA260)

Attached Deputy Chief Executive / Director of Finance, Information and IT

- Board_3.2_CF Annual Report and Accounts Board May 24.pdf (3 pages)
- Board_3.2a_App A - Powys Health Charity Annual Report and Accounts 2022-23 Final.pdf (53 pages)
- Board_3.2b_App B - ISA260 Audit of Accounts Report Powys FHOT 22-23 - FINAL.pdf (16 pages)
- Board_3.2c_App C - Letter of Representation Charity Accounts 22-23.pdf (3 pages)

3.3. Director of Corporate Governance Report

Attached Director of Corporate Governance

- Board_3.3_DCG Report.pdf (9 pages)
- Board_3.3a_APP 1_Executive Scheme of Delegation.pdf (10 pages)

3.4. Minutes of previous meetings held on 20 March 2024 and 11 April 2024.

Attached Chair

- Board_3.4a_Board_Minutes 2024-03-20 draft.pdf (24 pages)
- Board_3.4b_Board_Minutes 2024-04-11 - Draft.pdf (8 pages)

3.5. Board Assurance Framework

Attached Director of Corporate Governance

- Board_3.5_Board Assurance Framework (BAF).pdf (4 pages)
- Board_3.5a_PTHB_Board Assurance Framework_V1.pdf (22 pages)

10:30 - 10:30 4. ITEMS FOR BOARD ASSURANCE

0 min

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4.1. Financial Performance: Month 12 2023/24 and Month 01 2024/25

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

- Board_4.1a_Finance Month 12 Report.pdf (17 pages)
- Board_4.1b_Financial Performance Report Mth 01 Summary.pdf (2 pages)

4.2. Integrated Performance Report Month 12

Attached *Director of Planning, Performance and Commissioning/ All Directors*

- Board_4.2_Month12_IPR_Cover paper.pdf (8 pages)
- Board_4.2a_IPR_23-24_Month 12.pdf (79 pages)

4.3. Annual Report of Director of Public Health

Attached *Director of Public Health*

- Board_4.3_DPH Annual Report.pdf (4 pages)
- Board_4.3a_DPH PTHB Annual Report 23-24.pdf (32 pages)

4.4. Report of the Regional Director of Llais

- Board_4.4_RD Llais Report.pdf (10 pages)

10:30 - 10:30 5. CONSENT AGENDA

0 min

Chair

5.1. Assurance Report of the Board's Joint Committees

Attached *Chief Executive*

- Board_5.1_Joint Committee Reports_22 May 2024.pdf (3 pages)
- Board_5.1a_App1_WHSSC JC Briefing (Public) 27 February 2024.pdf (1 pages)
- Board_5.1b_App2_WHSSC JC Briefing (Public) 19 March 2024.pdf (4 pages)
- Board_5.1c_App3_JCC Briefing (Public) 9 April 2024.pdf (2 pages)
- Board_5.1d_App4_JCC Briefing (Public) 23 April 2024.pdf (5 pages)
- Board_5.1e_App5_MWJC Update report May 2024 final 100524.pdf (8 pages)

5.2. Assurance Report of the Board's Partnerships Arrangements

Attached *Chief Executive*

- Board_5.2_Summary of Partnership Board Activity May 2024.pdf (3 pages)
- Board_5.2a_App1_SSPC Assurance Report 21 March 2024.pdf (5 pages)

5.3. Assurance Report of the Board's Local Partnership Forum

Attached *Director of Workforce and Organisational Development*

- Board_5.3_Report of the Board's Local Partnership Forum_May24.pdf (2 pages)
- Board_5.3a_AppA_Chairs report_LPF_APR24.pdf (4 pages)

5.4. Committee Annual Reports






Attached *Director of Corporate Governance*

- Board_5.4_Committee Annual Reports.pdf (3 pages)
- Board_5.4a_App1_ARA Committee Annual Report_2023-24.pdf (13 pages)
- Board_5.4b_App2_D&P Committee Annual Report_2023-24.pdf (11 pages)
- Board_5.4c_App3_PEQS Committee Annual Report_2023-24.pdf (12 pages)
- Board_5.4d_App4_PPPH Committee Annual Report 2023-24.pdf (10 pages)

5.5. Committee Governance

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Attached Director of Corporate Governance

-  Board_5.5_Committee Governance.pdf (5 pages)
-  Board_5.5ai_App1_ARAC Work Plan 2024-25.pdf (1 pages)
-  Board_5.5aii_App2_D&P Work Programme 2024-25.pdf (1 pages)
-  Board_5.5aiii_App3_PPPH work plan 2024-25.pdf (2 pages)
-  Board_5.4e_App5_EC Work Programme Q1.pdf (2 pages)

5.6. Annual Delivery Plan 2023/24 Quarter 4 Performance Report

-  Board_5.6_Q4 Delivery Plan Cover Paper D&P Committee.pdf (4 pages)
-  Board_5.6a_Q4_Progress_Report.pdf (75 pages)

10:30 - 10:30 6. OTHER MATTERS

0 min

6.1. Any other urgent Business

Oral Chair

6.2. Close

6.3. Date of the next Meeting: 11 July 2024 via Microsoft Teams

10:30 - 10:30 7. Confidential Matters

0 min

Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

7.1. Welcome and Apologies for Absence

7.2. Declarations of Interest

7.3. Minutes of previous In-Committee meetings held on 20 March 2024 and 11 April 2024

7.4. Continuing Healthcare Historic cases update

7.5. North Powys Wellbeing Programme

7.6. General Medical Services Out of Hours Contract procurement

7.7. For Information: Joint Committee Assurance Report - confidential JCC briefing 28 April 2024

7.8. Any other urgent business

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**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 22 MAY 2024
10:30 – 15.00
TO BE HELD VIA MICROSOFT
TEAMS**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

343433

1: PRELIMINARY MATTERS

10.30	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Board Action Log	Attached	Chair
10.40	1.4	Experience Story	Attached	Director of Workforce and OD
10.50	1.5	Question to Board from the public	Oral	Director of Corporate Governance
10.55	1.6	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
11.10	1.7	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive

2: CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.

3: ITEMS FOR APPROVAL/RATIFICATION/DECISION

11.30	3.1	Annual Delivery Plan 2024-25	Approval	Director of Planning, Performance and Commissioning
12.00	3.2	Charitable Funds Annual Accounts and Report 2022/23 (including ISA260)	Attached	Deputy Chief Executive/ Director of Finance, Information and IT
12.10	3.3	Director of Corporate Governance Report:	Attached	Director of Corporate Governance
12.20	3.4	Minutes of Previous Meetings held on 20 March 2024 and 11 April 2024	Attached	Chair
12.25	3.5	Board Assurance Framework	Attached	Director of Corporate Governance

LUNCH BREAK 30 minutes

4: ITEMS FOR BOARD ASSURANCE

13.05	4.1	Financial Performance: • Month 12 2023/24 • Month 01 2024/25	Attached	Deputy Chief Executive, Director of Finance, Information and IT
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13.15	4.2	Integrated Performance Report Month 12	Attached	Director of Planning, Performance and Commissioning/All Directors
13.35	4.3	Annual Report of Director of Public Health	Attached	Director of Public Health
13.45	4.4	Report of the Regional Director of Llais	Attached	Regional Director of Llais

5: CONSENT AGENDA

	5.1	Assurance Report of the Board's Joint Committees	Attached	Chief Executive
	5.2	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	5.3	Assurance Report of the Board's Local Partnership Forum (29 Apr)	Attached	Director of Workforce & OD
	5.4	Committee Annual Reports	Attached	Director of Corporate Governance
	5.5	Committee Governance: <ul style="list-style-type: none"> • Work Programmes • Annual Assessment of Committee Effectiveness 	Attached	Director of Corporate Governance
	5.6	Annual Delivery Plan 2023/24 Quarter 4 Performance Report	Attached	Director of Planning, Performance and Commissioning

6: OTHER MATTERS

13.55	6.1	Any Other Urgent Business	Oral	Chair
	6.2	Close		
	6.3	Date of the Next Meeting: <ul style="list-style-type: none"> ▪ 11 July 2024 Via Microsoft Teams (to approve the Annual Accounts) 		

7. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"

Time	Item	Title	Attached / Oral	Presenter
14.00	7.1	Welcome and Apologies for Absence	Oral	Chair


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	7.2	Declarations of Interest	Oral	All
	7.3	Minutes of Previous In-Committee Meetings held on 20 March 2024 and 11 April 2024	Attached	Chair
	7.4	Continuing Healthcare Historic Cases update	Attached	Chief Executive
14.05	7.5	North Powys Wellbeing Programme	Attached	Chief Executive/Associate Director Capital and Estates
14.15	7.6	General Medical Services Out of Hours Contract procurement	Attached	Deputy Chief Executive, Director of Finance, Information and IT
	7.7	For Information: Joint Committee Assurance Report – confidential JCC briefing 28 April 2024	Attached	Chief Executive
	7.8	Any other urgent business	Oral	Chair
14.30		Close		

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

Patterson, Liz
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Board Action Log							 Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board	
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
Board								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - NONE								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 22 May 2024)								
20-Mar-24	PTHB/24/170	DCG	Corporate Parenting Charter	DCG to advise on how the outcomes of the Corporate Parenting Charter are reported to Board Members	22.05.2024 update: the item will form part of the PEQS work programme moving forwards, reporting to Board via the Committee Chair's report.	May-24		Completed
IN-COMMITTEE ACTIONS								
IN-COMMITTEE ACTIONS RECOMMENDED FOR CLOSURE (MEETING 22 May 2024)								

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Gill Griffiths:
wife, mum to two boys & springer spaniel.

Specialist Palliative Care CNS PTHB.

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July 1987
RGN training

Oct 1995,
Community SN
South Powys.



1990 – 1995
Trauma &
Orthopaedics.
ONC 1993 Bristol.

Boston DN Spoke Placement.
High Grove International Nurses
day.
2000 Romania

1998 SP DN Qualification.
1999 OU Death & Dying
2000 Wound Care.
2001 Nurse Prescribing



2005 secondment to SPC team.
Presented at Gregynog, All Wales SPC conference.
Set up Palliative Link Nurse PTHB.

2006 CNS role Mid Powys.
2023 CNS South Powys

Supported teaching in Palliative degree module with USW, 2014, 2016, 2018.

Inhouse bite size education.

Palliative Fundamentals 5 day Qualified.
2-day HCSW biannually.

"What Matters" to the Patient & family, to support priorities of care.
Providing Holistic symptom control to patients & Families in Powys.

2008 BSc Hons Palliative Care Cardiff Uni.

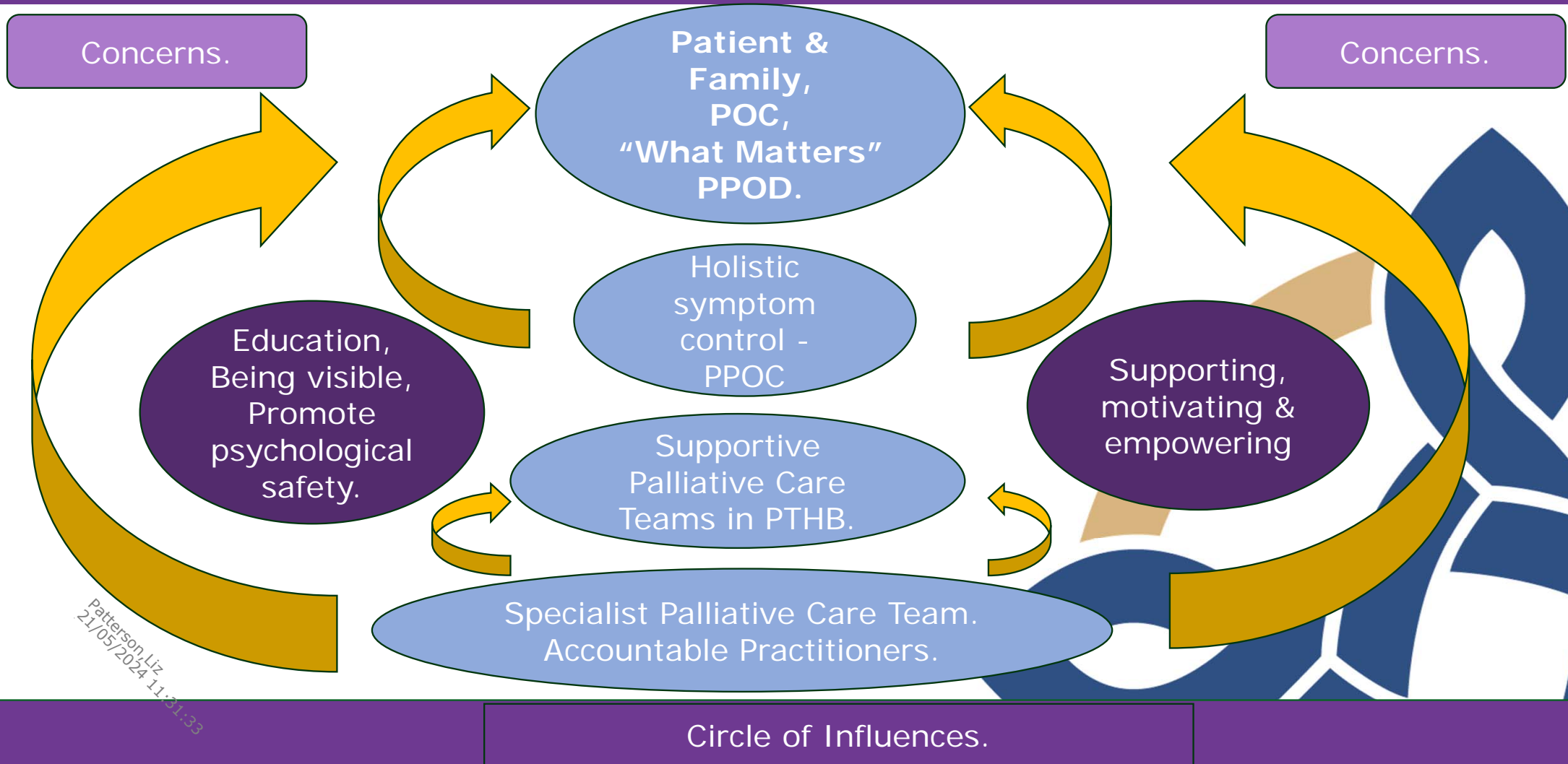
Adv Comm 2013
PGCE 2014-2015
Dementia Module 2016
Inspire 2017.

NMP 2019
MSc 2023.

CLIP 2023-24.

Patterson.Liz
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Why Join CLIP?



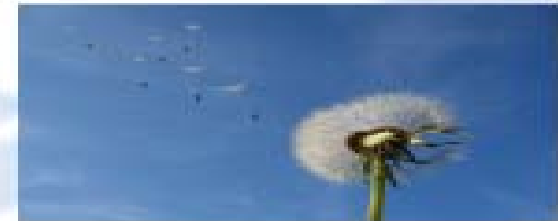
Diolch



Remember:

*'How people die remains
in the memory of those
who live on*

› *Dame C. Saunders*



Patterson, Liz
21/05/2024 11:21:33

AGENDA ITEM: 1.6

BOARD MEETING		Date of Meeting: 22 May 2024
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:		
To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in March 2024.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

CHAIR'S REPORT:

Independent Member (IM) Recruitment

I am delighted to welcome Stephen Elliott to the Board as a new Independent Member with financial expertise. Steve has had a very distinguished career in health finance and, prior to his recent retirement, was director of finance for health and social services within Welsh Government. His knowledge and experience, particularly as we navigate our way to a sustainable position, will be hugely helpful.

Subject to Ministerial consideration, we hope to soon be recruiting two addition independent members, one with expertise in digital matters, and another with more general knowledge and experience that will strengthen and complement the skill set of existing Board members.

Listening and Learning

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

Each monthly board development session includes an opportunity to engage with different, front-line colleagues. It was particularly encouraging recently to learn from and converse with colleagues from the Research and Innovation Team, and to learn more about how we are keeping in touch with the COVID-19 Public Enquiry.

Patterson, Liz
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Our development sessions are complemented by monthly, short, online board briefings. The most recent focussed on our commissioning responsibilities and activities.

The vice-chair and my 'Out and About' programme of visits continues apace. I'm particularly grateful to colleagues for their warm welcome and useful conversations since our last board meeting, namely:

- Community Pharmacy in Llanidloes
- Primary Care Clusters
- Public Health & Maternity Team (new digital dashboard)
- Psychology Team and colleagues co-located in new Parc Offices in Newtown
- Shropshire and Telford NHS Trust (meeting with Chair and site visit)
- Spa Road – visit to new, refurbished facility that will provide co-located accommodation for PTHB and partner services.

Integrated Plan 2024-29

As a Board, we continue to invest considerable time in and give attention to the development of our Integrated Plan for the coming period. As set out in papers for this Board meeting, we are needing to carefully balance our legal duties as regards providing safe, high-quality services alongside securing a financially balanced budget.

We are acutely aware of the difficult decisions we need to make in order to implement the ambitious and challenging plan submitted to Welsh Government following our last meeting. Equally, we know that we need to go further as the plan, due to its deficit position, is not supportable by Welsh Government.

It is even more important, as things become increasingly difficult, to ensure we are guided by the principles we agreed at the start of this process; and that the way in which we operate reflects and incarnates the values of our organisation.

The principles we agreed are that decisions will:

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

- Be based on ethically informed principles to avoid further unfairness / inequity for the population of Powys

Committee Chairs' Forum

A relatively new part of our governance architecture is the Committee Chairs' Forum. This brings together the chairs of the board committees and identifies ways in which we can continually improve the coordination and cooperation of the committees and the board. At our most recent meeting, in addition to specific feedback from individual committees, our discussions centred on:

- further refinement of committee board reports
- enabling greater exposure to learning groups
- continuous committee effectiveness monitoring
- greater 'sightedness' on primary care
- reviewing of Terms of Reference

Reducing Waste Workshop

Along with several executive colleagues, I was pleased to attend a recent Bevan Commission Workshop on how to eradicate waste in health services. It was led and facilitated by Professor Don Berwick, a leading academic and practitioner in this field. Studies indicate that there is up to 20% waste that could be eradicated in health systems. We were encouraged to ask colleagues what they would identify as regards things that we could stop doing with no or negligible negative consequences.

We are in conversation with the Bevan Commission as regards how we might use this learning within PTHB in order to operate to optimum efficiency.

Better Together Engagement

Alongside our 5-year plan, Powys County Council also has its 'Sustainable Powys' plan. Consequently, it was decided to bring these into greater alignment, and to enter into a joint conversation with the people of Powys about the future of public services.

I was pleased to attend on of these engagement events and learn more about what matters most to people as we co-produce the new models of care and service for the next 5 years and beyond.

Long Service Celebration

It was a delight to co-host a celebration of those colleagues who have worked for the NHS for many years. The event was attended by a wide range of staff members, some of whom had worked for PTHB for over 30years, others over 40 years and, remarkably, a couple had given over 50 years of service. Cumulatively, our long-serving colleagues had given 1870 years of service.

The Vice Chair, Chief Executive and I had the privilege of not only marking these important milestones in people's lives, but also of expressing sincere gratitude for colleagues' inspiring dedication, and for the impact it has had on countless individuals, households and communities.

Patricia Gillis
21/05/2024 11:31:30

AGENDA ITEM: 1.6

BOARD MEETING		Date of Meeting: 22 May 2024
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:		
To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in March 2024.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
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Vice Chair's Report

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

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

VICE CHAIR’S REPORT:

Mental Health

During this period, I was delighted to join our CAMHS Schools In Reach service at a session in Radnor Valley Primary School. The Head Teacher spoke very positively of the relationship between the school and the In Reach Team and the impact it was having in support of both children and school staff. The children clearly enjoyed the session and spoke with a great deal of insight and maturity about their wellbeing. They were very clear in that they found the sessions useful and would like more of them.

Powys CAMHS In Reach also hosted the regional conference for the service at Bronllys which I was delighted to chair. It was a good opportunity to show case our approach here in Powys but to also learn from other services in the region.

I was also pleased to meet the team and view the new sanctuary facilities in Spa Road. The new facilities are a step change in what we have previously been able to offer young people in Powys.

During this period the Power of Discharge Committee met in their role to oversee the Health Boards compliance with the Mental Health Act.

Quality and Safety

The All Wales Quality & Safety Chairs met recently. The main area of discussion was how we can strengthen governance and assurance

Paper 15/21/11:31:33

arrangements around issues of quality and safety. Other Boards are experimenting with different methods, and I have fed back to the Director of Corporate Governance/Board Secretary for discussion at a future date.

The PTHB Strategic Safeguarding Group provides a very valuable opportunity to ensure that we as an organisation continuously review and improve our safeguarding arrangements. At its most recent meeting an update was provided on progress towards responding to the recommendation of the most recent JIGPA and Child Practice Review.

Community

I was pleased to join the Chair at one of the Better Together Workshops organised by PTHB and Powys County Council. Although numbers attending the Brecon session were not large it was enlightening to hear from members of the public what their priorities were. I look forward to hearing the conclusions of these workshops and how they will help shape future policy here at PTHB.

Veterans Champion

A meeting of the PAEFF was recently held. It scrutinised the progress in the delivery of our plan to support veterans and our armed forces populations. It was also an opportunity to thank and say goodbye to Mr Mick Farell who for many years has been involved in veterans' issues locally and did much of the work to develop the woodland walk and "At Ease" garden on the Bronllys estate.

Listening to Staff

It was a pleasure to spend time with staff at the most recent Long Service Celebrations. The commitment shown to PTHB and our communities by those who were recognised was truly humbling.

Out and About

At the invitation of the Chair of WAST I spent a 12-hour shift on a ride out with staff from the Brecon Ambulance Station. It was a very impactful day and highlighted both the amazing professionalism of the WAST staff but also some of the system issues they face on a daily basis.

Partnership

I was delighted to host Vice Chairs from other Welsh health organisations at Bronllys for one of our usual meetings. I was particularly grateful to the Assistant Director - Innovation & Improvement and colleagues from Psychology and the Silver Cloud service who came to present to our guests.



BOARD MEETING

DATE OF MEETING:
22 May 2024

Subject:

CHIEF EXECUTIVE REPORT

Approved and Presented by:

Hayley Thomas, Interim Chief Executive

Prepared by:

Helen Bushell, Director of Corporate Governance
Adrian Osborne, Deputy Director Communications and Engagement

Other Committees and meetings considered at:

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

PURPOSE:

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

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

The report specifically covers:

- Executive team changes
- Joint Executive Team (JET) meeting
- Health Protection / Vaccination
- EMRTS/Welsh Air Ambulance
- Better Together / Sustainable Powys
- Staff and volunteer recognition

RECOMMENDATION(S):

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

Patterson, Liz
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Approval/Ratification/Decision ¹	Discussion	Information
	✓	
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

EXECUTIVE TEAM CHANGES

Since my appointment as CEO in February, I have taken some time to consider the portfolios of the Executive Team and following discussion with the Remuneration and Terms of Service Committee, a number of changes have been made to Executive portfolios. Further details on these can be seen in the Director of Corporate Governance report and the revised scheme of delegation.

As part of the changes, I am pleased to confirm Pete Hopgood has been appointed as the Deputy CEO. Active recruitment is also underway for both the Executive Director of Planning, Performance and Commissioning and the Executive Director of Primary Care, Community and Mental Health.

JOINT EXECUTIVE TEAM MEETING (JET)

The end of year (2023/24) JET meeting was held with Welsh Government colleagues on the 8 May. Recognising the very challenging financial challenges we in Powys as well as the wider NHS face, we also recognised

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

some of the significant successes over the last financial year, many of which are reflected in both the Integrated Performance Framework and the Annual Delivery Plan report.

Health Protection / Vaccination

MMR Vaccination Catch-up

Targeted action is being undertaken to continue to work to increase MMR rates for healthcare staff, children and young people who may under vaccinated. This includes:

- catch-up session in secondary schools
- contact with parents/guardians of under vaccinated children / young people
- drop-in MMR vaccination clinics for children and young people at Bronllys and Newtown Vaccination Centres
- guidance to education sector
- letters to healthcare staff to offer MMR vaccination through Occupational Health Clinics and Vaccination Centres.

Spring Covid Vaccination

The Spring Covid Vaccination programme commenced in early April, offering vaccination for the following eligible individuals in accordance with JCVI and WG Ministerial Guidance:

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

EMRTS / WALES AIR AMBULANCE

The Board considered the updated recommendations from the review of the Emergency Medical Retrieval and Transfer Service at an extraordinary meeting on Thursday 11 April.

At that meeting, the Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, but also the need to ensure that the proposed approach sufficiently addresses the concerns that have been raised by residents and stakeholders including by Llais, the Citizen Voice Body for health and care in Wales.

The Board agreed that further assurance was needed that Recommendation 4 will mitigate the potential impact of the relocation of the helicopter base from Powys, and therefore we were not currently in a position to support the recommendations.

The views of all seven health boards were considered at a meeting of the NHS Wales Joint Commissioning Committee (JCC) on 23 April 2024 where the recommendations were approved by majority decision.

The JCC is now taking forward a commissioning approach for the proposed bespoke road based model, with the following approach being presented to a meeting of the JCC on 21 May 2024:

- June: Establishment of Task and Finish Group, agree membership and Terms of Reference (TOR)
- July: Agreement of the clinical response criteria
- August: Modelling to define location (by geography, incidents or population)
- September: Operational model development
- October: Recommendations to the JCC
- November: Approval and issue of service Commissioning Intentions
- December – March: WAST and EMRTS implementation the commissioning intentions for this service with a go-live no later than 1 April 2025.

The recommendations to JCC on 21 May 2024 also propose the membership of the Task and Finish Group to include representation from each of the seven health boards and from Llais.

Following the decision at the meeting of the JCC on 23 April 2024 to support the recommendations of the EMRTS Service Review there has been a level of concern raised by politicians and stakeholders in relation to the decision. This includes the development of an additional petition to the Welsh Parliament seeking a public inquiry and a statement from the campaign group on their intention to seek a judicial review.

An oral update from the meeting of the JCC on 21 May 2024 will be provided to PTHB Board on 22 May 2024.

BETTER TOGETHER (ACCELERATED SUSTAINABLE MODEL) / SUSTAINABLE POWYS)

Our joint programme of engagement with Powys County Council on our respective Better Together and Sustainable Powys programmes concluded shortly after our last Board meeting in March, with our final events including:

- Young Person's Event on 20 March
- Town and Community Council Online Event on 21 March
- Brecon Locality event on 26 March, which was the last of 13 locality events across the county

A detailed presentation on the engagement insights was received at Executive Committee on 15 May.

Based on what we heard in the locality events:

- the analysis and synthesis of the current context and challenges for health and care rang true with participants

- creating a fundamental shift to prevention was considered a key priority for those in
-
- the conversations that took place around the emerging ASM models for frailty, mental health, diagnosis and planned care, and the enhanced community care model were positive
- participants understood and supported the need for work to be progressed at pace based on evidence/data shared.

In the young person's event we heard a clear awareness of the factors that help to keep them healthy, and the concerns they have about issues that impact on their wellbeing. The main themes were:

- vaping
- substance use and misuse
- healthy diet
- exercise and sports
- mental health
- socialising/family time
- the digital world
- travel and transport.

We are in the process of feeding back to participants to thank them for their contribution, and these insights will support us in the Better Together (Accelerated Sustainable Model) work going forward.

STAFF AND VOLUNTEER RECOGNITION

PTHB Long Service Awards

On Tuesday 14 May 2024, staff from across Powys Teaching Health Board came together to celebrate their 30 years of service to the NHS. This is our first face-to-face celebration of Long Service since the COVID pandemic. And in addition, those that have given more than 40 years were also invited to join as a final part of our celebrations of the NHS 75th birthday.

We were delighted that the newly installed High Sheriff of Powys, Kathryn Silk, was able to join us: "I feel privileged to be here today to celebrate the extraordinary contribution to the lives of the people of Powys that have been made by everyone here. The NHS is the jewel in the crown of British society and it is an honour to meet you."

The 18 members of staff celebrating their long service at the ceremony have dedicated over 600 years of service between them and included two members of staff - Linda Aldridge (Staff Nurse, Welshpool) and Sue Walsh (Community Learning Disability Nurse, Llandrindod Wells) - who have given over 50 years of service each.

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My congratulations also go to PTHB staff who have won or been shortlisted for prestigious awards, and who have taken on civic leadership roles in their community.

HPMA Cymru Awards 2024

Charlotte Lote, Workforce Futures Administration Support Officer based in the Health, Care and Social Care Academy, was a winner in the Rising Star category in the HPMA Cymru Awards 2024 on 15 May 2024. These awards celebrate excellence and innovation in healthcare people management across Wales. Charlotte was recognised for her adaptability and determination, including the instrumental role she has played in the delivery of our Academy Careers Education Enterprise Scheme by working with schools and colleges to help us successfully engage with over 3500 young people across Powys helping us to grow our own future workforce.

Moondance Cancer Awards

Transformation Programme Manager Kara Price has been shortlisted for the Systems and Pathways award in the Excellence category of the Moondance Cancer Awards. She was nominated for the award by Dr Ruth Corbally, PTHB Clinical Lead for Cancer, for her work on the TNE and Capsule Sponge Device Implementation pilots as well as her work on Referral Management initiatives in Dermatology and Dental Services. Good luck to Kara in the national awards in June.

Best of Brecon Awards

Nigel Perkins from the Health Board's Estates Team is a finalist in the Best of Brecon Awards on 23 May 2024 in the "Mayor's Outstanding Contribution" category. Nigel has been nominated for his service to the county for over 40 years as an on-call firefighter during which time he has been promoted to Leading Firefighter and since 2002 has been Sub Officer / Watch Manager.

Brecon Town Council

Communications Assistant John Powell has been installed as Mayor of Brecon. Cllr Powell was installed at the Annual General Meeting of Brecon Town Council at the Guildhall on Monday, May 13. During his time in office, he will be raising funds for Brecon Mountain Rescue, Brecon Volunteer Bureau, Usk House/St David's Hospice and Brecon Foodbank.

Powys Volunteer of the Year Awards

As well as important recognition for our own staff, colleagues across the Health Board have been involved in the judging for the Powys Volunteer of the Year Awards which will take place on 6 June 2024. Volunteers play such an important role in Powys, and these awards help to celebrate their great work as part of national Volunteers Week which marks its 40th year in 2024. Well done to everyone who has been nominated and good luck in next month's awards.

Vaccination Saves Lives Awards 2024

Powys Teaching Health Board was awarded the VSL Health Board & Trust Achievement Award at the Vaccination Saves Awards 2024 organised by Public Health Wales on 24 April 2024. The award was in recognition of the work by Powys School Nursing Service in relation to school-aged vaccination programmes.

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Agenda Item: 1.7

BOARD MEETING		DATE OF MEETING: 22 MAY 2024
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs	
Prepared by:	Interim Head of Corporate Governance	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

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

RECOMMENDATION(S):

The Board is asked to:

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

Approval/Ratification/Decision	Discussion	Information
✓	✓	

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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	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Patient Experience Quality and Safety Committee:

- The Committee Chair's report of the meetings held on 23 January 2024 is attached at **Appendix A** (detail to be given orally).

Executive Committee:

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

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 11 March and 14 May 2024 is attached at **Appendix C**.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 7 May 2024 is attached at **Appendix D**.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 16 May 2024 is attached at **Appendix E**.

Escalation and Information to the Board

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

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023)	PEQS 24 Oct 2023: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) PEQS 23 Jan 2024: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. PEQS 16 April 2024: <ul style="list-style-type: none">• received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. Nothing further to escalate to the Board at this stage.
PEQS 4 July 2023	Infection Prevention and Control (Reported to Board IC July 2023)	PEQS 24 Oct 2023: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and

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		<ul style="list-style-type: none"> agreed the Board level statement on Infection Prevention and Control (see PEQS Chair’s Report to Board) <p>PEQS 23 Jan 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee <p>PEQS 16 April 2024: Action plan is nearing completion and all actions are on track</p> <p>The Committee has not de-escalated this item.</p>
PEQS 16 April 2024	Mental Health Services have been placed in Level 2a local escalation	<p>PEQs 16 April 2024: The Committee:</p> <ul style="list-style-type: none"> NOTED the actions that have been taken since 23 January 2024 NOTED the escalated status of Mental Health Services to Level 2a (in line with the newly approved escalation framework within the Integrated Quality and Performance Framework IQPF) Took ASSURANCE of the plans in place to monitor progress in mental health services to ensure effective oversight, assurance and improvement. <p>The Committee will continue to monitor, seek assurance and report to the Board.</p>
Executive Committee	Tawe Ward	<p>Considered at Board IC 11 August 2023</p> <p>Executive Committee 20 Sept 2023:</p>

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(9 August 2023)	(Reported to Board In-Committee September 2023)	<ul style="list-style-type: none"> • update on safe staffing and estate options, advised of enhanced monitoring of staffing levels and recruitment efforts, and • Director of Operations to further develop options with support of CEO and Deputy CEO. <p>Nothing further to escalate to the Board at this stage. Plans continue to be considered in line with the 2024/25 Annual Delivery Plan.</p>
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NEXT STEPS:

Further oral updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 24 July 2024.

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Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	16 April 2024
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Patient Experience, Quality and Safety Committee took place on 16 April 2024.

The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 16 April 2024.

- Integrated Quality Report
- Mental Health Quality and Safety Review
- Clinical Audit Annual Programme
- Joint Inspection of Child Protection Arrangements Action Plan
- Child Practice Review
- Committee Annual Report
- Committee Annual Work Programme
- Infection Prevention Control (within IQR)
- Internal Audit Reports
 - Annual Internal Audit Plan (2024/25)
 - Board Committee Effectiveness
 - Infection Prevention and Control
- Committee Risk Register

The papers from this meeting can be accessed at: [16 April 2024 - Powys Teaching Health Board \(nhs.wales\)](#)

The Board is asked to note that the following matters were discussed at the In-Committee on 16 April 2024

- Mental Health Deep Dive from a Quality and Safety Perspective.

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

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Integrated Quality Report

CR presented the report and drew attention to the following areas:-

- All implementation actions are complete for the Duty of Candour;
- Four actions remain outstanding for the implementation of the Duty of Quality which are due for completion by June 2024;
- A full update on the implementation of the Duty of Quality and Candour will be provided in the first Annual Report;
- Compliance with the 30 day response time for Putting Things Right (PTR) has increased from 27% two years ago, to 57% last year and 81% this year;
- The proportion of complaints settled by early resolution is showing a gradual increase from around half to two thirds over the last nine months;
- The number of Duty of Candour cases is increasing as colleagues become familiar with the new duty;
- The Infection Prevention and Control (IPC) action plan is nearing conclusion, and all actions are on track for completion;
- A summary of outstanding Health Inspectorate Wales actions is provided showing six actions overdue, four actions with revised timescales and eight actions not yet due, and
- There are two key matters for Board highlighted:
 - The resource to support patient experience, and
 - Timely management of incidents

The Committee sought assurance on joint working with the local authority, patient stories and testing the learning environment.

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

Mental Health Quality and Safety Review

CR introduced the report in response to some of the actions on the Action Log and in relation to Chief Executive's request for a deep dive into Mental Health incident management, outlining some of the actions taken since the previous meeting of this Committee.

- an audit of the clinical systems - this identified a number of gaps requiring triangulation of the ongoing work being progressed through incident management.
- the Integrated Quality and Performance framework has been updated to include a proposed internal escalation framework
- local Mental Health services have been placed into a period of escalation; at level 2A

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- escalation oversight meeting has been created

The Committee sought assurance on the processes for de-escalation, whether the right resources were available to address the issues and what assurance would be provided to stakeholders.

The Committee:

1. NOTED the actions that have been taken since 23 January 2024
2. NOTED the escalated status of Mental Health Services to Level 2a (in line with the newly approved escalation framework within the Integrated Quality and Performance Framework IQPF)
3. Took ASSURANCE of the plans in place to monitor progress in mental health services to ensure effective oversight, assurance and improvement.

Clinical Audit Annual Programme

KW presented the report drawing attention to:

- improved triangulation of concerns and incidents
- more focus on areas of new practice and new policies
- reviewed the plans to avoid repeated audits
- National clinical audit programme is to be clarified
- Mental Health audit plan has been strengthened and are more focused

The Internal Audits received a rating of substantial assurance in most areas, with a reasonable assurance on the capacity required to provide clinical audits. Further investigations have taken place, and assurance has been given that there is the required capacity.

The Committee RECEIVED and APPROVED the clinical audit plan 2024-2025.

Joint Inspection of Child Protection Arrangements Action Plan

CR presented the report, providing an overview of the improvements allocated to the Health Board, the actions required, by when and by whom and how these actions have been RAG rated.

These actions will be reviewed internally through the Safeguarding Strategy Group and the arrangements for monitoring the multi-agency improvement plan will be taken through the partnership arrangements that are currently in place.

The Committee:

1. NOTED the Joint Inspection of Child Protection Arrangements (JICPA) report and findings.
2. NOTED the improvements identified for PTHB and took ASSURANCE from the arrangements for monitoring progress.

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3. NOTED the arrangements for monitoring the multi-agency whole system improvement plan.

Child Practice Review

CR presented the report drawing attention to the publication of the Child Practice Review (CPR), describing the work done to date, and how the findings of the Child Practice review will continue to inform the improvements and actions to be undertaken by the Health Board.

The Committee:

- 1) NOTED the recommendations within the Concise Practice Review for PTHB
- 2) NOTED the reviews and improvements undertaken to date.
- 3) NOTED the internal process to implement and monitor the PTHB Specific Practice Review Learning within the Safeguarding Practice Improvement Group which reports to the Strategic Safeguarding Group
- 4) NOTED the expected date for the Mid and West Wales Safeguarding Board CPR Multi Agency Action Plan to be shared with Safeguarding Board members

Committee Annual Report

KWi introduced the report which summarised the 2023-24 key areas of business and activity.

Committee Annual Work Programme

HB confirmed the Committee work programme for 2024-25 is being developed and will follow at the next meeting.

Infection Prevention Control (within IQR)

KWi noted this had been considered as part of the Integrated Quality Report and details would be included in her Chair's Report to the Board.

Internal Audit Reports

The following Internal Audit Reports were shared for information:

- Annual Internal Audit Plan (2024/25)



- Board Committee Effectiveness (2023/24)
- Infection Prevention and Control

Board Committee Effectiveness

HB advised the data received from the Terms of Reference and the Committee Effectiveness review is being collated, the Board will then receive an overview of this information which will be brought back to this Committee for approval

Committee Risk Register

HB introduced the Risk Register noting that it is on risk 3 which is in relation to poor quality care, this is a live risk across the organisation.

Concerns were raised about the lack of a Single Integrated Record of Care which is a risk to the continuity and the quality of care.

The Committee:

- considered the corporate risks within the committee’s remit,
- discussed any relevant issues, and
- took assurance that risks are being managed in line with the Risk Management Framework.

ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD

Two matters remain that have been communicated to Board:

- Infection Prevention Control (Action plan is nearing completion and all actions are on track) – this has therefore been de-escalated by the Committee.
- Mental Health Services in Level 2a local (PTHB) escalation

NEXT MEETING

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

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Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	17 April 2024 (for this reported period)
Paper prepared by:	Director of Corporate Governance / Corporate Business Manager

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meets within In-Committee sessions due to the practical nature of the day-to-day management and operations of the organisation.

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 6th March, 13th March, 21st March, 3rd April, 10th April and 17th April 2024. Meetings following these dates will be reported to the Board in July 2024.

6th March 2024

1. Elective Optimisation Programme

The Committee noted the need to have future opportunity to discuss the topic further and consider how the provision can be improved.

2. Mental Capacity Act Gap Analysis (MCA)

The Committee were updated on the national position regarding MCA, including Deprivation of Liberty Safeguards and the findings of the Gap Analysis undertaken regarding the health board’s application of the act and the risks to the health board. The Committee NOTED the report but concern expressed of the withdrawal of the DoLS Co-ordinator role by the Local Authority – would be raised and discussed at the Joint Leadership Team meeting.

3. Counter Fraud Annual Plan

The Committee ENDORSED the Counter Fraud Work Plan 2024/25 to be presented to the Audit and Risk Assurance Committee.

4. Refit Update and Salix Funding Application

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The Committee AGREED the submission of application to the Salix Wales funding programme with an update to be provided during the Board update in March, noting the requirement for the Committee to approve the phasing of the plan.

5. Education Commissioning

The Committee APPROVED the Education Commissioning templates (support with a detailed explanation on the workforce data and engagement), to enable submission to HEIW by 31st March 2024.

6. Quality and Safety Escalation Framework

This report had been updated with the inclusion of an Escalation framework, where it was noted there will be times when performance or delivery is triggering cause for concern and so an escalation framework is being proposed, considered against 4 domains and 3 levels of escalation.

The Committee SUPPORTED the framework for consideration by at PEQS Committee / Board. The Committee felt the framework was a positive inclusion and strengthens quality; provides clarity and clear mechanism and governance for escalation/de-escalation. The Committee agreed that the Framework is kept on a 6-month review with learning from application.

7. Corporate Risk Register

The Committee REVIEWED and ENDORSED the proposed amendment to the risk scoring for risk CRR009 – A Cyber-Attack results in significant disruption to services and quality of patient care.

8. Destruction of Health Records

The Committee NOTED the position of the SBAR of Destruction of Health Records, noting there has been a lack of clarification from WG on record retention guidelines for patients with long-term health conditions.

9. Cancer Improvement Journey

The Committee NOTED the SBAR for the Cancer Improvement Journey.

10. Business Efficiencies Improvement

The Committee AGREED for the plan to be developed for further consideration by the Committee – the report provided an overview of the introduction of a programme of Business Process Improvement; there are opportunities to improve value, effectiveness and efficiency across the Health Board.

13th March 2024

1. Integrated Performance Report – Month 10

The Committee received an update on the Month 10 performance position and the below was brought to their attention:

- Mental Health performance (Part 1a adult assessment) reported a drop.
- Neurodevelopment assessment for children is another key area of challenge following significant and ongoing referral demand pressure (noting this is seen as a national challenge).

The Committee received the report noting its submission to the Board.

2. Discretionary Capital Programme 2023-25

The Committee received an update on the general Capital funding status including risks and opportunities. The Committee noted:

- There are more opportunities for capital and the need to be agile in how that funding is sought.
- Receipt of an additional £1.5M discretionary grant.
- Bid to Salix had been submitted, which will be a whole series of improvements and significant decarbonisation savings.
- Limited assurance on the Estate's condition – risk with money available for backlog maintenance.

3. Finance Report – Month 11.

The Committee received the month 11 finance report and noted the below:

- On track to achieve the £12M deficit control total, noting the number of risks.
- Increase in commissioning and overspend in month.
- Most significant risk is the ongoing dispute resolution with PCC.
- The report will be considered at Board on the 20th March.

The Committee were advised that the frequency of budget discussions and scrutiny for respective areas will be further increased with the financial challenges.

4. Did Not Attend (DNA) Training Review

The Committee considered and APPROVED the recommended approach to managing DNA training rates:

- Monthly monitoring issued to all Directors to follow up in their own areas;
- Look into working out internal cross charging for external courses (to be brought back to the Committee);
- Full audit of statutory and role mandatory compliance to be undertaken and brought back to the Committee for consideration.

5. Update on Speaking Up Safely Framework / Approval of Policy Statement for all Wales Staff raising concerns procedures.

The Committee NOTED the progress to date and CONSIDERED the policy adoption statement, noting the approval and adoption of the procedure into the Health Board will be for Board approval.

21st March 2024

1. Six Goals Delivery Plan 24/25

The Committee APPROVED the Six Goals Delivery Plan for submission to the NHS Wales Executive and Welsh Government as part of the overall IMTP submission.

2. Implementing the National Cellulitis Improvement Programme in Powys

The Committee APPROVED the case, which set out the benefits and investment requirement to ensure Powys patients have access to a value based approach to cellulitis in line with national work.

3. Mental Capacity Act 2005 Policy

The Committee APPROVED the updated Mental Capacity Act 2005 Policy.

4. Nationally Reportable Incident (NRI) Update

The Committee received the update regarding open NRIs within the Health Board and noted the following:

- Case 9660 overdue; delays in RCA being completed.
- Duty of Candour reporting is becoming more mature in terms of embedding into business as usual.
- Lot of NRIs needing to be tracked and investigated.

5. HEP B&C Elimination Plan / Progress Report

The progress report was presented to the Committee updating on previous and planned actions in response to asks outlined in the Welsh Health Circular. The Committee NOTED the feedback received from Welsh Government; NOTED the progress against the initial draft plan and further development of the plan to form a plan for the period 23-26. The Committee APPROVED the progress against plan March 2024 and updated Powys HEP B/C elimination plan 2024-26 for submission to Welsh Government.

6. Update on Covid/Vacc (2023-24) and Plan for Spring Campaign

The Committee received and noted the update of Winter Respiratory Vaccinations and APPROVED the Spring Covid vaccination delivery plan.

7. Interim Rate for Funded Nursing Care 2024/25

The Committee APPROVED the proposed interim rate for Funded Nursing Care payments for 2024/25.

8. Position Statement on Mental Health

The Committee NOTED the progress report, which provided an update on the desktop review noting the number of open datix incidents had reduced and critical staffing issues.

9. ALN Update report

The Committee received an update on the annual report regarding the implementation of the ALN and Education Tribunal (Wales) Act. The Committee were CONTENT to support the report on its onward submission to PPPH Committee.

3rd April 2024

1. CHC Disputes

The Committee RECEIVED and NOTED the update report on the 12 historical CHC cases of which 12 reviews have been undertaken and 11 cases resolved (with one due to be resolved).

2. MSK First contact Practitioner Case

The Committee received an update and evaluation of the MSK First Contact Practitioner Cases service as it reached the end of its cluster funded period. The Committee felt this approach is more effective clinically and the learning of the benefits of this trial to be considered across other teams. The Committee SUPPORTED option one of the business case.

3. Mental Health Services Quality Update

The Committee were presented with an updated position in Mental Health Services. The Committee NOTED the actions that have been taken since 23/01/24; NOTED the escalated status of Mental Health Services to Level 2a (in line with the newly escalation framework within the Integrated Quality and Performance Framework) and took ASSURANCE of the plans in place to monitor progress in the service to ensure effective oversight, assurance and improvement.

4. Third Sector Review of SLAs

The Committee received a progress report of the work being undertaken to review the existing Service Level Agreements between the Health Board and Third Sector organisations. The Committee noted that it is correct to review the SLAs and where there is no clear impact, there is a need to consider whether the spend is worthwhile. The Committee noted the report and APPROVED the scope of Phase 2 of the review and APPROVED the 1.67% inflation uplift to the Third Sector in 24/25.

5. JICPA and Child Practice Review

The Committee received updates on the Joint Inspection of Child Protection Arrangements (JICPA) and the Child Practice Review. The Committee NOTED both reports, findings, recommendations and improvement plan for PTHB.

6. EMRTS Update

The Committee NOTED the position update at the meeting, noting that further information had been received on Recommendation 4 and an additional Board meeting had been scheduled for the 11th April to consider the recommendations.

7. Clinical Audit Programme 24/25

The Committee received and noted a progress report of the Clinical Audit Plan and APPROVED the content for onward consideration at PEQS committee.

10th April 2024

1. Integrated Quality Report

The Committee received an update and overview of the Quality and Safety agenda across the Health Board. The Committee noted the compliance of actions completed against objectives in relation to Duty of Quality and Candour. Noted that there are some outstanding actions in relation to Duty of Quality and that plans are in place to ensure they are completed during Q1. The End of year compliance position for PTR was 81%, which was noted as an improvement in comparison to previous years. It was also note that 70% of actions in the IP&C Improvement Plan have been completed.

2. Finance Flash Report

The Committee received an update and noted the below:

- Subject to Audit, at month 12, there was a £11.982M overspend against the revised planned deficit of £12M.
- The capital resource limit had a slight surplus of £52K underspend.

17th April 2024

1. Integrated Performance Report (Month 11)

The Committee received the report on the latest available performance position and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues; the Committee also NOTED the report would be presented to D&P Committee and Board meetings.

2. Out of Hours Contract Provision

The Committee considered the report which advised that the current contract was due to end at end of June 2024. The Committee also noted

significant changes to NHS Public Procurement in Wales which is expected to be introduced from October. The remainder of this item is confidential due to procurement processes and no further details shared in the public domain at this stage.

3. Approval of Policies

The Committee APPROVED the amendments and introduction of the below policies:

- HR011 Recruitment and Selection Policy
- HR007 Maternity, Paternity, Adoption and Surrogacy Policy and Procedure
- HR077 Staff with Caring Responsibilities Policy
- HR073 Evaluating New Jobs and Re-evaluation of Changed Jobs Policy.
- HR098 Agile Working and Flexible Workstyles Policy

4. All Wales Catering System

The Committee APPROVED the transfer from the current manual paper based catering record to the All Wales Catering Information System.

5. ICT S33 Termination TUPE Measures

The Committee AGREED to the application of future pay awards based on NHS Wales Agenda for Change for staff subject to the transfer of undertakings of employment legislation.

6. North Powys Wellbeing Programme

The Committee received an update on the North Powys Wellbeing Programme and noted that still in a position of prioritisation and release of funding for the Outline Business Case, for end of Summer. The Committee noted the challenges around timescales, resource and alignment with Better Together and Sustainable Powys. It was noted that the risk report had been reviewed and currently working within the financial resource up until end of Q1. The Committee asked for the Programme Board to discuss recommendations for the Executive Committee's consideration.

7. 2024/25 Financial Savings

The Committee discussed this item at length. The Committee NOTED the report and APPROVED the savings and efficiency approach set out in the paper.

8. Corporate Policies Compliance

The Committee received an update report on the current compliance level with Policies, Procedures and Written Control documents. It was noted that the current compliance position is 64% and that staffing resource has been identified within the Corporate Governance team to help drive

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forward a project in this area. A pilot is being undertaken in WOD on how to move the system to be more Policy focussed.

9. Assessment of Brap and Kline Report and an update on our progress against the Anti-Racism Plan.

The Committee NOTED the report and took ASSURANCE the organisation is on track to ensure the delivery of PTHB actions against the Anti-Racist Wales plan.

10. Inspection Report – Cottage View

The report provided an update on the recent Care Inspectorate Wales inspection at Cottage View Residential Home. The inspection found that all outstanding improvement notices had been completed and the overall inspection report was positive, reflecting the hard work and commitment of the Care Home Manager and the leadership of the Community Care and MH Services.

11. Information Governance Annual Report

The Committee received an update on the arrangements in place to ensure the Health Board complies with its statutory obligations in relation to data protection legislation, national frameworks and good practice. It was noted that FOI requests and requests for personal information continue to increase. It was noted that the IG Mandatory e-learning training is at 88% compliance. The report would go onto Delivery & Performance Committee.

12. Records Management Improvement Plan

The Committee NOTED the current position with progress made against the recommendations; the areas requiring immediate attention with the longer-term plan; the challenges and identified risks and achievements resulting in completion of the internal audit actions. The report would go onto Delivery & Performance Committee.

13. IT Infrastructure & Asset Management Update

The Committee NOTED the update and it was agreed that this progress update report was closed down from reporting at Committee and to move to business as usual due to the significant progress made. The report would go onto Delivery & Performance Committee for consideration.

14. Mental Health Local Escalation Update

The Committee received and NOTED the progress report on the escalation arrangements in Mental Health Service. Discussion took place around focus on capacity and improvement.

ITEMS TO BE ESCALATED TO THE BOARD

A large number of topics from this report are reported either to the full Board or one of its other Committees. There are no specific topics to

escalate that have not already been reported to or addressed by the Board or a Board Committee.

NEXT MEETING

The Executive Committee generally meets fortnightly with additional meetings held if urgent matters arise. The Committee will continue to report to the Board.

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Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	11 March 2024 and 14 May
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk and Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 11 March 2024 and 14 May 2024.

11 March 2024

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

- Application of Single Tender Waiver
- Internal Audit Annual Plan 2024/25
- Counter Fraud Annual Plan 2024/25
- Approach to the Annual Accounts
- Internal Audit Report
- External Audit Report
- Audit Recommendation Tracking
- Welsh Health Circular Tracking
- Board Assurance Framework
- Committee Effectiveness
- Terms of Reference Review
- Committee Work Programme 2023/24

Application of Single Tender Waiver

There had been no Single Tender Waivers for the period 1 January 2024 – 29 February 2024

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Internal Audit Annual Plan 2024/25

The Committee approved the Internal Audit Plan for 2024/25 and the Internal Audit Charter as of March 2024. The Committee noted the Internal Audit resource requirements and whilst they would be guided by the Executive Committee on the number of, and subjects covered by audits, there was an expectation that the cost implications would be considered when putting forward the Internal Audit Plan. The Committee also expressed the view that it would be desirable for audits to be scheduled throughout the corporate year.

Counter Fraud Annual Plan 2024/25

The Counter Fraud Annual Plan 2024/25 was approved with the Committee requesting confirmation that additional administrative support would be available to support counter fraud activity.

Approach to the Annual Accounts

The approach to the annual accounts was outlined and the deadlines confirmed. Committee and Board dates for July would be confirmed now the approach had been finalised to allow the Health Board to be compliant with the requirements.

The Committee were assured that the necessary arrangements were in place, or would be put in place to meet the requirements for the Annual Account process.

Internal Audit Report

The Committee received the Internal Audit Progress report noting:

- 11 of the 21 audits planned for 2023/24 have been finalised;
- 10 audits remain outstanding, these will feed into the Annual Head of Internal Audit Opinion. Four of these are at draft report stage and will be issued imminently; and
- One audit (on Additional Learning Needs legislation) is recommended for deferring from the 2023/24 plan to the 2024/25 plan. This has been agreed with the Director of Therapies and Health Sciences.

Five audits had been finalised since the last meeting of the Committee:

- a) Primary Care Dental Services – Management and Monitoring of GDS Contracts – final report (*Substantial Assurance*)
- b) Board and Committee Structure/Effectiveness – final report (*Substantial Assurance*)

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- c) IT Infrastructure and Asset Management – follow up (*Reasonable Assurance*)
- d) Cyber Security Follow Up (*Reasonable Assurance*)
- e) Estates Condition – final report (*Limited Assurance*)

External Audit Report

The Committee received the External Audit report which outlined the following completed audits:

- o Unscheduled Care Audit (Part 1 regional and Part 2 local)
- o Structured Assessment
- o Workforce Planning Audit
- o External Audit Report 2023/24

Audit Recommendation Tracking

The Committee received the current status of internal audits:

- 54 internal audits recommendations outstanding – 29% in high category area;
- 60 internal audit recommendations completed since the previous meeting;
- Continuing to ensure responses are appropriate, timely and realistic
- Four external audits outstanding; and
- No outstanding counter fraud actions.

Welsh Health Circular Tracking

The Committee received the Welsh Health Circular current status noting that there had been some additional work undertaken since the production of the report and further overdue actions had since been completed.

Board Assurance Framework

The Director of Corporate Governance gave a presentation on the Board Assurance Framework including an outline of areas to consider and next steps.

Committee Effectiveness

The Director of Corporate Governance gave a presentation on the results of the Committee Effectiveness Survey for the Committee.

Terms of Reference Review

The Committee were presented with an opportunity to provide comments on the existing terms of reference as part of the annual review of Terms of Reference which would be considered at May Board.

Committee Work Programme 2023/24

The Committee Work Programme was received for information

14 May 2024

The Board is asked to note that the following matters were considered by the Committee on 14 May 2024:

- Review of Standing Orders
- Committee Annual Report 2023/24
- External Audit Plan 2024
- PTHB Draft Accountability Report and Financial Accounts
- Head of Internal Audit Opinion Draft
- Internal Audit Progress Report 2023-24
- Internal Audit Reports
 - Vaccination Programme Final Report (*Reasonable*)
 - Infection Prevention and Control (*Reasonable*)
 - Agency Spend Reduction Group (*Reasonable*)
 - Welsh Language Standards – Follow Up (*Reasonable*)
 - Decarbonisation (*Reasonable*)
- External Audit Progress Report
- External Audit Reports
 - Primary Care
- Counter Fraud Update and Annual Report 2023/24
- Single Tender Waivers Annual Report
- Single Tender Waiver (including extensions to contracts)
- Losses and Special payments
- Post payment verification
- Audit Recommendation Tracker
- Risk Management update
- Annual Work Programme

Review of Standing Orders

The Committee received a schedule of amendments to Standing Orders which would effect the following changes:

- Replace references to the former WHSSC and EASC with the newly created Joint Commissioning Committee
- Remove reference to the Stakeholder Reference Group (confirmed by Board in response to the 2023 Structured Assessment)
- Replace references to the former Community Health Council with the successor body Llais
- Confirm date for releasing papers to be 7 calendar days in advance
- Amend Schedule 1 of the Scheme of Delegation to reflect recent Executive Team changes.

The Committee recommend the changes to Board for approval.

Committee Annual Report 2023/24

The Committee received the Annual Report summarising the work undertaken during 2023/24, approved the report and **recommended it be taken to May Board.**

External Audit Plan 2024

The Committee received and approved the External Audit Plan 2024 (attached at Annex 1).

PTHB Draft Accountability Report and Financial Accounts

The Committee received a presentation summarising the draft financial accounts for 2023/24 and sought clarity on a number of matters. The Committee were given the opportunity to provide comments on the draft Accountability Report, in the same way the Delivery and Performance Committee had been given the opportunity to comment on the draft Performance Report. The Performance Report, Accountability Report and Annual Accounts would be presented to the Committee on 9 July 2024 and Board on 11 July 2024 for approval and submission to Welsh Government.

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Head of Internal Audit Opinion Draft

The Head of Internal Audit presented the draft opinion which would be updated as the outstanding 2023/24 Internal Audits were finalised prior to submission as part of the Annual Report process outlined above.

Internal Audit Progress Report 2023-24

The Head of Internal Audit presented the progress report and outlined the outcomes of the following audits:

- Vaccination Programme Final Report (*Reasonable*)
 - Infection Prevention and Control (*Reasonable*)
 - Agency Spend Reduction Group (*Reasonable*)
 - Welsh Language Standards – Follow Up (*Reasonable*)
 - Decarbonisation (*Reasonable*)
-

External Audit Progress Report

The Audit Wales representative presented the update report noting the following up report on Primary Care had now been finalised finding that some progress had been made to address previous audit recommendations, more action is needed. Primary Care Clusters are being strengthened but it has struggled to demonstrate a shift in resources from secondary to primary care, gain an understanding of its workforce, and oversight of primary care at Board and committee level requires improvement. Capacity at both Director and team level is also a risk and arrangements for development and succession planning within the Primary Care Services Team need strengthening.

Counter Fraud Update and Annual Report 2023/24

The Counter Fraud update was received, and Committee had heard from the Director of Finance, Information Services and IT that the business case for additional administrative resource had been confirmed (see Counter Fraud update from meeting on 11 March 2024).

Single Tender Waivers Annual Report and Single Tender Waiver (including extensions to contracts)

The Single Tender Waiver (STW) Annual Report was received outlining that the number of STWs had reduced since a peak in 2021/22 as procurement processes

change. A total of 4 STWs had been processed during 2023/24. It was confirmed that no STWs had been approved during the period 1 March to 30 April 2024.

Losses and Special payments

The Committee received and ratified the Losses and Special Payments for the period 1 April 2023 to 31 March 2024. The payments were categorised as clinical negligence and personal injury, redress, General Medical Practice Indemnity, other special payments and fraud.

Post payment verification

The Committee received the report which provided assurance that appropriate systems are in place to implement and monitor the Post Payment Verification (PPV) cycle. This relates to services across Primary Care including General Medical Services, General Ophthalmic Services, Out of Hours Services and Pharmacy Services. General Dental Services are verified under alternative arrangements.

Audit Recommendation Tracker

The Committee received an update to the audit recommendation tracker. The Director of Corporate Governance explained that a review of the presentation of this data would be undertaken with the intention of streamlining the process to focus on the outstanding recommendations.

Risk Management update

The Director of Corporate Governance gave a presentation on work undertaken on Risk Management outlining that a new Corporate Risk Register template was under development, the use of Datix Risk Management module would be rolled out in September 2024 at which time a review of the Risk Management Framework would be undertaken.

Annual Work Programme

The Annual Work Programme for 2024/25 was received. This would be taken to May Board for approval along with all other Board Committee Work Programmes.

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

The papers of the meeting held on 14 May 2024 can be accessed at: [14 May 2024 - Powys Teaching Health Board \(nhs.wales\)](#)

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 9 July 2024.

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Powys Teaching Health Board – Audit Plan 2024

Audit year: 2023-24

Date issued: May 2024

Document reference: 4203A2024



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About Audit Wales

Our aims and ambitions

Assure



the people of Wales that public money is well managed

Explain



how public money is being used to meet people's needs

Inspire



and empower the Welsh public sector to improve



Fully exploit our unique perspective, expertise and depth of insight



Strengthen our position as an authoritative, trusted and independent voice



Increase our visibility, influence and relevance



Be a model organisation for the public sector in Wales and beyond

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Introduction

I have now largely completed my planning work.

This Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

It sets out the work my team intends undertaking to address the audit risks identified and other key areas of focus during 2024.

It also sets out my estimated audit fee, details of my audit team and key dates for delivering my audit team's activities and planned outputs.



Adrian Crompton

Auditor General for
Wales

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Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. and the proper preparation of key elements of your Remuneration and Staff Report. I lay them before the Senedd together with any report that I make on them. I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material is set out later in this plan.

I am also required to certify a return to the Welsh Government which provides information about the Health Board to support preparation of the Whole of Government Accounts.

There have been no limitations imposed on me in planning the scope of this audit.

Performance audit work

I must satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources. I do this by undertaking an appropriate programme of performance audit work each year.

My work programme is informed by specific issues and risks facing the Health Board and the wider NHS in Wales. I have also taken account of the work that is being undertaken or planned by other external review bodies and by internal audit.

My performance audit work is designed to comply with auditing standards set out by the International Organisation of Supreme Audit Institutions (INTOSAI). This is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations

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Your audit at a glance



My financial statements audit will concentrate on your risks and other areas of focus

My audit planning has identified the following risks:

Significant financial statement risk

- Risk of management override
- Risk of material misstatement due to fraud in expenditure
- Risk of failing to meet the financial duties

Other areas of audit focus

- Risk of material misstatement in payables;
- Risk of completeness and accuracy of related party transactions;
- Risk of completeness and accuracy of disclosures in the Remuneration Report;
- Estimation uncertainty around the provision for clinical negligence and personal injury claims



My performance audit will include:

- Structured Assessment – core
- Structured Assessment – deep dive review of investment in digital systems to support service resilience and transformation
- All-Wales Thematic Review – managing demand for urgent and emergency care
- Local work – to be confirmed



Materiality

Materiality

£4.118 million

Reporting threshold

£206,000

Financial statements' materiality



Materiality £4.118 million

My aim is to identify and correct material misstatements, that is, those that might otherwise cause the user of the accounts to be misled.

Materiality is calculated using:

- 2022-23 actual gross expenditure of £411.8 million
- Materiality percentage of 1%

I report to those charged with governance any misstatements above a trivial level (set at 5% of materiality).



Areas of specific interest

There are some areas of the accounts that may be of more importance to the user of the accounts, and we have set a lower materiality level for these:

- Remuneration report £1,000
- Related party disclosures £5,000

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Significant financial statements' risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

Exhibit 1: significant financial statement risks

Significant risk	Our planned response
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements. • review accounting estimates for bias; and evaluate the rationale for any significant transactions outside the normal course of business;
<p>There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • perform detailed testing on a sample of key transactions before and after the year end to ensure they are accounted for in the correct accounting period; and • perform detailed testing on a sample of key year end balances to ensure they are appropriate and complete.
<p>There is a significant risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 11 shows a year-to-date deficit of £11.7 million and a forecast year-end deficit of £12.0 million which is in excess of the Minister's published control total.</p>	<p>We will focus our testing on areas of the financial statements which could contain reporting bias.</p>

Significant risk	Our planned response
<p>This, combined with the outturns for 2021-22 and 2022-23, predicts a three-year deficit of £18.8 million.</p> <p>Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion].</p> <p>Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.</p>	

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Other areas of focus

I set out other identified risks of material misstatement which, whilst not determined to be significant risks as above, I would like to bring to your attention.

Exhibit 2: other areas of focus

Audit risk	Our planned response
<p>There have been historic errors in the Health Board's payables balances.</p>	<p>We will review the classification and accuracy of the balances and undertake post year end payments testing to ensure that transactions have been accounted for in the correct year.</p>
<p>A key source of estimation uncertainty relates to the provision for clinical negligence and personal injury claims. The subjective nature of these provisions and associated judgments give rise to increased risk.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> • perform detailed testing on a sample of claims. • Evaluate the reasonableness of key assumptions and judgments. • Consider the work of Legal and Risk Services and the NHS Business Services Authority as a management expert.
<p>There is a risk that the Health Board fails to disclose certain related party transactions and disclosures or discloses these transactions at the incorrect value.</p>	<p>We will review the completeness and accuracy of the disclosures.</p>
<p>There have been historic errors in the Health Board's draft financial statements, when disclosing Senior Officers and Non-Executives Pay within the Remuneration Report.</p>	<p>We will review the completeness and accuracy of the disclosures</p>

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Financial statements' audit timetable

I set out below key dates for delivery of my accounts audit work and planned outputs.

Exhibit 3: key dates for delivery of planned outputs

Planned output	Work undertaken	Report finalised
2024 Detailed Audit Plan	March - April 2024	May 2024
Audit of financial statements work: <ul style="list-style-type: none">• Audit of Financial Statements Report• Opinion on the Financial Statements	May – July 2024	July 2024

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Planned performance audit work

I set out below details of my performance audit work and key dates for delivery of planned outputs.

Exhibit 4: key dates for delivery of planned outputs

Area of work	Scope of the work	Planned timescales
<p>Structured Assessment - core</p>	<p>Structured assessment will continue to form the basis of the work my audit teams do at each NHS body to examine the existence of proper arrangements for the efficient, effective, and economical use of resources.</p> <p>My core 2024 structured assessment work will review the following areas:</p> <ul style="list-style-type: none"> • Board and committee cohesion and effectiveness. • Corporate systems of assurance. • Corporate planning arrangements; and • Corporate financial planning and management arrangements. <p>My structured assessment work will also include a review of the arrangements that are in place to track progress against previous audit recommendations. This allows the audit team to obtain assurance that the necessary progress is being made in addressing areas for improvement identified in previous audit work. It also enables us to more explicitly measure the impact our work is having.</p>	<p>Fieldwork to commence between June and August 2024 with reporting by the end of October 2024.</p>
<p>Structured Assessment - deep dive review of investment in digital systems to support service</p>	<p>In addition to the core structured assessment work described above, my audit teams will also review certain arrangements at NHS bodies in more depth. This year, my audit teams will examine digital</p>	<p>Fieldwork to commence during the autumn of 2024 and reporting by the end of March 2025.</p>

Area of work	Scope of the work	Planned timescales
resilience and transformation	<p>arrangements, with a particular focus on how NHS bodies are investing in digital technologies, solutions, and capabilities to support the workforce, transform patient care, meet demand, and improve productivity and efficiency. This work was deferred from 2023, following my decision to replace the work with a review of the Health Board's approach to financial efficiencies.</p>	
All Wales thematic review of urgent and emergency care – managing demand for urgent and emergency care	<p>In my 2020 audit plan for the Health Board set out my intention to undertake work to examine arrangements to manage demand for urgent and emergency care services, as part of my wider work focused on these services.</p> <p>Due to the COVID-19 pandemic, I deferred this work to allow NHS bodies to respond to the pandemic, with a plan to bring the work back online once the impact of the pandemic had subsided and my work on patient flow out of hospital was completed. I am now able to take forward my work on managing demand for urgent and emergency care. The work will be undertaken during 2024 and will be funded from this year's audit fee.</p> <p>Consequently, I have decided to refund the Health Board the fee paid for this work as part of my 2020 audit plan.</p> <p>My 2024 urgent and emergency care work will focus on:</p> <ul style="list-style-type: none"> • The robustness of plans to manage the demand on urgent and emergency care services; • The effectiveness of arrangements to encourage and enable people to access the 	<p>Fieldwork commenced in March 2024 and reporting by the end of September 2024.</p>

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Area of work	Scope of the work	Planned timescales
	<p>right care, in the right place, at the first time; and</p> <ul style="list-style-type: none"> • The effectiveness of arrangements to monitor the performance of urgent and emergency care services and apply lessons learnt to improve the services further. 	
<p>Local project work – to be confirmed</p>	<p>Where appropriate, my audit team will also undertake performance audit work that reflects issues specific to the Health Board. The precise focus of this work will be discussed with Executives and communicated to the Audit, Risk and Assurance Committee through my routine updates.</p>	<p>Fieldwork and reporting to be confirmed.</p>

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Fee and audit team

In January 2024 we published our [Fee Scheme](#) for the 2024-25 year as approved by the Senedd Finance Committee. My fee rates for 2024-25 have increased by an average of 6.4% because of unavoidable inflationary pressures and the ongoing need to invest in audit quality.

I estimate your total audit fee will be **£321,168**.

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without first discussing them with the Deputy Chief Executive and Director of Finance, IT and Information and/or Director of Corporate Governance/Board Secretary.

Our financial audit fee is based on the following assumptions:

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and includes timescales and responsibilities.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

Exhibit 5: breakdown of audit fee

Audit area	Proposed fee for 2024 (£) ¹	Fee for 2023 (£)
Audit of Financial Statements	198,477	186,539
Performance audit work:		
• Structured Assessment, including deep dive	69,421	65,913
• All-Wales thematic review	32,816	31,895
• Local project	20,454	17,503
Performance audit work total	122,691	115,311
Total fee	321,168	301,850

¹ The fees shown in this document are exclusive of VAT, which is not charged to you.

The main members of my team, together with their contact details, are summarised in **Exhibit 6**.

Exhibit 6: my local audit team

Name	Role	Contact details
Dave Thomas	Engagement Director/Audit Director (Performance Audit)	dave.thomas@audit.wales
Derwyn Owen	Audit Director (Financial Audit)	derwyn.owen@audit.wales
Anne Beegan	Audit Manager (Performance Audit)	anne.beegan@audit.wales
Mike Jones	Audit Manager (Financial Audit)	mike.jones@audit.wales
Bethan Hopkins	Audit Lead (Performance Audit)	bethan.hopkins@audit.wales
Erin Terfel	Audit Lead (Financial Audit)	erin.terfel@audit.wales

I can confirm that my team members are all independent of the Health Board and your officers.

Patterson Liz
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Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD* and our Chair, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2023](#).

Our People



The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review

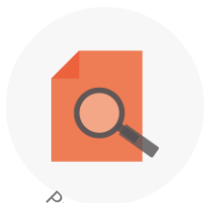
Arrangements for achieving audit quality



The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

Independent assurance



The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.





- EQCRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

* QAD is the quality monitoring arm of ICAEW.

Supporting you

Audit Wales has developed a range of resources to support the scrutiny of Welsh public bodies and to support those bodies in continuing to improve the services they provide to the people of Wales.

Visit our website to find:

	our <u>Good Practice</u> work where we share emerging practice and insights from our audit work in support of our objectives to assure, to explain and to inspire.
	our <u>newsletter</u> which provides you with regular updates on our public service audit work, good practice, and events.
	our <u>publications</u> which cover our audit work completed at public bodies.
	information on our <u>forward performance audit work programme 2023-2026</u> which is shaped by stakeholder engagement activity and our picture of public services analysis.
	various <u>data tools</u> and <u>infographics</u> to help you better understand public spending trends including a range of other insights into the scrutiny of public service delivery.

You can find out more about Audit Wales in our [Annual Plan 2024-25](#)

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Audit Wales

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We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Ronnie Alexander
Date of last meeting:	7 May 2024
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at meetings of the Delivery and Performance Committee which took place on 7 May 2024:</p> <ul style="list-style-type: none"> • Finance Performance Report Month 12 <ul style="list-style-type: none"> ◦ including savings report • Integrated Performance Report Month 11 • Annual Delivery Plan Q4 and rest for rest of year • Primary Care – Out of Hours • Emergency Ambulance Services Update • Information Governance Annual Report 2023-24 • Digital First Annual Plan • IT Infrastructure and Asset Management (update against audit report and progress) • Records Management Improvement Plan • Organisational Status <ul style="list-style-type: none"> ◦ including Enhanced Monitoring Self-Assessment • Committee Risk Register • Annual Work Programme • Committee Annual Report <ul style="list-style-type: none"> ◦ including IC elements <p>The Chair will give an oral update to Board with a written update provided to the next meeting of Board. This is due to the close proximity of the Delivery and Performance Committee meeting to the Board meeting.</p>	
NEXT MEETING:	
The next meeting of Delivery and Performance Committee will be held on 27 June 2024	



Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	16 May 2024
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at meetings of the Planning, Partnership and Population Health Committee which took place on 16 May 2024:

- Committee Annual Report
- Strategic Change Report
- NWSSP Performance Report – Year End
- Whole Systems Approach to prevention of obesity
- Weight Management Pathway
 - Including Healthy Wales Assurance Report
- Healthy Child Wales Programme Evaluation Health Visiting Programme
- Deep Dive – Diabetes Part 2
- Annual Report of Director of Public Health
- Primary Care Cluster Plans
- Additional Learning Needs Update (ALN)
- Internal Audit Report – Winter Respiratory Vaccination programme
- Committee Risk Register
- Committee Annual Work Programme

The Chair will give an oral update to Board with a written update provided to the next meeting of Board. This is due to the close proximity of the Planning, Partnership and Population Health Committee meeting to the Board meeting.

NEXT MEETING:

The next meeting of Planning, Partnership and Population Health Committee will be held in August 2024 (date to be confirmed).

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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.1

PTHB Board	22 May 2024
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Subject:	Integrated Plan: Annual Delivery Plan 2024 -2025
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee – 15 May 2024

PURPOSE:

This report provides the Board with the Annual Delivery Plan 2024 – 2025, which is the first year of Delivery of the Five Year Integrated Plan 2024 – 2029, approved by PTHB Board and submitted to Welsh Government in March 2024.

The Annual Delivery Plan is fully aligned to the original submission of the PTHB Plan, with no material changes made to Strategic Priorities, Deliverables or Milestones.

It should be noted that feedback has been received from Welsh Government in relation to the PTHB Integrated Plan and additional requirements have been communicated in several correspondences – this may result in changes to the Delivery Plan which can then be transacted as part of the Quarter 1 Review and Monitoring process.

RECOMMENDATION(S):

The Board is asked:

- **RECEIVE** and **APPROVE** the annual plan recognising it is fully aligned to the original submission of the PTHB Plan in March 2024;
- Take **ASSURANCE** that the Plan forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan and will be reported to the Board as it was in 2023/24..

Approve/Take Assurance	Discuss	Note
Y	N	N

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Annual Delivery Plan covers all Wellbeing Objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides the Board with the Annual Delivery Plan 2024 – 2025.

- This is the first year of Delivery of the Five Year Integrated Plan 2024 – 2029 which was approved by PTHB Board at its meeting on the 20th March 2024 and submitted to Welsh Government on 28th March 2024.
- The Annual Delivery Plan is therefore an important 'baseline' document, fully aligned to the original submission of the PTHB Plan, with no material changes made to Strategic Priorities, Deliverables or Milestones.
- Executive lead allocation against areas of delivery have been made in line with the new Executive roles and portfolios (including interim arrangements for those areas which will be re-aligned on appointment of the new Director of Strategic Improvement).
- Delivery confidence assessments have been made by each Executive lead and are included; these will be revisited quarterly as part of the review and monitoring of progress against plan.
- It should be noted that feedback has been received from Welsh Government in relation to the PTHB Integrated Plan and additional requirements have been communicated in several correspondences – this may result in changes to the Delivery Plan which can then be transacted as part of the Quarter 1 Review and Monitoring process.

BACKGROUND

Scope and Purpose of the Annual Delivery Plan

This report provides the Board with the Annual Delivery Plan 2024 – 2025.

This is the first year of Delivery of the Five Year Integrated Plan 2024 – 2029 which was approved by PTHB Board at its meeting on the 20 March 2024 and submitted to Welsh Government on 28 March 2024.

The Annual Delivery Plan is therefore an important 'baseline' document, fully aligned to the original submission of the PTHB Plan, with no material changes made to Strategic Priorities, Deliverables or Milestones.

The attached Delivery Plan forms the basis for the quarterly review, monitoring and reporting of progress against plan and is therefore an important component in the organisation's strategic planning and assurance approach.

Continuous improvements have been made to the format and utility of the Delivery Plan and the associated monitoring processes. This has been built into the design and content of the attached Delivery Plan. This is intended to produce a consistent and meaningful overview across a complex and multi-dimensional plan.

Executive Leadership for respective areas of accountability and delivery

The allocation of Executive Leads has been made in line with the new Executive roles agreed in May 2024.

The Delivery Plan also notes where interim Executive leads are in place across areas of accountability that will be re-aligned on appointment of the new role of Director of Strategic Improvement.

Delivery Confidence Assessments

Delivery Confidence assessments have been made by each Executive Lead for their respective areas of accountability and delivery portfolios.

These are compiled into the attached Delivery Plan and provide a baseline assessment; these will be reviewed by Executive leads as part of the quarterly review and monitoring of progress against plan.

The assessments are predominantly medium and high confidence of delivery. There are nine rated as 'low' confidence.

Potential changes following feedback from Welsh Government

It should be noted that feedback has been given to PTHB from Welsh Government that the current Integrated Plan is not supportable or acceptable and additional requirements have been communicated. Further consideration is therefore being made during May 2024 of the key areas highlighted for review, notably the financial position, performance, quality, access and patient experience, planned care transformation and mental health.

The PTHB Integrated Plan responded to the original NHS Wales Planning Framework 2024 – 2027. This remains in place and therefore the consideration of the above items will be made in the context of the wider framework which encompassed the complex and multiple legislative and policy requirements for each health board.

This further consideration is required in a short time span, in order to inform the response required by Welsh Government in May 2024.

It is therefore possible that changes may be made to the Integrated Plan following this consideration, which may also require changes to the Annual Delivery Plan. The Board will have further formal consideration of any revised plan submission at the appropriate time.

The quarterly monitoring and review process includes a change request process which can be used for this purpose, ensuring both the appropriate rigour and discipline required to track and deliver progress against the plan, alongside an element of agility and flexibility to respond to changing requirements.

Review, monitoring and assurance

The Annual Delivery Plan enables Quarterly reports of progress against this plan to be produced, moderated through Executive Committee and considered at Delivery and Performance Committee.

The Delivery Plan has been aligned to the new Executive Director portfolios and Executive lead sign off of progress reporting will be maintained. This will ensure that quarterly monitoring reflects the appraisal carried out within Directorates and is given as part of the Lead Executive's accountability for their portfolio and strategic priorities.

The quarterly monitoring and assurance process includes a 'change request' process which is based on proposals of change made by each individual Executive lead and then subject to collective moderation at the Executive Committee. This enables a consideration of the balance of delivery both within individual Executive portfolios and across the plan as a whole.

The consideration of the quarterly reports at Executive Committee and Delivery and Performance Committee and subsequently at PTHB Board therefore ensures a clear line of accountability and visibility, including tracking and assuring any variances to the plan.

This provides both rigour in reporting, and an element of agility in delivery, to respond to changing requirements or risks. This is an important component in a complex planning and delivery environment.

The quarterly reports are submitted to Welsh Government as a record of progress against the PTHB Integrated Plan. They are also used to provide information at key performance meetings including the IQPD (Integrated Quality, Performance and Delivery Meetings) and JET (Joint Executive Team Meetings).

NEXT STEPS:

The Annual Delivery Plan will be used as the basis for the quarterly review, monitoring and assurance of progress against plan, as detailed in the body of this paper.

IMPACT ASSESSMENT – IMPACT ASSESSMENT COMPLETED FOR THE INTEGRATED PLAN 2024-29 CONSIDERED BY THE BOARD ONJ THE 20 MARCH 2024.

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					<p>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.</p>
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					<p>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.</p>
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					<p>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.</p>
Financial					
Corporate					
Operational					
Reputational					

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Powys Teaching
Health Board

Integrated Plan Delivery Plan 24/25

Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People and Culture	ED P&C
Executive Director of Public Health	ED PH
Executive Director of Nursing, Quality, Women and Family Health	ED NQW&FH
Executive Director of Allied Health Professions, Health Sciences and Digital	ED AHPHS&D
Executive Medical Director	EMD
Executive Director of Planning, Performance and Commissioning	ED PP&C
Director of Corporate Governance / Board Secretary	DCG

The table on the left reflects the new Executive Structure and the associated acronyms (included for reference as used throughout the plan)

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Director of Strategic Improvement and Transformation	DSI&T
Associate Director of Estates, Facilities and Support Services	ADEF&SS

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Plan on a page 2024 - 2029



Better Together for a Sustainable Model of Care

Whole System Approach to Wellbeing & Prevention

- Develop a whole system prevention plan *across the life course*
- Deliver a Health Protection response *including Vaccination*

Faster, effective diagnosis and treatment

- Improve access to Primary and Community Care
- Design and Deliver a phased Frailty and Community Model
- Deliver the Planned Care and Diagnostics Programme

Working together across Major Conditions, Physical and Mental Health

- Develop and deliver a Major Conditions Plan *respiratory & circulatory health (cardiac, diabetes, stroke) and cancer*
- Deliver the Mental Health Transformation Programme

Home first and back home fitter and faster

- Improve pathways of care *focused on system flow*
- Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*



Quality is the golden thread across the whole plan

- Underpinned by the Quality Standards: Safe, Timely, Effective, Efficient, Equitable, Person-Centred (STEEEP)
 - Delivery of Duty of Quality and Duty of Candour Action Plans
- Interdependencies across the plan in relation to a Value based approach and effective Governance

WG TEMPLATE
Primary & Community Care

WG TEMPLATE
Enhanced Care in the Community (Pathways of Care)

WG TEMPLATE
Planned Care & Cancer

WG TEMPLATE
Mental Health

WG TEMPLATE
Urgent and Emergency Care / Six Goals



Focus on Wellbeing

Strategic Priority 1: Develop a whole system prevention plan across the life course

Intended Outcome/ Impact

- A vision for a joined-up preventative approach is developed
- Conditions are being created that support people to maintain a healthy weight
- Work towards meeting national smoking cessation targets

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Work with partners to develop a whole system approach to address common modifiable risk factors	Framework for whole system approach developed	Q4	ED PH	Medium
Delivery of health board-led population level health improvement programmes	Implement the Powys Whole System Approach to Healthy Weights action plan, working in partnership	Q1-Q4		High
	Improve awareness of and access to NHS Stop Smoking services	Q1-Q4		High

Strategic Priority 2: Deliver a Health Protection response, including vaccination

Intended Outcome/ Impact

- PTHB is able to provide a local health protection response that aligns with the Communicable Disease Outbreak Plan for Wales
- Eligible Powys population is offered vaccination, narrowing the uptake in inequities between groups
- Screening uptake rates are above targets

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
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Ensure PTHB emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	Review of civil contingency response plans. Implement required actions, including participation in training and exercises	Q1-Q4	ED PH	High
Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	Continue transition to a regional health protection service to enable a local response to health protection threats and contribute to Health Protection, Framework, in partnership with Powys County Council and Public Health Wales	Q3		Medium
Implement respiratory vaccination programme in line with Welsh Government directives	Plan and deliver respiratory vaccination programmes	Q1, Q3, Q4		High
Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars	Plan and deliver vaccination programmes	Q4		High
Promote uptake of national screening programmes in partnership with Public Health Wales	Analyse data published and develop and implement action plan	Q4		High

Early Help and Support

Strategic Priority 3: Improve Access to Primary and Community Care

Intended Outcome/ Impact

- Improved outcomes through earlier, targeted interventions for those in need of support
- Quality, timely services provided closer to home
- Resilient and sustainable rural primary and community care services that meet the needs of the Powys population

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Accelerated Cluster Development	Collaborative engagement and develop maturity	Q1-Q4		High

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	Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group)	Q3	ED PCC&MH	High
	Implementation of Dental Collaborative (pending national negotiation outcome)	Q2		Medium
	Develop the Professional Nursing Collaborative	Q2		High
	Develop the Optometry Collaborative	Q1		High
	Continue to identify services best delivered at cluster or pan-cluster level	Q4		High
General Medical Services (GMS)	Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS PLT (Protected Learning Time); evaluation	Q1		High
	GMS Practice Sustainability analysis, review, and action planning	Q2		High
	Engagement with patients and stakeholders on perception and experience of access	Q4		High
	Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan & PTHB Frailty and Community Model	Q3		High
	Roll out multi-professional workforce tool	Q3		Medium
Optometry	Systematic tracking of core hour provision	Q2	High	
	Support and track access in relation to IPOS	Q1	High	
	Pre-registration optometrist between primary and secondary care in Cluster(s)	Q2	Medium	
	Establish inter-practice referral for urgent cases	Q1	Medium	
	School vision and eyecare access improvements	Q2	Low	
	Scope Special School Primary Care Eyecare	Q1	Low	
	Publicise occupational health services offer	Q1	Medium	
	Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways	Q1-2	Medium	

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Dental	Maintain urgent access in General and Community Dental Service to balance of demand and capacity	Q1		High
	Increase capacity of Llandrindod Wells contract	Q2		High
	Secure future dental access in Newtown	Q2		Medium
	Rural enhancement offer for Foundation Dentists	Q4		Low
	Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform	Q1		High
	Undertake dental waiting list cleansing to support accurate waiting list numbers	Q1		High
	Recruit additional dental officer for sedation by end of Year 1	Q4		Medium
	Rescope mobile dental services in areas with limited or no access	Q1		High
	Develop undergraduate dental therapy placement programme with Cardiff Dental School	Q4		Medium
Community Pharmacy	Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of pharmacies in Year 1); implement contract breach process by year end	Q4	EMD	High
	Ensure access and monitor provision of Clinical Community Pharmacy Service (CCPS) and “additional pharmacy services”.	Ongoing (monthly)		High
	Review and update service specifications for locally commissioned services	Q4		High
	Review pharmacy ‘rota services’ to ensure that they are delivering value to our population	Q4		High
	Work with Welsh Government to address challenges that are unique to Powys (e.g. implementation of 56-day prescribing in dispensing practices)			Low
	Work with contractors to improve the quality of Datix reporting and ensure that learning is shared as appropriate.	Ongoing		High

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	Continue to encourage Pharmacists to train as independent pharmacist prescriber (IPPs) and monitor provision of IPP services across Powys.	Ongoing		High
Women & Children's - Maternity	Delivery of the Maternity Assurance and Safety Improvement Plan	Q1-4	ED NQW&FH	High
	Implementation of Digital Maternity Cymru (DMC) appropriate to PTHB	Q1-4		Medium
	Review workforce and implement the revised workforce review	Q1-4		High
	Implementation of Health Inspectorate Wales recommendations including birth centre environments	Q1-4		Medium
Women & Children's – Women's Health	Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities	Q1-4	ED NQW&FH	Medium
Women & Children's – Pathway Development	Implementation of key service / pathway developments: <ul style="list-style-type: none"> - Develop and deliver Community Paediatric Remodel action plan - Implementation of the multi agency Neurodevelopment Strategic Action Plan for Powys - Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan 	Q1-4	ED NQW&FH	Medium

Strategic Priority 4: Design and Deliver a phased Frailty and Community Model

Intended Outcome/ Impact

- A sustainable approach to frailty and community care, improving equity of access
- Risk stratification of the population to deliver effective support for those with greatest need and at greatest risk of ill health
- Joined up support for physical and cognitive frailty and improved co-ordination at end of life particularly the last year of life

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- Associated reduction in emergency admissions/ prevention of avoidable deterioration in health such as deconditioning and fractures

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Continue development of tiered community model	Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas	Q1-4	<i>(Provided by Interim ED P&C)</i>	High
	Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care	Q2-3		Medium
	Identification of service development	Q3		Medium
	Minimum 12 Week Consultation for areas of significant service change	Q3-4		Medium
Continue to implement Frailty Model, including optimisation and join up for frailty of memory	Develop Frailty scoring	Q1-Q3		Medium
	Develop the approach to Comprehensive Geriatric Assessment and care planning	Q1-Q3		Medium
	Review access to Fracture Liaison Service	Q3-Q4		High
	Implement National Community Nursing Framework in Powys	Q1-Q4		Medium
Improve coordination of the Last Year of Life	Finalise approach to planning for the Last Year of Life with major conditions	Q1-Q2		High
	Commence implementation including liaison with out of county providers	Q3-Q4		Medium
Review and refine the Community Hospital model	Scope an improved approach to cognitive impairment on general wards	Q1-Q2	Medium	
	Pilot the approach	Q3-Q4	Medium	
Support Admission Avoidance	Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post	Q1-Q3	High	

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	Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation	Q2–Q3		High
	Review the impact of the PTHB-element of the National Cellulitis Improvement Programme	Q4		High

Strategic Priority 5: Deliver the Planned Care & Diagnostics Programme

- As many patients treated in Powys as possible – delivery of Rural Regional Centres and North Powys Wellbeing Programme
- Improved resilience of provider services and greater utilisation of provider services capacity/ system assets
- Getting It Right First Time is the default method of operation with associated improvements in quality, governance and assurance

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
GIRFT Recommendations	Continue implementation of GIRFT recommendations for General Surgery, Orthopaedics and Ophthalmology to include repatriation of low complexity day cases	Q1-Q4	ED PCC&MH ED PP&C	High
	Seek Consultant Urologist sessions to scope community urology service	Q2-Q4		Medium
Key Strategic Relationships	Explore Opportunities for jointly funded or regional post	Q1		High
	Recruitment	Q3		High
	Evaluation	Q4		High
Referral Management Solutions	Scope a (Provider) interface triage pilot for Orthopaedic Referrals	Q1		High
	Pilot interface triage solution for Orthopaedic Referrals	Q2		High

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	Evaluate interface triage solution for Orthopaedic Referrals and any associated Business Case through the Investment Benefit Group	Q3		High
	Subject to approval implementation of interface triage solution for Orthopaedic Referrals; Evaluation	Q3-Q4		High
	Scope a referral management solution for Dermatology; Pilot subject to any associated Business Case support; Evaluate; begin phased roll-out	Q1		High
	Develop referral management solution for dentistry in relation to oral cancer	Q2		High
	Further develop phlebotomy service	Q3-Q4		Medium
Improve Value in Key Specialities	Continued implementation of Wet Age-Related Macular Degeneration (AMD) and Cataracts improvement plan in alignment with GIRFT	Q1-Q4		High
Implement the Outpatient Transformation Plan	Appoint permanent Assistant Medical Director for Planned Care	Q1		Medium
	Continued implementation of outpatient transformation plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms)	Q1-Q4		Medium
Radiology Provision across Powys (enabling implementation of RISP)	Submit capital business case for replacement of X-ray equipment to enable implementation of RISP	Q1		Medium
	Review x-ray provision across Powys as part of work on sustainable model	Q1		High
	Develop x-ray implementation plan and implement phase 1	Q2-Q4		Medium

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Enhance the provision of Point of Care Testing throughout Powys	Review and develop existing POCT provision and governance: Establish QA Compliance framework, analyse asset registry, monitoring initiation and training development	Q1-Q2		High
	Expand availability of POCT provision in support of clinical pathway development and governance: identify opportunities in primary & community care, prepare for internal audit	Q3-Q4		Medium
	Identify ongoing funding for the POCT Co-ordinator role	Q3-4		Medium

Tackling The Big Four – Delivery Plan				
Strategic Priority 6: Develop and Deliver a Major Conditions Plan				
<ul style="list-style-type: none"> • A shift to prevention to improve population health and reduce the burden of ill health, with smarter approaches to segment and target those at risk • Optimising the key pathways of care to improve equity of access and patient experience • Joined up care across physical and mental health; effective management of long term conditions and a core approach to rehabilitation • Greater co-ordination of care to improved efficiency, performance and outcomes 				
Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Development of a transformative Major Conditions Plan	<u>Development of a phased major conditions transformation plan</u> to develop: a less siloed approach; streamline appointments, diagnostics, assessments, care and treatment plans, reviews and polypharmacy; and to improve co-ordination in the last year of life	Q1- Q3 development of the plan	DSI&T <i>(Provided by Interim)</i>	High

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Optimal Pathways	<u>Map and develop key optimal pathways for Diabetes</u> (in liaison with national Value and Sustainability Work)	Q2 confirm baseline and gap analysis Q3-Q4 first phase improvement	ED P&C)	Medium
<u>Stroke</u>	Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Incorporation of guidelines for stroke rehabilitation	Q3		High
<u>Diabetes</u>	Delivery of All Wales Diabetes Prevention Programme (AWDPP)	Q1-Q4		High
<u>Cardiac</u>	(Community cardiology is covered in the diagnostics section)	Q4		High
<u>Cancer</u> Cancer Improvement Plan	Deliver the PTHB Cancer Improvement Plan	Q1- Q4	EMD	Medium
Single Cancer Pathway	Review variation of Single Cancer Pathway performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment	Q1 – Q4	EMD	Low
Implement improving Cancer Journey	Implement Improving Cancer Journey Programme Phase 2	Q1-Q4	EMD	High
	Annual review of PTHB Cancer Improvement Plan and update for 2024-25 at year end	Q4		High

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<u>Respiratory</u>	Continue to explore options for medical cover across PTHB	Q1-3	ED PCC&MH	Medium
Ensure equitable and standardised MDT services across the whole of PTHB	Provide support to Primary Care to implement Asthma plans for the asthma population	Q2-4		Medium

Strategic Priority 7: Deliver the Mental Health Transformation Programme

- Delivery of equitable and quality mental health care that meets the needs of the population
- Increased efficiency and integration of services to improve sustainability and user experience with clear navigation, access and referral
- Improved co-ordination and care planning with reduction in avoidable urgent and emergency attendances and out of county care

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model)	Refining the baseline. Refining the modelling for the new model. Continuous engagement.	Q1	ED PCC&MH	High
	Public engagement and consultation	Q2		Medium
	Workforce design and further consultation	Q3		Medium
	Phase 1 implementation	Q4		Medium
Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model	Scope model. Refine baseline including urgent referral information. Continuous engagement. Scope expansion of “front door” role including development to align other referral processes.	Q1		Medium
	Develop phased delivery plan	Q2		Medium
	Phase 1 implementation including administrative single point of access	Q3		Medium

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	Phase 2 implementation including commencing development of referral routes for Secondary Care referrals	Q4		Medium
Ensure access to provision for sanctuary for children	(i) Workforce design	Q1		High
	(ii) Recruitment	Q2		Medium
	(iii) Implementation of rapid response and outreach service	Q3-Q4		Medium
Develop access to provision for sanctuary for adults	i) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting	Q3-4		Medium
	(ii) Assess impact of right care, right person	Q3 Year 2 Phased Delivery Plan		High
Take forward the next phase of work to enable access to a step-down solution for those with complex needs	Continuous engagement	Q1-Q4		Medium
	Explore and develop advisory options appraisal	Q1		Low
	Design and workforce planning	Q2		Medium
	Preparation for procurement	Q3-Q4		Medium
Next phase of neurodiversity pathway development	A revised pathway for neurodiversity pathway	Q1-Q4		High

Joined Up Care

Strategic Priority 8: Improve pathways of care focused on system flow

Intended Outcome/ Impact

- People Home Fitter and Faster
- Co-ordinated and effective pathways of care which deliver an efficient flow across health and care systems

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- Associated elimination of pathways of care delays and reduction in avoidable bed utilisation / average length of stay

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Implement a Digital Patient Flow System	Complete test and pilot phases of newly developed Digital Patient Flow System	Q1	<i>(Provided by Interim ED P&C)</i>	High
	Launch and roll-out of Digital Patient Flow System	Q2		High
	Embed Digital Patient Flow System into standard practice and broaden user operability	Q3		High
	Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product	Q4		High
Improved Approach to Pathways of Care Delays (POCD)	Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking	Q1-Q4		High
	Reduce the number of super-stranded patients through escalation and tracking	Q1-Q4		High
Improved Approach to Supporting People to Leave Hospital Fitter and Faster	Embed discharge liaison officer posts throughout Powys	Q1-Q2		High
	Consider Expansion of Discharge Liaison Officer	Q3-Q4	High	
	Reduce average length of stay throughout Powys, through escalation and tracking	Q1-4	High	

Strategic Priority 9: Deliver the Six Goals Plan for Urgent and Emergency Care focusing on what works for the Powys population

Intended Outcome/ Impact

- People home fitter and faster
- A co-ordinated and evidence based Urgent and Emergency Care offer across complex health and care systems used by the Powys population
- Effective and efficient locally provided services including optimised minor injuries provision and bed utilisation to ensure patient flow

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Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Implement Enhanced Community Care Phase One, including the Rapid Response in the community	Scope the need for a Rapid Response service	Q1	DSI&T <i>(Provided by Interim ED P&C)</i>	High
	Broadening the knowledge and skills of MIU staff in Powys	Q1-Q4		High
Expand Therapy Led Rehabilitation	Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon)	Q1		High
	Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation	Q2		High
	Implement optimised model as part of winter response strategy	Q3		High
	Review of SOP and operational model including PROMS to inform the way forward	Q4		High
Enhance and expand D2RA Pathway utilisation	Commence monthly aggregate reporting of D2RA Measures	Q1-2		Medium
	Improve data quality and confidence of D2RA Measure reporting	Q3-4		High
	Expansion of dedicated pathway capacity	Q1-4	Medium	

Workforce Futures
Strategic Priority 10: Transformation and Sustainability
Intended Outcome/ Impact <ul style="list-style-type: none"> Strategic workforce planning with creative, innovative and effective approaches

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- Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits
- Home grown capability in rural healthcare, with associated improvements in patient care and experience

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Grow the knowledge and capabilities of managers to develop strategic workforce plans aligned to the Accelerated Model of Care	Cohort of managers (who are required to) who have completed training	Q2 Q4	ED P&C	High
On board a further 3 cohorts of internationally trained Adult Nurses targeting areas with high variable pay spend	On board Cohorts 1, 2 and 3 for 24/25	Q2 & Q4		High
Explore the potential to recruit internationally trained Mental Health Nurses and Medics	Scope opportunities from national programmes for international recruitment for Mental Health	Q3		High
Launch a second cohort of the Aspiring Nurse Programme with HEIW and University partners (improving access for Powys based pre-registered students to the Nurse Degree Programme)	Agreed plans and funding arrangements in partnership with HEIW and FE/ HEI providers	Q2		High
	Report on the recruitment rates of the programme	Q4		High
	Ensuring there is an opportunity for a Welsh essential recruitment offer	Q4		High
Generate interest from the younger generation in a rural health and care career through the Academy Career and Education Enterprise Scheme (ACEES)	Evaluate the Academy Careers and Education Enterprise Scheme (ACEES) and develop plans for 2024/25 academic year	Q1		High
	Report on the development plans for 2024/25 academic year	Q3		High

Strategic Priority 11: A Great Place to work

Intended Outcome/ Impact

- The health board is a great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
- Associated improvements in recruitment and retention and reductions in workplace absences
- Staff are able to raise concerns and speak up safely and there is clarity on standards of behaviour and role expectations

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Deliver the actions set out in the national Nurse Retention Plan	Complete the nurse retention self-assessment tool	Q1	ED P&C	High
	Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities	Q2		High
Ensure a clear mechanism for staff to raise concerns and support a culture of psychological safety, so staff feel able to speak up.	Introduce the Speaking Up Safely 'Your Voice' Portal on staff intranet	Q1		High
	Introduce team activities/briefings	Q2		High
	Refresh the Chat2Change plan	Q2		High
	Embed the Speaking Up Safely Framework	Q4		High
Roll out Tier 1 of clinical leadership programme	Deliver the Tier 1 programme at a rate of 1 course per month	Q1-2		High
Develop a pilot for Tier 2	Develop the Tier 2 programme	Q2		High
	Pilot Tier 2 programme	Q3		High
Design a Charter with leadership expectations of managers responsibilities in setting standards of behaviour, engaging with staff and creating a great place to work	Develop draft Charter and resources for consultation and feedback	Q1		High
	Consult with Executive team, Trade Unions and Chat2Change group	Q2	High	
	Launch Charter	Q3	High	

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Strategic Priority 12: Employee Health and Wellbeing

Intended Outcome/ Impact

- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Staff across the organisation demonstrate compassionate leadership in their everyday work
- Managers are able to utilise workforce policy and guidance to support staff to remain in/return to work

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Regular access to wellbeing roadshows and initiatives which support health	Undertake a series of wellbeing roadshows across the county	Q4	ED P&C	High
Embed Compassionate Leadership model to underpin approach to staff wellbeing	Deliver two Compassionate Leadership courses per month	Quarterly Update		High
Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work	Review and republication of the managing attendance at work toolkit	Q1		High
	Delivery of targeted / bespoke sessions to managers	Ongoing		High
Undertake regular Team Climate surveys and feedback to service managers to identify ways they can support the wellbeing of their staff	Undertake surveys targeting one service per quarter	Quarterly Update		High

Strategic Priority 13: Equalities and Welsh Language

Intended Outcome/ Impact

- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution in the community, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well trained workforce and effective utilisation of assistive technology, translation and interpretation

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Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Continue the rollout of the Gender Awareness programme	Updates on Gender Awareness provided in Equality Annual Report	Q4	ED P&C	High
Integration of Welsh Language into the wider Managers' Training Programme	Continuous programme of training			High
Commence the implementation of the objectives set out in the Strategic Equality Plan.	Achieve workplace certifications for Age-Friendly Employer, Disability Confident and Hate Crime Charter	Q4		High
	Sensory loss work: deployment of assistive technologies & Sign Live	Q4		High
Continue to monitor the use and uptake of Online translation to reduce costs and improve access to BSL and foreign language interpretation	Provide an update in relation to the use of online translation	Q2 - Q4		High
Begin work on the new Welsh in Healthcare Strategy including the introduction of the new Welsh Language recruitment assessment system.	System designed and functionality finalised	Q1		High

Digital First

Strategic Priority 14: Citizen centred care and support

Intended Outcome/ Impact

- Efficient and effective digital approaches used to improved citizen centred care and support – with improved patient engagement, access and control
- Digital enables patients and service users to take an active part in their own health & wellbeing
- Greater communication at all points of access and delivery in a rural healthcare system

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Improve awareness and access to their digital appointment	Introduce patient portal for managing appointments	Q4	ED AHPHS&D	High
Improve awareness of and access to the NHS Wales App	Support the development of the NHS Wales App to include Cross Border pathway	Q4		Medium
Transition to an alternative virtual consultation platform	Provide a replacement virtual consultation platform across Powys	Q3		High

Strategic Priority 15: Leadership, Partnership and Alliances

Intended Outcome/ Impact

- Digital First supports leadership and partnership planning and decision making
- Well led Digital Teams providing excellent services and support for staff and patients, to support and improve the delivery of care
- Increased efficiency and optimisation of system use to reduce administrative and repetitive tasks

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Transition of ICT Service Support; Digital Clinical partnership with Experience Level Agreements (XLA)	Target Operating Model Implementation	Q3	ED AHPHS&D	High
Continue engagement with NHS England to improve clinical cross border pathways	Improve data flows of clinical information into our All Wales architecture to support delivery of care	Q2		Low
Scope requirements for Integrated Shared Care Record	Enable front line staff to access digital clinical information across multiple disciplines	Q4		Medium
Provide opportunities to improve Digital literacy across the HB	Upskill, train and support staff to improve confidence in using digital systems	Q4		High

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Strategic Priority 16: Enabling Efficiency and effectiveness

Intended Outcome/ Impact

- Improved efficiency and streamlining – to support decision making and delivery of safe and timely care
- Improved staff / user and patient experience; greater engagement and associated improvements in healthcare system utilisation (e.g. Reduced DNAs)
- Centralised maintenance and a reduction in the carbon footprint

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Whole system application review to standardise digital system access and improve efficiencies	Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording	Q2	ED AHPHS&D	Medium
Complete ePMA pre-implementation phase	Completion of a Business case to roll out (inpatient & outpatient)	Q2		Medium
Award ePMA contract	Develop, build, test and implement the ePMA system	Q4		Medium
Finalise cross border clinical records sharing project	Improve data flows of clinical information into our All Wales architecture to support delivery of care	Q2		Medium
Review replacement of WCCIS	Implement a replacement community system that supports the delivery and recording of patient care	Q1		High
Implement print management solution	Replace and deliver new multi-functional devices across the HB	Q1		High
Introduce digital clinical appointment letters	Adoption across all services using WPAS to digitally engage with patients	Q4		Medium

Strategic Priority 17: Infrastructure and security

Intended Outcome/ Impact

<ul style="list-style-type: none"> Improved reliability and supportability of digital infrastructure Reduce and where possible remove single points of failure in the digital estate; reduce likelihood of single component outages Improved cyber security posture 				
Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Improve network Connectivity and reliability	Upgraded core infrastructure across all areas in the Health Board	Q1	ED AHPHS&D	Medium
Improve telephony and collaboration tools	Procure and implement new telephony system	Q1		Medium
Improve application availability and resiliency	Implement enterprise level availability technologies to support resilience across the Health Board	Q2		Medium
Continue to improve cyber security posture	Replace and update Firewall authentication technology across the Health Board and migrate applications	Q1		Medium
Align and upgrade legacy operating systems	Removal of legacy and unsupported operating systems to support resilience	Q3		High

Strategic Priority 18: Big Data and Artificial Intelligence				
Intended Outcome/ Impact <ul style="list-style-type: none"> Increased access, quality and trust in health and care data available in near real time, promoting complete transparency of data Data collected consistently, cutting down manual/paper processes and releasing administration time 'Cloud first' approach with robust, advanced and secure reporting solutions; use of Data Platform Machine Learning and predictive modelling 				
Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence

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Onboard services to new Business Intelligence platform and adopt single source of truth for data	Provide the necessary tools to allow staff to access a 'Data Self-Service' to review a single source of data	Q3	ED AHPHS&D	Medium
Creation of a Health & Care Data Platform	Develop and implement a secure & robust Platform			Medium
Modernise data processes	Plan and deliver a data collection framework	Q2		Medium
Introduce a Data Catalog to enable users to discover, understand, and use the data they need to make informed decisions	Create a Data Catalog that is accessible by the entire Health Board	Q2		Medium
Migration of legacy reports and data processes from IFOR to the cloud	Commence transition from the IFOR Reporting platform to a cloud hosted platform	Q3		Medium
		Q4		Medium
Accelerate use of Robotic Processing Automation	Plan and deliver a 'RPA Framework' and Operating Model across the Health Board	Q4		High
Improve the accuracy, completeness, of data quality using advanced technologies and best practices	Identify required resource and approach to improve Data Quality	Q4		High
Adopt Machine learning toolkit (predictive analysis on current data sets)	Design and deliver a framework to adopt Machine Learning models	Q3		High

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Innovative Environments

Strategic Priority 19: Strategic Capital

Intended Outcome/ Impact

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic capital programme progressed to support delivery of ‘A Healthy Caring Powys’ and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
North Powys Wellbeing Programme	Outline Business Case Development for campus	Q2	ADEF&SS	Low
Llandrindod Wells Rural Regional Centre	Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case	Q3		Low
Discretionary Capital Programme including Estates Funding Advisory Board (EFAB), etc.	Discretionary Capital Programme (circa 25 projects)	Q1-Q4		High
	EFAB Brecon Fire	Q4		High
	EFAB Machynlleth Fire	Q4		High
	Building Management Systems Ystradgynlais	Q4		High
	Waste Compounds pan-Powys	Q4		High
Development of Strategic Capital Plan, project pipeline	Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme	Q2	High	

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Strategic Priority 20: Estates Strategy

Intended Outcome/ Impact

- Structured plan for future estate development / health and care needs

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Draft Estates Strategy	Estates Strategy; initial draft for review	Q1	ADEF&SS	Medium

Strategic Priority 21: Environmental Management and Decarbonisation

Intended Outcome/ Impact

- Reduction in Carbon emissions and ambition for public sector Net Zero by 2030
- Enhancement and protection of biodiversity and development of community group activity
- Improved energy efficiency and carbon reduction

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Decarbonisation	Decarbonisation Strategic Delivery Plan – actions as set out for 2024/2025	Q1-Q4	ADEF&SS	High
Biodiversity	Enhancement and protection of biodiversity including community group engagement	Q1-Q4		High
Energy efficiency	Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save	Q4		Medium

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Strategic Priority 22: Property

Intended Outcome/ Impact

- Integrated Working in agile environments to maximise space efficiency

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Integrated Hubs / Agile Working	Develop Spa Road, Llandrindod Wells as Integrated Hub	Q3	ADEF&SS	High

Transforming in Partnership

Strategic Priority 23: Key Strategic Partnerships

Intended Outcome/ Impact

- Whole system approach to health and wellbeing to leverage benefit of collaborative working for population of Powys (and wider region as appropriate)
- Whole system value and effectiveness – best use of public purse for population
- Effective partnership governance and oversight

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence

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Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail	Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail	Q3	ED PH	Medium
PTHB Partnership Assurance and Governance Framework to be developed	Framework to be developed, agreed and operationalised	Q3	DCG/ ED PP&C	Medium

Strategic Priority 24: Commissioning, Performance, Planning

Intended Outcome/ Impact

- Integrated commissioning, performance and planning delivering ‘A Healthy Caring Powys’ and the PTHB Integrated Plan
- Effective mechanisms in place for strategic planning, commissioning assurance and performance management
- Supporting value, effectiveness, efficiency, quality and resilience of provider and commissioned services for Powys residents

Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Delivery of Annual Strategic Planning Cycle	Quarterly Reporting cycle (progress against plan and strategic change)	Q1 – Q3	ED PP&C	High
	Annual Plan Review & Development	Q3 – Q4		High
Delivery of Immediate / Short / Medium and Long Term Commissioning and Performance Work Programme	Portfolio of commissioning and performance activity as noted	Q1 – Q4		High

Strategic Priority 25: Governance

Intended Outcome/ Impact

<ul style="list-style-type: none"> Decisive and effective decision making supported by assurance, oversight and effective management of risks Appropriately skilled, trained and informed Board Excellent Board and Executive administration and governance advice and support 				
Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Board Assurance Framework	Board Assurance Framework (BAF) is an integrated part of every Board meeting	Q1	DCG	High
Board and Committee work plans aligned to the plans Board Assurance Framework and Corporate Risk Register	Board and Committee work plans are agreed, delivered and evaluated.	Q1-Q4		High
Board Development programme that underpins the High Performing Board programme	Board development programme x6 sessions; board briefings x12 sessions	Q1-Q4		High
Review Boards Risk Management Framework further embedding effective risk management	Risk management framework reviewed and fully implemented	Q3		High
Corporate business systems maximising efficiency and effectiveness	Corporate business systems clearly defined and in place	Q1		High

Strategic Priority 26: Effective systems and delivery of engagement and communication				
Intended Outcome/ Impact <ul style="list-style-type: none"> Clear and effective communication and engagement between the health board and the population it serves Communication activity supports strategic priorities and focuses on the management of principal risks Increased coherency across partners with a shared approach to public voice and insight to drive positive change 				
Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence

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Design and delivery of a programme of marketing and communication	Design and deliver annual programme of communication and marketing activity focusing on those issues offer the most strategic benefit and management of principal risks	Q1-Q4	DCG	High
Design and delivery of a programme of continuous and targeted engagement	Design and deliver compliant programmes of engagement and/or consultation reflecting the requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioning changes) and national programmes (e.g. all-Wales and specialised services).	Q1-Q4	DCG	High
Delivery of shared PSB/RPB Engagement and Participation Plan priorities	Design and deliver a shared approach to coproduction across public sector partners in the Regional Partnership Board and Public Services Board	Q1-Q4	DCG	High

Strategic Priority 27: Quality and Safety				
Intended Outcome/ Impact				
<ul style="list-style-type: none"> • Delivery of Quality care that meets the needs of the Powys population • A mature and effective approach to quality embedded throughout the organisation 				
Key Areas of Delivery	Key Deliverables	Timescale	Executive Lead	Delivery Confidence
Year 2 Maturity Plan (building on Year 1 of Duty of Quality and Candour Implementation Plan)	Duty of Quality and Candour Maturity Plan	Q1-Q4	ED NQW&FH	High

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Integrated Delivery Plan

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Board
22 May 2024
Agenda Item 3.1a

Agenda item: 3.2

BOARD MEETING		Date of Meeting: 22 MAY 2024
Subject :	CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED 31st MARCH 2023	
Approved and Presented by:	Deputy CEO / Director of Finance, Information and IT	
Prepared by:	Assistant Director of Finance (Accounting and Services)	
Other Committees and meetings considered at:	Charitable Funds Committee – numerous occasions from Nov 2023 to April 2024	

PURPOSE:		
The purpose of this paper is to provide the Charitable Funds Annual Report and Accounts for the period to 31 March 2023 for consideration.		
RECOMMENDATION(S):		
The Board is asked to APPROVE the Charitable Funds Annual Report and Accounts for the period to 31 March 2023, which are recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee.		
Approval/Ratification/Decision¹	Discussion	Information
✓		

Patterson/Liz
21/05/2024

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level
Charitable Funds Annual Report and Accounts to 31st March 2023

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

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

EXECUTIVE SUMMARY:

The Powys Teaching Health Board (PTHB) as Corporate Trustee must provide to the Charity Commission an Annual Report and Accounts for the year ended 31st March 2023 for the Powys Teaching Local Health Board Charitable Fund that has been subject to Statutory Audit by External Audit and approved by the PTHB Board. The deadline for this submission is 31st January 2023. Along with other health charities, the THB has not met this deadline due to delays in receiving assurance over the controls operating within the Charity's Investment Advisors, Brewin Dolphin.

DETAILED BACKGROUND AND ASSESSMENT:

The Charitable Funds Annual Report and Accounts has been compiled and is attached at **Appendix A** for the Board's consideration.

The Charity has exceeded the Charity Commission thresholds for statutory audit for the financial year to 31st March 2023. Therefore, a full statutory Audit has been undertaken by Audit Wales.

The 2022-23 ISA 260 report is attached at **Appendix B** for information.

The Annual Report and Accounts are attached. They were considered by the Charitable Funds Committee on 17th January 2024. It is a recommendation of that committee that the Board approve the Annual Reports and Accounts as Corporate Trustee subject to receipt of the necessary assurance from the Charity's Investment Advisors, Brewin Dolphin, around its systems to enable an Audit opinion to be provided. That has now been received.

The issue that has caused the delay for a number of health charities related to a major change in the operating system used by Brewin Dolphin. As the change was fundamental, the Charity and Audit Wales needed to wait to receive an assurance report from Brewin Dolphin's external auditors to cover the period up to 31st March 2023. This required assurance report was not received until 31st March 2024. Following consideration of the report the Audit Wales team are issuing an unqualified opinion on the Annual Accounts.

To mitigate the lateness in reporting to the Charity Commission the THB filed the Charity's required annual return at 31st January 2024 but the Annual Report and Accounts were delayed due to the above issue.

The Annual Report and Accounts have to be signed by the Board Chair and Chief Executive, prior to the signing of the Auditor General for Wales on 23rd May 2024.

As part of the signing process a Letter of Representation must be provided to the auditors at the time of signing. This has been drafted and is attached at **Appendix C**.

Once all parties have signed, the submission to the Charity Commission will be undertaken.

NEXT STEPS:

The Annual Report and Accounts will be signed by the Auditor General for Wales on 23rd May 2024 prior to submission to the Charity Commission.

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Elusen Iechyd Powys
Powys Health Charity



Charitable Funds

Annual Report and Accounts for the Year

Ended 31 March 2023

Updated: XXX

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Trustee Arrangements

Powys Teaching Local Health Board Charitable Fund (the Charity) is registered with the Charity Commission; Powys Teaching Local Health Board (Powys THB) is designated as Corporate Trustee.

The members of Powys THB who served during the financial year to 31st March 2023 were as follows:

Powys Teaching Local Health Board	
Board Members 2022/23	
Chair	Professor Vivienne Harpwood (To 16 September 2022)
Chair	Carl Cooper (From 17 September 2022)
Vice Chair	Kirsty Williams
Chief Executive	Carol Shillabeer
Independent Members (IM)	
Finance	Anthony Thomas
Local Authority	Matthew Dorrance (To 30 June 2022)
Local Authority	Vacant (To 31 October 2022) Chris Walsh (From 01 November 2022)
Third Sector	Vacant (To 29 August 2022) Jennifer Owen Adams (From 30 August 2022)
University	Frances Gerrard (To 30 June 2022)
University	Vacant



	(To 07 August 2022) Simon Wright (From 08 August 2022)
ICT	Ian Phillips
Trade Union	Cathie Poynton
Capital & Estates	Mark Taylor
General	Rhobert Lewis
General	Ronnie Alexander
Executive Directors	
Executive Director of Workforce and OD	Julie Rowles (To 03 February 2023 – in post but absent from work resulting in interim cover)
Interim Executive Director of Workforce and OD	Debra Wood-Lawson (From 03 October 2022)
Executive Director of Finance, Information, and IT Services	Pete Hopgood
Deputy Chief Executive and Interim Executive Director of Primary, Community Care and Mental Health	Hayley Thomas
Executive Medical Director	Kate Wright
Executive Director of Nursing and Midwifery	Claire Roche
Executive Director of Therapies and Health Sciences	Claire Madsen
Interim Executive Director of Public Health	Vacant (To 26 June 2022) Mererid Bowley (From 27 June 2022)

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Interim Executive Director of Planning and Performance	Stephen Powell
Interim Board Secretary	James Quance (To 31 December 2022)
Director of Corporate Governance / Board Secretary	Helen Bushell (From 09 January 2023)

In order to assist the Corporate Trustee to fulfil its statutory duties under this registration, a Charitable Fund's Committee has been established with delegated powers to manage the Charity.

Current Charitable Funds Committee Membership

Carl Cooper - Chair

Rhobert Lewis - Independent Member

Cathie Poynton - Independent Member

Pete Hopgood - Executive Director of Finance & IT

Claire Madsen - Executive Director of Therapies

Registered Office

The registered office of the Charity is Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LY.

Registration Number

The Charity is registered with the Charity Commission – Registered Number 1057902.

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Bankers

Barclays Bank
57 Frogmore Street
Abergavenny
Gwent
NP7 5AT

Internal Auditors

NHS Wales Shared
Services Partnership
Audit & Assurance Services
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Investment Advisors

Brewin Dolphin Ltd
12 Smithfield Street
London
EC1A 9BD

External Auditors

Auditor General for Wales
Audit Wales
1 Capital Quarter, Tyndall Street
Cardiff
CF10 4BZ

Foreword

The Charity was formally created on 28th May 2004 by a 'Deed of Arrangement' which replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996.

These accounts have been prepared in line with Financial Reporting Standard 102 (FRS 102).

The Charity's annual report and accounts for the year ending 31st March 2023 have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005 (Statement of Recommended Practice (SORP) 2015). The Charity's report and accounts include all the separately established charitable funds for which the Local Health Board is responsible.

Administrative Details

The Charity has an umbrella registration with the Charity Commission under which funds are registered together under a single 'main' registration number. There are a total of 73 individual funds maintained within the accounting records as at the 31 March 2023, and the notes to the accounts distinguish the types of funds and disclose separately all material funds.

Charitable monies donated to the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

Trustee

Powys THB is the Corporate Trustee of the Charitable Fund governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and also the law applicable to Charities, which is governed by the Charities Act 2011.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Board. The Corporate Trustee devolves responsibility for the on-going management of the charity to the Charitable Funds Committee which administers the fund on behalf of the Corporate Trustee. Details of the Corporate Trustee and its Charitable Funds Committee are disclosed on pages 2 to 4.

Principal Charitable Fund Advisor to the Board

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Under a scheme of delegated authority approved by the Corporate Trustee, the Executive Director of Finance of Powys THB has responsibility for the management of the Charity, and the Head of Financial Services is the principal officer overseeing the day-to-day financial management and accounting for the charitable fund and its specific charitable accounts during the year.

Professional Advisors

The principal professional advisors to the Corporate Trustee are detailed on page 4.

Structure Governance and Management

The Charity's unrestricted fund was established using the model declaration of trust. All funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main Charity. Subsequent donations and gifts received by the Charity that are attributable to the original funds are added to those fund balances within the existing Charity. Where funds have been received which have unique specific restrictions set by the donor, new unrestricted (designated) funds have been established.

The current structure of the individual funds reflects the fact that the majority of income and expenditure is focused where patients receive services. Operational managers exercise control over the funds donated to their management area. The charitable funds available for spending are allocated to service areas within Powys THB's management structure. There are, for example, specific allocations made for individual wards and for specific service areas such as Palliative Care and Brecon Cardiac Services.

Members of the Powys THB and its Charitable Funds Committee are not individual Trustees under Charity Law but act as agents on behalf of the

Corporate Trustee. Appropriate training and induction is received on initial appointment followed by periodic development sessions to further develop the understanding of their roles and responsibilities. Informal training and awareness is provided through routine consideration of charitable fund matters at meetings of the LHB Board and directly to individuals where additional matters are identified.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- control, manage and monitor the use of the fund's resources for the public benefit having regard to guidance issued by the Charity Commission,
- provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income,
- ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities,
- ensure that the approved Investment Policy incorporated within the Charitable Funds Policy approved by the Teaching Local Health Board as Corporate Trustee is adhered to and that performance is regularly reviewed whilst being aware of ethical considerations,
- keep the Corporate Trustee fully informed on the activity, performance and risks of the Charity.

Powys THB is the main beneficiary of the Charity and is a related party by virtue of being the Charity's Corporate Trustee. By working in partnership with Powys THB, the charitable funds are used to best effect and so when deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to its main activities, objectives, strategies and plans. The Corporate Trustee fulfils its legal duty by ensuring that funds

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are spent in accordance with the objectives of each fund that has been designated to respect the specific wishes of each donor.

The accounting records and the day-to-day administration of the fund is dealt with by the Finance Department located at Bronllys Hospital, Brecon, Powys, LD3 0LS.

Foundational objectives of the Charitable Fund

The Charity was established with NHS wide objectives for its main fund which were outlined as follows:

“The Trustee shall hold the Trust fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the services provided by Powys Teaching Local Health Board (hereinafter referred to as “the objects”)

This means that the fund can be used for the benefit of patients and staff who receive or help deliver the services provided by Powys THB in accordance with the Deed of Trust.

The Charity is funded by donations and/or legacies received from patients, relatives and friends, the general public and other external organisations. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. The trustee respects the wishes of our donors to benefit patient care and advance good health and welfare of patients and staff and ensuring that all expenditure fulfils public benefit criteria. The practice of the Charity is to provide support to the Powys THB and Powys community through the following means: -

Patients’ Expenditure: by purchase of equipment, and the provision of services and facilities not normally provided by or additional to the normal NHS provision.

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Staff Expenditure: by supporting staff to provide more effective services to patients, through (for example) additional education and training opportunities; and facilitating and promoting research.

Medical Equipment: by purchase of equipment in addition to that normally provided by the NHS.

When there are changes in the delivery of a service, or when for some other reason it becomes impractical to maintain a separate fund, the Corporate Trustee has ultimate discretion, in accordance with Section 96 of the NHS Act 1977, to apply the charitable funds. Its objective, however, is to continue to respect the donor's wishes.

A message from our Chair

This year, we committed almost a quarter of a million pounds to 43 different projects across Powys. These included support for a brand-new, Powys-wide research and innovation grant scheme, a series of health and wellbeing roadshows for Powys Teaching Health Board staff and a dementia conference to support those living with the condition and their families.



We also launched our first long-term strategy for the Charity which was developed in collaboration with Health Board colleagues, third sector partners, our valued supporters and members of the community. We listened to our stakeholders and created a blueprint to emphasise the vital civic leadership role that Powys Health Charity has within the community. We will ensure the Health Board's Charitable Funds are managed responsibly to deliver sustained health and wellbeing improvements for many years to come. We will provide transformational opportunities to improve the working environment for staff and enhance patient experience. Through strong partnerships with other organisations and projects, and our ambitious strategic plan for 2022-2025, Powys Health Charity is committed to achieving the long-term success that we envision.

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The Charity successfully raised over £226,000 this year, made possible due to the impressive donations from our local community and supporting partners. Your generosity and commitment to the NHS allows our Charity to make a positive impact every day for NHS staff and patients.

Thank you to each and every one of our fabulous supporters, staff members, partners and wider NHS colleagues that have helped the Charity continue to grow from strength to strength over the past year. With your support, we will continue to invest in the projects, partnerships, and the people to help shape a healthier and happier Powys.

Dr Carl Cooper,

Chair of Powys Teaching Local Health Board and

PTHB Charitable Funds Committee

Our mission

As the dedicated NHS charity for Powys, we have a responsibility to support the staff and patients of the Powys THB and the wider community. We also have an opportunity to develop new partnerships between the public health and the voluntary health sectors. Our Charity can be a catalyst for partnership projects and programmes that help reduce the number of people who get ill and need statutory health intervention and help improve the health and wellness of those with long-term health conditions.

The NHS workforce provides the foundation for health care in Powys. By supporting and providing for a better working environment and better outcomes for NHS staff, our Charity will help ensure better outcomes for NHS patients and their families.

Where possible, Powys Health Charity will look to learn from the most influential and impactful third sector organisations from across the UK, particularly those in the field of healthcare and medical support and leading grant-giving charities. More locally, the Charity will also look to work with other health board charities in Wales

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on relevant issues and to coordinate campaigns and communications for the widest possible impact.

The support network that has been created and maintained by NHS Charities Together across the last three years has allowed for greater collaboration between NHS charities. Maintaining a strong relationship and open dialogue, particularly with Welsh NHS and third sector colleagues, will ensure Powys Health Charity is as knowledgeable, responsive and effective as possible within its field.

Our values

Powys Health Charity aims to support the health and wellbeing of staff, patients and communities across Powys. Wherever possible, Powys Health Charity will strive to support the health and wellbeing of the people of Powys whilst adhering to the following values:

Accessible

- Ensure that wherever possible the Charity's investment in local health care brings benefit to the community, the wider NHS and beyond.

Collaborative

- Look to support health improvement projects and cultivate partnerships which enable people to live healthy lives.

Inclusive

- Embrace equality and diversity by ensuring the Charity is of, by, and for, the people of Powys.

Innovative

- Play a key role in the development of greatly improved health care for Powys.

Sustainable

- Utilise the Charity's existing and future assets to strengthen its strategic priorities and deliver positive long-term impacts for Powys.

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Developing new strategic priorities and key deliverables

The following priorities and objectives have been established to outline a clear and consistent identity for our Charity. They will help to build our profile and increase the impact of our work through greater engagement with our communities and more strategic investment. They have been developed to help ensure Powys Health Charity remains relevant and sustainable for the next three years and beyond.

The priorities for this strategy have been identified through consultation with the Charity’s stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. They reflect our stakeholders’ expectations of what Powys’ Health Board Charity can deliver and are linked to the strategic objectives of Powys Teaching Health Board’s Integrated Medium-Term Plan (IMTP) 2022-2025.

Demonstrating Responsible Leadership	
What our Stakeholders said:	What we will deliver:
<p><i>Ensure the Health Board’s Charitable Funds are managed responsibly to deliver sustained health and wellbeing improvements for many years to come in Powys.</i></p>	<ul style="list-style-type: none"> - A commitment to swift and responsive decision making whilst maintaining high standards of good governance. - An increase in the scale of Charity operations which ensures long-term sustainability and viability. - New grant funding programmes to respond to emerging health and wellbeing priorities in a timely manner. - Additional guidance which allows PTHB staff and independent members to navigate and work alongside the Charity with ease. - Annual reviews of existing governance and bidding arrangements, audit for

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	<p>vulnerabilities and implementation of operational efficiencies.</p> <ul style="list-style-type: none"> - A clear long-term investment strategy which adopts a responsible and balanced approach to risk and ethical imperative. - A clear long-term fundraising strategy to diversify income streams and maintain financial sustainability. - A robust programme of evaluation for all Charity projects and activity to measure the impact, influence and effectiveness of Charitable Funds within Powys.
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Linked PTHB IMTP Objectives:

25. Implement key governance improvement priorities embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability.

Upholding Our Civic Mission

What our Stakeholders said:	What we will deliver:
<p><i>There is a vital civic leadership role that the Health Board and the Charity has within the community, which needs to be a key priority.</i></p>	<ul style="list-style-type: none"> - Better outcomes for communities struggling with socio economic deprivation in Powys (lack of access to services, a lack of adequate digital infrastructure or geographic disparity). - Increased accessibility and more equitable opportunities for foundational economy training, support, and careers in Powys.

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	<ul style="list-style-type: none"> - A commitment to embed proactive environment and sustainability initiatives in all Charity activity. - Collaboration with existing PTHB services to ensure they are sustainable.
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Linked PTHB IMTP Objectives:

- 1. Take action to reduce health inequalities and improve population health.
- 17. Enhance the health board’s role in partnership and citizenship, maximising opportunities for volunteering and healthcare careers.
- 20. Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing

Enhancing NHS Services

What our Stakeholders said:	What we will deliver:
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<p><i>The Charity can provide transformational opportunities for learning, training and initiatives that can greatly improve the working environment for staff and enhance patient experience.</i></p>	<ul style="list-style-type: none"> - An enhanced patient experience, particularly for those undergoing long stays in community hospitals. - More digitally enabled NHS services through the provision of additional kit and equipment. - New pilot schemes which encourage innovation in healthcare. - An additional programme of support for NHS staff wellbeing. - Bursary schemes across multiple Health Board service areas for Powys community members which provide beneficiaries the opportunity to learn as they work.
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	<ul style="list-style-type: none"> - A commitment to equitable support and investment for all services and service areas. - A dedicated digital resource hub to help NHS staff and patients to find project funding in Powys.
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Linked PTHB IMTP Objectives:

- 4. Improve access to high quality sustainable primary care.
- 6. Improve access to high quality, equitable prevention and early intervention services for children, young people, and their families.
- 12. Support improved access to and outcomes from specialised services.
- 16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
- 18. Implement clinical digital systems that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare.
- 21. Implement capital, estate and facilities improvements that enhance services to patients/public and wellbeing/experience of staff.
- 24. Implement value-based healthcare, to deliver improved outcomes and experience, effective deployment and management of resources.

Establishing a Culture of Collaboration

What our Stakeholders said:	What we will deliver:
<p><i>Through strong partnerships with other local organisations and projects, the Charity can help</i></p>	<ul style="list-style-type: none"> - A strong and successful brand for Powys Health Charity which is of, by, and for our stakeholders (staff, service users, volunteers, Powys residents and third sector partners). - Smarter and more effective use of combined resources through new collaborations with

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ensure greater joined up planning across health services. The Charity is also uniquely poised to support cross sector collaborations between the public and voluntary sectors.

- public and voluntary sector partners in the community.
- Greater fundraising presence in the community with more resources and opportunities for those who want to raise funds for their local NHS services.
 - An established development pathway for the Charity, which includes a new volunteering network for those who want a more active role in shaping the Charity's future.
 - Engaging campaigns to widen Powys Health Charity's reach to new audiences by sharing and celebrating the impact of charitable funds projects.
 - Improved project coordination across service areas and hospitals by building upon existing regional partnerships with stakeholders such as Powys' Leagues of Friends.
 - An innovative approach to health and wellbeing engagement by leveraging the expertise of the STEAM (science, technology, engineering, arts, mathematics) sector to engage staff and patients.

Linked PTHB IMTP Objectives:

15. Deliver improvements to staff wellbeing and engagement, working closely with Trade Unions in Social Partnership on key joint priorities.
23. Develop and implement key actions to enhance integrated/partnership system working in Wales and England.

Delivery and monitoring

Delivery of these objectives is overseen and monitored by the Charitable Funds Committee on behalf of the Corporate Trustee as a key programme of work.

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Our year in review

Building a new strategy

The principal focus for the Charity this year was to prepare and develop a new multi-year strategy to help clarify its priorities and establish a foundation for long-term growth and success. Work began in earnest in early 2022, with a lengthy period of consultation and review with stakeholders taking place. Following this co-production work, the final Charity Strategy for 2022–2025 was approved by the PTHB Board as Corporate Trustee for Powys Health Charity in November 2022. The four strategic themes identified were: *Demonstrating Responsible Leadership*, *Upholding our Civic Mission*, *Enhancing NHS Services*, and *Establishing a Culture of Collaboration*. Powys Health Charity will continue to monitor and evaluate this strategy and its own progress against key objectives over the coming years to ensure it remains relevant and effective as the dedicated NHS Charity for Powys.

Fundraising & donations

The year ending 2021/22 saw a record income level for the Charity, primarily due to significant legacy funding and additional grant income from NHS Charities Together. A drop in income was anticipated following this unprecedented year, due to the waning impact of the increased national fundraising for NHS Charities seen during the pandemic. This has been felt across the NHS Charities sector. The Charity's overall income, therefore, was lower in 2022/23, generating £226,000. Despite this year-on-year decrease, the Charity anticipates that income will increase in coming years due to a growing legacies income, an increased brand presence and additional grant funding resources.

Whilst legacy funding was down for 2022/23, the Charity continued to benefit from community donations and local fundraising through the year, particularly for frontline staff teams such as the palliative care and district nursing teams. Standouts include donations to the Hay and Talgarth District Nursing Team made



by the Talgarth Luncheon Club, the Builth Wells League of Friends to the Glan Irfon Community Nurses, and to Ystradgynlais Community Hospital from the Glantawe Lions as part of their 'Tree of Light' scheme and from community fundraiser Katie Williams, who raised money for the hospital by organising a skydive in memory of her grandmother.



I will be raising money for Ystradgynlais Hospital as I unfortunately lost my beautiful grandmother last year which has been difficult to understand and came as a huge shock. Due to the pandemic we did not have the opportunity to say our goodbyes or give my grandmother the send-off she deserved, therefore I would like to be able to do one last thing for her. My grandmother and my grandfather both spent time at Ystrad hospital and they were always well cared for and in safe hands. My grandmother also spent some time at the day service which gave back the confidence she lost after my grandfather and it was a safe place for her to receive the support and company she needed and she was always so thankful. I would love to do this skydive in memory of my special grandmother and to raise money for a hospital close to our hearts and a hospital we often talked about. Thank you.

Katie Williams
Community Fundraiser



The Charity also received grant funding from The Grace Trust during March 2022, which was a new funder and the first for the Charity from a Trust and Foundation donor. This is a fundraising area that the Charity team will continue to develop in future years as it looks to diversify fundraising streams.

Powys Health Charity continued to benefit from its Charity of the Year partnership with The Original Factory Shop in Machynlleth, which began in 2021, and was continued again in 2022. All purchases in store help to support staff and patients at the local hospital throughout the year. Local business The Prints of Wales also made a significant donation to Brecon Hospital in May 2022.

Communications & Engagement

The Charity benefitted from its first full year with two full-time members of staff during 2022/23. The introduction of the Charity Administrative Support Officer allowed for the further development of the Charity's communications and

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engagement campaigns alongside the consultation process for creating a new long-term strategy and Charity branding across the year.

The year began with preparation for the launch of the Charity's largest significant campaign to date with 2022 Big Tea fundraising event between May-July in collaboration with NHS Charities Together. With initial communications starting from May, the campaign ran into July with events taking place throughout the month in person and online. In-person events had not been possible in last year due to the nature of COVID restrictions at that time and were tentatively reintroduced alongside as an option for the Big Tea this year alongside virtual events. The take up and interest in these was far higher than virtual events, with anecdotal feedback from participants that there was a general fatigue with virtual events which may have impacted the lower take-up of the virtual offer compared to the previous year despite a longer period of promotion. The Charity team will use feedback from the events to inform its plans for the 75th anniversary of the NHS with more options for in person events across multiple PTHB sites (in person events featuring the Charity team were limited to Bronllys this year, although staff also held events in Newtown and Llanidloes).

Throughout the year, the Charity team also focused on targeting staff members in the Knighton and Machynlleth areas where engagement with Powys Health Charity was low. In addition to this, the team wished to increase general awareness amongst all donors of the benefits and impact of Gift Aid donations. Opt-ins for Gift Aid were low across both virtual and in-person donations so new and improved guidance was developed and launched in late 2022, alongside a Christmas fundraising campaign. Following on from this, the Charity initiated a drive to encourage staff engagement with a new Charity Ambassador scheme and the creation of a new funding scheme for Mental Health projects across Powys.

Preparations for NHS 75 also began in earnest in early 2023. Much like previous milestone anniversaries, the NHS 75 campaign will be celebrated across the UK though both NHS charities, public health bodies and partner organisations. Beginning with a call for the submission of NHS stories and photos from the past 75 years running through February and March. The aim was to replicate the success

of the photo competition held for the 25th anniversary of the Charity's launch, held in 2021.



Partnerships are a key aspect of the NHS 75 campaign, which is a unique opportunity to improve connections with existing partners such as NHS Charities Together, regional NHS Charities and the League of Friends – as well as drawing in new partners. A significant new external partner for the Charity is Parkrun UK, who were involved in NHS 70 celebrations across the UK. There are currently two Parkrun events in Powys (Builth & Newtown) and the Charity team will be collaborating with those local teams and encouraging wider staff participation to help raise funds for their services and community hospital sites. The partnership will present an opportunity for the Charity to engage the hundreds of active volunteers and participants connected to the brand in Powys, with the ability to raise awareness and enlist more community fundraisers.

The Charity's social media channels amassed over 23,000 impressions and total reach for the year, with an average engagement rate of 16.7% on Facebook alone. As of the end of the year, the total number of active followers across all channels was 447. The Charity's newsletter, launched last year, also grew its average monthly readership to 193 views per month during the year.

RIC Hub Innovation Grant Scheme – 'Panel y Ddraig'

In September, Powys Health Charity committed £150,000 to establish an innovative new multi-year grant scheme delivered in partnership with the Powys Research Innovation Coordination (RIC) Hub. The fund will support research, innovation, and improvement projects across the regional partnership footprint in Powys, with responsibility for the allocation and granting of the fund delegated to the RIC Hub.

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It is hoped that this will increase the number of people who participate in research, innovation and improvement, and the scope of opportunities to be involved in this work across Powys and its communities. The funding scheme is planning to launch next year, with prospective applicants presenting their proposals to the grants panel in a *Dragons' Den* style process.

Powys Health and Care Academy

Following the support provided by Powys Health Charity for the Health and Care Academy project last year, the Charity was able to see the programme (the most ambitious Charity-funded project to-date) successfully launch on 13 October after many months of preparation by the project team. The Health and Care Academy programme is part of a Wales-wide initiative to increase local access to education, the training and development across the health and social care sector. PTHB board members and the Charity team participated in tours of the new facilities which were supported through Charitable Funding and other funders including Welsh Government.

A large proportion of the working-age population of Powys accessing education, learning and development outside of county. Approximately 500 students each year go out of county to access higher level educational opportunities. The concept of operating as a hub and spoke model across the county, offers a practical solution to accessing health and social care education and training across the geographical footprint in Powys. The £105,000 provided by Powys Health Charity have been utilised to provide additional furnishings and digital equipment which allow for new and innovative opportunities for teaching/learning for health and social care learners and provide greater flexibility for the academy to host PTHB services and external events and staff.



Ongoing projects and partnerships

The Charity Manager had the opportunity to represent Powys Health Charity at the first NHS Charities Together National Conference in Birmingham at the end of May 2022. The two-day conference brought together over 230 charities from across the UK for the first time, in person. The event was an opportunity to reflect on a remarkable couple of years for NHS charities, share learning and look ahead at what can be achieved through the power of a collective brand. Speakers included, Dr. Neil Churchill OBE, the director for experience, participation and equalities at NHS England as well as executives from local and national MIND charities, and representatives from consultancy Think services. The conference was an excellent opportunity to establish networks with other local NHS charities as well as share learning with NHS colleagues.

Continuing its support for NHS staff wellbeing this year, Powys Health Charity supported the Diolch Powys programme of appreciation led by the Communications and Engagement team of the Powys Teaching Health Board. Initially proposed as a single, one-off appreciation event the project was redeveloped to be a series of health and wellbeing roadshows across the county. These roadshows offer advice and support closer to where NHS staff work, with the first events taking place in December 2022, and the series will run throughout 2023. These events will utilise the knowledge and skills of PTHB staff, commissioned staff support services and partner organisations. Up to 20 health and wellbeing roadshow events are being planned across the county over the next year.

Income & expenditure

Income

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Voluntary income consists of donations and legacies from patients and their relatives and friends. Total income of £226,182 received during 2022/23 included £6,095 which related to three legacies.

Donations in 2022/23 include an amount of £12,203 received from various Leagues of Friends associated with Powys Hospitals (2022: £4,443).

The generosity of all those who made a donation or left a legacy is greatly appreciated. An analysis of total income is given below.

	2022/23	2021/22
	£	£
Interest and Dividends	161,643	112,028
Donations	58,444	68,740
Legacies	6,095	542,893
	<u>226,182</u>	<u>723,661</u>

Expenditure

Expenditure on charitable activities and Support Costs in 2022/23 was £320,755 (2022: £278,225).

An analysis of expenditure (excluding Fundraising costs) is shown below:

	2022/23	2021/22
	£	£
Staff Education, Welfare and Amenities	27,595	16,669
Patient Education, Welfare and Amenities	111,484	96,558
Medical Equipment	7,621	7,812



Building and Refurbishment	49,510	55,563
Support Costs	124,544	101,623
	<u>320,755</u>	<u>278,225</u>

Gain/Loss on Investment Assets

An amount of £2.804M was invested via Brewin Dolphin Ltd in February 2020 and at the 31st March 2023 was valued at £3.322M (2022:£ 3.548M) the unrealised loss on Investment totalled £0.229M. Unrealised gains and losses are calculated as the difference between the market value of the investment at the year end and opening carrying value. Since the investments have not physically been sold, this change in valuation remains an unrealised gain/loss until a sale transaction realises the value and it becomes a realised gain/loss.

Elements of funds held

Expenditure was undertaken from the Charity's unrestricted and restricted income funds; these funds comprise two elements:

- **The General Purposes Fund**, which is constituted of funds received by the Charity with no particular preference expressed by donors. Applications can be made to this fund from any service area within Powys THB. Expenditure from this fund is targeted on projects in areas that do not have available Designated Funds to pay for them.
- **Designated Funds**, which usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service Managers who can make recommendations on how

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to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Reserves policy

The Charity's reserves policy has the objective of ensuring that the Charity has sufficient funds available to maintain liquidity, cover unforeseen risks and provide for future opportunities.

The Charity relies heavily on income from donations, fundraising and legacies. These are unpredictable sources that can vary year to year. Therefore, the Charity needs sufficient reserves to be able to continue its activities in the event of fluctuations in its income.

The Charity has a target level of reserves of £0.708M. This is based on the following calculation, with average figures taken from the last three years of audited accounts:

- One year's administration cost (support costs, fundraising costs and investment management costs).
- 20% of the value of investments held.
- 25% of the grant funded activity expenditure.

The target level of reserves will be reassessed on an annual basis.

The Trustee will review the actual reserves held against the target at least annually, to ensure that sufficient funds are held within the Charity, whilst also continuing to utilise funds within a reasonable period of receipt.

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A review of funds, performance & investments

The net assets of the Charitable Funds as at 31st March 2023 were £4,258,251 (2022: £4,596,846). Overall net assets decreased by £338,595..

The charity continues to rely on donations and legacies and investment income as the main sources of income. Total incoming resources decreased by £497,479 compared with the previous financial year. Legacy income decreased by £536,798.

Expenditure of £320,755 has increased compared with the previous year (2022: £278,225). The total charitable expenditure on direct charitable activity, including support costs was £320,755 across a range of programmes.

Purchase of new medical equipment

The total spend on providing new equipment for Powys THB of £7,621 (2022: £7,812) represents a vital and valuable contribution to enhancing the provision of clinical care ranging from purchases of items of audiology equipment through to an hydraulic patient chair.

Provision of Staff Education, Welfare and Amenities

Of the total Staff Education, Welfare and Amenities expenditure in year of £27,595 (2022: £16,669), the Charity contributed £5,268 (2022: £10,057) towards the provision of education and training for Powys THB staff undertaking further professional education and training.

Provision of Patient Education, Welfare and Amenities

A significant amount of expenditure £111,484 (2022: £96,557) has been charged under this heading in the year from small initiatives such as increased patient activities at day hospitals to the funding of a digital Chat Health help and advice tool for young people.

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Performance management

The Charity Manager and Charity Administrative Support Officer have been employed to deliver a new strategy for the Charity and to support the development of new projects, partnerships and proposals to help the Charity to best fulfil its charitable aims and objectives. The Charity team help the Trustee to monitor general progress and performance of charitable funds and their utilisation. The performance of the Charity team is regularly reviewed by both the Charitable Funds Committee and the Corporate Trustee in order to ensure to the Charity continues to achieve and deliver support to its full potential.

All general purpose funding proposals and significant proposals (above £5,000 in value) are reviewed and approved by the Charitable Funds Committee with prior support from the PTHB Executive Committee. Local and designated fund requests that fall below the above threshold require support from Executive Directors/Assistant Directors for the delegated service managers who manage those funds.

Investments

The Corporate Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Limited) have been appointed, and investments are held in a diversified fund of investments.

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 17%, 67%, 8% and 4% were invested in Fixed Income, Equities, Alternatives and Other Investments respectively with the remaining 4% held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity-based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

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In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound and are not opposed to the core purpose of the Charity. This ethical mandate is interpreted by our Investment Managers and informs the makeup of our portfolio. These ethical considerations are regularly monitored on a quarterly basis.

The strategy of the Corporate Trustee is that funds are spent within a timely manner after receipt. The Charity has further developed this strategy to target funds that remained dormant for a period of over 12 months to ensure that the funds that have been built up over many years are being targeted and distributed equitably where possible.

This work is currently implemented through the Charity team, who support the Corporate Trustee's aims, as well as supporting service managers, senior operational teams and directorate managers in developing strategic proposals to utilise funds throughout the year.

Looking ahead to next year

Following development and implementation of a new Charity strategy, the Charity will turn its focus next year to developing and launching a new brand as well as a new dedicated website to help support its growing stakeholder engagement activity.

The process to develop an effective new brand identity is being undertaken in consultation with the Charity's stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. The Charity will collaborate with external expertise to manage this process and to develop accompanying brand and marketing materials. Once completed, work on the website will begin using the new brand identity as a foundation.

The Charity will also continue work with partners, donors, staff and other stakeholders to add benefit to the population of Powys receiving health care



services. As such, income and expenditure plans will be the subject of continual review to ensure that future needs are prioritised accordingly. All future priorities for PTHB Charity should reflect its stakeholders' expectations of what it can deliver and complement the strategic aims of Powys Teaching Health Board.

Thank you for all your support

On behalf of the patients, staff and community members who have benefited from the grants, donations and legacies, the Corporate Trustee and Powys Health Charity would like to thank all organisations, patients, relatives, friends and staff who have made charitable donations or contributions during the year. We have been overwhelmed by the generosity of our communities this year and for that we cannot thank them enough.

If you want to learn more about Powys Health Charity and how you can support, please visit the Charity's website: pthb.nhs.wales/about-us/our-charity/ or contact the Charity at PTHB.Charity@wales.nhs.uk.

Dr Carl Cooper

Chair

Powys Teaching

Local Health Board

Mrs H Thomas

Interim Chief Executive

Powys Teaching

Local Health Board

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Statement of Trustee responsibilities in respect of the Trustee's Report and the financial statements

Under charity law, the Trustee is responsible for preparing the Trustee Report and the financial statements for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of income over expenditure for that period.

In preparing these financial statements, generally accepted accounting practice entails that the Trustee:

- selects suitable accounting policies and then applies them consistently;
- makes judgements and estimates that are reasonable and prudent;
- states whether the recommendations of the Statement of Recommended Practice FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements;
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements;
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

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The Trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by them under section 42(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The Trustee has a general responsibility for taking such steps as are reasonably open to it to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the financial and other information included on the Powys Teaching Local Health Board website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 32 to 46 attached have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee

Signed:(Chair) Date:.....

Signed:(Chief Executive) Date:.....

The independent auditor's report of the Auditor General for Wales to the Trustee of Powys Teaching Local Health Board Charitable Fund

Opinion on Financial Statements

I have audited the financial statements of Powys Teaching Local Health Board Charitable Fund (the Charity) for the year ended 2022-23 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial

Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the Charity as at 31 March 2023 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the Charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other information



The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee are responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit.
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report;

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee responsibilities, the trustee is responsible for:

- maintaining sufficient accounting records
- the preparation of the financial statements in accordance with the applicable financial reporting framework, for being satisfied that they give a true and fair view,

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- internal controls as the trustee determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustee anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the charity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Powys Teaching Local Health Board's Charitable Fund policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

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- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud.
- Obtaining an understanding of the Charity's framework of authority as well as other legal and regulatory frameworks that the Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Charitable Funds Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business;

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Charity's controls, and the nature, timing and extent of the audit procedures performed

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.



Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton

Auditor General for Wales

23rd May 2024

1 Capital Quarter,

Tyndall Street

Cardiff

CF10 4BZ

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Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2023

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2022/23 £000
Incoming resources from generated funds:					
Donations and legacies	3	64	0	0	64
Investments	5	162	0	0	162
Total incoming resources		226	0	0	226
Expenditure on:					
Raising Funds	6	15	0	0	15
Charitable activities	7	321	0	0	321
Total expenditure		336	0	0	336
Net gains / (losses) on investments	13	(229)	0	0	(229)
Net income / (expenditure)		(339)	0	0	(339)
Transfer between funds	18	0	0	0	0
Net movement in funds		(339)	0	0	(339)
Reconciliation of Funds					
Total Funds brought forward	19	4,594	0	3	4,597
Total Funds carried forward		4,255	0	3	4,258

Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2022

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2021/22 £000
Incoming resources from generated funds:					
Donations and legacies	3	611	0	0	611
Investments	5	112	0	0	112
Total incoming resources		723	0	0	723
Expenditure on:					
Raising Funds	6	16	0	0	16
Charitable activities	7	279	0	0	279
Total expenditure		295	0	0	295
Net gains / (losses) on investments	13	236	0	0	236
Net income / (expenditure)		664	0	0	664
Transfer between funds	18	0	0	0	0
Net movement in funds		664	0	0	664
Reconciliation of Funds					
Total Funds brought forward	19	3,930	0	3	3,933
Total Funds carried forward		4,594	0	3	4,597

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Powys Teaching Local Health Board Charity Balance Sheet as at 31 March 2023

		Unrestricted funds	Restricted Income funds	Endowment funds	Total 31 March 2023	Total 31 March 2022
	Note	£000	£000	£000	£000	£000
Fixed assets:						
Investments	13	3,562	0	3	3,565	3,791
Total fixed assets		3,562	0	3	3,565	3,791
Current assets:						
Debtors	14	13	0	0	13	4
Cash and cash equivalents	15	923	0	0	923	980
Total current assets		936	0	0	936	984
Liabilities:						
Creditors: Amounts falling due within one year	16	228	0	0	228	178
Net current assets / (liabilities)		708	0	0	708	806
Total assets less current liabilities		4,270	0	3	4,273	4,597
Creditors: Amounts falling due after more than one year	16	15	0	0	15	0
Total net assets / (liabilities)		4,255	0	3	4,258	4,597
The funds of the charity:						
Endowment Funds	19			3	3	3
Restricted income funds	19		0		0	0
Unrestricted income funds	19	4,255			4,255	4,594
Total funds		4,255	0	3	4,258	4,597

The notes on pages 35 to 46 form part of these accounts

Signed :

Name :(Chair of Trustees)

Date :

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Powys Teaching Local Health Board Charity Statement of Cash Flows for the year ending 31 March 2023

		Unrestricted funds	Restricted Income funds	Endowment funds	Total Funds 2022-23	Total Funds 2021-22
	Note				£000	£000
Cash flows from operating activities:						
Net cash provided by (used in) operating activities	17	(216)	0	0	(216)	195
Cash flows from investing activities:						
Dividend, interest and rents from investments	5	162	0	0	162	112
Proceeds from the sale of investments	13	809	0	0	809	369
Purchase of investments	13	(733)	0	0	(733)	(351)
Movement of Cash held as part of investment portfolio	13	(79)	0	0	(79)	(2)
Net cash provided by (used in) investing activities		159	0	0	159	128
Change in cash and cash equivalents in the reporting period		(57)	0	0	(57)	323
Cash and cash equivalents at the beginning of the reporting period	15	980	0	0	980	657
Cash and cash equivalents at the end of the reporting period	15	923	0	0	923	980

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Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meet the definition of public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from donations or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 19.

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(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Incoming resources from endowment funds

The income received from the investment of endowment funds is attributed to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund

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(f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised.

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10.

(i) Fundraising costs

There has been £15K fundraising costs incurred by the Charity during 2022/23 (2021/22 £16K). This relates to investment management costs.

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(j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

(k) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(l) Fixed Asset Investments

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current mid price market value quoted by the investment analyst, excluding dividend. The SORP recommends that the bid price market price be used in valuing stocks and shares, although the difference between the bid and mid market price is not material. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the charity's investments can be found in note 13.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in no notice interest bearing savings accounts.

(n) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value.

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2. Related party transactions

During the year none of the trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Powys Teaching Local Health Board Charitable Funds other than those disclosed below.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charitable Trust Fund has made payments to Powys Teaching Health Board of £0.236M. As at 31 March 2023 the total owed to the Health Board was £0.207M (2022: £0.135M), and owed by the Health Board was £0.000M (2022:£0.000M).

The Charity's Board members have related party interests in the the following:

<u>Name</u>	<u>Details</u>	<u>Related Party Interests</u>
Carl Cooper	PTHB Chair	Powys Association of Voluntary Organisations (Recently retired as CEO)

The Total value of transactions with related parties during 2022/23 are as follows:

Related Party	Payment to related party £	Amounts received from related party £	Amounts owed to related party £	Amounts due from related party £
Powys Association of Voluntary Organisations	0	0	370	0

3. Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 2022-23 £000	Total 2021-22 £000
Donations	58	0	0	58	69
Legacies	6	0	0	6	542
Grants	0	0	0	0	0
	64	0	0	64	611

4. Role of volunteers

Like all charities, the THB Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform the following role:

- Fund advisors – there are about 13 THB staff who manage how the charity's designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the trustees wishes subject to the approval of their Executive Director/Assistant Director or the Charitable Funds Committee. The trustees determine through its Strategy the key aims that expenditure should be utilised for. Fund advisors who spend more than £5,000 are required to seek approval from the Charitable Funds Committee setting out what they intend to spend the money on and the difference it will make to the patients and staff of the THB services.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

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5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2022-23 £000	Total 2021-22 £000
Fixed asset equity and similar investments	146	0	146	112
Short term investments, deposits and cash on deposit	16	0	16	0
	162	0	162	112

6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2022-23 £000	Total 2021-22 £000
Investment management	15	0	15	16
	15	0	15	16

7. Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2022-23 £000	Total 2021-22 £000
Purchase of new equipment	8	5	13	12
Building and refurbishment	49	31	80	88
Staff education and welfare	28	18	46	27
Patient education and welfare	111	71	182	152
	196	125	321	279

Support costs are apportioned based on %age of Grant funded activity

8. Analysis of grants

The charity does not make grants to individuals. All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards.

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9. Movements in funding commitments

	Current liabilities	Restricted Non-current liabilities	Total 31 March 2023	Total 31 March 2022
	£000	£000	£000	£000
Opening balance at 1 April (see note 16)	178		178	146
Movement in liabilities	65		65	32
Closing balance at 31 March (see note 16)	243	0	243	178

As described in notes 7 and 8, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants which are awarded for example funding a specific post can span financial years. For such grants whilst the award may be for more than one year, it is only the annual amount that is paid out in year and recorded as expenditure within charitable activities.

The charity at present does not issue formal grant letters to recipients and therefore the expectation of the recipient in recognition of this grant as defined by the SORP is not met with certainty.

10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

	Raising funds	Charitable activities	Total 2022-23	Total 2021-22	Basis
	£000	£000	£000	£000	
Governance					
External audit	0	15	15	15	Charged to Central Fund
Finance and administration	0	7	7	3	Charged to Central Fund
Other professional fees					
Total governance	0	22	22	18	
Finance and administration	0	103	103	84	Charged to Central Fund
	0	125	125	102	
	Unrestricted funds	Restricted Income funds	Endowment funds	Total Funds 2022-23	Total Funds 2021-22
	£000	£000	£000	£000	£000
Charitable activities	125	0	0	125	102
	125	0	0	125	102

11. Staff Costs, Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

The charity has no employees. Staff services are provided to the charity from Powys Teaching Local Health Board, the corporate Trustee of the Charity, which has received reimbursement from the Charity of £0.160M (2021/22: £0.133M).

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12. Auditors remuneration

The External auditors remuneration of £14,963 (2021-22: £14,963) related solely to the Audit of the Statutory Annual Report and Accounts. Due to the Charity exceeding the threshold requirements during 2022/23 and 2021/22 a full audit of the Annual Report and Accounts was required. Some previous years has seen an Independent Examination being undertaken as the thresholds had not been exceeded.

The Internal auditors remuneration of £4,919 (2021-22: £0) related to an Internal Audit review to provide the Charity with assurance that operational procedures are compliant with the Health Board's Charitable Funds Policy and Guidance, along with its underlying Standing Financial Instructions, and wider NHS Charities guidance. An Internal Audit review was undertaken during October 2022 which provided a rating of Reasonable Assurance which indicates:
"The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved"

During the year 2020/21 the Local Counter Fraud Service undertook a risk assessment of controls for charitable funds. NHS Protect has issued a Risk Assessment tool to guide Local Counter Fraud functions to undertake a Risk Assessment of the Counter Fraud arrangements in place at their own organisation. The Assessment of Charitable funds indicated a low risk rating of 1x4 with the only recommendation being to 'maintain the robust controls that are in place and consult with Counter fraud prior to any amendments being initiated'.

13. Fixed asset investments

Movement in fixed assets investments

	Total 2022-23	Total 2021-22
	£000	£000
Market value brought forward	3,791	3,390
Add: additions to investments at cost	733	351
Add: additions to investments at cost (Non Cash)	0	181
Less disposals at carrying value	(809)	(369)
Add net gain / (loss) on revaluation	(229)	236
Movement of Cash held as part of investment portfolio	79	2
Market value as at 31st March	3,565	3,791

Fixed Asset by Type

	Total 2022-23	Total 2021-22
	£000	£000
Investment Properties	243	243
UK Bonds	253	149
Overseas Bonds	304	300
UK Equities	635	962
Global Equities	1,552	1,590
Emerging Market Equities	36	39
Absolute Return	218	143
Property	62	79
Other Investments	132	235
Cash	130	51
	3,565	3,791

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All investments are carried at their fair value.

The Charitable Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Ltd) have been appointed, and investments are held in a diversified fund of investments, including 17% in fixed interest mainly government stock

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 67% (2021/22:73%), 17% (2021/22: 13%), 8% (2021/22:6%), and 4% (2021/22:7%), were invested in Equities, Fixed Income, Alternatives and Other Investments respectively with the remaining 4% (2021/22:1%), held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

The charity during 2018/19 undertook a re-tender of its investment manager services. This has resulted in a change of Investment Management services to Brewin Dolphin Ltd with the investment with CCLA Ltd being sold during October 2019 and a new portfolio investment with Brewin Dolphin Ltd from February 2020.

Investment property brought forward includes assets left to the charity as part of two legacies are contained within this note. For the Estate M R Morgan Properties Fund, the Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. For the Estate M Brand Legacy Property Fund the charity owns a 1/4 share of this property and receives a 1/4 share of income and expenditure regarding this property.

The valuation of investment properties, consisting of freehold ground and property rents is based on a professional assessment of fair value by an independent valuer. Subsequent movements on valuations at 31st March will be recognised as a gain or loss within the Statement of Financial Activities for the corresponding year.

During the year an unrealised loss of £0.229M was recognised in the accounts.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the "purpose" of the charity. The performance of the investments are regularly monitored and reported on a quarterly basis by our investment managers.

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14. Analysis of current debtors

Debtors under 1 year

	Total 31 March 2023	Total 31 March 2022
	£000	£000
Prepayment	3	0
Other debtors	10	4
	<u>13</u>	<u>4</u>

15. Analysis of cash and cash equivalents

	Total 31 March 2023	Total 31 March 2022
	£000	£000
Cash in hand	923	980
	<u>923</u>	<u>980</u>

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

16. Analysis of liabilities

	Total 31 March 2023	Total 31 March 2022
	£000	£000
Creditors under 1 year		
Trade creditors	228	178
	<u>228</u>	<u>178</u>
Creditors over 1 year		
Trade creditors	15	0
	<u>15</u>	<u>0</u>
Total creditors	<u>243</u>	<u>178</u>

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17. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2022-23	Total 2021-22
	£000	£000
Net income / (expenditure) (per Statement of Financial Activities)	(339)	664
Adjustment for:		
(Gains) / losses on investments	229	(236)
Dividends, interest and rents from investments	(162)	(112)
(Increase) / decrease in debtors	(9)	28
Increase / (decrease) in creditors	65	32
Non cash donation of property in operating activities	0	(181)
Net cash provided by (used in) operating activities	(216)	195

18. Transfer between funds

There have been no transfer between funds within the year.

19. Analysis of funds

a. Analysis of endowment fund movements

	Balance 1 April 2022 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2023 £000
Endowment Funds	3	0	0	0	0	3
	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u>

There is a small capital in perpetuity donation which specifies that the capital amount is to be invested and any income from this is to be utilised by the Charity. The original donation amount cannot be discharged and must remain as an investment. The income received from this endowment is added to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund.

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b. Analysis of restricted fund movements

	Balance 1 April 2022 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2023 £000
Restricted Funds	0	0	0	0	0	0
	0	0	0	0	0	0

There are no funds classed as restricted held by the charity.

c. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2022 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2023 £000
8010 Ystradgynlais General Purposes	37	5	(5)	0	0	37
8102 Ystradgynlais Geriatric Ward Fund	63	0	0	0	0	63
8011 Welshpool General Purposes	534	4	(8)	0	0	530
8330 North Powys District Nursing Fund	47	13	(2)	0	0	58
8012 Machynlleth General Purposes	76	3	0	0	0	79
8003 Llandrindod General Purposes	51	5	(4)	0	0	52
8067 Llandrindod Hazels Legacy	271	3	(4)	0	0	270
8005 Knighton General Purposes	72	3	0	0	0	75
8016 Powys General Purposes	1,332	151	(244)	0	(229)	1,010
8040 Palliative Care	53	5	(5)	0	0	53
8321 Mid & South Powys Community and Palliative Care Fund	1,011	0	0	0	0	1,011
8323 Mental Health General Purposes	354	0	0	0	0	354
8324 Covid General Purposes	83	0	(15)	0	0	68
8140 Bronllys AMI Legacy	127	3	(27)	0	0	103
8001 Brecon General Purposes	38	0	0	0	0	38
8227 Haygarth District Nurses	20	8	0	0	0	28
8325 Estate M R Morgan Properties Fund	62	0	0	0	0	62
8326 Estate M J Brand Property Fund	181	0	0	0	0	181
Other Unrestricted Funds	182	23	(22)	0	0	183
	4,594	226	(336)	0	(229)	4,255

The objects of the unrestricted funds are as follows:

The unrestricted Funds usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Estate M R Morgan Properties Fund is a fund that holds the valuation of investment properties at the balance sheet date. This fund includes the recognition of investment property assets left to the charity as part of a legacy estate. The Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. All gains and losses relating to the valuation of these properties are charged to this fund. All rental income and investment management expenditure in relation to these properties is allocated to the unrestricted General Purpose funds so that it can be used for the furtherance of general charitable purposes.

Estate M J Brand Property Fund is a fund that holds the valuation of an investment property at the balance sheet date. This fund includes the recognition of investment property asset left to the charity as part of a legacy estate. The Charity owns a 1/4 share in this property and receives a 1/4 share of income and expenditure regarding this property. All gains and losses relating to the valuation of this property are charged to this fund. All rental income and investment management expenditure in relation to this property is allocated to Bronllys AMI Legacy and Llandrindod Hazels legacy so that it can be used for the furtherance of general charitable purposes.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

The charity consider that a closing fund balance of £25,000 or greater are material for disclosure in these accounts.

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Audit of Accounts Report – Powys Teaching Local Health Board Charitable Fund

Audit year: 2022-23

Date issued: 16 May 2024

Document reference:

Purpose of this document

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

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Contents

We intend to issue an unqualified audit report on your Accounts, although there are some issues to report to you prior to their approval.

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2022-23 Annual Report and accounts in this report.
- 2 We have already discussed these issues with the Assistant Director of Finance.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £90,000 for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader. We judge that this is the case for disclosure of related parties, for which we have set a separate materiality level of £1,000.

The timetable for certifying completion of the audited accounts is set out in Exhibit 1.

Exhibit 1 – Accounts Timetable

Timetable	<ul style="list-style-type: none">• We received the draft accounts for audit on 24 November 2023.• The deadline for completing your audited accounts is 31 January 2024.• We expect your audit report to be signed on 23 May 2024.• The accounts were not able to be certified in accordance with the deadline of the 31 January 2024. Due to a change of financial system within the Fund Manager (Brewin Dolphin), there was a delay in obtaining the necessary external assurances over the design and effectiveness of the controls within the system for the whole of the 2022-23 financial year. These assurances have now been received.
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- 6 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and, our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

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Proposed audit opinion

- 7 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 8 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.
- 9 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards.
- 10 Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

- 11 There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

There were initially misstatements in the accounts that have now been corrected by management. These are set out with explanations in **Appendix 3**.

Other significant issues arising from the audit

- 12 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you.
- 13 There were no issues arising during this year.

Recommendations

- 14 There are no recommendations arising from our audit work over the 2022-23 accounts to bring to the attention of the Charity's Trustee.

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Appendix 1

Letter of Representation

Auditor General for Wales

Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

16th May 2024

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Local Health Board Charitable Fund and Other Related Charities and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by [insert name of those charged with governance]

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Local Health Board on [insert date].

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Hayley Thomas
Interim Chief Executive
Powys Teaching Local Health Board
Date:

Carl Cooper
Board Chair
Powys Teaching Local Health Board
Date:

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Appendix 2

Proposed Audit Report

The independent auditor's report of the Auditor General for Wales to the trustees of Powys Teaching Health Board Charitable Fund

Report on the audit of the financial statements

Opinion on financial statements

I have audited the financial statements of Powys Teaching Health Board Charitable Fund (the Charity) for the year ended 2022-23 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including the significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2023 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report.

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustee's Responsibility, the trustees are responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustees determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always

detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Charity's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud;
- Obtaining an understanding of the Charity's framework of authority as well as other legal and regulatory frameworks that the Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Charitable Fund's Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton
Auditor General for Wales
23 May 2024

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Patterson Liz
21/05/2024 11:31:33

Appendix 3

Summary of Corrections Made

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 2: summary of corrections made

Value of correction	Nature of correction	Reason for correction
Note 2 Related Party Transactions Correction of the total amount owed to the Health Board from £0.186m to £0.207m	To ensure the final accounts are accurately presented.	Our audit identified that the amount owed to Powys LHB in Note 2 of £186k does not include the invoices relating to the Horizon Project of £20,086.18.
Note 5 Gross Investment Income Correction of the Investment Income classification to split the Bank Interest received in year to the Short Term Investment, Deposits and Cash On Deposit line.	To ensure the final accounts are accurately presented.	<p>Our audit identified that £15.5k of bank interest has been included in the 'Fixed Asset equity and Similar Investments' line however as per the SORP 10.7.4:</p> <p>'Cash at Bank...is held to meet short-term cash commitments' as they fall due rather than for investment purposes and includes all cash equivalents held in the form of short-term highly liquid investment'.</p> <p>This should be recognised as a 'Short term investments, deposits and cash on deposit'.</p>

Patterson Liz
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<p>Note 19c Analysis of Funds</p> <p>Update note to reflect the correct income, expenditure and gains and losses.</p>	<p>To ensure the final accounts are presented accurately.</p>	<p>Our audit identified the figures included in Note 19c for income, expenditure and gains and losses were different to the figures included in the SoFA. It was confirmed that the source document was not the final transaction listing and the figures would need to be updated.</p>

Patterson Liz
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Patterson Liz
21/05/2024 11:31:33



Audit Wales

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Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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

Patterson, Liz
21/05/2024 11:31:33

Carl Cooper, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: carl.cooper@wales.nhs.uk



GIG
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Hayley Thomas, Prif Weithredwr / Chief Executive
Ffon / Phone: 01874 712725
E-bost / Email: hayley.thomas@wales.nhs.uk

Letter of Representation

Auditor General for Wales

22nd May 2024

Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LY
Ffôn: 01874 712730



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 712730

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd
Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational
name of Powys Teaching Local Health Board

- all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Local Health Board Charitable Fund and Other Related Charities and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Corporate Trustee

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Local Health Board on 22nd May 2024.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Hayley Thomas
Chief Executive
Powys Teaching Local Health Board

Carl Cooper
Board Chair
Powys Teaching Local Health Board

Date:

Date:

Patterson, Liz
21/05/2024 11:31:33



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CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 2.1

BOARD		14 May 2024
Subject:	Director of Corporate Governance Report	
Approved and presented by:	Helen Bushell, Director of Corporate Governance	
Prepared by:	Helen Bushell, Director of Corporate Governance	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> • Review of Standing Orders – Audit and Risk Assurance Committee 14 May 2024 • Committee Terms of Reference – at each Committee between Jan and May 2024 • Application of the Common Seal – approved by Chair and CEO • Chair’s Action – approved by the Chair, CEO and Director of Corporate Governance 	
PURPOSE:		
<p>The paper provides a series of recommendations for the Boards consideration to ratify and approve linked to:</p> <ul style="list-style-type: none"> • Chair’s Action • Application of the Common Seal • PTHB Standing Orders • PTHB Committee Terms of Reference 		
RECOMMENDATION(S):		
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • RATIFY the Chair’s Actions taken on the 28 March 2024 to: <ul style="list-style-type: none"> ◦ Adopt a series of governance documents for the newly created Joint Commissioning Committee (JCC) • RATIFY the application of the Common Seal applied on one occasion since 1 April 2023 and receive ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders. • APPROVE the changes to the PTHB Standing Orders including the revised Board Scheme of Delegation (executive team); • APPROVE the changes to the PTHB Committee Terms of Reference. 		
Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

Patterson Liz
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CHAIR'S ACTION

In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Director of Corporate Governance / Board Secretary as appropriate, may deal with matters on behalf of the Board – after first consulting with at least two other Independent Members.

There has been one occasion since the last report where Chair's Action was taken on behalf of the Board,

Date	Decision	Approval
28 March 2023	<p><u>With regards to the newly created Joint Commissioning Committee, to ADOPT:</u></p> <ul style="list-style-type: none"> • Amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards • Standing Orders for the NHS Wales Joint Commissioning Committee • Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee • Standing Financial Instructions for the NHS Wales Joint Commissioning Committee 	<p>The Actions were supported by the Chair, Chief Executive and two other Independent Members, supported by the Director of Corporate Governance / Board Secretary.</p> <p>The documents will be published to the PTHB website as part of the PTHB Standing Orders.</p>

The Board agreed at its meeting on the 20 March that the above decision would be considered by Chair's Action. The Joint Commissioning Committee governance documents as listed in the Chair's Action were issued under Ministerial Direction but were not available in the timescales of the PTHB Board meeting in March. Chair's Action was initiated to accommodate the required decision deadline of the 31 March 2024.

Patterson, Liz
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AFFIXING OF THE COMMON SEAL:

In accordance with Section 9 of the Standing Orders, the Powys Teaching Health Board Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive and is witnessed by the Director of Corporate Governance / Board Secretary.

Affixing of the Common Seal has taken place on one occasion since the last report to the Board. This was taken in accordance with Section 9 of the Standing Orders. The document has been authorised and signed by the Chair and Chief Executive then sealed by the Director of Corporate Governance / Board Secretary. Contrary to the Standing Orders the documents were not signed in the presence of the Director of Corporate Governance/Board Secretary due to the modern working environment of remote working and application of electronic signatures. Additional steps to check the confirm the authenticity of signatures are taken.

The affixing of the Common Seal has been applied as follows:

Purpose	Document / Purpose
Presteigne Medical Centre	Licence to occupy agreement

REVIEW OF PTHB STANDING ORDERS

The Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business.

When agreeing SOs, LHBs must ensure they are made in accordance with directions as may be issued by Welsh Ministers. These SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB. The Standing Orders of the organisation were last amended in May 2023 when a revised scheme of delegation was agreed by the Board, specifically in relation to the roles of Executive Directors. The current Standing Orders are available using the link here - [Microsoft Word - B. Board Approved July21 amended May23 LHB Model SOs Reservation and Delegation of Powers \(nhs.wales\)](#)

A light touch review has been undertaken of the PTHB Standing Orders to ensure relevance and compliance, in the knowledge Welsh Government are undertaking a deeper review of the Model Standing orders during 2024. This report therefore sets out a series of recommendations for changes to the Standing Orders for consideration at the May Board 2024 meeting.

The report does not make any recommendations about the Standing Financial Instructions – a review of these will be carried out during 2024/25, again in the context of a review by Welsh Government, and a paper is expected to be presented to this Board later in 2024/25.

Following internal review and taking into account relevant Ministerial Directions and Welsh Health Circulars, the following changes are recommended to the Standing Orders:

Section	Description	Overview of change / recommendation
3.2	Joint Committees	To be updated to reflect the newly created Joint Commissioning Committee and the disbanding of the former WHSSC and EASC. The Board has already approved a Chair's Action to accept the changes to the Standing Orders under Ministerial Direction (March 2024)
5 / 5.6 And Schedule 5	Advisory Groups / Stakeholder Reference Group (SRG)	The Board has confirmed a decision not to operate an SRG in its response to the Structured Assessment in 2023. Schedule 5 will also be updated to reflect this change.
6.1	Community Health Councils	CHCs have transferred into the new Citizens Voice Body (Llais) from 1 April 2023 – this will be reflected in the revised document as per the Ministerial Direction.
7.4	Preparing for Meetings (7.4.3 - Board and Committee paper release)	Working practice in PTHB is to release Board / Committee papers 7 calendar days in advance, not 10 calendar days as the Standing Orders state. 7 days is in line with most NHS organisations and in reality reflects the modern electronic nature of working along with the provision of timely information. 7 days are recommended to be reflected in the PTHB Standing Orders.
Schedule 1	Scheme of delegation	Following recent executive portfolio changes agreed at the Remuneration and Terms of Service Committee, the Board Scheme of Delegation requires updating.

		<p>The Scheme of Delegation to the Executive is attached as appendix 1 (paper 3.3a)</p> <p>Please note Primary Care will not transfer until a substantive appointment is made to the Executive Director of Primary Care, Community & Mental Health.</p>
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The Standing orders will also be cross checked for relevant administrative changes, for example, section 6.1 refer to the Community Health Councils (CHCs).

The Audit and Risk Assurance (ARAC) Committee have considered the recommendations to changes to the Standing Orders as per Section 3.2 of the Committees terms of reference requiring the Committee to undertake 'an annual review of the Board's Standing Orders and Standing Financial Instructions'. The Audit and Risk Assurance Committee met on the 14 May 2024 and recommended the changes to the Board (with the exception of the executive full scheme of delegation – this was agreed by the Remuneration and Terms of Service Committee on the 18 April 2024).

REVIEW OF PTHB COMMITTEE TERMS OF REFERENCE

The Board has set out, as per the Standing Orders, the Board Committees who support the Board in fulfilling its duties. The current Committee structure has been in place since July 2021.

Board Committees play a key role in seeking monitoring, scrutinising and seeking assurance on behalf of the Board. The Board receives a Committee Chair's report from each Committee Chair that has been active to each of its meetings.

During 2023/24, each Committee has reviewed its own Terms of Reference (TOR), which has been supported by the undertaking of Committee Effectiveness reviews.

The existing terms of reference are available for view here in schedule 4 - [Microsoft Word - F. Board Approved July 2021 Schedule 4 Board Committee Arrangements \(nhs.wales\)](#)

No fundamental changes are proposed in relation to Committee TORs but some proportionate changes are suggested to improve efficiency, cohesiveness and aid effective administration. These changes are summarised as follows:

Committee	Proposed Change
Audit and Risk Assurance (ARAC)	<ul style="list-style-type: none"> Information Governance to be added to the Committee's remit (from D&P)
Executive Committee	<ul style="list-style-type: none"> The ToRs have had an overall review and reflect current working practices. The focus and remit of the Committee has not substantively changed.
Delivery & Performance (D&P)	<ul style="list-style-type: none"> Compliance with Health and Safety Regulations and Fire Safety Standards be moved to Workforce and Culture Information governance be moved to Audit and Risk Assurance
Patient Experience, Quality & Safety	<ul style="list-style-type: none"> Duty of Quality be added to the Committee's remit Research and Innovation to be added to the Committee's remit
Planning, Partnerships & Population Health	No changes proposed.
Workforce & Culture	<ul style="list-style-type: none"> Compliance with Health and Safety Regulations and Fire Safety Standards to be added to the Committee's remit (from D&P)

All Committee TORs will be updated to reflect:

- The modern practice of holding meetings virtually should be reflected
- The ability to take any decisions via Chair's Action (where appropriate) should be added
- The ability to operate a consent agenda
- The ability to meet / join with other Committees for specific topics/discussions (for example Workforce & Culture and Patient Experience, Quality & Safety meet once per year on specific topics)
- Change to wording to be x4 meetings per year instead of no less than quarterly (with the exception of Delivery & Performance Committee which will continue to meet six times per year)
- Some general tidying up to ensure correct job titles, for example, are accurately reflected

Remuneration and Terms of Service and Charitable Funds Committee

The Remuneration and Terms of Service and Charitable Funds Committee TORs will be reviewed in the early part of 2024/25 and presented to the Board in due course.

Advisory Forums

The Local Partnership Forum TORs will be reviewed in the early part of 2024/25 and presented to the Board in due course.

NEXT STEPS:

Following Board consideration all approved changes will be made to the PTHB Standing Orders and relevant appendices/schedules, Committee Terms of Reference and Committee work programmes. This information will be available on the PTHB website.

Patterson Liz
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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS PAPER

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 (15-25)
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.

Patterson, Liz
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Scheme of Delegation (May 2024)	Summary of Proposed Change (for Board information)
Previous role title: Executive Director of Operations/ Director of Community & Mental Health New role title: Executive Director of Primary Care, Community and Mental Health	
<ul style="list-style-type: none"> • Planned care and specialties. • Learning Disability Services • Mental Health Services (including CAMHS) • Palliative Care Services • Rehabilitation Services • Intermediate Care Services • Diabetes Services • Respiratory Conditions Services • Older Peoples Services • Unscheduled Care • Diagnostic Services • Continuing Healthcare and Funded Nursing Care – Strategic and operational application • Meeting of Access Targets / Referral to Treatment Times – Powys provider services • Oversight of the performance of Ambulance Services • Pathways of Care Delays • Medicines Management [in conjunction with the Medical Director – professional] • Site Coordination • Primary Care • Primary Care Out of Hours arrangements, including 111. • Primary care development including Clusters (with support from CEO) 	<p>Realignment of Women and Children's Services and delegated responsibility to Executive Director of Nursing, Quality, Women and Family Health</p> <p>Realignment of Primary Care to this role (from Executive Director of Strategy, Primary Care and Partnerships)</p> <p>Realignment of Powys Live Well Service to this role (from Executive Director of Therapies & Health Science)</p> <p>Realignment of Funded Nursing Care and Continuing Health Care – strategy to this post (from Executive Director of Nursing & Midwifery)</p>

<ul style="list-style-type: none"> • Primary Care contractor performance management, including accreditation of enhanced services (with support from Medical Director) • Removal of violent patients from GMS Services • Pain Management Services / Powys Living Well service. • Stroke and Neurological Services • Responsible Officer- Cottage View 	
Executive Medical Director	
<ul style="list-style-type: none"> • Professional lead for Medicines Management including Patient Group Directions - written instructions to help supply or administer medicines to patients, usually in planned circumstances. • Research and Development - Including clinical trials. • Professional Medical and Dental Workforce: Standards, Education, Regulation and Responsible Officer – Appraisal and Revalidation • Caldicott Guardian • Medical Legislation and National Policy • Medical Leadership and Engagement • Admission to the performers list • Blood Safety and Quality • Human Tissue issues • Executive lead for Organ Donation • Clinical Audit • Resuscitation • Mortality Review • Development of and Engagement with Clinical Networks • Individual Patient Commissioning • Implementation and compliance with Medical Royal College Standards 	<p>Realignment of Improvement and Innovation to Director of Strategic Change and Transformation (New Non-Executive Director Role)</p> <p>Realignment of Chief Clinical Informatics Officer role (from Executive Director of Therapies & Health Science)</p>

Patterson, Liz
21/05/2024 11:31:33

<ul style="list-style-type: none"> • Implementation and compliance with National Institute for Clinical Excellence (NICE) guidelines. • Strategic responsibility to Board for Clinical Informatics 	
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Previous role title: Executive Director of Nursing & Midwifery
New role title: Executive Director of Nursing, Quality, Women and Family Health

<ul style="list-style-type: none"> • Professional leadership of Nursing and Midwifery • Lead Executive for implementation of the Duty of Quality and the Duty of Candour, quality of Health and Care Services, Patient Experience and Satisfaction, including raising Concerns – patients and public (Putting Things Right, NHS Redress), review and addressing of patient safety incidents, • Infection Prevention and Control • Decontamination • Implementation and compliance with Patient Safety Alerts • Executive lead for children and young people services • Safeguarding Adults and Children (CYSUR & CWMPAS – the Regional Safeguarding Boards) • Safeguarding, protecting and promoting the health and well-being of children, young people, vulnerable adults and victims of domestic abuse. • PTHB actively contribute locally, regionally and nationally on a number of Safeguarding agendas including Child Protection, Adult Protection, Looked After Children, VAWDASV and Gender Based Violence, Community Safety Partnership, Youth Offending Board, Deprivation of Liberty Safeguards, 	<p>Realignment of Women and Children's Services and delegated responsibility to this role (Removed for Director of Operations)</p> <p>Realignment of Funded Nursing Care and Continuing Health Care – strategy to Executive Director of Primary Care, Community and Mental Health</p>
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Prepared by: Liz
21/05/2024 11:31:33

<p>MAPPA, Female Genital Mutilation, Modern Day Slavery and Trafficking and Child Sexual Exploitation.</p> <ul style="list-style-type: none"> • Deprivation of Liberty Safeguards • Nutrition and Hydration • Dementia • Professional Nursing and Midwifery Workforce: Standards; Education; Regulation; Supervision of Midwives; and NMC Revalidation • Women and Children’s Services including ALN. • Integration Agenda with Powys County Council in relation to operational delivery: Children • Nurse Staffing Act Compliance • Nationally Reportable Incidents and Early Warning Notifications to WG. • Review and Monitoring of regulation 28 with HM Coroner • Responsible for PSOW actions and liaison with PSOW office. • Lead Executive for relationship with HIW 	
<p>Previous role title: Executive Director of Finance, IT & Information Services New role title: Executive Director of Finance, Capital and Support Services</p>	
<ul style="list-style-type: none"> • NHS Wales Statutory Financial Duties and requirements • Professional leadership of Finance staff • Financial Planning (Revenue and Capital) • Financial Management, Monitoring and Reporting • Financial Systems and Controls • Provision of Financial Services to Directorates • Procurement including tenders and post tender negotiations. Liaison with Shared Services to enable delivery of robust procurement services. • Counter Fraud including PPV. • Liaison with External Financial Auditors 	<p>Realignment of Support Services & Estates to this role (from Executive Director of Strategy, Primary Care and Partnerships)</p> <p>Realignment of Information & IT services to Executive Director of Allied Health Professionals and Digital</p> <p>Realignment of Information Governance to Director of Governance/ Board Secretary</p>

<ul style="list-style-type: none"> • Charitable Funds Accounting • Health and Care Research Wales financial arrangements including accounts. • Asset Accounting • Preparation of Annual Accounts • Continuing Healthcare and Funded Nursing Care – financial authorisation up to £75k • Strategic oversight Capital and Estates • Facilities and Support Services • Logistics • Facilities and Support Services • Fire Safety • Agile working 	<p>Please note primary care will remain with this post holder until the Executive Director of Primary Care, Community & Mental Health is filled substantively.</p>
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Previous role title: Executive Director of Strategy, Primary Care and Partnerships
New role title: Executive Director of Commissioning, Performance & Planning

<ul style="list-style-type: none"> • Commissioning development, monitoring and performance monitoring across the organisation • Performance management across the organisation, including the development and implementation of the Improving Performance Framework and integrated reporting. • Meeting of Access Targets/ Referral to Treatment Times – commissioned services • Executive lead for commissioning relationship with WHSCC and EASC • Executive lead for liaison and engagement with third sector • Executive lead for Planning (strategic and operational), including strategic planning with key partners, and partnership working. 	<p>Interim responsibility for planning to be substantiated (realignment from Executive Director of Strategy, Primary Care and Partnerships)</p> <p>Realignment of Board Level lead for Strategic service change to this role (from Board Secretary)</p>
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<ul style="list-style-type: none"> • Executive lead for the organisation’s longer-term strategy, including its transition into a clinical service plan. • Continuous engagement and consultation and liaison with Llais on those matters relating to service change (supported by the Deputy Director of Engagement and Communication). • Board level lead for service change and public consultation (supported by the Deputy Director of Engagement and Communication). • Compliance with national guidance on service delivery change - engagement and consultation • Continuous engagement and consultation and liaison with Llais on those matters relating to service change. • Executive Lead for the development of the organisation’s Integrated Medium Term Plan/Integrated Plan 	
Executive Director Public Health	
<ul style="list-style-type: none"> • Health Improvement Strategy (as part of overarching health and care strategy) • Health Needs Assessment • Public Health Planning • Public Health Initiatives linked to the NHS Wales Delivery Framework. • Stop Smoking • Vaccination and Immunisation • Flu • Obesity • Screening • Professional Public Health Workforce: Standards; Education; and Regulation • Outbreak Control • Public Health Monitoring and Surveillance 	<p>Realignment of strategic responsibility for Partnerships</p> <p>Delegated responsibility for Carers</p>

<ul style="list-style-type: none"> • Provision of Public Health Advice • Production of Director of Public Health Annual Report • Executive lead for Armed Forces and Veterans • Civil Contingency, Emergency Planning, Business Continuity • Executive lead for Prudent Health and Care • Executive lead for the Well-being of Future Generations Act • Strategic lead for co-ordination of RPB/PSB • Carers 	
<p>Previous role title: Executive Director of Therapies & Health Science</p>	
<p>New role title: Executive Director of Allied Health Professionals Health Scientists and Digital</p>	
<ul style="list-style-type: none"> • Medical Devices including implementation and compliance with Medical Device safety Alerts. • Professional Allied Health professionals and Healthcare Sciences and Social Workers: Leadership; Standards; Education; Point of Care Testing; and Regulation and Revalidation • Data quality and clinical coding • Delivery of Information management and Technology Strategy and Services • Provision of Clinical Information Systems - hosting and enabling connectivity. This does not include system administration or management. • Provision of ICT management systems • Business Intelligence systems • Provision of ICT infrastructure and telephony 	<p>Realignment of Information & IT Services to this role (from Executive Director of Finance, IT & Information Services)</p> <p>Realignment of H&S responsibility to Executive Director of People and Culture</p> <p>Realignment of live well to Executive Director of Community, Mental Health & Primary Care</p> <p>Interim responsibility for Support Services and Health and Safety removed from this post.</p>
<p>Previous title: Executive Director Workforce and OD</p>	
<p>New role title: Executive Director of People and Culture</p>	
<ul style="list-style-type: none"> • Professional Workforce and Organisational Development Workforce: Standards; Education; and Regulation 	<p>Realignment of Health & Safety to this role (substantive previously sat with Executive</p>

<ul style="list-style-type: none"> • Employment and staff relations • Workforce Planning • Workforce Policies and Practices • Employee Health and Well-being including the provision of Occupational Health Services • Employee Engagement • Trade Union partnership arrangements • Employee Record Management • Workforce Information Management Systems • Values and Standards of Behaviour Framework • Raising Concerns • Barring and Disclosure Arrangements • Equality and Diversity & Human Rights • Welsh Language provision • Executive Lead for Violence & Aggression • Volunteering • Hosting arrangements – Health and Care Research Wales • Wellbeing Guardian • Speaking Up Safely Exec Lead • Library Services • Health and Safety 	<p>Director of Strategy, Primary Care and Partnerships within facilities, and on an interim basis sat with Executive Director of Therapies & Health Science)</p>
Director of Corporate Governance/ Board Secretary	
<ul style="list-style-type: none"> • Risk Management • Board Assurance Framework • Board and Committee Arrangements and Annual Work Programme 	<p>Realignment of Board Level Communication & Engagement accountability to Executive</p>

<ul style="list-style-type: none"> • Board Development Programme • Production of the Annual Governance Statement and Coordination of the Annual General Meeting • Compliance with Standing Orders including delivery of the Board governance structure • Legislation and Legal Services / provision of legal advice • Use of the Common Seal • Register of Interests and Gifts and Hospitality • Policies Management • Internal and External Audit Liaison • Public inquiries, including COVID-19 • Board level lead for the Health Board's Charity • Information Governance • Records Management Framework • Intellectual Property Rights and Commercialisation • Corporate Communications • Corporate Business support to the executive team, Chair, Vice Chair and Independent Members • Professional advice to the Chair, CEO and Board on all matters relating to corporate governance 	<p>Director of Commissioning, Performance and Planning.</p> <p>Realignment of Information Governance to this role (from Executive Director of Finance, Information & IT Services)</p> <p>Responsibility for Corporate Communication.</p>
<p>Previous role title: Director of Performance & Commissioning New role title: Director of Strategic Improvement and Transformation (Agenda for Change Band 9)</p>	
<ul style="list-style-type: none"> • Service Improvement • Senior Responsible Officer for North Powys • Transformation & Value 	<p>Former role removed from structure and replaced with the new Director of Strategic Improvement and Transformation role.</p>

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	<p>Realignment of Transformation & Value team to this role (from interim Executive Director of Commissioning, Performance and Planning)</p> <p>Realignment of North Powys Programme to this role (from interim Executive Director of Commissioning, Performance and Planning)</p> <p>Realignment of Improvement and Innovation to this role (from Executive Medical Director).</p>
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Executive scheme of delegation

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Board
22 May 2024
Agenda Item 3.3a



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

POWYS TEACHING HEALTH BOARD
UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD
HELD ON TUESDAY 20 MARCH 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Ronnie Alexander (RA)	Independent Member (General)
Rhobert Lewis (RL)	Independent Member (General)
Ian Philips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Mick Giannasi (MG)	Independent Member
Chris Walsh (CW)	Independent Member (Local Authority)
Hayley Thomas (HT)	Interim Chief Executive
Pete Hopgood (PH)	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell (SP)	Director of Planning, Performance and Commissioning
David Farnsworth (DF)	Interim Director of Operations/Community and Mental Health
Kate Wright (KW)	Medical Director
Mererid Bowley (MB)	Director of Public Health
Debra Wood Lawson (DWL)	Director of Workforce and OD
Claire Roche (CR)	Director of Nursing and Midwifery
Claire Madsen (CM)	Director of Therapies and Health Sciences

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Adrian Osborne (AO)	Assistant Director of Communications and Engagement
Wayne Tannahill (WT)	Assistant Director Estates and Property
Jason Crowl (JC)	Assistant Director of Support Services
Kate Prothero (KP)	Service Development Manager
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council

Katie Blackburn (KB)
 Liz Patterson (LP)
 Belinda Mills (BM)
 Hayley Hughes (HH)

Regional Director Liais
 Interim Head of Corporate Governance
 Corporate Governance Officer
 Corporate Business Manager (Minutes)

Apologies for absence

Simon Wright (SW)
 Jennifer Owen Adams
 (JOA)
 Joy Garfitt (JG)

Independent Member
 Independent Member (Third Sector)
 Interim Director of Operations/Community and
 Mental Health

PRELIMINARY MATTERS	
PTHB/24/160	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting and apologies for absence were noted and recorded as above.</p> <p>The Chair notified the Board that ND had been formally appointed, by Welsh Government, to the role of Associate Member (Social Services) on the Board of Powys Teaching Health Board for four years.</p>
PTHB/24/161	<p>DECLARATIONS OF INTEREST</p> <p>The Board were reminded of the following declaration of interest was made in relation to agenda item 3.6 - Welsh Joint Commissioning Committee:</p> <ul style="list-style-type: none"> Ian Phillips, Chair of Welsh Kidney Network (currently a sub-Committee of WHSSC). <p>The Board were reminded of the following declaration of interest was made in relation to agenda item 7.3 Historic Continuing Health Care cases update:</p> <ul style="list-style-type: none"> CW reminded the Board that he is an Elected Member for Powys County Council.
PTHB/24/162	<p>EXPERIENCE STORY</p> <ul style="list-style-type: none"> Staff Experience Story <p>DWL introduced the item which provided an overview of a staff members experience with the Health Board. KP is employed as a Service Development Manager and shared her career journey, her experience of the Graduate Programme and her recent success in the PTHB staff awards. DWL noted that KP is a role model and important learning point for the Grow Our Own scheme, supporting the moves between teams, directorates and professions,</p>

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	<p>showing how pathways can be created in a less traditional format.</p> <p>The Board welcomed the presentation and echoed thanks to KP for sharing her story and enabling the Board to understand and visualise the impact of such schemes, as the Graduate Scheme and Grow Our Own, has for the staff of the Health Board.</p>
<p>PTHB/24/163</p>	<p>AGREEMENT TO RUNNING A CONSENT AGENDA HB presented to the Board, a proposal to operate a Consent Agenda for all Board and Committee meetings. It was outlined that it is a mechanism to assist with the efficient, and appropriate, management of meetings. The Chair, with advice from colleagues, will decide which items are placed on the Consent agenda where reports will be either for Approval, Assurance or Information. If a Board or Committee Member requests that an item is moved onto the agenda for consideration, this can be raised in advance of the meeting or at the start of the meeting. It is proposed that if implemented, its use and effectiveness will be monitored and reviewed.</p> <p>The Board AGREED the proposal to operate a Consent Agenda.</p>
<p>PTHB/24/164</p>	<p>REPORT FROM THE CHAIR CC introduced the report and extended congratulations to HT who had recently been appointed as the Health Board’s substantive Chief Executive Officer role. The Board RECEIVED and NOTED the report</p> <p>REPORT FROM THE VICE CHAIR KWi introduced the report.</p> <p>REPORT FROM THE CHIEF EXECUTIVE OFFICER HT introduced the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> - Junior Doctor Industrial Action and the impact on planning requirements particularly for neighbouring Health Boards; the impact on flow and the need to work with Social Care Partners to support the district general hospitals will be a continued focus for the Health Board; and - Substantial progress has been made with regards to the Belmont Surgery branch closure mitigation plan and this work now moves to business as usual. <p>Members asked the following questions:</p>

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	<p><i>Is the Mumps, Measles and Rubella (MMR) vaccination catch-up being put in place as a response to increasing infection in Powys or as a preventative measure?</i></p> <p>MB responded that the Health Board had proactively stood up the group involving partners in light of the outbreaks of measles in England and in Cardiff. This work has been underway for the past 6-7 months to improve MMR vaccine rates.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
<p>PTHB/24/165</p>	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Patient Experience Quality and Safety Committee</u></p> <p>KWi presented the item which provided an overview of matters considered by the Committee on 23 January 2024. Attention was drawn to the following matter:</p> <ul style="list-style-type: none"> - Infection, Prevention and Control (IPC) – the Committee were pleased to hear the significant progress made in implementing the actions contained within the improvement plan. The Committee were satisfied that the organisation has a comprehensive system for addressing IPC via the plan and will continue to scrutinise its implementation going forward. <p><u>Executive Committee</u></p> <p>HT presented the item which provided an overview of matters considered by the Executive Committee on 10 and 24 January, 7, 14 and 21 February 2024. Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> - The continued work and positive steps following the Welsh Language Commissioner report; - Deep focus on Nationally Reported Incidents; and - Revision to the Integrated Performance Framework to include a quality governance structure. <p><u>Audit, Risk and Assurance Committee</u></p> <p>RL presented the item which provided an overview of matters considered by the Committee on 16 January 2024 and 11 March 2024. In relation to the meeting on 11 March 2024 attention was drawn to the following matters:</p> <ul style="list-style-type: none"> - Audit of accounts are scheduled to be completed by end of June in line with national timelines;

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- The Audit Wales Structured Assessment report confirms an overall largely positive and maturing picture of the Health Board; and
- Of the five internal audits reported to 11 March meeting, one was of Limited Assurance (relating to Capital and Estates) which the Committee had explored in more detail.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on 20 February 2024. Attention was drawn to the following matter:

- A detailed report on endoscopy and bowel screening was received and noted that from October 2024, screening will be rolled out for the over-50's. The committee recognised that the expansion would place additional pressures on the system.

Delivery and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on 29 February 2024. Attention was drawn to the following matters:

- Committee timings have been temporarily extended to ensure the Committee have sufficient time to consider matters; and
- Month 10 finance report was discussed, reporting appropriate mechanisms are in place; the forecast and underlying deficit remains on track to meet the control target.

Charitable Funds

CC presented the item which provided an overview of matters considered by the Committee on 07 December 2023.

It was noted that the team are working with Audit Wales to ensure that assurances from the investment fund managers are received in order to submit the Annual Return to the Charity Commission.

Workforce and Culture Committee

IP presented the item which provided an overview of matters considered by the Committee 05 March 2024. Attention was drawn to the following matters:

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	<ul style="list-style-type: none"> - Sustainability and Growth: Grow our own and inspiring nurse programmes are showing signs of success.; and - Given the high vacancy rates, consideration should be given to the Health Board adopting a more calculated risk in funding fixed term contracts. - <p>The Board RECEIVED and NOTED all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work</p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

<p>PTHB/24/166</p>	<p>2024-2029 INTEGRATED PLAN INCLUDING:</p> <ul style="list-style-type: none"> • INTEGRATED PLAN • CAPITAL PROGRAMME <p>HT introduced the item supported by Executive Directors, who in turn, presented the report which provided the Draft Integrated Plan for 2024-29 ahead of submission to Welsh Government (WG).</p> <p>CC also noted the significant amount of time that has been spent in Board Development sessions where aspects of the plan and financial approach have been developed as a whole Board.</p> <p>A summary of key points brought the Board’s attention were as follows:</p> <ul style="list-style-type: none"> - The plan sets out £24.9M deficit in 24/25 – this does not meet the statutory financial duty to break-even over a 3-year period; - Quality has to underpin the effectiveness, service planning and financial considerations. Services have to be provided as safely and as sustainable as possible; - As a provider, the Health Board is forecasting to deliver against the NHS Wales performance requirements and maintain compliance thereafter. Further analysis is to be undertaken on respective commissioned services against key performance targets; - The 5-year plan signals the level of challenge being faced; - The plan, with associated technical appendices, is to be submitted to Welsh Government (WG) by 28 March 2024; and
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- During the first quarter, there will be further discussion and dialogue with WG to feedback on plans.

Independent Members provided the following feedback:

- Significant challenging position noted and helpful to understand the risks;
- Appreciative of the inclusion of Independent Members in the inclusion of the development of the plan; and
- The focus on quality is welcomed, along with a commitment to prevention.

Independent Members sought assurance by asking the following questions:

Is there opportunity to work with partners to strengthen the voice of the public?

MB noted there is an opportunity within the plan to strengthen prevention in the Regional Partnership Board Start Well, Live Well and Age Well programmes and improve outcomes. ND assured the Board that the local authority will continue to work with the Health Board on these shared challenges.

What opportunities are there to improve access to primary and community care given levels of concern expressed by the public in respect of access?

PH advised that there are around 85,000 contacts in General Medical Services per month in Powys against a population of 134,000. This access is higher than in other areas. There are a number of methods to gauge public experience including patient surveys and information gathered by Llais to gauge public perception.

How realistic is it that SP9 Urgent and Emergency Plan will be achieved within five years?

KW noted the blended model in General Practice and Minor Injury Units; and the need to return patients to Powys as quickly as possible. There is a need to make change safely and sustainably; and to develop new models of care with partner organisations. It will be necessary to grow the Powys provision organically over time, supporting and developing staff and working closely with secondary care neighbours to ensure safe provision. HT noted the need to keep a close eye on this as a Board.

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The inability to submit a balanced plan puts the Board in a difficult position. Are the Board clear on the consequences of submitting such a plan, and will there be scope to reduce the time taken to return to a balanced position?

HT advised the Health Board is currently in enhanced monitoring for finance and planning, and it could be the case that escalation will be reviewed as a result of the plan. The feasibility of reducing the period before a return to financial balance is something that will need continual consideration.

What additional support will be offered to staff going forward if the plan is accepted?

DWL noted the importance of staff feeling involved in the change that affects them. The Health Board have experience of offering re-skilling, alternative roles and job trials if necessary. A series of communication is also planned across the organisation where staff will continue to be involved in the implementation of the plan and service transformation / change where appropriate.

Does the recent reduction in inflation affect the assumptions contained within the plan?

PH advised the plan is based on assumptions which are assessed throughout the year. Any potential benefits will be reflected in the plan on an ongoing basis.

The implications of not having a balanced budget were fully discussed by the Board. The need to continue to be open and honest with Welsh Government, the people of Powys and partners/stakeholders together with the importance of sustaining progress remain at the heart of the Boards approach.

The Board:

- RECEIVED the Five-Year Integrated Plan for April 2024 to March 2029 (the plan);
- RECOGNISED that as the Plan sets out a £24.9m deficit in 2024/25, it does not meet the statutory financial duty to break even over a three-year period and therefore may not be acceptable to Welsh Government and may impact on our escalation status;
- RECOGNISED the plan seeks to balance all statutory and other duties placed on the Health Board to deliver

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

CAPITAL PROGRAMME

WT introduced the Discretionary Capital Programme 2024-26 and provided an update on the general capital funding status, including risks and opportunities and drew attention to the following areas:

- At specific points, there are opportunities for capital – and the need to be agile in how that funding is sought;
- Receipt of additional £1.5M discretionary grant (30% contribution);
- Receipt of funding for emergency works; and
- A bid has been submitted for a whole series of improvements and significant decarbonisation savings.

The following was fed back:

- Thanks were expressed to the team for ensuring a pipeline of projects are ready; and for the support provided to the RPB in respect of their capital programme over the last 12 months;

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	<ul style="list-style-type: none"> - Concern was raised that there is no funding stream to meet the digital provision in relation to existing x-ray equipment which will cease being supported in 2026. It was noted that Radiology Information System Procurement is being raised with NHS Wales at a meeting this week. - The challenge of backlog maintenance spend is noted; - Recognition of the need to plan for the future; noting how hard it is to plan strategically on a small amount; and - Noted the need to continuously secure capital and ambition is a key enabler. <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Discretionary Capital Programme, 2024/2025–2025/26.
<p>PTHB/24/167</p>	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)</p> <p>HT gave a presentation which provided an update in relation to the Chief Ambulance Service Commissioner’s conclusion and amended recommendations for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review outlined in the Emergency Ambulance Services Committee meeting held on 19 March 2024. HT brought the below items to the Board’s attention:</p> <ul style="list-style-type: none"> - Strength of public attention received – petition of around 37,000 names; - The need to thank the staff, volunteers, patients and all involved in fundraising of the Wales Air Ambulance charity. Noted that some staff and volunteers have experienced negativity and difficult views; - The need to conclude this process and provide clarity and direction for the charity; - A need to maintain public confidence and maintain charitable income streams to support delivery of this service; - As part of the recommendations in the report and review of the Chief Ambulance Service commissioner, that recommendations are considered collectively rather than individually; and - Noting in light of the decision not being taken at EASC Committee yesterday, the recommendations within the report have been revised for consideration at today’s Board.

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KB outlined the view of Llais as follows:

- Regional Directors of Llais have provided correspondence to all Health Boards across Wales in relation to the EMRTS review;
- Legislation outlines the role of Llais in ensuring citizens are both listened to and heard during time of service change;
- Llais have been closely involved since August 2022 when potential changes first became known;
- Comprehensive engagement has taken place but concerns still exist within the community which need to be heard;
- Additional detail is needed in relation to the four recommendations.

The following feedback was received following queries raised from Board Members:

- The considerable support provided by the Air Ambulance Charity was acknowledged;
- The impact on the charity needs to be taken into account, including the potential reduction in income as a result of this process which may affect the proposed model;
- Note the need to quickly come to a conclusion on detail of recommendation 4, to safeguard those areas and enable unmet need to be addressed. In addition, the Health Board need to press on what can be done to improve Welsh Ambulance Services Trust road ambulance performance for Powys residents.
- Concern hearing the commentary regarding the charity and its impacts on them – particularly if funding streams cease and any consideration on future model. Noted that based on an initial review that the signatures are from local residents.

Independent Members sought assurance by asking the following questions:

The report includes three priority statements:

- o *Everyone in Wales should have equal access;*
- o *The Service should be structured to treat as many people as possible; and*

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- *Before any change happens there must be a plan for the service to support patients to the same standard as it does today.*

These should be considered when deciding this matter.

HT advised additional detail has been requested to assist in the decision-making process and the need to ensure that service, if then approved, is fully in place and tested before the change of the locations to give the public confidence.

The importance of meeting unmet need and of the uncertainty for staff and the charity. There is insufficient detail in relation to recommendation 4 to make an informed decision;

HT noted the need to test the proposals put forward in recommendation 4 from a benefit, accessibility and cost perspective in terms of quality and outcomes is important.

As the Air Ambulance Service is a commissioned service, where would the risk of a judicial challenge sit?

HT confirmed that the Health Board would have a role in any judicial challenge as the statutory Health Board for the residents of Powys including in relation to costs.

HT confirmed the Llais representation is important and the team at the Emergency Ambulance Services Committee are working hard to provide a response for the Board to consider.

The Board:

- NOTED the progress made on the review, and the recommendations from the Chief Ambulance Service Commissioner;
- NOTED the key considerations for PTHB in the oral report from the Chief Executive;
- NOTED that further work is under way on the development of more detailed proposals for a 'bespoke road based enhanced and or critical care services in rural and remote areas';
- NOTED that further work is underway to provide assurance in relation to the issues raised in the letter from Llais on 15 March 2024 and other representations;
- ENDORSED that further work be undertaken by the Wales Air Ambulance Charity to scope an appropriately located operational base in line with findings, to support future decision making; and

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	<ul style="list-style-type: none"> NOTED that an updated timetable for final decision making will be shared with the Board.
PTHB/24/168	<p>STRATEGIC EQUALITY PLAN 2024-28</p> <p>DWL presented the Strategic Equality Plan 2024-28, noting that the report sets how the Health Board will create an environment to advance equality, promote diversity and foster health work relationships. It was noted that the report had been reviewed and considered in detail at both Board Development and the Workforce and Culture Committee where it was recommended for approval.</p> <p>The Board:</p> <ul style="list-style-type: none"> APPROVED the Strategic Equality Plan 2024-28.
PTHB/24/169	<p>WELSH LANGUAGE STRATEGY IN HEALTHCARE 2024-29</p> <p>DWL presented the Welsh in Healthcare Strategy 2024-29 noting it is an important document setting out strategic direction for the competence and confidence of the use of the Welsh language in service delivery. It was noted that the report had been reviewed and considered in detail at Board Development and Workforce and Culture Committee where it was recommended for approval. The Strategy has also been through the Welsh Service Leads Group.</p> <p>The Board:</p> <ul style="list-style-type: none"> APPROVED the Strategy for Welsh in Healthcare 2024-29.
PTHB/24/170	<p>CORPORATE PARENTING CHARTER</p> <p>CR presented the item. The Charter that has been developed by the Welsh Government to support the delivery of the Welsh Government programme and highlight public bodies in their role as Corporate Parents.</p> <p>Board Members welcomed the Corporate Parenting Charter and its importance; wishing to see positive action in areas such as training and employment via the Workforce Futures Grow Our Own Programme. It was noted that whilst the Charter has been brought to the fore by the safeguarding team, consideration needs to be given to ensure that that Members are sighted on the outcomes as a result of signing the Charter. The Director of Corporate Governance to advise on how this is appropriately reported to Members.</p> <p>ACTION: Director of Corporate Governance</p> <p>The Board:</p>

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	<ul style="list-style-type: none"> • NOTED the Principles and Promises that have been drawn for the Corporate Parenting Charter • APPROVED the signing of the Corporate Parenting Charter.
<p>PTHB/24/171</p>	<p>WELSH JOINT COMMISSIONING COMMITTEE</p> <p>HT presented the item providing an update on the establishment of the NHS Wales Joint Commissioning Committee (JCC) and to seek adoption of its governance framework, as a Joint Committee of the Board. It was noted that it is on track to be established from 1 April 2024. The JCC's Standing Orders, Scheme of Delegation and Reservation of Powers had not been fully received in appropriate time to be considered at this meeting of the Board. It was therefore proposed to consider the approval of the governance arrangements and documents via a Chair's Action.</p> <p><i>Have the necessary appointment procedures taken place in time to ensure that the JCC is fully appointed to by 1 April 2024?</i></p> <p>HT advised that it was understood an announcement was imminent in relation to these roles.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024, as directed by Welsh Ministers; • NOTED that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1 April 2024; • NOTED the development of the JCC's governance framework, as a key component of the Health Board's governance framework; and • AGREED the use of Urgent Chair's Action, in-line with the Health Board's Standing Orders, to formally adopt the JCC's Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions by 1 April 2024.
<p>PTHB/24/172</p>	<p>INTEGRATED QUALITY AND PERFORMANCE FRAMEWORK INCLUDING ESCALATION</p> <p>SP presented the item. providing an update on the modification of the Integrated Performance Framework which had been renamed as the Integrated Quality & Performance Framework (IQPF). CR noted that the updated</p>

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	<p>reporting structure will enable the Health Board not only to effectively monitor performance management but provide effective quality governance; the framework also provides clarity on roles and responsibilities. HT supported the report in continuing the drive on the learning culture and how it is implemented across the organisation will be important in driving that forward.</p> <p><i>The link to professional standards and other registered bodies are outlined within the framework. Can it be confirmed if similar links to staff side will be made in relation to escalation?</i></p> <p>CR confirmed that the work links with a number of areas across the Health Board, such as registration, revalidation, speaking up safely and this is one part of supporting psychological safety. The framework is supporting the learning culture and enabling teams to own their learning culture and enhance accountability. CR confirmed she will be seeking to work in partnership with Trade Union representatives and the Local Partnership Forum to enable this.</p> <p>The Board:</p> <ul style="list-style-type: none"> DISCUSSED and APPROVED the proposed revisions to the new Integrated Quality and Performance Framework to include a Quality and Performance Escalation process.
<p>PTHB/24/173</p>	<p>MINUTES OF PREVIOUS MEETING:31 JANUARY 2024 (FOR APPROVAL) AND ACTION LOG</p> <p>The minutes of the meeting held on 31 January 2024 were APPROVED as a true and accurate record.</p> <p>The Board RECEIVED and APPROVED the Action Log.</p>
<p>ITEMS FOR BOARD ASSURANCE</p>	
<p>PTHB/24/174</p>	<p>FINANCIAL PERFORMANCE MONTH 11 INCLUDING FINANCIAL SAVINGS REPORT</p> <p>PH presented the report which provided an update on the February 2024 (Month 11) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board’s attention:</p> <ul style="list-style-type: none"> As of Month 11, there is a £11.693m overspend against the revised planned deficit of £11.370m giving the Health Board an operational overspend of £0.323m.

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	<ul style="list-style-type: none"> • There is still a number of risks and opportunities; which the Health Board will continue to focus on until the end of the financial year. <p>RA, as Chair of the Delivery and Performance Committee, noted that the Committee took assurance that the appropriate reporting mechanisms were in place, and the forecast for 2024/25 was discussed at its meeting in February. The Committee acknowledges the assistance from PH and officers in helping Members focus their discussions appropriately. The Committee also undertook a deep dive in Agency Spend and considered a report on Continuing Health Care spend.</p> <p>SP drew attention to the particular pressures in commissioning of emergency care. It will be necessary to address these challenges to ensure that the increasing costs of emergency care do not affect the provision of planned care.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place; and • CONSIDERED and DISCUSSED the financial forecast for 2023/24 and revised underlying deficit.
<p>PTHB/24/175</p>	<p>INTEGRATED PERFORMANCE REPORT MONTH 10</p> <p>SP presented the item providing an update on the latest available performance position for the Health Board against NHS Wales Performance Framework up until the end of January 2024 (month 10). SP brought the below items to the Board’s attention:</p> <ul style="list-style-type: none"> • Provided services in therapies (diagnostics and consultant specialities) continue to breach targets but focussed work has taken place and improvements before year-end are expected; • Mental Health performance (part 1a adult assessment) reported a drop in performance due to a data quality issue, a return to near compliance is expected in the next report; • Neurodevelopment assessment for children is another key area of challenge following significant and ongoing referral demand pressure (noted that this is seen as a national challenge);

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- From a commissioning perspective, cancer targets are short of the performance standard. This has been raised with Welsh Government as part of the enhanced monitoring status and it has been agreed to undertake a deep dive exercise to fully understand any delays;
- Accident and Emergency and Welsh Ambulance performance times is a continued area of concern – 44.1% of calls responded to within 8 minutes, where target is 65%; and
- Close monitoring will take place over the next 10 days of performance targets for year end. There will be a continued focus on areas of non-compliance in the new reporting year.

RA, Chair of Delivery and Performance Committee confirmed Month 9 performance report had been considered at the most recent Delivery and Performance Committee, where the Committee discussed the report in great detail and took assurance on performance. The Committee will consider the data issue and reporting at their next meeting before its onward consideration at Board.

Does the data issue in relation to Mental Health reporting outlined above mean previous reports have contained incorrect performance detail, and when can assurance be given that the information provided for this measure is correct?

DF advised that data checks had revealed one team was recording assessment and counselling contact differently to other teams. This resulted in a small error which is being corrected by way of a data validation exercise. It is expected that the next Integrated Performance Report will include validated data with an expected 70% compliance. The team are focusing on improvements to return to the target of 80% compliance.

Given the continuing high demand for neurodiversity assessments, what is the Health Board's process for meeting that demand and how is that prioritised against other competing pressures?

DF noted that the figures are demonstrating future growth, although it will be necessary to check the data in relation to the number of referrals converting to assessments. Work is in progress to future proof the service with a proposed draft

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	<p>business plan for the Innovative Business Group's consideration in the next two months.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the content of this report; • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
<p>PTHB/24/176</p>	<p>ANNUAL DELIVERY PLAN QUARTER 3</p> <p>SP presented the item, providing 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 (WG) as a formal report of Progress against Plan. SP noted the categorisation of the RAG ratings had been further refined in this version of the report.</p> <p>RA, Chair of Delivery and Performance Committee noted that this report had been considered at the February Committee who had been assured that the Health Board has appropriate systems in place to monitor progress effectively.</p> <p>Feedback from Board Members included:</p> <ul style="list-style-type: none"> - Plan on a Page, in terms of public access to documents, is a principle to follow and it was suggested it is rolled out further within the organisation. <p><i>Whilst it can be ascertained that the systems are in place to monitor progress, how can the Board be assured that the performance is 'good enough'?</i></p> <p>SP advised that for those items that are flagged red a comprehensive response is provided by the Director responsible. The report also contains a delivery confidence indicator. 'Good' could be defined as delivering what the plan set out to deliver. Some of red indicators are due to recruitment delays which is always a challenge. It will be necessary to scrutinise the plan and intervene if an area of plan is significantly off and is of detriment to the wider plan.</p> <p>HT noted the Annual Plan is set at a point in time, and it is necessary to take into account in year events which impact upon the plan. The Delivery and Performance Committee have commissioned deep dives and should there any suggested changes to the plan, then these are agreed</p>

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	<p>collectively as a Board. It is necessary to have the ability and agility to adapt when circumstances change.</p> <p>The Board:</p> <ul style="list-style-type: none"> RECEIVED the report and took 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.
<p>PTHB/24/177</p>	<p>SPEAKING UP SAFELY AND RAISING CONCERNS REPORT</p> <p>DWL presented the item which provided 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.</p> <p><i>It is important that those who individuals who raise concerns they are appropriately protected. What support can individuals who raise a concern expect to receive?</i></p> <p>DWL advised that mechanisms are in place; that support is provided for individuals raising concerns; a framework for speaking up safely is developed and reference made to Our Voice, which is a portal for individuals to understand and be reassured should they come forward with concerns. The importance for communication and reassurance so staff feel safe to speak up was stressed.</p> <p>HT welcomed the report drew attention to the intention of the Board to model the open space for staff to be confident in the mechanisms in place.</p> <p>The Board:</p> <ul style="list-style-type: none"> NOTED the progress to date against Speaking Up Safely framework, and APPROVED the policy adoption statement and the revised All Wales Procedure for NHS Staff to raise Concerns.
<p>PTHB/24/178</p>	<p>HEALTH AND SAFETY ANNUAL REPORT</p> <p>CM presented the item which provided an update from 1 January 2022 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.</p>

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	<p>The report was considered and given assurance at February Delivery and Performance Committee.</p> <p>CM brought the below items to the Board’s attention:</p> <ul style="list-style-type: none"> - No Health and Safety Executive enforcements in the last 12 months. - Key challenges around training, noting there is improvement in this area, with a plan for the following year to address the issue. - Strengthened governance and reporting of Health and Safety work through the Workforce and Culture and Patient Experience, Quality and Safety Committees; with an Annual - Report being considered at Board. - Positive assurance from Internal Audit on the work of the Health and Safety Group and the policy framework. <p>The Board:</p> <ul style="list-style-type: none"> • NOTED that the Delivery and Performance Committee received the report on the 29 February 2024 and took ASSURANCE from the report; • RECEIVED and were ASSURED that the organisation implemented its Health and Safety 2022/23 work plan and is implementing the programme for 2024.
<p>PTHB/24/179</p>	<p>SOCIO-ECONOMIC DUTY ASSURANCE</p> <p>MB presented the item which provided an update on the Socio-Economic Duty and assurance regarding the Health Board’s compliance with the Duty. MB brought the key highlights to the Board’s attention:</p> <ul style="list-style-type: none"> - A Toolkit has been developed, and will require ongoing work across the organisation to build on the good progress being made; and - This had been scrutinised by the Planning, Partnerships and Population Health Committee and noted the adoption of the impact assessment. The Committee Chair advised that the Committee gained assurance from the evidence gained in this report. <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the Planning, Partnerships and Population Health Committee received and took ASSURANCE from the report on the 20 February 2024; • Were ASSURED on the Health Board’s compliance with the Socio-economic Duty.

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<p>PTHB/24/180</p>	<p>CORPORATE RISK REGISTER, MARCH 2024</p> <p>HT presented the item which provided 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. It was noted that the Corporate Risk Register will be updated and further developed in-line with the updated annual delivery plan, comments from the structured assessment report and linked to risk appetite.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED 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. • NOTED 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.
<p>PTHB/24/181</p>	<p>REPORT OF THE REGIONAL DIRECTOR Llais</p> <p>The Regional Director of Llais presented her report to the Board and highlighted the below:</p> <ul style="list-style-type: none"> - Llais are hearing from a significant number of people and engagement model, has been really effective; - Future reports will be more interactive, including videos, to move away from lengthy written reports. - Expressed congratulations to HT in the Chief Executive appointment and congratulations to ND in her recent appointment to Director of Social Services and Wellbeing; and - Noted that Social Care is new to Llais, but the team are working closely with the local authority, establishing links, having joined up conversations and ensuring that governance arrangements are met. - Noted that Llais have identified an issue around isolation of carers (adult and young carers) and noted that crosses over both health and social care. <p>The Board NOTED the report.</p>
<p>CONSENT AGENDA BUSINESS</p>	
<p>PTHB/24/182</p>	<p>ASSURANCE REPORTS OF BOARD PARTNERSHIP ARRANGEMENTS</p>

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	<p>A request was received to discuss this item at the Board Meeting.</p> <p>The Board had received an update in respect of the matters discussed and agreed at recent partnership Board to Cabinet and Joint Leadership Team meetings with Powys County Council.</p> <p>IP welcomed the approach to partnership working; working together with the Local Authority is crucial; and wished to hear of the commitment between the two organisations, via the Joint Leadership Team (JLT) and Board to Cabinet meeting. The below was noted:</p> <ul style="list-style-type: none"> - The public sector is facing significant challenges; and the importance of working together as a whole system in order to address challenges and get solutions by working together was stressed. - A number of JLT meetings have taken place, delivering positive joint working – these had given an opportunity to explore both parties commitment to this work; the ways of working in partnership to serve the population of Powys in the best way; and the importance of being aware of decisions of each organisation and how they can impact on others. - A clear direction for Board to Cabinet meetings had been agreed. - Work programmes are being developed. - The Chair and Vice Chair of the Board together with the CEO regularly meets with the Leader and CEO of the Council. <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
<p>PTHB/24/183</p>	<p>Under the Consent Agenda, the Chair of Board read through the recommendations; supported by the Board:</p> <p>ASSURANCE REPORT OF THE BOARD’S PARTNERSHIP ARRANGEMENTS</p> <ul style="list-style-type: none"> - The Board RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meeting (Item 5.1).

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	<p>ASSURANCE REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <ul style="list-style-type: none"> - The Board RECEIVED and NOTED the update on work of the Board's Local Partnership Forum (Item 5.3).
OTHER MATTERS	
PTHB/24/184	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>
PTHB/24/185	<p>DATE OF THE NEXT MEETING:</p> <p>22 May 2024, via Microsoft Teams.</p>
PTHB IC/24/186	<p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>
Present Carl Cooper	Chair
Hayley Thomas Kirsty Williams Cathie Poynton Ian Phillips Rhoert Lewis Ronnie Alexander	Interim Chief Executive Vice Chair Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Independent Member (General)
Pete Hopgood	Director of Finance, Information and IT
Claire Roche Mererid Bowley Stephen Powell	Director of Nursing and Midwifery Director of Public Health Interim Director of Performance and Commissioning
Kate Wright Claire Madsen	Medical Director Director of Therapies and Health Sciences
Debra Wood Lawson	Interim Director of Workforce, OD and Support Services
David Farnsworth	Interim Director of Operations, Community Care and MH
In Attendance Helen Bushell Liz Patterson Katie Blackburn	Director of Corporate Governance Interim Head of Corporate Governance Regional Director Llais
Apologies for absence Jennifer Owen Adams Simon Wright	Independent Member (Third Sector) Independent Member (University)

Chris Walsh	Independent Member (Local Authority)
PRELIMINARY MATTERS	
PTHB IC/24/187	<p>WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting.</p> <p>Apologies for absence were received as recorded above.</p>
PTHB IC/24/188	<p>DECLARATION OF INTEREST No interests were declared in addition to those already declared within the published register.</p>
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/24/189	<p>HISTORIC CONTINUING HEALTH CARE CASES UPDATE Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future.</p> <p>The Committee noted the update and that a further report would be brought to Board In-Committee in May 2024.</p>
PTHB IC/24/190	<p>CORPORATE RISK REGISTER CYBER SECURITY RISK AND NATIONAL POWER OUTAGE Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that are confidential and not in the public interest.</p> <p>Board had approved the Corporate Risk Register in open session and Board RECEIVED the detail of the two confidential risks.</p>
PTHB IC/24/191	<p>MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 31 JANUARY 2024 AND ACTION LOG The minutes of the In-Committee meetings held on the 31 January 2024 were agreed as a true record.</p>

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MINUTES OF THE MEETING OF THE BOARD
HELD ON THURSDAY 11 APRIL 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Philips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Mick Giannasi (MG)	Independent Member
Hayley Thomas (HT)	Chief Executive
Pete Hopgood (PH)	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell (SP)	Director of Planning, Performance and Commissioning
David Farnsworth (DF)	Interim Director of Operations/Community and Mental Health
Kate Wright (KW)	Medical Director
Mererid Bowley (MB)	Director of Public Health
Debra Wood Lawson (DWL)	Director of Workforce and OD
Claire Roche (CR)	Director of Nursing and Midwifery

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Adrian Osborne (AO)	Deputy Director of Communications, Engagement & Corporate Governance
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council
Katie Blackburn (KB)	Regional Director Liais
Stephen Harray (SH)	Chief Ambulance Services Commissioner
Liz Patterson (LP)	Interim Head of Corporate Governance
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Joy Garfitt (JG)	Director of Operations/Community and Mental Health
Claire Madsen (CM)	Director of Therapies and Health Sciences
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member
Chris Walsh (CW)	Independent Member (Local Authority)

PRELIMINARY MATTERS	
PTHB/24/001	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>CC welcomed all participants to this Extra Ordinary meeting of the Board including Stephen Harray, Chief Ambulance Services Commissioner who will be helping with the discussions as part of the business at today's Board meeting.</p> <p>Apologies for absence were noted and recorded as above.</p> <p>CC welcomed all to the meeting.</p>
PTHB/24/002	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made in addition to those already recorded on the register.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/003	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)</p> <p>CC noted that this Board meeting had been convened to consider the Health Board's view on the Emergency Medical Retrieval and Transfer Service (EMRTS) review, where a decision will be taken by the newly constituted NHS Wales Joint Commissioning Committee (JCC), of which HT is a member, along with the other 6 Welsh Health Boards. CC noted that the Board has already had significant involvement in the review, with a number of engagement events and Board briefings on this topic.</p> <p>CC noted that the Board are aware and informed of the work undertaken within the review and of the issues that exist for the Wales Air Ambulance Charity, fully understanding the high levels of engagement from the people of Powys and strength of concerns that have been raised from a</p>

number of stakeholders. CC noted the impact that the process and period of change was having on the Charity and was aware of the strength of feeling within the Powys population. With the county of Powys being a rural county, the population seek assurance that any changes are fit for purpose for the area; the Board need to take into account the evidence and information available to enable any decision and to ensure there is clarity on the distinction between assurance and reassurance. CC finally noted that at the 20 March 2024 Board meeting, the Board had requested additional assurance in a number of critical areas.

HT presented the full recommendations that were considered at the Board meeting on the 20 March 2024; with the key themes being:

- Responding to unmet need;
- Conscientious consideration of the views of the public and stakeholder voice (view of Llais);
- Maintaining the Charity partnership;
- Consideration of the totality of the recommendations including our confidence in the mitigating action being proposed for Recommendation 4; and
- Engagement assurance (66% response rate from the Powys population).

HT noted that Powys Teaching Health Board (PTHB) has formally adopted the Standing Orders of the NHS Wales JCC; HT represents PTHB at the meeting and there is shared responsibility for decisions as a collective duty for the population of Wales.

HT presented the recommendations from the National Review, noting that whilst Recommendation 4 had been updated, recommendations 1-3 are unchanged.

CC expressed thanks to those members of the public that had submitted a question for today's meeting and those have been responded to.

KB noted that further correspondence from Llais has been submitted. The letter that had been discussed at the Board meeting on the 20 March 2024 referenced the insufficient detail in relation to the recommendations and that community of Powys are not assured of the proposed impact of changes. KB noted that the recent letter has been

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shared with the Board and sent to SH which expressed particular concern that a decision is being sought before the work is being undertaken and clarity on how the services would look like for people living in rural and remote areas.

SH advised that a formal response will be provided, working closely with Llais. He noted that:

- the service is a highly specialised service which attends 1% of the 999 incidents;
- the engagement process has been underway for 18 months and a large number of concerns were not about that 1% but about other serious clinical presentations that Powys people felt they were not getting as good a service; hence why recommendation 4 has been included; and
- this is about patient care.

Independent Members and Members of the Board sought assurance by asking the following questions:

Can the Chief Ambulance Commissioner advise, in relation to Recommendation 4, if there is any additional information available, and if so why this has not been provided in the papers that will be considered at the JCC?

SH accepted that additional information was required to be provided to provide assurance; and advised that the additional information sent to Llais will be included in the full report considered by the JCC on the 23 April 2024, along with any additional information arising from the current round of Health Board meetings that were taking place.

How confident is the Chief Executive that it will be possible to sufficiently influence the Task and Finish Group to come up with a solution to satisfy Recommendation 4?

HT noted that should the JCC approve the suite of recommendations the key issue will be the terms of reference for the Task and Finish group. The Health Board will be an equal partner in this, and will fully participate in the process if the recommendations are approved by the JCC.

SH confirmed that the Health Board would be a significant partner in the Task and Finish Group given the degree to which the proposals affected the Health Board area. He advised that work will be in collaboration with PTHB, and should a bespoke service be put in place, how it will align

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with the Health Board's ambitions with the service in the future. The JCC would agree the governance of the Task and Finish Group. Positive engagement with Llais and the public will be necessary in moving this forward in an open and transparent way. Clarity will be required on timescales and accountability of delivery.

Can the Chief Ambulance Services Commissioner assure Board that the information resulting from this exercise will be used when considering performance at WAST given that one of the reasons for the concerns arising is a general dissatisfaction including the performance of WAST and distances involved in the transfer to district general hospitals?

SH advised that:

- rural areas face specific challenges and the reason for the inclusion of the recommendation 4 is an opportunity to start the process to address these;
- there is a need to ensure through the commissioning framework with WAST that the specific needs of rural areas are clear;
- it is acknowledged in Powys that ambulances are out of the area for long time and this results in pressures on the system and affects response time;
- the advantage of recommendation 4 will keep a rapid response type resource in the Powys area and noted that should and will improve response times whilst acknowledging it will not fully deal with issue of poor performance; and
- there are a collection of other schemes that can be used to support improved ambulance responses and it will be necessary to capture these in a formal commissioning framework specific to Powys.

KWi noted there were two issues here, both the proposals for EMRTS and Ambulance Services performance. The community deserves to have better Ambulance response times and those issues should be taken forward regardless of a decision on EMRTS. The additional of recommendation 4 is welcomed as a direct result of engagement and the changes to the wording are recognised. However, assurance is yet to be provided that the revised recommendation mitigates the detriment to the service should the proposals to consolidate the bases be approved.

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KW advised that if the proposal was of benefit to the population of Wales, and not of disbenefit to the population of Powys, it should be supported. The information and additional information has been examined, but the margin of gain for the population of Wales remains questionable, and it does not appear that there will not be disbenefit to rural populations.

Looking at the information, struggling to convince myself that the margin of gain is there for the population of Powys and there not being a disadvantage to rural areas; and asked whether other options have been considered.

SH advised that when reviewing options, 5 factors were looked at (equity; health gain; clinical skills; value for money and affordability) and those were tested, and adjusted through the engagement process. A lot of time has been spent gathering the information.

What assessment or workforce modelling has been undertaken to identify what workforce will be required, including for the bespoke road service? Recognising the challenge in recruiting and retaining staff across all disciplines, what is the confidence in being able to recruit and retain for this bespoke road service?

SH noted that the level of staffing has been testing with the leaders within EMRTS and colleagues in WAST; who see this as an opportunity to enable recruitment in. SH aware of the difficulty to fill in rural areas, but the ability to rotate through the EMRTS service will be an opportunity to attract and retain more highly qualified practitioners and there will be benefits associated with that.

Unmet need is being noted as a driver; and the key to unlocking the service for Powys is recommendation 4, but would have liked to have had more information to clearly see the intent of that recommendation. Could the suggested timeline be brought forward (currently September 2024) to see that work and any mitigation come in sooner to support the comments made around ambulance response times.

SH advised he was happy to write formally around the content of recommendation 4. SH noted that there will be people in Powys that will get a service, if recommendations are approved, and a better red and amber response, within the existing resource envelope. Development will be continually looked at for a better service; making best use of the valuable service.

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KW noted that understanding the scale of the gains is important and noted there are questions around mitigation, knowing how challenging the service is. KW also questioned whether the detail of costs for deriving the different options would be available to view for further understanding.

There are justified concerns that the safety of the communities of Powys would be impacted negatively by the consolidation of the two aircraft bases. We are looking for evidence that alternative road based measures can be put in place which would mitigate that detriment. It would be helpful to understand the assessment of 12% improvement in the service.

Welcome the approach to value, efficiency and improvement in service; but difficulty in supporting the recommendations and asked about governance and process around the development of a proposal.

SH noted that in terms of the proposal of a rapid response solution, allows you to stay within the footprint and then for any transfers out of area it will be ambulance transport. One of the commissioning commitments made is improving transport discharge services. When looking at amber performance, it is quite robust, but not robust enough. When looking at all 999 incidents within Powys, this bespoke service will deal with the 12% (based on red and amber calls) – there is a need to do more work on that in terms of indicative response times. SH confirmed that if you get a service now, you will get a service in the future; and that recommendation 4 will add more to the red and amber. SH noted that when aircraft was deployed; other resources were available and could have responded. SH confirmed that his view is that he can commit to the red line and continue to get that service in the future.

HT recognised the huge amount of work undertaken; reflecting on the response and strength of feeling, there is a level of fear particularly in rural communities about the changes being proposed. The feedback on unmet need shows there is a substantial case for working as a collective on how to best align that service for best outcomes. HT queried whether there is anything that can be done to further expedite the work to get further assurance in particular to recommendation 4; and to respond fully to

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	<p>those concerns that have been raised by Board members at today's meeting.</p> <p>CC read out MG's comments that the Board were not able to support the recommendations at the last Board meeting due to not being assured there was sufficient information to demonstrate that the outcome of recommendation 4 would mitigate the potential negative consequences for people in Powys; that the papers provided today didn't provide additional assurance; noting that from SH's verbal updates suggest there is more information available which might potentially provide that assurance, but without seeing it, is difficult to support the proposals as they stand.</p> <p>CC summarised the comments from today's meeting and whilst the Board accepts and recognised the critical importance of addressing the level of unmet need identified by the review, the Board must be assured that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders, including Llais.</p> <p>The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations.</p> <p>The Board were UNABLE TO SUPPORT the approval of recommendations one to four on the following basis:</p> <ul style="list-style-type: none"> • Insufficient detail and evidence that recommendation 4 will mitigate the loss of the base in Powys and that the proposed road response and/or critical care service will be a sufficient mitigation. • Not yet assured that the representations made by Llais, the national citizen's voice body have been sufficiently answered. <p>The Board are willing to receive further information at the appropriate time once that further detail has been developed.</p> <p>CC thanked everyone for their contribution to the meeting.</p>
OTHER MATTERS	
PTHB/24/004	<p>ANY OTHER URGENT BUSINESS No other urgent business was raised.</p>
PTHB/24/005	<p>DATE OF THE NEXT MEETING: 22 May 2024, via Microsoft Teams.</p>

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Agenda item: 3.5

BOARD		22 May 2024
Subject:	Board Assurance Framework (BAF)	
Approved and presented by:	Helen Bushell, Director of Corporate Governance	
Prepared by:	Helen Bushell, Director of Corporate Governance	
Other Committees and meetings considered at:	Executive Committee – 15 May 2024 (who supported its submission to the Board) Audit and Risk Assurance Committee – 16 January 2024 (principles and approach)	
PURPOSE:		
The paper provides the PTHB Board Assurance Framework (BAF) for the Boards consideration for approval.		
RECOMMENDATION(S):		
The Board is asked to: <ul style="list-style-type: none"> • RECEIVE and APPROVE the PTHB Board Assurance Framework (BAF). 		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The BAF is a key governance tool for the organisation, it seeks to provide assurance to the Board as well as identify gaps in assurance and control.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

The Board is committed to the principles of good governance and recognises the importance of effective assurance and risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

The earlier version of the PTHB Assurance Framework came to a point of review during the pandemic. For a variety of reasons, including the pandemic and then subsequent staffing change, there has been a gap during which a full BAF has not been fully in place. Many of the component parts have been in place and have matured in recent years, including, the

- Risk Management Framework
- Quality and Performance Framework; and
- the overall system of governance deployed by the Board and the Chief Executive in ensuring good governance within the organisation.

The Audit Wales Structured Assessment reports in 2022 and 2023 identify the important role the BAF has for the Board and organisation more widely. Commitment was made within the Integrated Plan for 2023/24 to develop the BAF.

Upon approval of the BAF, further development work is planned to design the physical presentation of the BAF, initially focussing assurance analysis and reporting on:

1. the strategic level risks that present significant risk of failure of the organisations strategy (the corporate risk register)
2. the Boards governance framework

The Board will have an intrinsic role in contributing to the design and presentation of the dashboards and Board Assurance Action Plan (BAAF) to ensure they maximise their use and effectiveness for Board members.

The Audit and Risk Assurance Committee will play a key role in seeking assurance in relation to the ongoing development and effectiveness of the BAF.

Executive Directors and the Executive Committee will also play a key role in the monitoring and implementation of key actions, controls and assurances.

OVERVIEW:

The purpose of the Board Assurance Framework (BAF) is a structured means of identifying and mapping the main sources of assurance in the organisation, and co-ordinating them to best effect. It is intended that through appropriate utilisation of the BAF, the Board can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action as a result.

The PTHB Board Assurance Framework (BAF) is designed to provide the Board with:

1. a systematic and coherent picture of the assurances in place to support the delivery of the organisation's strategic objectives. It essentially maximises the links between assurance, performance management and risk management;
2. an overview of assurance in relation to its governance framework;
3. the opportunity to undertake thematic reviews of assurance to support the Board in its role. For example, a thematic review of 'planning'.

The quality of assurance received by the Board is a key enabler as regards the Board's ability to effectively determine the best use of its resources and the effective achievement of strategic objectives. The BAF articulates the level of assurance required by the Board for each element, identifies gaps in controls and/or assurance and provides structured assurance in relation to risks which are being managed effectively and objectives that are on track to be delivered.

The BAF will test and assess the adequacy of the control and assurance mechanisms in place. The BAF will advise the Board as to whether the arrangements:

- *provide full assurance*: there are sufficient, relevant, positive assurances to confirm the effectiveness of key controls in ensuring risks are managed and objectives met; or
- *reveals gaps in control*: there is a clear conclusion, based on sufficient and relevant work, that one or more of the key controls on which the organisation is relying are not effective; or
- *reveals gaps in assurance*: there is a lack of assurance, either positive or negative, about the effectiveness of one or more of the key controls. This may be as a result of lack of relevant reviews, or concerns about the scope or depth of reviews that have taken place.

The PTHB BAF has been designed using several references of modern and good practice including the Good Governance Guide for NHS Wales Boards and the HM Treasury Three Lines of Defence Model. It is significantly linked to the PTHB Risk Management Framework and includes several recognised principles and models of risk management and assurance mapping. It will equally be unique to PTHB in presentation to meet our own local needs and ensure relevance, useability and effectiveness for our own Board and staff.

NEXT STEPS:

Following Committee consideration, the recommendations will be taken forward to the Board meeting on the 22 May 2024 requesting approval of any changes to the Standing Orders. Any changes will be implemented following Board decision and made available on the website.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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 (15-25)
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.

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BOARD ASSURANCE FRAMEWORK MAY 2024

Document Number:	XXXX	Classification	Corporate
Version No:	Approved by:	Date of Approval:	Date of Issue:
V1.0			2 years from approval
Brief Summary of Document:	This document aims to set out the principles and components that provide the foundation and organisational arrangements for the Board Assurance Framework (BAF) within Powys Teaching Health Board.		
Scope:	<p>This framework applies to Board members and all employees of the Health Board.</p> <p>The framework is informed by the Strategic and Operational plans of the organisation together with the Risk Management Framework which apply to all staff, agency staff; contractors brought in to undertake work on behalf of the health board, works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business.</p> <p>The predominant users of the BAF will be the Board and its Committees.</p>		
To be read in conjunction with:	<ul style="list-style-type: none"> • PTHB Risk Management Framework • PTHB Strategy and Planning Documents 		
Document Owner:	Director of Corporate Governance	Document Author:	Director of Corporate Governance

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Reviews and updates

Version no:	Summary of Amendments:	Date Approved:

Glossary of terms

Term	Definition
Assurance	A positive declaration that something is 'true'. Assurances are therefore the information and evidence provided or presented which are intended to induce confidence that 'a thing' is true amongst those who have not witnessed it for themselves. For an individual to 'be assured', they must trust the assurance(s) they have been provided with and therefore be confident themselves that the thing is true. Assurance, whatever its source, will never be a guarantee that offers absolute certainty.
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or, a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk management framework	Set of components that provide the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder.
Operational risks	Risks that are by-products of the day-to-day running of the Health Board and include a broad spectrum of risks including clinical risk; financial risk (including fraud); legal risks (arising from employment law or health and safety regulation); regulatory risk; risk of loss or damage to assets or system failures; etc. Operational risks are managed by the department or directorate which is responsible for delivering services.
Corporate Risk Register	The PTHB owned risk register that holds in once place the strategic risks to the organisation.

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1. The Board's Statement

The Board is committed to the principles of good governance and recognises the importance of effective assurance and risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

The Board recognises the crucial link between risk management, strategic priorities and plans and the role the Board Assurance Framework has in providing an overview of assurance.

The Board is committed to having a risk management culture that underpins and supports the business of the health board; providing and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and promoting its values.

The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation by:

- Ensuring a dynamic approach to strategic risk management to support achievement of the Health Board's vision, aims, and strategic objectives;
- Fostering an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning;
- Promoting considered risk taking, within authorised and defined limits in-line with the Board's Appetite for Risk;
- Adopting an integrated approach to risk management that includes risks related to clinical care, health and safety, staff wellbeing, financial and business planning, workforce planning, corporate and information governance, performance management, project / programme management, research and development;
- Embedding effective risk management systems and processes within the organisation and promoting the ethos that risk management is everyone's business, with clearly defined roles and responsibilities;
- Creating an environment that is as safe as is reasonably practicable, by ensuring that risks are continuously identified, assessed and appropriately managed, i.e. where possible eliminate, transfer or treat risks to an acceptable level;
- Establishing clear and effective communication mechanisms that enable a comprehensive understanding of risks at all levels of the organisation by the use of directorate, specialist and organisational-wide risk registers; and
- Providing appropriate training to staff to ensure effective implementation of assurance, risk management and governance arrangements.

2. Purpose of the Board Assurance Framework (BAF)

The purpose of the Board Assurance Framework (BAF) is a structured means of identifying and mapping the main sources of assurance in the organisation, and co-ordinating them to best effect. It is intended that through appropriate utilisation of the BAF, the Board can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action as a result.

The development of the BAF will take into account the organisation's existing risk management arrangements.

The effective application of board assurance arrangements to produce and maintain a BAF will help the Board to consider collectively the process of securing assurance that promotes good organisational governance and accountability. The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
- Identifying areas where assurance activities are not present, or are insufficient for our needs (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

3. Health Board Plans

The Health Board has a Five-Year Integrated Plan (April 2024 to March 2029). The plan sets out the work of the Health Board in the short, medium and longer term, to create 'A Healthy, Caring Powys', delivering against the shared long-term Health and Care Strategy for the Powys. It covers the whole range of responsibility for the Health Board in planning and providing healthcare for the people of Powys, both as a provider and a commissioner of those services, in line with the NHS Wales Planning Framework.

The Integrated Plan (2024-29) and its supporting Annual Delivery Plan (2024-25) can be seen on our website - <https://pthb.nhs.wales/about-us/key-documents/>

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

Powys Teaching Health Board has 27 Strategic Priorities. A Plan on a Page has been produced which brings together the vision and objectives for the Plan based on the agreed long term health and care strategy, A Healthy Caring Powys and the Strategic Priorities:

Plan on a page 2024 - 2029

OUR FUTURE VISION IS 2027 AND BEYOND
(IMPROVE HEALTH AND WELLBEING)
WE WILL PUT THE PEOPLE OF POWYS FIRST

WELLBEING
FOCUS ON

EARLY HELP AND SUPPORT
FAST

TACKLING THE 'BIG 4'

JOINED UP CARE
TEAM

Better Together for a Sustainable Model of Care

Whole System Approach to Wellbeing & Prevention

- Develop a whole system prevention plan *across the life course*
- Deliver a Health Protection response including Vaccination

Faster, effective diagnosis and treatment

- Improve access to Primary and Community Care
- Design and Deliver a phased Frailty and Community Model
- Deliver the Planned Care and Diagnostics Programme

Working together across Major Conditions, Physical and Mental Health

- Develop and deliver a Major Conditions Plan *respiratory & circulatory health (cardiac, diabetes, stroke) and cancer*
- Deliver the Mental Health Transformation Programme

Home first and back home fitter and faster

- Improve pathways of care *focused on system flow*
- Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*

Quality is the golden thread across the whole plan

- Underpinned by the Quality Standards: Safe, Timely, Effective, Efficient, Equitable, Person-Centred (STEEEP)
- Delivery of Duty of Quality and Duty of Candour Action Plans
- Interdependencies across the plan in relation to a Value based approach and effective Governance

WORKFORCE FUTURES **DIGITAL FIRST** **INNOVATIVE ENVIRONMENTS** **TRANSFORMING IN PARTNERSHIP**

WG TEMPLATE
Primary & Community Care
Enhanced Care in the Community (Pathways of Care)
Planned Care & Cancer
Mental Health
Urgent and Emergency Care / Six Goals

4. Scope of the Board Assurance Framework

This framework is relevant to Board members and all employees of the Health Board. The framework is informed by the Strategic and Operational plans of the organisation together with the Risk Management Framework which apply to all staff, agency staff, contractors brought in to undertake work on behalf of the health board, students, locums, volunteers, individuals employed on honorary contracts, and other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the Health Board, including those delivered by commissioned and contracted parties.

The predominant beneficiaries of the BAF will be the Board and its Committees.

5. The Board's Appetite for Risk

The Health Board has a Risk Management Framework which forms an important component of this Board Assurance Framework. The Risk Management Framework can be found here - pthb.nhs.wales/about-us/the-board/1/risk-management-framework/

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

Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk.

The Board has limited appetite to risks that materially impact on the quality, safety or access to, services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which the health board operates.

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

The Board's Risk Appetite Statement sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a live document that is regularly reviewed and modified, so that any changes to the organisation's strategy, objectives or its capacity to manage risk are properly reflected. The Board's risk appetite statement can be viewed on the website and is available from [powysdirector@corporategovernance@wales.nhs.uk](mailto:powysdirector@corporategovernance.wales.nhs.uk)

6. The Board Assurance Framework

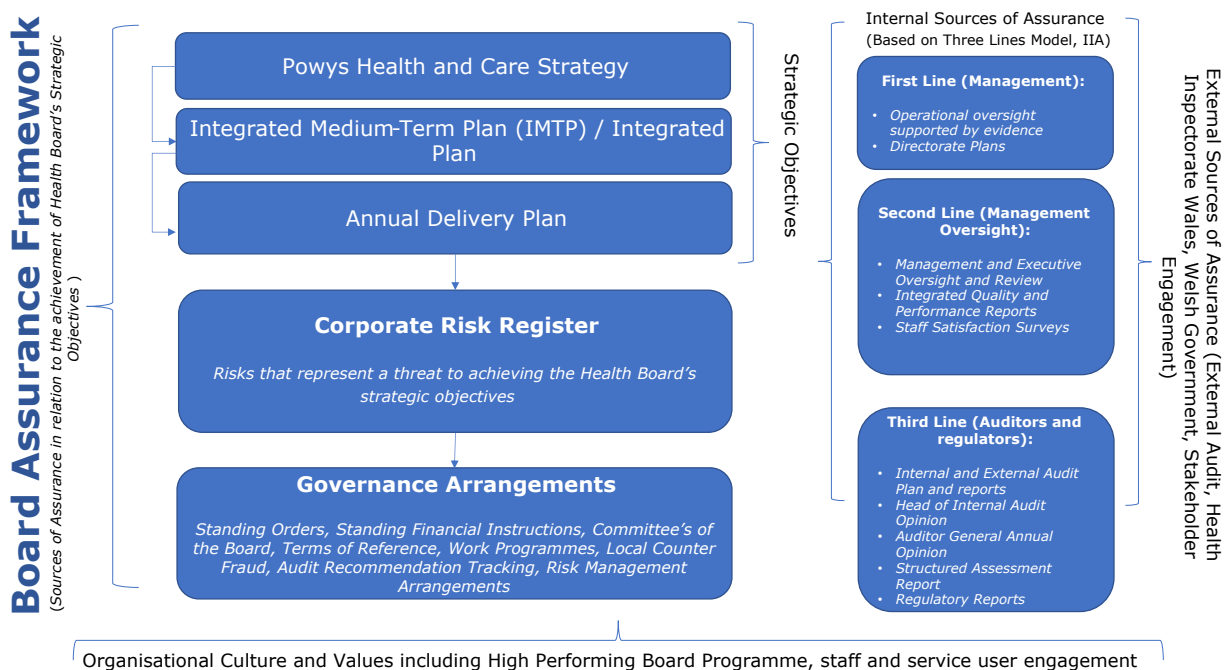
The PTHB Board Assurance Framework (BAF) is designed to provide the Board with:

1. a systematic and coherent picture of the assurances in place to support the delivery of the organisation's strategic objectives. It essentially maximises the links between assurance, performance management and risk management;
2. an overview of assurance in relation to its governance framework;
3. the opportunity to undertake thematic reviews of assurance to support the Board in its role. For example, a thematic review of 'planning'.

The BAF includes the integration of the Three Lines of Defence (assurance)

model. More details can be seen in section seven.

The key components of the BAF can be seen in the diagram below:



There are six steps to supporting the development of the BAF:

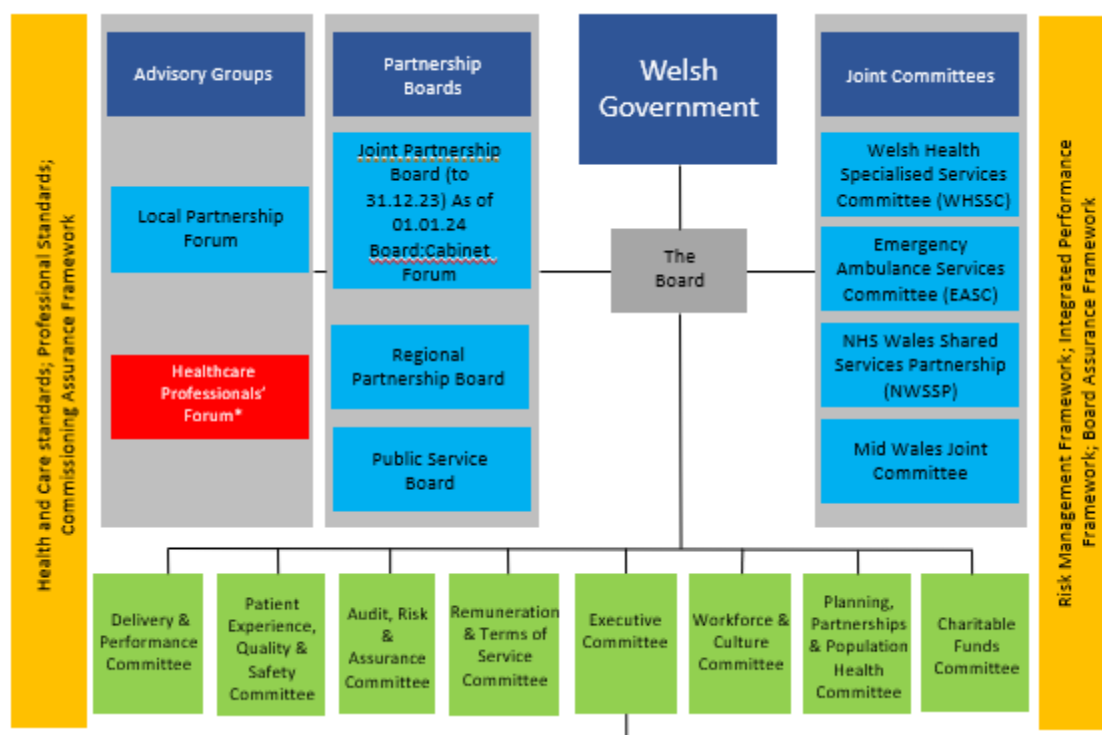
1. Identify key objectives
2. Identify key risks to the delivery of objectives
3. Identify key controls in place to ensure delivery of objectives and manage/mitigate risks
4. Identify sources of controls, their adequacy and operation
5. Assess gaps in controls and gaps in assurance
6. Develop (Board) action plan to address gaps in controls and assurance

The quality of assurance received by the Board is a key enabler as regards the Board's ability to effectively determine the best use of its resources and the effective achievement of strategic objectives. The BAF articulates the level of assurance required by the Board for each element, identifies gaps in controls and/or assurance and provides structured assurance in relation to risks which are being managed effectively and objectives that are on track to be delivered.

Scrutiny of the quality of assurances received is the responsibility of all Board Members and assessment of the effectiveness of internal controls and assurances will be a continuous process. As part of the development of the BAF, a review of assurance effectiveness will be undertaken.

The Health Board’s **Integrated Quality and Performance Framework** helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in local or directorate risk registers or the Corporate Risk Register, dependent upon the level and type of risk.

The BAF contributes to the whole system of governance of the Health Board which is summarised below :



7. Three Lines of Defence

Different sources and types of assurance have different strengths and are best used in different ways. Therefore, the BAF plays a key role in seeking an optimum mix of assurance. The 'Three Lines of Defence' model advocated by H. M. Treasury can help in this respect.

First line of defence (assurance) – operational management

The first line of defence includes the overall risk management systems and control frameworks. It also incorporates the controls over operational processes and outputs. This stage includes controls over day-to-day transactions and periodic controls, for example cut-off procedures at the month or year-end, as well as procedures such as quality control if they are a

regular part of operations. Day-to-day management supervision, for example approval of large transactions, is also part of this stage.

Assurance is given by the knowledge and commitment of the staff operating the controls.

The benefits provided by the first line of defence are that the staff operating the controls know the business and workflow and should be aware of where controls are potentially weak. Building more controls in at this stage can also mean that mistakes are less likely to happen and can be more easily rectified. Effective day-to-day controls relating to information provision should mean that the information provided in external reports and to external auditors is likely to be more reliable.

The main weakness of the first line of defence is lack of independence, that the controls are being implemented by the same staff who are responsible for the operations to which the controls relate. They are effectively certifying their own work (self-review).

Second line of defence (assurance) – management oversight

The second line of defence relates to review by management or specialists that is separate from day-to-day operations. It includes risk and compliance reviews, financial controls over operational departments and oversight of operations by the board. It can also include quality control reviews that are additional to day-to-day quality checks, for example one-off checking of a range of items where there have been customer complaints.

The second line of defence introduces a degree of independence and objectivity, as the reviewers are not staff and managers who are operationally responsible for the areas being reviewed. However, the reviewers are still part of the same management team, working with those being reviewed.

Third line of defence (assurance) – audit and regulators (adapted for PTHB framework)

Internal and External audit is the third line of defence. The effectiveness of audit will depend on the extent of its terms of reference. These could be wide-ranging, covering operational efficiency and effectiveness, compliance and reliability of reporting. As well as looking at systems overall, audit can also focus on specific risks, particularly risks which the first two lines of defence identify gaps in assurance or control. Audit's role is also valuable if there are changes affecting the first two lines of defence, or changes in organisational structures, reporting processes and information systems.

Audit work has the significant benefit of being done by staff who are independent and separate from line management, who are not involved in

operational work and, in the case of PTHB, are not employees of the Health Board. Auditors' independence is strengthened by being able to report directly to the Board and Audit/other committees and being able to discuss issues with the Board and Audit committee without operational management being present where required.

PTHB is also regulated by a number of regulators including Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) and the Medicines and Healthcare Products Regulatory Agency (MHRA), as well as being subject to a number of other compliance and legislative requirements by Welsh Government and other Commissioners, for example the Welsh Language Commissioner and the Future Generations Commissioner. All regulators will also be considered as the third line of defence.

**NB – in other sectors internal and external audit are separated into the third and fourth line of defence, mainly due to internal audit being employees of the organisation. For the purpose of the PTHB BAF, internal and external audit have been combined into the third line of defence given the Health Board does not employ any auditors.*

8. Assurance Reporting

The BAF will test and assess the adequacy of the control and assurance mechanisms in place. The BAF will advise the Board as to whether the arrangements:

- **provide full assurance:** there are sufficient, relevant, positive assurances to confirm the effectiveness of key controls in ensuring risks are managed and objectives met; or
- **reveals gaps in control:** there is a clear conclusion, based on sufficient and relevant work, that one or more of the key controls on which the organisation is relying are not effective; or
- **reveals gaps in assurance:** there is a lack of assurance, either positive or negative, about the effectiveness of one or more of the key controls. This may be as a result of lack of relevant reviews, or concerns about the scope or depth of reviews that have taken place.

The Board Assurance Action Plan (BAAP) supports the BAF. It identifies actions, owners and timescales for the rectification of gaps whilst also recognising areas in which the Board may be willing to tolerate some small gaps in assurance.

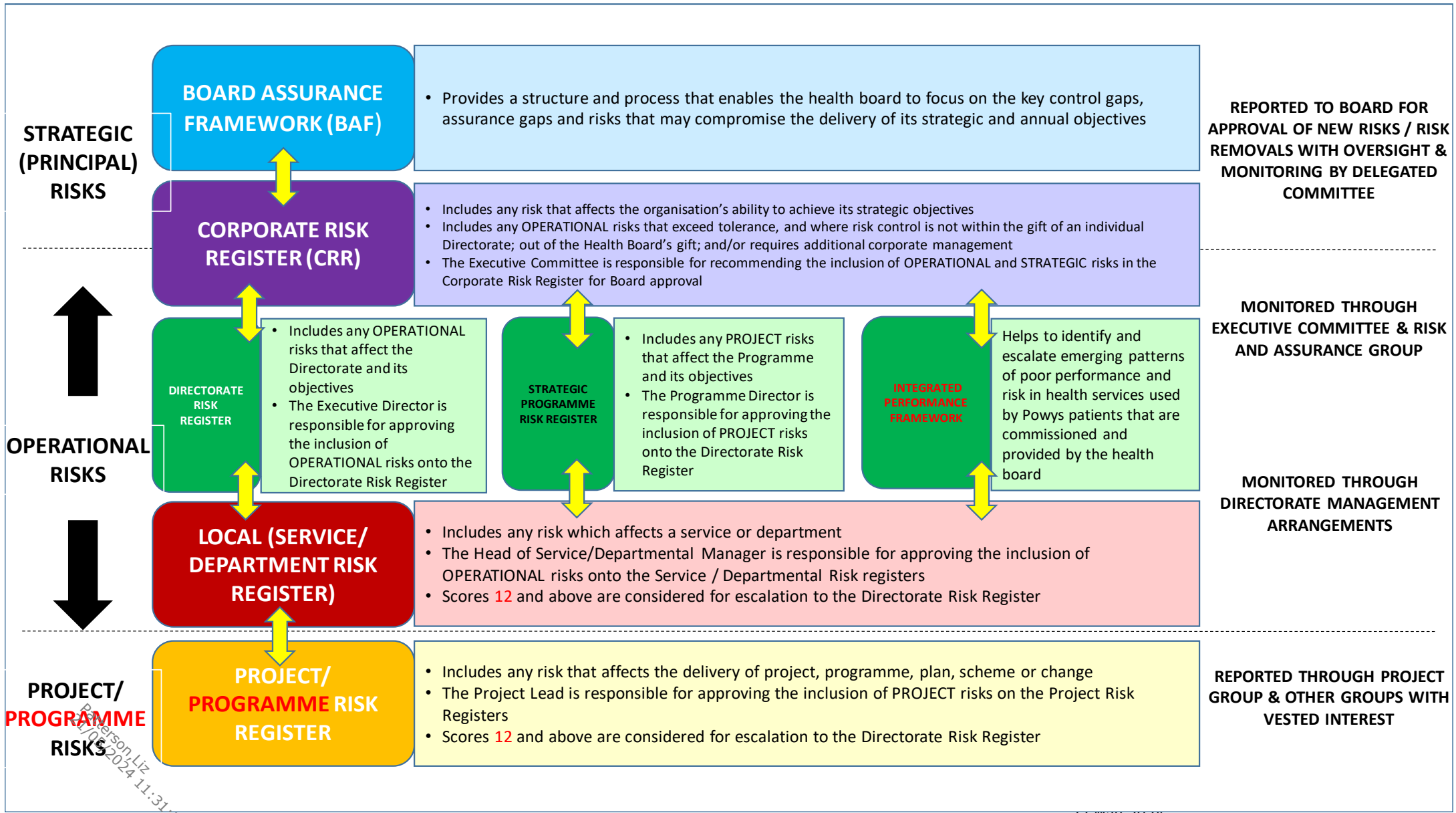
Where gaps in controls or assurance are identified by the BAF, the Executive Committee will review these and either take action that is reported to the Board or will make recommendations to the Board in relation to how those gaps can be closed.

The Corporate Risk Register (CRR) and Board Assurance Framework is reviewed by the Executive Committee in advance of presentation to the Board. The Board receives:

At each Health Board meeting	High Level BAF dashboard Corporate Risk Register
Bi-annually	Full BAF dashboard (which will be incrementally developed)
Annually	Risk appetite statement review

The hierarchy of risk registers used in the Health Board and the relationship between strategic and operational risks is provided below:

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9. Accountabilities and Responsibilities

8.1 The Board

The Board (Executive Directors and Independent Members) has collective responsibility for the setting and achieving of strategic objectives. Key strategic risks are identified and monitored by the Board. The BAF and CRR provide a central record of risks to the delivery of its strategic objectives. It is the duty of the Board to discuss and advise on the format and content of the BAF. It is also the duty of the Board to appropriately monitor PTHB's corporate risks, associated controls and assurances.

The Board is also responsible for ensuring that the health board consistently follows the principles of good governance, ensuring that the systems, policies and people in place to manage risk are operating effectively, focused on key risks and driving the delivery of the health board's strategic objectives. This is the meaning of 'assurance' and is a fundamental principle of good governance and accountability.

The workplans for the Board and each of its Committees will be aligned to the BAF and CRR, ensuring appropriate focus on areas of risk.

In the context of this Framework the Board will:

- demonstrate its continuing commitment to effective assurance and risk management through the approval of this Framework;
- ensure, through the Chief Executive, that the responsibilities for risk management outlined in this document are communicated, understood and maintained;
- take a lead role in 'horizon scanning' for emerging threats/risks to the delivery of the health board's strategic objectives, and ensuring that controls are put in place in response, managing risks to an acceptable level;
- ensure communication with partner organisations on problems involving interdependent risks;
- ensure that appropriate structures are in place to implement effective risk management;
- commit financial, managerial, technological and educational resources necessary to adequately control identified risks;
- ensure that lessons are learned and disseminated into practice from complaints, claims and incidents, and other patient experience data; and
- receive reports from the Committees of the Board in line with terms of reference and workplans of those committees.

The Terms of Reference for the Committees that report to the Board are included on the health board's website:

[Powys Teaching Health Board Committees - Powys Teaching Health Board \(nhs.wales\)](https://www.powys.nhs.uk/committees)

8.2 Individual Responsibilities

All members of staff, and those working on behalf of the health board, have an individual responsibility for managing risk. They must understand and adhere to this Risk Management Framework.

The following individuals have specific responsibility, accountability and authority for risk management, as part of their existing roles:

Chief Executive Officer (CEO)

The CEO is the Accountable Officer of the health board and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements, and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and governance. The CEO has overall accountability and responsibility for:

- ensuring the health board maintains an up-to-date Risk Management Framework approved by the Board;
- promoting a risk management culture throughout the health board;
- ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;
- ensuring that risk issues are considered at each level of business planning, from the corporate process to the setting of staff objectives;
- setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974.

The Welsh Government requires the CEO to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Director of Corporate Governance / Board Secretary

The Board Secretary is the delegated lead for the Board Assurance Framework and risk management in the Health Board, and is accountable for leading on the design, development and implementation of the integrated Board Assurance Framework and Risk Management Framework. The Director of Corporate Governance / Board Secretary will:

- develop and implement the Health Board's Board Assurance Framework and Risk Management Framework;
- lead the embedding of an effective Board Assurance and risk management culture throughout the health board;
- work closely with the Chair; Chief Executive; Chair of the Audit, Risk and Assurance Committee; and Executive Directors to implement and maintain the Frameworks and related processes, ensuring that effective governance systems are in place;

- develop and communicate the Board’s risk awareness, appetite and tolerance;
- lead and participate in the Board Assurance and risk management oversight at the highest level;
- lead the development of, and Chair, the Risk and Assurance Group (established by the Executive Committee);
- work closely with the CEO and Executive Directors to support the development and maintenance of Corporate and Directorate level risk registers; and
- produce the Health Board’s Annual Governance Statement.

Deputy Board Secretary

The Deputy Board Secretary is accountable to the Director of Corporate Governance / Board Secretary and, in relation to Board Assurance, will specifically:

- provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;
- ensure a central system is in place to collate risk registers across the health board, which link to the health board’s Assurance Framework;
- support the management and development of the health board’s Assurance Framework and Risk Management Framework;
- work with directorates and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;
- compile the Corporate Risk Register and Board Assurance Framework, for Executive Committee and Board;
- support the development and functioning of the Risk and Assurance Group; and
- provide training, information and advice to operational staff and corporate functions on risk management and risk registers, ensuring linkage to the Assurance Framework of the organisation.

Executive Directors

Executive Directors are accountable and responsible for ensuring that their respective directorates are implementing this Framework, and related policies/procedures. Each Director will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the health board’s strategic objectives.

Specifically, they will:

- lead the embedding of an effective risk management culture throughout the health board;
- communicate to their directorate the Board’s strategic objectives; and ensure that directorate, service and individual objectives and risk reporting are aligned to these.

- ensure that a forum for discussing risk and risk management is maintained within their area, which will encourage integration of risk management.
- co-ordinate the risk management processes which include risk assessments, incident reporting, the investigation of incidents/near misses, and the management of the risk register.
- ensure there is a system for monitoring the application of risk management within their area, and that risks are treated as required.
- provide reports to the appropriate Committee of the Board that will contribute to the monitoring and auditing of risk.
- ensure staff attend relevant mandatory and local training programmes.
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of reporting.
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post, and that those key objectives are reflected in the individual performance review/staff appraisal process.

In addition, **Clinical Executive Directors** (Executive Medical Director, Executive Director of Nursing, Quality and Family Health, Executive Director of Allied Health Professions, Health Sciences & Digital, and the Executive Director of Public Health) have collective responsibility for clinical quality governance, which includes patient safety, incident management and patient experience and, therefore, have a responsibility to ensure that clinical risks and assurances are appropriately managed in line with this Framework.

Independent Members

Independent Members seek assurance on the effectiveness of processes and the effectiveness of controls through constructive and robust scrutiny of Executive Directors' and senior officers' operational delivery of risk management. The role of Independent Members is not to manage individual risks, but to understand and scrutinise risk management on an informed and ongoing basis.

Additionally, Independent Members chair Board level committees, and in line with the relevant committee Terms of Reference, should provide assurance to the Board that risks within its remit (determined by the CRR and BAF) are being managed effectively by the risk owners, and report any areas of concern to the Board.

Clinical Directors, Assistant Directors and Heads of Service

Clinical Directors, Assistant Directors and Heads of Service are responsible for implementation of the Risk Management Framework and relevant policies and procedures, which support the Health Board's risk management approach.

As Senior Managers of the organisation, Clinical Directors, Assistant Directors and Heads of Service take the lead on risk management, and set

an example through visible leadership of their staff. These responsibilities include:

- Taking responsibility for managing risk;
- Ensuring that risks are assessed where they are:
 - Identified within the working activities carried out within their management control;
 - Identified within the environment within their control;
 - Reported from the staff within their management control.
- Identifying and managing risks that cut across delivery areas;
- Ensuring all incidents/accidents and near misses are reported;
- Monitoring mitigating actions and ensuring action owners are clear about their roles, and what they need to achieve;
- Discussing risks on a regular basis with staff, and through discussions at meetings to help improve knowledge about the risks faced; increasing the visibility of risk management and moving towards an action focussed approach;
- Ensuring risks are updated regularly and acted upon;
- Communicating to the organisation what the health board's strategic risks are;
- Using the risk management process to support prioritisation and decision making;
- Ensuring staff are suitably trained in risk management;
- Promoting a risk aware culture in which staff are encouraged to identify and escalate risk;
- Ensuring that risk management is included in appraisals and development plans where appropriate;
- Ensuring the adoption and operation of the risk management framework across their work area.

Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility, and must be supported and enabled to manage these risks within a structured risk management framework. Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/ward operates. Managers must ensure that their staff understand and implement this Framework and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers must be fully conversant with the health board's approach to risk management and governance. They will support the application of this Framework and its related processes, and participate in the monitoring and auditing process.

All Staff

All staff will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety, and all others that may be affected by the health board's business;
- report all incidents/accidents and near misses;
- comply with the health board's incident and near miss reporting procedures;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work, and the notification to their line manager of any perceived risk that may not have been assessed; and
- be aware of the health board's Risk Management Framework and processes, and the local strategy and procedures, and comply with them.

Contractors employed by the Health Board e.g. capital and estates specialists

It is the responsibility of each contractor employed by the health board to ensure that any staff working on their behalf is fully conversant with the risk management requirements for the activity for which they are engaged.

8.3 Internal Audit

The relationship between Board Assurance, risk management and Internal Audit is critically important. Risk management is concerned with the assessment of risk and the identification of existing and additional controls, whereas Internal Audit's role is to evaluate these controls and test their efficiency and effectiveness. This is undertaken through the Internal Audit programme of work. Accordingly, the Head of Internal Audit will:

- a. Provide an overall opinion each year to the Accountable Officer of the organisation's risk management, control and governance to support the preparation of the Annual Governance Statement;
- b. Focus the internal audit work on the significant risks as identified by management, and audit the board assurance risk management processes across the organisation;
- c. Audit the organisation's board assurance and risk management, control and governance through operational audit plans, in a way that affords suitable priority to the organisation's objectives and risks;
- d. Provide assurance on the management of risk and improvement of the organisation's risk management, control and governance; by providing line management with recommendations arising from audit work.

8.4 Local Counter Fraud Services

The Health Board's nominated Local Counter Fraud Specialist (LCFS) provides assurance to the Board regarding risks relating to fraud and/or corruption. The

health board's Annual Counter Fraud Work Plan, as agreed by the Audit, Risk and Assurance Committee, identifies the arrangements for managing and mitigating risks as a result of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS, and then reported to the Audit, Risk and Assurance Committee as appropriate.

The LCFS works with the Chief Executive, Executive Directors and Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Directorate concerned, and are then escalated through the health board's escalation process.

8.5 Committee Duties & Responsibilities

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee is responsible for overseeing assurance and risk management processes across the organisation, and will have a particular focus on seeking assurance that effective systems are in place to manage risk; that the organisation has an effective framework of internal controls to address strategic (principal) risks (those likely to directly impact on achieving strategic objectives); and that the effectiveness of that framework is regularly reviewed.

The Committee is responsible for monitoring the assurance environment and challenging the levels of assurance in respect of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied upon, and reviewing the internal audit plan in-year as the risk profiles change.

The Executive Committee

The Executive Committee has responsibility for ensuring implementation of the risk management process, and has responsibility for agreeing the risks on the Corporate Risk Register prior to consideration and approval by the Board.

The Executive Committee is responsible for considering the BAF and any amendments to ensure there is appropriate scrutiny and challenge of principal risks, the current controls and assurances in place and the actions to address any gaps in these, prior to the BAF being submitted to the Board for consideration and approval.

It is also the role of the Executive Committee to agree that risks are being managed to an acceptable level, balancing priorities, resources and the risk

to the health board, and recommending the best course of action to manage the risks, to the Board. The Board must be provided with assurance that everything that can be done is being done to reduce the risk, and that there are effective plans and controls in place to manage the situation should the risk materialise. This will help limit damage, control loss and contain costs for the health board. Whilst a risk may be accepted by the Board, the risk owner must ensure that the current control measures will be regularly reviewed to ensure that they remain effective. The Board's risk appetite has a key role in providing guidance as to the level of work that is acceptable to the Board.

The Risk and Assurance Group

The Risk and Assurance Group is a management group of the Executive Committee. The Group reports to the Executive Committee and advises on any risk management issues, including all significant risks arising from activities within the organisation.

The Group is responsible for leading the implementation of the risk, control and assurance processes established within the organisation. The Group will review the processes and report on any weaknesses identified to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (local, directorate and corporate) and the Board's Assurance Framework.

Directorate Risk Management Arrangements

All directorates must have the necessary arrangements in place for good governance, quality, safety and risk management.

Directorates, through management, have responsibility for risks to their services and for putting in place appropriate arrangements for the identification, assessment and management of risks. Directorates are also responsible for developing local arrangements for monitoring risk registers and communicating risk information.

Directorates will be asked to produce assurance information to support both their local delivery of work and provide assurance into the corporate structure of the organisation.

10. Toolkit

To support the Board Assurance Framework, a risk management toolkit is available for staff on the [intranet](#). The toolkit is a means by which the Risk Management Framework is implemented. The toolkit includes:

- Risk Management Process
- Risk Assessment Procedure
- Risk Scoring Matrix
- Risk Register Procedure
- Risk Register Template & Guidance

The toolkit will be further developed to include assurance mapping

11. Assurance and Risk Training

Knowledge of how to ensure effective assurances are in place and to manage risk are essential to the successful embedding and maintenance of both this framework and effective risk management. To support this, and complement the Risk Management Framework, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Governance and Assurance Training	Every 2 years
	Review of Risk Appetite	Annual
Risk & Assurance Group / Senior Managers	Risk and Assurance Awareness Training, including Risk Assessment, Risk Register and Assurance Training	Every 3 Years

12. Monitoring the Effectiveness of the Board Assurance Framework

The Board will receive the Board Assurance Framework and its relevant constituent parts at each of its meetings.

Compliance with this Framework is monitored by the Executive Committee and the Audit, Risk & Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report, for the Boards approval.

The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year.

The Health Board’s assurance and risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

13. References

- The Good Governance Guide for NHS Wales Boards
- HM Treasury Three Lines of Defence Model
- Powys Teaching Health Board Risk Management Framework

Powys THB Finance Department Financial Performance Report Board

**Period 12 (March 2024)
FY 2023/24**

**Date Meeting: 22 May 2024
Item 4.1a**

Patterson, Liz
21/05/2024 11:31:33

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 12 OF FY 2023/24
Approved & Presented by:	Pete Hopgood, Deputy CEO/Director of Finance, Information and IT
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

This paper reports the March 2024 (Month 12) Financial Position, which is also the result for the 2023/24 financial year – subject to External Audit review.

RECOMMENDATION:

The Board is asked to receive the financial report and note that the revenue target control total of £12m deficit and the capital resource limit have been achieved.

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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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	-290	↓
Reported Year To Date financial position – (deficit)/surplus	-12,000	-11,983	↓
Year end – (deficit)/surplus	-12,000	-11,983	↓

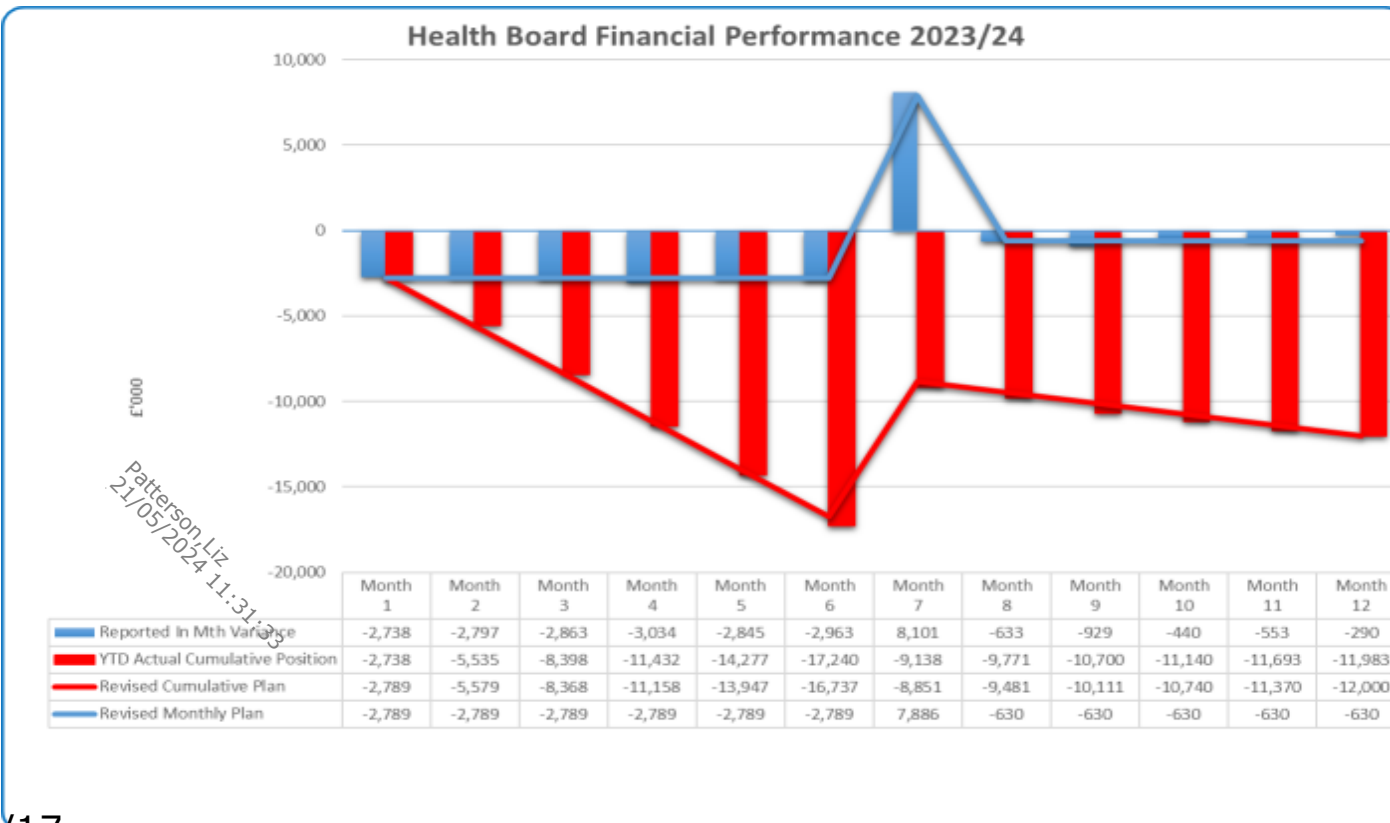
Capital		
	Value £'000	Trend
Capital Resource Limit	6,481	→
Reported Year to Date expenditure	6,456	↓
Reported year end – (deficit)/surplus – Forecast	25	↓

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 12, there is a £11.983m overspend against the revised planned deficit of £12.000m giving the Health Board an operational underspend of £17k.

The capital resource limit for 2023/24 is £6.481m of which £6.456m has been spent, a £25k underspend.

Therefore, the Health Board has achieved the £12.000m deficit control total for revenue and its capital resource limit.



DAY FIVE – Flash

- Agency expenditure of £0.608m in March, continues to improve month on month from high levels experienced this year.
- Overspend on commissioning budget, due to increased emergency activity and cost at providers; plus, transformational savings yet to be found by the organisation.
- CHC costs have increased in month 12, with a net increase of 8 packages of care, giving a total of 329 clients.
- These pressures have been offset this month with reductions in Dental expenditure and slippage on Welsh Government funding.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(419,699)	(419,699)	0
02 - Capital Donations	(196)	(195)	1
03 - Other Income	(7,790)	(11,235)	(3,445)
Total Income	(427,685)	(431,129)	(3,444)
05 - Primary Care - (excluding Drugs)	46,088	45,015	(1,073)
06 - Primary care - Drugs & Appliances	35,379	35,385	7
07 - Provided services -Pay	111,400	113,719	2,319
08 - Provided Services - Non Pay	25,777	21,461	(4,316)
09 - Secondary care - Drugs	1,502	1,322	(180)
10 - Healthcare Services - Other NHS Bodies	164,470	169,299	4,829
12 - Continuing Care and FNC	28,925	30,777	1,851
13 - Other Private & Voluntary Sector	3,742	3,833	91
14 - Joint Financing & Other	9,501	9,407	(94)
15 - DEL Depreciation etc	4,965	4,959	(6)
16 - AME Depreciation etc	7,936	7,937	1
18 - Profit/Loss Disposal of Assets	0	(2)	(2)
Total Costs	439,685	443,112	3,427
Reported Position	12,000	11,983	(17)

There is a £11.983m overspend against the revised planned deficit of £12.000m giving the Health Board an operational underspend of £0.017m.

The most significant adverse variances are on:

- pay budgets at £2.319m - driven by the use of agency, from both on and off contract suppliers, which is running at a much higher than it was last year; and
- commissioned healthcare services at £4.829m - 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.

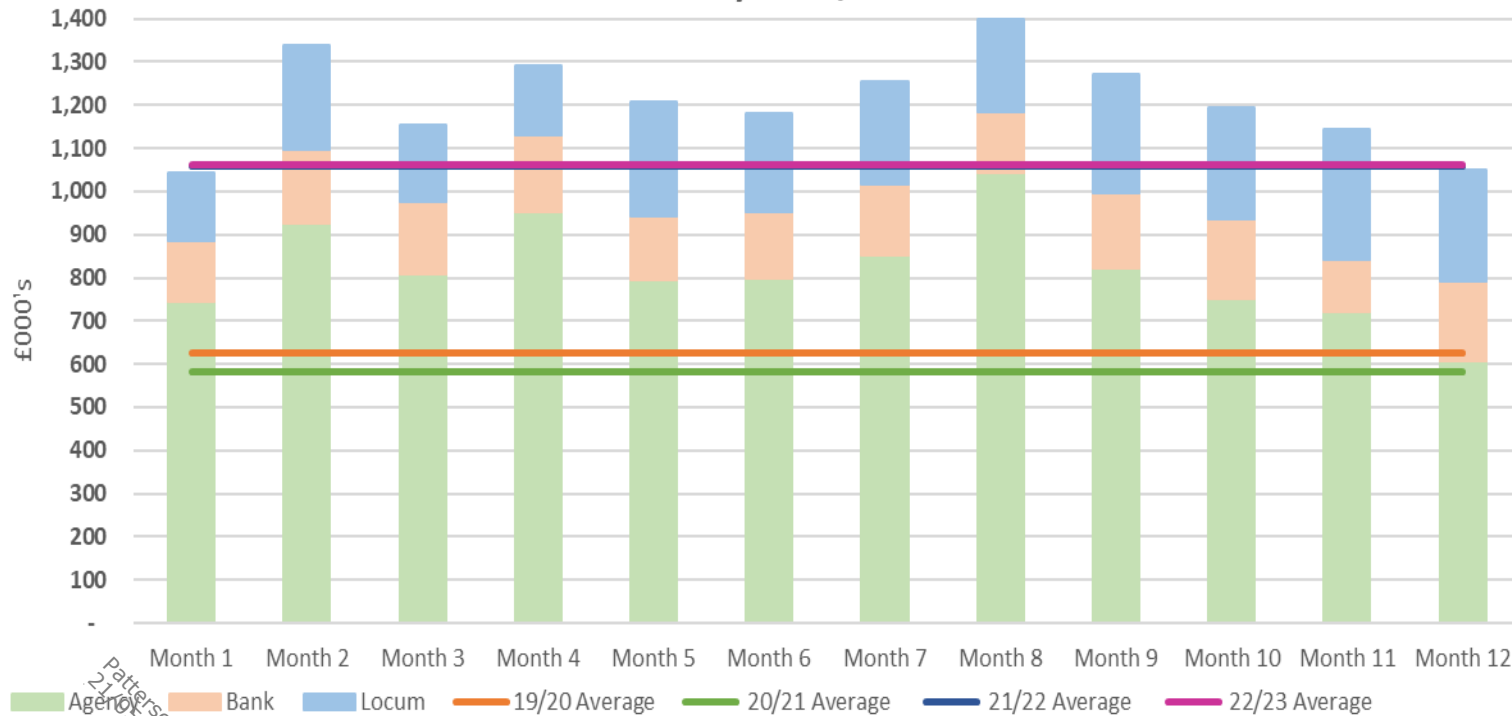
The underspend on non-pay budgets is due to accountancy gains and VAT rebates.

Income from WG of £2.2m for off-setting general medical indemnity costs, accounts for the majority of the income variance.

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 12 YTD pay is showing an overspend of £2.319m against the year-to-date plan. The current level of vacancies is 236 (10%) 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 12 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 11.1% of total pay in Month 11, against the Wales average of 4.4%.
- The HB’s Variable Pay Reduction group is implementing its action plan.

Risks into the next financial year

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures

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

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

A overspend of £4.829m on a budget of £164.470m.

This is due to £1.853m 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	41,466
English Providers	61,013	65,033	71,400
WHSSC / EASC	44,608	48,694	51,263
Other NHS Providers	4,374	4,501	4,370
Mental Health (LTAs Only)	742	851	801
Total	149,274	157,851	169,299

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

- 2023/24 inflation included; Welsh Health Boards 1.5% to cover non-pay / English providers 3.4%.
- 2023/24 Welsh Health Boards based on DoF's 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.
- In this financial year the HB has experienced 6,000 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 £3.537m.

Risks into the next financial year

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

We are focused on this because:

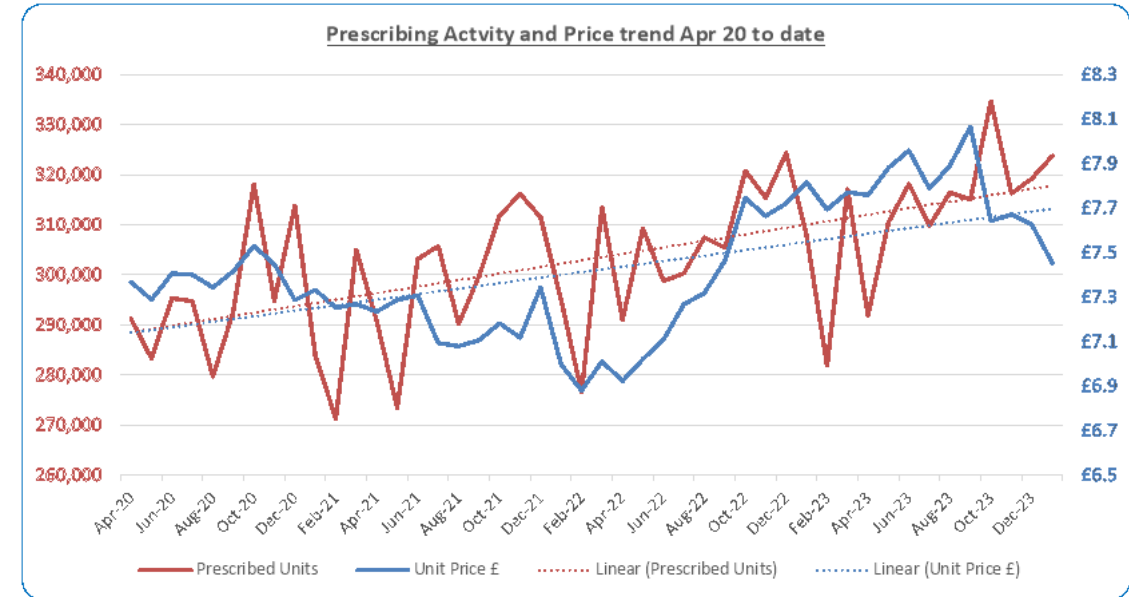
The costs of prescribing have risen significantly since April 2022. This has been driven by both price inflation and increased prescribing activity. Current adverse variance of £0.54m against the prescribing budget of £28.96m pa, will have a material impact on the Health Board’s financial obligations.

Status Update

At Month 12 forecast overspend of £0.544m on 2023/24 budget of £28.9m. Prescribing costs are reported 2 months in arrears. This is a £127k improvement on M11 outturn.

- YTD costs, M1-M10, are £2.035m higher than M1-10 in 2022-23 (7.4%).
- Unit price increase year on year of 4.8% to M10 23-24, driven by NCSO/price concessions. **Unit cost reducing consistently from Oct 23.**
- Prescribing activity steady year on year increase of 2.4%.

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	29,503
Yr on Yr % increase/decrease		4.4%	-1.3%	7.3%	7.4%
Yr on Yr increase £ Total		1,086	-344	1,859	2,035
Yr on Yr increase £ Growth		-109	475	655	687
Yr on Yr increase £ Inflation		1,196	-819	1,204	1,347



Risks & Challenges into the next financial year

- 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 Outturn £'000	Growth 2022/23 to 2023/24 Outturn £'000	Growth 2022/23 to 2023/24 Outturn %
Children	267	151	157	296	324	310	14	4.6%
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,549	1,088	44.2%
Mental Health	7,344	7,801	10,611	13,949	16,487	16,201	2,252	16.1%
Mid Locality	981	925	1,635	1,882	1,560	2,123	241	12.8%
North Locality	1,365	1,537	2,098	2,646	2,907	3,475	829	31.3%
South Locality	1,495	1,958	1,853	1,904	2,068	1,955	51	2.7%
Grand Total	12,410	13,941	17,994	23,138	25,927	27,613	4,475	19.3%
Number of active clients	236	252	294	307	324	329	22	7.2%

D2RA				696	648	201	(495)	-71.1%
FNC	2,218	2,095	1,960	2,131	2,370	2,279	148	6.9%
Total	14,628	16,035	19,954	25,966	28,945	30,093	4,128	15.9%

Year End CHC - Provision for retrospective cases	(20)	683
Total	28,925	30,777

Performance and Action

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

There is an overspend of £1.851m on a budget of £28.925m against Continuing Care and FNC. The number of CHC packages has increased by 8 from 321 to 329 in March.

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 11, the forecast is for a 15.5% increase in costs in 2023/24 compared to 2022/23.

Risks into the next financial year

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2024/25 above what has been 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.

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	128	(1,247)	347%
Nursing	21	42	0	42	0	(21)	202%
Planning & Performance	2,570	959	0	959	2,100	1,611	37%
Primary & Community Care & MH/LD	1,464	603	0	603	1,416	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	0	12,169	4,232	(4,669)	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 £12.169m of Green schemes have been achieved, with a further £4.232m Red pipeline ideas which were not.
- Per the table below, due to the recognition of accountancy gains (non-recurrent), the HB is overperforming against savings profiled to date by £4.435m.
- The recurrent impact of saving schemes at £5.718m, is a shortfall of £1.782m 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

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)
Finance	10	3,008	6,356	3,348	610	6,356	5,747	605	525
Medical	7	568	1,751	1,183	504	1,751	1,247	559	1,895
Planning & Performance	6	959	959	0	2,570	959	(1,611)	448	448
Primary & Community Care & MH/LD	14	851	603	(248)	1,464	603	(860)	855	664
Therapies Directorate	5	129	281	152	211	281	70	59	59
Public Health	4	2,091	2,091	(1)	2,089	2,091	2	2,090	2,089
Workforce & Organisational Development	3	33	34	1	17	34	17	16	17
Chief Executive	4	51	51	0	14	51	37	0	0
Nursing	9	43	42	(0)	21	42	21	22	22
Grand Total	62	7,734	12,169	4,435	7,500	12,169	4,669	4,653	5,718

Risks into the next financial year

Timescales and capacity of teams to deliver the 2024/25 schemes.

What the tables tells us

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

Summary:

The Health Board has achieved the £12.000m deficit control total for revenue and its capital resource limit:

- PTHB is reporting a £11.983m overspend at year end against the revised deficit of £12.000m giving the Health Board an operational underspend of £17k.
- The capital resource limit for 2023/24 is £6.481m of which £6.456m has been spent, a £25k underspend.

However, the underlying deficit of the Health Board is currently reported as £26.3m. This is a worsening position and of real concern. Essentially, this is due to the Health Board having growing recurrent cost pressures, which it has been unable to match with recurrent savings.

Cash related matters:

- Due to having a 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.

Patterson, Liz
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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 2 May 2024.

MMR Narrative

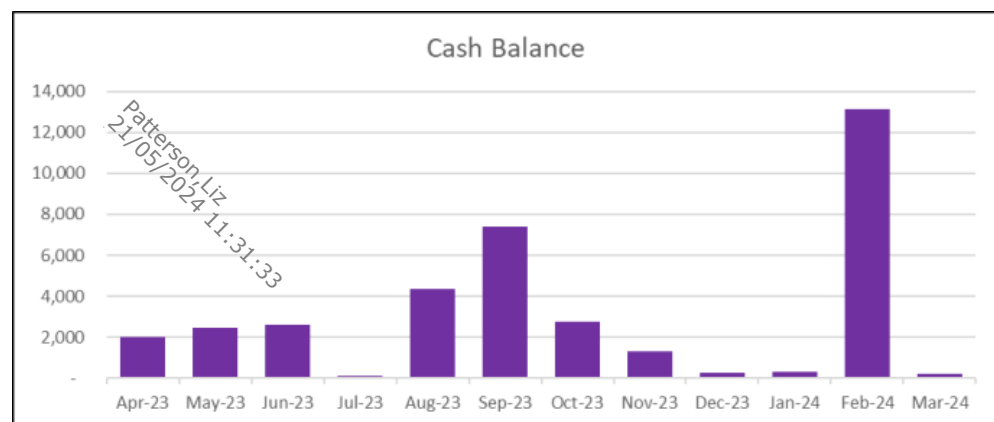
MMR Tables

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st March 2024
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.993	0.993	1.529
EFAB Infrastructure	0.406	0.406	0.326
EFAB Fire	0.107	0.107	0.069
EFAB Decarbonisation	0.378	0.378	0.030
Llandrindod Fees	0.236	0.236	0.236
Replacement Roofing, Bronllys Hospital	1.468	1.468	1.430
Telephony Infrastructure upgrades	0.285	0.285	0.184
Minor Injury Unit Improvements	0.180	0.180	0.166
Diagnostic Equipment	0.120	0.120	0.110
Sanctuary Provision for Children and Young People	0.496	0.496	0.568
Digital Year End Funding - January 2024	0.792	0.792	0.715
DPIF - Digital Medicines Transformation Pre-implementation	0.100	0.100	0.089
Year End Funding - January 2024	0.313	0.313	0.384
Year End Funding - February 2024	0.123	0.123	0.118
Digital Year End Funding - February 2024	0.192	0.192	0.190
IFRS16 Leases	0.292	0.292	0.312
Donated assets - Purchase	0.130	0.130	0.195
Donated assets (receipt)	(0.130)	(0.130)	(0.195)
TOTAL APPROVED FUNDING	6.481	6.481	6.456

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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	14,378
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(106)	(198)	(237)	(145)	(183)	(138)	(153)	(80)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	19	19	1,135	5	104	1,127	24	2,061
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	176	472	518	731	624	5,415
Income from other Welsh NHS Organisations	1,137	509	489	875	687	363	867	698	525	860	754	658
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	1,553
Total Receipts	39,303	36,149	43,020	35,746	37,070	37,201	31,600	36,775	38,864	34,733	49,927	23,985
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	2,673
Primary Care Services : Pharmacy Services	904	0	845	0	366	815	0	407	944	0	386	597
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	0	1,534	2,985	0	1,522	2,946	0	1,453	1,494
Primary Care Services : General Dental Services	307	465	545	628	488	439	585	463	370	593	98	183
Non Cash Limited Payments	81	81	88	85	75	89	96	96	126	92	148	134
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	8,627
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	19,236
Capital Payment	53	73	228	131	28	162	275	294	45	633	743	3,986
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	36,930
NET CASH FLOW IN MONTH	743	427	160	(2,480)	4,217	3,062	(4,641)	(1,424)	(1,077)	58	12,847	(12,945)
Balance c/f	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	313	13,160	215



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

	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr-23	Mar-24	Mar-24
	£'000	£'000	£'000
Tangible & Intangible Assets	104,855	101,209	101,209
Trade & Other Receivables	18,154	10,351	10,351
Inventories	147	211	211
Cash	1,268	215	215
Total Assets	124,424	111,986	111,986
Trade and other payables	50,353	47,383	47,383
Provisions	15,842	4,501	4,501
Total Liabilities	66,195	51,884	51,884
Total Assets Employed	58,229	60,102	60,102
Financed By			
General Fund	11,604	10,515	10,515
Revaluation Reserve	46,625	49,587	49,587
Total Taxpayers' Equity	58,229	60,102	60,102

The decrease in provisions at 31st March 2024 in comparison to 31st March 2023 is mainly due to the finalisation and payment in year of an Ex Health Authority Clinical Negligence case.

This case is fully funded via the Welsh Risk Pool but Powys THB have the requirement to account for all Ex Health Authority cases within its accounts.

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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

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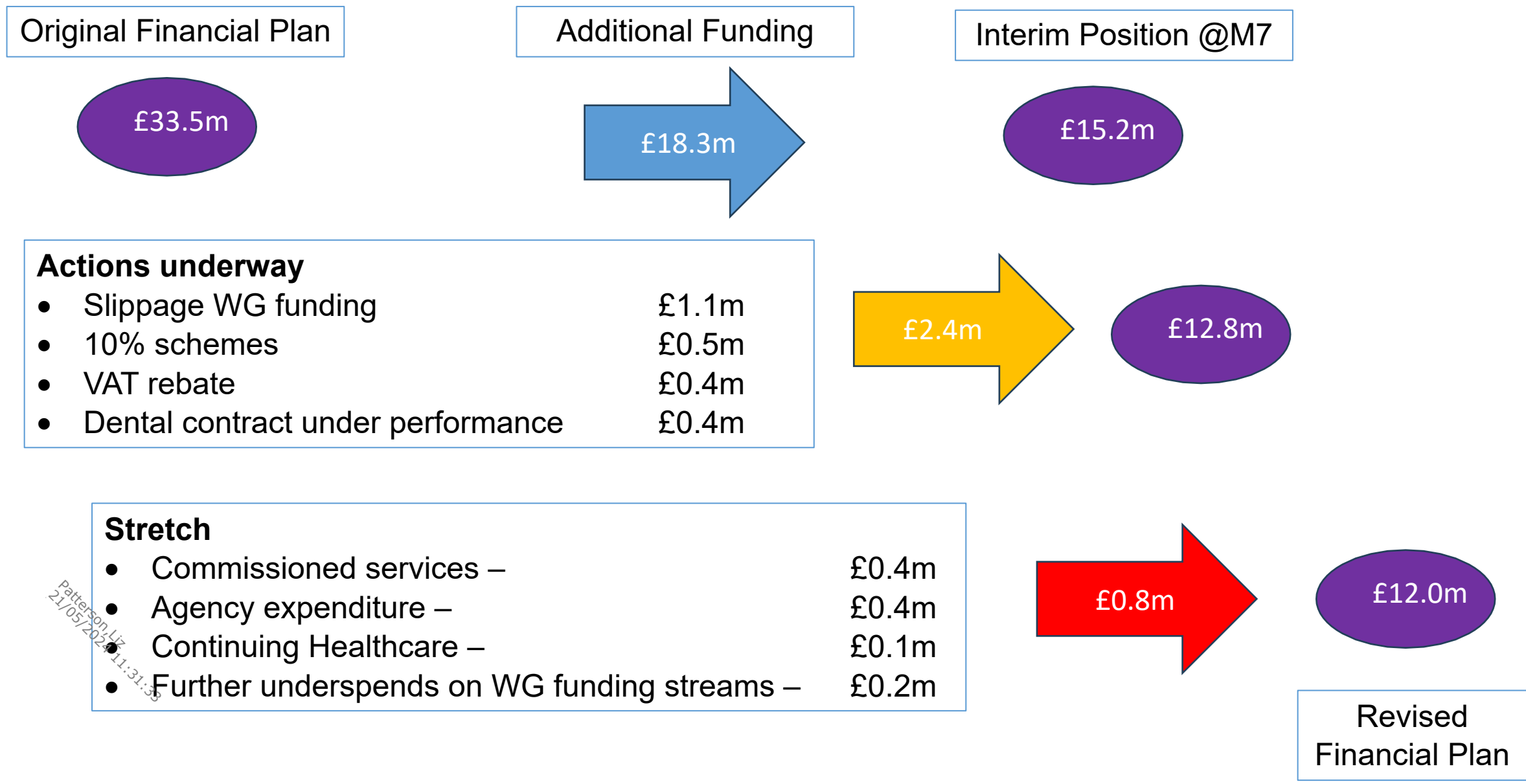
The original 2023/24 Financial Plan was a deficit of £33.5m

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.



Patterson, Liz
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Powys THB Finance Department Financial Performance Report Board

**Period 01 (April 2024)
FY 2024/25**

**Date Meeting: 22 May 2024
Item 4.1b**

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Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-2,079	-2,391	↑
Reported Year To Date financial position – (deficit)/surplus	-2,079	-2,391	↑
Year end – (deficit)/surplus	-24,948	-24,948	→

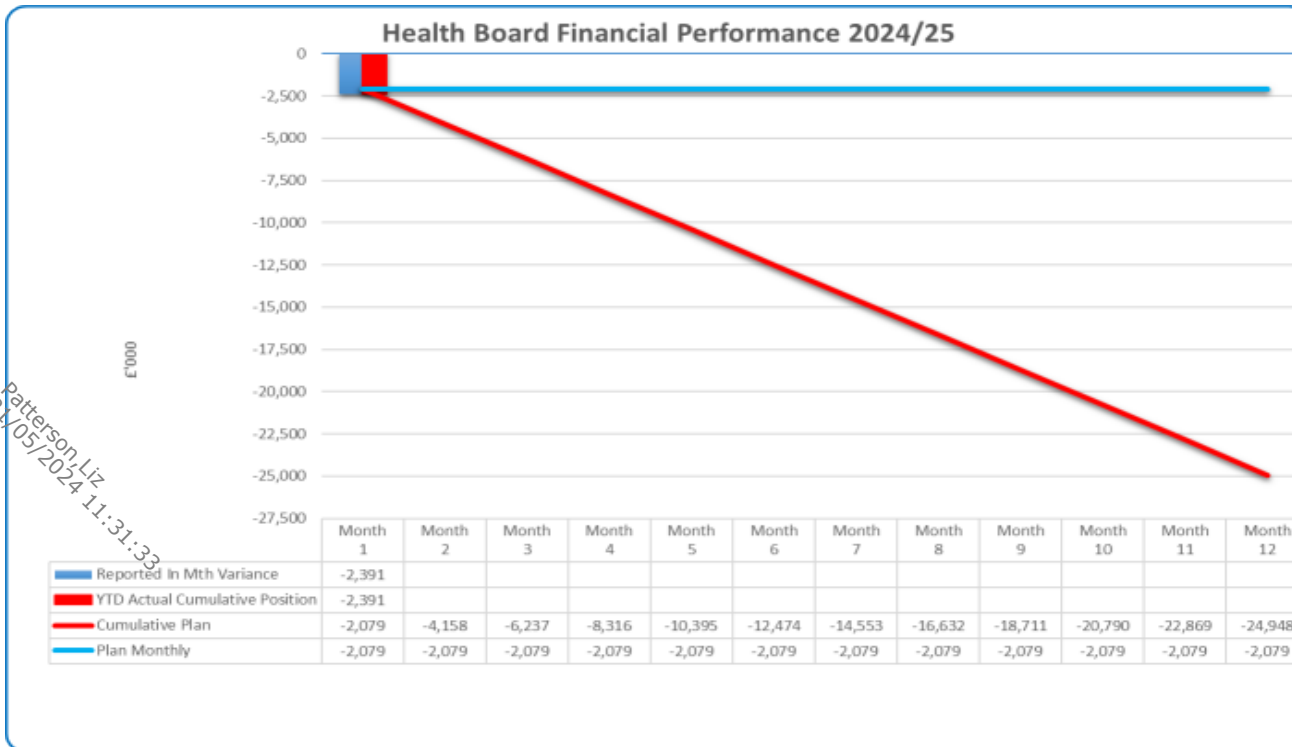
For month 1 this is a high level summary of the revenue financial position. A fuller report containing trend analyses will be presented from month 2 onwards.

Powys THB 2024/25 Plan was agreed by the Board and submitted to WG on 31 March 2024. It included a financial deficit of £24.948m.

At Month 01, there is a £2.391m overspend. This comprises a twelfth of the planned deficit of £2.079m plus an operational overspend of £0.312m.

The year end forecast is in line with the submitted plan at £24.948m

The position in respect of capital expenditure is reported from Month 02 onwards.



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GIG
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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 4.2

The Board		DATE: 22 May 2024
Subject:	Powys Teaching Health Board Integrated Performance Report – Month 12 (March 2024)	
Presented by:	Executive Director of Planning and Performance	
Approved by:	Executive Director of Planning and Performance Assistant Director of Performance and Commissioning	
Prepared by:	Head of Performance Administrative Officer, Integrated Performance	
Other Committees and meetings considered at:	Executive Committee	
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 March 2024 (month 12).		
RECOMMENDATION(S):		
The Board is asked to:		
<ul style="list-style-type: none"> • 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. 		
Approve/Take Assurance	Discuss	Note
Y	Y	Y

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The IPR covers the span of the Health Boards objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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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 12 (March 2024) including all measures. Month 12 will be the last IPR using the 2023/24 NHS Performance Framework and it should be noted that from month 1 2024/25 the IPR will be replaced with the Integrated Quality & Performance report (IQPR) and report the NHS Performance Framework for 2024/25 and other key measures.

Using the supplied data and narrative within the month 12 IPR 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 12 (March 2024)

At the end of March 2024 (month 12) the health board has reported a significantly improved planned care position for referral to treatment (RTT) but unfortunately remained non-compliant against key and challenging PTHB set target trajectories for the Ministerial priority measures. Non-compliant measures included patients waiting over 36 weeks for a new outpatient appointment (91 breaches reported), patients waiting more than 52 weeks for treatment (23 breaches reported), and patients waiting more than 104 weeks for treatment (1 breach reported). Positively no patients were waiting in March for a new outpatient appointment over 52 weeks a significantly challenging achievement. Other key improvements include diagnostics which reported a reduced 116 patients total waiting over the 8-week target, of which 3 patients breached for non-obstetric ultrasound (NOUS), 15 patients breached on endoscopy pathways, and 98 patients breached target for echocardiograms. Therapies has also reported a significantly improved reducing total breaches (135) with the biggest challenge in Audiology where 123 breaches patients waited over 14 weeks. Further limited breaches were reported in Occupational Therapy (9), and 3 for routine podiatry. The service remains challenged by sickness and vacancies but has also reported that no paediatric patients wait beyond target with 100% compliance. Powys as a provider of planned care has key challenges, and in summary the in-reach model of care is highly fragile especially for General Surgery & ENT with significant capacity pressures that are often outside of the health boards control e.g., in reach consultant turnover and sickness, or reliance on complex diagnostics in acute provider facilities e.g., MRI, CT, Pathology etc. that delay a patient's pathway. As actions to bolster health board capacity and provide high quality patient care whilst working toward national compliance additional sessions are provided using waiting list initiatives, locum recruitment for vacancies, and use of private providers for both in and outsource care pathways, this action is planned to continue into Q1 2024/25.

Following a review of quality, safety and governance arrangements, in March 2024 the Executive Committee agreed that PTHB Mental Health Services be placed into an escalated status (internal within PTHB). An improvement plan

has been developed responding to issues highlighted through the review with an Escalation Oversight mechanism enacted within PTHB to support this process.

For the health board provided Mental health services Q4 has been very challenging, but for patients under 18 in March key part 1a assessment (98.0%), 1b intervention targets (100%), and care treatment plans (CTP) for residents receiving secondary care service (97.0%) targets have been achieved, but Neurodevelopment pathways remain challenged where only 42.2% of patients wait under 26 weeks to start an ADHD or ASD assessment against the national 80% target. For adult mental health part 1a assessments improved but was not compliant reporting 60.8%, and CTP compliance was reported at 80.0% in March. It should be noted that part 1b reported 91.1% greatly improved and exceeding 80% target from the start of Q4.

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.

Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services 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 linked to the fragility of planned care services and onward treatment pressure in acute care providers.

For emergency care Welsh Ambulance performance times remain poor with 45% of calls meeting the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. However, all acute units in both England and Wales report challenging performance. Welsh performance in this aspect is slightly better for residents but a significant number of patients wait beyond 4 hrs within emergency care departments.

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 12 (March 2024) 48 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework, with 10 of the measures escalated and 15 highlighted as exceptions (20 meeting target, 3 measures having insufficient data to determine compliance):

Escalated

- Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment.
- Number of patients waiting more than 8 weeks for specified diagnostic.
- 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 104 weeks for treatment
- Number of patients waiting more than 52 weeks for treatment.
- Children/Young people neurodevelopmental waits.
- Health Board residents over 18 in receipt of secondary mental health services who have a valid care and treatment plan.

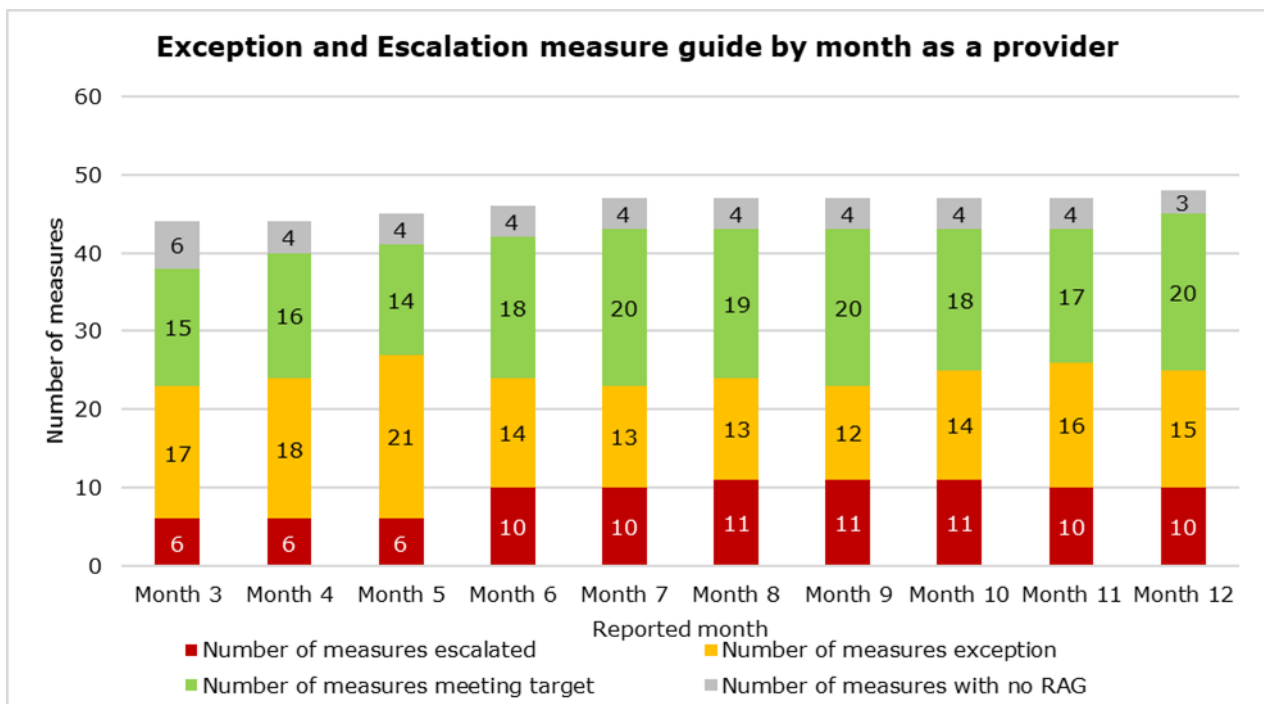
Exceptions

- Percentage of adult smokers who make a quit attempt via smoking cessation services.
- Percentage of children up to date with scheduled vaccinations by age 5.
- Percentage of girls receiving HPV vaccination by age 15.
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over.
- Percentage uptake of COVID-19 vaccination for those eligible.
- Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17.
- Percentage of primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)
- 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.
- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.
- Median emergency response time to amber calls.
- 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.**
- 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.**
- Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.
- PADR Compliance.
- Percentage of calls ended following WAST telephone assessment (Hear and Treat).
- Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.

- Number of patient safety incidents that remain open 90 days or more.

Exception and escalations graph for 2023/24 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.



Ministerial Priorities 2023/24

At the end of March 2024, the health board is not meeting seven of the nine applicable Ministerial priority submitted trajectories. Of the targets to drive performance improvement 25% are compliant (2 of 8). One planned care target was achieved for patients waiting more than 52 weeks for a new outpatient appointment (this was a significant challenge for service to achieve). But all other planned care measures did not achieve their year-end PTHB set targets as for 2023/24.

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Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	98	97	100	74	53	85	82	83	58	88	99	86
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4	19	42	60	80	18	19	22	13	0
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112	126	159	197	257	222	213	192	148	91
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0	0	0	0	0	0	0	0	0	1
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14	29	52	75	99	56	58	62	48	23
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117	134	152	139	132	190	192	168	143	116
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265	418	511	499	390	288	343	290	197	135
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667	1660	1683	1624	1575	1533	1568	1627	1256	1223

NEXT STEPS:

For 2024/25 financial year the Integrated Performance Framework will be revised and evolve into the Integrated Quality and Performance Framework (IQPF). Aligned to this work the Integrated Performance Report (IPR) will be revised to the Integrated Quality and Performance Report (IQPR) with the inclusion of further quality focused assurance and will reflect updated escalation process. This update to the performance report will include the new measures for 2024/25 but Month 12 performance will still be provided to the Board for May-24 aligned to the 2023/24 NHS Performance framework.

The Performance & Commissioning 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 2024/25 for Powys provider, English and Welsh commissioned services.

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IMPACT ASSESSMENT - NOT REQUIRED FOR THIS REPORT

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 (15-25)
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.

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Powys Teaching Health Board

Integrated Performance Report

Month 12 – Updated 17/05/2024

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)

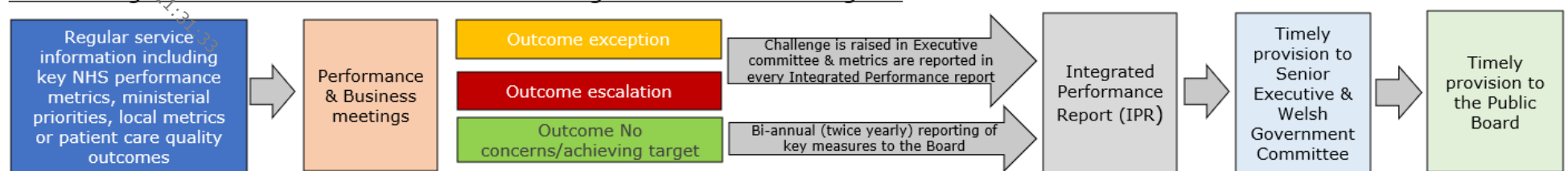
This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities 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. **Please note that this will be the final version of the IPR following the revision of the Integrated Performance Framework for 2024/25 including revised business rules and escalation framework.**

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)

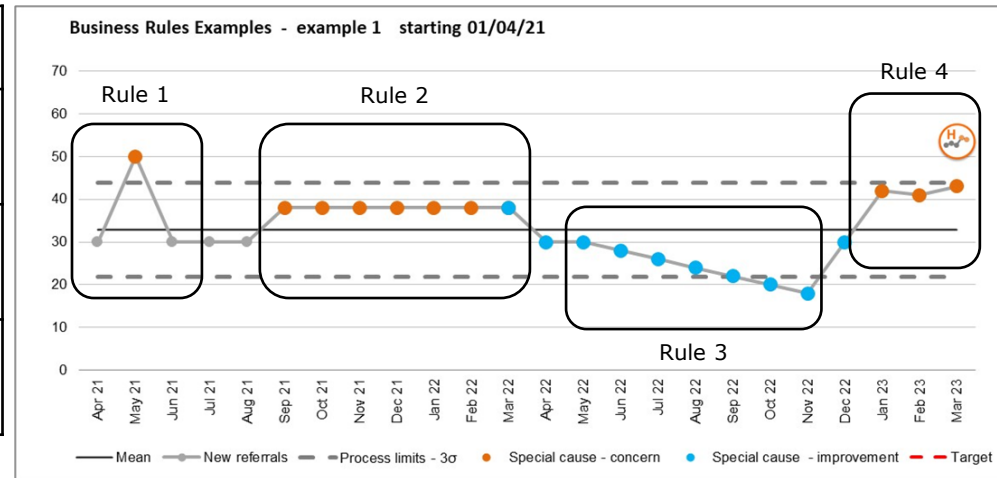
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess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

Key facts for SPC

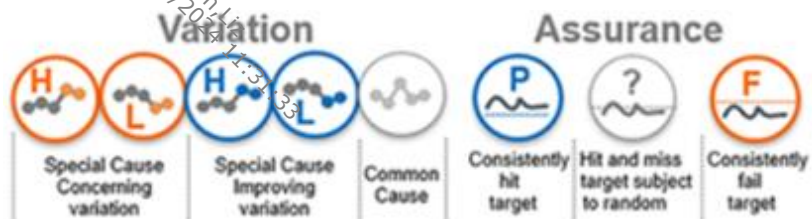
- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) 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

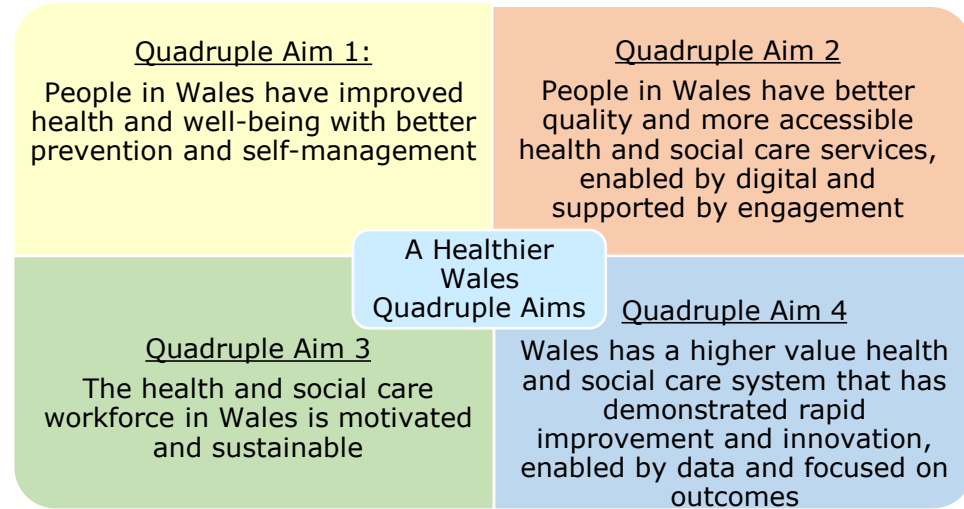




What is the NHS Performance Framework?

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.

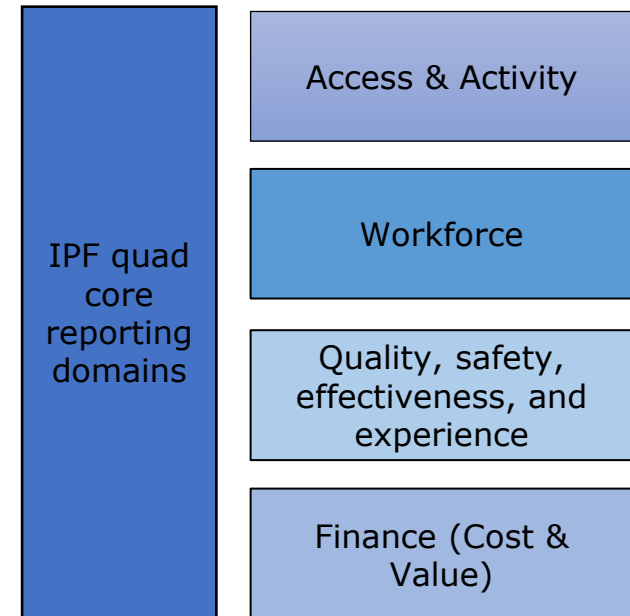


What is the Integrated Performance Framework (IPF) in Powys?

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 12 (March 2024)

At the end of March 2024 (month 12) the health board has reported a significantly improved planned care position for referral to treatment (RTT) but unfortunately remained non-compliant against key and challenging PTHB set target trajectories for the Ministerial priority measures. Non-compliant measures included patients waiting over 36 weeks for a new outpatient appointment (91 breaches reported), patients waiting more than 52 weeks for treatment (23 breaches reported), and patients waiting more than 104 weeks for treatment (1 breach reported). Positively no patients were waiting in March for a new outpatient appointment over 52 weeks a significantly challenging achievement. Other key improvements include diagnostics which reported a reduced 116 patients total waiting over the 8-week target, of which 3 patients breached for non-obstetric ultrasound (NOUS), 15 patients breached on endoscopy pathways, and 98 patients breached target for echocardiograms. Therapies has also reported a significantly improved reducing total breaches (135) with the biggest challenge in Audiology where 123 breaches patients waited over 14 weeks. Further limited breaches were reported in Occupational Therapy (9), and 3 for routine podiatry. The service remains challenged by sickness and vacancies but has also reported that no paediatric patients wait beyond target with 100% compliance. Powys as a provider of planned care has key challenges, and in summary the in-reach model of care is highly fragile especially for General Surgery & ENT with significant capacity pressures that are often outside of the health boards control e.g., in reach consultant turnover and sickness, or reliance on complex diagnostics in acute provider facilities e.g., MRI, CT, Pathology etc. that delay a patient's pathway. As actions to bolster health board capacity and provide high quality patient care whilst working toward national compliance additional sessions are provided using waiting list initiatives, locum recruitment for vacancies, and use of private providers for both in and outsource care pathways, this action is planned to continue into Q1 2024/25.

Following a review of quality, safety and governance arrangements, in March 2024 the Executive Committee agreed that PTHB Mental Health Services be placed into an escalated status (internal within PTHB). An improvement plan has been developed responding to issues highlighted through the review with an Escalation Oversight mechanism enacted within PTHB to support this process.

For the health board provided Mental health services Q4 has been very challenging, but for patients under 18 in March key part 1a assessment (98.0%), 1b intervention targets (100%), and care treatment plans (CTP) for residents receiving secondary care service (97.0%) targets have been achieved, but Neurodevelopment pathways remain challenged where only 42.2% of patients wait under 26 weeks to start an ADHD or ASD assessment against the national 80% target. For adult mental health part 1a assessments improved but was not compliant reporting 60.8%, and CTP compliance was reported at 80.0% in March. It should be noted that part 1b reported 91.1% greatly improved and exceeding 80% target from the start of Q4.

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.

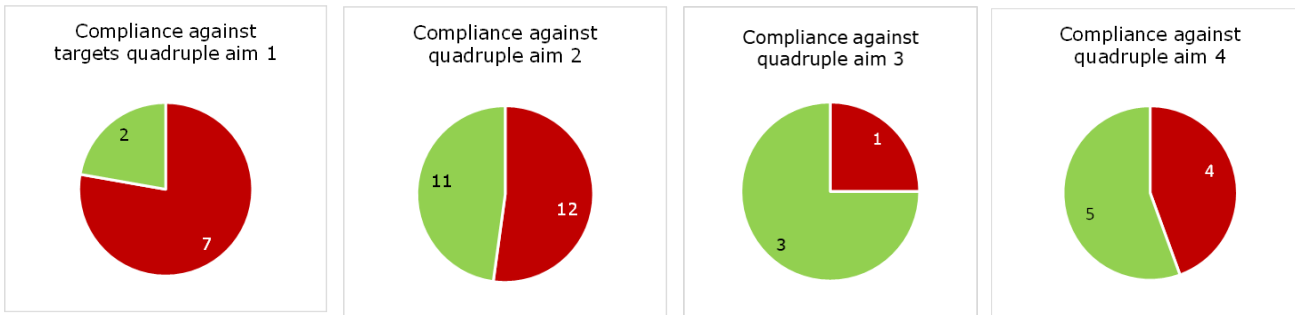
Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics, there is a significant challenge with Powys cancer pathways linked to the fragility of planned care services and onward treatment pressure in acute care providers.

For emergency care Welsh Ambulance performance times remain poor with 45% of calls meeting the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. However, all acute units in both England and Wales report challenging performance. Welsh performance in this aspect is slightly better for residents but a significant number of patients wait beyond 4 hrs within emergency care departments.

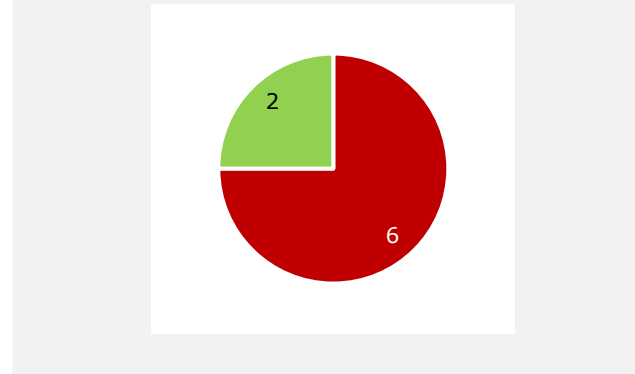
Visual summary of performance at month 12 (March 2024)

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.

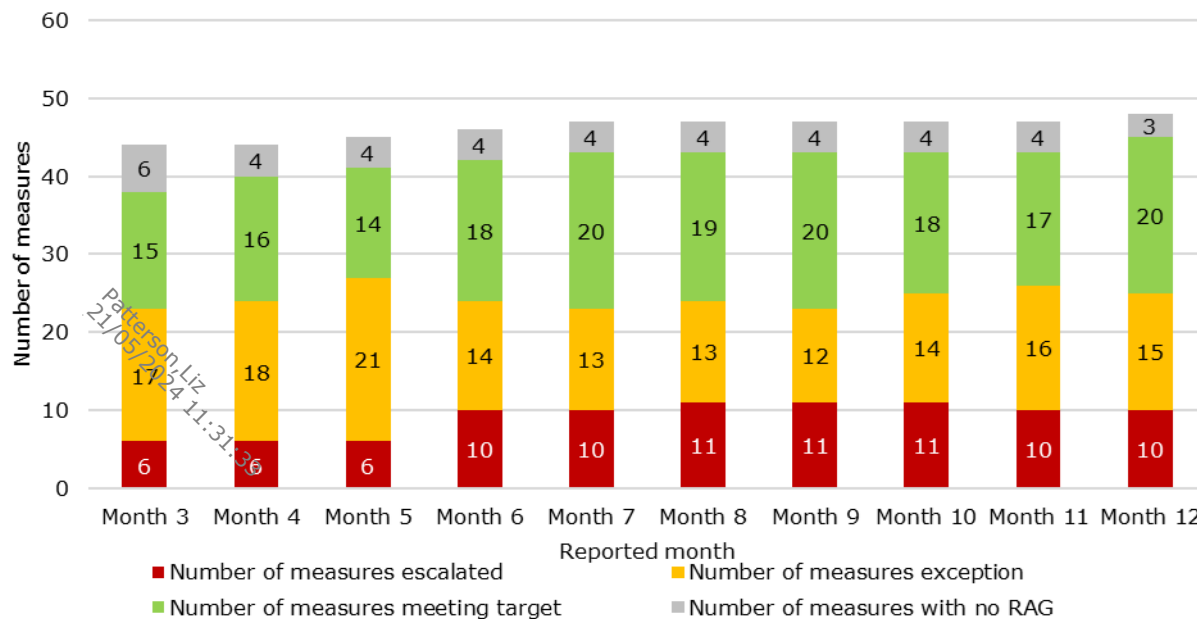
Compliance against NHS Performance Framework measures at month 12 by quadruple aim area.



Compliance against Ministerial priority trajectories Mar-24



Exception and Escalation measure guide by month as a provider






- In Month 12 (March) 48 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	Jan-24	90%	6.3%	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					
Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target. Service extremely fragile with reliance on central capacity via Bowel Screening Wales (BSW), further challenges with recruitment of local specialist screening nurses.		Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team. Continue with regional planning discussions around endoscopy which in turn supports bowel screening. Requested capacity for symptomatic and screening from commissioned health providers via the contract quality performance review meetings (CQPRM's).					
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Mar-24	PTHB trajectory 0	116	Jan-20		TBA 2024/25
Why is this an escalated metric?		This metric has been escalated as it continues not to achieve 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 linked to in-reach fragility.					
Key performance drivers		Key actions to recover					
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. South Powys Cardiology service (echo cardiogram scans) increased demand following clinical practice change e.g., straight to test prior to outpatient appointment.		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. Ongoing Executive level discussions around service sustainability and joint work with CTMUHB February 2024 ongoing. Echo cardiogram capacity via PTHB employed technician, and to support NOUS PTHB have appointed own Sonographers.					
27	Number of therapy breaches 14+ weeks	Mar-24	PTHB trajectory - 0	135	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					
<ul style="list-style-type: none"> Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service. OT Hand Therapy single point of failure and long-term sickness Audiology (North) provided under SLA by Betsi Cadwaladr University Health Board (BCUHB) under validation. 		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. Working with Robert Jones and Agnes Hunt NHS Trust to resolve Podiatric Surgery challenge. Planned full recovery estimate for services excluding audiology by the end of Q1 2024/25.					
28	Number of patients waiting over 52 weeks for a new outpatient appointment	Mar-24	PTHB trajectory of 0	0	Mar-24		Not applicable no breaches
Why is this an escalated metric?		Although compliant the measure remains escalated until confirmation with Service and Executive leads due to compliance fragility.					
Key performance drivers		Key actions to recover					
Fragility of in reach providers particularly ENT in North Powys BCUHB & SaTH and significant underperformance against Service level agreements (SLA). General on-going in reach fragility and impact of industrial actions throughout 2023/24 NHS Wales & NHS England. ABUHB Cardiology changes to practice in terms of echocardiograms prior to appointments is extending wait from resulted demand increase.		In reach fragility highlighted via PTHB CQPRM processes. Insourcing activity capacity agreed for Q1 2024/25. PTHB Cardiology MDT to support capacity for echocardiograms from Q1 2024/25, discussions on-going with ABUHB in terms of straight to test requirements. Working with audiology to ensure correct ear care pathways for patients, reviewing options for PTHB ENT locum for North Powys.					

Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
29	Number of patients waiting more than 36 weeks for a new outpatient appointment	Mar-24	PTHB trajectory of 0	91	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	Mar-24	PTHB Trajectory of 0	1223	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					
<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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. Phased approach to data quality, validation, and subsequent fixes with Powys Data Intelligence team. 					
31	Number of patients waiting more than 104 weeks	Mar-24	PTHB Trajectory of 0	1	Feb-24		Apr-2024
Why is this an escalated metric?		Measure escalated for March as not compliant with PTHB set ministerial priority target					
Key performance drivers		Key actions to recover					
<ul style="list-style-type: none"> 1 patient breached resultant from pathway delays. Other challenges as per measure 28. 		<ul style="list-style-type: none"> Patient has been treated; the health board predicts no 104+ week breaches in April 2024 					
32	Number of patients waiting more than 52 weeks for treatment	Mar-24	PTHB Trajectory of 0	24	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. Fragility of in reach, delays in DGH diagnostics are impacting on PTHB RTT. Treatment pathways particular capacity shortfalls in nerve conduction across NHS.		As per measure 28 Escalated via PTHB CQPRM process. Bids to NHS Wales Planned Care for MDT infrastructure and speciality medical sessions to support service sustainability and demand management submitted March 24 – pending outcome. Additional in sourced capacity from Q1 2024/25. Ongoing exploration of opportunities with RJAH to provide capacity for orthopaedics and nerve conduction.					

Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
34	Children/Young People neurodevelopmental (ND) waits	Mar-24	80%	42.2%	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	Mar-24	90%	80.0%	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. Regular Performance and Engagement/escalation meetings working to resolve key challenges. 					

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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	Q3 23/24	5% Annual Target	3.77%	Never	N/A	April 2025
Key performance drivers		Key actions to recover					
To increase community pharmacy activity to pre-pandemic levels, it was identified that the pharmacy service needs to be promoted and for pharmacy staff to receive training. The ongoing and reducing number of smokers often have complex issues and may take several attempts to quit.		<ul style="list-style-type: none"> Improving access and client focus e.g., face to face contact and enhanced pharmacy training. Implementing a communication and engagement plan for public, professionals and partner agencies. This helps to increase referrals by raising awareness of the referral pathways and services available in the community, pharmacies and hospitals, and support for pregnant smokers 					
3	Percentage of children up to date with scheduled vaccinations by age 5	Q3 23/24	95%	92.1%	Never	N/A	Q3 24/25
Key performance drivers		Key actions to recover					
There is variation in uptake across Powys at cluster level, with the north cluster having the lowest uptake during the quarter. The child health system and GP systems are not electronically link with resultant requirement of regular data cleansing.		Key actions include enhanced COVER surveillance focusing on pre-school age including data cleansing, enhanced monitoring of practice queues and pre-school lists, GP unscheduled vaccinations, and supporting health visitors. A new SOP has been developed to support primary care conditions, and recruitment of Immunisation Coordinator post.					
4	Percentage of girls receiving HPV vaccination by age 15	Q3 23/24	90%	80.3%	N/A new metric	N/A	Awaiting further data
Key performance drivers		Key actions to recover					
Previous HPV reporting has been for all children all ages and routinely Powys have been around the 75% to 80% uptake, usually achieving higher than the Welsh benchmark		<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. 					
5	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Mar-24	75% (by end of season)	69.9%	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. Potential challenge around timely data input into GP system and subsequent reporting.		GP led clinics organised across Powys for eligible residents by GP Practices. Additional targeted support provided to GP practices including booking support to increase uptake further					
6	Percentage uptake of COVID-19 vaccination for those eligible	Feb-24	75% (by end of campaign)	59.6%	Not applicable	N/A	N/A
Key performance drivers		Key actions to recover					
Vaccination uptake has started to decrease at this point in the "leaving no one behind" campaign, due to movement out of our eligible population by vaccinated citizens. Reduction of 1.5% since month 10. Vaccine fatigue reported across Wales which is reflected in the COVID-19 uptake rates.		Targeted interventions on immunosuppressed, ongoing work with care homes, and increasing local clinic offer to improve access. Hybrid approach to GP clinics with the Health Board team booking appointments and managing calls. The Winter Respiratory Vaccination Programme Evaluation will inform the planning for 2024/25 Campaign					

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
9	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17	Feb-24	95%	93.8%	Dec-23	N/A	Not required
Key performance drivers				Key actions to recover			
This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.				Continue to utilise the courier service to enhance timely collection and deliveries to laboratory.			

Patterson, Liz
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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
11	Percentage of primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)	Mar-24	30% Sep-23 100% Mar-24	70.4%	Mar-24	N/A	Unavailable for this measure
Key performance drivers		Key actions to recover					
16 practices have signed up to Contract Reform (79%). 5 (21%) have chosen to stay with UDA contract delivery. End of Year contract achievement may increase further as practices have until June to submit any outstanding courses of treatment completed.		Final underperformance from 23/24 will be calculated at 30th June for each individual practice and appropriate action taken i.e. carried forward into 24/25 or the repayment of underperformance. This will be in line with national end of year contractual guidance issued by WG					
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	Mar-24	80%	60.8%	Dec-23		Unavailable for this measure
Key performance drivers		Key actions to recover					
Work has been undertaken on referral data and waiting lists. During this process, an inconsistent practice was noted in that one of our 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.		System improvement and process for recording and reporting pathways implemented from January 2024 (making assessment and counselling referrals easily identifiable). This change and has been agreed with the Welsh Government policy lead with confirmation that only assessments should be included. It should be noted that 1a assessment % has risen from 28.6% in January and 49.1% in February to 60.8% in March – recovery is in progress.					
18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Mar-24	65%	45.0%	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. Handover delays into acute centres (A&E) increase crew static time awaiting patient admission.		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	Mar-24	12-month improvement	00:58:33	N/A	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	Mar-24 (Feb-24 – Eng)	Powys – 95% Wales – 95% England – 95%	99.9% 64.1% 46.9%	Never met for non-provider waits	Provider variance	PTHB target met N/A
Key performance drivers		Key actions to recover					
There are no issues with provider Minor Injury Unit services reported, but for Powys residents waits in commissioned units' performance 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.					

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
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	Mar-24 (Feb-24 – Eng)	Powys – 0	0	Never met across all residents	Provider variance	PTHB target met N/A
			Wales – 0	169			
			England - 0	149			
Key performance drivers			Key actions to recover				
Narrative as measure 22.			Narrative as measure 22.				
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-24	80%	75.9%	Feb-24		Q1 2024/25
Key performance drivers			Key actions to recover				
Predicted short-term drop-in compliance, linked to new staff, long term sickness, and introduction of new allocation. It should also be noted that referral rates into service have been unusually low.			Anticipate recovery Q1, short term variation.				

Patterson, Liz
21/05/2024 11:31:33

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
39	PADR Compliance	Mar-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 March 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. Low compliance is addressed with individual managers and signposting to guidance also takes place. Areas of particular concern are escalated to Executive Directors.					

Patterson, Liz
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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)	Mar-24	17% or more	10.5%	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.					
51	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Mar-24	95%	68.7%	Never		Plan development 2024/25
Key performance drivers		Key actions to recover					
In-reach fragility impacts available capacity for specialty. Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4 (NHS England Industrial Action is had a particular impact on eyecare as majority of provision is from WVT).		<ul style="list-style-type: none"> • Work with community optometry on contract reform and transformation opportunities. • Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management. • Planned care bids to national planned care fund in March 2024 – outcome pending • League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway. 					
53	Number of patient safety incidents that remain open 90 days or more.	Mar-24	12-month reduction trend	14	Jan-24	Not enough data points to provide SPC.	Plan development 2024/25
Key performance drivers		Key actions to recover					
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.		Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.					

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27/05/2024 11:31:33

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
Commissioned planned care	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 – Feb-24	+104 weeks	227	Never	+104 weeks	Commissioned service trajectories - unavailable
			+52 weeks	2147		+52 weeks	
			36+ weeks	4832		36+ weeks	
			< 26 weeks	61.4%		< 26 weeks	
Key performance drivers			Key actions to recover				
Improving position but commissioned providers are reporting workforce challenge including clinical vacancies, recruitment challenges, and industrial action. Further challenge includes increased demand and acuity of referrals. Geographical equity of access challenge with patients waiting less time within English provided pathways.			All providers are mobilising additional capacity where available. Work with commissioned providers to identify and tackle long waiting Powys responsible patients with repatriation potential workstreams. Ongoing regular CQPRM meetings to discuss challenges and assure care pathways. Use of "Your NHS Experience" survey to obtain feedback from patients accessing commissioned services.				
Commissioned planned care	Powys commissioned private dermatology service (RTT)	Mar-24	< 26 week	86.2%	Not available	N/A	Under discussion with provider
			36+ week	15			
Key performance drivers			Key actions to recover				
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.			<ul style="list-style-type: none"> Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over. Scoping exercise being undertaken to identify additional capacity requirements (routine). 				
Cancer Measures	SCP - Commissioned Cancer Performance (Wales) – Powys residents	Mar-24	75% <62 days for treatment	64.3%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH – Feb	zero	6 Breaches	N/A		
		WVT - Jan	zero	3 Breaches	N/A		
Powys provider downgrade performance – 28 days best practice	Mar-24	TBC	23.7%	N/A			
Key performance drivers			Key actions to recover				
In reach service fragility consultant vacancies due to retirement, recruitment gaps. Fragility of PTHB endoscopy staffing infrastructure. Increased acuity of referrals increasing USC prioritisation.			Key action to recover development MDT infrastructure in endoscopy bid to NHS Wales Planned Care Fund March 24 for resources pending outcome. Escalated Executive discussions with CTMUHB with recruitment plan for consultants and clinical leadership to be finalised Q1 2024/5. Funding agreed for insourcing activity to support capacity shortfalls – Q1 24/5.				

Patterson, Liz
21/05/2024 11:31:33

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 1

Powys as a provider



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	Q3 2023/24			
Reported performance	3.77%	All Wales positional rank and performance.	4th (3.58%)	
Target	5% cumulative annual target			
Variance	N/A		Exception	
Data quality & Source	Welsh Government Performance Scorecard			

Issues

- To increase community pharmacy activity to pre-pandemic levels, it was identified that the pharmacy service needs to be promoted and for pharmacy staff to receive training.
- As the percentage of adult smokers in Powys falls the remaining group of smokers are often facing complex issues and may take several quit attempts before they quit successfully. This may affect number of successful quits

Actions **Recovery by** **April 2025**

Improving access and client focus:

- Smoking Cessation Team continue to provide face-to-face clinics across Powys in community venues and GP Practices. Telephone support continues to be available. Group support is currently available in Brecon and Welshpool.
- Two training sessions were provided to community pharmacies delivering smoking cessation services. Regular training and support will continue to be provided by the PTHB Smoking Cessation Team, based on the feedback and increase seen in activity.

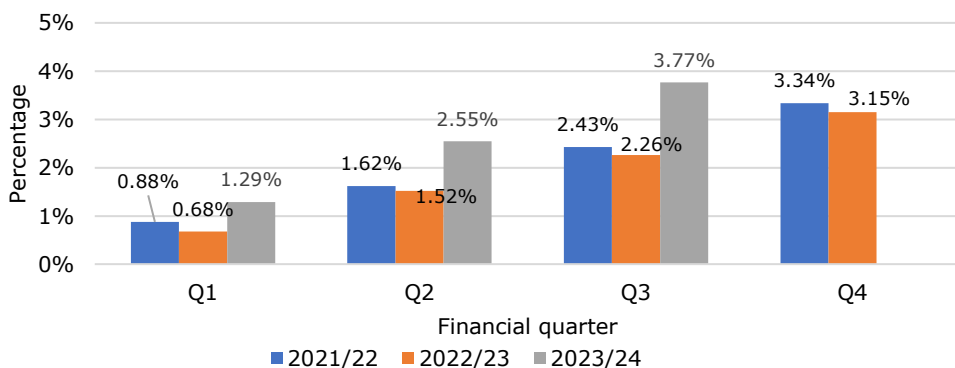
Implementing a communication and engagement plan for public, professionals and partner agencies. This helps to increase referrals by raising awareness of the referral pathways and services available in the community, pharmacies and hospitals, and support for pregnant smokers. Examples include:

- The GP Text message project continues in GP Practices, targeting smokers with offer of support. This project commenced with GP Practices in more deprived areas and is now expanding to additional practices. 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.
- Additional patient stories are being developed with clients who have recently made a successful quit attempt with the aim of increasing referrals to the service .

Mitigations

- Work is planned to try to reach groups in deprived areas.
- Training is being planned for midwifery colleagues to help increase the level of CO2 monitoring at booking appointment. This will identify smokers and increase the number of pregnant smokers referred directly to Smoking Cessation Service as per protocol.
- Service delivery model continues to provide a blended model of delivery to include; Telephone support, one-to-one and Group support to meet client's needs.

Percentage of adult smokers who make a quit attempt



What the data tells us

Q3 data shows PTHB to be on track to reach 5% annual target of smokers who make a quit attempt via Smoking Cessation Services in Powys by year end.

There has been an increase in community pharmacies delivering a Level 2 service to 100% (23 pharmacies) and an increase from 16 to 20 (70% to 87%) of pharmacies now delivering a Level 3 service. Recent data is also showing an increase in activity and successful quits within community pharmacies. 64 smokers were treated in quarter 4 which was double the number in quarter 3. This follows promotional work to raise awareness of the service, and training to community pharmacies by the Smoking Cessation Team.

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)

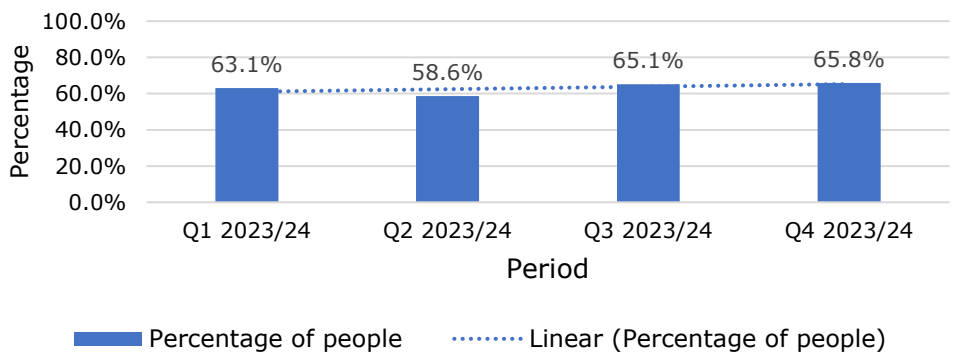
New measure for 2023/24

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	Q4 2023/24		
Reported performance	65.8%	All Wales benchmark	5 th (60.5%)*
Target	4 quarter improvement trend		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	

Issues
<ul style="list-style-type: none"> • 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.

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



Actions	Recovery by	Awaiting interpretation for PTHB
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- 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 South 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.

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 Q4 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% for Q3 2023/24

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

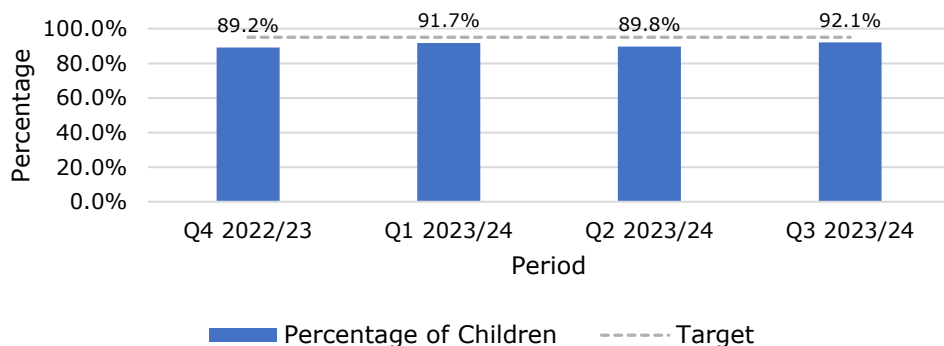
New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q3 2023/24		
Reported performance	92.1%	All Wales benchmark	1 st (88.0%)
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

Issues
<ul style="list-style-type: none"> Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents. There is variation in uptake across Powys at cluster level, with the north cluster having the lowest uptake during the quarter.

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



Actions	Recovery by	Q3 24/25
<ul style="list-style-type: none"> Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4), which includes: <ul style="list-style-type: none"> Data cleansing. Enhanced monitoring of practice queues lists. Rolling enhanced monitoring of pre-school lists. Encouraging GPs to offer unscheduled vaccinations for other missed vaccinations. Supporting Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (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. New Immunisation Coordinator in post from Jan 2024. National MMR catch up occurring to target those under vaccinated to further increase MMR Vaccination rates. 		

What the data tells us

Reported uptake performance for Q3 (92.1%) remains below target (95%) but is higher than Q3 2022/23 (85.8%). The health board is 1st in Wales and remains higher than the All-Wales benchmark of 88.0%

Mitigations
<ul style="list-style-type: none"> Ongoing support for Primary Care with queues list monitoring and prompting to review lists. MMR Catch-up linked to school-aged uptake being implemented. Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.

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

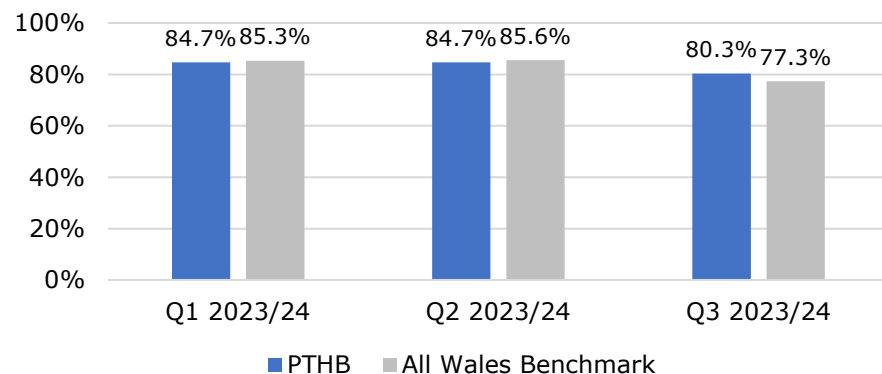
New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q3 2023/24		
Reported performance	80.3%	All Wales benchmark	3 rd (77.3%)
Target	90%		
Variance	N/A	Exception	
Data quality & Source	Welsh Government Scorecard		

Issues
<ul style="list-style-type: none"> No issues to report

Percentage of girls receiving the HPV vaccination by age 15



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. 		

What the data tells us

The health board reports 80.3% against the new 90% target for HPV vaccinations by age 15, this performance is slightly above the All Wales benchmark (77.3%)

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

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		Mar-24	
Reported performance	69.9%	All Wales benchmark	5 th (72.4%)
Target	75%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

Issues

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Powys GPs also reported an increase in declined appointments this year in a flu delivery survey.
- Adult flu vaccine is offered through GP Practices, most community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data and therefore reliant on the timely input into the GP data system.

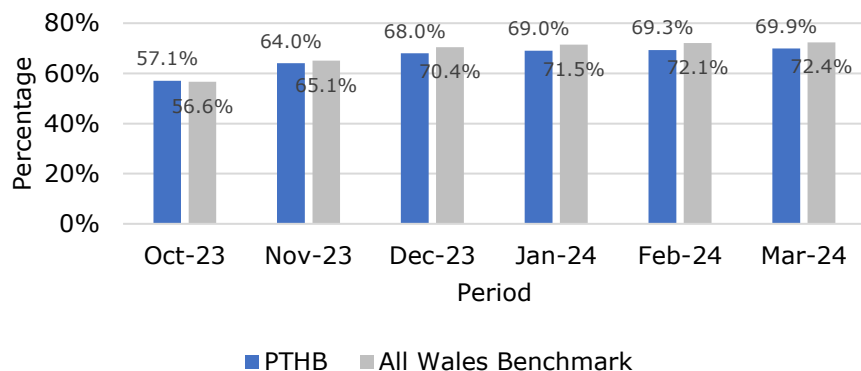
Actions

- 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

- Continued monitoring of uptake, and engaging with GPs to encourage further sessions, drop-ins and mop up clinics.

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



What the data tells us

The reported position in March for the uptake of influenza vaccine has increased to 69.9% for PTHB. To note this is a cumulative measure.

PTHB ranks 5th against the All-Wales benchmark of 72.4%, Aneurin Bevan University Health Board has the highest uptake reporting 75.6%.

There has been a 4% decrease in uptake nationally between March 2023 and March 2024 and Powys has seen this same decrease trend from 73.8% to 69.9%.

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

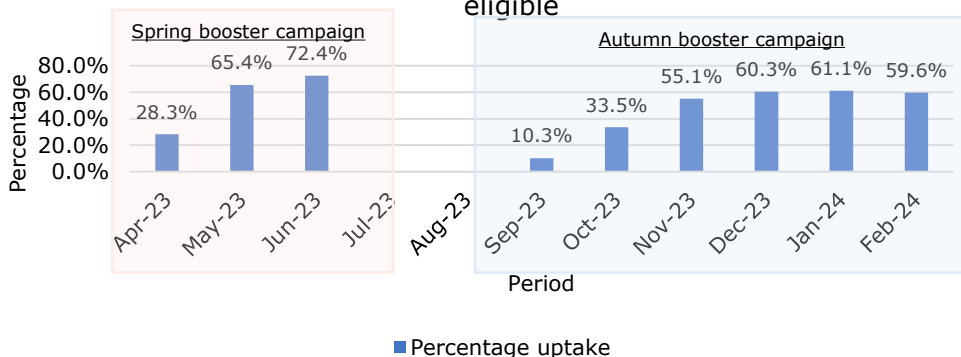
Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority
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Latest available	Feb-24		
Reported performance	59.6%	All Wales benchmark	1 st (53.4%)
Target	75% by end of autumn campaign		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		

Issues

- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore 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.

Percentage uptake of COVID-19 vaccination for those eligible



Actions	Recovery by	Not applicable
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- 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.

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. For February, PTHB ranked 1st in Wales with uptake at 59.6%, compared with the All-Wales benchmark of 53.4%.
- The campaign ran from 11th September 2023 until 31st March 2024, but surveillance data from Public Health Wales ceased before the end of the programme due to a decrease in uptake from January 2024 onwards. Welsh Government Performance notes that the data position of February 2024 will be the last reportable data point for the autumn campaign.

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.

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 7

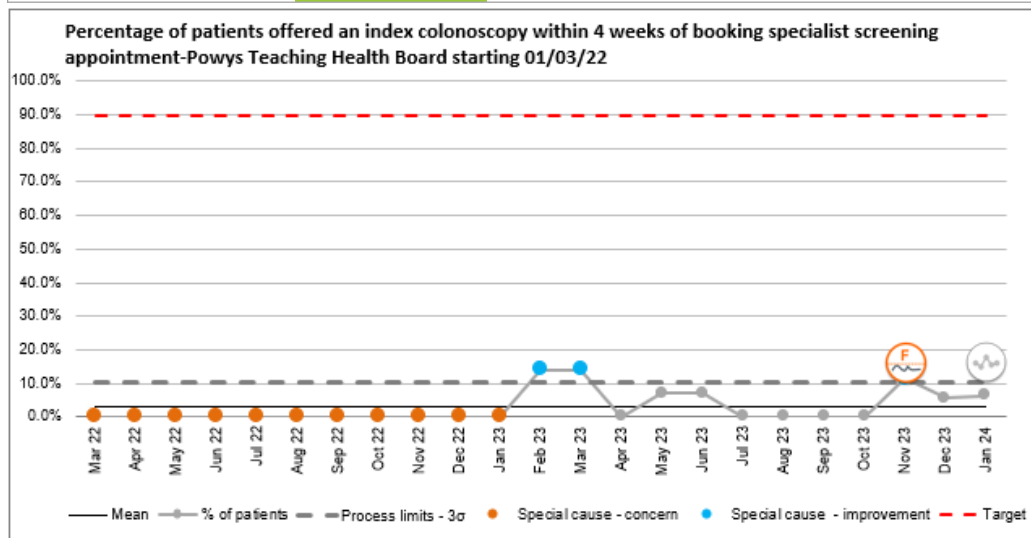
Powys as a provider

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	Jan-24		
Reported performance	6.3%	All Wales benchmark	6 th (22.5%)
Target	90%		
Variance	Common cause		Escalated
Data quality & Source	Welsh Government Scorecard		



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 commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.
- Reliance of central capacity via BSW due to recruitment challenges, this capacity is at risk retraction of staff.
- Challenges in recruitment of band 7 specialist screening practitioner, in discussion with BSW.
- Service extremely fragile with in-source requirement to continue meeting current demand.

Actions	Recovery by	Timescale requested - PHW
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- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Requested capacity for symptomatic and screening from commissioned health providers via the Contract Quality Performance Review Meeting (CQPRM)
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.

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.

What the data tells us

Powys performance against this measure is challenged reporting 6.3% in January 2024, 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.

Healthier Wales Quadruple Aim 1



Access & Activity

NHS Performance Measure – 8

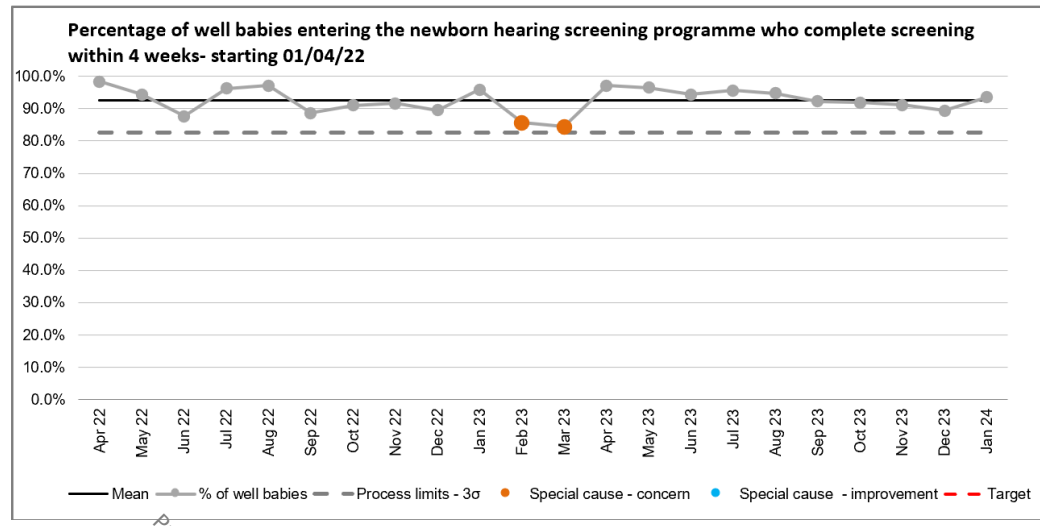
Powys as a provider

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	Jan-24			
Reported performance	93.5%	All Wales benchmark	6th (95.2%)	
Target	90%			
Variance	Common cause			
Data quality & Source		Welsh Government Scorecard		



Issues

- No issues reported

Actions

- No current actions required.

Mitigations

- No new mitigations

What the data tells us

- This is a new measure for 2023/24 financial year.
- Powys performance reported 93.5% compliance in January against the 90% target (ranked 6th in Wales).
- All Wales performance for November is 95.2%.

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 9

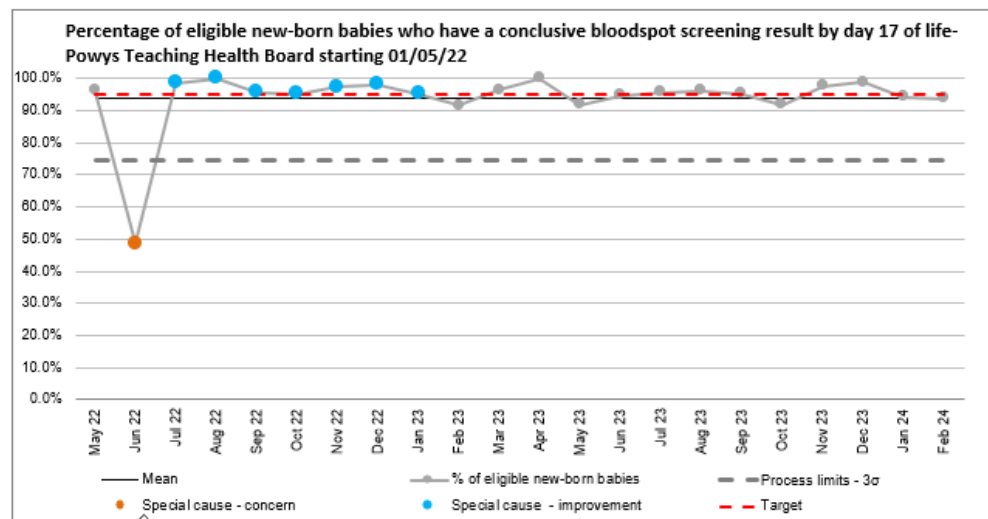
Powys as a provider

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	Feb-24		
Reported performance	93.8%	All Wales benchmark	7 th (95.9%)
Target	95%		
Variance	Common cause		Exception
Data quality & Source	Welsh Government Scorecard		



Issues

- This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.

Actions	Recovery by	Not required
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- 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.

What the data tells us

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

Powys Performance reported 93.8% in February against the national target of 95%. The health board ranks poorly reporting 7th in Wales against an All-Wales position of 95.9%.

It should be noted that the health board is normally compliant.

Mitigations

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

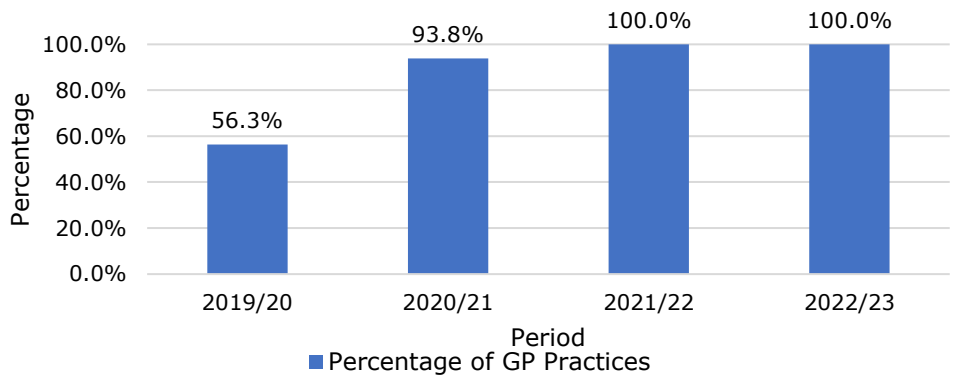
GP Services - Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

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	

Issues
<ul style="list-style-type: none"> Practice data submission deadline relating to 2023/24 is on the 30/04/24. 100% of practices have submitted a return. Returns are currently being reviewed by the Primary Care Department (PCD) and validation will be confirmed by 31st May in line with national contractual requirements. This will confirm the percentage of practices that have achieved all standards. Practices must comply with all standard to qualify for payment.

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



Actions	Recovery by	N/A
<ul style="list-style-type: none"> Primary Care Department validation of 23/24 evidence submitted to be completed by 31st May. PTHB Access Forum to monitor and reviews compliance with Access Standards – formal quarterly review in place, which feeds into the General Medical Services (GMS) Commissioning Assurance Framework (CAF) process. Compliance against open hours and appointment availability regularly monitored by Primary Care Department. 		

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.

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)

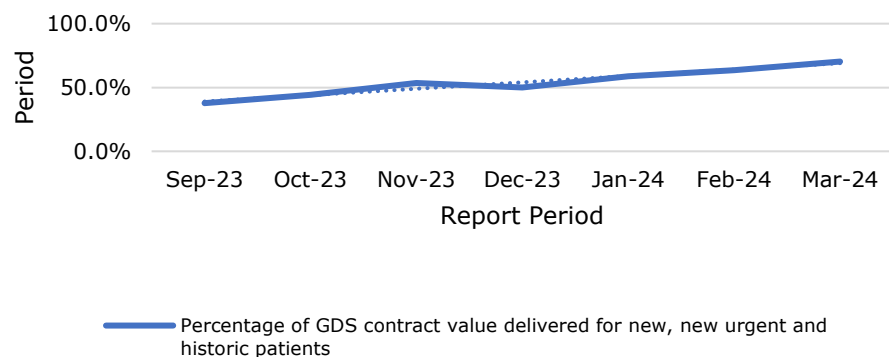
New measure for 2023/24

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	Mar-24		
Reported performance	70.4%	All Wales benchmark	5 th (80.7%)
Target	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31st March 2024		
Variance	N/A	Exception	
Data quality & Source	NHSBSA		

Issues
<ul style="list-style-type: none"> End of Year contract achievement may increase further as practices have until June to submit any outstanding courses of treatment completed. This measure does not represent a complete picture of PTHB contracts and value achieved. Of the 17 contracts including Contract Reform and UDA types the health board is 89% compliant for contract value as per April. And for the 5 non PTHB managed UDA contracts compliance is 92%.

Percentage of GDS contract value delivered for new, new urgent and historic patients



Actions	Recovery by	N/A
<ul style="list-style-type: none"> Final underperformance from 23/24 will be calculated at 30th June for each individual practice and appropriate action taken i.e. carried forward into 24/25 or the repayment of underperformance. This will be in line with national end of year contractual guidance issued by WG End of year contract review meetings arranged with all practices, commencing in July to review end of year contract performance. 		

Mitigations
<ul style="list-style-type: none"> Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group. Ongoing discussions with Welsh Government Performance and Policy colleagues in line with NHSBSA data to ensure methodology is robust for measure and aligns to what is monitored and managed within PTHB Dental contract compliance.

What the data tells us
<ul style="list-style-type: none"> Although Powys met the September target of 30% of contract delivered Powys did not meet the month on month increase to 100% by the 31st of March 2024. The health board benchmarks 5th with and All Wales position of 80.7%. Data provided by the NHSBSA only reports against Units of Dental Activity (UDA) and does not include a significant element of contracts under "contract reform" e.g., not a complete picture of compliance for dental practices in PTHB.

Healthier Wales Quadruple Aim 2

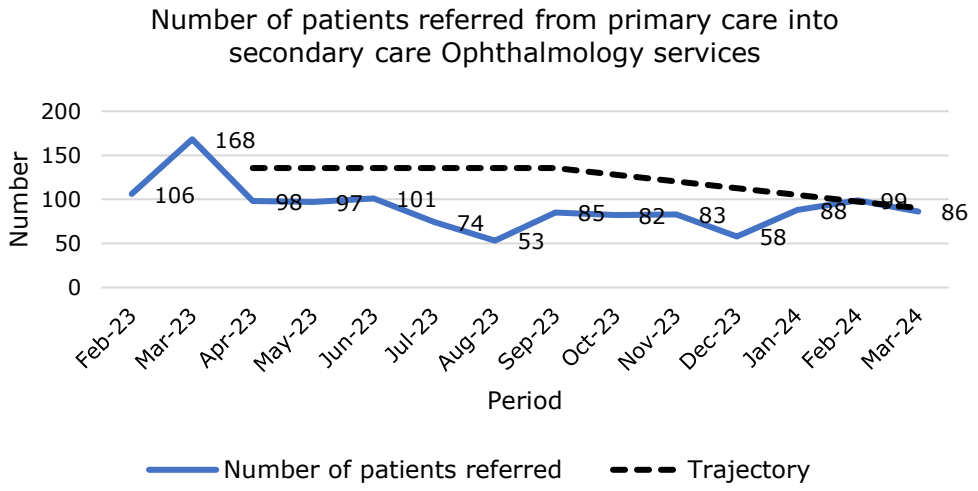
Ophthalmology - Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services

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	Mar-24		
Reported performance	86	All Wales benchmark	1 st (5,622)*
Target	PTHB Trajectory - <= 90 (Mar-24)		
Variance	N/A		
Data quality & Source	Welsh Government Scorecard		

Issues
<ul style="list-style-type: none"> No issues reported.



Actions	Recovery by	N/A
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<ul style="list-style-type: none"> No current actions reported

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 86 for the March period against a target of no more than 90.

Mitigations

- No current mitigations reported.

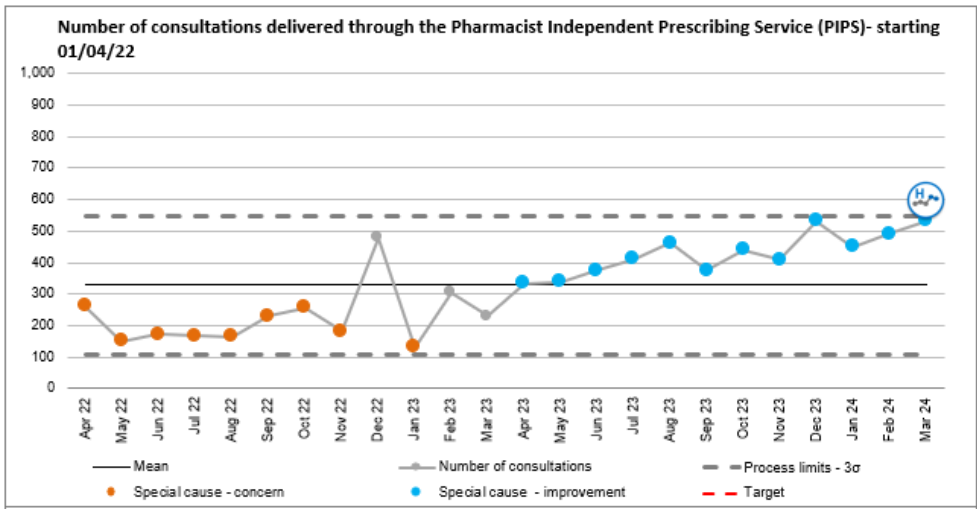
Prescribing – Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

New measure for 2023/24

Executive lead	Medical Director	Officer lead	Chief Pharmacist	Strategic priority
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Latest available	Mar- 24		
Reported performance	531	All Wales benchmark	7 th (11,101)*
Target	An increase on the number in the equivalent month in the previous year		
Variance	Special cause - improvement		
Data quality & Source		Welsh Government Scorecard	

Issues		
<ul style="list-style-type: none"> Identifying mentors to support trainee Pharmacist Independent Prescribers (PIP) is a limiting factor – many struggle to identify a suitable, willing mentor. Please note that data validation has retrospectively change December 2023 previously number of consultations recorded from 548 to 532. 		
Actions		
<table border="1"> <tr> <td>Recovery by</td> <td>N/A</td> </tr> </table>	Recovery by	N/A
Recovery by	N/A	



We now have 6 Pharmacies with active Pharmacist Independent Prescribers:

- Llanidloes Pharmacy
- Llanwrtyd Wells Pharmacy
- Primrose Pharmacy – Haygarth
- RM Jones – Hay on Wye
- RJ Davies – Lower Cwmtwrch
- JG and RJ Davies - Ystradgynlais

The health board is continuing to work with contractors to promote Pharmacist Independent Prescribers.

What the data tells us

This was a new measure for the 2023/24 NHS Performance Framework. PIPS is the first UK nationally commissioned community pharmacy prescribing service with the aim to increase access to services that should relieve pressure across the NHS including common ailment services, emergency medicine supply, influenza vaccinations, and emergency, bridging and quick start contraception.

Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 531 consultations were delivered in March 2024 compared to 230 consultations in March 2023.

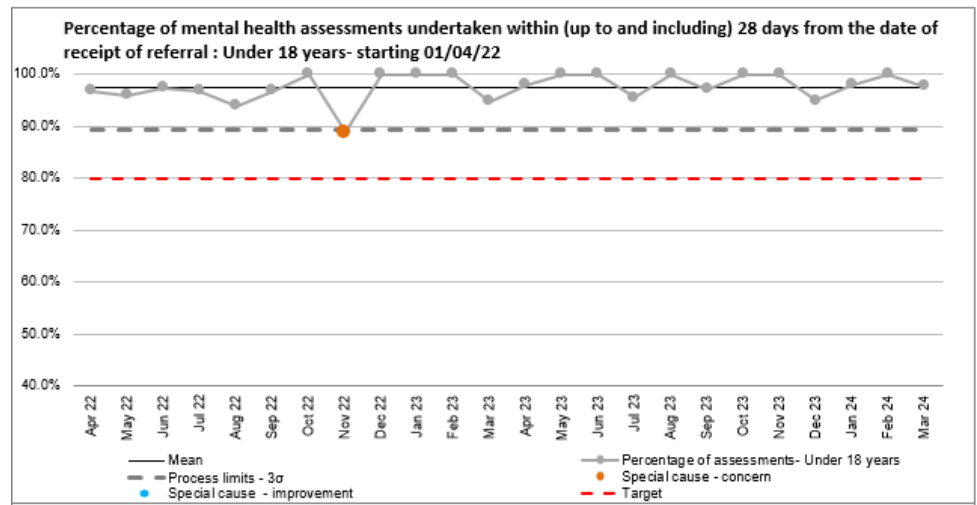
Mitigations

- No current mitigations reported.

Mental Health Assessments - Percentage of LPMHSS 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	Mar-24			
Reported performance	97.7%	All Wales benchmark	1 st (86.3%)*	
Target	80%			
Variance	Common cause			
Data quality & Source		PTHB Mental Health Service		



Issues

- Whilst improvement noted and no issues to report, important to note sustained increase in demand.

Actions	Recovery by	N/A
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- Increasing demand is being monitored.

What the data tells us

- LPMHSS assessment carried out for young people (under 18 years of age) is reporting 97.7% compliance in March 2024, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 86.3% All Wales position for Feb 2024.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Mitigations

- None reported

Access & Activity

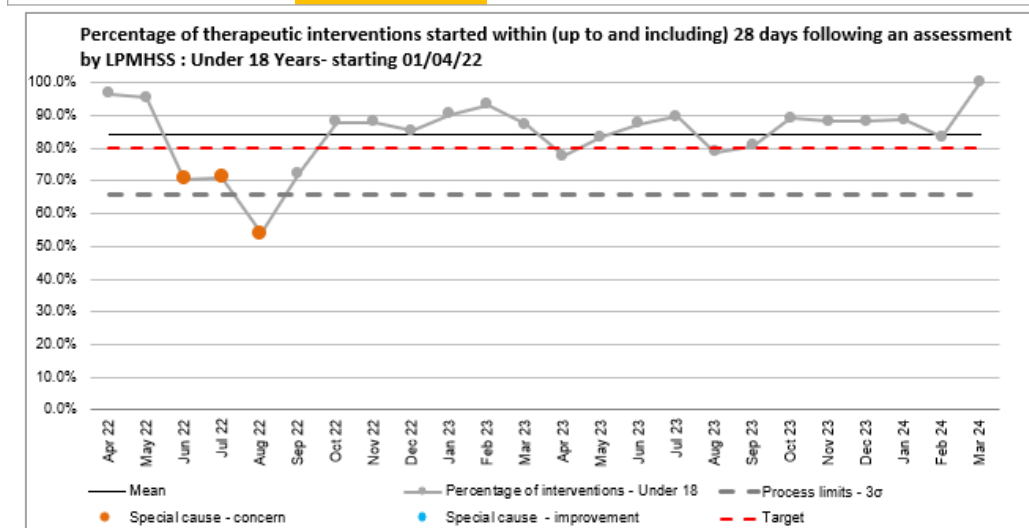
NHS Performance Measure - 15

Powys as a provider

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 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	Mar-24		
Reported performance	100%	All Wales benchmark	3 rd (56%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance for under 18's interventions reports 100% in March against the 80% target with common cause variation.
- PTHB ranks 3rd in Wales against an All-Wales position of 56% for February
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

- No issues reported.

Actions	Recovery by	N/A
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- No current actions reported

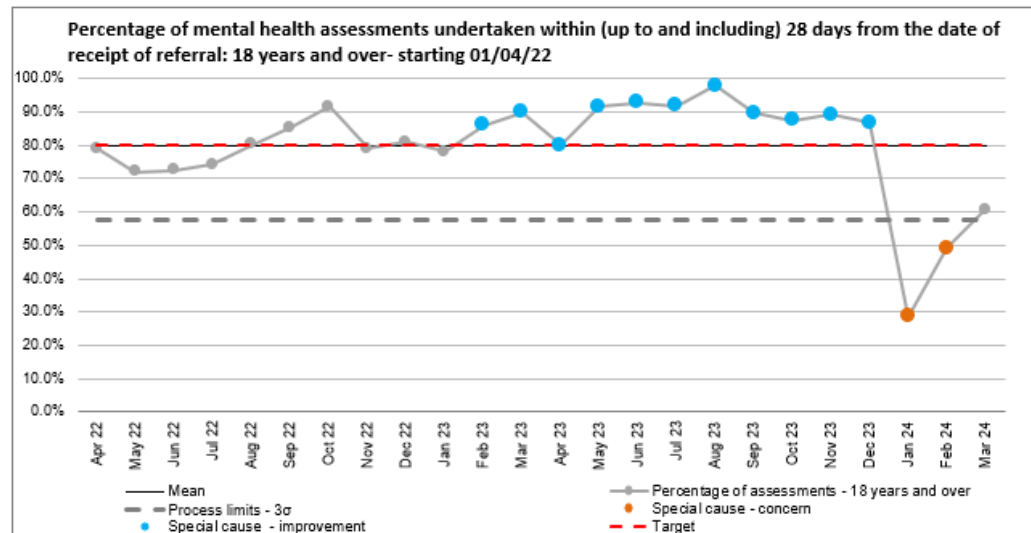
Mitigations

- No current mitigations reported

Mental Health Assessments - 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

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	Mar-24			
Reported performance	60.8%	All Wales benchmark	6 th (68.9%)*	
Target	80%			
Variance	Common cause		Exception	
Data quality & Source	PTHB Mental Health Service			



Issues

- Work has been undertaken on referral data and waiting lists. During this process, an inconsistent practice was noted in that one of our teams was reporting all referrals, i.e. both counselling and assessments referrals, this being an historic issue.
- 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 had caused inaccurate data capture.
- Work to ensure practices are fully standardised across Powys is ongoing and alignment with [Matrics Cymru](#) stepped care model is a longer-term action within the remedial plan.

Actions & Mitigations continued on the next slide

What the data tells us

- The adult service of LPMHSS assessments reports an increase in performance compared to February 2024 however still not meeting target.
- PTHB ranks 6th with an All-Wales position of 68.9% for February.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Mental Health Assessments - 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

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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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.
- It is noted that our 1a assessment % has risen from 28.6% in January and 49.1% in February to 60.8% in March – recovery is in progress.
- Recovery and Development Plan being implemented; Actions include;
 - a. 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.
 - b. Implemented clear cancellation and DNA Policy and CBP/DNA rates (north and south).
 - c. Introduced centralised W/L and allocation process with treatment in turn in south Powys.
 - d. Build resilience and flexibility in existing model Improve case management processes including sessional limit and introduction of job plans.
- Temporary admin support to increase capacity and reduce backlog has been put in place.

Mitigations

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

Patterson, Liz
21/05/2024 11:31:33

Access & Activity

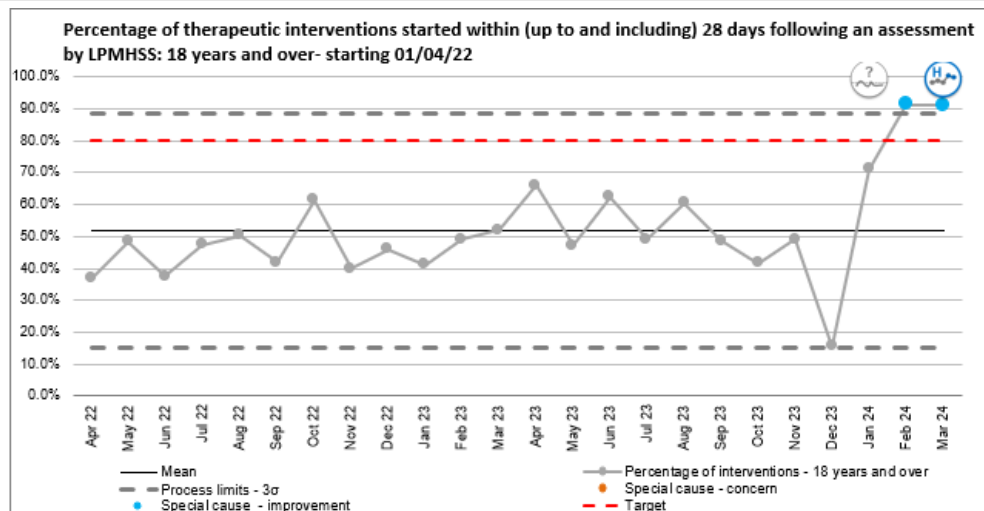
NHS Performance Measure - 17

Powys as a provider

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	Mar-24		
Reported performance	91.1%	All Wales benchmark	5th (77.4%)*
Target	80%		
Variance	Special cause - Improvement		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Health board performance for adult interventions met the required target of 80% reporting 91.1% in March. Following service recovery and development plan compliance has been achieved ahead of schedule and the measure has been de-escalated.
- PTHB ranks well, 5th against the All-Wales position of 77.4% in February.
- 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 from 71.1% in January.
- 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
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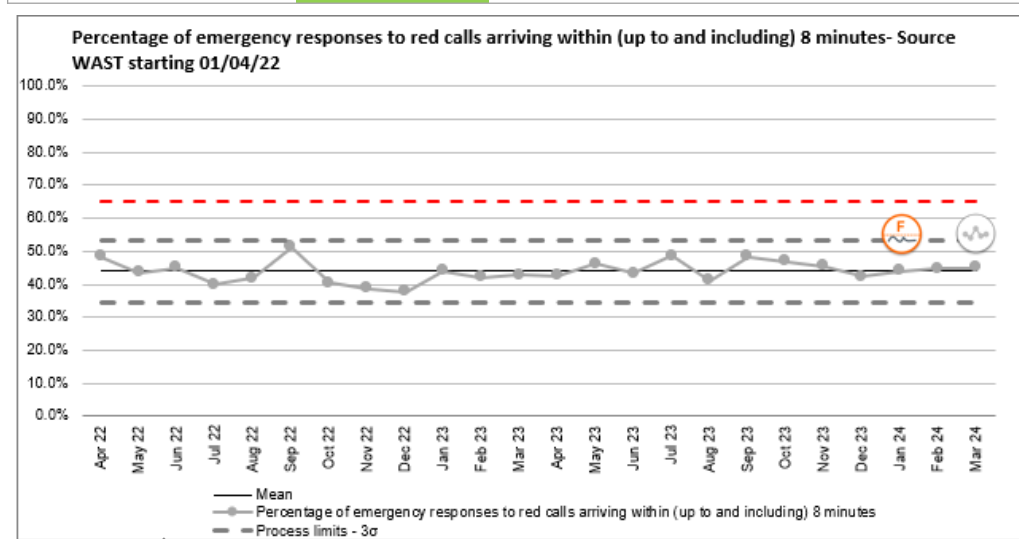
- Recovery and Development Plan being implemented; Actions include;
 - A standard operating procedure (SOP) has been put in place to ensure consistent data capture and align capture of workflow across all areas with weekly touch points arranged to monitor consistency of reporting. This establishes clear 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 waiting list 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.
- Temporary admin support to increase capacity and reduce backlog has been put in place.
- The mitigations and further information provided last month are still in place

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	Mar-24		
Reported performance	45.0%	All Wales benchmark	6 th (48.9%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source	WAST		

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. 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
<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. New national dashboard ongoing development to provide improved intelligence around challenge and hotspots. 		

What the data tells us
<ul style="list-style-type: none"> The reported performance in March has slightly increased to 45.0% compliance for the 8-minute emergency response target for red calls. Performance is common cause variation in March 2024. The performance data supports that without a significant intervention to system the commissioned WAST service will not achieve the national target of 65.0%. PTHB ranks 6th but the All-Wales position for the same period is also poor at 48.9%

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, 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.

Emergency Services – Median emergency response time to amber calls

New measure for 2023/24

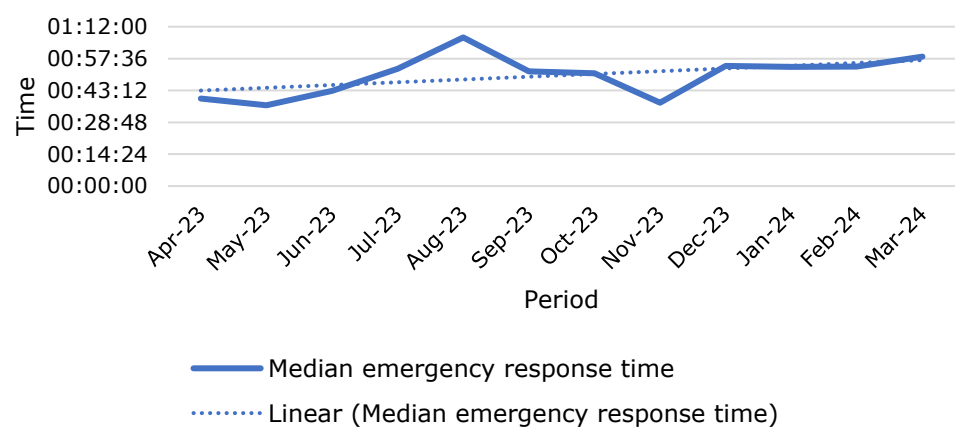
Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Mar-24		
Reported performance	00:58:33	All Wales benchmark	1 st (01:29:31)
Target	12-month reduction trend		
Variance	N/A	Exception	
Data quality & Source	Welsh Government Scorecard		

Issues

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Median emergency response time to amber calls



Actions	Recovery by	N/A
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- 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

- 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.

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 reported an increase to 58mins 33 seconds in March not meeting the 12-month improvement target.

Healthier Wales Quadruple Aim 2

Access & Activity

NHS Performance Measure - 22

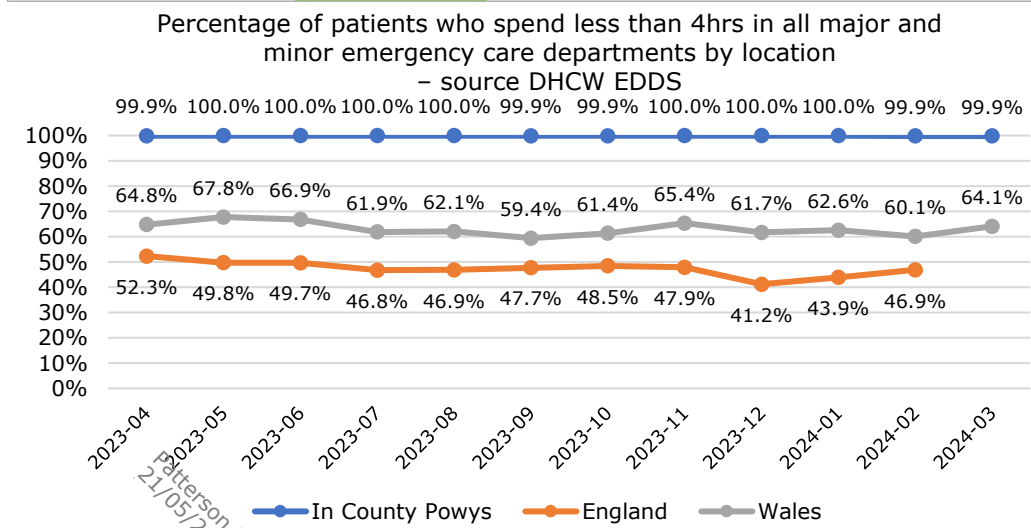
Powys resident view

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	Mar-24 (Feb-24 England)		
Reported performance	Pow – 99.9%	All Wales benchmark	1 st as provider (67.5%)
	Wal – 64.1%		
	Eng – 46.9%		
Target	Wales & England- 95%		
Variance	PTHB – Common cause		Exception
Data quality & Source	DHCW EDDS		

Issues
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> No new actions from a provider perspective.
Mitigations
<ul style="list-style-type: none"> Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales. The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers. Delivery Coordination Group reinstated from Q2 2023/24 to focus on key areas of challenge



What the data tells us
<ul style="list-style-type: none"> 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 64.1% compliance against the 4hr target in March. PTHB residents attending English emergency units see the longest wait with 46.9% (February 2024) meeting the 4hr target. PTHB ranks 1st in Wales against a 67.5% benchmark for March, however this is not comparable with no acute units within the provider.

Recovery by	PTHB target met
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Healthier Wales Quadruple Aim 2

Access & Activity

NHS Performance Measure - 23

Powys residents view

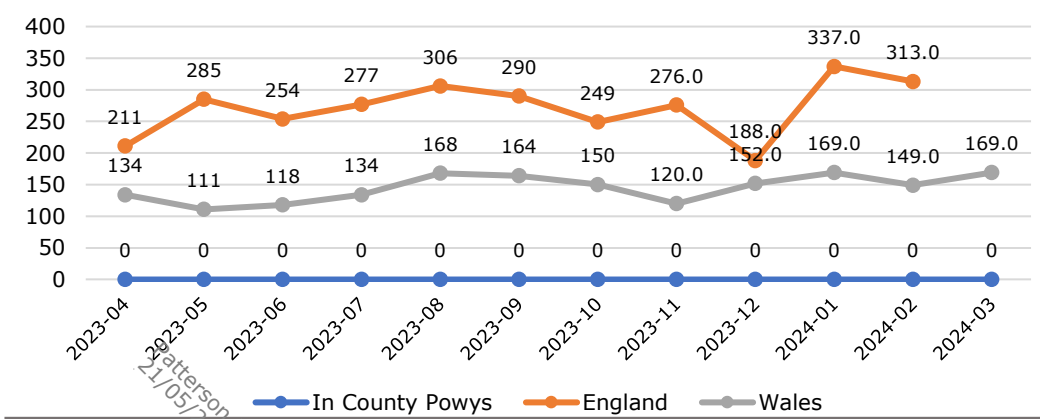
Emergency Access - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

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	Mar-24 (Feb-24 England)		
Reported performance	Pow - 0	All Wales benchmark	1 st as provider (10,366)
	Wal - 169		
	Eng - 149		
Target	Zero		
Variance	PTHB - Common cause		Exception
Data quality & Source			

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.

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 – source DHCW EDDS



Actions	Recovery by	PTHB target met
<ul style="list-style-type: none"> No new actions from a provider perspective. 		

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 February position.
- English emergency departments are reporting an increase in December to 313 12hr breaches.
- PTHB ranks 1st in Wales against a 9,635 total breaches benchmark for March, however this is not comparable with no acute units within the provider.

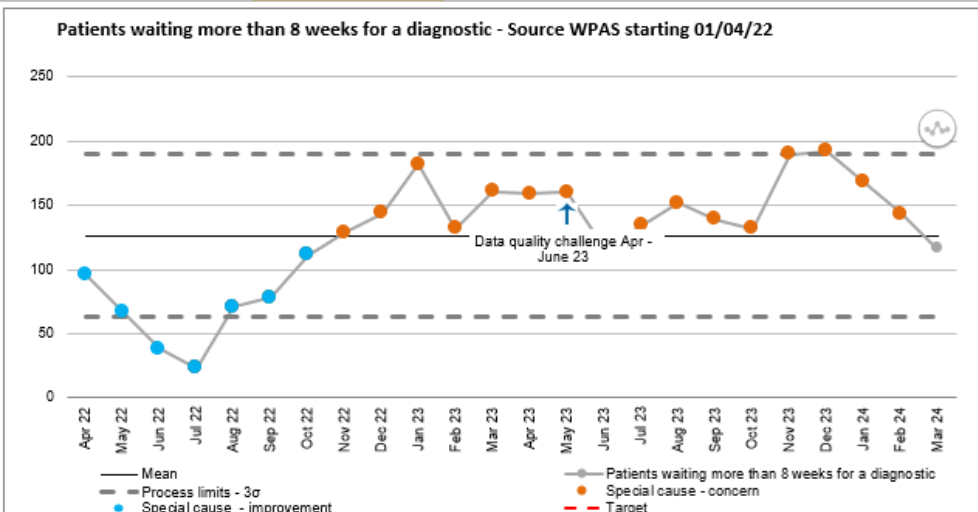
Mitigations

- 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.

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	Mar-24			
Reported performance	116	All Wales benchmark	1 st (42,080)*	
Target	PTHB trajectory target 0			
Variance	Common cause		Escalated	
Data quality & Source	WPAS			



What the data tells us

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

- The health board has reported 116 breaches in March 2024, 98 breaches are for Echo Cardiograms, 15 within Endoscopy, and 3 reported for Non-Obstetric Ultrasound (it should be noted that the 3 breaches have been validated by service and were patients awaiting injections rather than NOUS e.g., miss reported updated 02/05/2024).
- This measure has not met the PTHB submitted trajectory and remains **escalated**.

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 because 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 appointment.

Actions	Recovery by	TBA 2024/25
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- Non-Obstetric Ultrasound (NOUS)**
 - Remedial action plan undertaken 06/09/2023, recovery was on-track but target of zero breaches was narrowly missed in March with 3 reported waiting over 8 weeks.
 - 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)**
 - Use of PTHB employed echo-cardiogram technician to support cardiology.
 - Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
 - Development of clinical waiting list validation within in reach clinical team: On-going.

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 reduced from the previous month (31) with 15 patients now breaching target in March.

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 following assurance visit in March has been deferred for 6-months due to in-reach leadership shortfall, full report pending.
- Trans nasal endoscopy pilot implementation currently delayed due to availability of training from acute providers due to industrial action (training now booked for June 2024).

Actions	Recovery by	Schedule revised to June 2024 with insource capacity.
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- 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 from February 2024, ongoing.

Mitigations

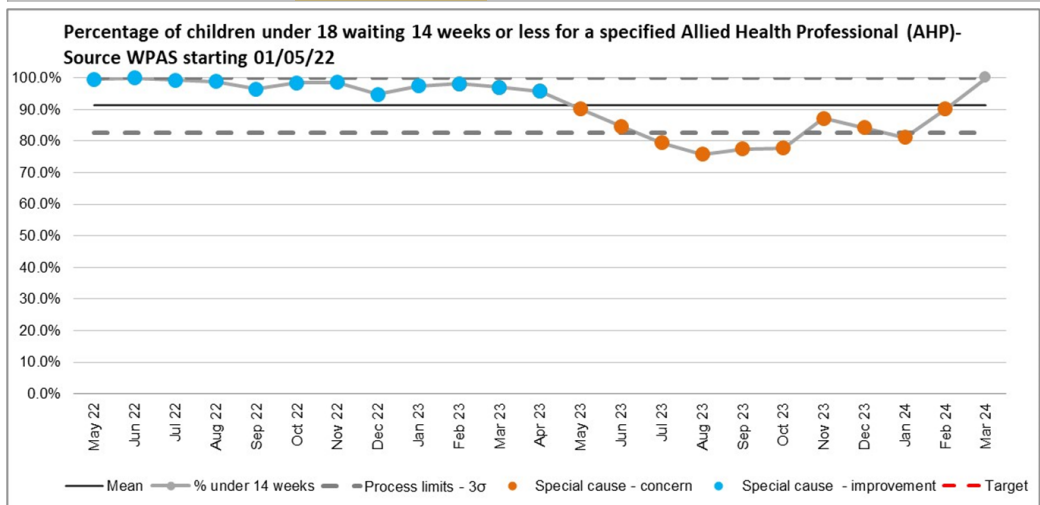
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional 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.

Percentage of children under 18 waiting 14 weeks or less for a specified Allied Health Professional (AHP)

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Mar-24			
Reported performance	100%	All Wales benchmark	*4 th (85.2%)	
Target	12-month improvement trend			
Variance	Common cause		Escalated	
Data quality & Source	WPAS			



Issues

- Majority of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
 - Significant staffing vacancy.
 - Previously unrecognised backlog of long waiting patients.
 - High caseload demand.
- Key challenges for OT: 50% staff vacancy

Actions

Recovery by TBA 2024/25

- 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.

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 and now meets the target of 12-month improvement with **100%** compliance in March.
- This measure has been **escalated** from Month 6 as part of the larger therapies escalation as confirmed with service leads. But it should be noted that by meeting target in March this will now trigger the start of a de-escalation process in Q1 2024/25.

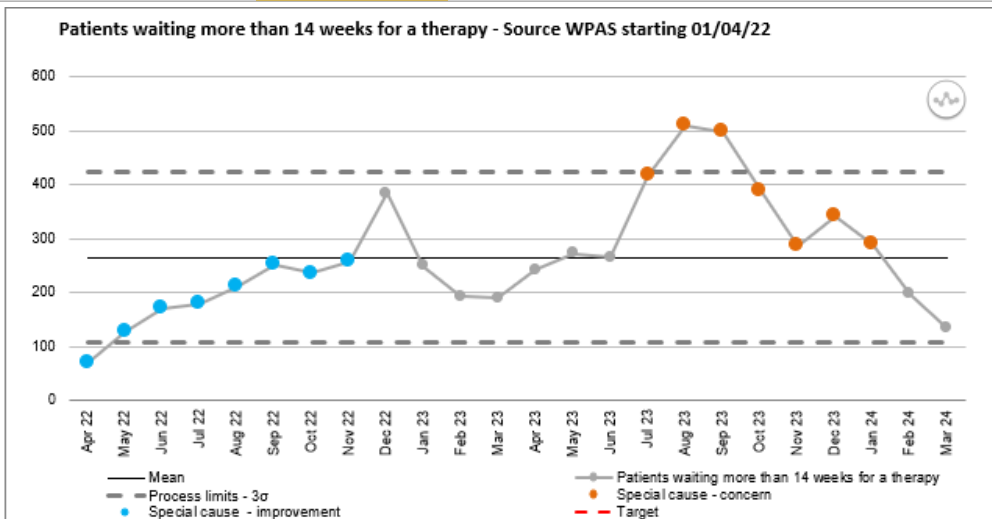
Mitigations

- 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	Mar-24			
Reported performance	135	All Wales benchmark	2 nd (12,759)*	
Target	PTHB Trajectory - 0 (Mar-24)			
Variance	Common cause		Escalated	
Data quality & Source		PTHB Information warehouse		



What the data tells us

- 135 patients breached the 14-week target in March, 123 were reported in Audiology (adult hearing aids)*, 9 waiting of Occupational Therapy, and a further 3 for routine Podiatry.
- The SPC chart variance has now shifted to common cause as breaches move below mean and toward the lower control limit.
- This measure does not meet the submitted trajectory of no breaches failing the ministerial priority target set by the health board, and as such remains **escalated**.
- Key breaching specialties include adult audiology, routine podiatry and Occupational Therapy – Hand Therapy

Issues

- Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service.
- OT Hand Therapy single point of failure and long-term sickness
- Audiology (North) provided under SLA by Betsi Cadwaladr University Health Board (BCUHB).
- *It should be noted that following an investigation on pathway reporting North Audiology services for adult hearing aids has been incorrectly and historically reported as a PTHB responsible reporting pathway e.g., submitted to the national team. This has been confirmed as an error via CQPRM with BCUHB and from 15/05/2024 the duplicate pathways e.g., reported both in PTHB and BCUHB will not be included in future waiting list submissions for Powys. This does not remove the responsibility of assurance around this pathway and service leads continue their process to challenge wait delays.

Actions	Recovery by	TBA 2024/25
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- 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.
- 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 this areas.
- Working with Robert Jones and Agnes Hunt NHS Trust to resolve Podiatric Surgery challenge.

Mitigations

Improvement planned for full recovery by *May 24

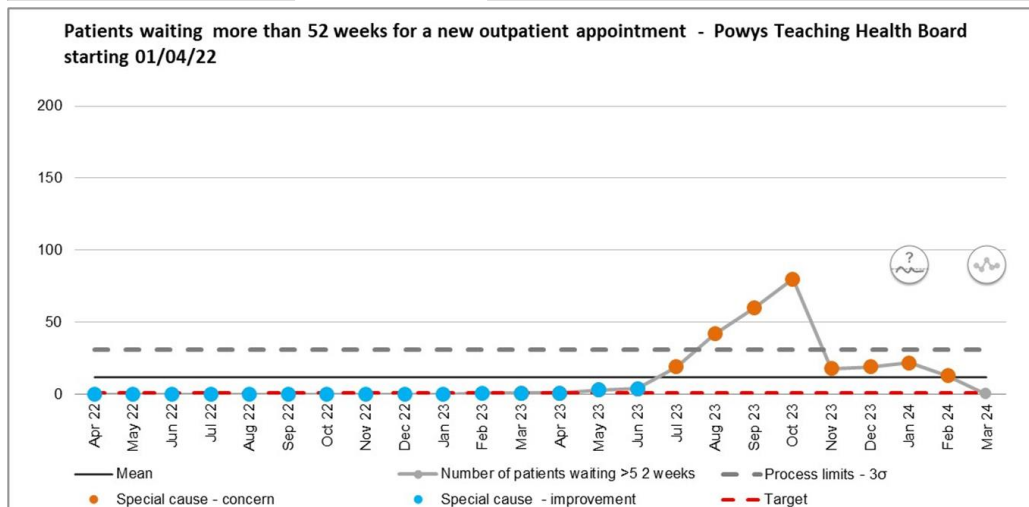
- Podiatry planned Q1 24/25.

*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	Mar-24			
Reported performance	0	All Wales benchmark	2 nd (60,004)*	
Target	PTHB Trajectory – 0 (Mar-24)			
Variance	Common cause		Escalated	
Data quality & Source	DHCW			



What the data tells us

- Powys has achieved the submitted ministerial priority target with zero new outpatient appointment pathways (stage 1) waiting over 52 weeks.
- This measure now reports common cause variation
- This measure however remains **escalated** until confirmation with Service and Executive leads linked to wider waiting list compliance challenge.

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

- Additional capacity has recommenced via insource from November 2023 to support backlog clearance for key challenge specialities.
- In reach service fragility and capacity issues flagged via CQPRM, progressing additional in reach support with Commissioning.
- Planned care bids to national planned care fund in March 2024 – outcome pending
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.

Mitigations

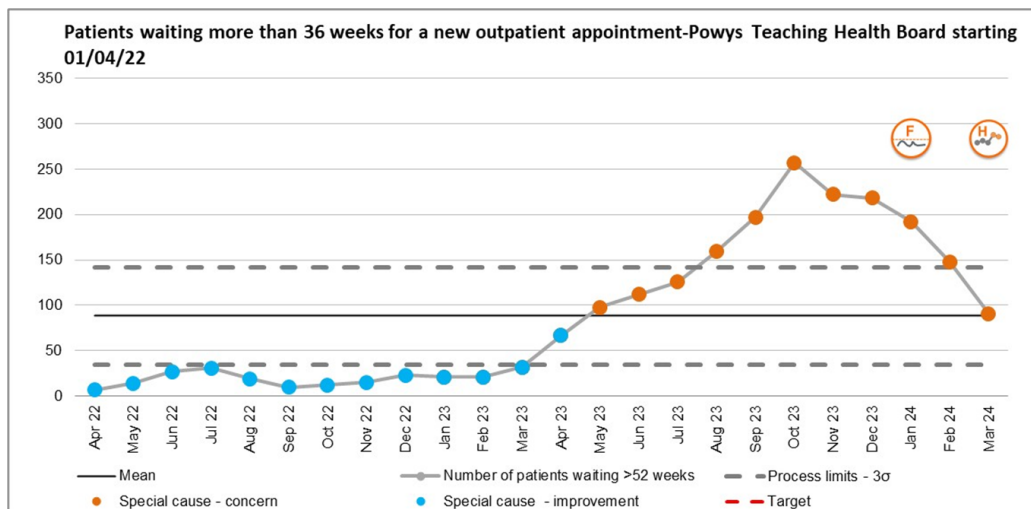
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Outpatient 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	Mar-24			
Reported performance	91	All Wales benchmark	1 st (120,280)*	
Target	PTHB trajectory = 0			
Variance	Special cause - concern		Escalated	
Data quality & Source	DHCW			



What the data tells us

- Reported performance in March has seen improvement with the number of patients waiting over 36 weeks for a new outpatient appointment reducing to 91.
- This measure is flagging as **escalated** and is of special cause concern, it fails to meet the ministerial priority target of zero 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).
 - Planned care bids to national planned care fund in March 2024 – outcome pending
 - Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
 - Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
 - Referral management pilot for orthopaedics to commence April 2024.

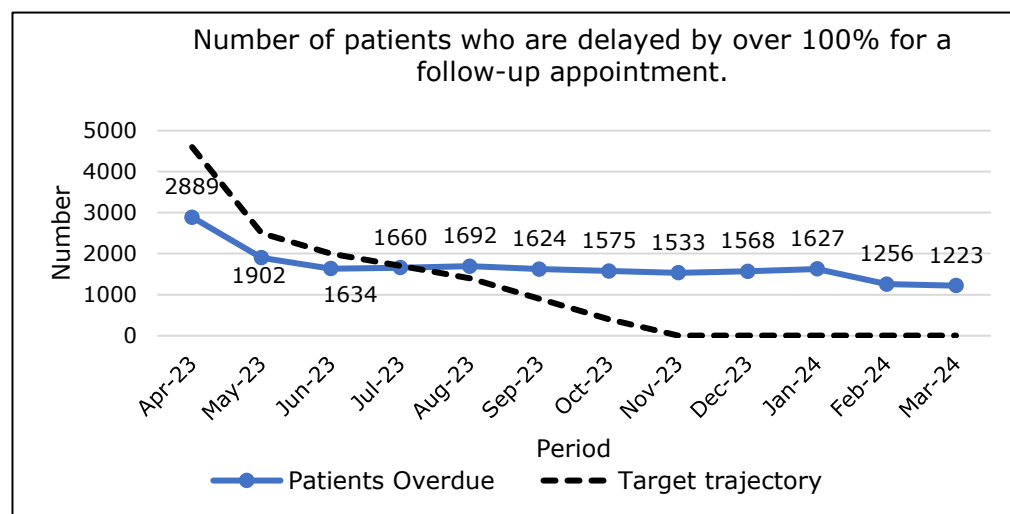
- ### Mitigations
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation, Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
 - 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	Mar-24		
Reported performance	1223	All Wales benchmark	1 st (247,630)*
Target	PTHB set trajectory target 0 (Mar-24)		
Variance	N/A		Escalated
Data quality & Source		WG Performance Scorecard	

Issues
<ul style="list-style-type: none"> Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this was an ambitious target and was not be achieved by March 2024, no significant progress has been made with the challenge since November. Digital & Transformation (D&T) team capacity limitations led to initiated phased validation of records, this work remains ongoing with the D&T team but with limited progress from Jan-24. 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
<ul style="list-style-type: none"> 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. Enhanced monitoring from Q1 2024/25 to better understand system demand and capacity. 		

What the data tells us
<ul style="list-style-type: none"> 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.

Mitigations
<ul style="list-style-type: none"> 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.

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

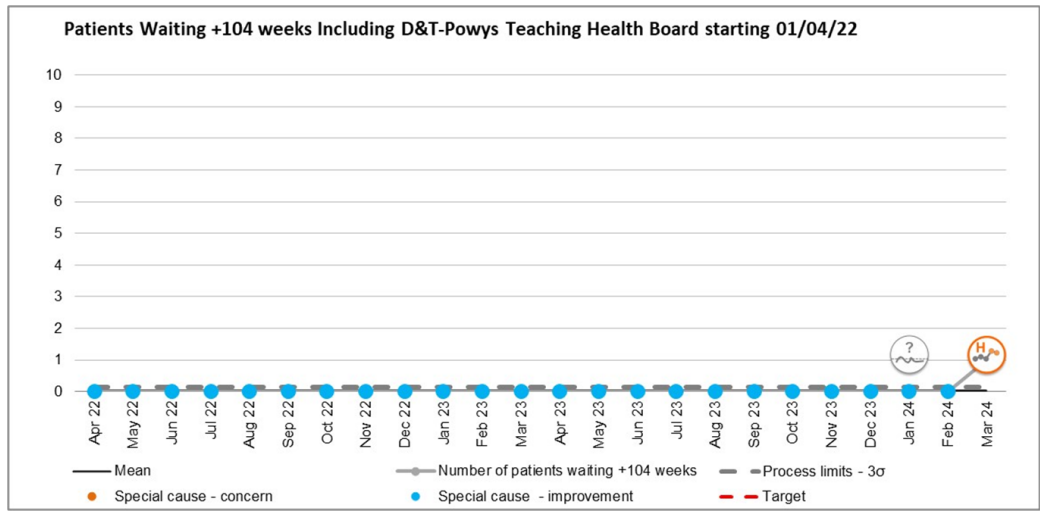
Referral to Treatment – Number of patients waiting more than 104 weeks

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	Mar-24	
Reported performance	1	All Wales benchmark 1 st (22,983)*
Target	PTHB Trajectory - 0	
Variance	Special cause - concern	Escalated
Data quality & Source		DHCW

Issues

- 1 breach reported in March linked to pathway delays, patient treatment occurred week one 2024/25.
- Increasing waits for District General Hospital diagnostic pathways including nerve conduction extend the PTHB RTT wait in some specialities.
- Planned care service challenges raised in previous slides.



Actions	Recovery by	N/A
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- Planned care bids to national planned care fund in March 2024 – outcome pending
- Regional working with commissioned providers including RJAH for nerve conduction.
- Long wait pathway expedited to next available clinical treatment; long waiter has been resolved week 1 2024/25.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.

What the data tells us

- PTHB has performed well recovering from COVID-19 backlog in March 2022. However, one patient was reported as having waited over 104 weeks at the end of March for treatment.
- Special cause concern is reported via SPC.
- Measure is escalated following breach of ministerial priority target.

Mitigations

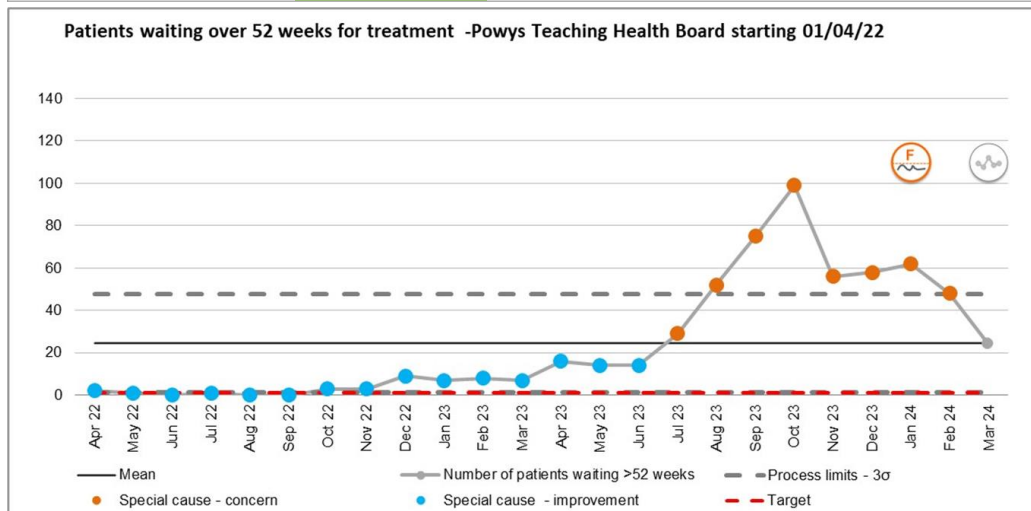
- Working with Digital Health to develop new & existing systems to enhance pathway referral management.

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	Mar-24		
Reported performance	24	All Wales benchmark	1 st (141,082)*
Target	PTHB Trajectory - 0		
Variance	Common cause	Escalated	
Data quality & Source	DHCW		

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-source Fragility of PTHB staffing and recruitment challenges nationally.



Actions	Recovery by	TBA 2024/25
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- 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).
- Planned care bids to national planned care fund in March 2024 – outcome pending
- 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.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.

What the data tells us

- The health board has failed to meet the submitted trajectory of zero or less breaches in March with 24 patients waiting more than 52 weeks for treatment, this is however a significant improvement.
- The measure now reports common cause variance.
- As a ministerial priority that is not meeting the PTHB set trajectory it remains **escalated**.

Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation, Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- 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.

Access & Activity

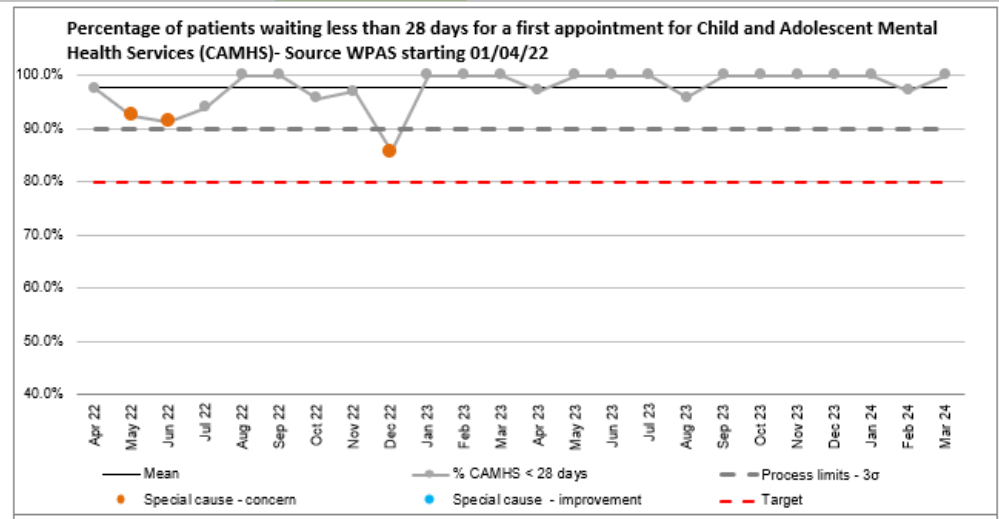
NHS Performance Measure - 33

Powys as a provider

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	Mar-24		
Reported performance	100%	All Wales benchmark	1 st (94.8%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance increased to 100% in March from 97.1% in February 2024
- PTHB ranks first against the All-Wales position of 94.8% for February
- This metric reports common cause variation.

Issues

- No issues reported.

Actions	Recovery by	N/A
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- No current actions reported

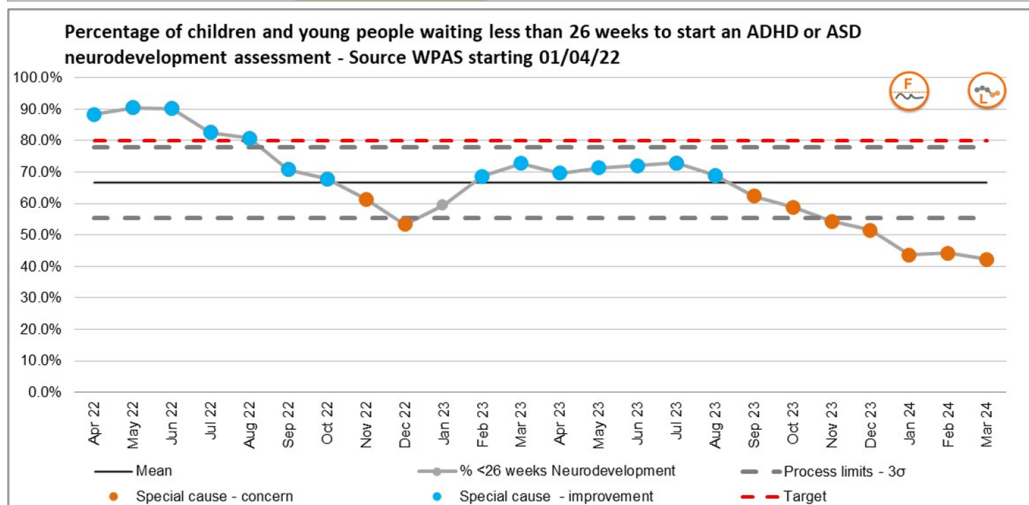
Mitigations

- No current mitigations reported

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	Mar-24			
Reported performance	42.2%	All Wales benchmark	1 st (23.9%)*	
Target	80%			
Variance	Special cause - concern		Escalation	
Data quality & Source	WPAS			



What the data tells us

- Performance for neurodevelopmental assessment continues to fall outside of the lower control limit reporting 42.2% in March.
- Performance is flagged as special cause concern.
- This measure/service is currently **escalated**
- 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 March 24.

Actions

- 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.
- The ND Remodel business case is under review.

Recovery by **Linked to business case approval**

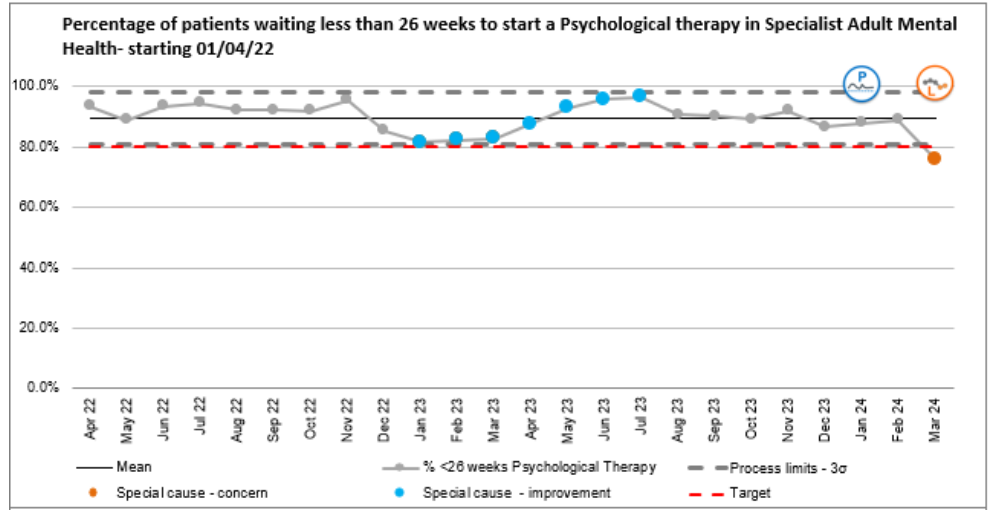
Mitigations

- 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	Mar-24			
Reported performance	75.9%	All Wales benchmark	1 st (63.8%)*	
Target	80%			
Variance	Special cause concern		Exception	
Data quality & Source	PTHB Mental Health Service			



What the data tells us

- Performance falls below target in March to 75.9% vs the national 80% target.
- This measure now reports special cause concern and is flagged as exception
- Powys benchmarks positively and currently rank 1st with the All-Wales position of 63.8% for February 2024

Issues

- The recent dip in performance has been principally attributed to:
- New staff inductions have taken place over the last month and the impact this has had on allocating clients to practitioners to start therapy.
 - There has been an increase in long term sick leave therefore the clients of certain practitioners have required re-allocation.
 - Introduction of the new allocation process
 - Unusually low rates of referral.

We anticipate that these issues are short term pressures, and they will be resolved in the next quarter.

Actions	Recovery by	N/A
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- No actions currently reported

Mitigations

- No mitigations currently reported

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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Welsh Providers	Mar-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance				Total Waiting
		Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks		
Aneurin Bevan Local Health Board	61.0%	686	372	63		2557
Betsi Cadwaladr University Local Health Board	44.9%	313	187	43		726
Cardiff & Vale University Local Health Board	48.1%	164	89	6		412
Cwm Taf Morgannwg University Local Health Board	57.4%	199	109	11		685
Hywel Dda Local Health Board	56.8%	484	276	21		1473
Swansea Bay University Local Health Board	57.1%	575	309	43		1918
Total	56.7%	2421	1342	187		7771

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).
 - 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.

English Providers	Feb-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance				Total Waiting
		Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks		
English Other	78.9%	25	2	0		190
Robert Jones & Agnes Hunt Orthopaedic & District Trust	57.4%	977	441	21		3233
Shrewsbury & Telford Hospital NHS Trust	65.1%	858	236	0		4080
Wye Valley Trust	67.7%	647	152	0		3446
Total	63.9%	2507	831	21		10949

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.

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

- 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 ongoing challenges due to increased demand and service sustainability issues.
- Powys residents are being impacted by significant geographical equity for care. 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
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- 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 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 continue to be 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 submitted proposals against Planned Care Transformation Fund.
- PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.

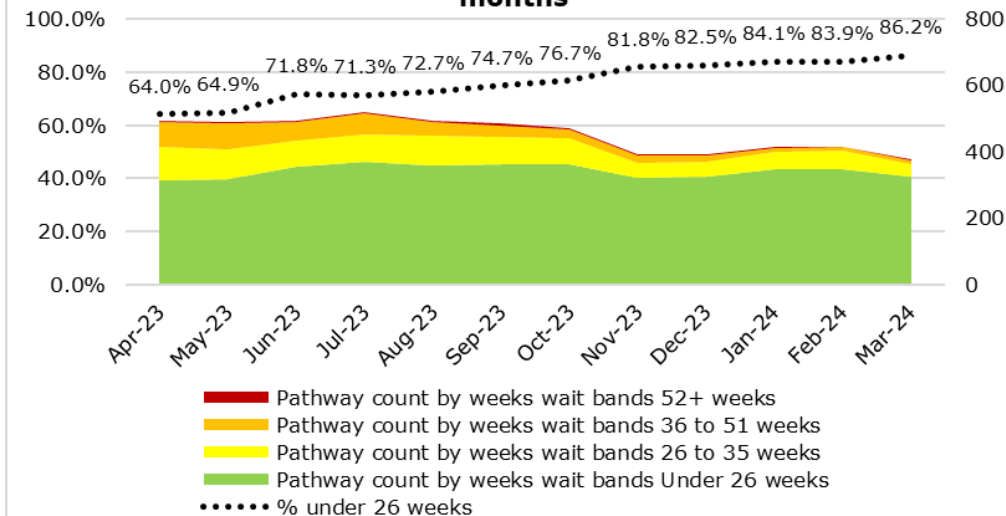
Mitigations

- All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

In sourcing/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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Private dermatology service provider RTT performance - Source provider direct feed - Latest 12 months



What the data tells us

- In March 2024, the provider RTT performance has shown further improvement to 86.2% of the waiting list being under 26 weeks. Pathways that wait over 36 weeks have increased slightly to 15, very long waits of a year or more have reduced to 2.

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	
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
Feb-24	83.9%	348	56	9	2	415
Mar-24	86.2%	324	37	13	2	376

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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Single cancer pathway performance for Powys residents who waited for treatment within the 62 day target (75%) from point of suspicion. Source DHCW

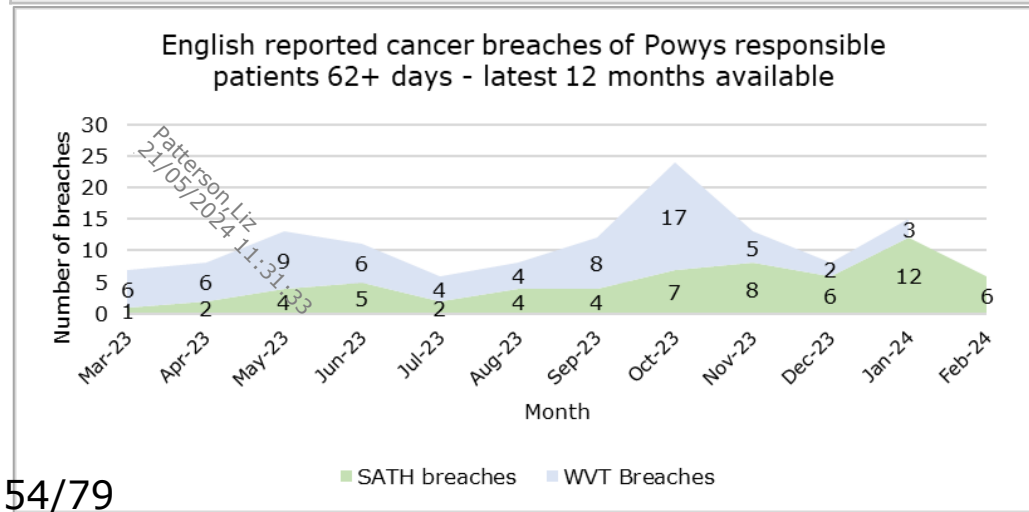
Provider	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
Aneurin Bevan Local Health Board	54.5%	60.0%	56.3%	71.4%	66.7%	54.5%	64.7%	40.0%	62.5%	66.7%	58.3%	88.9%
Betsi Cadwaladr University Local Health Board	100.0%	62.5%	57.1%	25.0%	100.0%	0.0%	100.0%	50.0%	0.0%	100.0%		
Cardiff & Vale University Local Health Board												0.0%
Cwm Taf Morgannwg University Local Health Board	37.5%	50.0%	0.0%	50.0%	28.6%	66.7%	50.0%	50.0%	75.0%	33.3%	40.0%	42.9%
Hywel Dda Local Health Board	55.6%	16.7%	12.5%	66.7%	100.0%	50.0%	42.9%	42.9%	33.3%	88.9%	42.9%	66.7%
Swansea Bay University Local Health Board	50.0%	66.7%	50.0%	100.0%	44.4%	80.0%	16.7%	25.0%	20.0%	16.7%	88.9%	60.0%
Total pathways treated within target (numerator)	19	19	17	21	18	16	20	13	12	23	20	18
Total pathways that started treatment (denominator)	35	36	41	34	32	27	39	32	29	40	33	28
Total monthly resident pathways compliance	54.3%	52.8%	41.5%	61.8%	56.3%	59.3%	51.3%	40.6%	41.4%	57.5%	60.6%	64.3%

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 March 2024 shows 62-day cancer compliance at 64.3% with 18 of 28 pathways treated within target. It should be noted that the *preliminary annual compliance for 2023/24 (all months) is 46.6% compliance of 409 closed treatment pathways.
- Not including rare or unspecified primary cancer sites key challenges are for haematological, lower gastrointestinal, and gynaecological where circa 70% - 80% of patients breach their respective 62-day pathways against total treated for the 2023/24 financial year.
- 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.



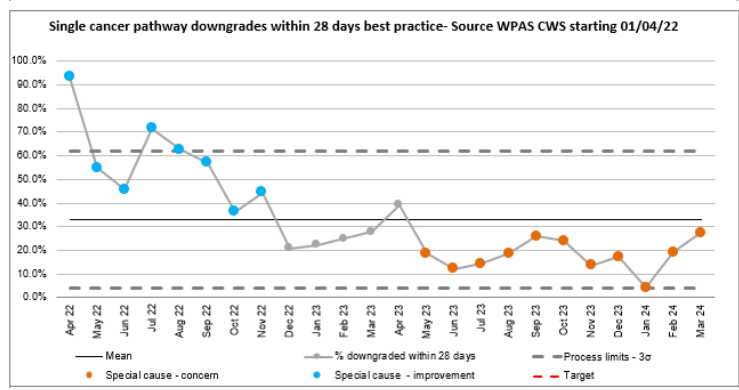
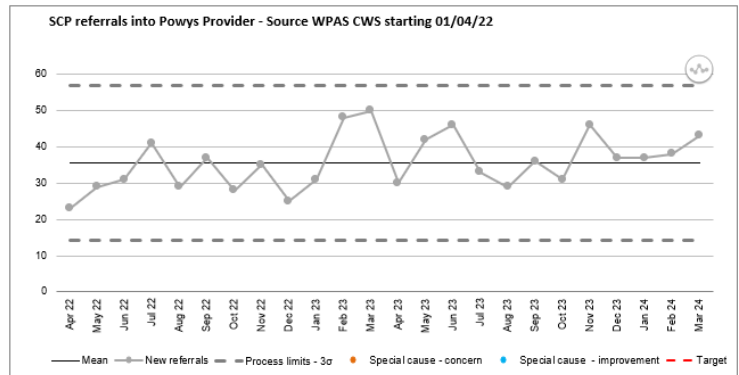
What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 6 breaches for Powys residents of their cancer pathways that breached in March. 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 colorectal pathways, a further two in lung, and the final breach in urology.
- 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 with ongoing challenge currently being resolved with the Information & Cancer team in Wye Valley.

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

- March reports 43 new SCP referrals e.g., started pathways in PTHB as a provider.
- Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has reported 27.3% in March, this is an improvement but remains special cause for concern.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

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
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- 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).
- Planned care bids to national planned care fund in March 2024 for clinical infrastructure to support cancer services including colorectal nurses – outcome pending.
- 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.

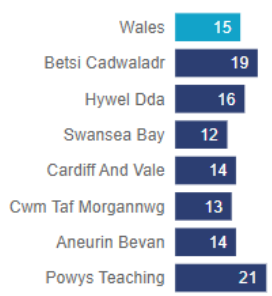
Mitigations

- 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.

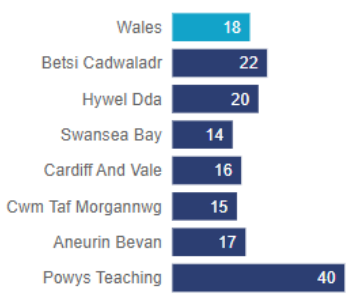
Single cancer pathway All Wales summary - dashboard exerts February 2024 – [source DHCW SCP dashboard](#) (Welsh providers only)

Median pathway waits for first appointment and to diagnostic test from point of suspicion in days February 2024.

Number of days from point of suspicion to first appointment (Median)



Number of days from point of suspicion to first diagnostic test (Median)

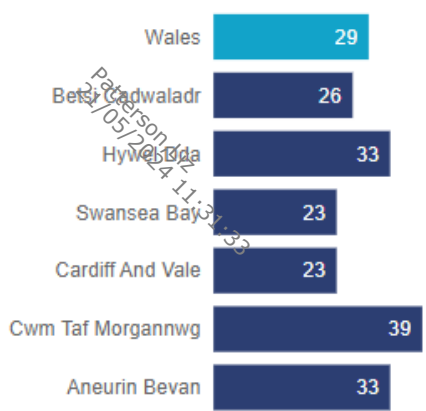


Comments

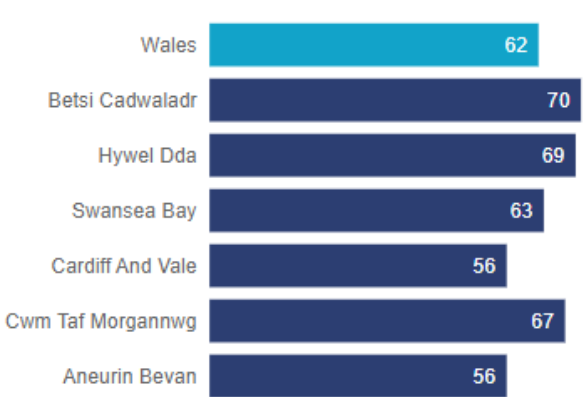
- Powys provider during Feb-24 reported median waits above (21 days) All-Wales average of 15 days, **this measure not directly comparable to the acute providers who treat via multiple specialties whereas PTHB predominantly report lower gastrointestinal investigations which are among some of the most 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 February, 60.6% were treated within 62 days this being above 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 February 2024.

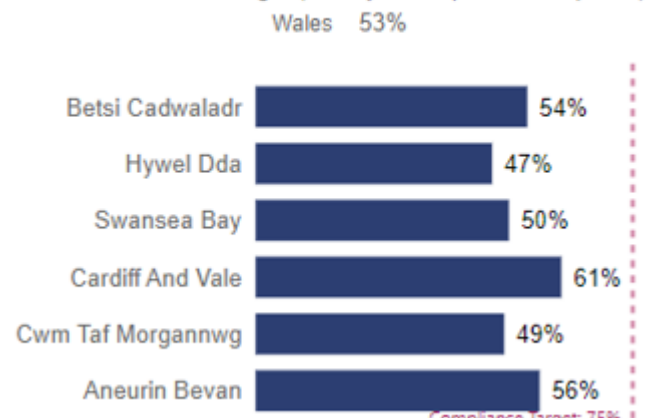
Number of days from diagnosis to treatment (Median)



Number of days from point of suspicion to starting first definitive treatment (Median)



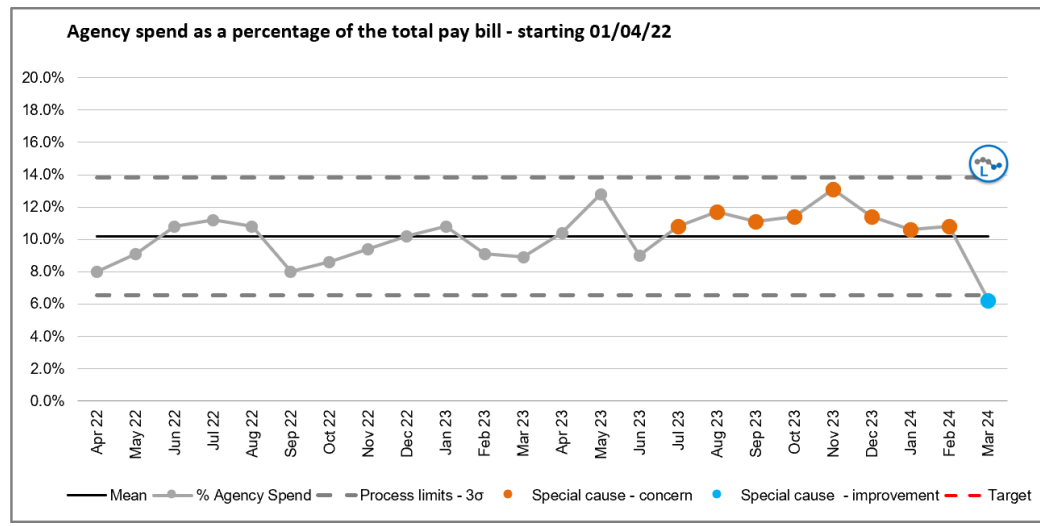
Percentage of patients who started treatment within the target (62 days from point of suspicion)



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	Mar-24		
Reported performance	6.2%	All Wales benchmark	12 th (4.0%) (Jan-24)
Target	12-month reduction trend		
Variance	Special cause - improvement		
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 has been achieved and performance for March is 6.2%
- Variation is special cause - improvement

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

- 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.

Healthier Wales Quadruple Aim 3



Workforce NHS Performance Measure - 39 Powys as a provider

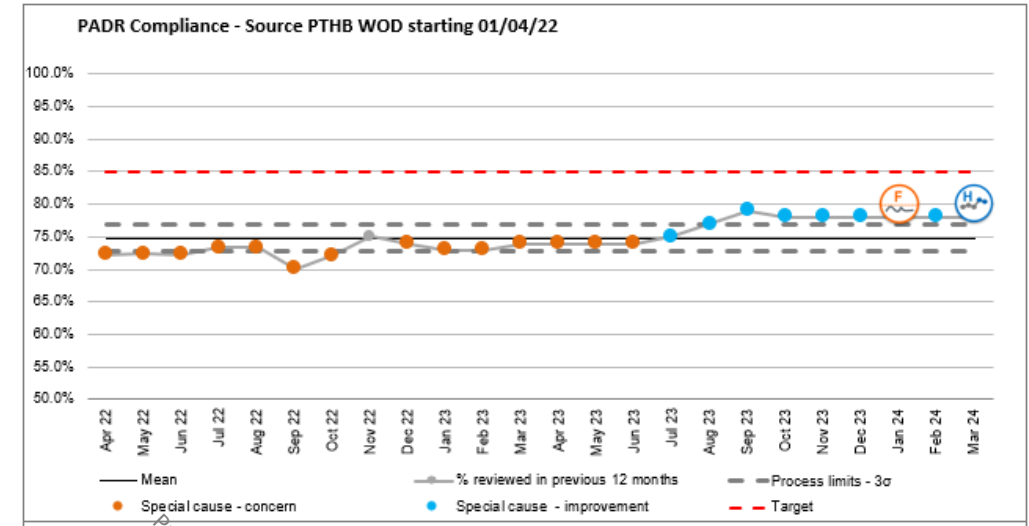
PADR Compliance - Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

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	Mar-24		
Reported performance	78.0%	All Wales benchmark	6 th (73.7%) (Jan-24)
Target	85%		
Variance	Special cause- improvement		Exception
Data quality & Source	PTHB WOD		

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 March 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
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- 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.

What the data tells us

- PTHB PADR compliance is reported at 78.0% for March 2024, 7% below the national target of 85%.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 9 months.
- The health board benchmarks positively when compared the All-Wales position of 73.7% (January 2024).

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

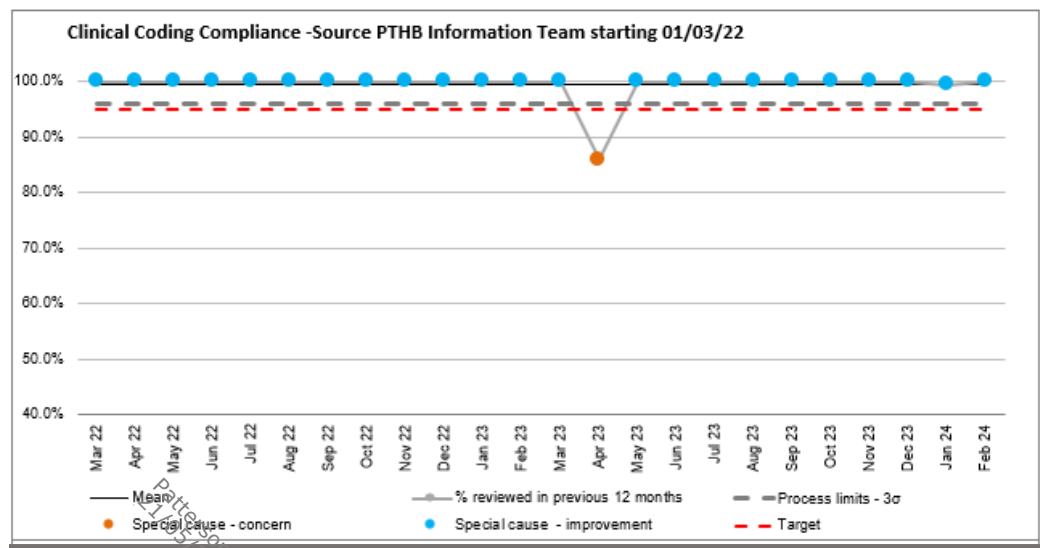


Percentage of episodes clinically coded within one month post discharge end date

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	Feb-24
Reported performance	100% All Wales benchmark 2 nd (69.3%)*
Target	Maintain 95% target or demonstrate an improvement trend over 12 months
Variance	Special cause - improvement
Data quality & Source	DHCW

Issues
<ul style="list-style-type: none"> Challenge around late recording on patient administration system following discharge impacted January performance and their coding compliance, this is not a regular challenge.
Actions
<ul style="list-style-type: none"> No current actions, challenge in January regarding late records resolved.
Recovery by
N/A



What the data tells us
<ul style="list-style-type: none"> 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 February 2024

Mitigations
<ul style="list-style-type: none"> No mitigation reported at this time.

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	Feb-24		
Reported performance	100%	All Wales benchmark	1 st (61.8%)
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
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- There are no outstanding actions.

Mitigations

- No mitigations required.

What the data tells us

This measure reports 100% compliance in February 2024.

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

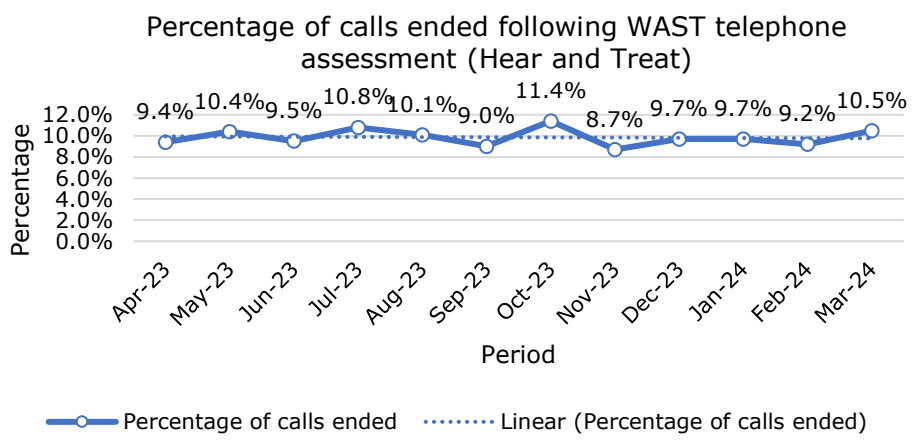
Percentage of calls ended following WAST telephone assessment (Hear and Treat)

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	Mar-24		
Reported performance	10.5%	All Wales benchmark	7 th (14.2%)*
Target	17% or more		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		

Issues

- 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
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- No applicable current actions.

Mitigations

- 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 March with 10.5% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 14.2% for February 2024.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 43

Powys as a provider

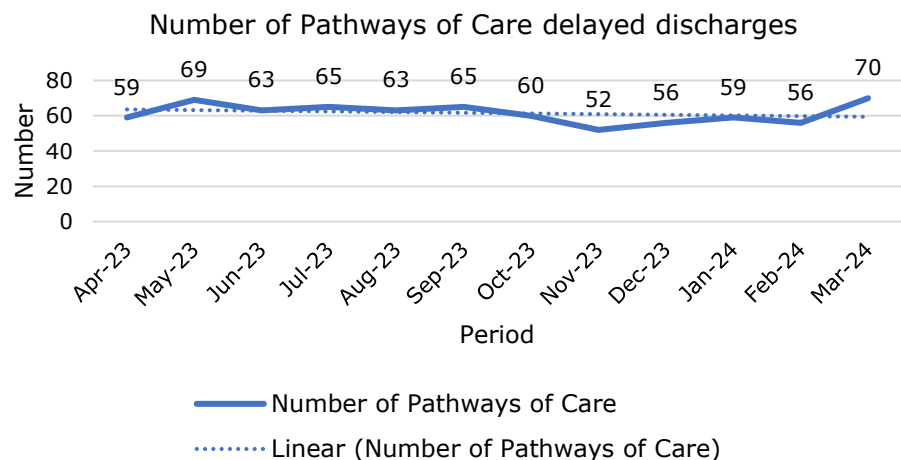


New measure for 2023/24

Number of Pathways of Care delayed discharges

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	Mar-24		
Reported performance	70	All Wales benchmark	2 nd (1,661)
Target	12-month reduction trend		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



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.

PTHB reports compliance at the end of March against the 12-month reduction target, it should be noted that delays actually increased to 70 for this period but the 12-month trend is of reduction through the previous periods of calculation.

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.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 44

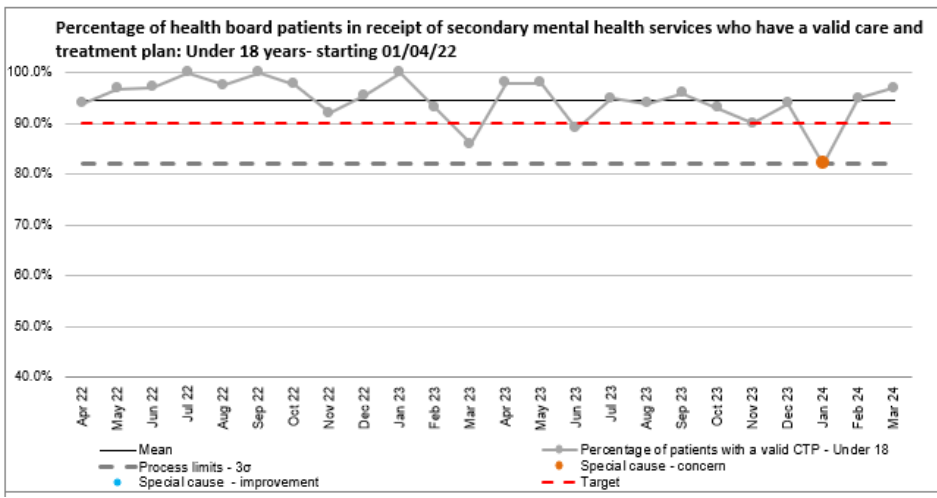
Powys as a provider



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	Mar-24		
Reported performance	97.0%	All Wales benchmark	2 nd (86.1%)*
Target	90%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance in March has increased to 97% from 95% in February 2024 against a 90% national target. The health board ranked 2nd against the All-Wales position of 86.1% in February 2024.
- 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

- No actions reported for this period

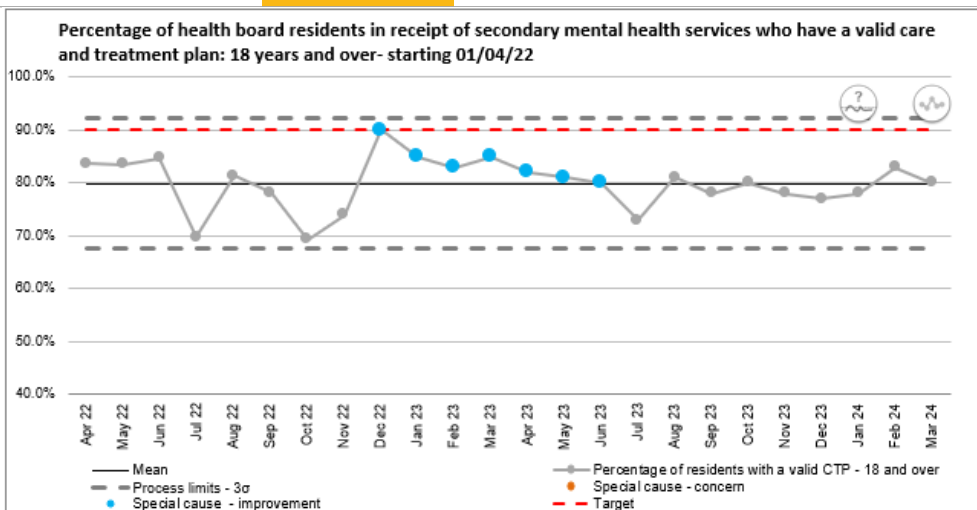
Mitigations

- No mitigations reported for this period

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	Mar-24			
Reported performance	80.0%	All Wales benchmark	5 th (78%)*	
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 80.0% and reports common cause variation, decreasing slightly from February 2024.
- In February PTHB benchmarked 5th against an All-Wales position of 78%.
- This measure has been **escalated** because of poor compliance with service agreement.

Issues
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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



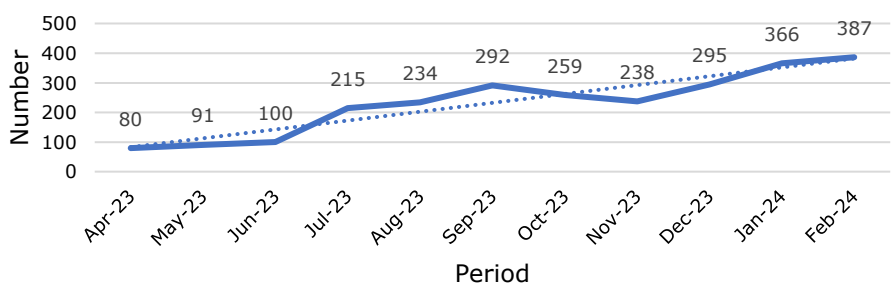
New measure for 2023/24

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	Feb-24		
Reported performance	387	All Wales benchmark	8 th (16,171)*
Target	Month on month improvement		
Variance	N/A	Exception	
Data quality & Source	Quality and Safety - CIVICA		

Number of patient experience surveys completed and recorded on CIVICA



— Number of patient experience surveys completed and recorded on CIVICA
 Linear (Number of patient experience surveys completed and recorded on CIVICA)

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.
- Increased use of CIVICA SMS capability increased across services and prioritised action during Q1 2024/25.
- 59 surveys in use with 9 further surveys in development.

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

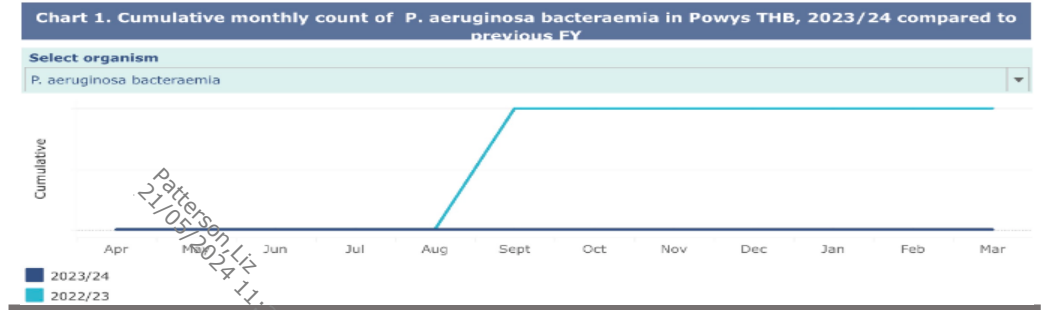
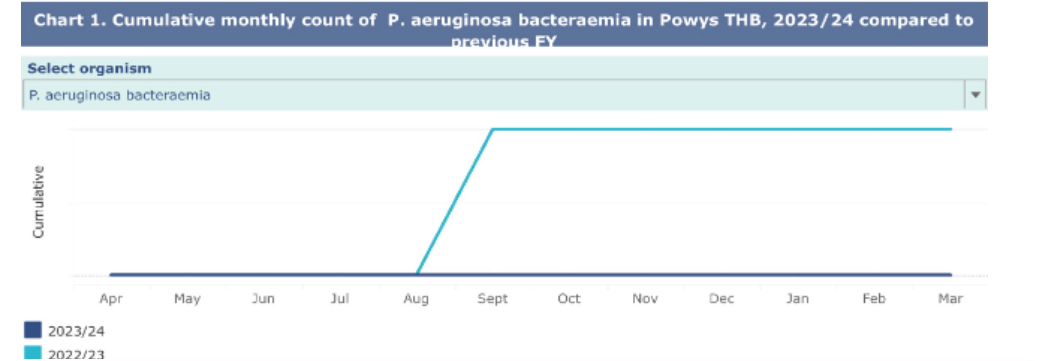
This is a new measure for the 2023/24 NHS Performance Framework.

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	Mar-24
Reported performance	0
Target	Health Board Specific Target
Variance	N/A
Data quality & Source	PHW dashboard



What the data tells us

- The Health Board has reported 0 cases of Klebsiella or Aeruginosa sp for the financial year 2023/2024. This is a reduction on 2 from the equivalent 2022/23.
- Please note PTHB is not nationally benchmarked for health care acquired infections and as such no compliance RAG is used.

Issues
<ul style="list-style-type: none"> No issues identified with Klebsiella or Aeruginosa sp for the year 2023/24.

Actions	Recovery by	N/A
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No actions reported currently

Mitigations

No mitigations reported currently

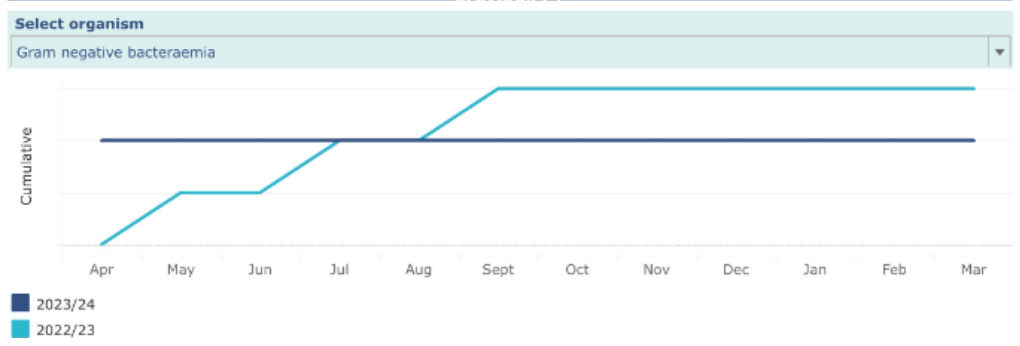
HCAI – Gram Negative bacteraemia (E.coli, Klebsiella sp and Pseudomonas Aeruginosa) cumulative number

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	PHW dashboard

Issues
<ul style="list-style-type: none"> 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.

Chart 1. Cumulative monthly count of Gram negative bacteraemia in Powys THB, 2023/24 compared to previous FY



Actions	Recovery by
<ul style="list-style-type: none"> Infection review follow up actions implemented, including catheter management 	

Mitigations
<ul style="list-style-type: none"> No further cases of E.coli bacteraemia have been identified within the organisation since April 2023.

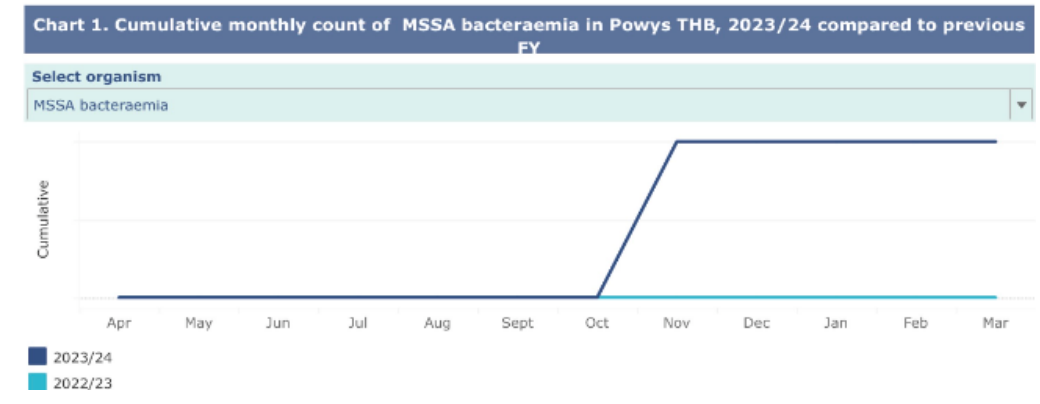
What the data tells us

- Two cases of E.coli bacteraemia were identified in April 2023 for the financial year 2023/24.
- Please note PTHB is not nationally benchmarked for health care acquired infections and as such no compliance RAG is used.

HCAI - S.aureus bacteraemia's (MRSA and MSSA) and E.Coli - 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	Mar-24
Reported performance	2.24
Target	Health Board Specific Target
Variance	N/A
Data quality & Source	PHW dashboard



What the data tells us

- The health board has reported 1 case of MSSA bacteraemia for the financial year 2023/24. This is 1 more than the equivalent period in 2022/23.
- The Health Board has reported 0 cases of MRSA bacteraemia for the financial year 2023/24.
- Please note PHW is not nationally benchmarked for health care acquired infections and as such no compliance RAG is used.

Issues

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

Actions	Recovery by	N/A
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- Organisational learning following post infection review.

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.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 49

Powys as a provider

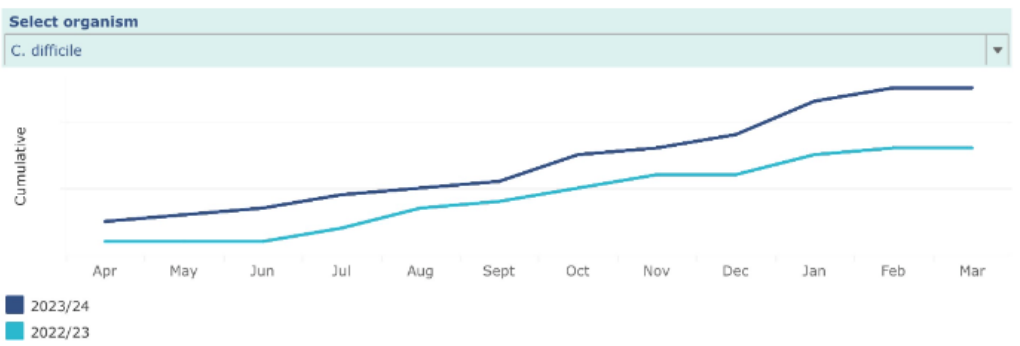


HCAI - cumulative rate of C.Difficile (CDI) cases per 100,000 population

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority
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Latest available	Mar-24		
Reported performance	18.67		
Target	Health Board Specific Target		
Variance	N/A		
Data quality & Source			PHW dashboard

Chart 1. Cumulative monthly count of C. difficile in Powys THB, 2023/24 compared to previous FY



What the data tells us

- PTHB finished the financial year 2023/24 reporting 25 cases of CDI – this is 9 more than the equivalent period in 2022/23
- 5 of the 25 cases are Hospital Onset cases.
- 20 of the 25 cases are Community Onset cases.

Issues

- Antimicrobial prescribing within primary care has been identified as a challenge, with some practices still prescribing Metronidazole as first line treatment for C.difficile
- PTHB residents, as part of Whole Genome Sequencing (WGS) have been identified as part of a larger cluster outbreak associated with SBUHB
- Environmental cleanliness within inpatient areas, especially near patient equipment has been identified on multiple IP&C audits to be sub-standard
- 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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- No current actions reported

Mitigations

- 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.
- Equipment cleanliness discussed with Head of Nursing for CSG, and subsequent assurance mechanisms put into place for regular compliance reporting
- IP&C to provide targeted education sessions on C.difficile to staff across the organisation, including opportunistic teaching whilst undertaking site visits.
- 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.

Healthier Wales Quadruple Aim 4

Access & Activity

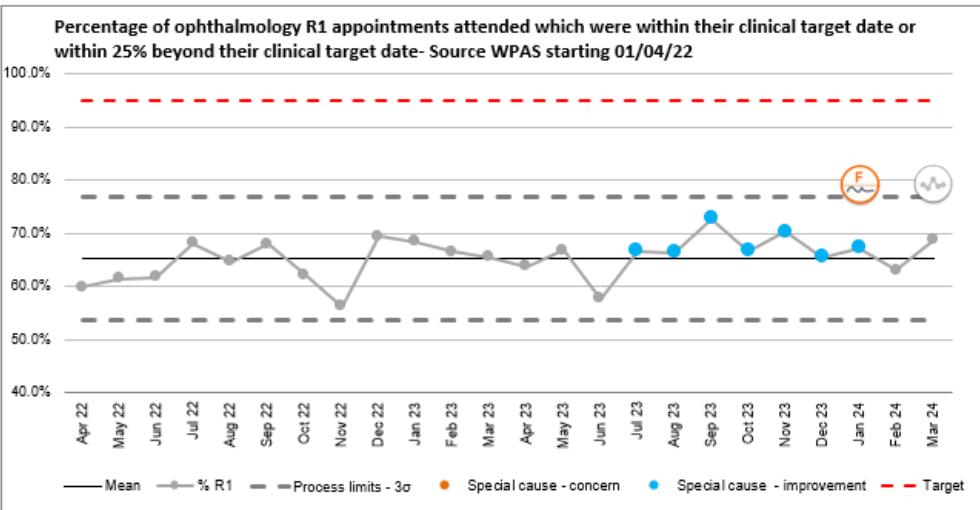
NHS Performance Measure - 51

Powys as a provider

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	Mar- 24		
Reported performance	68.7%	All Wales benchmark	2 nd (61.4%)
Target	95%		
Variance	Common cause		Exception
Data quality & Source	WPAS		



What the data tells us

- The health boards performance for the measure has improved in March with 68.7% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All-Wales benchmark (61.4%) and ranks 2nd.
- Compliance reports common cause variation higher than the 24-month average.

Issues

- In-reach fragility impacts available capacity for speciality.
- 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).
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care roll-out delay, DHCW working with HBs to review system options

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.
- Work with community optometry on contract reform and transformation opportunities.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
- Planned care bids to national planned care fund in March 2024 – outcome pending

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.
- 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

Number of national reportable incidents that remain open 90 days or more

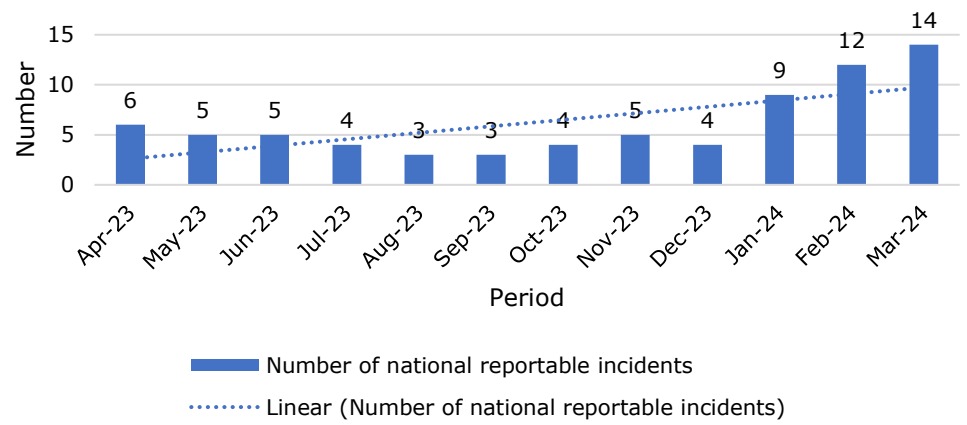
Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority
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Latest available	Mar-24		
Reported performance	14	All Wales benchmark	4 th (330)
Target	12-month reduction trend		
Variance	N/A	Exception	
Data quality & Source	Welsh Government Scorecard		

Issues

- 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.

Number of national reportable incidents that remain open 90 days or more



Actions	Recovery by	N/A
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- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.

Mitigations

- 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 14 patients' safety incidents that remained open over 90 days in March.



Appendix 1

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

2023/24 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	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	1	% Attempted to quit smoking		5% annual target	Q3 2023/24	2.26%		3.8%	4th	3.58%
	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	Q4 2023/24	62.2%	65.1%	65.8%	5th*	60.5%
	3	% of children up to date with scheduled vaccinations by age 5		95%	Q3 2023/24	85.8%	89.8%	92.1%	1st	88.0%
	4	% of girls receiving HPV vaccination by age 15		90%	Q3 2023/24		84.7%	80.3%	3rd	77.3%
	5	Flu Vaccines - 65+		75%	Mar-24		69.3%	69.9%	5th	72.4%
	6	% uptake of COVID-19 vaccination for those eligible (Autumn booster)		75%	Feb-24		61.1%	59.6%	1st	53.4%
	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	Jan-24	0.0%	5.6%	6.3%	6th	22.5%
	8	% of well babies completing the hearing screening programme within 4 weeks		90%	Jan-24	95.9%	89.4%	93.5%	6th	95.2%
	9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%	Feb-24	96.4%	94.3%	93.8%	7th	95.9%

Patterson, Liz
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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

2023/24 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	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	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
	11	% of primary care dental services (GDS) contract value delivered (new,new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24	Mar-24		63.5%	70.4%	5th	80.7%
	12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 90	Mar-24	168	99	86	1st*	5,622
	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Mar-24	230	491	531	7th*	11,101
	14	Assessments <28 days <18	✓	80%	Mar-24	94.8%	100.0%	97.7%	1st*	86.3%
	15	Interventions <28 days <18	✓	80%	Mar-24	87.2%	83.3%	100.0%	3rd*	56.0%
	16	Assessments <28 days 18+	✓	80%	Mar-24	90.0%	49.1%	60.8%	6th*	68.9%
	17	Interventions <28 days 18+	✓	80%	Mar-24	52.0%	91.4%	91.1%	5th*	77.4%
	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Mar-24	42.9%	44.7%	45.0%	6th	48.9%
	19	Median emergency response time to amber calls	✓	12 month improvement trend	Mar-24	00:50:10	00:53:57	00:58:33	1st	01:29:31
	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 95%	Mar-24	100.0%	99.9%	99.9%	1st	67.5%
	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	Mar-24	0	0	0	1st	10,366
	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of 0	Mar-24	161	143	116	1st*	42,080
	26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Mar-24	97.0%	90.2%	100.0%	4th*	85.2%
	27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory of 0	Mar-24	190	197	135	2nd*	12,759
	28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory = 0	Mar-24	1	13	0	2nd*	60,004
	29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - <= 0	Mar-24	32	148	91	1st*	120,280
	30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory = 0	Mar-24		1256	1223	1st*	247,630
	31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory = 0	Mar-24	0	0	1	1st*	22,983
	32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory = 0	Mar-24	7	48	24	1st*	141,082
	33	CAMHS % waiting <28 days for first appointment	✓	80%	Mar-24	100.0%	97.1%	100.0%	1st*	94.8%
	34	Children/Young People neurodevelopmental waits	✓	80%	Mar-24	72.7%	44.2%	42.2%	1st*	23.9%
	35	Adult psychological therapy waiting < 26 weeks	✓	80%	Mar-24	82.8%	88.3%	75.9%	1st*	63.8%

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Appendix 1

[Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable](#)

2023/24 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	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	36	(R12) Sickness Absence	✓	12 month reduction trend	Mar-24	5.9%	5.3%	5.3%	4th (Jan-24)	6.1%
	37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Nov-23	13.1%	12.1%	11.8%	9th	6.9%
	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Mar-24	8.9%	10.8%	6.2%	12th (Jan-24)	4.0%
	39	Performance Appraisals (PADR)	✓	85%	Mar-24	74.0%	78.0%	78.0%	6th (Jan-24)	73.7%

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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

2023/24 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	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	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	Feb-24	100.0%	99.4%	100.0%	2nd*	69.3%
	41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	Feb-24		100.0%	100.0%	1st	61.8%
	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Mar-24	9.1%	9.2%	10.5%	7th*	14.2%
	43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Mar-24	Not available	56	70	2nd	1,661
	44	% residents with CTP <18	✓	90%	Mar-24	86.0%	95.0%	97.0%	2nd*	86.1%
	45	% residents with CTP 18+	✓	90%	Mar-24	85.0%	83.0%	80.0%	5th*	78.0%
	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Feb-24		366	387	8th*	16,171
	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		No national target for PTHB	Mar-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		No national target for PTHB	Mar-24		2.45	2.24		
	49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		No national target for PTHB	Mar-24	13.14	20.4	18.67		
			Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Mar-24	65.6%	63.1%	68.7%	2nd
53	No of national reportable incidents that remain open 90 days or more		12 month reduction trend	Mar-24	8	12	14	4th	330	

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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											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	98	97	100	74	53	85	82	83	58	88	99	86
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4	19	42	60	80	18	19	22	13	0
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112	126	159	197	257	222	213	192	148	91
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0	0	0	0	0	0	0	0	0	1
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14	29	52	75	99	56	58	62	48	23
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117	134	152	139	132	190	192	168	143	116
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265	418	511	499	390	288	343	290	197	135
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667	1660	1683	1624	1575	1533	1568	1627	1256	1223

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Appendix 2

Progress against priority Mental Health measures 2023/24 – (trajectories submitted to the Delivery Unit May 2023)

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
% LPMHSS 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%	100%	98.0%
% LPMHSS assessments undertaken within 28 days from the date of receipt of referral - 18 & over	80%	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%	49.1%	60.8%
% 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%	83.3%	100%
% therapeutic interventions started within 28 days following an LPMHSS assessment - 18 & Over	80%	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%	91.4%	91.1%
% patients waiting less than 28 days for first appointment for sCAMHS	80%	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%	97%	100%
% children & young people waiting less than 26 weeks to start ADHD or ASD ND assessment	80%	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%	44.2%	42.2%
% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult MH	80%	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%	88.9%	75.9%
% 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%	95%	97%
% HB residents in receipt of secondary MH services who have a valid CTP - 18 & over	90%	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%	83%	80%

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